

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

Provider Eligibility Program (PEP) Descriptions

A Provider Eligibility Program (PEP) code identifies a program for which a provider may apply. A provider must be approved in that program to be reimbursed for services to beneficiaries of that program. Providers should use the following PEP codes when enrolling in Medical Assistance (MA). Providers should use the descriptions in this document to determine which PEP code to use when enrolling in MA.

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This program provides services to eligible persons with physical disabilities in order to prevent institutionalization and allows them to remain as independent as possible. The ACT 150 Program is operated only with State funds.

Eligibility:

Recipients either do not meet the level of care for a federally supported waiver or do not meet the financial limitations for the Attendant Care Waiver.

Services:

- Personal Assistance Services
- Personal Emergency Response System
- Service Coordination

The AAW is designed to provide long-term services and supports for community living tailored to the specific needs of adults age 21 or older with Autism Spectrum Disorder (ASD). The program is designed to help adults with ASD participate in their communities in the way they want to, based upon their identified needs.

Eligibility:

Recipients must be 21 or older, have a diagnosis of ASD, and meet certain diagnostic, functional and financial eligibility criteria.

Services:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Assistive Technology • Career Planning <ul style="list-style-type: none"> ◦ Job Finding ◦ Vocational Assessment • Community Transition Services • Counseling • Day Habilitation • Family Support • Home Modifications • Nutritional Consultation • Residential Habilitation • Respite | <ul style="list-style-type: none"> • Specialized Skill Development <ul style="list-style-type: none"> ◦ Behavioral Specialist ◦ Community Support ◦ Systematic Skill Building • Speech Therapy • Supported Employment <ul style="list-style-type: none"> ◦ Extended Employment Supports ◦ Intensive Job Coaching • Supports Coordination • Temporary Supplemental Services • Transitional Work Services • Vehicle Modifications |
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This program provides services to eligible persons over the age of 60 in order to prevent institutionalization and allows them to remain as independent as possible.

Eligibility:

Recipients must be 60 years of age or older, meet the level of care needs for a Skilled Nursing Facility, and meet the financial requirements as determined by the County Assistance Office (CAO).

Services:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Accessibility Adaptation • Adult Daily Living • Assistive Technology • Community Transition Services • Home Adaptations • Home Delivered Meals • Home Health • Non-Medical Transportation • Personal Assistance Services | <ul style="list-style-type: none"> • Personal Emergency Response System • Respite • Service Coordination • Specialized Medical Equipment and Supplies • Telecare Services • Therapeutic and Counseling Services • Transition Service Coordination |
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This program provides services to eligible persons with physical disabilities in order to prevent institutionalization and allows them to remain as independent as possible.

Eligibility:

Recipients must be between the ages 18–59, physically disabled, mentally alert, and eligible for nursing facility services.

Services:

- Community Transition Services
- Personal Assistance Services
- Personal Emergency Response System
- Service Coordination
- Transition Service Coordination

Behavioral Health HealthChoices (BHHC) Office of Mental Health and Substance Abuse Services

This PEP is used to identify providers who are approved to serve recipients enrolled exclusively in HealthChoices.

Eligibility:

- Recipients are HealthChoices only eligible
- Provider must contract with the contracted County or Contracted Behavioral Health Managed Care Organization (BH-MCO)
- Licensed/certified/approved service description and credentialed by the contracted County or BH-MCO
- Requires written pre-requisite documentation from the contracted County or BH-MCO
- Used exclusively by OMHSAS

Services:

- Alternative treatment services which are discretionary, cost-effective alternatives to acute levels of care
- Contact contracted County or BH-MCO for definition of services

Consolidated Community Reporting Initiative (CCRI-EPOMS) Office of Mental Health and Substance Abuse Services

This PEP is used exclusively by OMHSAS to identify providers who are approved to serve county based-funded mental health recipients.

Eligibility:

- Recipients are non-Medicaid - county funded only; MHX category
- Providers do not receive payment through the MMIS (encounter data reporting only);
- The PEP can be added to an independent service location; in conjunction with a Beh Hlth HC or FFS PEP;
- Provider must contract with the County Mental Health Office;
- Licensed/certified/service description and approved by the County Mental Health Office;
- Requires written pre-requisite documentation from the County Mental Health Office; (i.e. County CCRI Attestation Form)

Services:

- Outpatient
- Adult Developmental Training (ADT)-Adult Day Care
- Community Employment and Employment Related Services
- Facility Based Vocational Rehabilitation Services
- Social Rehabilitation Services
- Family Support Services
- Community Residential Services
- Administrative Management

- Emergency Services
- Housing Support Services
- Assertive Community Treatment (ACT) Teams and Community Treatment Teams (CTT)
- Psychiatric Rehabilitation
- Children's Evidence Based Practices
- Consumer Driven Services
- Transitional and Community Integration Services

Notes:

- All county funded providers must enroll at the appropriate service location for the county rendered service
- Contact contracted County Mental Health Office for definition of services, assistance with identifying appropriate procedure and modifier code combination(s), Service Description approval or applicable License.

Community Care Waiver (WVCOM)
COMMCARE

Office of Long Term Living

This program was designed to prevent institutionalization of individuals with Traumatic Brain Injury (TBI) and to allow them to remain as independent as possible.

Eligibility:

Pennsylvania residents age 21 and older who experience a medically determinable diagnosis of traumatic brain injury and require a Special Rehabilitative Facility (SRF) level of care. Traumatic brain injury is defined as a sudden insult to the brain or its coverings, not of a degenerative, congenital or post-operative nature, which is expected to last indefinitely.

Services:

- | | |
|--|--|
| <ul style="list-style-type: none">• Accessibility Adaptations• Adult Daily Living• Community Integration• Community Transition Services• Home Health• Non-Medical Transportation• Personal Assistance Services• Personal Emergency Response System• Prevocational Services | <ul style="list-style-type: none">• Residential Habilitation• Respite• Service Coordination• Specialized Medical Equipment and Supplies• Structured Day• Supported Employment• Therapeutic and Counseling Services• Transition Service Coordination |
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HealthChoices is the name of Pennsylvania's managed care programs for [Medical Assistance recipients](#). CHC providers Physical and Behavioral Health services to Medical Assistance (MA) recipients including individuals over 21 that are eligible for both Medicare and Medicaid or receive long-term support through Medicaid.

Eligibility:

Individuals 21 years old or over and:

- Receiving both Medicare and Medicaid
- Receiving LTSS in the Attendant Care, Independence, or Aging waivers
- Receiving services in the OBRA waiver AND determined nursing facility clinically eligible
- Receiving care in a nursing home paid for by Medicaid
- An Act 150 participant who is dually eligible for Medicare and Medicaid

Services:

- Certified registered nurse practitioner services
- Chiropractic services
- Clinic services
- Crisis services
- Contact lenses and eyeglass frames and lenses for persons with aphakia (no eye lens)
- Dental care services
- Durable medical equipment
- Emergency room and ambulance services
- Family planning services and supplies
- Federally qualified health center services and rural health clinic services
- Home health services
- Hospice services
- Inpatient hospital services
- Laboratory services
- Maternity care from a doctor, certified nurse, midwife or birth center
- Medical supplies
- Mobile mental health treatment
- Non-emergency transportation to and from covered services
- Nursing facility services
- Nutritional supplements
- Optometrist services
- Outpatient hospital services
- Peer support services
- Pest Eradication
- Podiatrist services
- Prescription drugs
- Primary care practitioner (PCP) and physician services
- Prosthetics and orthotics (orthopedic shoes and hearing aids are not covered)
- Renal dialysis services
- Physical, occupational, speech, and habilitative therapy and rehabilitative services, when provided by a hospital, outpatient clinic or home health provider
- Quitting smoking or tobacco use
- X-rays, MRIs and CTs

The Community Living Waiver was developed in accordance with the enacted budget for Fiscal Year 2017-2018, which provided funding for the development and implementation of a new intermediate waiver that will provide services to approximately 1,000 individuals with an intellectual disability or autism, as well as children under age 9 with a developmental disability who have a high probability of resulting in an intellectual disability or autism.

The Community Living Waiver will support individuals to live more independently in their homes and communities through the provision of a variety of services that promote community living, employment, communication, self-direction, choice and control.

Eligibility:

There is no age limit for individuals with an intellectual disability or autism. Individuals with a developmental disability with a high probability of resulting in an intellectual disability or autism are eligible from age 0 through 8.

- Level of Care
 - Medical Evaluation
 - Diagnosis of an intellectual disability, autism, or developmental disability
- Recommended for an intermediate care facility (ICF) level of care based on a medical evaluation
- Determined eligible for Medical Assistance (MA)
- Meet the financial requirements as determined by your local County Assistance Office
- Individual cost limit of \$70,000 per person per fiscal year (Supports Coordination is excluded from this limit)

Services:

- Advanced Supported Employment
- Assistive Technology
- Behavioral Support
- Benefits Counseling
- Communication Specialist
- Community Participation Support
- Companion
- Consultative Nutritional Services
- Education Support
- Family/Caregiver Training and Support
- Home Accessibility Adaptations
- Homemaker/Chore
- Housing Transition and Tenancy Sustaining Services
- In-Home and Community Support
- Life Sharing (Needs Groups 1 and 2, or less than 30 hours per week)
- Music, Art, and Equine Assisted Therapy
- Participant-Directed Goods and Services
- Respite
- Shift Nursing
- Small Group Employment
- Specialized Supplies
- Supported Employment
- Supported Living (Needs Groups 1 and 2)
- Supports Broker
- Supports Coordination
- Therapy
- Physical
- Occupational
- Speech
- Language
- Orientation, Mobility and Vision
- Transportation
- Vehicle Accessibility Adaptations

The Pennsylvania Consolidated Waiver is designed to help individuals with an intellectual disability, autism or developmental disability to live more independently in their homes and communities and to provide a variety of services that promote community living, including self-directed service models and traditional, agency-based service models.

Eligibility:

- There is no age limit for individuals with an intellectual disability or autism. Individuals with a developmental disability with a high probability of resulting in an intellectual disability or autism are eligible from age 0 through 9.
- Level of Care
- Medical Evaluation
- Diagnosis of an intellectual disability, autism or developmental disability
- Recommended for an intermediate care facility (ICF) level of care based on a medical evaluation
- Determined eligible for Medical Assistance (MA)
- Meet the financial requirements as determined by your local County Assistance Office

Services:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Advanced Supported Employment • Assistive Technology • Behavioral Support • Benefits Counseling • Communication Specialist • Community Participation Support • Companion • Consultative Nutritional Services • Education Support • Family/Caregiver Training and Support • Home Accessibility Adaptations • Homemaker/Chore • Housing Transition and Tenancy Sustaining Services • In-Home and Community Support • (Licensed and Unlicensed) Life Sharing • Music, Art and Equine Assisted Therapy | <ul style="list-style-type: none"> • (Licensed and Unlicensed) Residential Habilitation • Respite • Shift Nursing • Small Group Employment • Specialized Supplies • Supported Employment • Supported Living • Supports Broker • Supports Coordination • Therapy <ul style="list-style-type: none"> ◦ Physical ◦ Speech/Language • Occupational • Orientation, Mobility and Vision • Transportation • Vehicle Accessibility Adaptations |
|---|---|

Cost Share Only (CSO)

CSO PEP is for enrollment of a Medicare-enrolled provider or supplier not recognized as eligible to enroll in the state Medicaid program. The provider or supplier must otherwise meet all federal Medicaid enrollment requirements to allow for cost-sharing.

Early Intervention (WAV15)

Eligibility:

Infants and toddlers age birth to age 3 who have a developmental delay in one or more of the developmental areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.

Services:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Assistive technology devices and assistive technology services • Audiology services • Early identification and assessment services • Family training, counseling and home visits | <ul style="list-style-type: none"> • Physical therapy • Psychological services • Service coordination • Social work services • Special instruction |
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Early Intervention (WAV15)

Office of Child Development and Early Learning

- Health services necessary to enable an infant or toddler with a disability to benefit from other early intervention services
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Speech-language pathology services
- Transportation and related costs
- Vision services

EI Base Funds (WAV16)

Office of Child Development and Early Learning

Eligibility:

Infants and toddlers age birth to age 3 who have a developmental delay in one or more of the developmental areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.

Services:

- Assistive technology devices and assistive technology services
- Audiology services
- Early identification and assessment services
- Family training, counseling and home visits
- Health services necessary to enable an infant or toddler with a disability to benefit from other early intervention services
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Social work services
- Special instruction
- Speech-language pathology services
- Transportation and related costs
- Vision services

Enrollment Not Paid (ENP)

Office of Medical Assistance Programs

The eligibility program PEP that is used for provider types who are not paid directly through the traditional Medical Assistance Delivery system. Provider types who must use this PEP include PT 10-269 Public Health Dental Hygiene Practitioner (PHDHP), and PT 31-301 Medical Trainee Also, any provider type that is performing services at an FQHC or RHC and is not the medical director.

Enrolled Render Only (ERO)

Office of Medical Assistance Programs

The eligibility program PEP that is used for provider types who are not paid directly through the traditional Medical Assistance Delivery system. Provider types who are eligible to use this PEP include PT10-100 Physician Assistants (PA) and PT-09 Certified Registered Nurse Practitioner (CRNP) who are employed at physician groups. The PA and CRNP with an ERO PEP can be listed as the rendering provider on a claim submitted by a physician group.

Fee-for-Service (FFS)

Office of Medical Assistance Programs

The traditional delivery system of the Medical Assistance (MA) program which provides payment on a per-service basis for health care providers who render services to eligible MA recipients.

Eligibility:

All MA Recipients.

Services:

- Behavioral health services
- Inpatient services
- Outpatient services
- Physical health services

Healthy Beginnings Plus is Pennsylvania’s effort to assist low-income pregnant women, who are eligible for Medical Assistance (MA). Healthy Beginnings Plus expands the scope of maternity services that can be reimbursed by the MA Program. Care coordination, early intervention, and continuity of care as well as medical/obstetric care are important features of the Healthy Beginnings Plus program.

Eligibility:

Pregnant women who elect to participate in Healthy Beginnings Plus.

Services:

- Childbirth and parenting classes
- Home health services
- Nutritional and psychosocial counseling
- Other individualized client services
- Smoking cessation counseling

Independence Waiver (WVIND)

This program provides services to eligible persons with physical disabilities in order to prevent institutionalization and allows them to remain as independent as possible.

Eligibility:

Recipients must be 18 years of age and older, suffer from severe physical disability which is likely to continue indefinitely and results in substantial functional limitations in three or more major life activities. Recipients must be eligible for nursing facility services, the primary diagnosis cannot be a mental health diagnosis or mental retardation, and the recipients cannot be ventilator dependent.

Services:

- | | |
|---------------------------------|--------------------------------------|
| • Accessibility Adaptation | • Job finding |
| • Adult Daily Living | • Non-Medical Transportation |
| • Benefits Counseling | • Personal Assistance Services |
| • Career Assessment | • Personal Emergency Response System |
| • Community Integration | • Respite |
| • Community Transition Services | • Residential Habilitation |
| • Employment Skills Development | • Structured Day Habilitation |
| • Home Health | • Vehicle Modifications |
| • Job Coaching | |

Infants, Toddlers and Families Waiver (WAV11)

Eligibility:

The Infants, Toddlers and Families Waiver is for infants and toddlers, birth to age three who are experiencing developmental delay(s) as evidenced by a minimum of a 50 percent delay in one or a 33 percent delay in two developmental areas and who need early intervention services.

Services:

- Special instruction (as defined in the application)

Intellectual Disability Base Program (WMRBS)

The ID Base Program is a program that is designed for Pennsylvania residents of any age who have a diagnosis of an intellectual disability. These services are offered through the Office of Developmental Programs.

Services available under the Medicaid waivers may also be provided and funded as base services. Base services are generally funded 90% state and 10% county, except for residential services that are 100% state funded.

Eligibility:

All MA Recipients.

Services:

- Base Service not Otherwise Specified
- Family aide
- Family education training
- Family Support Services/Individual Payment
- Home Rehabilitation
- Licensed residential services in homes where 9 or more individuals reside
- Recreation/leisure time activities
- Service coordination
- Special Diet Preparation
- Support (Medical Environment)

Omnibus Budget Reconciliation Act Waiver (WVOBR)
(OBRA Waiver)

Office of Long Term Living

Also known as the Community Services Program for Persons with Disabilities, this program provides services to persons with developmental disabilities so that they can live in the community and remain as independent as possible (this includes relocating or diverting individuals from a nursing home to a community setting).

Eligibility:

Recipients must be developmentally disabled, the disability manifests itself before age 22, and the disability is likely to continue indefinitely which results in substantial functional limitations in three or more major life activities. The recipient can be a nursing facility resident determined to be inappropriately placed. The primary diagnosis cannot be a mental health diagnosis or mental retardation and community residents who meet ICF/ORC level of care (high need for habilitation services) may be eligible.

Services:

- Accessibility Adaptation
- Adult Daily Living
- Benefits Counseling
- Career Assessment
- Community Integration
- Community Transition Services
- Employment Skills Development
- Home Health Services
- Job Coaching
- Job Finding
- Non-Medical Transportation
- Personal Assistance Services
- Personal Emergency Response System
- Residential Habilitation
- Respite
- Service Coordination
- Specialized Medical Equipment and Supplies
- Structured Day
- Therapeutic and Counseling Services
- Transition Service Coordination

The Pennsylvania Person/Family Directed Support Waiver is designed to help individuals with an intellectual disability, autism, or developmental disability to live more independently in their homes and communities and to provide a variety of services that promote community living, including self-directed service models and traditional, agency-based service models.

Eligibility:

- There is no age limit for individuals with an intellectual disability or autism. Individuals with a developmental disability with a high probability of resulting in an intellectual disability or autism are eligible from age 0-9.
- Level of Care
 - Medical Evaluation
 - Diagnosis of an intellectual disability, autism, or developmental disability
- Recommended for an intermediate care facility (ICF) level of care based on a medical evaluation
- Determined eligible for Medical Assistance (MA)
- Meet the financial requirements as determined by your local County Assistance Office.
- Individual cost limit of \$33,000 per person per fiscal year
 - Excludes Supports Coordination and Supports Broker Services
 - The limit can be exceeded by \$15,000 for Advanced Supported Employment or Supported Employment services

Services:

- Advanced Supported Employment
- Assistive Technology
- Behavioral Support
- Benefits Counseling
- Communication Specialist
- Community Participation Support
- Companion
- Consultative Nutritional Services
- Education Support
- Family/Caregiver Training and Support
- Home Accessibility Adaptations
- Homemaker/Chore
- Housing Transition and Tenancy Sustaining Services
- In-Home and Community Support
- Music, Art, and Equine Assisted Therapy
- Participant-Directed Goods and Services
- Respite
- Shift Nursing
- Small Group Employment
- Specialized Supplies
- Supported Employment
- Supports Broker
- Supports Coordination
- Therapy
 - Physical
 - Occupational
 - Speech
 - Language
 - Orientation, Mobility and Vision
- Transportation
- Vehicle Accessibility Adaptations