

From: PW, OLTL
Sent: Tuesday, December 13, 2011 9:05 AM
Subject: IMPORTANT UPDATE - Community Integration
Importance: High

Global Communication to Service Coordination Agencies

Dear Service Coordination Agency:

On September 29, 2011, the Office of Long-Term Living (OLTL) published a Bulletin on changes to the Community Integration ("CI") service definition. The bulletin outlined the new CI service definition in the COMMCARE, Independence and OBRA Waivers and new parameters for waiver participants to obtain this service.

This communication is to inform Service Coordination agencies that OLTL has approved an extension of existing service plans that contain CI for an additional quarter, or through March 31, 2012. We expect providers to continue the services under those plans during this period.

As expeditiously as possible, Service Coordinators should assess the needs of the individuals with the CI service and design service programs that adequately meet their needs under the revised definition.

Please follow these instructions for submitting these service plans to OLTL:

- SCs will not be required to update goals in the Outcome Summary section of HCSIS;**
- Extend service units in the ISP for the 1/1/2012 - 3/31/2012 quarter. Service units must reflect the participant's current approved service hours;**
- Change the service end date in Service Details to 3/31/12;**
- Place the following phrase in the Comments section - "ISP reflects CI extension at current approved service levels per OLTL"; and**
- Submit as a Quarterly review for ease of identification for review.**

OLTL will hold a conference call for all Service Coordinators to answer your questions on Wednesday, December 14 from 1:00-3:00PM. The call-in number is 1-877-668-4493 and the Attendee access code is 230 699 64. In the meantime, if you have specific questions about this extension, please contact your regional supervisor in the Bureau of Individual Support. Thank you.

Note: The mandatory compliance date for the ANSI X12 version 5010 (vSOIO) software for all providers is January 1, 2012. If you submit electronic claims, you must be prepared for these upgrades in order to prevent delay in payment. To prepare, all covered entities (health plans, health care clearinghouses, certain

health care providers, and waiver providers) conducting electronic claim transactions must certify using the new transactions standards. Another component of the v5010 software is the requirement that all providers include a valid ICD-9 diagnosis code when submitting claims electronically. The absence of a valid ICD-9 diagnosis code on an electronic claim transaction will result in a claim denial. Please contact the Certification Help Desk with questions regarding X12 v5010 or NCPDP vD.O transactions at pahlppa5010f5@hp.com. For additional upgrade information, visit the DPW website at:

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<http://www.dpw.state.pa.us/provider/doinEbusinesswithdpw/softwareandservicevendors/hipaa5010d.0upgradelInformation/index.htm>
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12/13/2011