

Publication of Final Rates Effective Starting Fiscal Year 2024-2025 and Operational Guidance **ODP Announcement 24-084**

AUDIENCE:

All interested parties

PURPOSE:

The purpose of this announcement is to inform stakeholders that rates for services rendered through the Office of Developmental Programs (ODP) have been published as final in the *Pennsylvania Bulletin*. This announcement will also provide operational guidance related to rate changes, impacted services, and address Individual Support Plan (ISP) related impacts.

DISCUSSION:

1. Rates

The rates for most community-based services and residential services funded through the Consolidated, Community Living, Person/Family Directed Support (P/FDS), and Adult Autism Waivers, base-funding, and state funding for residential ineligible will be effective July 1, 2024.

The rates for **Agency With Choice Financial Management Services**¹ funded through the Consolidated, Community Living, and P/FDS waivers and base-funding and **Life Sharing**

¹ The Agency With Choice monthly administrative fee will be effective July 1, 2024. All other Fee Schedule Rates for participant-directed services through Agency With Choice are effective October 1, 2024. Updated wage ranges for the Agency With Choice and Vendor Fiscal/Employer agent models are published in separate communications and will be effective October 1, 2024.

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with and without day funded through the Consolidated and Community Living waivers and base-funding will be effective **October 1, 2024**.

The Fee Schedule Rates and Department-Established Fees were established by applying an inflationary adjustment factor of 8% to the rates for non-residential services and 6% to the rates for residential services.

A public notice regarding the final rates can be found in the Pennsylvania Bulletin, Volume 54, Number 35, published on Saturday, August 31, 2024 at:

• Pennsylvania Bulletin

The final Fee Schedule Rates and Department-Established Fees for each service can also be found online at:

<u>Fee Schedule</u>

NOTE: The Community Participation Support rates published on August 30, 2024 in the August 31, 2024 *Pennsylvania Bulletin* and on the Department of Human Services website are incorrect. The 8% inflationary adjustment factor was not added to the most current rates for Community Participation Support services. On September 3, 2024, ODP will publish the correct rates through an ODP announcement and update the rate tables on the DHS website. A notice with the correct Community Participation Support rates will also be published in the Pennsylvania Bulletin as soon as possible.

The following waiver changes impacted by the final rates will also be included in amendments submitted to the Centers for Medicare and Medicaid Services (CMS) for approval effective July 1, 2024:

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- The current limit of \$85,000 per person per fiscal year for Community Living
 Waiver services will be increased to \$97,000. Supports Coordination services will continue to be excluded from this limit.
- The current limit of \$41,000 per person per fiscal year for P/FDS Waiver services will be increased to \$47,000. Supports Coordination and Supports Broker services will continue to be excluded from this limit. The limit can continue to be exceeded by \$15,000 for Advanced Supported Employment, Supported Employment, or Benefits Counseling services.
- The total allowable expenditure for all Transportation services in the Adult
 Autism Waiver will increase to \$10,000 for an individual in a single service plan year.

These increases will ensure that the final rate changes do not result in a reduction or loss of services for individuals.

Supports Coordinators and ISP teams are required to check service annualization costs for the entire fiscal year before making any changes to services to ensure individual waiver caps are not exceeded.

2. Payments for Residential Services in the Consolidated and Community Living Waivers

a. Pay For Performance

Licensed Residential Habilitation, Unlicensed Residential Habilitation, Life Sharing and Supported Living providers whose services are funded through the Consolidated and Community Living Waivers and have been assigned to the Primary, Select or Clinically Enhanced tier as part of the Department's implementation of Performance-Based Contracting (PBC) will be eligible to receive Pay-For-Performance (P4P) supplemental payments. To receive a P4P supplemental



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payment, the provider must meet or exceed performance targets for staff credentialing, employment of individuals served, transition of individuals to Life Sharing or Supported Living services, rural provider capacity, and reporting on use of technology.

Residential providers that meet or exceed performance standards for staff credentialing, employment of individuals served, rural provider capacity, and reporting on the use of technology will receive one-time or combined payments up to 3% of ODP-eligible service revenue from the applicable review period or established payment amount per qualifying event. In September, ODP will be releasing additional information about P4P supplemental payments.

b. PBC Rate Add-On

Licensed Residential Habilitation, Unlicensed Residential Habilitation, Life Sharing and Supported Living providers that meet the requirements to qualify for the Select or Clinically Enhanced PBC tiers will receive a "rate add-on," which is a payment that is in addition to the Fee Schedule Rate for a rendered service. Select providers will receive a rate add-on of 3% per individual served and Clinically Enhanced providers will receive a rate add-on of 5% per individual served.

More information about payments for residential services can be found in Appendices I-2-a and I-3-c of the Consolidated and Community Living Waivers.

3. Operational Considerations Impacted by Finalized Rates

a. Agency With Choice (AWC)

For individuals utilizing the AWC model of service, the associated administrative fees will take effect on July 1, 2024.



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Support Service Professional (SSP) wage ranges have been adjusted in the updated wage range schedule. Supports Coordinators must collaborate with Managing Employers (ME) to update SSP wages with their respective AWC. Due to the time required for these discussions, the updated wage ranges will be implemented on October 1, 2024. Therefore, updated SSP wages cannot be added to the plan or authorized until October 1, 2024

b. Life Sharing With and Without Day Service

Beginning October 1, 2024, Life Sharing agencies will be able to submit claims for "Life Sharing With Day" and "Life Sharing Without Day" for procedure codes W8593 and W8595.

Life Sharing With Day is any day in which:

- An individual receives 5 or more hours of services other than Life Sharing, or
- An individual receives 5 or more hours of unpaid support that is not included in the Life Sharing service, or
- An individual is independent in the home or community for 5 or more hours and does not receive direct services from the Life Sharing host home.

Life Sharing Without Day is any day in which:

 An individual receives less than 5 hours of services other than Life Sharing, or

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- An individual receives less than 5 hours of unpaid support that is not included in the Life Sharing service, or
- An individual is independent in the home or community for less than 5 hours and does not receive direct services from the Life Sharing host home.

c. Updating the Individual Support Plan for Life Sharing

Supports Coordinators should facilitate team meetings with impacted individuals receiving Life Sharing services to determine if the without day services rate is needed for the individual and add the appropriate procedure code to the ISP as they typically would.

- Life Sharing will be authorized as "With Day" or "Without Day" as described above.
- Life Sharing "With Day" and "Without Day" are two separate services on the Individual Support Plan (ISP). If "Life Sharing Without Day" is added to an individual's plan, the HI modifier must be included on the ISP. If the modifier is not added to the ISP, "Without Day" claims will not be processed.
- To minimize critical revisions related to calculations of "with' and "without day," Supports Coordinators may include units beyond 365-day units annually up to a maximum of 400 units total.
- In situations where it is unclear how many days the individual will use "with" or "without" day, the default allocation of day units should be:

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- \circ 4 days per week with day
- 3 days per week **without** day

d. Submitting Life Sharing Claims

The Life Sharing procedure codes for claims submission will not change. Instead, when submitting claims for **Life Sharing Without Day**, the **HI modifier** must be added to the claim. For example, if a Life Sharing agency is submitting a claim for the provision of the eligible components of Life Sharing where the individual receives 30 hours or more per week of services in a one-person home without day, the agency would use procedure code W8593 and the HI modifier.

These changes will be reflected in a forthcoming version of the ISP Manual.

e. Rate Load Impact on ISPs in Draft and Pending Approval Status

To reduce the workload of manual plan adjustments, SCs and AEs are strongly encouraged to have all plans out of draft or pending status by September 26, 2024. AEs should work with SCOs to develop a plan to temporarily halt ISP submissions between September 20 through September 26, 2024 to allow sufficient time for AE staff to review ISPs.

Services associated with the Fee Schedule Rates should auto-authorize and there should be no need for manual intervention. Providers are strongly encouraged to review Service Authorization Notices or the Provider Service Detail report in HCSIS to confirm the new rates were loaded, authorized, and that the correct Fee Schedule Rate is used when billing for any services rendered July 1, 2024 and after.

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Service details for each service will be split into two segments, the first from 7/1/2024-9/20/2024 and the second from 10/1/2024-6/30/2025. This will be automatically generated by the system as long as ISPs are in approved status.

Plans in draft or pending approval status will NOT be updated with the new rates for each of the applicable services. If there are any exceptions that set on the draft or pending approval plan resulting from the rate load, these plans will be "locked" and the AEs must resolve the issue using the View Modifications screen found in the Mass Rate Change tab in HCSIS. To minimize any potential issues that may be caused by the rate load, SCOs and AEs should immediately take steps to address plans currently in Draft or Pending status and get plans into approved status. Plans that remain in any status other than APPROVED will not have system generated rate changes and service authorization splits and will require manual edits. **SCOs and AEs should aim to have all plans out of draft or pending status by September 26, 2024 in order for the system generated updates to take effect which will reduce the amount of manual ISP work.**

f. Gross Adjustment

In November, ODP will process a gross adjustment for any fee schedule services billed during the 1st quarter of the fiscal year. This gross adjustment will compensate providers for the rate differential effective July 1, 2024.

NOTE: The rate increase will also apply to the Department-established fees under 55 Pa. Code § 4300.115(a) (relating to Department established fees) for base-funded services managed through county programs for individuals with an intellectual disability under the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4101—4704); 55 Pa. Office of Developmental Programs Announcement 24-084 Publication Date: 08/30/2024 Page 8 of 9



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Code Chapter 4300 (relating to county mental health and intellectual disability fiscal manual); and 55 Pa. Code Chapter 6100 (relating to Services for Individuals with an Intellectual Disability or Autism).

Public Comment

Interested persons are invited to submit written comments by **11:59 pm on September 30, 2024,** regarding the final Fee Schedule Rates and Department-established fees to the Department of Human Services, Office of Developmental Programs, Division of Provider Assistance and Rate Setting, 4th Floor, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120. Comments can also be sent to <u>ra-</u> <u>ratesetting@pa.gov</u>. Use subject header "PN Fee Schedule."

QUESTIONS:

Please direct any questions about this information to <u>ra-ratesetting@pa.gov</u>.

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