



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

Agenda
SPARC
August 7, 2015
11:00 a.m.
Ed McFall Board Room

Rate issues to be addressed:

- Mental Health Substance Use Screening.....2
- Independent Practitioners Rate Equalization.....3
- Severe Combined Immunodeficiency Disorder (SCID) Newborn Screen.....4-5
- Exome Sequence Analysis.....6
- ADvantage and State Plan Personal Care Providers.....7-8
- Developmental Disabilities Service Providers.....9-12

State Plan Amendment Rate Committee (SPARC)

August 7, 2015

Mental Health Substance Use Screening

1. Is this a “Rate Change” or a “Method Change”?

Rate Change

1b. Is this change an increase, decrease, or no impact?

This change involves creating a new rate for a SoonerCare compensable service, so it represents an increase.

2. Presentation of issue – Why is change being made?

Rules were revised during 2015 permanent rulemaking to add coverage of Mental Health/Substance Use Disorder (MH/SUD) screens provided in outpatient behavioral health agencies. ODMHSAS proposes to reimburse for screens provided by qualified providers using approved evidence based tools at a rate of \$25.32 per event.

3. Current methodology and/or rate structure.

Currently, there is no rate for MH/SUD screens under Title XIX. There is an existing rate of \$25.32 per event for services provided by ODMHSAS contractors and reimbursed using 100% ODMHSAS funds.

4. New methodology or rate.

The new proposed rate is \$25.32 per event.

5. Budget estimate.

Last year ODMHSAS paid \$193,054.72 on MH/SUD screens on 9,493 distinct Medicaid clients using 100% state dollars. Pulling Federal Financial Participation (FFP) through SoonerCare would have freed up \$120,272 to reinvest into other services (i.e. state savings).

120,000 clients were provided mental health services through SoonerCare in SFY2015. Assuming 10% uptake in utilization of the new screening code in SFY2016, estimated budget impact would be \$303,840 total dollars/\$114,547 state dollars.

Given the savings from receiving FFP for services currently provided with state funds and the estimated budget impact in SFY2016 for new utilization, the budget impact should be near neutral for SFY2016.

6. Agency estimated impact on access to care.

The Agency has determined that this change will have a positive impact on access to care.

7. Rate or Method change in the form of a motion.

The Agency requests the State Plan Amendment Rate Committee to approve the proposed reimbursement rate of \$25.32 per event for Mental Health/Substance Use Disorder Screens provided in an outpatient behavioral health agency setting.

8. Effective date of change.

September 1, 2015.

State Plan Amendment Rate Committee (SPARC)
August 7, 2015
Independent Practitioners Rate Equalization

1. Is this a “Rate Change” or a “Method Change”?
Method Change

1b. Is this change an increase, decrease, or no impact?

This change represents a decrease in the aggregate reimbursement being made to independently contracted Licensed Behavioral Health Practitioners (LBHPs).

2. Presentation of issue – Why is change being made?

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) proposes to revise the payment methodology for independent Licensed Behavioral Health Practitioners (LBHPs) in order to equalize payment for their services with the payments made for services provided by the same level of provider in an outpatient behavioral health agency setting. Changes are necessary to reduce the Agency's spending to balance the state budget in accordance with Article 10, Section 23 of the Oklahoma Constitution, which prohibits a state agency from spending more money than is allocated. This change does not affect the methodology for Physicians, Psychiatrists or Psychologists.

3. Current methodology and/or rate structure.

The current reimbursement methodology for independently contracted licensed behavioral health professionals (LBHPs) is 72.56% of the CY 2013 Medicare Non-Facility Physician Fee Schedule for psychiatry services.

4. New methodology or rate.

The proposed methodology is to establish independent LBHP reimbursement rates for Common Procedure Terminology (CPT) codes, which in the aggregate equates to 62.7% of the 2013 non-facility practitioner Medicare Physician Fee Schedule (MPFS) rates.

5. Budget estimate.

The budget impact of the methodology change is an estimated savings to ODMHSAS in the amount of \$2,072,078 Total/\$808,110 State.

6. Agency estimated impact on access to care.

The Agency has determined that this change will have no adverse impact on access to care.

7. Rate or Method change in the form of a motion.

The Agency requests the State Plan Amendment Rate Committee to approve the proposed reimbursement methodology to establish independent LBHP reimbursement rates for Common Procedure Terminology (CPT) codes, which in the aggregate equates to 62.7% of the 2013 non-facility practitioner Medicare Physician Fee Schedule (MPFS) rates.

8. Effective date of change.

September 1, 2015.

State Plan Amendment Rate Committee (SPARC)
August 7, 2015
Severe Combined Immunodeficiency Disorder (SCID) Newborn Screen

1. Is this a “Rate Change” or a “Method Change”?

Method Change to establish a new rate

1b. Is this change an increase, decrease, or no impact?

This establishment of a new rate will result in increased expenditures.

2. Presentation of issue – Why is change being made?

The Oklahoma State Department of Health (OSDH) has recently (February 2015) added a new test to the existing state-mandated panel for newborn screening (NBS). This test, which screens for Severe Combined Immunodeficiency Disorder (SCID), was approved as part of the national Recommended Uniform Screening Panel (RUSP) for newborn testing, which includes 31 core disorders and 26 secondary disorders, in May 2010. The OSDH NBS Program has systematically adopted all testing reflected in the nationally-recognized RUSP.

SCID includes more than 10 genetic disorders characterized by profound defects in both cellular immunity and specific antibody production, and is estimated to occur in about 1/33,000 births. Early identification of the asymptomatic SCID infant during the first few weeks of life is essential for successful treatment, which generally involves allogeneic hematopoietic stem cell transplantation. SCID infants who are treated early have almost 10-fold lower total clinical care costs compared with those treated later. If undiagnosed, SCID infants usually die from severe infections with the first year of life. Unfortunately, while SCID is potentially treatable, it is infrequently recognized prior to the onset of devastating infections.

3. Current methodology and/or rate structure.

This is a new test that has been recently added to the NBS testing panel in Oklahoma; currently, OSDH is neither charging nor getting reimbursed for this test.

4. New methodology or rate.

The CPT code applicable to SCID testing is 81479, Unlisted Molecular Pathology Procedure. Various cost analyses have been performed by testing facilities for SCID newborn screening, with a range from \$5 to \$17.00 per test. Charges for SCID newborn screening in the states of Arizona, Washington and Florida were considered when the Oklahoma State Department of Health Board of Health approved a rate for the NBS fee of \$6 for SCID.

5. Budget estimate.

Based on the number of Medicaid claims in the past State Fiscal Year, it is estimated that the increased cost would be approximately \$179,000.00 per SFY for Medicaid claims. Claims for basic newborn screening panels, are reimbursed at the detail line level.

6. Agency estimated impact on access to care.

The OSDH Public Health Lab is currently providing population SCID screening at no cost and receives no specific reimbursement for this test. However, the long term sustainability of testing is dependent upon being able to increase the NBS fee by \$6. The benefit to cost ratio for providing SCID testing has been estimated at 4.23, indicating a substantial cost saving to the overall healthcare system by offering SCID screening for newborns.

State Plan Amendment Rate Committee (SPARC)

August 7, 2015

Severe Combined Immunodeficiency Disorder (SCID) Newborn Screen

7. Rate or Method change in the form of a motion.

The OSDH proposes that the State Plan Amendment Rate Committee approve a rate for SCID newborn screening of \$6.

8. Effective date of change.

October 1, 2015, or later

State Plan Amendment Rate Committee (SPARC)

August 7, 2015

Exome Sequence Analysis

1. Is this a “Rate Change” or a “Method Change”?

Rate change

1b. Is this change an increase, decrease, or no impact?

No Impact

2. Presentation of issue – Why is change being made?

The Oklahoma Health Care Authority (OHCA) recommends adding a rate for a new code (81415) for exome sequence analysis.

3. Current methodology and/or rate structure.

81415 is a new code for 2015 and it has not been priced by CMS. Before the new code was introduced, OHCA was billed for this service using 1 unit each of 81400, 81401, 81402, 81403, 81404, 81405, 81406, and 81407, and OHCA paid for the service based on our system rates for these codes.

4. New methodology or rate.

OHCA would like to set the rate for 81415 by cross walking 1 unit each of 81400, 81401, 81402, 81403, 81404, 81405, 81406, and 81407 so that we are paying the same rate as what we paid in 2014. This would give us a default rate of \$3,980.73 (\$3,672.22 current with budget reductions). It is important to set a system price to be transparent with providers about OHCA’s reimbursement for this service (typically this service is billed at a much higher rate than what OHCA pays).

<u>Procedure</u>	<u>Current Rate</u>	<u>Default Rate</u>
81400	\$57.94	\$62.81
81401	\$98.15	\$106.40
81402	\$122.16	\$132.42
81403	\$177.54	\$192.45
81404	\$245.93	\$266.59
81405	\$475.87	\$515.85
81406	\$862.76	\$935.24
81407	\$1,631.87	\$1,768.97

5. Budget estimate.

The rate change will result in no budget impact since the proposal is to set the rate for 81415 at the sum of the rates for the codes that were billed for the service prior to 2015.

6. Agency estimated impact on access to care.

This rate change should not have a negative impact to access and quality of care to SoonerCare members.

7. Rate or Method change in the form of a motion.

The agency requests the State Plan Amendment Rate Committee approve the new rate for exome sequence analysis.

8. Effective date of change.

August 14, 2015

State Plan Amendment Rate Committee (SPARC)
August 7, 2015
ADvantage and State Plan Personal Care Providers

1. Is this a “Rate Change” or a “Method Change”?
Rate Change

1b. Is this change an increase, decrease, or no impact?
Decrease

2. Presentation of issue – Why is change being made?

The Oklahoma Department of Human Services (OKDHS) has taken action to reduce agency expenditures due to declining state revenues and increased program costs. As a result, OKDHS recommends the following rate change. This change is being made to comply with the Oklahoma Constitution, Article X, Section 23, which prohibits a state agency from spending more money than is allocated.

3. Current methodology and/or rate structure.

The current services rate structure for services for which a rate reduction is being implemented are fixed and uniform rates established through the State Plan Amendment Rate Committee process. The services and current service codes/rates are as follows:

<u>Description</u>	<u>Service Code</u>	<u>Unit Rate</u>
<u>CD-PASS</u>		
Personal Service Assistant	S5125	\$3.32
Advanced Personal Service Assistant	S5125 TF	\$3.98
Optional Expense	T2025	\$1.00
<u>Case Management</u>		
Case Management-Standard	T1016	\$14.25
Case Management-Very Rural	T1016 TN	\$20.40
Transitional Case Management-Very Rural	T1016 TN	\$20.40
Transitional Case Management-Standard	T1016 U3	\$14.25
<u>Personal Care</u>		
Personal Care	T1019	\$3.92
Advanced Supportive/Restorative	T1019 TF	\$4.22
<u>In-Home Respite</u>		
2-7 hours	T1005	\$3.92
Extended Respite (1/Day)	S9125	\$165.88
<u>Assisted Living</u>		
Standard Care Level	T2031	\$45.61
Intermediate Care Level	T2031 TG	\$61.55
High Care Level	T2031 TF	\$86.10

4. New methodology or rate.

The table below indicates the services and per service rate decreased proposed to meet the budgetary requirements of SFY16 reflecting ten (10) months.

OAC 317:30-5-764 ties many ADvantage service rates to the State Plan Personal Care rate. Those service rates determined in policy by the Personal Care rate are indicated in **yellow highlight** in the table. The proposed rates were determined by a 3.5% reduction to the current

State Plan Amendment Rate Committee (SPARC)
August 7, 2015
ADvantage and State Plan Personal Care Providers

rate for services.

<u>Service Description</u>	<u>Service Code</u>	<u>Reduced Unit Rate</u>	<u>Unit Rate</u>	<u>Decrease</u>
<u>CD-PASS *</u>				
Personal Service Assistant	S5125	\$3.20	\$3.32	\$0.12
Advanced Personal Service Assistant	S5125 TF	\$3.84	\$3.98	\$0.14
Optional Expense	T2025	\$0.97	\$1.00	\$0.04
<u>Case Management</u>				
Case Management-Standard	T1016	\$13.75	\$14.25	\$0.50
Case Management-Very Rural	T1016 TN	\$19.69	\$20.40	\$0.71
Transitional Case Management-Very Rural	T1016 TN U3	\$19.69	\$20.40	\$0.71
Transitional Case Management-Standard	T1016 U3	\$13.75	\$14.25	\$0.50
<u>Personal Care</u>				
Personal Care	T1019	\$3.78	\$3.92	\$0.14
Advanced Supportive/Restorative	T1019 TF	\$4.07	\$4.22	\$0.15
<u>In-Home Respite *</u>				
2-7 hours	T1005	\$3.78	\$3.92	\$0.14
Extended Respite (1/Day)	S9125	\$160.07	\$165.88	\$5.81
<u>Assisted Living</u>				
Standard Care Level	T2031	\$44.01	\$45.61	\$1.60
Intermediate Care Level	T2031 TG	\$59.40	\$61.55	\$2.15
High Care Level	T2031 TF	\$83.09	\$86.10	\$3.01

5. Budget estimate.

The effective date for the rate decrease is September 1, 2015. The estimated total SFY16 state share for the proposed rate reduction is \$1,598,697 with a total Federal plus State SFY16 cost for the service rate reduction of \$4,240,577. The dollars estimated reflect ten (10) months. Annualized, those figures are \$1,918,436 and \$5,088,690.

6. Agency estimated impact on access to care.

Under (a)(30)(A) of the Medicaid Act, the agency expects an increased impact on access for these services.

7. Rate or Method change in the form of a motion.

The agency requests the State Plan Amendment Rate Committee to approve the proposed rate decrease to be effective September 1, 2015 upon Board approval.

8. Effective date of change.

September 1, 2015

State Plan Amendment Rate Committee (SPARC)
 August 7, 2015
 Developmental Disabilities Services Providers

1. Is this a “Rate Change” or a “Method Change”?
 Rate Change

1b. Is this change an increase, decrease, or no impact?
 Decrease

2. Presentation of issue – Why is the change being made?

The Oklahoma Department of Human Services (OKDHS) has taken action to reduce agency expenditures due to declining state revenues and increased program costs. As a result, OKDHS recommends the following rate change. This change is being made to comply with the Oklahoma Constitution, Article X, Section 23, which prohibits a state agency from spending more money than is allocated.

3. Current methodology and/or rate structure.

The current rate structure for services for which a rate reduction is being implemented is a fixed and uniform rate configuration established through the State Plan Amendment Rate Committee process. The services and current service codes and rates are as follows:

<u>Decription</u>	<u>Service Code</u>	<u>Unit Rate</u>
HOMEMAKER	S5130	\$3.32
HOMEMAKER - STATE FUND	S5130 SE	\$3.32
HOMEMAKER RESPITE	S5150	\$3.32
HTS - HABILITATION TRAINING SPECIALIST	T2017	\$3.92
HTS - HABILITATION TRAINING SPECIALIST - STATE FUND	T2017 SE	\$3.92
HTS - SELF DIRECTED SERVICE	T2017 U1 TF	\$3.92-Max
INTENSIVE PERSONAL SUPPORTS	T2017 TF	\$3.92
INTENSIVE PERSONAL SUPPORTS - STATE FUND	T2017 TF SE	\$3.92
DAILY LIVING SUPPORTS	T2033	\$149.19
DAILY LIVING SUPPORTS - THER LEAVE	T2033 TV	\$149.19
GROUP HOME		
6 BED	T1020	\$70.25
7 BED	T1020	\$60.00
8 BED	T1020	\$52.50
9 BED	T1020	\$48.00
10 BED	T1020	\$44.25
11 BED	T1020	\$41.50
12 BED	T1020	\$39.00
GROUP HOME COMM. LIVING HOME		
6 BED	T1020	\$130.00
7 BED	T1020	\$125.75
8 BED	T1020	\$115.50
9 BED	T1020	\$107.50
10 BED	T1020	\$101.00
11 BED	T1020	\$95.50
12 BED	T1020	\$90.25
GROUP HOME ALT. LIVING HOME, 4 BED	T1020	\$282.75

State Plan Amendment Rate Committee (SPARC)
August 7, 2015
Developmental Disabilities Services Providers

<u>Decription Cont'd</u>	<u>Service Code</u>	<u>Unit Rate</u>
RESPITE IN - GROUP HOME		
6 BED	S5151	\$70.50
7 BED	S5151	\$60.00
8 BED	S5151	\$52.50
9 BED	S5151	\$48.00
10 BED	S5151	\$44.25
11 BED	S5151	\$41.50
12 BED	S5151	\$39.00
RESPITE IN - COMMUNITY LIVING HOME		
6 BED	S5151	\$130.00
7 BED	S5151	\$125.75
8 BED	S5151	\$115.50
9 BED	S5151	\$107.50
10 BED	S5151	\$101.00
11 BED	S5151	\$95.50
12 BED	S5151	\$90.25
AGENCY COMPANION (Contractor) - CLOSE	S5126 U4	\$93.50
THERAPEUTIC LEAVE	S5126 U4 TV	\$93.50
AGENCY COMPANION (Contractor) - ENHANCED	S5126 TG	\$121.75
THERAPEUTIC LEAVE	S5126 TG TV	\$121.75
AGENCY COMPANION (Contractor) - PERVASIVE	S5136 TG	\$133.00
THERAPEUTIC LEAVE	S5136 TG TV	\$133.00
AGENCY COMPANION (Contractor) - INTERMITTENT	S5126 U1	65.25
THERAPEUTIC LEAVE	S5126 U1 TV	65.25
RESPITE IN - AGENCY COMPANION (Contractor) - CLOSE	S5151	\$93.50
RESPITE IN - AGENCY COMPANION (Contractor) - ENHANCED	S5151	\$121.75
RESPITE IN - AGENCY COMPANION (Contractor) - INTERMITTENT	S5151	\$65.25
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1	\$4.84
ES - CENTER BASED PREVOCATIONAL SVS - STATE FUND	T2015 U1 SE	\$4.84
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF	\$9.68
ES - COMMUNITY BASED PREVOC SERVICES - STATE FUND	T2015 TF SE	\$9.68
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG	\$12.20
ES - PRE-VOC. HTS - SUPP. SUPPORTS - STATE FUND	T2015 TG SE	\$12.20
ES - ENHANCED COMMUNITY BASED PREVOC	T2015	\$12.92
ES - ENHANCED COMMUNITY BASED PREVOC - STATE FUND	T2015 SE	\$12.92
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4	\$15.68
ES - COMMUNITY BASED INDIVIDUAL SERVICES - STATE FUND	T2015 U4 SE	\$15.68
ES - JOB STABILIZATION / EXTENDED SVS	T2019 U1	\$1.34
ES - JOB COACHING SERVICE	T2019 TF	\$3.23
ES - ENHANCED JOB COACHING SVS	T2019 TG	\$3.76
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4	\$4.30
ES - JOB COACHING INDIVIDUAL SVS - STATE FUND	T2019 U4 SE	\$4.30
ES - EMPLOYMENT SPECIALIST	T2019	\$5.87
TRANSPORTATION - MILEAGE	S0215	\$0.49
PROFESSIONAL INDIRECT SERV. (TRAVEL)	S0215 SE	\$0.49
TRANSPORTATION - ADAPTED - NON_EMERGENCY VAN	A0130	\$1.25

State Plan Amendment Rate Committee (SPARC)

August 7, 2015

Developmental Disabilities Services Providers

4. New methodology or rate.

The table below indicates the services and per service rate decreases proposed to meet the budgetary requirements of FY16.

<u>Decription</u>	<u>Service Code</u>	<u>Reduced</u>	<u>Current Unit</u>	<u>Decrease</u>
		<u>Unit Rate</u>	<u>Rate</u>	
HOMEMAKER	S5130	\$ 3.20	\$3.32	\$ 0.12
HOMEMAKER - STATE FUND	S5130 SE	\$ 3.20	\$3.32	\$ 0.12
HOMEMAKER RESPITE	S5150	\$ 3.20	\$3.32	\$ 0.12
HTS - HABILITATION TRAINING SPECIALIST	T2017	\$ 3.78	\$3.92	\$ 0.14
HTS - HABILITATION TRAINING SPECIALIST - STATE FUND	T2017 SE	\$ 3.78	\$3.92	\$ 0.14
HTS - SELF DIRECTED SERVICE	T2017 U1 TF	\$ 3.78	\$3.92-Max	\$ 0.14
INTENSIVE PERSONAL SUPPORTS	T2017 TF	\$ 3.78	\$3.92	\$ 0.14
INTENSIVE PERSONAL SUPPORTS - STATE FUND	T2017 TF SE	\$ 3.78	\$3.92	\$ 0.14
DAILY LIVING SUPPORTS	T2033	\$ 143.97	\$149.19	\$ 5.22
DAILY LIVING SUPPORTS - THER LEAVE	T2033 TV	\$ 143.97	\$149.19	\$ 5.22
GROUP HOME				
6 BED	T1020	\$ 67.79	\$70.25	\$ 2.46
7 BED	T1020	\$ 57.90	\$60.00	\$ 2.10
8 BED	T1020	\$ 50.66	\$52.50	\$ 1.84
9 BED	T1020	\$ 46.32	\$48.00	\$ 1.68
10 BED	T1020	\$ 42.70	\$44.25	\$ 1.55
11 BED	T1020	\$ 40.05	\$41.50	\$ 1.45
12 BED	T1020	\$ 37.63	\$39.00	\$ 1.37
GROUP HOME COMM. LIVING HOME				
6 BED	T1020	\$ 125.45	\$130.00	\$ 4.55
7 BED	T1020	\$ 121.35	\$125.75	\$ 4.40
8 BED	T1020	\$ 111.46	\$115.50	\$ 4.04
9 BED	T1020	\$ 103.74	\$107.50	\$ 3.76
10 BED	T1020	\$ 97.46	\$101.00	\$ 3.54
11 BED	T1020	\$ 92.16	\$95.50	\$ 3.34
12 BED	T1020	\$ 87.09	\$90.25	\$ 3.16
GROUP HOME ALT. LIVING HOME, 4 BED	T1020	\$ 272.85	\$282.75	\$ 9.90
RESPITE IN - GROUP HOME				
6 BED	S5151	\$ 68.04	\$70.50	\$ 2.46
7 BED	S5151	\$ 57.90	\$60.00	\$ 2.10
8 BED	S5151	\$ 50.66	\$52.50	\$ 1.84
9 BED	S5151	\$ 46.32	\$48.00	\$ 1.68
10 BED	S5151	\$ 42.70	\$44.25	\$ 1.55
11 BED	S5151	\$ 40.05	\$41.50	\$ 1.45
12 BED	S5151	\$ 37.63	\$39.00	\$ 1.37
RESPITE IN - COMMUNITY LIVING HOME				
6 BED	S5151	\$ 125.45	\$130.00	\$ 4.55
7 BED	S5151	\$ 121.35	\$125.75	\$ 4.40
8 BED	S5151	\$ 111.46	\$115.50	\$ 4.04
9 BED	S5151	\$ 103.74	\$107.50	\$ 3.76
10 BED	S5151	\$ 97.46	\$101.00	\$ 3.54
11 BED	S5151	\$ 92.16	\$95.50	\$ 3.34
12 BED	S5151	\$ 87.09	\$90.25	\$ 3.16

State Plan Amendment Rate Committee (SPARC)
August 7, 2015
Developmental Disabilities Services Providers

<u>Decription Cont'd</u>	<u>Service Code</u>	<u>Reduced</u>	<u>Current Unit</u>	<u>Decrease</u>
		<u>Unit Rate</u>	<u>Rare</u>	
AGENCY COMPANION (Contractor) - CLOSE	S5126 U4	\$ 90.23	\$93.50	\$ 3.27
THERAPEUTIC LEAVE	S5126 U4 TV	\$ 90.23	\$93.50	\$ 3.27
AGENCY COMPANION (Contractor) - ENHANCED	S5126 TG	\$ 117.49	\$121.75	\$ 4.26
THERAPEUTIC LEAVE	S5126 TG TV	\$ 117.49	\$121.75	\$ 4.26
AGENCY COMPANION (Contractor) - PERVASIVE	S5136 TG	\$ 128.34	\$133.00	\$ 4.66
THERAPEUTIC LEAVE	S5136 TG TV	\$ 128.34	\$133.00	\$ 4.66
AGENCY COMPANION (Contractor) - INTERMITTENT	S5126 U1	\$ 62.97	65.25	\$ 2.28
THERAPEUTIC LEAVE	S5126 U1 TV	\$ 62.97	65.25	\$ 2.28
RESPIRE IN - AGENCY COMPANION (Contractor) - CLOSE	S5151	\$ 90.23	\$93.50	\$ 3.27
RESPIRE IN - AGENCY COMPANION (Contractor) - ENHANCED	S5151	\$ 117.49	\$121.75	\$ 4.26
RESPIRE IN - AGENCY COMPANION (Contractor) - INTERMITTENT	S5151	\$ 62.97	\$65.25	\$ 2.28
ES - CENTER BASED PREVOCATIONAL SVS	T2015 U1	\$ 4.67	\$4.84	\$ 0.17
ES - CENTER BASED PREVOCATIONAL SVS - STATE FUND	T2015 U1 SE	\$ 4.67	\$4.84	\$ 0.17
ES - COMMUNITY BASED PREVOC SERVICES	T2015 TF	\$ 9.34	\$9.68	\$ 0.34
ES - COMMUNITY BASED PREVOC SERVICES - STATE FUND	T2015 TF SE	\$ 9.34	\$9.68	\$ 0.34
ES - PRE-VOC. HTS - SUPP. SUPPORTS	T2015 TG	\$ 11.77	\$12.20	\$ 0.43
ES - PRE-VOC. HTS - SUPP. SUPPORTS - STATE FUND	T2015 TG SE	\$ 11.77	\$12.20	\$ 0.43
ES - ENHANCED COMMUNITY BASED PREVOC	T2015	\$ 12.47	\$12.92	\$ 0.45
ES - ENHANCED COMMUNITY BASED PREVOC - STATE FUND	T2015 SE	\$ 12.47	\$12.92	\$ 0.45
ES - COMMUNITY BASED INDIVIDUAL SERVICES	T2015 U4	\$ 15.13	\$15.68	\$ 0.55
ES - COMMUNITY BASED INDIVIDUAL SERVICES - STATE FUND	T2015 U4 SE	\$ 15.13	\$15.68	\$ 0.55
ES - JOB STABILIZATION / EXTENDED SVS	T2019 U1	\$ 1.29	\$1.34	\$ 0.05
ES - JOB COACHING SERVICE	T2019 TF	\$ 3.12	\$3.23	\$ 0.11
ES - ENHANCED JOB COACHING SVS	T2019 TG	\$ 3.63	\$3.76	\$ 0.13
ES - JOB COACHING INDIVIDUAL SVS	T2019 U4	\$ 4.15	\$4.30	\$ 0.15
ES - JOB COACHING INDIVIDUAL SVS - STATE FUND	T2019 U4 SE	\$ 4.15	\$4.30	\$ 0.15
ES - EMPLOYMENT SPECIALIST	T2019	\$ 5.66	\$5.87	\$ 0.21
TRANSPORTATION - MILEAGE	S0215	\$ 0.47	\$0.49	\$ 0.02
PROFESSIONAL INDIRECT SERV. (TRAVEL)	S0215 SE	\$ 0.47	\$0.49	\$ 0.02
TRANSPORTATION - ADAPTED - NON_EMERGENCY VAN	A0130	\$ 1.21	\$1.25	\$ 0.04

The proposed rates were determined by a 3.5% reduction to the current rate for services.

5. Budget Estimate.

The estimated annual change is a decrease in the amount of \$10,656,595 total dollars; \$3,971,713 state share.

6. Agency estimated impact on access to care.

This rate change should not have a negative impact to access and quality of care to Home and Community Waiver members.

7. Rate of Method change in the form of a motion.

The Department of Human Services requests the State Plan Amendment Rate Committee approve the proposed rate decrease.

8. Effective date of change.

September 1, 2015