

## **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: 21-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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May 19, 2021

Teresa D. Miller, Secretary  
Department of Human Services  
P.O. Box 2675  
Harrisburg, PA 17105-2675

Re: Pennsylvania State Plan Amendment (SPA) 21-0001

Dear Secretary Miller:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0001. This amendment proposes to update the State Plan to include the provision of targeted support management for beneficiaries ages 0 to 8 with a developmental disability and individuals ages 0 to 21 with a medically complex condition who have been determined eligible for an Intermediate Care Facility for Other Related Conditions (IFC/ORC) level of care.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Pennsylvania's Medicaid SPA Transmittal Number 21-0001 is approved effective July 1, 2021.

If you have any questions, please contact Dan Belnap at 215-861-4273 or via email at [Dan.Belnap@cms.hhs.gov](mailto:Dan.Belnap@cms.hhs.gov).

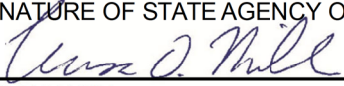
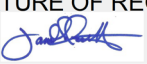
Sincerely,

A handwritten signature in blue ink, appearing to read "James G. Scott", is positioned above the printed name.

Digitally signed by James  
G. Scott -S  
Date: 2021.05.19  
13:42:20 -05'00'

James G. Scott, Director  
Division of Program Operations

cc: Sally Kozak  
Eve Lickers  
Lacey Gates  
Julie Mochon

|                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                           |                          |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL<br/>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>                                                                                                                                                                                                                                                                                       |  | 1. TRANSMITTAL NUMBER<br>21-0001                                                                                                                                                                                          | 2. STATE<br>Pennsylvania |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)                                                                                                                                                |                          |  |  |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                                                                                                                                                                                                                                                                                                |  | 4. PROPOSED EFFECTIVE DATE<br>July 1, 2021                                                                                                                                                                                |                          |  |  |
| 5. TYPE OF PLAN MATERIAL ( <i>Check One</i> )<br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT                                                                                                                                                                                                           |  |                                                                                                                                                                                                                           |                          |  |  |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate transmittal for each amendment</i> )                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                           |                          |  |  |
| 6. FEDERAL STATUTE/REGULATION CITATION<br>Sections 1905(a)(19) and 1915(g)(2) of the Social Security Act                                                                                                                                                                                                                                                                                                         |  | 7. FEDERAL BUDGET IMPACT<br>a. FFY 2021 \$4,000 Federal funds<br>b. FFY 2022 \$16,000 Federal funds                                                                                                                       |                          |  |  |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br>Enclosure A to Attachment 3.1A/3.1B, Pages 1,2,3,4,5,6, 7,8<br>Attachment 4.19B, Page 8                                                                                                                                                                                                                                                                      |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )<br>Enclosure A to Attachment 3.1A/ 3.1B, Pages 1,2,3,4,5,6, 7; Attachment 4.19B, Page 8                                              |                          |  |  |
| 10. SUBJECT OF AMENDMENT<br>Update the State Plan to include provision of targeted support management for individuals age 0 through 8 with a developmental disability and individuals age 0 through 21 with a medically complex condition who have been determined eligible for an ICF/ORC level of care and are eligible for Medical Assistance under the State Plan.                                           |  |                                                                                                                                                                                                                           |                          |  |  |
| 11. GOVERNOR'S REVIEW ( <i>Check One</i> )<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Review and approval authority<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      has been delegated to the Department of Human Services |  |                                                                                                                                                                                                                           |                          |  |  |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL<br>                                                                                                                                                                                                                                                                                    |  | 16. RETURN TO<br>Commonwealth of Pennsylvania<br>Department of Human Services<br>Office of Medical Assistance Programs<br>Bureau of Policy, Analysis and Planning<br>P.O. Box 2675<br>Harrisburg, Pennsylvania 17105-2675 |                          |  |  |
| 13. TYPED NAME<br>Teresa D. Miller                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                           |                          |  |  |
| 14. TITLE<br>Secretary of Human Services                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                           |                          |  |  |
| 15. DATE SUBMITTED<br>February 19, 2021                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                           |                          |  |  |
| FOR REGIONAL OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                           |                          |  |  |
| 17. DATE RECEIVED<br>February 19, 2021                                                                                                                                                                                                                                                                                                                                                                           |  | 18. DATE APPROVED<br>May 11, 2021                                                                                                                                                                                         |                          |  |  |
| PLAN APPROVED - ONE COPY ATTACHED                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                           |                          |  |  |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL<br>July 1, 2021                                                                                                                                                                                                                                                                                                                                                          |  | 20. SIGNATURE OF REGIONAL OFFICIAL<br><br>Digitally signed by James G. Scott -S<br>Date: 2021.05.19 13:43:09 -05'00'                  |                          |  |  |
| 21. TYPED NAME<br>James G. Scott                                                                                                                                                                                                                                                                                                                                                                                 |  | 22. TITLE<br>Director, Division of Program Operations                                                                                                                                                                     |                          |  |  |
| 23. REMARKS                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                           |                          |  |  |

State Plan under Title XIX of the Social Security Act  
State/Territory: PA

**TARGETED SUPPORT MANAGEMENT**

**Individuals with an Intellectual Disability, Autism, Developmental Disability, or Medically Complex Condition**

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Individuals who meet one of the following sets of criteria are eligible for Targeted Support Management:

- Individuals with an intellectual disability diagnosis based on the results of a standardized intellectual psychological testing, which reflects a full scale score of 70 and below (based on two standard deviations below the mean) and the intellectual disability occurred prior to age 22.
- Individuals who have a diagnosis of autism based on the results of a diagnostic tool(s), have been determined eligible for an Intermediate Care Facility for Other Related Conditions (ICF/ORC) level of care, and autism manifested prior to age 22.
- Individuals age 0 through 8 who have a diagnosis of developmental disability, which is defined as a condition of substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in an intellectual disability or autism, who are determined eligible for an ICF/ORC level of care, and the disability manifested prior to the age of 9 and is likely to continue indefinitely.
- Individuals age 0 through 21 with medically complex conditions who are determined eligible for an ICF/ORC level of care and who have one or more chronic health conditions that meet both of the following: (a) cumulatively affect three or more organ systems and (b) require medically necessary skilled nursing intervention to execute medical regimens to use technology for respiration, nutrition, medication administration or other bodily functions.

To be determined eligible for ICF/ORC level of care, the applicable target groups as described above must meet the following:

- Have substantial functional limitations in three or more areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction and/or capacity for independent living based on a standardized adaptive functioning test.

All target groups must be eligible for Medical Assistance under the State Plan.

- X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

X Entire State

\_\_\_ Only in the following geographic areas: **[Specify areas]**

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

\_\_\_ Services are provided in accordance with §1902(a)(10)(B) of the Act.



State Plan under Title XIX of the Social Security Act  
State/Territory: PA

**TARGETED SUPPORT MANAGEMENT**

**Individuals with an Intellectual Disability, Autism, Developmental Disability, or Medically Complex Condition**

X Services are not comparable in amount duration and scope (§1915(g)(1)). Definition of services (42 CFR 440.169): Targeted support management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted support management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, education, social or other services or supports. Targeted support management includes the following assistance:
  - Gathering information related to educational, social, emotional, and medical events by interviewing the individual, family, medical providers, educators and others necessary to complete an assessment of the individual.
  - Identifying the strengths, skills, abilities, and preferences of the individual.
  - Utilizing standardized assessment and planning tools, using a life course framework to assist individuals and families to identify both the immediate and long-term vision for the person including the types of information, community resources, experiences, opportunities, and specialized services and supports necessary to promote growth and development and to achieve the person's desired outcomes including: acquiring independent living skills, employment, and establishing a social network outside the family.
  - Identifying the individual's needs for services and supports and completing the related documentation.

An initial assessment shall be completed within 45 days of referral with reassessments completed annually thereafter.

- ❖ Development (and periodic revision) of a specific individual plan that is based on the information collected through the assessment that:
  - Includes the active participation of the individual and others specified by the individual in the development of the plan.
  - Specifies the individual's desired outcomes including: acquiring independent living skills, employment, and establishing a social network outside the family.
  - Identifies a course of action to address the individual's needs and to achieve his or her desired outcomes including in-home and community supports and services.
- ❖ Specifies the services and supports necessary to address the individual's needs and to achieve his or her desired outcomes. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
  - Activities that help link the individual with medical, social, and educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the individual plan.

State Plan under Title XIX of the Social Security Act  
State/Territory: PA

**TARGETED SUPPORT MANAGEMENT**

**Individuals with an Intellectual Disability, Autism, Developmental Disability, or Medically Complex Condition**

- 
- ❖ Monitoring and follow-up activities:
  - Activities and contacts that are necessary to ensure the individual plan is implemented and adequately addresses the eligible individual's needs, including ensuring the individual's health and safety, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring meeting, to determine whether the following conditions are met:
    - Services are being furnished in accordance with the individual plan;
    - Services in the individual plan are adequate; and
    - Changes in the needs or status of the individual are reflected in the individual plan. Monitoring and follow-up activities include making necessary adjustments in the individual plan and service arrangements with providers.

Face-to-face monitoring shall occur at least once a year that is separate from the annual service plan meeting. Monitoring shall occur more frequently as needed to ensure the individual's needs are met; as well as to maintain a continuing relationship between the individual, family members, and any providers responsible for services.

**X** Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback; and alerting case managers to changes in the eligible individual's needs.  
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Targeted Support Management Organization Qualifications:

1. The Executive Director must have five years of professional level experience in the field of disability services, including three years of administrative, supervisory, or consultative work; and a bachelor's degree.
2. The Executive Director must have knowledge of ODP's intellectual disability, autism and developmental disability service system and successfully complete ODP's Applicant Orientation to Enrollment and Provision of Quality Services.
3. Have a service location in Pennsylvania.
4. Function as a conflict-free entity. A conflict-free organization, for purposes of rendering this service, is an independent, separate, or self-contained agency that does not have a fiduciary relationship with an agency providing direct services and is not part of a larger corporation that provides direct services. To be conflict free, an organization may not provide direct or indirect services funded by ODP to individuals with an intellectual disability, autism, developmental disability, or complex medical condition.

State Plan under Title XIX of the Social Security Act  
State/Territory: PA

**TARGETED SUPPORT MANAGEMENT**

**Individuals with an Intellectual Disability, Autism, Developmental Disability, or Medically Complex Condition**

5. Have an annual training plan to improve the knowledge, skills and core competencies of the organization's personnel.
6. Have an orientation program that includes the following:
  - Person-centered practices including respecting rights, facilitating community integration, supporting families, honoring choice and supporting individuals in maintaining relationships.
  - The prevention, detection and reporting of abuse, suspected abuse and alleged abuse in accordance with 35 P.S. §§ 10225.101-10225.704, 6 Pa. Code Chapter 15, 23 Pa.C.S. §§ 6301-6386, 55 Pa. Code Chapter 3490, 35 P.S. §§ 10210.101-10210.704 and applicable adult protective services regulations.
  - Individual rights.
  - Recognizing and reporting incidents.
7. Personnel must be employees of the organization.
  - Only under extraordinary circumstances can an organization contract with an agency to provide temporary targeted support management services and must have ODP prior approval.
8. Each Support Manager Supervisor can supervise a maximum of seven Support Managers.
9. Meet the requirements for operating a not-for-profit, profit, or governmental organization in Pennsylvania.
10. Have current state motor vehicle registration, inspection and automobile insurance for all vehicles owned, leased, and/or hired and used as a component of the targeted support management service.
11. Have Commercial General Liability Insurance or provide evidence of self-insurance as specified by insurance standards.
12. Have Workers' Compensation Insurance in accordance with state law.
13. Have sufficient targeted support management personnel to carry out all functions to operate.
14. Comply with and meet all standards of ODP's monitoring process including:
  - Timely submission of self-assessment tool,
  - Overall compliance score of 86% or higher, and
  - Comply with ODP's Corrective Action Plan and Directed Corrective Action Plan process.
15. Ensure 24-hour access to organization personnel (via direct employees or a contract) for response to emergency situations that are related to the targeted support management service.
16. Have the ability to utilize ODP's Information System to document and perform targeted support management activities.
17. Comply with Health Insurance Portability and Accountability Act (HIPAA).

Minimum Support Manager Supervisors Qualifications:

1. Must have knowledge of Pennsylvania's intellectual disability, autism service and developmental disability system which includes successful completion of:
  - Person-Centered Thinking training
  - Person-Centered Planning training
2. Must meet the following educational and experience requirements:



State Plan under Title XIX of the Social Security Act  
State/Territory: PA

**TARGETED SUPPORT MANAGEMENT**

**Individuals with an Intellectual Disability, Autism, Developmental Disability, or Medically Complex Condition**

- A bachelor's degree with a major coursework in sociology, social welfare, psychology, gerontology, criminal justice or other related social science; and two years of experience as a Support Manager; or
  - Have a combination of experience and education equaling at least six years of experience in public or private social work including at least 24 college-level credit hours in sociology, social work, psychology, gerontology criminal justice or other related social science.
3. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective Support Manager Supervisor is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, the Targeted Support Management Organization must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of the review must be maintained for any Support Manager Supervisor that was hired whose criminal history clearance results or criminal history check identified a criminal record.

4. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide targeted support management.
6. Complete a minimum of 24 hours of training each year.

**Minimum Support Manager Qualifications:**

1. Meet the following minimum educational and experience requirements:
  - A bachelor's degree, which includes or is supplemented by at least 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social science; or
  - Two years' experience as a County Social Service Aide 3 and two years of college level course work, which includes at least 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social science; or
  - Any equivalent combination of experience and training which includes 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social

State Plan under Title XIX of the Social Security Act  
State/Territory: PA

**TARGETED SUPPORT MANAGEMENT**

**Individuals with an Intellectual Disability, Autism, Developmental Disability, or Medically Complex Condition**

science and one year of experience as a County Social Services Aide 3 or similar position performing paraprofessional case management functions.

2. Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective Support Manager is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.

If a criminal history clearance and/or the criminal history record check identifies a criminal record, the Targeted Support Management Organization must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:

- The nature of the crime;
- Facts surrounding the conviction;
- Time elapsed since the conviction;
- The evidence of the individual's rehabilitation; and
- The nature and requirements of the job.

Documentation of the review must be maintained for any Support Manager that was hired whose criminal history clearance results or criminal history check identified a criminal record.

3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
4. Have a valid driver's license if the operation of a vehicle is necessary to provide targeted support management.
5. Newly hired Support Managers will successfully complete ODP required Orientation Curriculum.
6. Complete a minimum of 24 hours of training a year.

Freedom of choice (42 CFR 441.18(a)(1)):

The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with an intellectual disability, autism, developmental disability or medically complex condition. Providers are limited to qualified Medicaid providers



State Plan under Title XIX of the Social Security Act  
State/Territory: PA

**TARGETED SUPPORT MANAGEMENT**

**Individuals with an Intellectual Disability, Autism, Developmental Disability, or Medically Complex Condition**

of case management services capable of ensuring that individuals with an intellectual disability, autism, developmental disability, or medically complex condition receive needed services.

Individuals deemed eligible for targeted support management will be offered the choice of any provider who meets the qualification criteria specified above for this service and that are enrolled to provide this service. The education and training qualification criteria ensure that support managers who provide this service have the skills, knowledge and experience to meet the needs of individuals with an intellectual disability, autism, developmental disability or medically complex condition.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management services; (iv) The nature, content, units of the case management services received and whether goals specified in the individual plan have been achieved; (v) Whether the individual has declined services in the individual plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in § 440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

State Plan under Title XIX of the Social Security Act  
State/Territory: PA

**TARGETED SUPPORT MANAGEMENT**

**Individuals with an Intellectual Disability, Autism, Developmental Disability, or Medically Complex Condition**

Case management does not include, and FFP is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP is only available for Targeted Support Management if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§ 1902(a)(25) and 1905(c))

Individuals who are enrolled in and receiving case management services under any HCBS program administered via an 1115, 1915(b) and (c) or 1915(a), (b) or (c) waivers are not eligible to receive Targeted Support Management.

STATE: COMMONWEALTH OF PENNSYLVANIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE  
TARGETED SUPPORT MANAGEMENT FOR PERSONS WITH AN INTELLECTUAL DISABILITY, AUTISM,  
DEVELOPMENTAL DISABILITY, OR MEDICALLY COMPLEX CONDITION**

Targeted support management services for individuals with an intellectual disability, autism, developmental disability or medically complex condition shall be paid based on a fee-for-service basis.

Medical Assistance (MA) Fee Schedule rates are developed using a market-based approach. This process includes a review of the service definition and a determination of allowable cost components which reflect costs that are reasonable, necessary and related to the delivery of the service, as defined in Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. The Fee Schedule rate represents the statewide rate that DHS will pay for the service. In developing rates for targeted support management, the following occurs:

- ODP evaluated and used various independent data sources, such as a Pennsylvania-specific compensation study, and considered the expected expenses for the delivery of the services for the major allowable cost categories listed below:
  - o Staff wages.
  - o Staff-related expenses.
  - o Productivity.
- o Program Overhead-The program expenses and administration related expenses that were used in developing the Fee Schedule rate for targeted support management are enumerated in the Non-Residential assumption log under Supports Coordination on page 6. This document is available at [https://www.dhs.pa.gov/Services/DisabilitiesAging/Documents/Current%20Rates%20ODP%20Fee%20Schedule%20Rate%20Tables%20and%20Assumption%20Logs%20Effective%20Starting%20July%201%202017/Non-Residential%20Assumptions%20Log%20\(c\\_289999\).pdf](https://www.dhs.pa.gov/Services/DisabilitiesAging/Documents/Current%20Rates%20ODP%20Fee%20Schedule%20Rate%20Tables%20and%20Assumption%20Logs%20Effective%20Starting%20July%201%202017/Non-Residential%20Assumptions%20Log%20(c_289999).pdf)

The expenses include:

- o Wages for supervisors and directors.
- o The costs associated with providing employee related expenses such as health insurance, life insurance and workers compensation to targeted support management staff.
- o Paid time off for targeted support management staff.
- o Costs for staff time to travel and mileage reimbursement.
- o Office occupancy costs.
- o Supply costs.
- o Employee training costs.
- A review of approved service definitions and determinations made about cost components that reflect costs necessary and related to the delivery of each service.
- A review of the cost of implementing Federal, State and local statutes, regulations and ordinances.
- o Administration
- o Productivity
- One MA Fee Schedule rate is developed and is effective August 20, 2017 for services provided on or after that date.

The unit of service shall be a quarter hour segment. All rates are published on the agency's website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/ODP-Rates.aspx>. Except as otherwise noted in the Plan, State developed Fee Schedule rates are the same for both governmental and private individual providers. Providers are only reimbursed for allowable targeted support management services as reflected in the individual's plan. The agency's Fee Schedule rate was set as of August 20, 2017 and is effective for services provided on or after that date.

Only providers who meet qualification criteria as outlined per Enclosure A to Attachment 3.1A/3.1B, pages 3 through 6 can provide targeted support management services for individuals with an intellectual disability, autism, developmental disability or complex medical condition.