

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Behavioral Health Services  
 Services that fall under this category: PROMISE, CPST, Crisis Intervention, ACT, ICM, Psychosocial Rehabilitation Center, Residential Rehabilitation Facility

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**1 Which DHSS Divisions pay for this service?**

|                                  | DMMA | DSAMH         | DDDS | DSAAPD |  |
|----------------------------------|------|---------------|------|--------|--|
| Last Rate Update                 | Yes  | Yes           | Yes  | No     | Enter notes about potential considerations for rate rebase |
| Is the Policy Manual Published?  | 2020 | Not available | 2019 |        | Community rates updated annually                           |
| Last Update to Policy Manual     | Yes  | Yes           | Yes  |        | Include Policy Manual update into work plan                |
| Is the Billing Manual Published? | 2020 | 2019          | 2019 |        |  |
| Last Update to Billing Manual    | Yes  | No            | No   |        | Include Billing Manual update into work plan               |
|                                  | 2015 |               |      |        |  |

**2 What information is available about how nearby states pay for this service?**

|                      | Fee Schedule Online? | Methodology Described Online? | Methodology Compared to DHSS | Regular Rate Update? | How Are Services Paid? | References from other states  |
|----------------------|----------------------|-------------------------------|------------------------------|----------------------|------------------------|---|
| Pennsylvania         | Yes                  | No                            | Unknown                      | No                   | Multiple               | <a href="https://www.humanservices.state.pa.us/outpatientfeeschedule">https://www.humanservices.state.pa.us/outpatientfeeschedule</a>   |
| New Jersey           | Yes                  | Yes                           | Similar                      | Yes                  | Multiple               | <a href="https://dmhas.dhs.state.nj.us/NJMHAPP/">https://dmhas.dhs.state.nj.us/NJMHAPP/</a>   |
| Maryland             | Yes                  | No                            | Unknown                      | No                   | Multiple               | <a href="https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/info.html">https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/info.html</a> |
| District of Columbia | Yes                  | Yes                           | Similar                      | Yes                  | Multiple               | <a href="https://www.dc-medicaid.com/dcwebportal/home">https://www.dc-medicaid.com/dcwebportal/home</a>   |
| New York             | Yes                  | Yes                           | Similar                      | Yes                  | Multiple               | <a href="https://omh.ny.gov/omhweb/medicaid_reimbursement/">https://omh.ny.gov/omhweb/medicaid_reimbursement/</a>   |

**3 What data sources are needed to set new rates?**

| Source           | # States Use this Source | (out of 5 above) | Enter notes about potential considerations for rate rebase |
|------------------|--------------------------|------------------|--|
| Provider costs   | 2                        | NJ NY            | Call states to obtain their provider surveys               |
| External sources | 2                        | NJ NY            | Call states to inquire about the external sources used     |
| Other            | 3                        | NJ DC NY         | Call states to inquire about other resources used          |

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| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**4 For this rebase, is the same methodology being applied?**

| Methodology Components     | In Today's Methodology? | Considering for Rebase? |  |
|----------------------------|-------------------------|-------------------------|--|
| Adjustments for acuity     | Yes                     | Yes                     | Enter notes about potential considerations for rate rebase<br><br>Evaluate existing payment methodology in the context of Medicare and other Medicaid programs.<br><br>Develop value-based framework for setting incentive payment dollars aside for use in redistribution based on performance. |
| Adjustments for group size | Yes                     | Yes                     |  |
| Adjustments for locality   | Yes                     | Yes                     |  |
| Quality-based incentive    | No                      | Yes                     |  |
| Payment for outcomes       | No                      | Yes                     |  |

**5 How long is the project estimated to take from start to finish? (Timeframe assumes systems and subject matter resources are available)**

|                      |                                    |
|----------------------|------------------------------------|
| From 9 to 12 months  | <b><u>From 12 to 18 months</u></b> |
| From 12 to 15 months | From 18 to 24 months               |

**6 Are systems changes needed? (Time needed assumes systems resources and subject matter resources are available)**

|                               | If Yes, Category of Changes |                      |       | Time Needed |  |
|-------------------------------|-----------------------------|----------------------|-------|-------------|--|
| <b><u>Yes, definitely</u></b> | Significant                 | <b><u>Medium</u></b> | Minor | 6-12 months | Describe system changes that may be needed<br>Develop logic to support methodology changes.<br>Develop logic for value-based incentive payments. |
| Yes, probably                 | Significant                 | Medium               | Minor |             |  |
| No                            |                             |                      |       |             |  |

**7 What resources (internal and external) are needed to conduct the rebase work?**

|                            | Type of Resource Needed           |   |
|----------------------------|-----------------------------------|---|
| DMMA                       | Project mgr, liaison to providers | Describe process to coordinate/obtain resources<br>Identify DMMA Project Mgr, other key staff on project<br>Identify DSAMH and DDDS liaisons to project<br>Determine level/timing of briefing to Leadership<br>Identify liaisons; estimate resources required<br>Determine if RFP is required, timing of RFP responses<br>Determine point of contact(s) from provider community<br>Determine point of contact(s) from MCOs<br>Develop and submit state plan amendment |
| DSAMH, DDDS                | Liaisons on project               |   |
| DHSS                       | Oversight, final review           |   |
| Gainwell (systems changes) | Project mgr, programmers          |   |
| External consultant        | Subject matter expert             |   |
| Providers                  | Liaison to state                  |   |
| MCOs                       | Liaison on project                |   |
| CMS                        | Federal approval                  |   |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Substance Use Disorder Services  
 Services that fall under this category: Outpatient, Intensive Outpatient Program, Partial Hospitalization, Residential Treatment

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**1 Which DHSS Divisions pay for this service?**

|                                  | DMMA | DSAMH         | DDDS | DSAAPD |  |
|----------------------------------|------|---------------|------|--------|--|
|                                  | Yes  | Yes           | No   | No     | Enter notes about potential considerations for rate rebase |
| Last Rate Update                 | 2020 | Not available |      |        | Community rates updated annually                           |
| Is the Policy Manual Published?  | Yes  | Yes           |      |        | Include Policy Manual update into work plan                |
| Last Update to Policy Manual     | 2020 | 2016          |      |        |  |
| Is the Billing Manual Published? | Yes  | No            |      |        |  |
| Last Update to Billing Manual    | 2015 |               |      |        | Include Billing Manual update into work plan               |

**2 What information is available about how nearby states pay for this service?**

|                      | Fee Schedule Online? | Methodology Described Online? | Methodology Compared to DHSS | Regular Rate Update? | How Are Services Paid? | References from other states  |
|----------------------|----------------------|-------------------------------|------------------------------|----------------------|------------------------|---|
| Pennsylvania         | Yes                  | No                            | Unknown                      | No                   | Per Service            | <a href="https://www.humanservices.state.pa.us/outpatientfeeschedule">https://www.humanservices.state.pa.us/outpatientfeeschedule</a>   |
| New Jersey           | Yes                  | Yes                           | Similar                      | Yes                  | Multiple               | <a href="https://dmhas.dhs.state.nj.us/NJMHAPP/">https://dmhas.dhs.state.nj.us/NJMHAPP/</a>   |
| Maryland             | Yes                  | No                            | Unknown                      | No                   | Multiple               | <a href="https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/info.html">https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/info.html</a> |
| District of Columbia | Yes                  | Yes                           | Similar                      | Yes                  | Multiple               | <a href="https://www.dc-medicaid.com/dcwebportal/home">https://www.dc-medicaid.com/dcwebportal/home</a>   |
| New York             | Yes                  | Yes                           | Similar                      | Yes                  | Multiple               | <a href="https://omh.ny.gov/omhweb/medicaid_reimbursement/">https://omh.ny.gov/omhweb/medicaid_reimbursement/</a>   |

**3 What data sources are needed to set new rates?**

| Source           | # States Use this Source | (out of 5 above) | Enter notes about potential considerations for rate rebase |
|------------------|--------------------------|------------------|--|
| Provider costs   | 2                        | NJ NY            | Call states to obtain their provider surveys               |
| External sources | 2                        | NJ NY            | Call states to inquire about the external sources used     |
| Other            | 3                        | NJ DC NY         | Call states to inquire about other resources used          |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Substance Use Disorder Services  
 Services that fall under this category: Outpatient, Intensive Outpatient Program, Partial Hospitalization, Residential Treatment

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**4 For this rebase, is the same methodology being applied?**

| Methodology Components     | In Today's Methodology? | Considering for Rebase? |   |
|----------------------------|-------------------------|-------------------------|---|
| Adjustments for acuity     | Yes                     | Yes                     | Enter notes about potential considerations for rate rebase<br><br>Develop value-based framework for setting incentive payment dollars aside for use in redistribution based on performance. |
| Adjustments for group size | Yes                     | Yes                     |   |
| Adjustments for locality   | No                      | Maybe                   |   |
| Quality-based incentive    | No                      | Yes                     |   |
| Payment for outcomes       | No                      | Yes                     |   |

**5 How long is the project estimated to take from start to finish? (Timeframe assumes systems and subject matter resources are available)**

From 9 to 12 months  
 From 12 to 15 months

**From 12 to 18 months**  
 From 18 to 24 months

**6 Are systems changes needed? (Time needed assumes systems resources and subject matter resources are available)**

|                               | If Yes, Category of Changes |                      |       | Time Needed |   |
|-------------------------------|-----------------------------|----------------------|-------|-------------|---|
| <u><b>Yes, definitely</b></u> | Significant                 | <u><b>Medium</b></u> | Minor | 6-12 months | Describe system changes that may be needed<br>Develop logic for value-based incentive payments. |
| Yes, probably                 | Significant                 | Medium               | Minor |             |   |
| No                            |                             |                      |       |             |   |

**7 What resources (internal and external) are needed to conduct the rebase work?**

|                            | Type of Resource Needed           |   |
|----------------------------|-----------------------------------|---|
| DMMA                       | Project mgr, liaison to providers | Describe process to coordinate/obtain resources<br>Identify DMMA Project Mgr, other key staff on project<br>Identify DSAMH liaison to project<br>Determine level/timing of briefing to Leadership<br>Identify liaisons; estimate resources required<br>Determine if RFP is required, timing of RFP responses<br>Determine point of contact(s) from provider community<br>Determine point of contact(s) from MCOs<br>Develop and submit state plan amendment |
| DSAMH                      | Liaison on project                |   |
| DHSS                       | Oversight, final review           |   |
| Gainwell (systems changes) | Project mgr, programmers          |   |
| External consultant        | Subject matter expert             |   |
| Providers                  | Liaison to state                  |   |
| MCOs                       | Liaison on project                |   |
| CMS                        | Federal approval                  |   |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Community-based Services to the I/DD Population  
 Services that fall under this category: Lifespan, Pathways, Day Habilitation, Pre-Vocation, Residential

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**1 Which DHSS Divisions pay for this service?**

|                                  | DMMA | DSAMH | DDDS | DSAAPD |  |
|----------------------------------|------|-------|------|--------|--|
| Last Rate Update                 | Yes  | No    | Yes  | No     | Enter notes about potential considerations for rate rebase |
| Is the Policy Manual Published?  | 2020 |       | 2019 |        | Community set by DDDS; Residential set by DMMA             |
| Last Update to Policy Manual     | Yes  |       | Yes  |        | Include Policy Manual update into work plan                |
| Is the Billing Manual Published? | 2020 |       | 2019 |        |  |
| Last Update to Billing Manual    | Yes  |       | No   |        | Include Billing Manual update into work plan               |
|                                  | 2015 |       |      |        |  |

**2 What information is available about how nearby states pay for this service?**

|                      | Fee Schedule Online? | Methodology Described Online? | Methodology Compared to DHSS | Regular Rate Update? | How Are Services Paid? | References from other states  |
|----------------------|----------------------|-------------------------------|------------------------------|----------------------|------------------------|---|
| Pennsylvania         | Yes                  | Yes                           | Similar                      | No                   | Per Service            | <a href="https://www.dhs.pa.gov/providers/Providers/Pages/ODP-Rates.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/ODP-Rates.aspx</a>   |
| New Jersey           | Yes                  | No                            | Unknown                      | No                   | Per Service            | <a href="https://www.state.nj.us/humanservices/ddd/documents/ffs_rate_schedule_quick_reference_guide.pdf">https://www.state.nj.us/humanservices/ddd/documents/ffs_rate_schedule_quick_reference_guide.pdf</a> |
| Maryland             | Yes                  | Yes                           | Similar                      | Yes                  | Multiple               | <a href="https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx">https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx</a>   |
| District of Columbia | Yes                  | Yes                           | Similar                      | No                   | Multiple               | <a href="https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload">https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload</a>   |
| New York             | Yes                  | Yes                           | Similar                      | No                   | Per Service            | <a href="https://omh.ny.gov/omhweb/medicaid_reimbursement/">https://omh.ny.gov/omhweb/medicaid_reimbursement/</a>   |

**3 What data sources are needed to set new rates?**

| Source           | # States Use this Source | (out of 5 above) | Enter notes about potential considerations for rate rebase |
|------------------|--------------------------|------------------|--|
| Provider costs   | 4                        | PA MD DC NY      | Call states to obtain their provider surveys               |
| External sources | 4                        | PA MD DC NY      | Call states to inquire about the external sources used     |
| Other            | 0                        |                  |  |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Community-based Services to the I/DD Population  
 Services that fall under this category: Lifespan, Pathways, Day Habilitation, Pre-Vocation, Residential

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**4 For this rebase, is the same methodology being applied?**

| Methodology Components     | In Today's Methodology? | Considering for Rebase? | Enter notes about potential considerations for rate rebase |
|----------------------------|-------------------------|-------------------------|--|
| Adjustments for acuity     | Some                    | Yes                     | Consider behavioral needs adjustments to rates             |
| Adjustments for group size | Yes                     | Yes                     | Consider for additional services beyond current services   |
| Adjustments for locality   | No                      | Yes                     | Consider travel time for rural in-home supports            |
| Quality-based incentive    | No                      | Yes                     | Consider incentive for quality measures                    |
| Payment for outcomes       | No                      | Yes                     | Consider incentive payment for employment goals met        |

**5 How long is the project estimated to take from start to finish? (Timeframe assumes systems and subject matter resources are available)**

|                      |                                    |
|----------------------|------------------------------------|
| From 9 to 12 months  | <b><u>From 12 to 18 months</u></b> |
| From 12 to 15 months | From 18 to 24 months               |

**6 Are systems changes needed? (Time needed assumes systems resources and subject matter resources are available)**

|                               | If Yes, Category of Changes |                      |       | Time Needed | Describe system changes that may be needed                 |
|-------------------------------|-----------------------------|----------------------|-------|-------------|--|
| <b><u>Yes, definitely</u></b> | Significant                 | <b><u>Medium</u></b> | Minor | 6-12 months | Additional modifiers to current HCPCS for rate adjustments |
| Yes, probably                 | Significant                 | Medium               | Minor |             | Develop logic for value-based incentive payments           |
| No                            |                             |                      |       |             |  |

**7 What resources (internal and external) are needed to conduct the rebase work?**

|                            | Type of Resource Needed           | Describe process to coordinate/obtain resources               |
|----------------------------|-----------------------------------|---|
| DDDS, DMMA                 | Project mgr, liaison to providers | Identify DDDS or DMMA Project Mgr, other key staff on project |
| DMMA, DDDS                 | Liaison on project                | Identify DMMA or DDDS liaisons to project                     |
| DHSS                       | Oversight, final review           | Determine level/timing of briefing to Leadership              |
| Gainwell (systems changes) | Project mgr, programmers          | Identify liaisons; estimate resources required                |
| External consultant        | Subject matter expert             | Determine if RFP is required, timing of RFP responses         |
| Providers                  | Liaison to state                  | Determine point of contact(s) from provider community         |
| CMS                        | Federal approval                  | Develop and submit state plan/waiver amendment                |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Community Services for the Elderly & Physically Disabled  
 Services that fall under this category: Waiver, Private Duty Nursing, Meals

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**1 Which DHSS Divisions pay for this service?**

|                                  | <u>DMMA</u> | <u>DSAMH</u> | <u>DDDS</u> | <u>DSAAPD</u> |  |
|----------------------------------|-------------|--------------|-------------|---------------|--|
|                                  | Yes         | No           | No          | Yes           | Enter notes about potential considerations for rate rebase |
| Last Rate Update                 | Multiple    |              |             | 2019          | Offered through DSHP Plus                                  |
| Is the Policy Manual Published?  | Yes         |              |             | No            | Include Policy Manual update into work plan                |
| Last Update to Policy Manual     | 2020        |              |             | 0             |  |
| Is the Billing Manual Published? | Yes         |              |             | No            |  |
| Last Update to Billing Manual    | 2015        |              |             |               | Include Billing Manual update into work plan               |

**2 What information is available about how nearby states pay for this service?**

|                      | <u>Fee Schedule Online?</u> | <u>Methodology Described Online?</u> | <u>Methodology Compared to DHSS</u> | <u>Regular Rate Update?</u> | <u>How Are Services Paid?</u> |   |
|----------------------|-----------------------------|--------------------------------------|-------------------------------------|-----------------------------|-------------------------------|---|
| Pennsylvania         | Yes                         | Yes                                  | Similar                             | No                          | Per Service                   | References from other states<br><a href="https://www.dhs.pa.gov/providers/Providers/Pages/ODP-Rates.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/ODP-Rates.aspx</a>                                 |
| New Jersey           | Yes                         | No                                   | Unknown                             | No                          | Per Service                   | <a href="https://www.state.nj.us/humanservices/ddd/documents/ffs_rate_schedule_quick_reference_guide.pdf">https://www.state.nj.us/humanservices/ddd/documents/ffs_rate_schedule_quick_reference_guide.pdf</a> |
| Maryland             | Yes                         | Yes                                  | Similar                             | Yes                         | Multiple                      | <a href="https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx">https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx</a>   |
| District of Columbia | Yes                         | Yes                                  | Similar                             | No                          | Multiple                      | <a href="https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload">https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload</a>   |
| New York             | Yes                         | Yes                                  | Similar                             | No                          | Per Service                   | <a href="https://omh.ny.gov/omhweb/medicaid_reimbursement/">https://omh.ny.gov/omhweb/medicaid_reimbursement/</a>   |

**3 What data sources are needed to set new rates?**

| <u>Source</u>    | <u># States Use this Source</u> | <u>(out of 5 above)</u> |  |
|------------------|---------------------------------|-------------------------|--|
| Provider costs   | 4                               | PA MD DC NY             | Enter notes about potential considerations for rate rebase |
| External sources | 4                               | PA MD DC NY             | Call states to obtain their provider surveys               |
| Other            | 0                               |                         | Call states to inquire about the external sources used     |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Community Services for the Elderly & Physically Disabled  
 Services that fall under this category: Waiver, Private Duty Nursing, Meals

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**4 For this rebase, is the same methodology being applied?**

| Methodology Components     | In Today's Methodology? | Considering for Rebase? |   |
|----------------------------|-------------------------|-------------------------|---|
| Adjustments for acuity     | Some                    | Yes                     | Enter notes about potential considerations for rate rebase<br>Consider behavioral needs adjustments to rates<br>Consider for additional services beyond current services<br>Consider travel time for rural in-home supports<br>Consider incentive for quality measures<br>Consider incentive payment for employment goals met |
| Adjustments for group size | Yes                     | Yes                     |   |
| Adjustments for locality   | No                      | Yes                     |   |
| Quality-based incentive    | No                      | Yes                     |   |
| Payment for outcomes       | No                      | Yes                     |   |

**5 How long is the project estimated to take from start to finish? (Timeframe assumes systems and subject matter resources are available)**

From 9 to 12 months  
From 12 to 15 months  
 From 12 to 18 months  
 From 18 to 24 months

**6 Are systems changes needed? (Time needed assumes systems resources and subject matter resources are available)**

|                               | If Yes, Category of Changes |                      |       | Time Needed |  |
|-------------------------------|-----------------------------|----------------------|-------|-------------|--|
| <b><i>Yes, definitely</i></b> | Significant                 | <b><i>Medium</i></b> | Minor | 6-12 months | Describe system changes that may be needed<br>Additional modifiers to current HCPCS for rate adjustments<br>Develop logic for value-based incentive payments |
| Yes, probably                 | Significant                 | Medium               | Minor |             |  |
| No                            |                             |                      |       |             |  |

**7 What resources (internal and external) are needed to conduct the rebase work?**

|                            | Type of Resource Needed           |  |
|----------------------------|-----------------------------------|--|
| DMMA                       | Project mgr, liaison to providers | Describe process to coordinate/obtain resources<br>Identify DMMA Project Mgr, other key staff on project<br>Identify DSAAPD and DSAMH liaisons to project<br>Determine level/timing of briefing to Leadership<br>Identify liaisons; estimate resources required<br>Determine if RFP is required, timing of RFP responses<br>Determine point of contact(s) from provider community<br>Determine point of contact(s) from MCOs<br>Develop and submit state plan/waiver amendment |
| DSAAPD, DSAMH              | Liaisons on project               |  |
| DHSS                       | Oversight, final review           |  |
| Gainwell (systems changes) | Project mgr, programmers          |  |
| External consultant        | Subject matter expert             |  |
| Providers                  | Liaison to state                  |  |
| MCOs                       | Liaison on project                |  |
| CMS                        | Federal approval                  |  |



**QUESTIONS WHEN CONDUCTING A RATE REBASE**

|   |                               |
|---|-------------------------------|
| Date this Questionnaire Completed:      | 3/31/2021                     |
| Service Category:                       | Inpatient Hospital Acute Care |
| Services that fall under this category: | Inpatient hospital services   |

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**1 Which DHSS Divisions pay for this service?**

|                                  | DMMA | DSAMH | DDDS | DSAAPD |  |
|----------------------------------|------|-------|------|--------|--|
|                                  | Yes  | No    | No   | No     | Enter notes about potential considerations for rate rebase |
| Last Rate Update                 | 2009 |       |      |        | IMD updated in 2019  |
| Is the Policy Manual Published?  | Yes  |       |      |        | Include Policy Manual update into work plan                |
| Last Update to Policy Manual     | 2019 |       |      |        |  |
| Is the Billing Manual Published? | Yes  |       |      |        |  |
| Last Update to Billing Manual    | 2019 |       |      |        | Include Billing Manual update into work plan               |

**2 What information is available about how nearby states pay for this service?**

|                      | Fee Schedule Online? | Methodology Described Online? | Methodology Compared to DHSS | Regular Rate Update? | How Are Services Paid? |   |
|----------------------|----------------------|-------------------------------|------------------------------|----------------------|------------------------|---|
|                      |                      |                               |                              |                      |                        | References from other states  |
| Pennsylvania         | No                   | Yes                           | Different                    | Yes                  | Per Case               | <a href="https://www.dhs.pa.gov/docs/For-Providers/Pages/Regulations-Handbooks-Guides-and-Manuals.aspx">https://www.dhs.pa.gov/docs/For-Providers/Pages/Regulations-Handbooks-Guides-and-Manuals.aspx</a> |
| New Jersey           | Yes                  | Yes                           | Different                    | Yes                  | Per Case               | <a href="https://www.njmmis.com/hospitalinfo.aspx">https://www.njmmis.com/hospitalinfo.aspx</a>   |
| Maryland             | Yes                  | Yes                           | Different                    | Yes                  | Multiple               | <a href="https://hscrc.maryland.gov/Pages/hsp_rates2.aspx">https://hscrc.maryland.gov/Pages/hsp_rates2.aspx</a>   |
| District of Columbia | Yes                  | Yes                           | Different                    | Yes                  | Per Case               | <a href="https://dhcf.dc.gov/page/rates-and-reimbursements">https://dhcf.dc.gov/page/rates-and-reimbursements</a>   |
| New York             | Yes                  | Yes                           | Different                    | Yes                  | Per Case               | <a href="https://www.health.ny.gov/facilities/hospital/reimbursement/pr-drg/rates/ffs/2020/index.htm">https://www.health.ny.gov/facilities/hospital/reimbursement/pr-drg/rates/ffs/2020/index.htm</a>     |

**3 What data sources are needed to set new rates?**

| Source           | # States Use this Source | (out of 5 above) |  |
|------------------|--------------------------|------------------|--|
| Provider costs   | 4                        | PA NJ DC NY      | Enter notes about potential considerations for rate rebase |
| External sources | 4                        | PA NJ DC NY      | Access provider Medicare and Medicaid cost report data     |
| Other            | 1                        | MD               | Call states to inquire about the external sources used     |
|                  |                          |                  | Call states to inquire about other resources used          |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Inpatient Hospital Acute Care  
 Services that fall under this category: Inpatient hospital services

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**4 For this rebase, is the same methodology being applied?**

| Methodology Components     | In Today's Methodology? | Considering for Rebase? |  |
|----------------------------|-------------------------|-------------------------|--|
| Adjustments for acuity     | No                      | Yes                     | Enter notes about potential considerations for rate rebase<br>Consider adoption of acuity like diagnosis related grouping<br>Consider regional differences when determining base rates<br>Consider potentially preventable readmissions (PPR)<br>Consider incentive payment based on outcome metrics |
| Adjustments for group size | No                      | No                      |  |
| Adjustments for locality   | Yes                     | Yes                     |  |
| Quality-based incentive    | No                      | Yes                     |  |
| Payment for outcomes       | Yes                     | Yes                     |  |

**5 How long is the project estimated to take from start to finish? (Timeframe assumes systems and subject matter resources are available)**

From 9 to 12 months  
 From 12 to 15 months  
 From 12 to 18 months  
**From 18 to 24 months**

**6 Are systems changes needed? (Time needed assumes systems resources and subject matter resources are available)**

|                               | If Yes, Category of Changes |        |       | Time Needed  |  |
|-------------------------------|-----------------------------|--------|-------|--------------|--|
| <b><u>Yes, definitely</u></b> | <b><u>Significant</u></b>   | Medium | Minor | 12-18 months | Describe system changes that may be needed<br>Procure and implement diagnosis related grouping for acuity<br>Adopt prospective payment system rates (e.g., Medicare)<br>Develop quality/outcome payments (e.g., PPR) logic |
| Yes, probably                 | Significant                 | Medium | Minor |              |  |
| No                            |                             |        |       |              |  |

**7 What resources (internal and external) are needed to conduct the rebase work?**

|                            | Type of Resource Needed           |  |
|----------------------------|-----------------------------------|--|
| DMMA                       | Project mgr, liaison to providers | Describe process to coordinate/obtain resources<br>Identify DMMA Project Mgr, other key staff on project<br>Determine level/timing of briefing to Leadership<br>Identify liaisons; estimate resources required<br>Determine if RFP is required, timing of RFP responses<br>Determine point of contact(s) from provider community<br>Determine point of contact(s) from MCOs<br>Develop and submit state plan amendment |
| DHSS                       | Oversight, final review           |  |
| Gainwell (systems changes) | Project mgr, programmers          |  |
| External consultant        | Subject matter expert             |  |
| Providers                  | Liaison to state                  |  |
| MCOs                       | Liaison on project                |  |
| CMS                        | Federal approval                  |  |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Outpatient Hospital Acute Care  
 Services that fall under this category: Outpatient hospital facility services

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**1 Which DHSS Divisions pay for this service?**

|                                  | DMMA | DSAMH | DDDS | DSAAPD |  |
|----------------------------------|------|-------|------|--------|--|
|                                  | Yes  | No    | No   | No     | Enter notes about potential considerations for rate rebase |
| Last Rate Update                 | 2009 |       |      |        |  |
| Is the Policy Manual Published?  | Yes  |       |      |        | Include Policy Manual update into work plan                |
| Last Update to Policy Manual     | 2020 |       |      |        |  |
| Is the Billing Manual Published? | Yes  |       |      |        |  |
| Last Update to Billing Manual    | 2020 |       |      |        | Include Billing Manual update into work plan               |

**2 What information is available about how nearby states pay for this service?**

|                      | Fee Schedule Online? | Methodology Described Online? | Methodology Compared to DHSS | Regular Rate Update? | How Are Services Paid? | References from other states  |
|----------------------|----------------------|-------------------------------|------------------------------|----------------------|------------------------|---|
| Pennsylvania         | Yes                  | No                            | Unknown                      | No                   | Per Service            | <a href="https://www.humanservices.state.pa.us/OUTPATIENTFEESCHEDULE/Home/Submit">https://www.humanservices.state.pa.us/OUTPATIENTFEESCHEDULE/Home/Submit</a>                     |
| New Jersey           | No                   | Yes                           | Similar                      | No                   | Per Service            | <a href="https://www.state.nj.us/dobi/division_insurance/medfees/feeschedules.html">https://www.state.nj.us/dobi/division_insurance/medfees/feeschedules.html</a>                 |
| Maryland             | Yes                  | Yes                           | Different                    | Yes                  | Multiple               | <a href="https://hscrc.maryland.gov/Pages/hsp_rates2.aspx">https://hscrc.maryland.gov/Pages/hsp_rates2.aspx</a>   |
| District of Columbia | Yes                  | Yes                           | Different                    | Yes                  | Per Case               | <a href="https://dhcf.dc.gov/page/rates-and-reimbursements">https://dhcf.dc.gov/page/rates-and-reimbursements</a>   |
| New York             | Yes                  | Yes                           | Different                    | Yes                  | Per Case               | <a href="https://www.health.ny.gov/health_care/medicaid/rates/apg_rates/hospital/index.htm">https://www.health.ny.gov/health_care/medicaid/rates/apg_rates/hospital/index.htm</a> |

**3 What data sources are needed to set new rates?**

| Source           | # States Use this Source | (out of 5 above) | Enter notes about potential considerations for rate rebase |
|------------------|--------------------------|------------------|--|
| Provider costs   | 2                        | DC NY            | Access provider Medicare and Medicaid cost report data     |
| External sources | 2                        | DC NY            | Call states to inquire about the external sources used     |
| Other            | 1                        | MD               | Call states to inquire about other resources used          |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Outpatient Hospital Acute Care  
 Services that fall under this category: Outpatient hospital facility services

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**4 For this rebase, is the same methodology being applied?**

| Methodology Components     | In Today's Methodology? | Considering for Rebase? | Enter notes about potential considerations for rate rebase<br>Consider prospective payment system approach using either Medicare's Outpatient Prospective Payment System (OPPS) or 3M <sup>R</sup> 's Enhanced Ambulatory Patient Grouping (EAPG).<br>Consider value-based framework paid based on performance, using metrics from Medicare's OP Quality Reporting System. |
|----------------------------|-------------------------|-------------------------|--|
| Adjustments for acuity     | No                      | Yes                     |  |
| Adjustments for group size | No                      | No                      |  |
| Adjustments for locality   | Yes                     | Yes                     |  |
| Quality-based incentive    | No                      | Yes                     |  |
| Payment for outcomes       | No                      | Yes                     |  |

**5 How long is the project estimated to take from start to finish? (Timeframe assumes systems and subject matter resources are available)**

From 9 to 12 months  
 From 12 to 15 months  
 From 12 to 18 months  
**From 18 to 24 months**

**6 Are systems changes needed? (Time needed assumes systems resources and subject matter resources are available)**

|                               | If Yes, Category of Changes |        |       | Time Needed  | Describe system changes that may be needed<br>Procure and implement logic to measure acuity<br>Adopt prospective payment system approach (e.g., Medicare)<br>Develop quality/outcome payments (e.g., PPR) logic |
|-------------------------------|-----------------------------|--------|-------|--------------|---|
| <b><i>Yes, definitely</i></b> | <b><i>Significant</i></b>   | Medium | Minor | 12-18 months |   |
| Yes, probably                 | Significant                 | Medium | Minor |              |   |
| No                            |                             |        |       |              |   |

**7 What resources (internal and external) are needed to conduct the rebase work?**

|                            | Type of Resource Needed           | Describe process to coordinate/obtain resources<br>Identify DMMA Project Mgr, other key staff on project<br>Determine level/timing of briefing to Leadership<br>Identify liaisons; estimate resources required<br>Determine if RFP is required, timing of RFP responses<br>Determine point of contact(s) from provider community<br>Determine point of contact(s) from MCOs<br>Develop and submit state plan amendment |
|----------------------------|-----------------------------------|--|
| DMMA                       | Project mgr, liaison to providers |  |
| DHSS                       | Oversight, final review           |  |
| Gainwell (systems changes) | Project mgr, programmers          |  |
| External consultant        | Subject matter expert             |  |
| Providers                  | Liaison to state                  |  |
| MCOs                       | Liaison on project                |  |
| CMS                        | Federal approval                  |  |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Ambulatory Surgery Centers (ASC)  
 Services that fall under this category: Procedures performed in ASCs

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**1 Which DHSS Divisions pay for this service?**

|                                  | DMMA | DSAMH | DDDS | DSAAPD |  |
|----------------------------------|------|-------|------|--------|--|
|                                  | Yes  | No    | No   | No     | Enter notes about potential considerations for rate rebase |
| Last Rate Update                 | 2020 |       |      |        |  |
| Is the Policy Manual Published?  | Yes  |       |      |        | Include Policy Manual update into work plan                |
| Last Update to Policy Manual     | 2012 |       |      |        |  |
| Is the Billing Manual Published? | Yes  |       |      |        |  |
| Last Update to Billing Manual    | 2012 |       |      |        | Include Billing Manual update into work plan               |

**2 What information is available about how nearby states pay for this service?**

|                      | Fee Schedule Online? | Methodology Described Online? | Methodology Compared to DHSS | Regular Rate Update? | How Are Services Paid? | References from other states  |
|----------------------|----------------------|-------------------------------|------------------------------|----------------------|------------------------|---|
| Pennsylvania         | Yes                  | No                            | Unknown                      | No                   | Other                  | <a href="https://www.humanservices.state.pa.us/outpatientfeeschedule">https://www.humanservices.state.pa.us/outpatientfeeschedule</a>   |
| New Jersey           | Yes                  | Yes                           | Different                    | No                   | Per Case               | <a href="https://www.njmmis.com/hospitalinfo.aspx">https://www.njmmis.com/hospitalinfo.aspx</a>   |
| Maryland             | No                   | No                            | Unknown                      | No                   | Other                  | <a href="https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx">https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx</a>                                   |
| District of Columbia | Yes                  | Yes                           | Different                    | No                   | Per Service            | <a href="https://www.dc-medicare.com/dcwebportal/nonsecure/feeScheduleDownload">https://www.dc-medicare.com/dcwebportal/nonsecure/feeScheduleDownload</a>                         |
| New York             | Yes                  | Yes                           | Different                    | Yes                  | Per Case               | <a href="https://www.health.ny.gov/health_care/medicaid/rates/apg/rates/hospital/index.htm">https://www.health.ny.gov/health_care/medicaid/rates/apg/rates/hospital/index.htm</a> |

**3 What data sources are needed to set new rates?**

| Source           | # States Use this Source | (out of 5 above) |  |
|------------------|--------------------------|------------------|--|
| Provider costs   | 1                        | NY               | Enter notes about potential considerations for rate rebase |
| External sources | 1                        | NY               | Call states to obtain their provider surveys               |
| Other            | 0                        |                  | Call states to inquire about the external sources used     |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

|   |                                  |
|---|----------------------------------|
| Date this Questionnaire Completed:      | 3/31/2021                        |
| Service Category:                       | Ambulatory Surgery Centers (ASC) |
| Services that fall under this category: | Procedures performed in ASCs     |

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**4 For this rebase, is the same methodology being applied?**

| Methodology Components     | In Today's Methodology? | Considering for Rebase? |
|----------------------------|-------------------------|-------------------------|
| Adjustments for acuity     | Yes                     | Yes                     |
| Adjustments for group size | No                      | No                      |
| Adjustments for locality   | Yes                     | Yes                     |
| Quality-based incentive    | No                      | No                      |
| Payment for outcomes       | No                      | No                      |

Enter notes about potential considerations for rate rebase

Evaluate existing methodology against current Medicare prospective payment methodology to determine necessary modifications.

**5 How long is the project estimated to take from start to finish? (Timeframe assumes systems and subject matter resources are available)**

From 9 to 12 months  
**From 12 to 15 months**

From 12 to 18 months  
 From 18 to 24 months

**6 Are systems changes needed? (Time needed assumes systems resources and subject matter resources are available)**

|                             | If Yes, Category of Changes |                      |       | Time Needed |
|-----------------------------|-----------------------------|----------------------|-------|-------------|
| Yes, definitely             | Significant                 | Medium               | Minor | 6-12 months |
| <b><u>Yes, probably</u></b> | Significant                 | <b><u>Medium</u></b> | Minor |             |
| No                          |                             |                      |       |             |

Describe system changes that may be needed

Update ASC methodology logic to align with current Medicare prospective payment methodology.

**7 What resources (internal and external) are needed to conduct the rebase work?**

|                            | Type of Resource Needed           |
|----------------------------|-----------------------------------|
| DMMA                       | Project mgr, liaison to providers |
| DHSS                       | Oversight, final review           |
| Gainwell (systems changes) | Project mgr, programmers          |
| External consultant        | Subject matter expert             |
| Providers                  | Liaison to state                  |
| MCOs                       | Liaison on project                |
| CMS                        | Federal approval                  |

Describe process to coordinate/obtain resources

Identify DMMA Project Mgr, other key staff on project

Determine level/timing of briefing to Leadership

Identify liaisons; estimate resources required

Determine if RFP is required, timing of RFP responses

Determine point of contact(s) from provider community

Determine point of contact(s) from MCOs

Develop and submit state plan amendment

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Institutions for Mental Diseases (IMD)  
 Services that fall under this category: Inpatient hospital psychiatric and substance abuse services;  
 Delaware Psychiatric Center

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**1 Which DHSS Divisions pay for this service?**

|                                  | DMMA | DSAMH | DDDS | DSAAPD |  |
|----------------------------------|------|-------|------|--------|--|
|                                  | No   | Yes   | No   | No     | Enter notes about potential considerations for rate rebase |
| Last Rate Update                 |      | 2019  |      |        |  |
| Is the Policy Manual Published?  |      | No    |      |        | Include DMMA Policy Manual update into work plan           |
| Last Update to Policy Manual     |      | 2019  |      |        |  |
| Is the Billing Manual Published? |      | No    |      |        |  |
| Last Update to Billing Manual    |      |       |      |        | Include DMMA Billing Manual update into work plan          |

**2 What information is available about how nearby states pay for this service?**

|                      | Fee Schedule Online? | Methodology Described Online? | Methodology Compared to DHSS | Regular Rate Update? | How Are Services Paid? |   |
|----------------------|----------------------|-------------------------------|------------------------------|----------------------|------------------------|---|
| Pennsylvania         | No                   | Yes                           | Different                    | Yes                  | Per Diem               | References from other states<br><a href="https://www.dhs.pa.gov/docs/For-Providers/Pages/Regulations-Handbooks-Guides-and-Manuals.aspx">https://www.dhs.pa.gov/docs/For-Providers/Pages/Regulations-Handbooks-Guides-and-Manuals.aspx</a> |
| New Jersey           | Yes                  | Yes                           | Different                    | Yes                  | Per Diem               | <a href="https://www.njmmis.com/hospitalinfo.aspx">https://www.njmmis.com/hospitalinfo.aspx</a>   |
| Maryland             | Yes                  | Yes                           | Different                    | Yes                  | Multiple               | <a href="https://hscrc.maryland.gov/Pages/hsp_rates2.aspx">https://hscrc.maryland.gov/Pages/hsp_rates2.aspx</a>   |
| District of Columbia | Yes                  | Yes                           | Different                    | Yes                  | Per Case               | <a href="https://dhcf.dc.gov/page/rates-and-reimbursements">https://dhcf.dc.gov/page/rates-and-reimbursements</a>   |
| New York             | Yes                  | Yes                           | Different                    | Yes                  | Per Diem               | <a href="https://www.health.ny.gov/facilities/hospital/reimbursement/pr-drg/rates/ffs/2020/index.htm">https://www.health.ny.gov/facilities/hospital/reimbursement/pr-drg/rates/ffs/2020/index.htm</a>                                     |

**3 What data sources are needed to set new rates?**

| Source           | # States Use this Source | (out of 5 above) |  |
|------------------|--------------------------|------------------|--|
| Provider costs   | 4                        | PA NJ DC NY      | Enter notes about potential considerations for rate rebase |
| External sources | 1                        | DC               | Access provider Medicare and Medicaid cost report data     |
| Other            | 1                        | MD               | Call states to inquire about the external sources used     |
|                  |                          |                  | Call states to inquire about other resources used          |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Institutions for Mental Diseases (IMD)  
 Services that fall under this category: Inpatient hospital psychiatric and substance abuse services; Delaware Psychiatric Center

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**4 For this rebase, is the same methodology being applied?**

| Methodology Components     | In Today's Methodology? | Considering for Rebase? |  |
|----------------------------|-------------------------|-------------------------|--|
| Adjustments for acuity     | No                      | Yes                     | Enter notes about potential considerations for rate rebase<br>Consider adoption of acuity like diagnosis related grouping<br>Consider regional differences when determining base rates<br>Consider potentially preventable readmissions (PPR)<br>Consider incentive payment based on outcome metrics |
| Adjustments for group size | No                      | No                      |  |
| Adjustments for locality   | Yes                     | Yes                     |  |
| Quality-based incentive    | No                      | Yes                     |  |
| Payment for outcomes       | Yes                     | Yes                     |  |

**5 How long is the project estimated to take from start to finish? (Timeframe assumes systems and subject matter resources are available)**

***From 9 to 12 months***  
 From 12 to 15 months

From 12 to 18 months  
 From 18 to 24 months

**6 Are systems changes needed? (Time needed assumes systems resources and subject matter resources are available)**

|                               | If Yes, Category of Changes |        |       | Time Needed  |  |
|-------------------------------|-----------------------------|--------|-------|--------------|--|
| <b><i>Yes, definitely</i></b> | <b><i>Significant</i></b>   | Medium | Minor | 12-18 months | Describe system changes that may be needed<br>Procure and implement diagnosis related grouping for acuity<br>Adopt prospective payment system rates (e.g., Medicare)<br>Develop quality/outcome payments (e.g., PPR) logic |
| Yes, probably                 | Significant                 | Medium | Minor |              |  |
| No                            |                             |        |       |              |  |

**7 What resources (internal and external) are needed to conduct the rebase work?**

|                            | Type of Resource Needed           |  |
|----------------------------|-----------------------------------|--|
| DSAMH                      | Project mgr, liaison to providers | Describe process to coordinate/obtain resources<br>Identify DSAMH Project Mgr, other key staff on project<br>Identify DMMA liaisons to project<br>Determine level/timing of briefing to Leadership<br>Identify liaisons; estimate resources required<br>Determine if RFP is required, timing of RFP responses<br>Determine point of contact(s) from provider community<br>Determine point of contact(s) from MCOs<br>Develop and submit state plan amendment |
| DMMA                       | Liaisons on project               |  |
| DHSS                       | Oversight, final review           |  |
| Gainwell (systems changes) | Project mgr, programmers          |  |
| External consultant        | Subject matter expert             |  |
| Providers                  | Liaison to state                  |  |
| MCOs                       | Liaison on project                |  |
| CMS                        | Federal approval                  |  |



**QUESTIONS WHEN CONDUCTING A RATE REBASE**

|   |   |
|---|---|
| Date this Questionnaire Completed:      | 3/31/2021   |
| Service Category:                       | Federally Qualified Health Centers & Rural Health Clinics |
| Services that fall under this category: | Clinic-based services (acute care)                        |

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**1 Which DHSS Divisions pay for this service?**

|                                  | <b>DMMA</b> | <b>DSAMH</b> | <b>DDDS</b> | <b>DSAAPD</b> |  |
|----------------------------------|-------------|--------------|-------------|---------------|--|
|                                  | Yes         | No           | No          | No            | Enter notes about potential considerations for rate rebase |
| Last Rate Update                 | 2020        |              |             |               |  |
| Is the Policy Manual Published?  | Yes         |              |             |               | Include Policy Manual update into work plan                |
| Last Update to Policy Manual     | 2018        |              |             |               |  |
| Is the Billing Manual Published? | Yes         |              |             |               |  |
| Last Update to Billing Manual    | 2018        |              |             |               | Include Billing Manual update into work plan               |

**2 What information is available about how nearby states pay for this service?**

|                      | <b>Fee Schedule Online?</b> | <b>Methodology Described Online?</b> | <b>Methodology Compared to DHSS</b> | <b>Regular Rate Update?</b> | <b>How Are Services Paid?</b> |   |
|----------------------|-----------------------------|--------------------------------------|-------------------------------------|-----------------------------|-------------------------------|---|
|                      |                             |                                      |                                     |                             |                               | References from other states  |
| Pennsylvania         | No                          | Yes                                  | Same                                | Yes                         | Per Episode                   | <a href="https://www.dhs.pa.gov/providers/PROMISE_Guides/Documents/appendix%20E.pdf">https://www.dhs.pa.gov/providers/PROMISE_Guides/Documents/appendix%20E.pdf</a> |
| New Jersey           | Yes                         | Yes                                  | Same                                | Yes                         | Per Episode                   | <a href="https://www.njmmis.com/downloadDocuments/FQHC2020.pdf">https://www.njmmis.com/downloadDocuments/FQHC2020.pdf</a>   |
| Maryland             | No                          | No                                   | Same                                | Yes                         | Per Episode                   | <a href="https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx">https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx</a>                     |
| District of Columbia | Yes                         | Yes                                  | Same                                | Yes                         | Per Episode                   | <a href="https://www.dc-medicare.com/dcwebportal/nonsecure/feeScheduleDownload">https://www.dc-medicare.com/dcwebportal/nonsecure/feeScheduleDownload</a>           |
| New York             | Yes                         | Yes                                  | Same                                | Yes                         | Per Episode                   | <a href="https://www.health.ny.gov/health_care/medicaid/rates/fqhc/fqhc_rates.htm">https://www.health.ny.gov/health_care/medicaid/rates/fqhc/fqhc_rates.htm</a>     |

**3 What data sources are needed to set new rates?**

| <b>Source</b>    | <b># States Use this Source</b> | <b>(out of 5 above)</b> |   |
|------------------|---------------------------------|-------------------------|---|
| Provider costs   | 5                               | PA MD NJ DC NY          | Enter notes about potential considerations for rate rebase            |
| External sources | 0                               |                         | Call states to inquire about provider cost trends and change in scope |
| Other            | 0                               |                         |   |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Federally Qualified Health Centers & Rural Health Clinics  
 Services that fall under this category: Clinic-based services (acute care)

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**4 For this rebase, is the same methodology being applied?**

| Methodology Components     | In Today's Methodology? | Considering for Rebase? | Enter notes about potential considerations for rate rebase   |
|----------------------------|-------------------------|-------------------------|--|
| Adjustments for acuity     | No                      | No                      | Based on work undertaken as part of the State Innovation Model, continue exploration of a value-based alternative payment methodology for FQHCs/RHCs |
| Adjustments for group size | No                      | No                      |  |
| Adjustments for locality   | Yes                     | Yes                     |  |
| Quality-based incentive    | No                      | Maybe                   |  |
| Payment for outcomes       | No                      | Maybe                   |  |

**5 How long is the project estimated to take from start to finish? (Timeframe assumes systems and subject matter resources are available)**

From 9 to 12 months  
From 12 to 15 months  
 From 12 to 18 months  
 From 18 to 24 months

**6 Are systems changes needed? (Time needed assumes systems resources and subject matter resources are available)**

|                               | If Yes, Category of Changes |                      |       | Time Needed | Describe system changes that may be needed                              |
|-------------------------------|-----------------------------|----------------------|-------|-------------|---|
| <b><u>Yes, definitely</u></b> | Significant                 | <b><u>Medium</u></b> | Minor | 6-12 months | Revise alternative payment methodology based on State Innovation Model. |
| Yes, probably                 | Significant                 | Medium               | Minor |             |   |
| No                            |                             |                      |       |             |   |

**7 What resources (internal and external) are needed to conduct the rebase work?**

|                            | Type of Resource Needed           | Describe process to coordinate/obtain resources       |
|----------------------------|-----------------------------------|---|
| DMMA                       | Project mgr, liaison to providers | Identify DMMA Project Mgr, other key staff on project |
| DHSS                       | Oversight, final review           | Determine level/timing of briefing to Leadership      |
| Gainwell (systems changes) | Project mgr, programmers          | Identify liaisons; estimate resources required        |
| External consultant        | Subject matter expert             | Determine if RFP is required, timing of RFP responses |
| Providers                  | Liaison to state                  | Determine point of contact(s) from provider community |
| MCOs                       | Liaison on project                | Determine point of contact(s) from MCOs               |
| CMS                        | Federal approval                  | Develop and submit state plan amendment               |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

|   |                      |
|---|----------------------|
| Date this Questionnaire Completed:      | 3/31/2021            |
| Service Category:                       | Home Health          |
| Services that fall under this category: | Home Health Services |

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**1 Which DHSS Divisions pay for this service?**

|                                  | <u>DMMA</u> | <u>DSAMH</u> | <u>DDDS</u> | <u>DSAAPD</u> |  |
|----------------------------------|-------------|--------------|-------------|---------------|--|
|                                  | Yes         | No           | No          | Yes           | Enter notes about potential considerations for rate rebase |
| Last Rate Update                 | 2020        |              |             | 2019          |  |
| Is the Policy Manual Published?  | Yes         |              |             | Yes           | Include Policy Manual update into work plan                |
| Last Update to Policy Manual     | 2020        |              |             | 2019          |  |
| Is the Billing Manual Published? | Yes         |              |             | No            |  |
| Last Update to Billing Manual    | 2019        |              |             |               | Include Billing Manual update into work plan               |

**2 What information is available about how nearby states pay for this service?**

|                      | <u>Fee Schedule Online?</u> | <u>Methodology Described Online?</u> | <u>Methodology Compared to DHSS</u> | <u>Regular Rate Update?</u> | <u>How Are Services Paid?</u> |   |
|----------------------|-----------------------------|--------------------------------------|-------------------------------------|-----------------------------|-------------------------------|---|
| Pennsylvania         | Yes                         | No                                   | Unknown                             | No                          | Per Service                   | References from other states<br><a href="https://www.humanservices.state.pa.us/outpatientfeeschedule">https://www.humanservices.state.pa.us/outpatientfeeschedule</a> |
| New Jersey           | Yes                         | Yes                                  | Similar                             | No                          | Per Service                   | <a href="https://www.njmmis.com/SN_Revcodes.aspx">https://www.njmmis.com/SN_Revcodes.aspx</a>   |
| Maryland             | Yes                         | Yes                                  | Similar                             | Yes                         | Per Service                   | <a href="https://mmcp.health.maryland.gov/pages/provider-information.aspx">https://mmcp.health.maryland.gov/pages/provider-information.aspx</a>                       |
| District of Columbia | Yes                         | Yes                                  | Different                           | Yes                         | Per Service                   | <a href="https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload">https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload</a>             |
| New York             | Yes                         | Yes                                  | Different                           | Yes                         | Per Episode                   | <a href="https://www.health.ny.gov/facilities/long_term_care/reimbursement/chha/">https://www.health.ny.gov/facilities/long_term_care/reimbursement/chha/</a>         |

**3 What data sources are needed to set new rates?**

| <u>Source</u>    | <u># States Use this Source</u> | <u>(out of 5 above)</u> |  |
|------------------|---------------------------------|-------------------------|--|
| Provider costs   | 1                               | NY                      | Enter notes about potential considerations for rate rebase<br>Call states to obtain their provider surveys |
| External sources | 2                               | DC NY                   | Call states to inquire about the external sources used   |
| Other            | 0                               |                         |  |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

|   |                      |
|---|----------------------|
| Date this Questionnaire Completed:      | 3/31/2021            |
| Service Category:                       | Home Health          |
| Services that fall under this category: | Home Health Services |

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**4 For this rebase, is the same methodology being applied?**

| Methodology Components     | In Today's Methodology? | Considering for Rebase? |  |
|----------------------------|-------------------------|-------------------------|--|
| Adjustments for acuity     | No                      | Yes                     | Enter notes about potential considerations for rate rebase<br>Adopt acuity measure (e.g., Medicare HHGM) that factors in complexity and needs of the patient that would be part of a new prospective payment (e.g., Medicare episode rate).<br>Consider adopting Medicare quality reporting<br>Consider Medicare Home Health Value-Based model |
| Adjustments for group size | No                      | No                      |  |
| Adjustments for locality   | No                      | Yes                     |  |
| Quality-based incentive    | No                      | Yes                     |  |
| Payment for outcomes       | No                      | Yes                     |  |

**5 How long is the project estimated to take from start to finish? (Timeframe assumes systems and subject matter resources are available)**

|                                    |                      |
|------------------------------------|----------------------|
| From 9 to 12 months                | From 12 to 18 months |
| <b><u>From 12 to 15 months</u></b> | From 18 to 24 months |

**6 Are systems changes needed? (Time needed assumes systems resources and subject matter resources are available)**

|                               | If Yes, Category of Changes |        |       | Time Needed  |   |
|-------------------------------|-----------------------------|--------|-------|--------------|---|
| <b><u>Yes, definitely</u></b> | <b><u>Significant</u></b>   | Medium | Minor | 12-18 months | Describe system changes that may be needed<br>Procure and implement acuity (e.g., Medicare HHGM)<br>Develop logic similar to Medicare episode methodology<br>Develop logic associated with quality/outcome payments similar to Medicare |
| Yes, probably                 | Significant                 | Medium | Minor |              |   |
| No                            |                             |        |       |              |   |

**7 What resources (internal and external) are needed to conduct the rebase work?**

|                            | Type of Resource Needed           |  |
|----------------------------|-----------------------------------|--|
| DMMA                       | Project mgr, liaison to providers | Describe process to coordinate/obtain resources<br>Identify DMMA Project Mgr, other key staff on project<br>Identify DSAAPD liaison to project<br>Determine level/timing of briefing to Leadership<br>Identify liaisons; estimate resources required<br>Determine if RFP is required, timing of RFP responses<br>Determine point of contact(s) from provider community<br>Determine point of contact(s) from MCOs<br>Develop and submit state plan amendment |
| DSAAPD                     | Liaison on project                |  |
| DHSS                       | Oversight, final review           |  |
| Gainwell (systems changes) | Project mgr, programmers          |  |
| External consultant        | Subject matter expert             |  |
| Providers                  | Liaison to state                  |  |
| MCOs                       | Liaison on project                |  |
| CMS                        | Federal approval                  |  |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Nursing Facilities  
 Services that fall under this category: Skilled Nursing

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**1 Which DHSS Divisions pay for this service?**

|                                  | <u>DMMA</u> | <u>DSAMH</u> | <u>DDDS</u> | <u>DSAAPD</u> |  |
|----------------------------------|-------------|--------------|-------------|---------------|--|
|                                  | Yes         | No           | No          | No            | Enter notes about potential considerations for rate rebase |
| Last Rate Update                 | Multiple    |              |             |               |  |
| Is the Policy Manual Published?  | Yes         |              |             |               | Include Policy Manual update into work plan                |
| Last Update to Policy Manual     | 2016        |              |             |               |  |
| Is the Billing Manual Published? | Yes         |              |             |               |  |
| Last Update to Billing Manual    | 2019        |              |             |               | Include Billing Manual update into work plan               |

**2 What information is available about how nearby states pay for this service?**

|                      | <u>Fee Schedule Online?</u> | <u>Methodology Described Online?</u> | <u>Methodology Compared to DHSS</u> | <u>Regular Rate Update?</u> | <u>How Are Services Paid?</u> |   |
|----------------------|-----------------------------|--------------------------------------|-------------------------------------|-----------------------------|-------------------------------|---|
|                      |                             |                                      |                                     |                             |                               | References from other states  |
| Pennsylvania         | Yes                         | Yes                                  | Similar                             | Yes                         | Per Diem                      | <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Rates-Nursing%20Facilities.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Rates-Nursing%20Facilities.aspx</a>   |
| New Jersey           | Yes                         | Yes                                  | Similar                             | Yes                         | Per Diem                      | <a href="https://www.njmmis.com/downloadDocuments/SFY_2021_Nursing_Home_Rates.pdf">https://www.njmmis.com/downloadDocuments/SFY_2021_Nursing_Home_Rates.pdf</a>   |
| Maryland             | Yes                         | Yes                                  | Similar                             | Yes                         | Per Diem                      | <a href="https://mmcp.health.maryland.gov/longtermcare/Pages/Nursing_Facility-Providers.aspx">https://mmcp.health.maryland.gov/longtermcare/Pages/Nursing_Facility-Providers.aspx</a>   |
| District of Columbia | No                          | Yes                                  | Similar                             | Yes                         | Per Diem                      | <a href="https://dhcf.dc.gov/service/long-term-care-ltc">https://dhcf.dc.gov/service/long-term-care-ltc</a>   |
| New York             | Yes                         | Yes                                  | Similar                             | Yes                         | Multiple                      | <a href="https://health.ny.gov/facilities/long_term_care/reimbursement/nhr/2019/nursing_home_rates_july_2019.htm">https://health.ny.gov/facilities/long_term_care/reimbursement/nhr/2019/nursing_home_rates_july_2019.htm</a> |

**3 What data sources are needed to set new rates?**

| <u>Source</u>    | <u># States Use this Source</u> | <u>(out of 5 above)</u> |  |
|------------------|---------------------------------|-------------------------|--|
| Provider costs   | 5                               | PA MD NJ DC NY          | Enter notes about potential considerations for rate rebase |
| External sources | 5                               | PA MD NJ DC NY          | Call states to obtain their provider surveys               |
| Other            | 0                               |                         | Call states to inquire about the external sources used     |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Nursing Facilities  
 Services that fall under this category: Skilled Nursing

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**4 For this rebase, is the same methodology being applied?**

| Methodology Components     | In Today's Methodology? | Considering for Rebase? | Enter notes about potential considerations for rate rebase   |
|----------------------------|-------------------------|-------------------------|--|
| Adjustments for acuity     | Yes                     | Yes                     | Consider CMS Patient Driven Payment Model (PDMP)<br>Consider Medicare Skilled Nursing (SNF) prospective payment system as the basis for an updated payment model<br>Consider Medicare SNF value-based payment program<br>Consider incentive payment based on outcome metrics |
| Adjustments for group size | No                      | No                      |  |
| Adjustments for locality   | Yes                     | Yes                     |  |
| Quality-based incentive    | No                      | Yes                     |  |
| Payment for outcomes       | No                      | Yes                     |  |

**5 How long is the project estimated to take from start to finish? (Timeframe assumes systems and subject matter resources are available)**

From 9 to 12 months From 12 to 18 months  
 From 12 to 15 months From 18 to 24 months

**6 Are systems changes needed? (Time needed assumes systems resources and subject matter resources are available)**

|                               | If Yes, Category of Changes |        |       | Time Needed  | Describe system changes that may be needed   |
|-------------------------------|-----------------------------|--------|-------|--------------|--|
| <b><u>Yes, definitely</u></b> | <b><u>Significant</u></b>   | Medium | Minor | 12-18 months | Procure and implement CMS PDMP for acuity<br>Adopt Medicare SNF prospective payment system rates<br>Develop logic associated with quality/outcome payments |
| Yes, probably                 | Significant                 | Medium | Minor |              |  |
| No                            |                             |        |       |              |  |

**7 What resources (internal and external) are needed to conduct the rebase work?**

|                            | Type of Resource Needed           | Describe process to coordinate/obtain resources       |
|----------------------------|-----------------------------------|---|
| DMMA                       | Project mgr, liaison to providers | Identify DMMA Project Mgr, other key staff on project |
| DHSS                       | Oversight, final review           | Determine level/timing of briefing to Leadership      |
| Gainwell (systems changes) | Project mgr, programmers          | Identify liaisons; estimate resources required        |
| External consultant        | Subject matter expert             | Determine if RFP is required, timing of RFP responses |
| Providers                  | Liaison to state                  | Determine point of contact(s) from provider community |
| MCOs                       | Liaison on project                | Determine point of contact(s) from MCOs               |
| CMS                        | Federal approval                  | Develop and submit state plan amendment               |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

|   |                            |
|---|----------------------------|
| Date this Questionnaire Completed:      | 3/31/2021                  |
| Service Category:                       | Assisted Living Facilities |
| Services that fall under this category: | Assisted Living            |

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**1 Which DHSS Divisions pay for this service?**

|                                  | DMMA          | DSAMH | DDDS | DSAAPD |  |
|----------------------------------|---------------|-------|------|--------|--|
|                                  | Yes           | No    | No   | No     | Enter notes about potential considerations for rate rebase |
| Last Rate Update                 | Not available |       |      |        | Covered in Diamond State Health Plan Demonstration         |
| Is the Policy Manual Published?  | No            |       |      |        |  |
| Last Update to Policy Manual     |               |       |      |        |  |
| Is the Billing Manual Published? | No            |       |      |        |  |
| Last Update to Billing Manual    |               |       |      |        |  |

**2 What information is available about how nearby states pay for this service?**

|                      | Fee Schedule Online? | Methodology Described Online? | Methodology Compared to DHSS | Regular Rate Update? | How Are Services Paid? |   |
|----------------------|----------------------|-------------------------------|------------------------------|----------------------|------------------------|---|
|                      |                      |                               |                              |                      |                        | References from other states  |
| Pennsylvania         | No                   | No                            | Unknown                      | No                   | Other                  | <a href="https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Personal-Care-Home-FAQ.aspx">https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Personal-Care-Home-FAQ.aspx</a>   |
| New Jersey           | No                   | No                            | Unknown                      | No                   | Other                  | <a href="https://www.nj.gov/humanservices/dmahs/home/mltss.html">https://www.nj.gov/humanservices/dmahs/home/mltss.html</a>   |
| Maryland             | No                   | No                            | Unknown                      | No                   | Other                  | <a href="https://mmcp.health.maryland.gov/longtermcare/SiteAssets/SitePages/Community%20First%20Choice/CFC%20Billing%20Manual%20%207%201%2018.pdf">https://mmcp.health.maryland.gov/longtermcare/SiteAssets/SitePages/Community%20First%20Choice/CFC%20Billing%20Manual%20%207%201%2018.pdf</a> |
| District of Columbia | No                   | Yes                           | Different                    | Yes                  | Per Diem               | <a href="https://dhcf.dc.gov/service/long-term-care-ltc">https://dhcf.dc.gov/service/long-term-care-ltc</a>   |
| New York             | Yes                  | Yes                           | Different                    | Yes                  | Per Diem               | <a href="https://www.health.ny.gov/facilities/long_term_care/reimbursement/alp/">https://www.health.ny.gov/facilities/long_term_care/reimbursement/alp/</a>   |

**3 What data sources are needed to set new rates?**

| Source           | # States Use this Source | (out of 5 above) |  |
|------------------|--------------------------|------------------|--|
| Provider costs   | 2                        | DC NY            | Enter notes about potential considerations for rate rebase |
| External sources | 2                        | DC NY            | Call states to obtain their provider surveys               |
| Other            | 1                        | NJ               | Call states to inquire about the external sources used     |
|                  |                          |                  | Call states to inquire about other resources used          |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Assisted Living Facilities  
 Services that fall under this category: Assisted Living

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |

**4 For this rebase, is the same methodology being applied?**

| Methodology Components     | In Today's Methodology? | Considering for Rebase? | Enter notes about potential considerations for rate rebase |
|----------------------------|-------------------------|-------------------------|--|
| Adjustments for acuity     |                         |                         |  |
| Adjustments for group size |                         |                         |  |
| Adjustments for locality   |                         |                         |  |
| Quality-based incentive    |                         |                         |  |
| Payment for outcomes       |                         |                         |  |

**5 How long is the project estimated to take from start to finish? (Timeframe assumes systems and subject matter resources are available)**

From 9 to 12 months  
**From 12 to 15 months**  
 From 12 to 18 months  
 From 18 to 24 months

**6 Are systems changes needed? (Time needed assumes systems resources and subject matter resources are available)**

|                             | If Yes, Category of Changes |                      |       | Time Needed | Describe system changes that may be needed |
|-----------------------------|-----------------------------|----------------------|-------|-------------|--|
| Yes, definitely             | Significant                 | Medium               | Minor | 0           |  |
| <b><u>Yes, probably</u></b> | Significant                 | <b><u>Medium</u></b> | Minor |             |  |
| No                          |                             |                      |       |             |  |

**7 What resources (internal and external) are needed to conduct the rebase work?**

|                            | Type of Resource Needed           | Describe process to coordinate/obtain resources       |
|----------------------------|-----------------------------------|---|
| DMMA                       | Project mgr, liaison to providers | Identify DMMA Project Mgr, other key staff on project |
| DHSS                       | Oversight, final review           | Determine level/timing of briefing to Leadership      |
| Gainwell (systems changes) | Project mgr, programmers          | Identify liaisons; estimate resources required        |
| External consultant        | Subject matter expert             | Determine if RFP is required, timing of RFP responses |
| Providers                  | Liaison to state                  | Determine point of contact(s) from provider community |
| MCOs                       | Liaison on project                | Determine point of contact(s) from MCOs               |
| CMS                        | Federal approval                  | Develop and submit waiver amendment                   |



**QUESTIONS WHEN CONDUCTING A RATE REBASE**

Date this Questionnaire Completed: 3/31/2021  
 Service Category: Child Care  
 Services that fall under this category: Child care assistance

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |
| <b>DSS</b>    | Division of Social Services  |

**1 Which DHSS Divisions pay for this service?**

|                                  | <b>DMMA</b> | <b>DSAMH</b> | <b>DDDS</b> | <b>DSAAPD</b> | <b>DSS</b> | Enter notes about potential considerations for rate rebase |
|----------------------------------|-------------|--------------|-------------|---------------|------------|--|
| Last Rate Update                 | No          | No           | No          | No            | Yes        |  |
| Is the Policy Manual Published?  |             |              |             |               | 2019       |  |
| Last Update to Policy Manual     |             |              |             |               | No         |  |
| Is the Billing Manual Published? |             |              |             |               | No         |  |
| Last Update to Billing Manual    |             |              |             |               |            |  |

**2 What information is available about how nearby states pay for this service?**

|                      | <b>Fee Schedule Online?</b> | <b>Methodology Described Online?</b> | <b>Methodology Compared to DHSS</b> | <b>Regular Rate Update?</b> | <b>How Are Services Paid?</b> | References from other states  |
|----------------------|-----------------------------|--------------------------------------|-------------------------------------|-----------------------------|-------------------------------|---|
| Pennsylvania         | Yes                         | No                                   | Unknown                             | Yes                         | Other                         | <a href="https://www.dhs.pa.gov/Services/Children/Documents/Child%20Care%20Early%20Learning/Final-2020_MRS%20Report_12.14.20%20.pdf">https://www.dhs.pa.gov/Services/Children/Documents/Child%20Care%20Early%20Learning/Final-2020_MRS%20Report_12.14.20%20.pdf</a> |
| New Jersey           | Yes                         | No                                   | Unknown                             | Yes                         | Other                         | <a href="https://www.childcarenj.gov/getattachment/Resources/Reports/Maximum_Child_Care_Payment_Rate_Jan32021.pdf?lang=en-US">https://www.childcarenj.gov/getattachment/Resources/Reports/Maximum_Child_Care_Payment_Rate_Jan32021.pdf?lang=en-US</a>               |
| Maryland             | Yes                         | No                                   | Unknown                             | Yes                         | Other                         | <a href="https://earlychildhood.marylandpublicschools.org/cost-of-child-care-in-maryland">https://earlychildhood.marylandpublicschools.org/cost-of-child-care-in-maryland</a>   |
| District of Columbia | Yes                         | No                                   | Unknown                             | Yes                         | Other                         | <a href="https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/OSSE%20Cost%20Model%20Report_2018.pdf">https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/OSSE%20Cost%20Model%20Report_2018.pdf</a>               |
| New York             | Yes                         | No                                   | Unknown                             | Yes                         | Other                         | <a href="https://ocfs.ny.gov/main/policies/external/ocfs_2019/INF/19-OCFS-INF-03.pdf">https://ocfs.ny.gov/main/policies/external/ocfs_2019/INF/19-OCFS-INF-03.pdf</a>   |

**3 What data sources are needed to set new rates?**

| <b>Source</b>    | <b># States Use this Source</b> | <b>(out of 5 above)</b> | Enter notes about potential considerations for rate rebase |
|------------------|---------------------------------|-------------------------|--|
| Provider costs   | 0                               |                         |  |
| External sources | 5                               | PA MD NJ DC NY          | Call states to inquire about the external sources used     |
| Other            | 0                               |                         |  |

**QUESTIONS WHEN CONDUCTING A RATE REBASE**

|   |                       |
|---|-----------------------|
| Date this Questionnaire Completed:      | 3/31/2021             |
| Service Category:                       | Child Care            |
| Services that fall under this category: | Child care assistance |

| Legend        |  |
|---------------|--|
| <b>DMMA</b>   | Division of Medicaid and Medical Assistance                          |
| <b>DSAMH</b>  | Division of Substance Abuse and Mental Health                        |
| <b>DDDS</b>   | Division of Developmental Disability Services                        |
| <b>DSAAPD</b> | Division of Services for Aging and Adults with Physical Disabilities |
| <b>DSS</b>    | Division of Social Services  |

**4 For this rebase, is the same methodology being applied?**

| Methodology Components     | In Today's Methodology? | Considering for Rebase? | Enter notes about potential considerations for rate rebase |
|----------------------------|-------------------------|-------------------------|--|
| Adjustments for acuity     | Yes                     | Yes                     |  |
| Adjustments for group size | No                      | No                      |  |
| Adjustments for locality   | Yes                     | Yes                     |  |
| Quality-based incentive    | Yes                     | Yes                     |  |
| Payment for outcomes       | No                      | No                      |  |

**5 How long is the project estimated to take from start to finish? (Timeframe assumes systems and subject matter resources are available)**

|                                   |                      |
|-----------------------------------|----------------------|
| <b><i>From 9 to 12 months</i></b> | From 12 to 18 months |
| From 12 to 15 months              | From 18 to 24 months |

**6 Are systems changes needed? (Time needed assumes systems resources and subject matter resources are available)**

|                             | If Yes, Category of Changes |        |                     | Time Needed | Describe system changes that may be needed |
|-----------------------------|-----------------------------|--------|---------------------|-------------|--|
| Yes, definitely             | Significant                 | Medium | Minor               | < 6months   |  |
| <b><i>Yes, probably</i></b> | Significant                 | Medium | <b><i>Minor</i></b> |             |  |
| No                          |                             |        |                     |             |  |

**7 What resources (internal and external) are needed to conduct the rebase work?**

|                     | Type of Resource Needed           | Describe process to coordinate/obtain resources<br>Identify DSS Project Mgr, other key staff on project<br>Determine level/timing of briefing to Leadership<br>Determine if RFP is required, timing of RFP responses<br>Determine point of contact(s) from provider community |
|---------------------|-----------------------------------|---|
| DSS                 | Project mgr, liaison to providers |   |
| DHSS                | Oversight, final review           |   |
| External consultant | Subject matter expert             |   |
| Providers           | Liaison to state                  |   |