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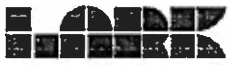
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Adams-Moore, Denise

From: Darla Moser <DMoser@Larkent.org>
Sent: Tuesday, September 12, 2017 4:17 PM
To: PW, ODPCComment
Subject: § 6100.571. Fee schedule rates.
Attachments: Comments Advance Notice of Final Rulemaking 6100-571.docx

Thank You,

Darla Moser
Fiscal Director



Enterprises, Inc.

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2017 SEP 15 P 2:00

To: Julie Mochon, Policy Director
Office of Developmental Programs
Room 502, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120.
Electronic comments submitted to RA-odpcomment@pa.gov

From: Darla Moser – 315 Green Ridge Dr. Ste. A-1, New Castle, PA 16105

Subject: Comments to 47 Pa. Bulletin 4831, August 19, 2017 Public Notice
Advance Notice of Final Rulemaking
Title 55 Chapter §6100.571, Fee Schedule Rates

Date: September 15, 2017

Comment:

The Department must adopt in regulation a nationally recognized market index to adjust fee schedule rates annually.

Proposed Change:

As published,

(b) The Department will [refresh the market-based data used] examine and use the data sources set forth in subsection (a) to establish fee schedule rates at least every 3 years.

Proposed revision,

(b) The Department will [refresh the market-based data used] examine and use the data sources set forth in subsection (a) to establish fee schedule rates at least every 3 years, and will adjust rates annually thereafter using a nationally recognized market index.

Reasoning and Support:

1. Historically, fee schedule rates supporting people with intellectual disability have not been adjusted following their inception.
2. Current fee schedule rates do not support a living wage for Direct Support Professionals statewide.
3. Fee schedule rates that do not keep pace with inflation and other economic market forces effectively result in decreased quality and services to people with intellectual disability and autism.
4. Without an index strategy that keeps pace with inflation, the diminished value and purchasing power of fee schedule rates over time will preclude the Department and its regulated providers from achieving efficiency, economy, and quality of care, and the reimbursement levels will not be sufficient to enlist or retain providers.