

The background of the slide is a blurred photograph of a medical professional, likely a nurse, wearing a white coat and gloves, attending to a patient. A large, semi-transparent green cross is centered over the image. Various medical icons are overlaid in a light green color, including a syringe, a pill, a virus, a stethoscope, and a group of people. A network of thin green lines connects these icons, suggesting a healthcare system or data flow. The right side of the slide features a dark grey diagonal band containing the title and subtitle in white and green text.

West Virginia Department of Health and Human Resources

Waiver Program and State Plan Program (IDD/AD/TBI/PC) Service Cost and Rate Review

12/8/2023



**MYERS AND
STAUFFER** L.C.
CERTIFIED PUBLIC ACCOUNTANTS



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Project Overview

The West Virginia Bureau for Medical Services (BMS) has engaged Myers and Stauffer LC (Myers and Stauffer) to review service rates and make recommendations for rate revisions for services provided on the Intellectual/Developmental Disability (IDD) Waiver, following the directives of West Virginia Senate Bill (WV SB) 617¹. BMS expanded the review to incorporate the Aged and Disabled (AD) Waiver, the Traumatic Brain Injury (TBI) Waiver, and the personal care (PC) state plan service.

The project responds to WV SB 617, which provides a directive to determine recommended levels of reimbursement for home and community-based (HCBS) providers serving individuals with IDD.

The reporting required by WV SB 617 includes a description of the methodology utilized to determine these reimbursement rates. The methodology must accurately reflect the costs of providing services corresponding to the State's objectives and standards for individuals with intellectual and developmental disabilities. The rates should reflect regional wage differentiations in border areas of the State that may impede the recruitment and retention of direct care workers.

Issues raised by waiver and state plan service providers have included workforce pressures, staffing shortages, turnover, and reimbursement levels. The expansion of this rate rebase initiative to include the AD and TBI waivers and PC service allowed BMS the opportunity to review rates for a larger population of service recipients, examine the alignment of rates for similar services across waivers, and provide consistent rate change recommendations that do not create an imbalance that may lead to workers favoring employment in one type of services over another due to provider ability to fund wages.

Myers and Stauffer is a certified public accounting firm with over 45 years of experience assisting states with rate setting, auditing, and consulting services across the spectrum of provider types with extensive experience in long-term services and supports. The firm provides services in all 50 states and specializes in providing services to government health and human service programs. Myers and Stauffer does not render services to the service provider industry to remain independent and free of any real or perceived conflicts of interest. The firm has significant experience in long-term services and supports, including developing databases of statistical, financial, and rate information; developing and maintaining cost reporting instruments and other data-gathering techniques; consulting on and drafting Medicaid waivers, Medicaid state plans, and Medicaid reimbursement regulations; compiling analyses and preparing associated reports; and evaluating and recommending necessary changes to policy, service definitions, and required rate calculations. Myers and Stauffer has leveraged this extensive experience and reviewed the sufficiency of reimbursement rates relative to provider direct service cost experience, geographic factors, and national benchmarks.

Following the direction of WV SB 617, the steps below outline Myers and Stauffer's approach to completing this work:

¹ Senate Bill 617, 1st Session of the 86th Legislature (2023).

https://www.wvlegislature.gov/Bill_Text_HTML/2023_SESSIONS/RS/bills/sb617%20sub1%20enr.pdf



- *Engaged with State program experts to understand the waiver service delivery landscape and challenges associated with service delivery in West Virginia.*
- *Engaged stakeholders to solicit feedback on key rate-related considerations, present the conceptual rate build methodology, and describe how data from provider filed cost reports impact rate development.*
- *Developed a project-specific webpage to assist with information dissemination and transparency of rate review efforts.*
- *Gathered qualitative data from provider focus groups and key informant interviews. Shared information with stakeholders on the cost reporting process and related results and answered questions at standing stakeholder meetings.*
- *Designed, disseminated, and collected cost reports for services in the IDD, AD, and TBI waiver programs as well as the PC state plan service.*
- *Offered help-desk support to providers for completing cost reports timely and accurately.*
- *Extracted and analyzed data from provider-submitted cost reports.*
- *Drafted rates by identifying component values and designing a rate structure for identified waiver and state plan services.*
- *Worked with payment and program experts at the State to refine the rates and gather additional feedback on draft rates.*



Stakeholder Engagement

Stakeholder engagement activities related to this rate reimbursement initiative were structured to capture feedback from both internal (BMS) and external (service provider) parties. Internal stakeholder activities began in May 2023 with an initial focus on understanding service and service delivery nuances of the IDD, AD, and TBI waivers, historical rate or service access issues, or other challenges noted by BMS. Myers and Stauffer participated in a series of meetings with BMS program and reimbursement subject matter experts and conducted weekly touchpoints throughout the rate review process to ensure transparency and alignment.

In addition to maintaining regular communication with BMS staff, a high level of importance was placed on external stakeholder engagement with the service provider community. Engagement with the service provider community is essential in understanding the challenges currently being faced in service delivery. External stakeholder feedback is critical to collecting sufficient information on quantity service delivery costs and ensuring the entire rate build process contains all relevant factors of service design and delivery. External stakeholder engagement began in June 2023 and consisted of Myers and Stauffer's participation in standing BMS monthly stakeholder meetings, as well as hosting specific targeted meetings. The goal of these meetings was to accomplish the following:

- *Gather provider feedback regarding current rate levels and service access after the exhaustion of American Rescue Plan Act (ARPA) funds.*
- *Provide an overview of the rate development process to providers.*
- *Discuss the development and design of a cost report to capture service-specific provider cost experience.*
- *Offer training and help-desk support on cost report completion and submission.*
- *Share the cost report results and how the findings are incorporated into rate design.*

External Stakeholder Meetings were performed on the following dates:

Table 1: External Stakeholder Meetings

Session	Date	Session	Date
Stakeholder Meeting	06/01/2023	Stakeholder Meeting	09/26/2023
Stakeholder Meeting	08/25/2023	Stakeholder Meeting	10/10/2023
Stakeholder Meeting	08/31/2023	Client Meeting	10/13/2023

External stakeholder meeting attendees included provider representatives from the IDD, AD, and TBI waivers, and PC state plan services.

To further assist in facilitating the rate review and associated cost collection activities, Myers and Stauffer created a public stakeholder-facing website (<http://myersandstauffer.com/client-portal/west->



[virginia](#)) as a resource for the provider community. The website includes contact information for project staff, a project overview, key project dates, recorded presentations and associated materials, focus group findings summaries, cost reporting guides, and recorded cost report filing support sessions.

The stakeholder engagement efforts outlined above were designed by Myers and Stauffer with the explicit intent of soliciting feedback from a representative group of providers impacted by rate changes. This inclusive approach to service rate adjustments is intended to gather feedback and service-specific provider cost experience to ensure an accurate and transparent rate setting process.



Cost Report Project

Cost Report Design

Best practice in rate review procedures dictate that the direct costs of provider service delivery need to be obtained. However, collecting cost-related data from HCBS providers can be time consuming and difficult. Many HCBS providers are unaccustomed to reporting costs in a structured format and few have accounting systems designed to easily segregate service line expenditures. As such, specifically designed cost collection tools, directed training efforts, and prompt filing support are necessary to collect aggregate and service specific costs. The cost collection process for this initiative was conducted in a manner that was understandable to providers and reduced administrative burden where possible. Myers and Stauffer followed several key principles in designing the HCBS provider cost report, including those listed below.

- *A cost report must capture the minimum required information that can effectively communicate the provider's service delivery expenses.*
- *The organization and format of the cost survey (e.g., Excel-based versus web-based survey tools) must allow providers to accurately submit data, using language that mirrors generally used accounting reports as closely as possible.*
- *Thoughtful consideration should be paid to the level of complexity and number of services included in cost collection efforts, as well as to the availability of information from other data sources.*
- *Engage with the provider community for feedback on service delivery nuances.*
- *Combine similar services into a single reporting requirement category where reasonable.*
- *Provide for default allocation of shared costs, such as administrative expenditures or program-related costs for similar services.*
- *Data must be readily available for extraction and use in rate review.*

The WV HCBS cost report was designed by Myers and Stauffer and refined through several discussions with State and provider community representatives. Cost reports were presented to providers to solicit feedback and prepare the provider community for the upcoming data request. Internal and external stakeholder feedback was used to make adjustments to certain cost survey elements, add or modify questions, and to provide additional clarification or instruction where necessary. The final cost report is available on the Myers and Stauffer West Virginia website and contains the following information:

- *Instructions – General instructions for filing and contract information for questions.*
- *Provider Data – General provider Information such as name, Medicaid number, address, etc.*
- *Questions and Location of Service – General questions about operations and location with open-ended response fields.*
- *Services – Providers indicate the IDD, TBI, and/or ADW waiver and PC state plan services they deliver.*



- *Procedure Codes – Providers enter billed units and related revenue.*
- *Admin Staffing – Reporting of administrative personnel wage, overtime, and bonus payments by position type. This section allows for the allocation of time to non-Medicaid reimbursable activities.*
- *Program Staffing – Reporting of program personnel wage, overtime, bonus payments by position type. This section allows for the allocation of time to non-Medicaid reimbursable activities. Program staff support the provision of direct care, but generally do not provide it directly (direct care supervisors, etc.).*
- *Direct Staffing – Reporting of direct service worker wage, overtime, bonus payments by position type. This section allows for the allocation of time to non-Medicaid reimbursable activities.*
- *Expenses – Collection of overall working trial balance expenses segregated into employee benefits, direct care, program, administrative, room & board, and non-reimbursable areas.*
- *Benefits – PTO – Collection of paid time off (PTO) and paid benefit expenses.*
- *Training – Turnover – Collection of required training hours, additional training hours for Approved Medication Assistive Personnel (AMAP) certification/member behavioral health needs/medical needs training, and employee turnover calculations.*
- *Transportation – Med Mgmt. – Collection of information related to transportation and medication management (AMAP).*

Cost report collection and support activities were conducted from early July through the end of September. The Myers and Stauffer team is deeply appreciative of the provider community for engaging in the cost reporting process during the expedited collection period.

Cost Report Filing Support and Submissions

With cost report being a relatively new experience for the West Virginia HCBS provider community, there was substantial effort dedicated to provider filing assistance. Myers and Stauffer participated in multiple provider meetings and support sessions with providers. Support sessions were held on the following dates: July 12th, July 19th, July 29th, August 2nd, August 9th, August 16th, and August 23rd. The sessions focused on recent and frequent provider questions and offering real-time responses. All sessions were recorded and posted to the Myers and Stauffer West Virginia website. Additionally, recordings with narrated instructions for each component of the cost collection instrument were posted to the website prior to cost report release, as well as a Word document that addressed “help” functions with the physical use of the cost report itself.

For questions and file submissions, the Myers and Stauffer team established a dedicated email address (WVCostReports@mslc.com) with staff dedicated to monitoring the account for quick response.

Provider submissions were open from July 12th 2023 through September 29th 2023 and Myers and Stauffer received 53 cost reports. Table 2: Submissions by Service shows the cost report submissions containing the specific service counts.



Table 2: Submissions by Service

Service	Submitted & Complete Service Sheets
Behavior Support Professional	18
Case Management	26
Crisis Intervention	1
Crisis Site Person-Centered Support	1
Facility-Based Day Habilitation	8
Family Person-Centered Support	9
Home-Based Agency Person-Centered Support	11
In-Home Respite	8
Job Development	1
Licensed Group Home Person-Centered Support	9
Out-of-Home Respite	5
Personal Attendant Services	17
Prevocational Services	6
Skilled Nursing	8
Skilled Nursing by a Licensed Practiced Nurse	15
Skilled Nursing by a Registered Nurse	12
Supported Employment	8
Unlicensed Residential Person-Centered Support	15

Cost Report Data Review and Use

Once the completed surveys were received from providers, Myers and Stauffer performed basic checks for completeness and formulaic errors, and removed any account descriptions that are not allowed per Centers for Medicare and Medicaid Services (CMS) Publications 15-1 and 15-2. This includes, but is not limited to, items such as penalties and promotional marketing. Data reviewers contacted providers for clarification and potential revisions when items were incomplete or appeared incorrect. No review or attest procedures were performed on the cost report submissions, and as such, no opinion is expressed relating to the completeness or accuracy of the data received and ultimately utilized for rate setting purposes.

After cost report submissions were remedied for any obvious issues, the cost report information was extracted and compiled into an analytical database. Myers and Stauffer summarized and arrayed the reported data in a variety of ways to best determine its use for the rating methodology. Costs were reviewed by component, a process which is described in more detail below, with analysis focused on direct service worker wage by position and the grouping of costs across similar services where they align. The data analysis yielded significant volatility across providers and within service types for a



variety of expenditure components. This volatility is not uncommon or unexpected, particularly for states that do not have an existing and well-defined provider cost collection process. To smooth this volatility, Myers and Stauffer utilized measures of central tendency such as medians or means to establish service specific costs and percentages for the rating methodology. Means were utilized where significant outliers were less common, and medians were utilized for areas with greater data volatility. The Rate Build Approach and Service Specific sections of this report discuss the use of the cost data in more detail.

In addition to specific cost data elements, the cost report had open-ended response sections where providers could describe anything they wished related to the rate setting process. Based on these open-ended responses and feedback received during meetings attended by Myers and Stauffer, the most common provider issue related to rate sufficiency was the ability to pay their direct service workers a competitive wage. Respondents frequently indicated they would like to pay DSPs more to be competitive with other industries but are unable to do so at current reimbursement levels. Providers also indicated that turnover is a significant challenge. Providers claimed they are not able to meet the needs of their clients due to understaffing, resulting in higher ratios than specified in individual service plans. ARPA funding has allowed providers to pay staff more competitive wages, but respondents indicated that even with the additional funding, it is difficult to offer competitive wages. There are concerns that when the ARPA funding ends, this will become an even greater issue.



Rate Build Approach

Overview

The rate 'build' approach is a common, CMS-accepted HCBS rating setting methodology. This rate setting approach involves building a rate by estimating and adding together each element or component of cost necessary to deliver a service. Provider cost report data, Bureau of Labor Statistics (BLS) wage category, and/or other national benchmark information are utilized in determining the cost elements, which are then summed to create the total rate. These rates are commonly expressed in 15-minute, hourly, or daily increments.

The rate "build" approach is traditionally comprised of two major cost areas: Total Employee Cost and Total Operations Cost. The components that make up each of these two costs are described in more detail below.

Figure 1: Rate Model Example

Rate Model Example	
Total Employee Cost	
Wage Component	(A)
Employee Related Expenses Component	(B)
Productivity Multiplier	(C)
Total Operations Cost	
Program Component	(D)
General/Admin Component	(E)

$$(A+B)*C + D + E = \text{Hourly Payment Rate}$$

$$\text{Hourly Payment Rate} / 4 = 15 \text{ Minute Billing Unit}$$

There are elements of the rate build equation that are unique to each service type, while others have been calculated as a static and uniform percentage across service types. In the rate model example above, cost components (B) and (E) are calculated as static percentages that are applied across services and waivers. Conversely, components (A), (C), and (D) are independently derived from cost reporting data for each service. It should be noted that, as required by CMS, room and board costs are not included in service rate development.

The proposed rates included in this report are shown in 15-minute increments, which is the standard for West Virginia Medicaid billing practices. To ensure providers receive adequate payment, Myers and Stauffer rounds up when calculating 15-minute conversions.

Component Descriptions



The components of the rate model represent the costs of delivering Medicaid services. The two broad categories of costs included in this model are employee-related costs and operations related costs. The total employee cost in the model is represented by components $((A) + (B)) * (C)$. Employee related costs include the wages paid to the person performing the service on behalf of the agency, the expenses that an agency incurs in hiring and maintaining employees (payroll taxes, benefits, etc.), and a multiplier which increases the employee costs to account for typical productivity (i.e., billable and non-billable time). Each of these components are described in greater detail below.

Component A: Wages. Wages are the amount of money that an employee earned and paid to the employee. This model begins with an hourly wage expectation, with wages adjusted to account for overtime expectations (by service type) and incorporate an inflation factor applied through July 2024. The selected inflationary index is the CMS Home Health Agency (HHA) Occupational Wage Index (+11.05% index factor), published by IHS Markit and updated November 8, 2023. The index factor has been applied uniformly to all hourly rate expectations, with the 11.05% inflation factor calculated as the inflationary change from Q1 2022 through Q2 2024.

In selecting an inflationary index, Myers and Stauffer identified an index that is relevant and applicable to the cost data it is used to adjust. The primary cost driver of HCBS rates is the direct service worker wage. The HHA Occupational Wage Index is closely aligned with the primary direct service worker for the majority of the HCBS services under review. The HHA Occupational Wage Index was agreed upon by BMS as an appropriate index to reflect potential changes in underlying worker wages.

For the wage component, Myers and Stauffer defaulted to using data derived from provider cost reporting submissions wherever possible. However, in several cases, either sufficient information did not exist to determine positional wage, or the values submitted through cost reports were below expected wage targets or similar wage experience in other West Virginia services (institutional, etc.). In these cases, wages from the Bureau of Labor Statistics (BLS) occupational wage database for West Virginia were utilized in place of submitted wage data to price services competitively.

BLS occupational wage data establishes a taxonomy of job classifications by assigning a Standard Occupational Classification (SOC) code to each unique job position. Where BLS data are utilized in specific rate builds for this project, the SOC code, and its related description are provided.

The wage component will vary based on the level of direct service worker necessary to directly deliver the waiver service.

Component B: Employee Related Expenses. Employee related expenses, or component (B) in the model, is calculated as a percentage of the wage component (A). Employee related expenses are employer incurred costs related to leave time, payroll taxes, workers' compensation, and other employee benefits associated with direct care staff wages. Myers and Stauffer recommends using 22.67% of the wage components, which is derived from Bureau of Labor Statistics (BLS) and Internal Revenue Service (IRS) sources (see appendix B).

The 22.67% recommended percentage includes costs related to legally required benefits like Social Security [refers to Old-Age, Survivors, and Disability Insurance (OASDI) program], Medicare, federal and state unemployment insurance, and workers' compensation; insurance; and retirement and savings. The BLS Employer Costs for Employee Compensation (ECEC), a product of the National Compensation



Survey, June 2023 (released September 2023)² provides the average employer cost for wages and salaries as well as benefits per hour worked. IRS sources were used to validate the tax requirements portion of the legally required benefits.

The employee related expense component was applied uniformly across all service rate models and was utilized to adjust the hourly wage value calculated in component (A). The rate value of component B is established by multiplying the calculated component (B) percentage by the component (A) hourly wage value.

While benefit and benefit uptake may vary by agency or service, benefits are an important part of staff retention and well-being. With benefit reporting showing wide ranges across providers, an expectation of consistent benefits was applied to all services to ensure consistency in payment calculation and to not artificially incentivize the direct workforce to select one waiver service or agency over another on account of benefit provision.

Component C: Productivity Multiplier. In the case of Medicaid services, the productivity multiplier increases employee costs by considering the supporting activities which are critical to service delivery but are not directly reimbursable (i.e., non-billable time) per Medicaid service definitions. As such these non-billable activities are “loaded” into the reimbursement rate to ensure providers receive sufficient reimbursement for the full cost service provision.

Productivity multiplier calculations are based on several factors: billable time, paid time off (PTO), productive hours, and training hours, among others. In this model, PTO is standard across all services: 22 days (vacation, sick, and holiday). The standard was derived from the aggregated (vacation, sick, and holiday combined) median PTO across all cost reports (except services where family is acting as staff). Billable time and productive hours reflect the values for each service according to aggregated cost report data. For example, the number of productive hours per week for a nurse may differ from those of a direct service provider. The details of productive hours are included below in the Service Rate Model section of this report.

The productivity multiplier component was applied as a unique value to each service rate calculation. The rate value of this component is determined by multiplying the productivity value established for component (C) by the product of component (A)*(B).

Component D: Program. The program component of the rate build includes wages, benefits, expenses for program related costs, and any program requirements based on regulations. The expenses reported in this category are indirectly related to the client's care but are still required to be provided in rule. Examples include wages/expenses related to non-direct care program employees who complete member assessments, person-centered care plans, provider status reviews, management of participant funds, training and oversight, supervision, quality assurance, etc. Program-related expenses are considered service specific. The rate model relies on a median program expense by service, based on the data from provider cost reports.

Segregating program costs can be difficult for providers with more than one service line. As such, the cost report allowed providers to allocate expenditures if direct assignment was not possible. The default allocation base for Program costs is based on the percentage of time spent on each service (if completed

² Employer Costs for Employee Compensation (ECEC), a product of the National Compensation Survey, June 2023 (released September 2023) <https://www.bls.gov/news.release/ecec.nr0.htm>



by the provider), or by percentage of total direct care employee wage/contract expense for each service, should time spent not be completed.

The program component of the rate build was applied as a unique percentage value to each service rate model. The rate value for program costs is calculated as the percentage of component (D) * (((A) + (B)) * (C)).

Component E: General/Administrative. The general/administrative component of the rate model represents the general expenses related to operating the business but not related to direct hands-on client care. The cost in this model is represented as a general/administrative expense over total expenses for the organization. It includes total administrative wages, salaries, benefits, and operating expenses. Large organizations were instructed to put centralized, shared services costs into the general/administrative category, which captures the share of expenses that support the waiver programs among other programs operated by those agencies. Across all cost report submissions, the median general/administrative component was 11.39%. Most agencies deliver multiple services and many deliver services across waiver programs. The 11.39% was determined as the proportion of allowable administrative expenditures relative to total cost.

The general/administrative component of the rate build was applied uniformly across the service rate models. The rate value for general/administrative expenditures is calculated as the general/administrative percentage * ((D) * (((A) + (B)) * (C)))



Service Rate Models

The individual service rate models below show the incorporation of cost report data, federal data, BMS input, and Myers and Stauffer expertise in the construction of a proposed service reimbursement rate. The pivotal component of these service rate models is component (A), direct service worker wage. As described in the prior section, other component calculations are based on the wage component of the rate model. Wages represent the expected compensation for staff who directly perform the service to support Medicaid members. These wages are paid to direct care workers, also referred to as direct service providers, personal attendants, caretakers, or companion personnel. Nationwide, a workforce shortage has been identified as a major issue in the delivery of Medicare personal care/personal support services. In response to this issue, a trend among states has been to break down existing silos in direct care worker recruitment populations between different waiver programs, state programs, and service lines. This approach increases uniformity in compensation provided to direct care workers who are delivering like services.

Following this best practice and based on discussions with State staff, Myers and Stauffer approached the AD waiver Personal Attendant, TBI waiver Personal Attendant, state plan service Direct Care Worker, IDD waiver Home-Based Person-Centered Supports staff, and In-Home and Out-of-Home Respite personnel with a goal of aligning reimbursement across these similar services. Additionally, through these rate alignment discussions, the personal option attendant/PCS services were targeted for wage alignment due to the similar nature of service delivery and requirements.

Like many direct care services, skilled nursing services (RN) span the IDD and AD waivers (T1002 HI and T1002 UD respectively). However, a difference exists between the IDD and AD waivers based on the AMAP oversight in the IDD waiver. A review of service requirements and feedback from BMS staff confirmed that the oversight of AMAP medication management justifies a productivity component difference between the two waiver programs. As such, the service rates have not been aligned across these two services.

The analysis of the wage data required an extensive review of the cost report submission data. Myers and Stauffer staff examined the data by provider, confirming wage information by checking job listings for hiring ranges, comparing wages reported to financial documents submitted by providers, and requesting additional information if the provider did not indicate staff time allocation when the agency has multiple lines of business. Job titles that indicated that the worker was a supervisor, manager, or program staff were excluded from the direct care worker wage calculation. The total average hourly wage, which included regular hours and overtime hours, was used to determine the statewide direct care worker average wage of \$12.06. This wage, after applying an inflation factor of 11.05% equates to a \$13.40 hourly rate for direct care workers.

State program staff provided feedback indicating a desire to incentivize providers to have direct care staff obtain and utilize the AMAP certification. As such, a rate differential was calculated for the AMAP service based on the wage differential identified in cost report wage data.

Waiver services that are aligned to state mileage or rates aligned with RBRVS updates were not included in the rate review as increases are already aligned to other fee schedule changes.



Personal Attendant/Personal Care Services

Service Description Personal Care State Plan Service: Personal Care (PC) services are available to assist eligible members with activities and instrumental activities of daily living (IADL/ADL) in their home, community or place of employment. All PC services are subject to medical necessity determination by BMS' Utilization Management Contractor (UMC). PC services are 1:1 services. To be eligible Medicaid members must have three deficits according to the Pre-Admission Screening (PAS).

Service Description ADW Waiver: Personal Attendant (PA) services are defined as long-term direct care and support services that are necessary to enable a member to remain at home rather than enter a nursing facility, or to enable a member to return home from a nursing facility. This service provides members receiving ADW services to receive direct-care assistance with Activities of Daily Living (ADLs) such as eating, bathing, grooming, prompting with normally self-administered medications, essential light housekeeping, daily supervision, etc.

Service Description TBI Waiver: Personal Attendant (PA) Services are defined as long-term direct care and support services that are necessary to enable a member to return home from a nursing facility, an in-patient rehabilitation facility, and an in-patient hospital and live in or remain in their own home and community. Provides members receiving TBIW direct-care assistance and supervision with Activities of Daily Living (ADLs) and Instrumental Activities (IADLs) such as eating, bathing, grooming, prompting with self-administered medications, light housekeeping and essential errands, and ongoing supervision and monitoring of the member's health and safety during activities and upon completion of other PA functions.

Service Codes

State Plan Services: T1019, T1019 UK

AD Waiver: S5130

TBI Waiver: S5125, S5125 UB

Rate Model:

Wage (A): The wage reflects the inflation-adjusted statewide average direct service wage.

Productivity (C): The productivity factor capturing all elements listed below is 1.26.

- Training includes 64 hours of annual training for WV policies/procedures.
- Cost reports showed a median of 40 hours worked/week, with 36 billable hours.

Program (D): Program expenses are service-specific. The median program expense is 16.18%.

Personal Attendant / Personal Care	
Total Employee Cost	
Wage Component (A)	\$13.40
Employee Related Expenses Component (B)	\$3.04
Productivity Multiplier (C)	1.26
Total Employee Cost = (A+B)*C	\$20.65



Total Operations Cost	
Program Component (D)	\$2.17
General/Admin Component (E)	\$2.60
<i>Total Hourly Rate</i>	\$25.42
<i>15-minute Billing Unit</i>	\$6.36

Home-Based Agency Person-Centered Supports

Service Description: Home-Based Agency Person-Centered Support (PCS) is provided in the person's natural family home, in a Specialized Family Care Home or in the local public community by Agency Staff who do not live in the home with the person. The Home-Based PCS staff provided must be awake and alert Direct Support Professionals. Home-Based PCS must consist of individually tailored training and/or support activities that enable the person who receives services to live and inclusively participate in the community in which the person resides, works, receives their education, accesses health care, and engages in social and recreational activities. The activities and environments are designed to increase the acquisition of skills and appropriate behavior that are necessary for the person who receives services to have greater independence and personal choice and to allow for maximum inclusion into their community.

Service Code: S5125 U7, S5125 U8

Rate Model:

Wage (A): The wage reflects the inflation-adjusted statewide average direct service wage.

Productivity (C): The productivity factor capturing all elements listed below is 1.26.

- Training includes 64 hours of annual training for WV policies/procedures.
- Cost reports showed a median of 40 hours worked/week, with 36 billable hours.

Program (D): Program expenses are service specific. The median program expense is 16.18%.

Home-Based PCS	
Total Employee Cost	
Wage Component (A)	\$13.40
Employee Related Expenses Component (B)	\$3.04
Productivity Multiplier (C)	1.26
Total Employee Cost = (A+B)*C	\$20.65
Total Operations Cost	
Program Component (D)	\$2.17
General/Admin Component (E)	\$2.60



	<i>Total Hourly Rate</i>	\$25.42	
	<i>15-minute Billing Unit (S5125 U7) Ratio 1:1</i>	\$6.36	
	<i>15-minute Billing Unit (S5125 U8) Ratio 1:2</i>	\$3.18	

Unlicensed Residential Person Centered Supports

Service Definition: Unlicensed Residential Person-Centered Support services can only be provided by staff persons not living in the home with the person who receives services. This service occurs in Intensively Supported Settings which are typically apartments or homes that are rented or leased by 1, 2, or 3 unrelated individuals (exceptions may be made for siblings). If the setting is owned or leased by an IDD Waiver provider, then the person living there does not qualify for this code. Unlicensed Residential PCS cannot be provided by family members of the person who receives services, including biological/adoptive parents or step-parents, biological/adoptive adult siblings or step-siblings, biological/adoptive grandparents or step-grandparents, and biological/adoptive aunts/uncles or step-aunts/-uncles. Unlicensed Residential PCS services are provided by awake and alert Direct Support Professionals and consist of individually tailored training and/or support activities that enable the person who receives services to live and inclusively participate in the community in which the person resides, works, receives their education, accesses health care, and engages in social and recreational activities. The activities and environments are designed to increase the acquisition of skills and appropriate behavior that are necessary for the person who receives services to have greater independence and personal choice and to allow for maximum inclusion into their community.

Service Codes: S5125 HI, S5125 UN, S5125 UP

Rate Model

Wage (A): The wage reflects the inflation-adjusted statewide average direct service wage.

Productivity (C): The productivity factor capturing all elements listed below is 1.26.

- Training includes 64 hours of annual training for WV policies/procedures.
- Cost reports showed a median of 40 hours worked/week, with 36 billable hours.

Program (D): Program expense is service-specific. The median program expense is 21.85%.

Unlicensed Residential PCS

Total Employee Cost

Wage Component (A)	\$13.40
Employee Related Expenses Component (B)	\$3.04



Productivity Multiplier (C)	1.26
Total Employee Cost = (A+B)*C	\$20.65
Total Operations Cost	
Program Component (D)	\$2.93
General/Admin Component (E)	\$2.69
<i>Total Hourly Rate</i>	\$26.27
<i>15-minute Billing Unit (S5125 HI)</i>	\$6.57
<i>Ratio 1:1</i>	
<i>15-minute Billing Unit (S5125 UN)</i>	\$3.29
<i>Ratio 1:2</i>	
<i>15-minute Billing Unit (S5125 UP)</i>	\$2.19
<i>Ratio 1:3</i>	
<i>15-minute Billing Unit (AMAP Add-on)</i>	\$0.42

Licensed Residential Person-Centered Supports

Service Definition: Licensed Group Home Person-Centered Support (PCS) is provided to adults in a site licensed by the Office of Health Facility Licensure and Certification by awake and alert Direct Support Professionals and consists of individually tailored training and/or support activities that enable the person who receives services to live and inclusively participate in the community in which the person resides, works, receives their education, accesses health care, and engages in social and recreational activities. The activities and environments are designed to increase the acquisition of skills and appropriate behavior that are necessary for the person who receives services to have greater independence and personal choice and to allow for maximum inclusion into their community.

Service Codes: S5125 U1, S5125 U2, S5125 U3, S5125 U4

Rate Model:

Wage (A): The wage reflects the inflation-adjusted statewide average direct service wage.

Productivity (C): The productivity factor capturing all elements listed below is 1.26.

- Training includes 64 hours of annual training for WV policies/procedures.
- Cost reports showed a median of 40 hours worked/week, with 36 billable hours.

Program (D): Program expenses are service-specific. The median program expense is 21.85%.



Licensed Residential PCS	
Total Employee Cost	
Wage Component (A)	\$13.40
Employee Related Expenses Component (B)	\$3.04
Productivity Multiplier (C)	1.26
Total Employee Cost = (A+B)*C	\$20.65
Total Operations Cost	
Program Component (D)	\$2.93
General/Admin Component (E)	\$2.69
<i>Total Hourly Rate</i>	\$26.27
<i>15-minute Billing Unit (S5125 U1)</i>	\$6.57
<i>Ratio 1:1</i>	
<i>15-minute Billing Unit (S5125 U2)</i>	\$3.29
<i>Ratio 1:2</i>	
<i>15-minute Billing Unit (S5125 U3)</i>	\$2.19
<i>Ratio 1:3</i>	
<i>15-minute Billing Unit (S5125 U4)</i>	\$1.69
<i>Ratio 1:4</i>	
<i>15-minute Billing Unit (AMAP Add-on)</i>	\$0.42

Approved Medication Assistive Personnel (AMAP) Rate Differential

Service Definition: Approved Medication Assistive Personnel (AMAP) are trained by OHFLAC-approved registered professional nurses and must work under the supervision of an RN.

The delegated task of administering medications shall be performed in compliance with West Virginia State Code §16-50-1 et seq., and Legislative Rule Title 64, Series 60. The RN, in conjunction with approval by the resident/client attending physician, may delegate medication administration to the AMAP, after the AMAP has received the required training and testing and demonstrated competency in this task.

Service Codes: Currently a specific modifier for this service does not exist. Myers and Stauffer is proposing the development of a new modifier to allow for the rate add-on (or enhanced rate) to be billed.

Rate Model:



- Wage (A): The wage reflects the differential in wages for AMAPs in their specific service environment.
- Productivity (C): The productivity factor is slightly increased over standard PCS due to additional training needs. The productivity factor capturing all elements listed below is 1.29.
- Training includes 108 hours of annual training for WV AMAP policies/procedures.
 - Cost reports showed a median of 40 hours worked/week, with 36 billable hours.

Licensed Residential PCS	
<i>Total Hourly Rate Differential</i>	\$1.68
<i>15-minute Billing Unit (AMAP Add-on)</i>	\$0.42

Respite Services

Service Description: In-Home Respite services are provided in the person's natural family home or Specialized Family Care Home where the person receiving services resides by awake and alert staff. Direct Support Professionals are specifically designed to provide temporary substitute care normally provided by a family member or a Specialized Family Care Provider. The services are to be used for relief of the primary caregiver(s) to help prevent the breakdown of the primary caregiver(s) due to the physical burden and emotional stress of providing continuous support and care to the dependent person who receives services. In-Home Respite services consist of temporary care services for a person who cannot provide for all of their own needs. Persons providing Respite services may participate in person-centered planning.

Services Description: Out-of-Home Respite services are services provided to the person receiving services out of their home and in a certified Specialized Family Care Home by awake and alert Direct Support Professionals. DSPs are specifically designed to provide temporary substitute care normally provided by a family member or a Specialized Family Care Provider.

IDDW agencies may also provide the service in the local public community or at a licensed site. The services are to be used for relief of the primary caregiver(s) to help prevent the breakdown of the primary caregiver(s) due to the physical burden and emotional stress of providing continuous support and care to the dependent person who receives services. Out-of-Home Respite services consist of temporary care services for a person who cannot provide for all of their own needs. Persons providing Respite services may participate in person-centered planning.

Service Codes:

In-Home Respite: T1005 UA, T1005 UB

Out-of-Home Respite: T1005 U1, T1005 U5, T1005 U6

Rate Model:



The recommendation for Respite services is to align rates with the Home-Based Person-Centered Support rates. The staff and assistance provided are the same as the Home-Based Person-Centered Support, often by a staff person who intermittently delivers Home-Based Person-Centered Support to the individual receiving Respite.

In-Home and Out-of-Home Respite	
15-Minute Billing Unit (T1005 UA/U1)	\$6.36
Ratio 1:1	
15-Minute Billing Unit (T1005 UB/U5)	\$3.18
Ratio 1:2	
15-Minute Billing Unit (T1005 U6)	\$2.12
Ratio 1:3	

Crisis Site Person Centered Support

Service Description: Crisis Site Person-Centered Support (PCS) is provided in a site licensed by the Office of Health Facility Licensure and Certification by awake and alert Direct Support Professionals. Sites must be either adult or child (no combination) and must serve only persons approved for IDDW. This service is specifically designed to provide temporary substitute care for a person who needs an alternative residential setting due to behavioral needs or lack supports. Training programs on the IPP may be implemented by Direct Support Professionals while the person who receives services is at the Crisis Site. The services are to be utilized only in OHFLAC licensed crisis sites and used on a short-term basis.

Service Codes: T1005 U7, T1005 U8

Rate Model:

There are currently two providers of this service in WV and only one filed cost report information. The utilization of the service statewide is low. Based on feedback from state program experts, it is recommended to leave the rate for these services at ARPA-funded levels. The intent of providing a generous rate for these services is to incentivize usage and prevent more costly interventions. The rate is manufactured to achieve ARPA-level funding and serves as a baseline in comparison to future rate reviews and cost collection exercises.

Wage (A): The wage is created value featuring the required rate to achieve ARPA rate values and serve as a baseline comparison for the service over time.

Productivity (C): The productivity factor is set to the BSP rate of 1.28.

Program (D): Program cost is set at 23.85% to account for higher supervisor/oversight needs.

Crisis PCS
Total Employee Cost



Wage Component (A)	\$16.23
Employee Related Expenses Component (B)	\$3.68
Productivity Multiplier (C)	1.28
Total Employee Cost = (A+B)*C	\$25.46
Total Operations Cost	
Program Component (D)	\$3.88
General/Admin Component (E)	\$3.35
<i>Total Hourly Rate</i>	\$32.69
<i>15-Minute Billing Unit</i>	\$8.18

Crisis Intervention

Service Description: The goal of this service is to respond to a crisis immediately and to assess and stabilize the situation as quickly as possible. Crisis Services provided by awake and alert Direct Support Professionals are to be used if there is an extraordinary circumstance requiring a short-term, acute service that utilizes Positive Behavior Support planning, interventions, strategies, and direct support. Except in emergent situations, this service requires prior authorization. This service has a 2:1 ratio (staff person to person who receives services). The additional staff person is available for assurance of health and safety. Crisis Services include formal training, informal training, and Positive Behavior Support.

Service Code: T2017

Rate Model:

The rate model is determined based on the Crisis Site Person Centered Support wage with a 2:1 staff-to-member ratio. The program component (D) and general administrative components (E) were held constant as only staffing costs are expected to rise with this service.

Crisis Intervention	
Total Employee Cost	\$50.92
Total Operations Cost	
Program Component (D)	\$3.88
General/Admin Component (E)	\$3.35
<i>Total Hourly Rate</i>	\$58.15
<i>15-minute Billing Unit</i>	\$14.54



Behavior Support Professional I

Service Definition: Behavior Support Professional (BSP) services are provided to persons with an assessed need for adaptive skills training. For persons who require adaptive skills training, the BSP performs the following activities:

- Develops training plans that include person-specific aspects and methods of intervention or instruction;
- Provides training to staff persons who will implement the training plans on aspects and methods of intervention (i.e., family, Person-Centered Support, Facility-Based Day Habilitation, Supported Employment, and Crisis Direct Support Professionals);
- Provides training for Direct Support Professionals who provide Respite services if applicable for respite-relevant training objectives or health and safety training objectives only;
- Evaluates and monitors the effectiveness of the training plans through analysis of programming results that occur at least monthly;
- Provides follow-up once training plans have been implemented to observe progress or regression; and
- Revises training plans as needed.

Service Code: T2021 HN

Rate Model:

Wage (A): The BSP 1 wage reflects the BLS median West Virginia hourly wage for occupation code 21-1018, 'Substance Abuse, Behavioral Disorder, and Mental Health Counselors'. The cost report wages for BSPs were slightly below the statewide BLS median value used in the model. Myers and Stauffer recommends using the BLS median wage to support the expansion of this service.

Productivity (C): The productivity factor capturing all elements listed below is 1.28.

- Training includes 45 hours of annual training for WV ADW policies/procedures.
- Cost reports showed a median of 40 hours worked/week, with 35 billable hours.

Program (D): Program expenses are service-specific. The median program expense is 16.18%.

Behavioral Support Professional I	
Total Employee Cost	
Wage Component (A)	\$26.55
Employee Related Expenses Component (B)	\$6.02
Productivity Multiplier (C)	1.28



Total Employee Cost = (A+B)*C	\$41.65
Total Operations Cost	
Program Component (D)	\$4.30
General/Admin Component (E)	\$5.24
<i>Total Hourly Rate</i>	\$51.19
<i>15-minute Billing Unit</i>	\$12.80

Behavior Support Professional II

Service Description: BSP services are provided to persons with an assessed need for adaptive skills training. For persons who require adaptive skills training, the BSP performs the following activities:

- Develops training plans that include person-specific aspects and methods of intervention or instruction;
- Provides training to staff persons who will implement the training plans on aspects and methods of intervention (i.e., family, Person-Centered Support, Facility-Based Day Habilitation, Supported Employment, and Crisis Direct Support Professionals);
- Provides training for Direct Support Professionals who provide Respite services if applicable for respite-relevant training objectives or health and safety training objectives only;
- Evaluates and monitors the effectiveness of the training plans through analysis of programming results that occur at least monthly;
- Provides follow-up once training plans have been implemented to observe progress or regression; and
- Revises training plans as needed.

A BSP II requires higher certification, education, and experience than a BSP I with requirements detailed in Appendix C of the approved IDD Waiver.

Service Code: T2025 HO

Rate Model

Wage (A): The BSP 2 wage reflects the BLS 75th percentile West Virginia hourly wage for occupation code 21-1018, 'Substance Abuse, Behavioral Disorder, and Mental Health Counselors'. The cost report wages for BLSs were below the statewide BLS median value used in the model. Myers and Stauffer recommends using the BLS 75th percentile wage to support the expansion of this service.

Productivity (C): The productivity factor capturing all elements listed below is 1.32.

- Training includes 45 hours of annual training for WV ADW policies/procedures.
- Cost reports showed a median of 40 hours worked/week, with 34 billable hours

Program (D): Program expenses are service-specific. The median program expenses is 16.18%.



Behavioral Support Professional II	
Total Employee Cost	
Wage Component (A)	\$30.99
Employee Related Expenses Component (B)	\$7.03
Productivity Multiplier (C)	1.32
Total Employee Cost = (A+B)*C	\$50.05
Total Operations Cost	
Program Component (D)	\$5.02
General/Admin Component (E)	\$6.28
Total Hourly Rate	\$61.35
15-minute Billing Unit	\$15.34

Skilled Nursing Services Provided by a Registered Nurse (IDD Waiver)

Service Description: RN services listed in the service plan are within the scope of the West Virginia Nurse Practice Act if ordered by a physician and provided by a licensed RN licensed to practice in the State. RN Skilled Nursing services may only be provided by a licensed RN under the direction of a physician. The RN may perform clinical supervision of a Licensed Practical Nurse (LPN) and AMAP staff.

Service Code: T1002 HI

Rate Model

Wage (A): The RN wage reflects the BLS median West Virginia hourly wage for occupation code 29-1441, 'Registered Nurses'. The cost report data on wages for RNs were below the statewide BLS median value used in the model. Myers and Stauffer recommends using the BLS median wage to adequately fund the nursing services rate.

Productivity (C): The productivity factor capturing all elements listed below is 1.32.

- Training includes 46 hours of annual training for WV ADW policies/procedures.
- Cost reports showed a median of 40 hours worked/week, with 34 billable hours.



Program (D): Program-related expenses are service-specific. The median program-related expenses for delivering waiver nursing services is 15.36%.

RN	
Total Employee Cost	
Wage Component (A)	\$39.59
Employee Related Expenses Component (B)	\$8.98
Productivity Multiplier (C)	1.32
Total Employee Cost = (A+B)*C	\$63.97
Total Operations Cost	
Program Component (D)	\$6.09
General/Admin Component (E)	\$7.98
Total Hourly Rate	\$78.04
15-minute Billing Unit	\$19.51

Skilled Nursing Services Provided by an RN (AD Waiver)

Service Description: RN services listed in the service plan are within the scope of the West Virginia Nurse Practice Act if ordered by a physician and provided by a licensed RN licensed to practice in the State. RN Skilled Nursing services may only be provided by a licensed RN under the direction of a physician.

Service Code: T1002 UD

Rate Model:

Wage (A): The RN wage reflects the BLS median West Virginia hourly wage for occupation code 29-1441, 'Registered Nurses'. The cost report data on wages for RNs were below the statewide BLS median value used in the model. Myers and Stauffer recommends using the BLS median wage to adequately fund the nursing services rate.

Productivity (C): The productivity factor capturing all elements listed below is 1.26.

- Training includes 46 hours of annual training for WV ADW policies/procedures.
- Cost reports showed a median of 40 hours worked/week, with 36 billable hours.



Program (D): Program-related expenses are service-specific. The median program-related expenses for delivering waiver nursing services is 15.36%.

RN – AD Waiver	
Total Employee Cost	
Wage Component (A)	\$39.59
Employee Related Expenses Component (B)	\$8.98
Productivity Multiplier (C)	1.26
Total Employee Cost = (A+B)*C	\$61.27
Total Operations Cost	
Program Component (D)	\$6.09
General/Admin Component (E)	\$7.68
Total Hourly Rate	\$75.04
15-minute Billing Unit	\$18.76

Skilled Nursing by LPN

Service Description:

Nursing services that may be provided by an awake and alert LPN include but are not limited to:

- Verifying and documenting physician orders if only RNs or LPNs are administering medication (no AMAPS are administering medications).
- Reviewing and verifying physician orders are current, properly documented, and communicated to DSPs and others per IDD Waiver provider policy.
- Direct nursing care including medication/treatment administration.
- Review of Medication Administration Records medication storage, and documentation (when no AMAPS are administering medication).
- Review of scheduled medical appointments and communication of this information to others per IDDW provider policy.
- Facilitating procurement and monitoring of medical equipment.
- Training persons who receive services on individualized medical and health needs, such as wound care, medically necessary diets, etc.



Service Codes: T1003 U4, T1003 U3, T1003 U2

Rate Model

Wage (A): The Licensed Practical and Licensed Vocational Nurses wage reflects the BLS 75th percentile West Virginia hourly wage for occupation code 29-2061, 'Licensed Practical and Licensed Vocational Nurses'. The cost report wage data for LPNs was below the statewide BLS median value used in the model. Myers and Stauffer recommends using the BLS 75th percentile to adequately fund the Skilled Nursing by an LPN rate.

Productivity (C): The productivity factor capturing all elements listed below is 1.32.

- Training includes 52 hours of annual training for WV IDDW policies/procedures plus additional hours for LPN continuing education requirements.
- Cost reports showed a median of 40 hours worked/week, with 34 billable hours.

Program (D): Program expenses are service-specific. The median program expense for delivering waiver nursing services is 15.36%.

LPN	
Total Employee Cost	
Wage Component (A)	\$26.02
Employee Related Expenses Component (B)	\$5.90
Productivity Multiplier (C)	1.32
Total Operations Cost	
Program Component (D)	\$4.00
General/Admin Component (E)	\$5.26
<i>Total Hourly Rate</i>	\$51.44
<i>15-minute Billing Unit (T1003 U4)</i>	\$12.86
<i>Ration 1:1</i>	
<i>15-minute Billing Unit (T1003 U3)</i>	\$6.43
<i>Ration 1:2</i>	
<i>15-minute Billing Unit (T1003 U2)</i>	\$4.29
<i>Ration 1:3</i>	



Personal Attendant/Person-Centered Supports – Personal Options

Service Description - Person-Centered Supports on IDD Waiver: Services provided in the person's natural family home, in a Specialized Family Care Home, or in the local public community by Agency Staff who do not live in the home with the person. The Home-Based PCS staff must be awake and alert DCPs. Home-Based PCS must consist of individually tailored training and/or support activities that enable the person to live and inclusively participate in the community in which the person resides, works, receives their education, accesses health care, and engages in social and recreational activities. Activities and environments must be designed to increase the acquisition of skills and develop appropriate behavior necessary for the person to have greater independence and personal choice, and to allow for maximum inclusion into their community.

Service Description - Personal Attendant on ADW Waiver: Personal Attendant (PA) services are defined as long-term direct care and support services that are necessary to enable a member to remain at home rather than enter a nursing facility, or to enable a member to return home from a nursing facility. People receiving ADW services are provided direct-care assistance with Activities of Daily Living (ADLs) such as eating, bathing, grooming, prompting with normally self-administered medications, essential light housekeeping, daily supervision, etc.

Service Description - Personal Attendant on TBI Waiver: PA Services are defined as long-term direct care and support services that are necessary to enable a member to return home from a nursing facility, an in-patient rehabilitation facility, or an in-patient hospital and live in or remain in their own home and community. Provides members receiving TBIW direct-care assistance and supervision with ADLs and Instrumental Activities (IADLs) such as eating, bathing, grooming, prompting with self-administered medications, light housekeeping and essential errands, and ongoing supervision and monitoring of the member's health and safety during activities.

Service Codes

IDD Waiver: S5125 UA, S5125 UA UK

AD Waiver: S5130 U1, S5130 U1 UK

TBI Waiver: S5125, S5125 UB

Rate Model:

Wage (A): The wage reflects the inflation-adjusted statewide average direct service wage.

Productivity (C): The productivity factor capturing all elements listed below is 1.03.

- Training includes 40 hours of annual training for WV policies/procedures.
- Cost reports showed a median of 40 hours worked/week, with 39.50 billable hours.

Program (D): Program expenses are service-specific. The median program expense is 16.18%.

Personal Attendant / Personal Care – Personal Options

Total Employee Cost

Wage Component (A)	\$13.40
Employee Related Expenses Component (B)	\$3.04



Productivity Multiplier (C)	1.03
Total Employee Cost = (A+B)*C	\$16.98
Total Operations Cost	
Program Component (D)	\$0.00
General/Admin Component (E)	\$0.00
<i>Total Hourly Rate</i>	\$16.98
<i>15-minute Billing Unit</i>	\$4.25

Family Person-Centered Support Services (PCS)

Service Definition: Family PCS services can only be provided by family members or Specialized Family Care Providers living in the home with the person who receives services. Family members permitted to provide services biological or adoptive parents or step-parents, biological or adoptive adult siblings or step-siblings, biological or adoptive grandparents or step-grandparents, and biological or adoptive aunts or uncles or step-aunts or -uncles only. Family PCS is provided by awake and alert DSPs. These services consist of individually tailored training and/or support activities that enable the person to live and inclusively participate in the community in which the person resides, works, receives their education, accesses healthcare, and engages in social and recreational activities. Activities and environments are designed to increase the acquisition of skills and development of appropriate behavior necessary for the person to have greater independence and personal choice and to allow for maximum inclusion into their community. Family PCS may be used to assist with the acquisition, retention, and/or improvement of the following areas of functionality: self-care; receptive or expressive language; learning; mobility; self-direction; and capacity for independent living. Family PCS services must be assessment based and outlined in the Individualized Program Plan (IPP). Activities must allow the person to reside and participate in the most integrated setting appropriate to their needs.

Service Codes: S5125 U5, S5125 U6

Rate Model:

Wage (A): The wage reflects the inflation-adjusted statewide average direct service wage.

Productivity (C): The productivity factor capturing all elements listed below is 1.03.

- Training includes 40 hours of annual training for WV policies/procedures.
- Cost reports showed a median of 40 hours worked/week, with 39.50 billable hours.

Program (D): Program expenses are service-specific. The median program expense is 16.18%.

Family PCS

Total Employee Cost

Wage Component (A)	\$13.40
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Employee Related Expenses Component (B)	\$3.04
Productivity Multiplier (C)	1.03
Total Employee Cost = (A+B)*C	\$16.98
Total Operations Cost	
Program Component (D)	\$0.00
General/Admin Component (E)	\$1.94
<i>Total Hourly Rate</i>	\$18.92
<i>15-minute Billing Unit (\$5125 U7)</i>	\$4.73
<i>Ratio 1:1</i>	
<i>15-minute Billing Unit (\$5125 U6)</i>	\$2.37
<i>Ratio 1:2</i>	

Employment Services

There were limited conclusions to be drawn from the cost report data for these service types. Cost report data were significantly volatile and indicated counterintuitive results when comparing costs at the service level to current reimbursement rate levels. Based on discussions with BMS staff, these services were also identified as potentially underutilized due to their low utilization volume. Given the data volatility, low provider count, and low utilization, Myers and Stauffer recommends rates remain at the ARPA-funded levels. These elevated rates may incentivize utilization of this service type. The affected services and rates are described below.

Facility-Based Day Habilitation

Service Definition: Facility-Based Day Habilitation activities must be developed exclusively to address the habilitation and support needs of the person who receives the service. Activities must consist of programs of instruction and training, supervision and assistance, specialist services, and evaluations provided by or under the direct supervision of qualified staff (training programs must be developed by a BSP).	
Service Codes: T2021 U5, T2021 U6, T2021 U7	
Rates:	
Facility-Based Day Habilitation	
<i>15-minute Billing Unit (T2021 U5)</i>	\$7.47
<i>Ratio 1:1</i>	



15-minute Billing Unit (T2021 U6) Ratio 1:2	\$3.20
15-minute Billing Unit (T2021 U7) Ratio 1:3	\$2.03

Prevocational Services

Service Definition: Prevocational services are designed to create a path to integrated community-based employment for which a person is compensated at or above the minimum wage, but no less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. These services should enable each person who receives them to attain the highest level of employment in a setting suited to the person's strengths, interests, priorities, and abilities.

Service Codes: T2021 U1, T2021 U2, T2021 U3

Rates:

Prevocational Services	
15-minute Billing Unit (T2021 U1) Ratio 1:1	\$7.47
15-minute Billing Unit (T2021 U2) Ratio 1:2	\$3.20
15-minute Billing Unit (T2021 U3) Ratio 1:3	\$2.03

Supported Employment Services

Service Definition: Supported Employment Services enable people to engage in paid, competitive employment in integrated community settings. The services are for people who have barriers to obtaining employment due to the nature and complexity of their disabilities. The services are designed to assist people for whom competitive employment at or above the minimum wage is unlikely without such support and services and need ongoing support based upon the level of need of the person who receives services. Supported Employment services include, but are not limited to vocational counseling (i.e., discussion of on-the-job work activities), job development and placement for a specific person who receives IDDW services with the person present, on-the-job training in work and work-related skills, accommodation of work performance tasks, supervision and monitoring by a job coach, intervention to replace inappropriate work behaviors with adaptive work skills and behaviors, retraining as jobs change or job tasks change, training in skills essential to obtain and retain employment (i.e., effective use of community resources), and transportation to and from job sites when other forms of transportation are unavailable or inaccessible.

Service Codes: T2019, T2019 HQ

Rates:



Supported Employment	
15-minute Billing Unit (T2019) Ratio 1:1	\$7.52
15-minute Billing Unit (T2019 HQ) Ratio 1:2+	\$3.02

Job Development

Service Definition: Job Development services are designed for analysis, situational assessments, and support in either acquiring or maintaining competitive employment. These services should enable each person who receives them to attain and maintain employment at the highest level of work in a setting suited to the person's strengths, interests, priorities, and abilities. Services are expected to occur over two years, with attaining and maintaining integrated employment at a competitive wage being the specific outcome. It is expected that at or before two years, the transition to Supported Employment will take place and Job Development services will cease.

Service Code: T1019 HB

Rates:

Job Development	
15-minute Billing Unit (T1019)	\$7.52



Case Management

The cost report submissions yielded seven submissions from agencies that represent case management-only organizations. Four submissions were from IDWW providers, two submissions were from ADW/TBI providers, and one submission was from a provider delivering case management in all three waivers. Detailed information on case management from the case management-only agencies is somewhat limited. Two of the four IDWW case management-only providers did not submit detailed information on their staff time or caseloads.

In case management-only organizations, case managers work an average of 2,227 regular hours per year with overtime listed in only 3 out of 15 case manager position entries across the providers. This implies that the case managers are working in salaried positions. The average salary was \$33,372 and the median salary was \$33,269. Most case managers received a bonus, 9 out of 15 listed, with the average being approximately \$2,000 and a range of \$600-\$6,000. Case management-only agencies are small agencies, employing three or less direct service case managers and either only a single or zero administrative and program staff. Case managers in these agencies spend more time with the member during an in-person visit (2.5 hours compared to 1 hour) and more time on person centered planning (10 hours per member compared to 4 hours per member.) The data was limited in the areas of working from home; however, the trending shows working from home is being used. Submitted information showed that these agencies have caseloads of 30 members per case manager, which is the same as the larger group of providers who deliver both direct services and case management services.

West Virginia continues to make progress towards conflict-free case management. It is expected that the number of case management-only organizations will continue to increase as the conflict-free case management transition continues to change business practices for Medicaid providers. Most of the case management-only organizations who submitted cost reports are small companies who have been in business less than five years with minimal administrative and program costs. They reported having concerns about issues such as high mileage/wear and tear on their personal vehicles, and office costs related to printing. A common request in the open-ended comments was for the State to consider reimbursing mileage costs. All of these factors point towards early-stage business development. It is expected that the expenses of these businesses will change as they mature. Given the split in case management delivery between early business models in conflict free agencies and more mature direct service agencies who have yet to transition, a rate change is not recommended at this time. Myers and Stauffer recommend using the feedback from the cost report to inform policy work as the State continues to implement conflict free case management and work closely with the provider community to capture cost nuances for the new service delivery method.



Geographic Considerations

A critical consideration in this rate review project is the regional wage differentiation in border areas of West Virginia that impedes the recruitment and retention of direct care workers. Myers and Stauffer solicited and received feedback about surrounding states and challenges specific to select West Virginia regions as part of the stakeholder engagement process.

Based on ad hoc discussions and formal stakeholder engagement activities (focus groups and other key stakeholder meetings), as well as discussion with state program experts, three areas of West Virginia were identified where direct service provider wage was of key concern. Stakeholders shared input on long-standing issues with the loss of workers in the “Eastern Panhandle” areas of the state near the DC and northern Virginia area. It was noted that new or growing provider agencies were likely to leave West Virginia to operate in Virginia due to more favorable reimbursement. Two additional areas were identified as problematic from a recruitment standpoint, Morgantown and the Northern Panhandle of the state.

West Virginia Regional Evaluation

To evaluate the validity of provider claims for wage discrepancy, Myers and Stauffer researched three main sources of information: provider submitted cost reports, BLS wage data, and border state reimbursement rates. Given the volume of services represented by personal care or attendant type services, focus was placed on this category of wages (or reasonable equivalents thereof) in the evaluation.

Provider Submitted Cost Reports

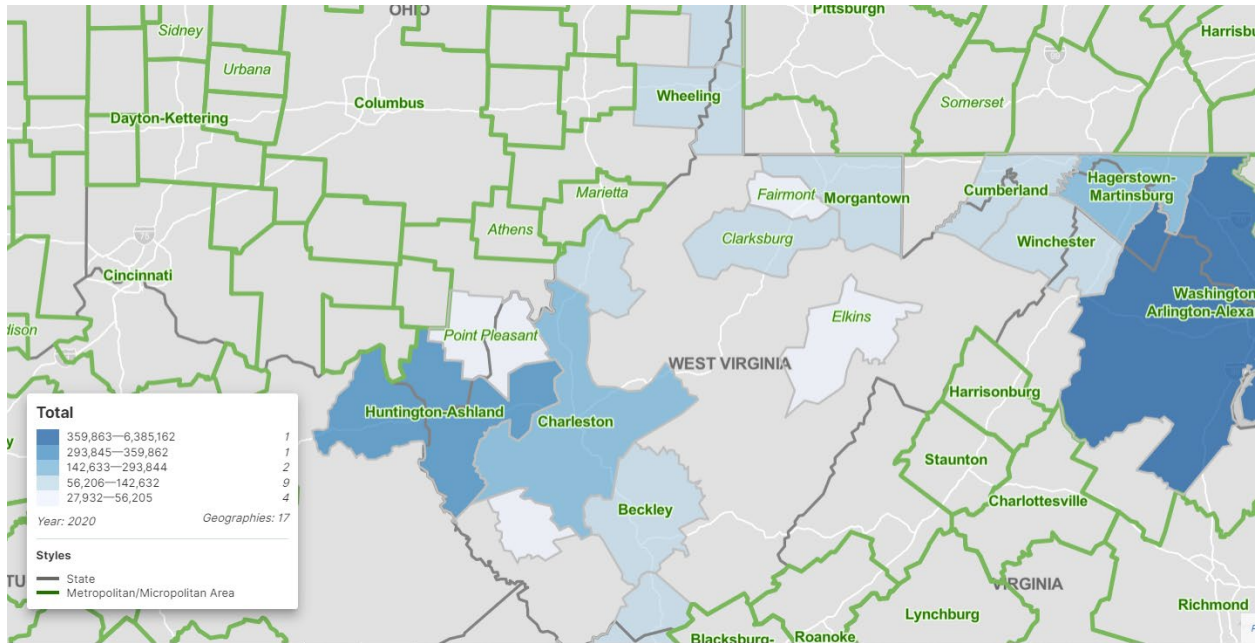
Wage data were collected in provider-submitted cost reports. There was not sufficient segregation of worker wage expense to draw meaningful conclusions from data submitted by larger providers that span multiple locations. In examining provider-submitted DSP wage data, providers generally offered wages between \$10.00 and \$13.50 per hour, with the majority centering at the \$12.00 mark, in line with the proposed personal care rate wage component. While the data show significant disparity between providers there was not sufficient evidence to determine if the differentials related to operational choice or providers responding to geographic wage pressures.

Bureau of Labor Statistics Wage Information

The BLS occupational wage data allow for a review of selected occupational wage classifications by metropolitan statistical areas (MSAs) that overlap with West Virginia. MSAs are defined as high-population (50,000 population) areas within the state. Tools from the U.S Census Bureau have been utilized to create the following population density chart and county population distribution table below highlighting the MSAs existing in West Virginia.



Figure 2: Metropolitan Statistical Areas with Population Density, 2020



U.S. Census Bureau, 2020 Decennial Census Total Population, West Virginia at <http://data.census.gov/> (visited 12/06/2023).

Table 3: County Population Distribution, 2020

Geographic Area Name	Population	Percent	MSA	
Kanawha County	180,745	10.10%	10.1% Charleston MSA	
Jefferson County	57,701	3.20%	3.2% (WAA MSA)	
Berkeley County	122,076	6.80%	10.5% (HM, C MSAs)	
Morgan County	17,063	1.00%		
Hampshire County	23,093	1.30%		
Mineral County	26,938	1.50%		
Monongalia County	105,822	5.90%	7.8% (MGN MSA)	
Preston County	34,216	1.90%		
Cabell County	94,350	5.30%		
Wood County	84,296	4.70%		
Raleigh County	74,591	4.20%		
Harrison County	65,921	3.70%		
Mercer County	59,664	3.30%		
Putnam County	57,440	3.20%		



Marion County	56,205	3.10%		
Fayette County	40,488	2.30%		
Wayne County	38,982	2.20%		
Marshall County	30,591	1.70%	7% (W, WS MSAs)	
Brooke County	22,559	1.30%		
Ohio County	42,425	2.40%		
Hancock County	29,095	1.60%		
29.3% (Wirt, Pendleton, Calhoun, Tucker, Gilmer, Pleasants, Doddridge, Pocahontas, Clay, Tyler, Webster, Ritchie, Grant, Summers, Monroe, Braxton, Roane, Hardy, Wetzel, Barbour, Taylor, Lewis, McDowell, Lincoln, Wyoming, Boone, Mingo, Upshur, Nicholas, Mason, Jackson, Randolph)				

Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Occupational Employment and Wages, May 2022: 31-0000 Healthcare Support Occupations at <http://www.bls.gov/oes/current/oes310000.htm> (visited 12/06/2023).

MSAs were mapped to the three areas identified by stakeholders and state program experts as having materially higher wages and/or significant workforce competition.

The MSAs are mapped as follows:

- *Eastern Panhandle (10.5% of county population totals).*
 - *Washington-Arlington-Alexandria, DC-VA-MD-WV.*
 - *Hagerstown-Martinsburg, MD-WV.*
 - *Cumberland, MD-WV.*
 - *Winchester, VA-WV.*
- *Morgantown – Morgantown (7.8% of county population totals).*
- *Northern Panhandle (7% of county population totals).*
 - *Weirton-Steubenville, WV-OH.*
 - *Wheeling, WV-OH.*

With MSAs identified, Myers and Stauffer extracted data from the BLS occupational wage data for SOC Code 31-0000, 'Healthcare Support Occupations'. These data were used as a proxy for DSP wages for personal care/attendant type services and other similar occupations. While this is not a perfect comparison at the individual worker level, it allows for an examination of MSA effects on wages earned



for workers of a similar income bracket. The following table details the wage differential to the top wage areas in West Virginia that were not identified by stakeholders.

Table 4: Hourly Median Wage for Healthcare Support Occupations, May 2022

Metropolitan Statistical Area	Hourly Median Wage by MSA	% Difference from non-identified areas
Washington-Arlington-Alexandria, DC-VA-MD-WV	17.47	32%
Hagerstown-Martinsburg, MD-WV	15.21	15%
Morgantown, WV	15.01	14%
Cumberland, MD-WV	14.94	13%
Winchester, VA-WV	14.82	12%
Weirton-Steubenville, WV-OH	14.19	8%
Wheeling, WV-OH	13.90	5%
Huntington-Ashland, WV-KY-OH	13.20	0%
Charleston, WV	13.18	0%
Northern West Virginia nonmetropolitan area	12.69	-4%
Southern West Virginia nonmetropolitan area	12.47	-6%
Parkersburg-Vienna, WV	12.43	-6%
Beckley, WV	12.35	-6%

The occupational wage data show a clear trend of increased worker wages in the three identified areas of concern, but a much more material trend is identified in Morgantown and the Eastern Panhandle areas. The Washington-Arlington-Alexandria wage data indicates a differential that is double that of other eastern panhandle areas. However, the primary driver of wages in the MSA is likely the DC area, driving compensation over what is paid in the surrounding areas. As such, Myers and Stauffer has focused on the other Eastern Panhandle areas to eliminate wage data that may be skewed by the DC metropolitan area.

The data from the Northern Panhandle indicate a potential increased wage differential of 5% - 8%, Morgantown a 14%, and the Eastern Panhandle a 12% - 15%, respectively. The number of waiver recipients in these areas was not readily available at the time this report was authored, however, the county population statistics show these areas account for roughly 26% of the state population. These potential wage increases cannot be viewed in a vacuum, however. One major stakeholder complaint was that border states pay more favorably than West Virginia and as such workers living in border areas



could simply drive across state lines to receive a higher paycheck. Based on this feedback, Myers and Stauffer also reviewed surrounding state reimbursement rates.

Peer States Evaluation

Myers and Stauffer reviewed personal care/attendant type rate codes from surrounding states. The results of this review are outlined in the following table:

Table 5: Surrounding State Rates

State	Service Name	Code	Rate	Last Updated
Personal Care				
West Virginia (Current) State Place Service	PCS (State Plan) Personal Care (ADW) Personal Attendant (TBI)	T1019 S5130 S5125	\$4.73	
West Virginia (Current) IDD Waiver	Home-Based Person-Centered Supports	S5125 U7	\$5.45	
West Virginia (Proposed Rate)	PCS PCS (State Plan) Personal Care (ADW) Personal Attendant (TBI) Home-Based Person-Centered Supports	T1019 S5130 S5125 S5125 U7	\$6.36	Proposed for 7/1/2024
Ohio	Personal Care	T1019	\$5.92	Jan-24
Kentucky	Personal Care	T1019	\$7.50	Apr-22
Kentucky	Personal Assistance	T1019	\$6.09	Apr-22
Maryland	Personal Supports	W5810	\$9.70	Apr-22
Pennsylvania	Personal Care	T1019	\$6.84	-
Virginia- Rest of State	Personal Care	T1019	\$4.63	Jul-22
Virginia- Northern Virginia	Personal Care	T1019	\$5.45	Jul-22
Virginia- Rest of State	Companion Care	S5135	\$4.63	Jul-22
Virginia- Northern Virginia	Companion Care	S5135	\$5.45	Jul-22
Virginia- Rest of State	Personal Care	T1019	\$4.63	Jul-22
Virginia- Northern Virginia	Personal Care	T1019	\$5.45	Jul-22



Comparing waiver services can be difficult as provider and worker qualifications and service delivery requirements vary significantly from state to state. However, the table above provides a reasonable basis of comparison for West Virginia. Based on the review of surrounding state rates for similar services the proposed rates for personal care/attendant care services provided in this report are extremely competitive. Should the proposed rates be funded in full, the three areas of provider and BMS staff concern will receive reimbursement rates that are more generous than those paid in Virginia and Ohio for those areas bordering West Virginia. Should the full recommended rate increase be funded by the legislature, it will represent a sizable increase over the current reimbursement rates, negating or tempering the need for geographic adjustments.

With the amount of funding that may be required to increase waiver rates to the proposed levels, it is the recommendation of Myers and Stauffer that a geographic adjustment to waiver rates not be pursued by the state at this time. Rather it is recommended that BMS monitor the impact of increased waiver rates on member access to service and worker pay rates and turnover rates to determine if the increased rates are having the desired effect.

Should the legislature pursue a geographic wage adjustment, Myers and Stauffer would not recommend providing an adjustment to the Northern Panhandle as the new rates would exceed Ohio area rates by roughly 7%, likely drawing additional workforce into West Virginia. Myers and Stauffer recommends that Morgantown and the Eastern Panhandle receive a geographic wage adjustment not to exceed 7%-8%, aligning rates with Pennsylvania rate levels. Wage increases above this level may not have significant additional impact on worker pay rates as it mitigates incentives to cross the border for higher paying position, and with rates significantly exceeding Virginia payment rates would likely draw additional workforce into West Virginia.



Proposed Rate Tables

West Virginia

Overall Increased Expenditure Summary (No Geographic Adjustment)

Waiver	Projected Total Expenditure Increase (Fed & State)
State Plan	\$ 25,109,968.09
ADW	\$ 39,270,749.00
TBI	\$ 508,396.41
IDD	\$ 105,683,252.91
Total	\$ 170,572,366.42

State Plan and Waiver Proposed Rate and Associated Impact (No Geographic Adjustment)

State Plan Services					
Service	Service Code	Service Unit	Rate	Proposed Rate	Projected Total Expenditure Increase (Fed & State)
Personal Care	T1019, T1019 UK	15 min	\$4.73	\$6.36	\$ 25,109,968.09



Proposed Rate Tables

Waiver and State Plan Program
(IDD/AD/TBI/PC)
Service Cost & Rate Review
12/8/2023

IDD Waiver						
Service	Ratio	Service Code	Service Unit	Rate	Proposed Rate	Projected Total Expenditure Increase (Fed & State)
Home-Based Person Centered Supports (IDDW)	1:1	S5125 U7	15 min	\$5.45	\$6.36	\$1,012,181.30
Family PCS	1:2	S5125 U8	15 min	\$2.73	\$3.18	\$20,428.65
	1:1	S5125 U5	15 min	\$2.74	\$4.73	\$14,823,724.66
	1:2	S5125 U6	15 min	\$1.37	\$2.37	\$14,140.00
PCS - Personal Options (IDDW)	Direct Care	S5125 UA, S5125 UA UK	15 min	\$2.74	\$4.25	\$48,872,955.96
Crisis Site PCS	1:1	T1005 U7	15 min	\$5.72	\$8.18	\$8,686.26
	1:2	T1005 U8	15 min	\$2.87	\$4.10	\$6,760.08
	1:3	T1005 U9	15 min	\$1.91	\$2.73	\$985.64
Crisis Intervention	2:1	T2017	15 min	\$10.00	\$14.54	\$9,343.32
Unlicensed Residential PCS	1:1	S5125 HI	15 min	\$5.72	\$6.57	\$10,886,410.05
	1:2	S5125 UN	15 min	\$2.87	\$3.29	\$6,104,703.94
	1:3	S5125 UP	15 min	\$1.91	\$2.19	\$6,971,294.99
Unlicensed Residential PCS AMAP	1:1	S5125 HI	15 min	\$5.72	\$6.99	\$1,807,286.37
	1:2	S5125 UN	15 min	\$2.87	\$3.71	\$1,356,600.88
	1:3	S5125 UP	15 min	\$1.91	\$2.61	\$1,936,470.83
Licensed Group Home PCS	1:1	S5125 U1	15 min	\$5.72	\$6.57	\$945,132.04
	1:2	S5125 U2	15 min	\$2.87	\$3.29	\$698,926.11
	1:3	S5125 U3	15 min	\$1.91	\$2.19	\$570,822.35
	1:4	S5125 U4	15 min	\$1.43	\$1.65	\$210,520.10
Licensed Group Home PCS- AMAP	1:1	S5125 U1	15 min	\$5.72	\$6.99	\$156,904.27
	1:2	S5125 U2	15 min	\$2.87	\$3.71	\$155,316.91
	1:3	S5125 U3	15 min	\$1.91	\$2.61	\$158,561.76
	1:4	S5125 U4	15 min	\$1.43	\$2.07	\$68,046.90
In-Home Respite	1:1	T1005 UA	15 min	\$5.01	\$6.36	\$1,616,820.86
	1:2	T1005 UB	15 min	\$2.50	\$3.18	\$3,916.80
Out-of-Home Respite	1:1	T1005 U1	15 min	\$5.01	\$6.36	\$424,372.50
	1:2	T1005 U5	15 min	\$2.50	\$3.18	\$12,269.92
	1:3	T1005 U6	15 min	\$1.67	\$2.12	\$0.00



Proposed Rate Tables

Waiver and State Plan Program
(IDD/AD/TBI/PC)
Service Cost & Rate Review
12/8/2023

IDD Waiver (cont.)						
Service	Ratio	Service Code	Service Unit	Rate	Proposed Rate	Projected Total Expenditure Increase (Fed & State)
Facility-Based Day Habilitation	1:1-2	T2021 U5	15 min	\$5.23	\$7.47	\$3,024,718.66
	1:3-4	T2021 U6	15 min	\$2.24	\$3.20	\$556,838.07
	1:5-6	T2021 U7	15 min	\$1.42	\$2.03	\$53,967.31
Pre-vocational Training	1:1-2	T2021 U1	15 min	\$5.23	\$7.47	\$436,743.91
	1:3-4	T2021 U2	15 min	\$2.24	\$3.20	\$236,208.96
	1:5-6	T2021 U3	15 min	\$1.42	\$2.03	\$40,823.03
Job Development	1:1	T1019 HB	15 min	\$5.26	\$7.52	\$36,223.28
Supported Employment	1:1	T2019	15 min	\$5.26	\$7.52	\$315,586.76
	1:2+	T2019 HQ	15 min	\$2.11	\$3.02	\$22,237.67
Behavior Support Professional I	N/A	T2021 HN	15 min	\$10.41	\$12.80	\$1,012,172.62
Behavior Support Professional II	N/A	T2025 HO	15 min	\$14.90	\$15.34	\$8,152.17
Skilled Nursing by LPN	1:1	T1003 U4	15 min	\$11.02	\$12.86	\$395,777.73
	1:2	T1003 U3	15 min	\$5.50	\$6.43	\$2,572.38
	1:3	T1003 U2	15 min	\$3.67	\$4.29	\$0.00
Skilled Nursing by Registered Nurse	N/A	T1002 HI	15 min	\$16.28	\$19.51	\$687,646.91
Dietary Therapy	N/A	97802 AE	15 min	\$24.58	N/A	N/A
Dietary Therapy - Personal Options	N/A	97802 AE UG	15 min	\$24.58	N/A	N/A
Physical Therapy	N/A	97530 GP	15 min	\$24.83	N/A	N/A
Physical Therapy - Personal Options	N/A	97530 GP UG	15 min	\$24.83	N/A	N/A
Occupational Therapy	N/A	97530 GO	15 min	\$24.83	N/A	N/A
Occupational Therapy - Personal Options	N/A	97530 GO UG	15 min	\$24.83	N/A	N/A
Speech Therapy	N/A	92507 GN	Event	\$52.60	N/A	N/A
Speech Therapy - Personal Options	N/A	92507 GN UG	Event	\$52.60	N/A	N/A



Proposed Rate Tables

Waiver and State Plan Program
(IDD/AD/TBI/PC)
Service Cost & Rate Review
12/8/2023

IDD Waiver (cont.)						
Service	Ratio	Service Code	Service Unit	Rate	Proposed Rate	Projected Total Expenditure Increase (Fed & State)
Participant-Directed Goods and Services - Personal Options	N/A	T2028 SC	1 unit	\$1.00	N/A	N/A
Environmental Accessibility Adaptation-Home	N/A	S5165	1 unit	\$1.00	N/A	N/A
Environmental Accessibility Adaptation-Home - Personal Options	N/A	S5165 UG	1 unit	\$1.00	N/A	N/A
Environmental Accessibility Adaptation-Vehicle	N/A	T2039	1 unit	\$1.00	N/A	N/A
Environmental Accessibility Adaptation-Vehicle - Personal Options	N/A	T2039 UG	1 unit	\$1.00	N/A	N/A
Transportation: Miles	N/A	A0160 U1	1 mile	\$0.50	N/A	N/A
Transportation: Miles - Personal Options	N/A	A0160 U3	1 mile	\$0.50	N/A	N/A
Transportation: Trips (max 2 one-way trips per day)	N/A	A0120 HI	1 trip	\$9.89	N/A	N/A
Case Management Natural Family	N/A	G9002 U3	Event	\$200.00	N/A	N/A
Case Management ISS/SFC/Group Home	N/A	G9002 U4	Event	\$250.00	N/A	N/A
Total Projected Expenditure Increase (Fed and State)						\$105,683,252.91

*Items with N/A in proposed rates were not included in rate review process



Proposed Rate Tables

Waiver and State Plan Program
(IDD/AD/TBI/PC)
Service Cost & Rate Review
12/8/2023

AD Waiver					
Service	Service Code	Service Unit	Rate	Proposed Rate	Projected Total Expenditure Increase (Fed & State)
Personal Care Attendant (ADW)	S5130	15 min	\$4.73	\$6.36	\$38,466,611.97
Personal Care Attendant - Personal Options (ADW)	S5130 U1, S5130 U1 UK	15 min	\$4.25	\$4.25	\$0.00
Nursing ADW	T1002 UD	15 min	\$13.07	\$18.76	\$804,137.03
Case Management	G9002 U1	1 month	\$135.00	N/A	N/A
Skilled Nursing Annual Assessment	T1001 UD	Event	\$120.00	N/A	N/A
Skilled Nursing	T1002 UD	15 min	\$13.07	N/A	N/A
Personal Emergency Response Unit	S5161 U6	1 unit	\$50.00	N/A	N/A
Non-Medical Transportation	A0160 U4	1 mile	\$0.50	N/A	N/A
Personal Emergency Response Unit	S5161 U1	1 unit	\$50.00	N/A	N/A
Non-Medical Transportation	A0160 U4	1 mile	\$0.50	N/A	N/A
Community Transition Services (Case Management services provided with Take Me Home Transition)	T1016 U1	15 min	\$8.50	N/A	N/A
Community Transition Services	T2028 U1	1 unit	\$1.00	n/a	N/A
Total Projected Expenditure Increase (Fed and State)					\$39,270,749.00

*Items with N/A in proposed rates were not included in rate review process



Proposed Rate Tables

Waiver and State Plan Program
(IDD/AD/TBI/PC)
Service Cost & Rate Review
12/8/2023

TBI Waiver					
Service	Service Code	Service Unit	Rate	Proposed Rate	Projected Total Expenditure Increase (Fed & State)
Personal Attendant (TBI)	S5125, S5125 UB	15 Min	\$4.73	\$6.36	\$380,127.41
Personal Attendant - Personal Options (TBI)	S5125 UC, S5125 UC UK	15 Min	\$3.75	\$4.25	\$128,269.00
Case Management	G9002 U2	1 unit	\$182.70	N/A	N/A
Case Management Services Provided with Take Me Home Transition	T1016 U2	15 Min	\$8.50	N/A	N/A
Take Me Home Transition	T2028 U2	1 unit	\$1.00	N/A	N/A
Non-Medical Transportation	A0160 UB	1 mile	\$0.50	N/A	N/A
Personal Emergency Response System (PERS)	S5161 U5	1 unit	\$50.00	N/A	N/A
Environmental Accessibility Adaptation Home Vehicle	S5165 U2 T2039 U2	1 unit	\$1.00	N/A	N/A
Personal Emergency Response System (PERS) - Personal Options	S5165 U5 UK	1 unit	\$50.00	N/A	N/A
Non-Medical Transportation - Personal Options	A0160 U2	1 mile	\$0.50	N/A	N/A
Environmental Accessibility Adaptation Home Vehicle - Personal Options	S5165 U3 T2039 U3	1 unit	\$1.00	N/A	N/A
Total Projected Expenditure Increase (Fed and State)					\$508,396.41

*Items with N/A in proposed rates were not included in rate review process



Appendix A – Kickoff Meeting Stakeholder Presentation

Participants: Elizabeth Hite, Alana Preston, Alex Burrell, Amber Laws, Amber Hinkle, Amber Siders, Amy Ingles, Andrew Rose, Angela Peterson, Anita Hill, Anita Sharp, Ann Dalton, Ashley Malott, Ashley Skeens, Audra Spenia, Rebecca Deem, Billie Rheam, Brandi Walls, Brenda Harden, Erin Robertson, Candi Snyder, Carie Dawson, Carrie Hunter, Casey Crouse, Charity Register, Charles Holley, Chris Crytzer, Chris Messenger, Christy Mills, Cindy Garrett, Pamela Huff, Courtney Walsh, Craig Kelley, Crystal Foster Jones, Dalena Jewell, Darlene Evans, David Snapp, Debbie Harvey, Deborah Armstrong, Delana Harless, Desirae Hite, Donna Alley, Eric Hodges, Eric Hicks, Frank Allen, Frank Viera, Franki Kesner-Rankin, Freida King, Gary White, Haley Laird, Hannah Mayo, JP DeFelice, Jack Tanner, Janice ROSS, Janie Lou White, Jason Jones, Jayne Lakes, Jenna Skeen, Jennifer Greene, Jennifer McCafferty, Jenny Roberts, Jeremy Sissle, Jim Vedder, Jimmie Beirne, Jodie Kemlock, Joshua Caldwell, Julian Irving, Karen Davidson, Kathy Myles, Katie Barbarito, Kelly Runyon, Kevin Lundy, Kiersten Coleman, Kim Harrison, Kimberly Custer, Lazan Rogers, Latonia Byard, Laura Nelson, Laura Ward, Laura White, Lea McBride, LeeAnn Woda, Lenny Bolinsky, Lesa Morgan, Linda Meade, Lisa Beezel, Lisa O'Neal, Lisa Sanderson, Lori Salmons, LuAnn Summers, Luke Lemon, Mallory Ramsey, Maranda Mathews, Margaret Mayfield, Marian Layne, Marie Bennett, Marina Racó, Marissa Shockey, Mark Drennan, Mark Games, Marla Sease, Mary Ashworth, Matthew Godlove, Melinda Dunkle, Melissa Woznicki, Meredith Seibert, Michael Hite, Michelle Pratt, Mike Alkire, Nick Biggs, Noelle Kesner, Rachel Aker, Randall Hill, Randy Venable, Renee Taylor, Richard Rawlings, Richard Stockley, Rita Quinn, Robert Bennett, Rose Thompson, Stacy Broce, Sandi Griffith, Sarah Mariani, Scott Baughman, Seth McIntyre, Shannon Hughart, Sharon Stephan, Sonya Singleton, Steven Runnells, Tabitha Larrimore, Tamara Alt, Tamika Jones, Tamara Kees, Tara Bennett, Teddi Smith, Teresa Runyon, Thor Richmond.

Stakeholder Meetings Log:

Session	Date	Session	Date
Client Meeting	05/12/2023	Client Meeting	09/15/2023
Client Meeting	05/19/2023	Stakeholder Meeting	09/19/2023
Client Meeting	05/26/2023	Client Meeting	09/25/2023
Stakeholder Meeting	06/01/2023	Stakeholder Meeting	09/26/2023
Client Meeting	06/08/2023	Stakeholder Meeting	10/05/2023
Client Meeting	06/12/2023	Client Meeting	10/05/2023
Client Meeting	06/23/2023	Stakeholder Meeting	10/10/2023
Client Meeting	06/29/2023	Client Meeting	10/12/2023
Client Meeting	07/05/2023	Stakeholder Meeting	10/13/2023
Client Meeting	07/13/2023	Client Meeting	10/19/2023
Client Meeting	08/24/2023	Client Meeting	10/27/2023
Stakeholder Meeting	08/25/2023	Client Meeting	11/2/2023



Stakeholder Meeting	08/31/2023	Client Meeting	11/09/2023
Client Meeting	09/07/2023	Client Meeting	11/16/2023
Client Meeting	09/14/2023	Client Meeting	11/30/2023

IDD Focus Group for Cost Reporting 06/14/2023	Participants: Alana Preston, Amy Ingles, Chris Messenger, David Snapp, Holly, Kelly Runyon, Mallory Ramsey, Marina Raco, Marla Sease, Thor Richmond
IDD Focus Group for Cost Reporting 06/15/2023	Participants: David Kuckuck, Frieda King, Alan Albright, Mike Finley



Appendix B – Employee-related Costs

Overall Wage and Benefit Cost of Compensation from BLS.gov	Source	Cost
Wages and Salaries	Note 1	\$ 27.03
Benefits	Note 1	\$ 10.32
Total Compensation	Note 1	\$ 37.35

(a)

Social Security and Medicaid Benefits Paid by Employer	Source	% of Wage Paid
Social Security Benefit Employer Paid	Note 2	6.20%
Medicare Benefit Employer Paid	Note 2	1.45%
Total Section 1		7.65%

% of
Wage
Paid

7.65%

Other ERE Expenses (Note 1 for Source)	Cost of Compensation (b)	% of Wage (b)/(a)
Paid Leave	\$ 2.78	10.28%
Supplemental Pay	\$ 1.19	4.40%
Insurance	\$ 2.48	9.17%
Retirement and Savings	\$ 1.09	4.03%
Legally Required Benefits - Less Social Security and Medicare	\$ 0.49	1.81%
Total Section 2		29.71%
Grand Total All Benefits (Sections 1 & 2)		37.36%

Note 3

1.81%

Note 4

22.67%

*Paid Leave and Supplemental Pay were incorporated into the rate setting methodology through the productivity adjustment and hourly wage rate respectively.



Appendix C - Other State Rate Table

State	Service Name	Code	Rate	Last Updated
Personal Care/Personal Attendant				
Ohio	Personal Care	T1019	\$5.92	Jan-24
Kentucky	Personal Care	T1019	\$7.50	Apr-22
Kentucky	Personal Assistance	T1019	\$6.09	Apr-22
Maryland	Personal Supports	W5810	\$9.70	Apr-22
Pennsylvania	Personal Care	T1019	\$6.84	
Virginia- ROS	Personal Care	T1019	\$4.63	Jul-22
Virginia-NOVA	Personal Care	T1019	\$5.45	Jul-22
Virginia- ROS	Companion Care	S5135	\$4.63	Jul-22
Virginia-NOVA	Companion Care	S5135	\$5.45	Jul-22
Virginia- ROS	Personal Care	T1019	\$4.63	Jul-22
Virginia-NOVA	Personal Care	T1019	\$5.45	Jul-22
Job Development				
Ohio	Job Development - Agency	AJD/FJD/SJD	\$14.09	Jan-22
Ohio	Job Development - Independent	AJD/FJD/SJN	\$8.84	Jan-22
Maryland	Employment Services - Job Development CP	W2004	\$24.99	Jun-22
Maryland	Employment Services - Job Development CS	W2006	\$24.99	Jun-22
Prevocational Training				
Ohio	Vocational Habilitation	AVT/FVT/SVT	\$4.92	Jan-22
Kentucky	Day Training	T2021	\$2.93	Jul-23
Supported Employment				
Kentucky	Supported Employment	T2019	\$13.65	Jul-23
Maryland	Employment Services - On-going Job Supports CP	W2008	\$19.45	Jun-23
Maryland	Employment Services - On-going Job Supports CS	W2010	\$19.45	Jun-23
Virginia - NOVA	Group Supported Employment, 2 or fewer members per staff	H2024	\$7.62	Jul-22
Virginia - ROS	Group Supported Employment, 2 or fewer members per staff	H2024	\$6.68	Jul-22



State	Service Name	Code	Rate	Last Updated
Virginia - NOVA	Group Supported Employment, More than 2, up to 4 members per staff	H2024	\$5.33	Jul-22
Virginia - ROS	Group Supported Employment, More than 2, up to 4 members per staff	H2024	\$4.69	Jul-22
Day Habilitation				
Maryland	Day Habilitation 1:1 Staffing Ratio CP	W2039	\$16.37	Jun-23
Maryland	Day Habilitation 1:1 Staffing Ratio CS	W2041	\$16.37	Jun-23
Maryland	Day Habilitation 2:1 Staffing Ratio CP	W2043	\$32.74	Jun-23
Maryland	Day Habilitation 2:1 Staffing Ratio CS	W2045	\$32.74	Jun-23
Maryland	Day Habilitation Large Group (6-10)CP	W2047	\$3.39	Jun-23
Maryland	Day Habilitation Large Group (6-10)CS	W2049	\$3.39	Jun-23
Maryland	Day Habilitation Small Group (2-5)CP	W2051	\$5.59	Jun-23
Maryland	Day Habilitation Small Group (2-5)CS	W2053	\$5.59	Jun-23
Virginia - NOVA	Group Day Support Tier 1	97150	\$3.81	Jul-22
Virginia - ROS	Group Day Support Tier 1	97150	\$3.26	Jul-22
Virginia - NOVA	Group Day Support Tier 2	97150	\$4.90	Jul-22
Virginia - ROS	Group Day Support Tier 2	97150	\$4.23	Jul-22
Virginia - NOVA	Group Day Support Tier 3	97150	\$5.79	Jul-22
Virginia - ROS	Group Day Support Tier 3	97150	\$5.02	Jul-22
Virginia - NOVA	Group Day Support Tier 4	97150	\$7.45	Jul-22
Virginia - ROS	Group Day Support Tier 4	97150	\$6.49	Jul-22
Skilled Nursing by RN				
Ohio	RN	T1002	\$7.46	Jan-22
Kentucky	RN	552	\$8.00	Dec-19
Pennsylvania	RN	T2025 TD	\$19.07	Nov-23
Virginia-ROS	RN	T1002	\$15.78	Jul-22
Virginia-NOVA	RN	T1002	\$20.41	Jul-22
Skilled Nursing by LPN				
Ohio	LPN	T1003	\$6.24	Jan-22
Kentucky	LPN	559	\$7.28	Dec-19
Pennsylvania	LPN	T2025 TE	\$13.77	Nov-23



Appendix

Waiver and State Plan Program
(IDD/AD/TBI/PC)
Service Cost & Rate Review
12/8/2023

State	Service Name	Code	Rate	Last Updated
Virginia-ROS	LPN	T1003	\$13.10	Jul-22
Virginia-NOVA	LPN	T1003	\$15.86	Jul-22

* State rates updates when known are included

** Virginia – Rest of State (ROS), Virginia - Northern Virginia (NOVA)