



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
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KEVIN M. FRIEL
DEPUTY SECRETARY
OFFICE OF DEVELOPMENTAL PROGRAMS

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OCT 14 2011

NOTE: This letter is being sent electronically to the primary rate setting contact for your organization at michael.bernot@jevs.org, and a signed copy of the letter will also be sent to the individual and address listed below.

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Dear Chief Executive Officer:

The Department of Public Welfare (DPW), Office of Developmental Programs (ODP), has calculated your final payment rate(s) for Fiscal Year (FY) 2011-2012 for cost-based services identified on the enclosure with this letter. The enclosure outlines your rate(s) for both the period July 1, 2011 through November 14, 2011 and for the period November 15, 2011 through June 30, 2012. The column titled "Final Rate Effective July 1, 2011 - November 14, 2011" addresses procedure codes and service locations in effect as of 6/30/11 and the column titled "Final Rate Effective November 15, 2011 - June 30, 2012" addresses procedure codes and service locations entered in the HCSIS Services and Supports Directory (SSD) as of December 31, 2010. Payment rates for procedure codes and service locations added to the SSD after that date are being calculated on an ongoing basis and you will receive other notices as those rates are calculated.

Non-transportation Cost-based Services

For rates effective July 1, 2011 through November 14, 2011, the final payment rates for non-transportation cost-based services were developed from the data in the Year 2 cost reports (Version 5.0 – FY 2008-2009 Historical Expense Period) submitted by providers and approved in the desk review process, when available, where the procedure codes and service locations in the cost reports were the same as those entered in the SSD as of December 31, 2009. Procedure codes and service locations included in the cost reports but not entered in the SSD as of December 31, 2009 were not included in calculating payment rates.

For rates effective November 15, 2011 through June 30, 2012, the final payment rates for non-transportation cost-based services were developed from the data in the Year 3 cost reports (Version 6.0 – FY 2009-2010 Historical Expense Period) submitted by providers and approved in the desk review process, when available, where the procedure codes and service locations in the cost reports were the same as those entered in the SSD as of December 31, 2010. Procedure codes and service locations included in the cost reports but not entered in the SSD as of December 31, 2010 were not included in calculating payment rates.

The final payment rates were calculated using the methodology described in the enclosures titled, "Fiscal Year (FY) 2011-2012 Rate Setting Methodology for Non-transportation Cost-based Services for rates effective July 1, 2011 through November 14, 2011" and "Fiscal Year (FY) 2011-2012 Rate Setting Methodology for Non-transportation Cost-based Services for rates effective November 15, 2011 through June 30, 2012."

Final payment rates effective July 1, 2011 through November 14, 2011 include the -2.50% rate adjustment factor (RAF) calculated for FY 2010-2011. Final payment rates effective November 15, 2011 through June 30, 2012 include a rate adjustment factor of -6.00%. Rate adjustment factors are calculated as described in Appendix I of the current approved Waiver and are applied to the unit costs for Consolidated and P/FDS Waiver cost-based services.

Per Diem and Trip Transportation Cost-based Services

The payment rates for the period July 1, 2011 through November 14, 2011 for Per Diem and Trip transportation services were developed from the data in the Year 2 transportation cost reports (Version 5.0 FY 2008-2009 Historical Expense Period) submitted by providers and approved in the desk review process, when available, where the procedure codes in the transportation cost reports were the same as those entered in the SSD as of February 2010. ODP reviewed the transportation cost reports submitted by the transportation providers and compared the services where costs were allocated in the cost report to the service(s) offered in the SSD.

Where there was an exact match between the procedure code reported on the cost report and the procedure code in the SSD, the cost-based rate(s) was assigned. If there was not an exact match between the cost report and SSD, the area-average rate was assigned to the services offered in the SSD but not reported on the cost report. If the transportation provider did not submit a cost report, the lowest rate was assigned for the services offered in the SSD. If there was a new provider that started services in FY 2009-2010 and did not have historical FY 2008-2009 experience, the area average rate was assigned.

The final payment rates for the period November 15, 2011 through June 30, 2012 for Per Diem and Trip transportation services were developed from the data in the Year 3 transportation cost reports (Version 6.0 FY 2009-2010 Historical Expense Period) submitted by providers and approved in the desk review process, when

available, where the procedure codes in the transportation cost reports were the same as those entered in the SSD as of January 2011. ODP reviewed the transportation cost reports submitted by the transportation providers and compared the services where costs were allocated in the cost report to the service(s) offered in the SSD.

Where there was an exact match between the procedure code reported on the cost report and the procedure code in the SSD, the cost-based rate(s) was assigned. If there was not an exact match between the cost report and SSD, the area-average rate was assigned to the services offered in the SSD but not reported on the cost report. If the transportation provider did not submit a cost report, the lowest rate was assigned for the services offered in the SSD. If there was a new provider that started services in FY 2010-2011 and did not have historical FY 2009-2010 experience, the area average rate was assigned. If an agency was signed up in the SSD to provide Per Diem and Trip transportation services but they are considered a vendor or a public carrier or are no longer providing Per Diem or Trip transportation services and have not yet been deleted from the SSD, \$0.01 was assigned as the rate.

You may appeal your final rates for the period July 1 through November 14, 2011 and/or the period November 15, 2011 through June 30, 2012 by filing a request for hearing in writing with the DPW's Bureau of Hearings and Appeals (BHA), P.O. Box 2675, Harrisburg, PA 17105. To be filed timely, your request for hearing must be filed with BHA within thirty-three (33) days of the date of this letter, which is the same date on which this letter was mailed to you by first-class mail. A copy of your appeal should be sent to the Office of Developmental Programs, P.O. Box 2675, Harrisburg, PA 17015, and the DPW Office of General Counsel, 3rd Floor West, Health and Welfare Building, Seventh and Forster Streets, Harrisburg, PA 17120.

Appeals of Medical Assistance providers are governed by regulations set forth at 55 Pa. Code Chapter 41. You should review those regulations carefully. Among other things, they specify what information you must include in your written request for hearing and how BHA will determine whether your request for hearing was filed on time. You can review those regulations at:

<http://www.pacode.com/secure/data/055/chapter41/chap41toc.html>.

If you have any questions concerning how your final payment rates were calculated, you may submit a request for clarification in writing to ra-ratesetting@pa.gov. Please include the following information with your request: your MPI number; the procedure code(s), service location code(s), and rates in question; the reason for your request for clarification; if the reason is that you believe a rate was calculated incorrectly, a description of your calculation of each rate in question,

Chief Executive Officer

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including the cost per unit as reported in your approved cost report, the RAF adjustment, as applicable, and any additional documentation that you believe supports your rate calculation(s). ODP will contact you after reviewing the information.

Sincerely,

A handwritten signature in black ink that reads "Kevin M. Friel". The signature is written in a cursive style with a large, stylized "K" and "F".

Kevin M. Friel

Enclosures

Fiscal Year (FY) 2011-2012 Rate Setting Methodology for Non-transportation Cost-based Services for rates effective July 1, 2011 through November 14, 2011

The following methodology applies to the FY 2011-2012 cost-based rates developed from expenses and utilization reported in approved Year 2 cost reports (i.e., based on the FY 2008-2009 historical expense period), subject to the adjustments described below. The cost-based rates effective for services delivered between July 1, 2011 and November 14, 2011 are based on the FY 2010-2011 cost-based rates which were assigned at the MPI – Service Location Code – Procedure Code/Modifier level based on the methodology outlined below.

Outlier Review Process

The "total unit cost" for a provider and service is equal to the total expenses for that provider and service divided by the total units for that provider and service. The total expenses are listed below by service type:

- Licensed Respite Out-of-Home services: Total expenses are equal to Schedule A, Line 18 plus Schedule A, Line 23
- Residential – Eligible, Non-Residential, and all other Respite services: Total expenses are equal to Schedule A, Line 18
- Residential – Ineligible services: Total expenses are equal to residential occupancy expenses on Schedule A, Line 23, less Schedule A, Line 17

The total utilization for Residential services is equal to Schedule A, Line 19 (Units Available) and for all other services is equal to Schedule A, Line 21 (Units Provided). Final utilization includes any applicable utilization adjustments based on a review of the cost report data compared to available HCSIS and PROMISE data.

The following two allowable cost parameters were calculated:

- Salary and Employee Related Expenses (ERE) unit cost — The combined impact of a provider's staffing levels and salary and ERE expense levels for direct care staff (calculated using the data reported on Schedule A, Lines 1 and 2 of the cost report, adjusted to account for adjustments reported on Attachment 1, and divided by the reported utilization, as modified to correct errors)
- Administration expense percentage — The administration expenses as a percentage of the total expenses (calculated using the data reported on Schedule A, Lines 6, 7, 9, 10, 13, 14 and 15 of the cost report divided by the reported utilization, as modified to correct errors)

After calculating the adjusted unit costs and allowable cost parameters for each procedure code for the services delivered by each provider, the Office of Developmental Programs (ODP) identified and adjusted for outliers at the total unit cost level for each of the providers' cost-based services submitted in Year 2 approved cost reports. For all services with 20 or more

unique unit costs (i.e., unit costs by provider and service from separate, approved Year 2 cost reports), ODP applied the following process for each service:

- The average¹ and standard deviation (SD)² values were calculated, excluding extreme outliers,³ based on the total unit costs for all providers from the Year 2 cost report data
- Total unit costs that were greater than the average plus one SD were flagged as outliers
- For total unit costs that were flagged as outliers and were within +/- 5% of the provider's FY 2009-2010 payment rate for the procedure code, the total unit cost was accepted and did not undergo a review
- For total unit costs that were flagged as outliers and were not within +/- 5% of the provider's FY 2009-2010 payment rate for the procedure code, the total unit cost did undergo a review, as described below
- For total unit costs that were not identified as outliers, the allowable cost parameters underwent a review, as described below

Total Unit Cost Review

ODP staff performed a standardized review of the total unit costs and allowable cost parameters for each procedure code and adjusted outliers, applying the following principles:

- Total unit cost outliers that were between one SD and two SD above the average unit cost were adjusted to the maximum unit cost value within one SD above the average unit cost for the procedure code
- Total unit cost outliers that were more than two SD above the average unit cost were reviewed by ODP in the following manner:
 - For Residential – Eligible services, the review consisted of an evaluation of the Individual Support Plans (ISPs) for Waiver participants(s) receiving services at the Residential service locations impacted by the outlier unit cost.
 - For all other services, an enhanced review (without evaluating specific ISPs) was performed. The review allowed ODP to determine whether the outlier unit cost was justified based on the cost report submission and historical expenses. Based on the review, ODP applied the following principles:
 - A unit cost justified by the needs of the waiver participants at the service location for Residential services and by the enhanced review for Non-residential services was not adjusted.
 - A unit cost not justified by the needs of the waiver participants at the service location for Residential services and by the enhanced review for Non-residential services was adjusted to the maximum unit cost value within two SD above the average unit cost for the procedure code.

The average unit cost, the maximum unit cost below one SD above the average unit cost and the maximum unit cost below two SD above the average unit cost are set forth in the attached table, Statistical Unit Cost Analysis Summary for Rates Effective July 1, 2011 through November 14, 2011.

¹ Average = (Sum of all Data Points)/N, where N is the number of Data Points included in calculating the average for each service and N is at least 20

² Standard Deviation = Square Root of {(Sum of (Data Point - Average Data Point)² for each Data Point)/(N-1)}, where N is the number of Data Points included in calculating the average and N is at least 20

³ Extreme outliers were defined as unit costs that were generally 40% more or less than the nearest unit cost for the procedure code.

Allowable Cost Parameter Review

For procedure codes with total unit costs that were not identified as outliers, ODP reviewed the allowable cost parameters for each procedure code to determine if either of the allowable cost parameters (described above) were more than two SD above the average allowable cost parameter for the procedure code and adjusted the allowable cost parameters as follows:

- In the vast majority of cases, ODP identified either an error or a misclassification of the data in the cost report and most allowable cost parameters that were flagged as outliers were not adjusted
- For those that were adjusted based on a review of the provider's cost report and allocation methodology, the allowable cost parameter was adjusted down to the maximum allowable cost parameter within two SD above the average allowable cost parameter for the procedure code.

For all cost-based services with fewer than 20 unique total unit costs, there were not enough data points to produce statistically valid ranges, so the above process could not be applied and ODP did not perform an outlier review on the total unit costs for those services.

Cost of Living Adjustment and Rate Adjustment Factor (RAF)

After the unit costs for each procedure code were adjusted as described above, a total cost of living increase of 0% (0% for FY 2008-2009 and 0% for FY 2009-2010) was applied to the FY 2008-2009 unit costs for each procedure code to establish each provider's draft payment rates for FY 2010-2011.

ODP then compared projected FY 2010-2011 State and Federal expenditures to the corresponding FY 2010-2011 budget appropriation for the Consolidated and PFDS Waiver programs to determine if a RAF was necessary for the FY 2010-2011 rates. State and Federal expenditures were projected using the draft payment rate(s) and projected utilization, which was based on actual FY 2009-2010 utilization and utilization trend factors determined by ODP. Based on this analysis, ODP determined a RAF of -2.50% was necessary to ensure projected expenditures would not exceed the available appropriation in FY 2010-2011. Final payment rates were calculated using the following formula:

$$\text{Final Payment Rate} = \text{Draft Payment Rate} \times (1 - \text{RAF})$$

Rate Assignment Process

The following rate assignment process is applicable to cost-based services. Providers who submitted their Year 2 cost report and passed the desk review process:

- Were assigned their cost-based rate for existing services and service locations if (1) the provider signed up for both the service and service location in the Services and Supports Directory as of 12/31/09, and (2) the provider submitted both the service and service location in their approved Year 2 cost report;
- Were assigned the average of their cost report rates for an existing service at a new service location, if they had a cost-base rate assigned for that service at another service location on their approved cost report; and

- Were assigned the area adjusted average of all providers' cost report rates for new services, if they did not submit cost report data for the service in their cost report (i.e., the provider did not provide this service at any service location in FY 2008-2009)

Providers who submitted their Year 2 cost report whose resubmission still failed the desk review process were assigned the 25th percentile rate calculated based on all approved cost reports for all services.

Providers who attempted to submit a cost report(s) but failed to successfully upload the cost report(s) to the online system before the deadline were assigned the 12.5th percentile rate calculated based on all approved cost reports for all services.

ODP established the provider's rate(s) as the lowest rate(s) calculated based on all approved cost reports if a provider did not attempt a cost report submission by the published deadline or if the provider successfully submitted a cost report but did not resubmit a corrected cost report as requested during the desk review process.

Fiscal Year (FY) 2011-2012 Rate Setting Methodology for Non-transportation Cost- based Services for rates effective November 15, 2011 through June 30, 2012

The following methodology applies to the FY 2011-2012 cost-based rates developed from expenses and utilization reported in approved Year 3 cost reports (i.e., based on the FY 2009-2010 historical expense period), subject to the adjustments described below. The cost-based rates effective for services delivered between November 15, 2011 and June 30, 2012 are based on the FY 2011-2012 cost-based rates which were assigned at the MPI – Service Location Code – Procedure Code/Modifier level based on the methodology outlined below.

Outlier Review Process

The "total unit cost" for a provider and service is equal to the total expenses for that provider and service divided by the total units for that provider and service, as noted below. Note that total expenses and units are based on restated cost reports, where applicable (i.e., when submitted to reflect audit adjustments that resulted in updated expenses). The total expenses are listed below by service type:

- Licensed Respite Out-of-Home services: Total expenses are equal to Schedule A, Line 18 plus Schedule A, Line 24
- Residential – Eligible, Non-Residential, and all other Respite services: Total expenses are equal to Schedule A, Line 18
- Residential – Ineligible services: Total expenses are equal to residential occupancy expenses on Schedule A, Line 24, less use allowance (UA) expenses, less Schedule A, Line 17
 - Based on an analysis conducted by ODP, Residential – Ineligible UA expenses in Column G on Schedules E, E-1 and E-2 were removed from residential occupancy expenses on Schedule A, Line 24 (Note the UA expenses were removed from the Residential – Ineligible procedure codes proportionately, based on the distribution of residential occupancy expenses on Schedule A, Line 24)

The total utilization for Residential services is equal to Schedule A, Line 19 (Units Available) and for all other services is equal to Schedule A, Line 21 (Units Provided). Final utilization includes any applicable utilization adjustments based on a review of the cost report data compared to available HCSIS and PROMISe data.

ODP identified and adjusted for outliers at the total unit cost level for each of the providers' cost-based services submitted in Year 3 approved cost reports. For all services with 20 or more unique unit costs (i.e., unit costs by provider and service from separate, approved Year 3 cost reports), ODP applied the following process for each service:

- The average¹ and standard deviation (SD)² values were calculated, excluding extreme outliers³, based on the total unit costs for all providers from the Year 3 cost report data
- Total unit costs that were greater than the average plus one SD or were less than the average minus two SD were flagged as outliers
- For total unit costs that were flagged as outliers and were within +/- 5% of the provider's FY 2010-2011 payment rate for the procedure code, the total unit cost was accepted and did not undergo a review
- For total unit costs that were flagged as outliers and were not within +/- 5% of the provider's FY 2010-2011 payment rate for the procedure code, the total unit cost did undergo a review, as described below

Total Unit Cost Review

ODP staff performed a standardized review of all total unit cost outliers that were not within +/- 5% of the final FY 2010-2011 rate. ODP established a structured review process and review procedures to ensure consistency across the Commonwealth. For Residential – Eligible services, the review consisted of an evaluation of the Individual Support Plans (ISPs) for Waiver participant(s) receiving services at the Residential service locations impacted by the outlier unit cost. For all other services, an enhanced review (without evaluating specific ISPs) was performed. The review allowed ODP to determine whether the outlier unit cost was justified based on the provider cost report submission and historical expenses. Based on the findings of the review, the following criteria were applied:

- Total unit cost outliers that were justified based on the ISP review or the enhanced review were not adjusted
- Total unit cost outliers that were greater than the average unit cost plus one SD and not justified based on the ISP review or the enhanced review were adjusted to the maximum unit cost below the average plus one SD for that service
- For Residential – Eligible services, total unit cost outliers that were less than the average unit cost minus two SD and not justified based on the ISP review(s) were adjusted to the minimum unit cost above the average minus two SD for that service
 - For all other services, no review was performed on outliers less than the average unit cost minus two SD and all were adjusted to the minimum unit cost above the average minus two SD for that service

The average unit cost, the maximum unit cost below the average plus one SD, and the minimum unit cost above the average minus two SD are set forth in the attached table, Statistical Unit Cost Analysis Summary for Rates Effective November 15, 2011 through June 30, 2012.

¹ Average = (Sum of all Data Points)/N, where N is the number of Data Points included in calculating the average for each service and N is at least 20

² Standard Deviation = Square Root of $\{[\text{Sum of (Data Point - Average Data Point)}^2 \text{ for each Data Point}]/(N-1)\}$, where N is the number of Data Points included in calculating the average and N is at least 20

³ Extreme outliers were defined as total unit costs that displayed a discontinuity in the sequential pattern of unit costs (e.g., a large increase or decrease as compared to the next closest unit cost). The statistical measure of R-squared was calculated for each service. The R-squared value can range from 0 to 1.0, where 0 indicates significant unexplained variance in the data and 1.0 indicates no unexplained variance in the data. For each service, extreme outliers were removed such that the resulting R-squared value was at least 0.8.

For all cost-based services with fewer than 20 unique total unit costs, there were not enough data points to produce statistically valid ranges, so the above process could not be applied and ODP did not perform an outlier review on the total unit costs for those services.

Cost of Living Adjustment and Rate Adjustment Factor (RAF)

After the unit costs for each cost-based procedure code were adjusted as described above, a total cost of living increase of 0% (0% for FY 2009-2010 and 0% for FY 2010-2011) was applied to the FY 2009-2010 unit costs for each procedure code to establish each provider's draft payment rates for FY 2011-2012.

ODP then compared projected FY 2011-2012 State and Federal expenditures to the corresponding FY 2011-2012 adjusted budget amounts for the Consolidated and P/FDS Waiver programs to determine if it was necessary to apply a RAF to the FY 2011-2012 draft payment rates. State and Federal expenditures were projected using the payment rates effective July 1 through November 14, 2011 and draft payment rate(s) effective November 15, 2011 through June 30, 2012 and projected utilization, which was based on actual FY 2010-2011 utilization⁴ and utilization trend factors determined by ODP. Based on this analysis, ODP determined a RAF of -6.00% was necessary. Final payment rates were calculated using the following formula:

$$\text{Final Payment Rate} = \text{Draft Payment Rate} \times (1 - \text{RAF})$$

Rate Assignment Process

The following rate assignment process is applicable to cost-based services. Providers who submitted their Year 3 cost report and passed the desk review process:

- Were assigned their cost-based rate for existing services and service locations if (1) the provider signed up for both the service and service location in the Services and Supports Directory as of 12/31/10, and (2) the provider submitted both the service and service location in their approved Year 3 cost report;
- Were assigned the average of their cost report rates for an existing service at a new service location, if they had a cost-base rate assigned for that service at another service location on their approved cost report; and
- Were assigned the area adjusted average of all providers' cost report rates for new services, if they did not submit cost report data for the service in their cost report (i.e., the provider did not provide this service at any service location in FY 2009-2010).

Providers who submitted their Year 3 cost report but whose resubmission still failed the desk review process were assigned the 25th percentile rate calculated based on all approved cost reports for all services.

⁴ FY 2010-2011 utilization was adjusted to account for the decision to limit medical leave to 30 days per person per year and therapeutic leave days to 30 days per person per year and permanent vacancy to 30 days per year beginning November 15, 2011.

Providers who attempted to submit a cost report(s) but failed to successfully upload the cost report(s) to the online system before the deadline were assigned the 12.5th percentile rate calculated based on all approved cost reports for all services.

ODP established the provider's rate(s) as the lowest rate(s) calculated based on all approved cost reports if a provider did not attempt a cost report submission by the published deadline or if the provider successfully submitted a cost report but did not resubmit a corrected cost report as requested during the desk review process.

Commonwealth of Pennsylvania
Office of Developmental Programs

Statistical Unit Cost Analysis Summary for Rates Effective July 1, 2011 through November 14, 2011

Service ¹	Service Description	Average Unit Cost	Maximum Unit Cost below the "Average + 1 Standard Deviation"	Maximum Unit Cost below the "Average + 2 Standard Deviations"
W6090	Licensed One-Individual Home - Community Homes - Eligible	\$545.30	\$713.50	\$869.47
W6091	Licensed One-Individual Home - Community Homes - Ineligible	\$77.29	\$113.54	\$147.64
W6092	Licensed Two-Individual Home - Community Homes - Eligible	\$367.81	\$487.16	\$606.18
W6093	Licensed Two-Individual Home - Community Homes - Ineligible	\$51.38	\$69.97	\$90.27
W6094	Licensed Three-Individual Home - Community Homes - Eligible	\$268.34	\$372.01	\$468.29
W6095	Licensed Three-Individual Home - Community Homes - Ineligible	\$39.95	\$53.67	\$66.47
W6096	Licensed Four-Individual Home - Community Homes - Eligible	\$224.71	\$298.94	\$370.09
W6097	Licensed Four-Individual Home - Community Homes - Ineligible	\$35.43	\$46.96	\$59.47
W6098	Licensed Five-to-Ten-Individual Home - Community Homes - Eligible	\$174.39	\$222.21	\$277.92
W6099	Licensed Five-to-Ten-Individual Home - Community Homes - Ineligible	\$30.85	\$40.02	\$52.92
W7037	Unlicensed Family Living Home - One Individual - Eligible	\$97.78	\$129.98	\$149.67
W7038	Unlicensed Family Living Home - One Individual - Ineligible	\$14.80	\$21.97	\$21.97
W7057	Unlicensed Home and Community Habilitation - Basic Staff Support	\$5.11	\$7.99	\$10.84
W7058	Unlicensed Home and Community Habilitation - Level 1	\$4.67	\$5.50	\$7.03
W7059	Unlicensed Home and Community Habilitation - Level 2	\$6.17	\$9.10	\$13.33
W7060	Unlicensed Home and Community Habilitation - Level 3	\$7.57	\$10.75	\$13.97
W7061	Unlicensed Home and Community Habilitation - Level 3 Enhanced	\$13.09	\$19.73	\$25.32
W7072	Licensed Day - Adult Training Facilities - Basic Staff Support	\$2.88	\$3.87	\$4.72
W7073	Licensed Day - Adult Training Facilities - Level 1	\$3.53	\$4.97	\$5.40
W7074	Licensed Day - Adult Training Facilities - Level 2	\$4.50	\$5.59	\$6.73
W7075	Licensed Day - Adult Training Facilities - Level 3	\$8.74	\$12.01	\$14.20
W7076	Unlicensed Residential One-Individual Home - Eligible	\$122.62	\$178.08	\$220.97
W7077	Unlicensed Residential One-Individual Home - Ineligible	\$33.44	\$53.04	\$66.49
W7078	Unlicensed Residential Two-Individual Home - Eligible	\$106.58	\$161.53	\$212.04
W7079	Unlicensed Residential Two-Individual Home - Ineligible	\$21.27	\$29.66	\$36.14
W7081	Unlicensed Residential Two-Individual Home - Ineligible	\$2.10	\$2.65	\$3.37
W7087	Prevocational Services - Basic Staff Support	\$2.59	\$3.38	\$4.08
W7088	Prevocational Services - Level 1	\$3.88	\$5.56	\$5.97
W7089	Prevocational Services - Level 2	\$6.12	\$10.39	\$11.50
W7090	Prevocational Services - Level 3	\$15.39	\$26.40	\$32.48
W7235	Supported Employment	\$4.11	\$4.98	\$7.83
W7237	Transitional Work Services - Basic Staff Support	\$254.30	\$386.56	\$502.04
W7250	In-Home Respite: 24 Hours - Level 2	\$5.96	\$7.87	\$9.89
W7258	In-Home Respite: 15 Minutes - Level 2	\$107.80	\$153.92	\$196.65
W7291	Licensed Adult Family Living Home - One Individual - Eligible	\$18.04	\$26.69	\$39.73
W7292	Licensed Adult Family Living Home - One Individual - Ineligible	\$88.99	\$123.60	\$153.56
W7293	Licensed Adult Family Living Home - Two Individual - Eligible	\$14.41	\$20.83	\$20.83
W7294	Licensed Adult Family Living Home - Two Individual - Ineligible			

¹ Only includes services with 20 or more unique unit costs.

Commonwealth of Pennsylvania
Office of Developmental Programs

Statistical Unit Cost Analysis Summary for Rates Effective November 15, 2011 through June 30, 2012

Service ¹	Service Description	Average Unit Cost	Maximum Unit Cost below the "Average + 1 Standard Deviation"	Maximum Unit Cost below the "Average + 2 Standard Deviations"
W6090	Licensed One-Individual Home - Community Homes	\$556.73	\$732.63	\$854.65
W6091	Licensed One-Individual Home - Community Homes	\$82.52	\$120.93	\$157.51
W6092	Licensed Two-Individual Home - Community Homes	\$388.82	\$518.83	\$619.82
W6093	Licensed Two-Individual Home - Community Homes	\$56.88	\$81.03	\$97.77
W6094	Licensed Three-Individual Home - Community Homes	\$264.76	\$339.10	\$416.72
W6095	Licensed Three-Individual Home - Community Homes	\$41.02	\$54.26	\$67.31
W6096	Licensed Four-Individual Home - Community Homes	\$225.55	\$296.46	\$350.96
W6097	Licensed Four-Individual Home - Community Homes	\$36.15	\$46.69	\$57.09
W6098	Licensed Five-to-Ten-Individual Home - Community Homes	\$180.67	\$233.06	\$278.04
W6099	Licensed Five-to-Ten-Individual Home - Community Homes	\$31.18	\$40.62	\$49.33
W7037	Unlicensed Family Living Home - One Individual	\$95.44	\$120.93	\$150.43
W7038	Unlicensed Family Living Home - One Individual	\$20.05	\$26.19	\$32.13
W7057	Unlicensed Home and Community Habilitation - Basic Staff Support	\$4.97	\$6.75	\$6.00
W7058	Unlicensed Home and Community Habilitation - Level 1	\$4.79	\$6.64	\$6.80
W7059	Unlicensed Home and Community Habilitation - Level 2	\$6.75	\$9.97	\$13.24
W7060	Unlicensed Home and Community Habilitation - Level 3	\$7.71	\$11.54	\$15.05
W7061	Unlicensed Home and Community Habilitation - Level 3 Enhanced	\$13.03	\$19.81	\$25.27
W7068	Unlicensed Home and Community Habilitation - Level 4	\$10.38	\$14.16	\$14.16
W7072	Licensed Day - Adult Training Facilities - Basic Staff Support	\$2.86	\$3.67	\$4.32
W7073	Licensed Day - Adult Training Facilities - Level 1	\$3.48	\$4.68	\$5.24
W7074	Licensed Day - Adult Training Facilities - Level 2	\$4.49	\$6.02	\$6.85
W7075	Licensed Day - Adult Training Facilities - Level 3	\$8.63	\$11.64	\$13.44
W7078	Unlicensed Residential One-Individual Home	\$123.50	\$192.14	\$257.86
W7079	Unlicensed Residential One-Individual Home	\$35.58	\$54.93	\$71.10
W7080	Unlicensed Residential Two-Individual Home	\$100.80	\$143.27	\$148.54
W7081	Unlicensed Residential Two-Individual Home	\$24.44	\$36.16	\$46.85
W7087	Prevocational Services - Basic Staff Support	\$2.13	\$2.77	\$3.43
W7088	Prevocational Services - Level 1	\$2.76	\$3.59	\$4.29
W7089	Prevocational Services - Level 2	\$3.69	\$4.59	\$5.97
W7090	Prevocational Services - Level 3	\$6.06	\$10.39	\$12.73
W7235	Supported Employment	\$15.35	\$23.72	\$31.44
W7237	Transitional Work Services - Basic Staff Support	\$4.16	\$6.24	\$6.24
W7241	Transitional Work Services - Level 2	\$9.13	\$12.77	\$19.72
W7250	In-Home Respite: 24 Hours - Level 2	\$270.85	\$372.69	\$474.56
W7258	In-Home Respite: 15 Minutes - Level 2	\$6.60	\$8.52	\$9.89
W7291	Licensed Adult Family Living Home - One Individual	\$103.09	\$146.83	\$187.91
W7292	Licensed Adult Family Living Home - One Individual	\$20.38	\$27.64	\$33.25
W7293	Licensed Adult Family Living Home - Two Individual	\$96.24	\$124.66	\$152.56
W7294	Licensed Adult Family Living Home - Two Individual	\$17.36	\$21.86	\$24.39
W8002	Unlicensed Out-of-Home Respite: 24 Hours - Level 2	\$219.08	\$355.08	\$407.85

¹ Only includes services with 20 or more unique unit costs.