

Presentation to the 2025 Joint Ways and
Means Subcommittee on Human Services

ODHS Rate Study

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April 8, 2025

Agenda

I. ODHS

- Budget note and background

II. Burns & Associates

- HMA-Burns overview
- Summary of public comments
- Summary of key recommendations
- Partial implementation options

Senate Bill 5506 (2023) budget note

ODHS to conduct a **comprehensive provider rate and wage study** across home and community-based service delivery systems.

In-home care

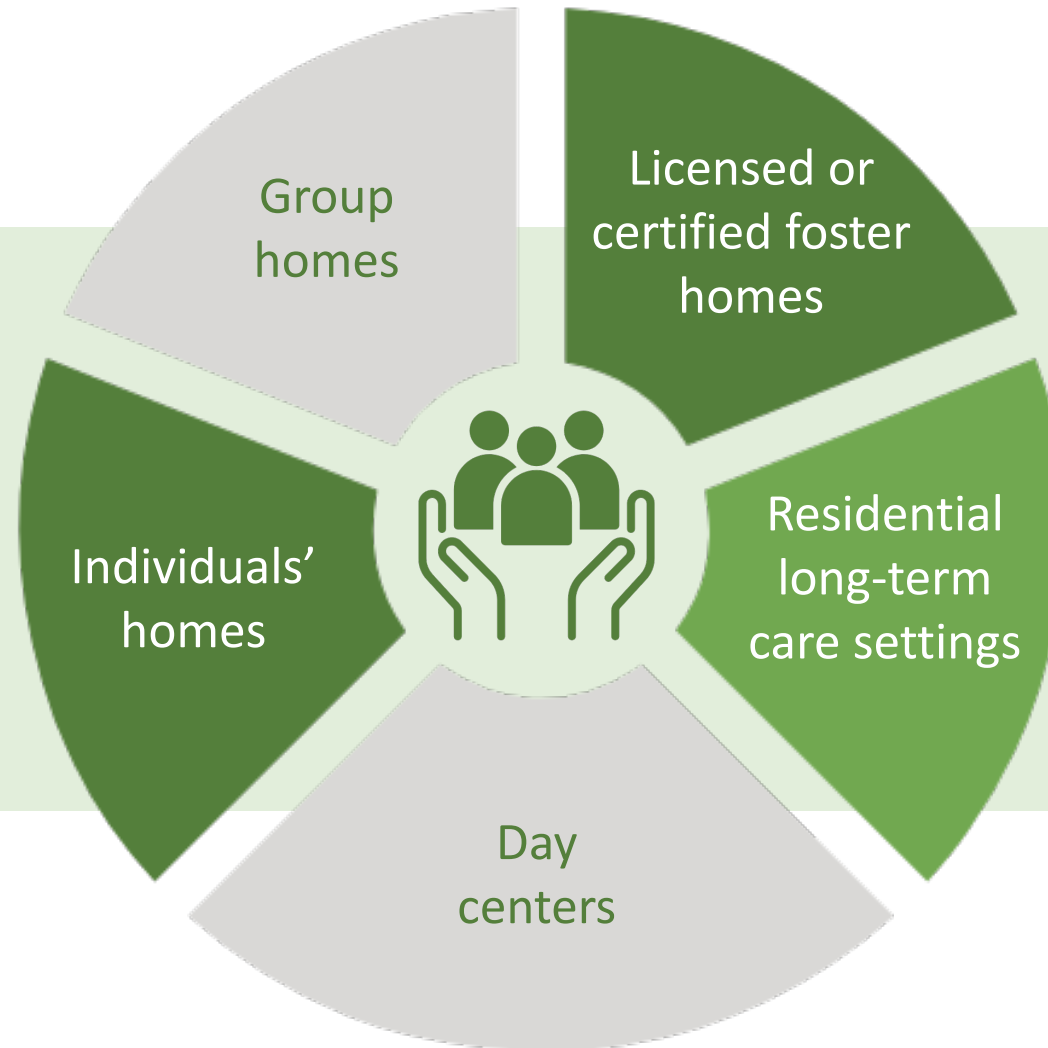


Residential care

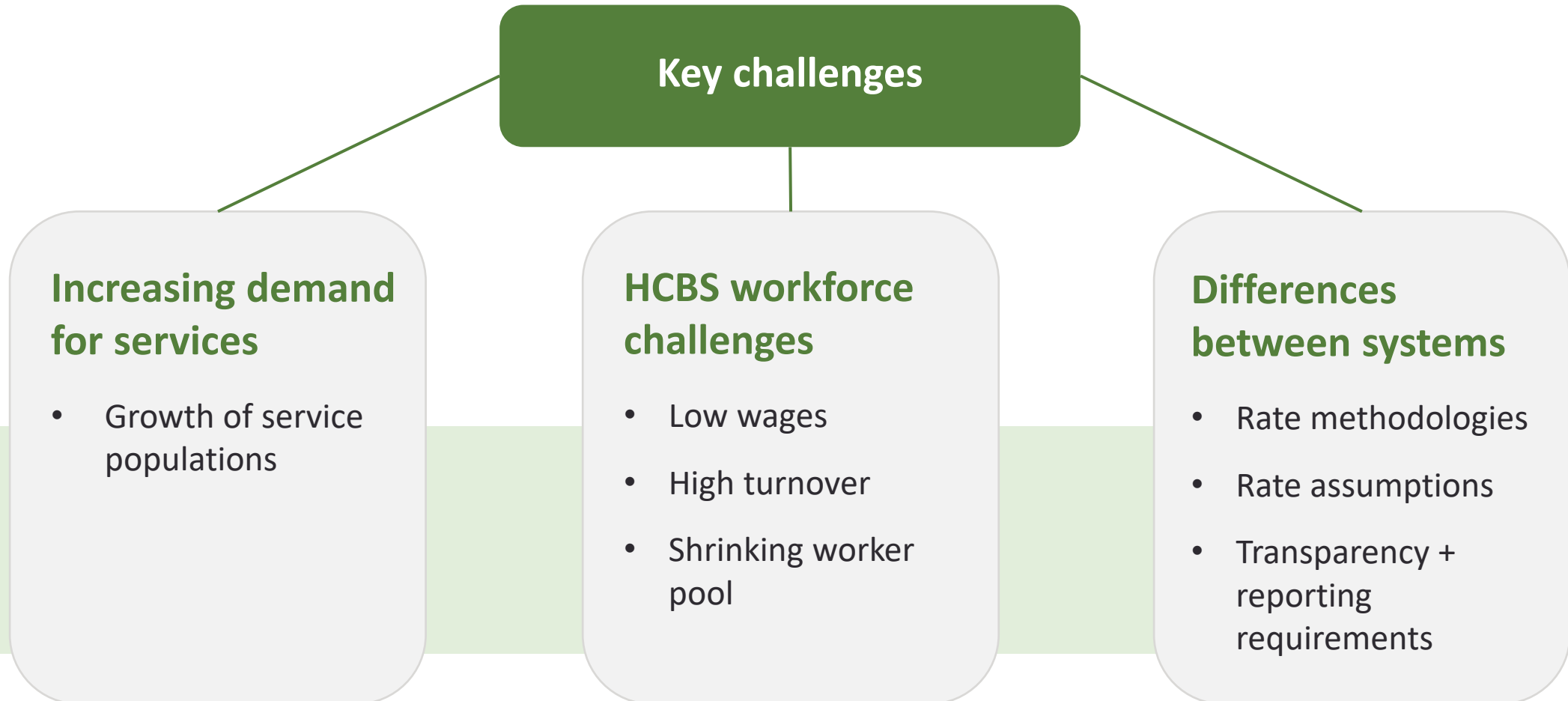


For individuals receiving services through the ODHS **Office of Developmental Disabilities Services (ODDS)** and **Office of Aging and People with Disabilities (APD)**

Looking at direct care in a variety of settings



The need for a study



Background

ODDS

Established rate models that increased rates but are now outdated. Models based on:

- Service requirements
- Independent cost data
- Provider input

APD

Had not conducted a comprehensive rate study in decades.

- No documentation of factors used to establish current rates
- Rate increases from legislative determination and collective bargaining

APD joined the established ODDS contract with **Burns & Associates.**

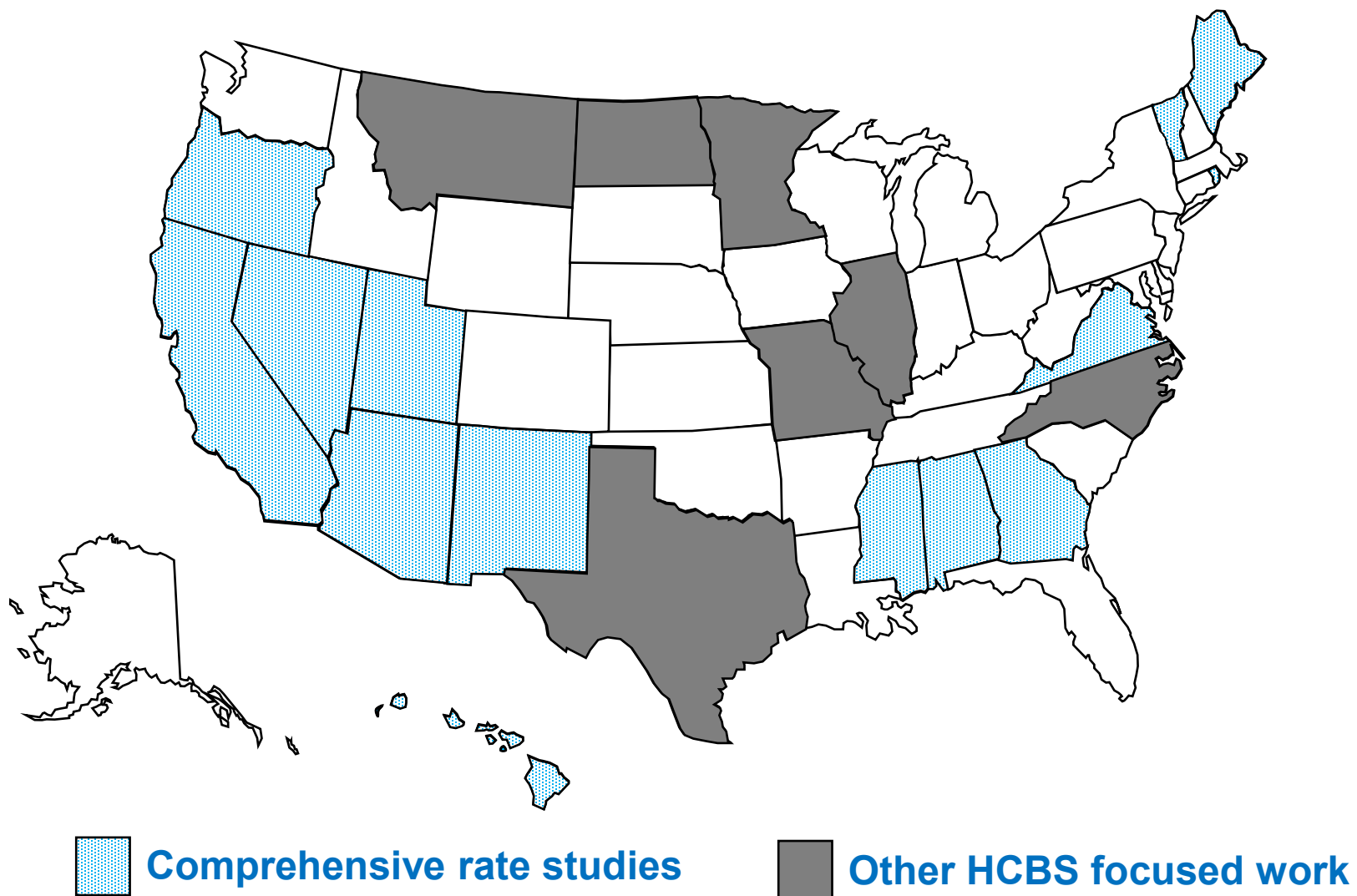
INTRODUCTION OF BURNS AND ASSOCIATES

BURNS & ASSOCIATES, A DIVISION OF HMA

OVERVIEW OF BURNS & ASSOCIATES

- Health policy consultants specializing in assisting state Medicaid agencies and related state departments
 - Consulted in approximately 30 states since its founding in 2006
 - Acquired by Health Management Associates in September 2020
- Experience with home and community-based services
 - Provider rate-setting (completed HCBS rate studies in more than a dozen states)
 - Using assessment instruments to inform payment rates and individualized budgets
 - Policy development, including service standards and billing rules
 - Program operations, including fiscal analyses and initiative implementation support
- Working with ODDS since 2015 to develop provider rates and provide other supports

BURNS & ASSOCIATES' HCBS EXPERIENCE



SUMMARY OF KEY RECOMMENDATIONS

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SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

- Development of transparent rate models to detail cost assumptions that comprise overall rates
 - Consistent with federal expectations that states document underlying cost factors and assumptions
 - Places direct care worker compensation in the context of overall provider costs
- ODDS already has rate models for most services
 - Rate study updates these models with new cost data and targeted adjustments
 - Create models for remaining services (e.g., Supported Living)
 - Rate increases would vary by service and rate, but would generally be around 30 percent
- Recommending the development of similar rate models for APD agency services

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS (CONT.)

- ODDS proposes to tie Foster Home and Supported Living rates to the Oregon Needs Assessment (most services with tiered rates already use the ONA)
- APD has drafted a new assessment framework for assessing acuity that will be tied to tiered payment rates for several services, replacing existing inconsistent approaches
 - Relies on the existing assessment
 - An individual's assigned tier would be the same regardless of service
 - Framework recognizes that cognition and behaviors drive a lot of care needs
 - Rates that better reflect individual needs should reduce the need for exceptions
- Since this a new assessment framework, results will differ from current classifications
 - An individual in an ALF assigned to Level 5 today may not be assigned to Tier 5
 - Individuals currently in the same service priority level may be assigned to different tiers

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS (CONT.)

- Recommended agency rate models assume an average direct care worker wage of \$23.20 per hour (more than \$48,000 annually for a full-time worker)
 - Higher than current reported wages to reflect current and future inflation and to promote competitiveness
 - Recommend standard wage and benefit assumptions across systems and services
 - Recommend increased reporting requirements related to spending on direct care and clinical staff wages and benefits as well as staffing levels to support transparency, monitor the effectiveness of any rate increases, and inform future rate decisions
- For collectively bargained in-home staff, recommend increasing base wages by \$4.50 per hour, which would result in most staff earning \$26-\$27 per hour
 - Compensates for the more generous benefit costs funded in the recommended agency rate models

COMPARISON OF PROPOSED COMPENSATION ASSUMPTIONS IN AGENCY RATE MODELS TO COLLECTIVE BARGAINING AGREEMENT PROVISIONS

		Agency Model	Agency In-Home Model	Collective Bargaining Agreement	Notes
Wages	Base Wage			\$21.00	assumes Step 1
	Prof. Dev. Cert.			\$0.75	available to all PSWs/ HCWs
	Overtime			\$0.44	assumes 4% overhead rate (agencies do not get more for overtime)
	Total Avg. Wage	\$23.20	\$23.20	\$22.19	excludes 10% premium for high-needs agency services and differentials other than PDC for CBA services
Benefits	Health Insurance	\$3.99	\$3.29	\$1.64	agency model: ~\$700 per month for mix of plan types (\$0 for PT staff) CBA: Homecare Workers Supplemental Trust contribution
	Paid Time Off	\$2.14	\$1.95	\$1.02	agency model: 192 hours of paid leave (48 hours for PT staff) and \$75 per month for other undefined benefits
	Other Benefits	\$0.43	\$0.51		Homecare Workers Benefit Trust - max. of 48 hours of paid leave and access to dental, vision, and hearing insurance as well as an EAP
	Retirement	\$0.46	\$0.38	\$0.00	agency model: 2% of wages (0 for PT staff)
	Total Benefits	\$7.02	\$6.13	\$2.66	excludes payroll taxes, which are comparable across models
	Total Comp.	\$30.22	\$29.33	\$24.85	\$4.48 difference between In-Home assumptions and CBA

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS (CONT.)

- Recommend standardizing Adult Foster Home rates across APD and ODDS
 - Tiered rates based on assessed needs (ODDS transitioning this service to the Oregon Needs Assessment and APD would use its new framework)
 - Rates vary based on payment to home provider and assumed additional staff hours
 - If an individual requires more support than assumed in the rate model, the provider can request additional support hours (but not an increase to their assumed payment), but would have to demonstrate they are delivering the level of staffing already assumed in the model
- Proposed rates would increase total estimated payments for APD AFHs by 81 percent and for ODDS AFHs by 23 percent
 - Average APD increases are larger for two reasons: 1) because they currently receive lower rates on average, and 2) with the new assessment approaches, there will be a larger number of individuals in APD AFHs in the highest rate category as AFHs serve many of APD's most complex consumers

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS (CONT.)

- Recommend standardizing rates across ALFs and RCFs
 - ALF and RCF service delivery models are similar (primary difference is whether an individual has a private room), but RCF rates are substantially lower
 - Staffing assumptions are derived from Portland State University's 2022 report
 - Average caregiver staffing ratios range from about 1:14 to 1:8
 - ALF rates would increase 25 percent on average, while standard RCF rates (that are rarely billed) would increase 108 percent
 - Average RCF rate increases are larger because current rates are lower and they tend to serve more individuals with greater needs
- For RCFs with a specific needs contract, recommend a standardized framework for setting rates, replacing current processes where facility budgets are negotiated
 - APD would approve provider's staffing plan, pricing would be based on standardized cost assumptions (as with all other services)
 - Model would produce lower rates in most cases so APD does not intend to apply to existing contracts at this time

SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS (CONT.)

- Recommended rate changes would increase overall provider payments by an estimated \$1.3 billion annually (about \$400 million in general funds)
 - Any rate changes would be based on available funding and the extent to which policymakers accept the study's findings and recommendations
- Financial impacts would vary by provider
 - Recommended rates are changing by differing amounts across services
 - For services moving to a new assessment frameworks (Foster Homes, several APD services, and Supported Living), the impact will depend on the current rate for an individual and the rate that would be paid under the new framework

OVERVIEW OF APD AND ODDS SYSTEMS

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MEDICAID-FUNDED HOME AND COMMUNITY-BASED SERVICES

- Medicaid is a joint federal and state program that helps cover medical costs for some people with limited income and resources
 - The federal government pays the majority of the costs of Medicaid services
 - In Oregon, the standard federal share of costs (known as the “federal medical assistance percentage” or FMAP) is 59.00 percent in fiscal year 2025
 - The federal government has general rules that state Medicaid programs must follow, but each state operates its own program
- States may cover home and community-based services in their Medicaid programs
 - APD covers HCBS for adults aged 65 and over as well as adults 18 and over with disabilities
 - ODDS covers HCBS for children and adults with intellectual and developmental disabilities (I/DD)

SERVICE PROVIDERS – AGENCIES

- As in most states, most HCBS in Oregon are provided by contracted service providers – both agencies and individually-contracted workers
 - About 550 agencies provided APD services in fiscal year 2023 compared to about 515 in fiscal year 2021 (most growth was associated with Residential Care Facilities)
 - About 725 agencies provided ODDS services in fiscal year 2023 compared to about 500 in fiscal year 2021 (most significant growth has been in adult group homes)
- Agencies are diverse in terms of organization, services delivered, and areas served
 - Providers typically serve only one population and focus on a single service
 - Although a few providers are very large (approximately 27 received APD or ODDS payments greater than \$10 million in fiscal year 2023), median revenue was about \$700,000 for APD providers and \$500,000 for ODDS providers
 - ODDS providers are more likely to rely on Medicaid-funded HCBS

SERVICE PROVIDERS – FOSTER HOMES

- Adult and child foster homes provide 24-hour residential services in a private home to up to five individuals
- Number of foster homes has been mostly stable in recent years, with small reductions in ODDS adult foster homes

SERVICE PROVIDERS – HOMECARE WORKERS AND PERSONAL SUPPORT WORKERS

- Homecare Workers (HCWs) and Personal Support Workers (PSWs) are employed and managed by the supported individual or their representative
 - HCWs provide In-Home services to the APD population and PSWs provide In-Home Attendant Care services to the ODDS population
 - HCWs and PSWs are represented by SEIU who represents this workforce in bargaining with the Oregon Home Care Commission (OHCC)
- HCWs and PSWs generally work with a single individual
 - HCWs worked a median of 916 hours in fiscal year 2023, while PSWs worked a median of 1,121 hours
- Between fiscal years 2021 and 2023, decreases in HCWs (-12 percent) and PSWs (-13 percent)
 - About 3,900 fewer total HCWs and PSWs in fiscal year 2023 than in fiscal year 2021

DISTRIBUTION OF IN-HOME / ATTENDANT CARE HOURS

- In the APD system, 83 percent of hours are delivered by HCWs
 - However, HCW service hours decreased by 9 percent over the past two years while agency-delivered hours increased 17 percent
- ODDS Attendant Care hours increased significantly over the past two years
 - In particular, agency-delivered service hours increased by 6.2 million hours (more than doubling) while PSW hours declined by 2.1 million hours (12 percent)
 - PSWs still delivered 57 percent of total service hours in fiscal year 2023

	FY2021	FY2022	FY2022 vs. FY2021	FY2023	FY2023 vs. FY2022
Homecare Workers	19,129,325	17,996,340	(6%)	17,487,735	(3%)
APD In-Home Agencies	2,966,483	2,778,890	(6%)	3,475,468	25%
System Total - APD	22,095,807	20,775,230	(6%)	20,963,203	1%
Personal Support Workers	18,165,528	17,528,625	(4%)	16,030,470	(9%)
ODDS In-Home Agencies	5,874,693	7,927,194	35%	12,119,371	53%
System Total - ODDS	24,040,221	25,455,818	6%	28,149,841	11%

PROVIDER PAYMENT RATES – FEDERAL REQUIREMENTS

- Federal Medicaid statutes and regulations establish several requirements related to payment rates for service providers
 - Payments must be consistent with efficiency, economy, and quality of care and sufficient to enlist enough providers so that Medicaid beneficiaries have comparable access to services as the general population
 - States should be able to describe the underlying cost factors and assumptions used to establish rates
 - Rate-setting methodologies should be regularly reviewed
 - The federal Centers for Medicare and Medicaid Services' (CMS) 2024 access rule adds new requirements related to rate transparency and adequacy for certain services (such as personal care), including the percentage of total service payments that providers pay to direct care staff

AGENCY PAYMENT RATES – OREGON RATE-SETTING METHODOLOGIES

- APD has not conducted a comprehensive review of payment rates for APD services in more than 20 years
 - No documentation of cost factors or assumptions used to establish current rates (for example, cannot identify a funded wage level for direct care workers)
 - Rates have been increased based on legislative determination and collective bargaining
- Most ODDS payment rates are based on rate models with detailed cost assumptions
 - Initial rate models created through a 2005 federal systems transformation grant termed Restructuring Budgets, Assessments and Rates (ReBAR)
 - Current rate models were developed with support from HMA-Burns through a multi-stage rate study process beginning in 2015
 - Models based on a review of service requirements, independent cost data, and provider input
 - Final models published in 2021 (with small updates in 2023 for legislated increase)

AGENCY PAYMENT RATES – RECENT RATE INCREASES

- Agency payment rates have received substantial increases since July 1, 2019

Service	Increase	Service	Increase
APD In-Home Care	47%	ODDS Attendant Care	54%
Assisted Living Facility	47%	Adult 24-Hour Residential*	30%
Residential Care Fac., Std.	47%	Child 24-Hour Res.* (comp. to 9/2019)	11%
Memory Care	47%	Day Support Activity*	33%
		Employment Path*	20%
		Small Group Employment*	31%
		Job Coaching*	18%

* Effective increase is understated because the transition to the Oregon Needs Assessment resulted in individuals generally being assigned to higher rate categories, meaning agencies received higher payments for serving the same individuals

FOSTER HOME PAYMENT RATES

- Payment rates for Adult Foster Homes are set through a collective bargaining process between ODHS and SEIU
 - Payment rate methodologies differ for APD and ODDS AFHs
 - APD pays a base rate and up to three 'add-ons' based on an individual's support needs for activities of daily living, medical conditions, or behavioral conditions
 - APD also has special needs contracts that pay higher rates to AFHs to support individuals with specified needs (such as brain injury or ventilator dependent)
 - APD AFH rates have increased 30 percent since July 1, 2019
 - ODDS establishes a rate based on the number of needed support hours calculated by the SNAP, with a minimum base rate
 - ODDS AFH rate increases since July 1, 2019 have varied based on different components of the SNAP, but have generally been around 20 percent
- ODDS Child Foster Homes are not represented, but, similar to AFHs, payment rates are determined based on needed support hours calculated by the SNAP

HEMOCARE WORKERS AND PERSONAL SUPPORT WORKERS WAGES

- Base hourly wage is the same for HCWs and PCWs, but some pay differentials vary
- Highlights from the July 1, 2023 - June 30, 2025, Collective Bargaining Agreement (CBA)
 - \$1.73 per hour increase in January 2024 and \$0.50 increase in January 2025
 - Creates an experience-based pay scale that gives providers a \$1.00 increase in their base pay for each accumulation of 2,000 hours worked since January 1, 2023 (excluding overtime hours)
 - Jan. 2025 base wage for workers with fewer than 2,000 hours worked is \$20.00
 - Jan. 2025 base wage for workers with 2,000-4,000 hours worked is \$21.00
 - Jan. 2025 maximum base wage is \$24.00 for workers with more than 8,000 hours
- Current base wage for HCWs and PSWs has increased 33 percent since July 2019
 - Excludes scheduled \$0.50 increase on January 1, 2025
 - Effective increase is understated because it excludes the experienced-based pay scale (for example, the base wage for someone at step 3 would be 47 percent higher)

WAGE AND RATE STUDY METHODOLOGY

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KEY PRINCIPLES OF THE WAGE AND RATE STUDY

Standardize cost assumptions across systems where appropriate

Employ an independent rate-setting process

- Consider data from multiple sources (that is, rate models are not dependent on any single source of information)

Consider stakeholder input throughout the process

- Project advisory group
- Service-specific workgroups
- Provider site visits
- Provider survey
- Public comment process

Review rates without regard to budgetary considerations

- Develop rates based on data rather than a targeted funding level
- Available funding will determine the rates that can be implemented

INDEPENDENT RATE MODEL APPROACH – SUMMARY AND GOALS

- Rate models should reflect the reasonable costs providers incur in delivering services consistent with the state's requirements and individuals' service/ treatment plans
 - Models detail assumptions regarding providers' key cost drivers
- Cost assumptions intend to reflect 'typical' provider costs
 - For any given provider, some costs will be less than assumed and others will be higher (cost assumptions are not meant to dictate provider operations)
- Consider data from multiple sources rather than relying on any single source, including:
 - Statutes, regulations, policies, and other documentation
 - Provider and stakeholder input (e.g., provider survey, public comments)
 - Published sources (e.g., BLS wage data, IRS mileage rate)
 - Special studies

INDEPENDENT RATE MODEL APPROACH – BENEFITS

Transparency

- Models detail the factors, values, and calculations that produce the final rate
- Ensures a shared understanding of what is funded in the payment rates

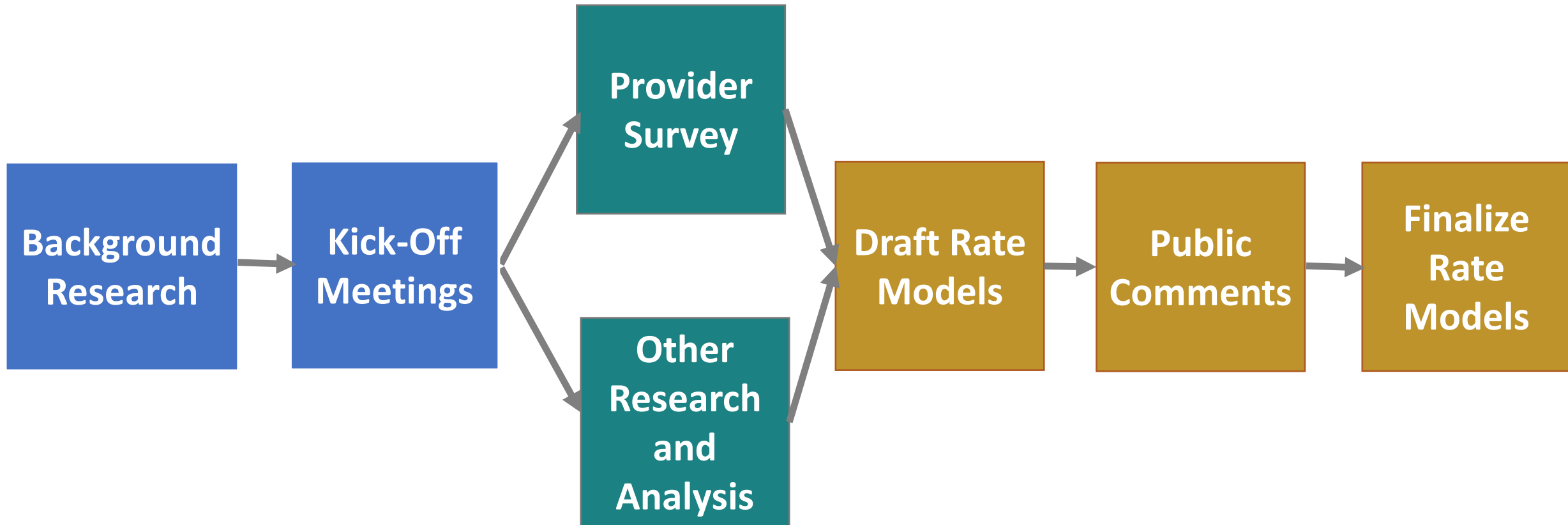
Ability to Advance Policy Goals and Objectives

- For example, improving direct care staff salaries or benefits, reducing staff-to-client ratios, incentivizing community-based services, etc.

Efficiency In Maintaining Rates

- For example, models can be adjusted for inflation, specific cost factors (e.g., IRS mileage rate), or to meet budget targets

RATE STUDY PROCESS

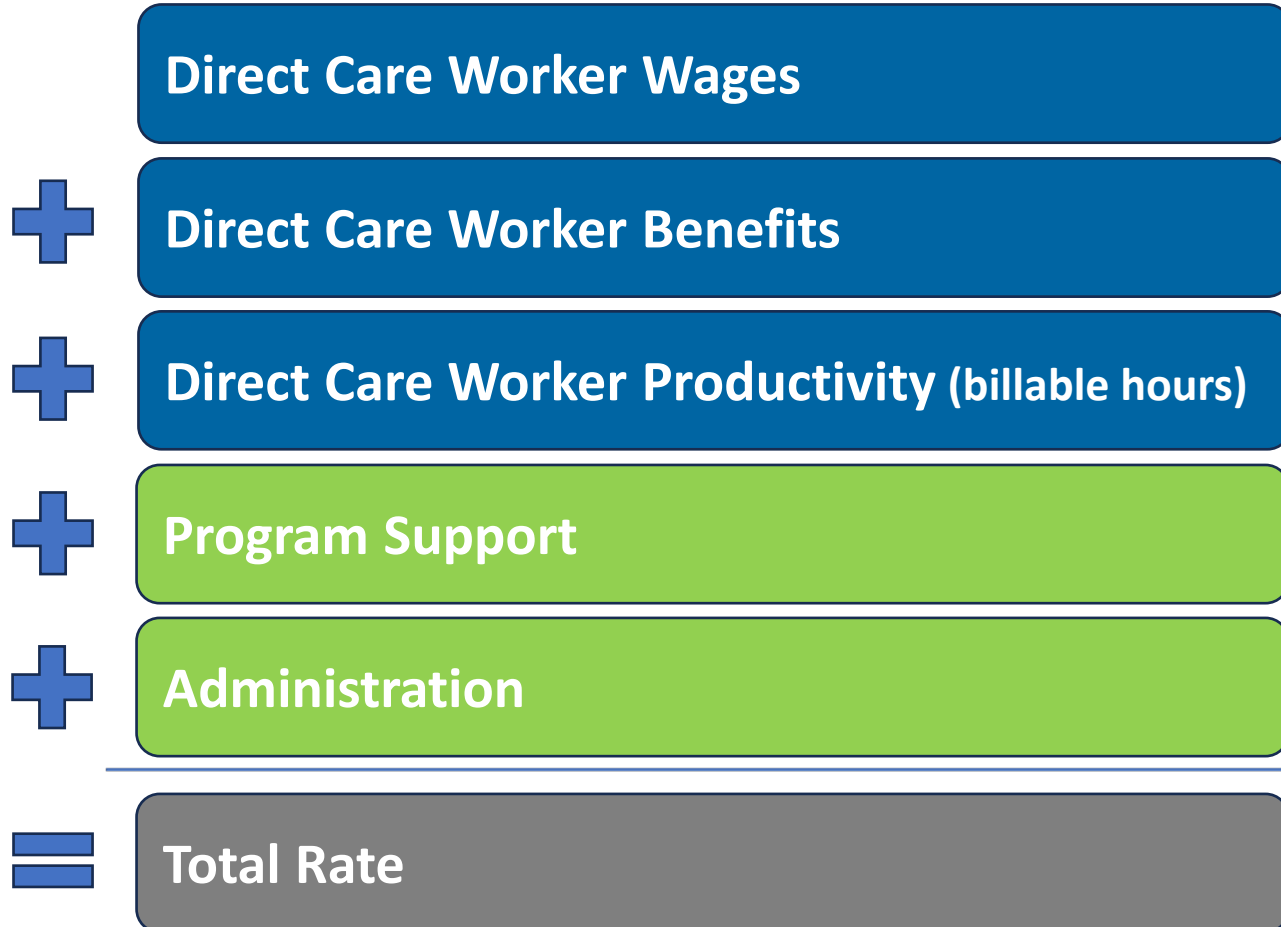


PROVIDER SURVEY – PARTICIPATION, ANALYSIS, AND LIMITATIONS

- Participation
 - Received surveys from 171 agency providers that accounted for 28 percent of services delivered in fiscal year 2023
 - Received surveys from 96 of more than 2,500 adult foster homes
- Analysis
 - Reviewed submitted surveys and requested clarification as needed
 - Aggregated individual responses and produced summary statistics
 - Presented results to service workgroups
- Limitations
 - Provider costs are often a function of current rates, particularly if a provider relies substantially on Medicaid funding
 - Data is backwards-looking – requested data from providers' most recent fiscal year
 - Participation rate prevented more detailed analysis (e.g., at the regional level)

DEVELOPMENT OF DRAFT RATE MODELS

Five factors in all HCBS (non-facility) rate models:



Other factors vary by service

- Staffing ratios
- Attendance/ occupancy
- Transportation-related costs
- Program facilities and supplies

ASSESSMENTS – ODDS OREGON NEEDS ASSESSMENT

- ODDS assesses individuals receiving Medicaid-funded HCBS using the Oregon Needs Assessment (ONA)
 - The ONA measures how much assistance an individual needs to complete tasks like dressing, eating, accessing the community, managing money, communicating, etc., including assistance related to medical and behavioral challenges
- ODDS developed the ONA to meet legislative direction to adopt a standard functional needs assessment for use across all I/DD services
 - ODDS contracted with Mission Analytics to develop the ONA
 - After initial testing by Mission Analytics, ODDS contracted with the Oregon Health and Science University (OHSU) to perform additional validation and testing of the tool
 - ODDS worked with an advisory group composed of advocates, self-advocates, families, case management entities, providers and other interested parties

ASSESSMENTS – ODDS OREGON NEEDS ASSESSMENT (CONT.)

- For some (but not all) ONA services with tiered rates, the service groups are cross-walked to a payment category

- Example for adult payment categories
- Services with tiered rates based on ONA service groups
 - Adult and Child 24-Hour Residential
 - Day Support Activities
 - Employment Services

Adult 18+ Svc. Groups	Payment Category
Very Low	Category 1
Low	
Moderate	Category 2
High	Category 3
Very High	Category 4

- ODDS proposes to transition additional services to ONA-based rate tiers
 - Supported Living
 - Adult and Child Foster Homes

ESTABLISHMENT OF AN APD ASSESSMENT FRAMEWORK

- APD currently uses different approaches for aligning payments
 - Assisted Living Facility rates have five levels based on the types and intensity of support and individual needs with activities of daily living
 - Adult Foster Homes and Residential Care Facilities receive a base rate plus up to three 'add-ons' based on needs associated with ADLs, medical conditions, or behavioral conditions
 - Add-ons are yes/no and do not account for a continuum of need
 - Adult Day service rates do not vary based on individual need
- As part of the study, APD proposes a new framework to assess acuity across its system
 - Relies on the existing Client Assessment and Planning System (CA/PS)
 - An individual's assigned tier would be the same regardless of service
 - Framework recognizes that cognition and behaviors drive a lot of care needs
 - Rates that better reflect individual needs should reduce the need for exceptions

ESTABLISHMENT OF AN APD ASSESSMENT FRAMEWORK (CONT.)

- Each component of an ADL and IADL receives points based on assessed level of need
 - 1 point for Independent
 - 2 points for Minimal Assist
 - 3 points for Assist
 - 5 points for Substantial Assist
 - 6 points for Full Assist
- Higher points are applied for significant needs related to cognition
 - 10 points for individuals with full assist in any cognition component; or
 - 20 points for individuals with substantial assist or full assist in challenging behaviors
- Each assessed treatment receives between one-to-three points based on frequency of the treatment

ESTABLISHMENT OF AN APD ASSESSMENT FRAMEWORK (CONT.)

- Scores would be totaled and used to assign an individual to a tier

Score Range	Tier	Description of Need
0 – 40	Tier 1	Low
41 – 55	Tier 2	Moderate
56 – 82	Tier 3	Moderate-High
83 – 106	Tier 4	High
107+	Tier 5	Very High

- Since this a new assessment framework, results will differ from current classifications
 - An individual in an ALF assigned to Level 5 today may not be assigned to Tier 5
 - Individuals in the same service priority level may be assigned to different tiers

ESTABLISHMENT OF AN APD ASSESSMENT FRAMEWORK (CONT.)

- Applying a standard assessment framework across services allows for comparisons of typical acuity across settings and services
 - Few individuals would be assigned to the lowest tier
 - Adult Foster Homes tend to serve individuals with the most significant needs

Setting	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Assisted Living Facility	2%	19%	55%	20%	4%
Residential Care Facility - Standard	3%	12%	45%	28%	13%
RCF - Specific Needs Contract	1%	4%	26%	38%	32%
Memory Care	0%	2%	25%	45%	28%
Adult Foster Home	1%	5%	20%	28%	47%
Non-Residential	3%	21%	41%	23%	12%

ESTABLISHMENT OF AN APD ASSESSMENT FRAMEWORK (CONT.)

- Overall, the proposed APD assessment framework is broadly similar to ODDS' ONA-based distribution
 - Fewer individuals in the APD system would be assigned to Tier 5, but more would be assigned to Tiers 3 and 4
 - In the ODDS system, individuals with the greatest needs tend to live in group homes

Setting	Group 1	Group 2	Group 3	Group 4	Group 5
Group Home	1%	7%	24%	16%	51%
Foster Care	1%	8%	34%	19%	38%
Supported Living	14%	39%	29%	7%	12%
Non-Residential	6%	20%	31%	24%	19%

PUBLIC COMMENTS – PROCESS

- Initial recommendations and supporting materials were released October 7, 2024
 - HMA-Burns recorded and posted online a series of webinars (based on service grouping) to explain the recommendations
 - APD and ODDS provided briefings to key stakeholders during the comment period
- Commenters were asked to submit written feedback by October 28
 - Comments submitted after the deadline were accepted
- Approximately 70 community partners submitted comments
 - More than 1,300 homecare workers and personal support workers sent a form letter

PUBLIC COMMENTS – SUMMARY

- Feedback was largely negative (as is common in rate studies)
 - Many commenters focused less on recommendations related to their services and more on recommendations for others
 - Criticisms related to both process and recommendations
 - Comments frequently conflicted (e.g., some commenters expressed support for increased HCW and PSW wages while others objected to the proposed increases)
- Process-related criticisms
 - Community partners were not sufficiently involved
 - Activities suggested by stakeholders that were not part of the study (e.g., review of agencies' financials and an evaluation of all costs associated with supporting the HCW and PSW service delivery model)
 - Level of detail requested in the provider survey and the response rate

PUBLIC COMMENTS – SUMMARY

- Objections to recommendations
 - Concern about overall cost of recommendations
 - Objections to equating the support needs of the APD population with the ODDS population (i.e., individuals with I/DD are harder to serve than the APD population)
 - Objections to equating agency staff with HCWs and PSWs (i.e., the work of agency staff is more difficult) and the recommendation to standardize compensation
 - Objections to recommended increases in base wages for HCWs and PSWs
 - Objections to increased rates for In-Home service agencies
 - Objections to how much (or how little) was assumed in the rate models for agencies' overhead expenses
- Commenters also highlighted the need for regular updates to payment rates

PUBLIC COMMENTS – CHANGES TO INITIAL RECOMMENDATIONS

- Added an assumption that 30 percent of direct care workers employed by In-Home agencies work part-time
 - Since part-time staff receive fewer benefits, this lowered the proposed In-Home rate
 - Since recommendations for HCWs and PSWs are tied to agency staff, the proposed increase in their wages was reduced from \$5.00 per hour to \$4.50
- Increased the assumed wage premium for agency direct care workers supporting individuals with the highest needs from five percent to ten percent
- Changes to rate models for Assisted Living Facilities and Residential Care Facilities
 - Added a cost factor for housekeeping/ laundry staff
 - Added a cost factor for activity space
- Changes to rate models for ODDS' Adult 24-Hour Residential services (group homes)
 - Differentiated rates for four- and five-bed homes; created rates for two-bed homes
 - Enhanced assumed staffing for specialized staff (nurses and behavioralists)



Questions?

Thank you.

