


# 6100 Regulations Training: Fiscal

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## General Payment Provisions

Corresponding references in Chapter 51 are 51.43, 51.44, 51.45, 51.46 and 51.62.

Only significant change adds “managed care or other capitated payment methods” as a potential payment methodology.

Cost-based methodology remains an option, but Transportation Trip is only remaining cost-based fee.

6100.481 thru 6100.485

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## General Payment Provisions



Reminders (similar to current chapter 51):

- Fee represents the maximum DHS will pay and is specific to the location and service
- Provider may not negotiate a different fee with AE
- DHS will only pay for HCBS up to the maximum amount, duration and frequency in an **approved** individual plan
- Third-party payers and state plan must be billed prior to billing waivers (as applicable)
- Provider may not bill for services “inappropriate to an individual’s needs or inconsistent with the individual plan”

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## Fee Schedule Rates



Corresponding reference in Chapter 51 is 51.52.

Only significant change requires data used in establishing fee schedule rates to be updated “at least every 3 years”.

Added CMS language ensuring payments are “consistent with efficiency, economy and quality of care”.

Added “service needs of the individuals” and federal/state/local regulatory costs as factors to be considered.


Methodology and fees must be published in PA Bulletin for public review and comment

6100.571

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**Department-Established Fee** 

Corresponding reference in Chapter 51 is 51.131.

Applicable only to residential services


Only significant changes eliminate references to cost reports and vacancy factors while adding requirement for 3 year update.

Methodology and fees must be published in PA Bulletin for public review and comment

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**Questions and Answers on Fiscal**

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Thank you  
for attending this session