[](https://www.google.com/imgres?imgurl=http://www.ddap.pa.gov/Style%20Library/Agency/img/sprites/logo@2x.png&imgrefurl=http://www.ddap.pa.gov/&docid=DwiDANYOM1toXM&tbnid=V48MlHrahTGl8M:&vet=10ahUKEwjStIG93MDXAhUD5YMKHRKaDGYQMwhEKAAwAA..i&w=975&h=300&bih=963&biw=1920&q=ddap%20logo&ved=0ahUKEwjStIG93MDXAhUD5YMKHRKaDGYQMwhEKAAwAA&iact=mrc&uact=8)

To: Inpatient Non-Hospital Providers

From: Home SCA, Executive Director

Subject: **Rate Setting Packet for FY 2024-25**

Providers of inpatient non-hospital drug and alcohol treatment services are only required to submit the full XYZ rate setting packet if your agency is requesting a rate change (either increase or decrease), and if you have not made any significant changes to your program. Please complete the following one-page document and send it to your home SCA director by **March 1, 2024.** The SCA may ask for additional information or exempt your program from completing the XYZ rate setting package, or in some cases, have you complete the XYZ package.

**If you are requesting a rate change:**

1. Go to the PACDAA website www.pacdaa.org and click on the Rate Setting Tab. Listed under the rate setting tab is the full XYZ packet to be downloaded.

2. Complete the full packet as instructed and submit four hard copies to your home SCA by the dates indicated in the XYZ packet.

3. The timeline for decision making is indicated on page one of the document entitled ***XYZ Package***.

**If you are not requesting a change in your rate, you must only complete and return the below information.**

1. Has your facility had any changes in the number of licensed beds? No Yes

2. Has your facility had any decreases in the number of jobs or employees?  No  Yes

3. Has your facility experienced any programmatic changes? (this includes withdrawal management protocol for medication assisted treatment). No Yes

4. Has your facility had any change in admissions criteria, treatment track or targeted population? No Yes

***If you have answered yes to any of the above questions, please explain in your email response.***

Also, please submit the following documents, sign below and return to your home SCA to certify that there are no other changes that may impact your cost.

Certification of insurance

Roster of Personnel form

Audit

Copy of Facility License

Name and Title (must be CEO or Executive Director):

Email of CEO/Executive Director:

*The above responses are made by the CEO/Executive Director and are known to be completely true and accurate.  If any response above changes throughout the course of the fiscal year, the CEO/Executive Director will immediately inform the SCA of such a change.*