

***Providers must use the forms and package currently posted on the PACDAA website. Earlier versions of these forms will not be accepted.***

To: Inpatient Non-Hospital Providers

From: Home SCA, Executive Director

Subject: **Rate Setting Packet for FY 2019-20**

Enclosed please find the XYZ package to be completed when applying for a rate for fiscal year 2019-2020 to provide SCA covered non-hospital treatment. Inpatient non-hospital treatment services eligible for SCA reimbursements are: withdrawal management, residential, and halfway house treatment services.

A service provider shall only be requested to complete one XYZ package for SCA service contracts statewide. If your agency proposes to deliver more than one treatment service activity, you will need to complete an XYZ package for each inpatient non-hospital service.

Other SCA Administrators interested in contracting for covered services with your agency may ask for a copy of the completed XYZ package from you. Most will simply use the per diem rate established by this process and published on PACDAA’s website.

Completion of these documents does not guarantee a contract with any particular SCA. It simply establishes an SCA rate that can be recognized by SCAs throughout the state.

SCA Administrators may need to request additional data in order to clarify specific areas or facets of your presentation. If your organization is interested in developing an SCA rate and applying for a contract, please submit four (4) copies of the **completed XYZ package by March 1st, 2019 5:00 p.m.** *(SCAs should consider allowing submission to be via email.)* Late submission of the XYZ packet may make your agency ineligible for a change in the SCA per diem. If your agency is *not* requesting a rate increase for the 2019-20 state fiscal year, please complete and return the “No Rate Increase” form, which is included with this notice.

Answers to your questions or additional assistance regarding the XYZ content or the process can be obtained by contacting (local SCA contact).

Thank you for your cooperation.