

441—185.107(234) Payment of new rates. New rates shall become effective according to the following four provider and service conditions.

185.107(1) Rates based on reports of costs for the provider's fiscal year. Providers shall submit the Rehabilitative Treatment and Supportive Services Financial and Statistical Report, Form 470-3049, within three months of the close of the provider's fiscal year. This form shall be used to report all reasonable and necessary costs for the entire fiscal year. Rates shall be adjusted based on the reported costs and a new rate established effective for programs provided beginning no later than the first day of the second month after receipt by the project manager of a complete financial and statistical report. However, no rate shall be effective prior to the effective date of the contract for a program.

185.107(2) Rates for new providers and current providers adding a new program. Rates based on a projected budget or the first actual report shall be effective no later than the first day of the second month after receipt by the project manager of a complete financial and statistical report. The provider handbook shall specify the information to be completed for the projected budget. However, no rate shall be effective prior to the effective date of the contract for a program.

185.107(3) Liability for payment. The department shall not be liable for payment for any programs prior to the contract effective date.

185.107(4) Utilization. Utilization for new family-centered, family preservation and family foster care programs shall not be budgeted at less than 80 percent or actual (whichever is greater) of the licensed or staffed capacity (whichever is less) of the program. Utilization for new group care programs shall not be budgeted at less than the following: Utilization for group care facilities certified to provide community residential treatment and licensed pursuant to 441—Chapter 116 or 481—Chapter 57 or 63 shall be 95 percent or actual (whichever is greater) of the licensed or staffed capacity (whichever is less) of the program. Utilization for all other group care facilities certified to provide community residential treatment and group care facilities certified to provide comprehensive residential treatment or enhanced residential treatment shall be 90 percent or actual (whichever is greater) of the licensed or staffed capacity (whichever is less) of the program. The new provider or current provider adding a new program shall specify on the financial and statistical report the licensed capacity, when applicable, and the staffed capacity for each new program. Any changes in licensed or staffed capacity shall be reported on any subsequently submitted cost reports.