

Sec. 17b-262-756. Payment

Payment by the department for PNMI rehabilitative services shall be made in accordance with the following provisions.

(1) The department shall make payments on the basis of monthly rates for each of three types of PNMI programs: (A) residential treatment centers, (B) group homes or maternity homes and (C) therapeutic foster care and professional parent programs. The Department shall establish interim PNMI rates each year based upon the cost to the public agency for the purchase of PNMI services during the most recently completed year. These rates shall be adjusted based upon actual cost experience of the public agency at the close of the fiscal year by adjusting the interim rate for the subsequent year accordingly. To identify costs not covered by the Medicaid program, the Department shall establish a method for cost allocation acceptable to the Centers for Medicare and Medicaid Services.

(2) The calculation of the PNMI rates shall not include any services that have been reimbursed by Medicaid under other service categories.

(3) The PNMI rates shall exclude payment for non-Medicaid covered services, such as room and board.

(4) Payments shall not be made if the recipient has been absent from the program for the entire calendar month.

(5) The billing provider shall seek payment from any other resources that are available for payment of rendered services prior to billing the Department.

(6) The billing provider shall provide the non-federal match funds required for the PNMI program.

(Adopted effective March 11, 2003)