

Sec. 17a-230-4. Per diem services reimbursement

(a) Per diem services reimbursement under this section shall be based on the rate established for services under Section 17-313b.

(b) Reimbursement shall be made each month for services rendered the previous month and shall be based upon attendance records submitted by the provider for the previous month. Reimbursement shall be made directly to the private residential facility for clients authorized by the department.

(c) A cash advance shall be paid by the department no later than the fifteenth day of the first month of operation. The advance shall equal thirty days of funding at the rate for services established under Section 17-313b of the General Statutes. It shall be paid for the total number of beds authorized for the private residential facility under Section (e) of Section 17a-230-2 of the Regulations of Connecticut State Agencies into which authorized clients will be placed. The cash advance payment shall be applied to the amount owing for services for the last month of the private residential facility's operation. If the private residential facility is subsequently certified as a medicaid provider, the cash advance will be collected within one year of such certification. If the private residential facility is subsequently converted, with prior approval of the department, to a residential program which does not require licensure, the cash advance shall be retained by the provider and applied to the amount owed for services for the last month of such residential program's operation.

(d) An authorized client may be absent from the private residential facility up to twenty-eight days a year without affecting reimbursement to the private residential facility. To obtain reimbursement for absences in excess of twenty-eight days, the private residential facility shall obtain prior approval of the department. Requests shall be submitted in writing to the department.

(e) Reimbursement shall be authorized for the day of admission and not for the day of discharge of a client, except that: in the case of death, and in the case of an admission and discharge on the same date, reimbursement is authorized for one day of care. A day for other purposes shall be the census of the private residential facility taken at midnight.

(f) The department shall reimburse providers pursuant to an annual contract for services. Such contracts may address advance payments, a commitment for a maximum day of service and cash advance for services at the rate established by the department of income maintenance.

(g) The department shall have a contract with each provider which shall include at a minimum: (1) the number of private residential facilities to be operated by the provider, (2) the number of clients to be served per private residential facility, (3) the level of care that shall be provided for each client, (4) that each client shall have an overall plan of care that shall include the amount, duration and scope of services to be provided, and (5) the maximum total amount to be paid by the department.

(h) The department may revoke or modify any contract with a provider, if it finds that the provider has not met the provisions of this contract as defined in subsection (g) of this section. It may revoke any contract where the provider has misrepresented information required in section 2(b) of these regulations.

(Effective November 17, 1994)