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**TITLE 405 OFFICE OF THE SECRETARY OF
FAMILY AND SOCIAL SERVICES**

LSA Document #01-172(F)

DIGEST

Amends 405 IAC 1-12-24 to assess community residential facilities for the developmentally disabled (CRFs/DD) and intermediate care facilities for the mentally retarded (ICFs/MR) not operated by the state in an amount not to exceed ten percent of annual gross residential services revenue of the facility for the facility's preceding fiscal year. Effective 30 days after filing with the secretary of state.

405 IAC 1-12-24

SECTION 1. 405 IAC 1-12-24 IS AMENDED TO READ AS FOLLOWS:

405 IAC 1-12-24 Assessment methodology

Authority: IC 12-8-6-5; IC 12-15-1-10; IC 12-15-21-2

Affected: IC 12-13-7-3; IC 12-15-32-11

Sec. 24. (a) ~~As used in this section, "implementation date" means July 1, 1994.~~

~~(b) Beginning with the implementation date,~~ (a) CRF/DD and ICF/MR facilities that are not operated by the state will be assessed ~~five an amount not to exceed ten percent (5%)~~ **(10%)** of the ~~annual~~ gross residential services revenue of the facility for the facility's ~~preceding fiscal~~ **annual reporting period** year for **annual rate reviews. CRF/DD and ICF/MR facilities that are not operated by the state will be assessed an amount not to exceed ten percent (10%) of the annualized gross residential services revenue of the facility for the facility's preceding nine (9) months for determining the base rate as set out in section 5(d) of this rule. The assessment percentage shall be determined annually by the office or its contractor in such a manner that the amount assessed shall, in the aggregate, not exceed six percent (6%) of total facility revenues.**

~~(c)~~ (b) The assessment on provider gross residential services revenue authorized by IC 12-15-32-11 shall be an allowable cost for cost reporting and audit purposes. Gross residential services revenue is defined as revenue from the provider's previous ~~annual~~ reporting period as set out in section 4(a) of this rule **or previous base rate reporting period set out in section 5(d) of this rule** and excludes allowable day services costs for the period. Providers will ~~annually~~ submit data to calculate the amount of provider assessment **with their annual base and rate reviews as set out in sections 4(a) and 5(d) of this rule**, using forms or in a format prescribed by the office. These forms are subject to audit by the office or its designee.

~~(d)~~ (c) If federal financial participation to match the assessment becomes unavailable under federal law after the implementation date, the authority to impose the assessment terminates on the date that the federal statutory, regulatory, or interpretive change takes place, and such termination will apply prospectively. In addition, prospective termination of the assessment as described in this subsection will result in the simultaneous termination of the assessment being considered as an allowable cost for rate setting purposes. (*Office of the Secretary of Family and Social Services; 405 IAC 1-12-24; filed Jun 1, 1994, 5:00 p.m.: 17 IR 2329; filed Aug 14, 1998, 4:27 p.m.: 22 IR 67; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed Oct 3, 2001, 9:40 a.m.: 25 IR 381*)

LSA Document #01-172(F)

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Approved by Governor: October 2, 2001

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Incorporated Documents Filed with Secretary of State: None