



## Amendments Rate Setting for Non-State Providers: Rates for ICF/DD Services

Effective Date: Tuesday, July 2, 2014  
Comments due: Tuesday, September 2, 2014

- **Section 641-2.1 is amended as follows:**

641-2.1. Applicability. On and after July [first, two thousand fourteen] 1, 2014, rates of reimbursement for intermediate care facilities for persons with developmental disabilities (ICF/DD) services, other than those provided by OPWDD, shall be determined in accordance with this Subpart.

- **Subdivision 641-2.2(b) is amended as follows:**

(b) Base year. The consolidated fiscal report period from which the initial period rate will be calculated. Such period shall be January [first, two thousand eleven] 1, 2011 through December [thirty first, two thousand eleven] 31, 2011 for providers reporting on a calendar year basis and July [first, two thousand ten] 1, 2010 through June [thirtieth, two thousand eleven] 30, 2011 for providers reporting on a fiscal year basis.

- **Subdivision 641-2.2(c) is amended as follows:**

(c) Base operating rate. Reimbursement amount calculated by dividing annual reimbursement by applicable annual units of service, both in effect on June [thirtieth, two thousand fourteen] 30, 2014.

- **Subdivision 641-2.2(j) is amended as follows:**

(j) Initial period. July [first, two thousand fourteen] 1, 2014 through [December thirty-first, two thousand fourteen for providers reporting on a calendar year basis or July first, two thousand fourteen through] June [thirtieth two thousand fifteen] 30, 2015.

- **Subdivision 641-2.2(m) is amended as follows:**

(m) Rate sheet capacity. The certified capacity of [all of] the ICFs/DD[s] operated by a provider.

- **Subdivision 641-2.3(a) is amended as follows:**

(a) There shall be one provider-wide [ICF/DD] rate for each provider, except that rates for ICF/DD services provided to individuals identified as specialized populations by OPWDD shall [not] be determined under section 641-2.9 of this Subpart. Adjustments may be made to the rate resulting from any final audit findings or reviews.

**Note: New material is underlined; deleted material is in [brackets].**

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- **Subdivision 641-2.3(c) is amended as follows:**

(c) [Operating component] Components of rates for ICF/DD services.

(Note: rest of subdivision is unchanged except as noted below.)

- **Subparagraph 641-2.3(c)(1)(iii) is amended as follows:**

(iii) Regional average program support component, which shall mean the sum of transportation related-participant staff travel, participant incidentals, expensed adaptive equipment, sub-contract raw materials, participant wages-non-contract, participant wages-contract, participant fringe benefits, staff development, supplies and materials-non-household, other-OTPS, lease/rental vehicle, depreciation-vehicle, interest-vehicle, other-equipment, other than to/from transportation allocation, salaried support dollars (excluding housekeeping and maintenance staff) and salaried program administration dollars for the base year for each provider of a DOH region, aggregated by all such providers in such region. Such sum shall be divided by the total base year salaried direct care dollars of all providers in a DOH region, and then multiplied by the applicable regional average direct care wage as determined pursuant to subparagraph (i) of this paragraph.

- **Subparagraph 641-2.3(c)(1)(v) is amended as follows:**

(v) Regional average general and administrative component, which shall mean the sum of the insurance-general and [provider] agency administration allocation for the base year for each provider in a DOH region, aggregated for all such providers in such region, divided by (the sum of total program/site costs and other than to/from transportation allocation, less the sum of food, repairs and maintenance, utilities, expensed equipment, household supplies, telephone, lease/rental equipment, depreciation equipment, total property-provider paid, housekeeping and maintenance staff, salaried clinical dollars and contracted clinical dollars for [and program administration property] the base year for each provider of a DOH region, aggregated for all providers in such region). The regional average direct care hourly rate-exclusive of general and administrative costs, as determined pursuant to subparagraph (iv) of this paragraph, shall then be divided by (one minus the applicable regional average general and administrative quotient), from which the applicable regional average direct care wage hourly rate-excluding general and administrative, as computed in subparagraph (iv) of this paragraph shall be subtracted.

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- **Subparagraph 641-2.3(c)(1)(vii) is amended as follows:**

(vii) Provider average direct care wage, which shall mean the quotient of base year salaried direct care dollars divided by the base year salaried direct care hours of a[n] provider.

- **Subparagraph 641-2.3(c)(1)(ix) is amended as follows:**

(ix) Provider average program support component, which shall mean the sum of transportation related-participant, staff travel, participant incidentals, expensed adaptive equipment, sub-contract raw materials, participant wages-non-contract, participant wages-contract, participant fringe benefits, staff development, supplies and materials-non-household, other-OTPS, lease/rental vehicle, depreciation-vehicle, interest-vehicle, other-equipment, other than to/from transportation allocation, salaried support dollars (excluding housekeeping and maintenance staff) and salaried program administration dollars for the base year for a[n] provider. Such sum shall be divided by the base year salaried direct care dollars of such provider and such quotient shall be multiplied by the provider average direct care wage as computed in subparagraph (vii) of this paragraph.

- **Subparagraph 641-2.3(c)(1)(xi) is amended as follows:**

(xi) Provider average general and administrative component, which shall mean the sum of insurance-general and [provider] agency administration allocation for the base year for a[n] provider, such sum to be divided by (the sum of total program/site costs and other than to/from transportation allocation less the sum of food, repairs and maintenance, utilities, expensed equipment, household supplies, telephone, lease/rental equipment, depreciation equipment, insurance – property and casualty, total property-provider paid, housekeeping and maintenance staff, salaried clinical dollars, and contracted clinical dollars [and program administration property] for a[n] provider) for the base year. The provider average direct care hourly rate-excluding general and administrative, as computed in subparagraph (x) of this paragraph, shall then be divided by (one minus the applicable [regional] provider average general and administrative quotient), from which the provider average direct care wage hourly rate-excluding general and administrative, as computed in subparagraph (x) of this paragraph, shall be subtracted.

- **Subparagraph 641-2.3(c)(1)(xiii) is amended as follows:**

(xiii) Provider direct care hours, which shall mean the sum of base year salaried direct care hours and base year contracted direct care hours, such sum to be divided by the [billed units] rate sheet capacities for the base year. Such quotient to be multiplied by rate sheet [units] capacities for the initial period.

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- **Subparagraph 641-2.3(c)(1)(xvi) is amended as follows:**

(xvi) Provider salaried clinical hours, which shall mean the quotient of base year salaried clinical hours of a provider, divided by the [billed units] rate sheet capacities for the base year, such quotient to be multiplied by the rate sheet [units] capacities for the initial period for such provider.

- **Subparagraph 641-2.3(c)(1)(xviii) is amended as follows:**

(xviii) Provider contracted clinical hours, which shall mean the quotient of a[n] provider's contracted clinical hours for the base year divided by the [billed units] rate sheet capacities for the base year, such quotient to be multiplied by rate sheet [units] capacities for the initial period.

- **Subparagraph 641-2.3(c)(1)(xxiv) is amended as follows:**

(xxiv) Provider facility reimbursement, which shall mean the sum of food, repairs and maintenance, utilities, expensed equipment, household supplies, telephone, lease/rental equipment, depreciation equipment, insurance – property and casualty, housekeeping and maintenance staff, and program administration property the base year for a[n] provider and such sum to be divided by provider [billed units] rate sheet capacities for the base year. Such sum to be multiplied by rate sheet [units] capacities for the initial period.

- **Subparagraph 641-2.3(c)(1)(xxvi) is amended as follows:**

(xxvi) Statewide budget neutrality adjustment factor for operating dollars, which shall mean the quotient of all provider rate sheets in effect on June [thirtieth, two thousand fourteen] 30, 2014, divided by provider operating revenue, as determined pursuant to subparagraph (xxv) of this paragraph, for all providers.

- **Paragraph 641-2.3(c)(2) is amended as follows:**

(2) Alternative operating component. For providers that did not [provide services during] submit a cost report or submitted a cost report that was incomplete for the base year, the final daily operating rate shall be a regional daily operating rate. This rate shall be the sum of:

**(Note: The rest of this paragraph is unchanged.)**

- **Paragraph 641-2.3(c)(3) is amended as follows:**

(3) Day program services component. There shall be a day program services component for individuals who participate in either in-house day programming [and] or day services, which shall equal the sum of the in-house day programming amount from the provider rate sheet in effect on

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June [thirtieth, two thousand and fourteen] 30, 2014, [and] plus the product of the units of service for the day services providers as was used in the calculation of the rate in effect on June [thirtieth two thousand and fourteen] 30, 2014 and the day service provider's rate in effect on July [first, two thousand and fourteen] 1, 2014.

- **Subparagraph 641-2.3(c)(4)(i) is amended as follows:**

(i) General principles. Capital costs shall be included in the rate at the lower of the amount determined pursuant to Subpart 635-6 of this Title or thresholds as determined pursuant to subparagraph (iv) of this paragraph. DOH may retroactively adjust the capital component.

Note: The provisions of this paragraph do not apply to capital approved by OPWDD prior to July 1, 2014.

- **Subparagraph 641-2.3(c)(4)(iii) is amended as follows:**

(iii) Cost verified rates. Actual costs shall be verified by OPWDD and supporting documentation of such costs shall be submitted to OPWDD, which shall transmit such information to DOH. A provider submitting such actual costs shall certify that the reimbursement requested reflects allowable capital costs and that such costs were actually expended by such provider. Under no circumstances shall the amount included in the rate under this subparagraph exceed the threshold rates established in subparagraph (iv) of this paragraph. Capital costs may be amortized over a maximum fifteen year period for acquisition of properties or the life of the lease for leased sites, but in no circumstance shall the amortization exceed the length of the loan taken. Amortization shall begin upon certification by the provider of such costs. [For community residences start-up costs may be amortized over a one year period and for day habilitation sites start up costs may be amortized over a five year period beginning with certification.] Start up costs may be amortized over a one year period beginning with certification. Limitations on reimbursement for such costs shall be the following:

**(Note: The rest of this subparagraph is unchanged except for clauses (a), (d), (e), (g), (h) and (l).)**

- **Clause 641-2.3(c)(4)(iii)(a) is amended as follows:**

(a) Allowable acquisition, rehabilitation and new construction costs shall be determined in accordance with Subpart 635-6 of this Title. Acquisition costs are limited to the appraised value and acquisition and construction cannot exceed regionally based [Hard caps and] thresholds.[; thresholds are based on number of individuals that reside in the residence. Residential Reserve for Replacement (RRR) funding is used for renovations/improvements in existing sites.]

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- **Clause 641-2.3(c)(4)(iii)(d) is amended as follows:**

(d) Design [costs - architectural] fees. Design fees may not exceed five percent above the [DASNY architectural] fee schedule, [and is based on the lesser of the architect's estimated feasibility or actual bid plus approved change orders.]

- **Clause 641-2.3(c)(4)(iii)(e) is amended as follows:**

(e) Financing interest rates. Fixed rates are limited to prime plus four percent. Variable rates are limited to no more than five percent of the initial rate. Mortgages [which] that do not amortize over the nominal mortgage term are not allowable.

- **Clause 641-2.3(c)(4)(iii)(g) is amended as follows:**

(g) Loan closing costs. Reimbursement is limited to actual closing costs and cannot exceed more than twelve percent of the mortgage amount. Site survey or soil inspection costs [and] are not included.

- **Clause 641-2.3(c)(4)(iii)(h) is amended as follows:**

(h) Other costs. Maximum of \$20,000, [with defined threshold of other legal fees limited to five percent over the cost of bank attorney fees.] Other costs may include but are not limited to legal and accounting fees.

- **Clause 641-2.3(c)(4)(iii)(l) is amended as follows:**

(l) Soft costs. Allowable soft costs may include site survey, soil inspection, builder's risk insurance, property casualty insurance, performance bond, clerks of the works, security, and bank site inspection.

- **Subparagraph 641-2.3(c)(4)(iv), including charts below, is amended as follows:**

(iv) Thresholds. [Thresholds for renovations are not inclusive of renovations specific to maintaining an existing site. These renovations shall be funded through the Residential Reserve for Replacement (RRR).]Thresholds shall be determined pursuant to the following [schedules]:

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Residential rental sites

<i>Threshold for Residential Rental sites- leases less than 5-year term</i>				
Counties	certified capacity of 1	certified capacity of 2	certified capacity of 3	Each Increase in Certified Capacity by 1
Orange, Rockland, Putnam, Dutchess, Ulster	\$11,692	\$13,853	\$16,903	\$3,050
Nassau, Suffolk and Westchester Counties	\$15,251	\$18,809	\$22,495	\$3,686
New York City except Manhattan	\$21,351	\$24,909	\$28,468	\$3,558
Manhattan	\$28,341	\$32,153	\$35,585	\$3,431
All other Counties	\$9,023	\$10,548	\$12,200	\$1,652
<i>Heat Allowance For rentals which include Heat</i>	+ \$900	+\$1,200	+\$1,500	<i>4 or more +\$1,500 +\$300 additional</i>

<i>Threshold for leases greater than 5 years</i>	
New York City	\$13,217 per [unit of certified capacity] <u>bed</u>
Westchester, Nassau, Rockland and Suffolk Counties	\$10,548 per [unit of certified capacity] <u>bed</u>
Putnam, Orange, Dutchess and Ulster Counties	\$7,752 per [unit of certified capacity] <u>bed</u>
Upstate (all other counties)	\$5,465 per [unit of certified capacity] <u>bed</u>

Allowable renovation costs for new/relocating residential sites with leases less than 5- year term

<i>Renovation costs for residential leases less than 5 years</i>	
Counties	Threshold
New York City and the counties of Suffolk, Rockland Nassau, Westchester, Putnam, Orange, Dutchess and Ulster	Contract Costs for Renovation: The lesser of \$5,000 per [person] <u>bed</u> , or \$25,000 per unit[.]
	Contingency Allowance: where required by contract, an additional allowance for contingency funds to address cost overages with a limit of the lesser of actual cost overage or 10% of the contract cost
All other Counties	Contract Costs for Renovation: The lesser of \$3,000 per [person] <u>bed</u> or \$15,000 per unit

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	Contingency Allowance: where required by contract, an additional allowance for contingency funds to address cost overages with a limit of the lesser of actual cost overage or 10% of the contract cost
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**Capital Thresholds for Residential Acquisitions- New or Relocation  
(including Condominium and Cooperative Apartments)**

County	[Capital Threshold Cost per UNIT OF Certified Capacity]  [Average Needs Threshold]	Capital Threshold [Cost per UNIT OF Certified Capacity]  [High Needs threshold]  <u>Per Bed</u>
Manhattan	[\$212,021]	\$228,161
Bronx, Kings, Queens, Richmond, Nassau and Westchester	[\$145,645]	\$159,182
Putnam, Rockland, Suffolk	[\$123,835]	\$135,424
Columbia, Dutchess, Orange, Sullivan, Ulster	[\$109,010]	\$117,605
Albany, Greene, Rensselaer, Saratoga, Schenectady, Warren	[\$75,411]	\$84,343
Upstate (all other)	[\$69,397]	\$77,622

**Renovation costs in existing [leased] sites**

County	Renovation Threshold - Existing [Leased] Sites Cost per [unit of certified capacity] <u>bed</u>
Manhattan	\$114,081
Bronx, Kings, Queens, Richmond, Nassau and Westchester	\$79,591
Putnam, Rockland, Suffolk	\$67,712
Columbia, Dutchess, Orange, Sullivan, Ulster	\$58,803
Albany, Greene, Rensselaer, Saratoga, Schenectady, Warren	\$42,172
Upstate (all other)	\$38,811

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[Capital Review Guidelines for] Residential Start-Up Allowance

<i>Residential Start-up Allowance per bed</i>			
Counties	[Supportive]	[Supervised] <u>New</u>	Relocations
New York City, Suffolk, Nassau, Westchester, Putnam, Rockland	[\$5,100]	\$5,800	\$1,000
Rest of the State	[\$4,900]	\$5,500	\$900

Pre-Operational Rent Allowance

<i>Pre-operational rent allowance</i>		
	[Supervised and Supportive Community Residences w] <u>Without Renovations</u>	[Supportive or Supervised w] <u>With Renovations</u>
Pre-operational rent allowance	1 month	[Up to] 3 months

[DASNY Architect/Engineer Design Fee Schedule]

<i>Design fees for New/Ground Up construction projects</i>		
[Approved Construction Costs]	[Architect's Fee]	
[To \$70,000]	[\$6,125]	[8.75% of cost]
[\$70,001 to \$100,000]	[\$8,525]	[Plus 8.00% of cost over \$70,000]
[\$100,001-\$150,000]	[\$12,275]	[Plus 7.50% of cost over \$100,000]
[\$150,001 to \$250,000]	[\$19,275]	[Plus 7.00% of cost over \$150,000]
[\$250,001 to \$500,000]	[\$35,525]	[Plus 6.50% of cost over \$250,000]
[\$500,001 to \$1,000,000]	[\$66,025]	[Plus 6.10% of cost over \$500,000]
[\$1,000,001 to 2,000,000]	[\$124,025]	[Plus 5.80% of cost over \$1,000,000]
[\$2,000,001 to \$3,500,000]	[\$205,025]	[Plus 5.40% of cost over \$2,000,000]
[\$3,500,001 to \$5,000,000]	[\$280,025]	[Plus 5.00% of cost over \$3,500,000]
[\$5,000,001 to \$7,500,000]	[\$392,525]	[Plus 4.50% of cost over \$5,000,000]
[\$7,500,001 to \$9,999,999]		[Plus 4.30% of cost over \$7,500,000]

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Design Fees

<i>[Design fees for rehabilitation/acquisition projects]</i>		
Approved Construction Costs	[Architect's] <u>Design Fee</u>	
\$0 to \$15,000	\$3,000	Subject to OPWDD approval
\$15,001 to \$50,000	\$3,000	Plus 17.50% of cost over \$15,000
\$50,001 to \$100,000	\$9,125	Plus 15.50% of cost over \$50,000
\$100,001 to \$150,000	\$16,875	Plus 12.50% of cost over \$100,000
\$150,001 to \$200,000	\$23,125	Plus 10.00% of cost over \$150,000
\$200,001 to \$250,000	\$28,125	Plus 8.0% of cost over \$200,000
\$250,001 to \$300,000	\$32,125	Plus 4.75% of cost over \$250,000
\$300,001 to \$350,000	\$34,500	Plus 10.80% of cost over \$300,000
\$350,001 to \$400,000	\$39,900	Plus 10.60% of cost over \$350,000
\$400,001 to \$450,000	\$45,200	Plus 10.40% of cost over \$400,000
\$450,001 to \$500,000	\$50,400	Plus 10.20% of cost over \$450,000
\$500,001 to \$550,000	\$55,500	Plus 10% of cost over \$500,000
\$550,001 to \$600,000	\$60,500	Plus 9.80% of cost over \$550,000
\$600,001 to \$650,000	\$65,400	Plus 9.60% of cost over \$600,000
\$650,001 to \$700,000	\$70,200	Plus 9.40% of cost over \$650,000
\$700,001 to \$750,000	\$74,900	Plus 9.20% of cost over \$700,000
\$750,001 to \$1,000,000	\$79,500	Plus 10.20% of cost over \$750,000
\$1,000,001 to \$1,500,000	\$105,000	Plus 9.90% of cost over \$1,000,000
\$1,500,001 to \$2,000,000	\$154,500	Plus 9.90% of cost over \$1,500,000
\$2,000,001 to \$2,500,000	\$204,000	Plus 9.20% of cost over \$2,000,000
\$2,500,001 to \$3,000,000	\$250,000	Plus 7.60% of cost over \$2,500,000
\$3,000,001 to \$3,500,000	\$288,000	Plus 7.50% of cost over \$3,000,000
\$3,500,001 to \$4,000,000	\$325,500	Plus 6.90% of cost over \$3,500,000
\$4,000,001 to \$4,500,000	\$360,000	Plus 6.30% of cost over \$4,000,000

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\$4,500,001 to \$5,000,000	\$391,500	Plus 5.70% of cost over \$4,500,000
\$5,000,001 to \$5,500,000	\$420,000	Plus 5.10% of cost over \$5,000,000
\$5,500,001 to \$6,000,000	\$445,500	Plus 4.50% of cost over \$5,500,000
\$6,000,001 to \$7,000,000	\$468,000	Plus 5.70% of cost over \$6,000,000
\$7,000,001 to \$8,000,000	\$525,000	Plus 3.50% of cost over \$7,000,000
\$8,000,001 to \$9,000,000	\$566,000	Plus 2.50% of cost over \$8,000,000
\$9,000,001 to \$9,999,999	\$585,000	Plus 1.50% of cost over \$9,000,000

Soft costs

<i>[Soft costs] Limited to the lesser of actual cost or threshold</i>
Site survey \$500 for existing site or \$5,000 (new construction)
Builders risk insurance \$2,000 for existing site, or \$4,000 (new construction)
Property casualty insurance \$2,000
Bank site inspection \$5,100 (new construction)
Performance Bond at 3% of the approved rehabilitation costs over \$99,999
Soil inspection at amount approved by OPWDD
Clerk of the works at amount approved by OPWDD
Security at amount approved by OPWDD

**Note: Clause 641-2.3(c)(4)(iv)(a) is unchanged**

- **Clause 641-2.3(c)(4)(iv)(b) is amended as follows:**

(b) Costs of residential acquisitions are included in the rate at the lesser of the provider's actual cost or the thresholds [described below]. The threshold [is based on the number of units of certified capacity and] includes the costs of building, land and rehabilitation costs (excluding contingency). [The high needs threshold is limited to acquisitions involving rehabilitation of the property for populations needing specialized adaptations for physical or behavioral health needs as determined by OPWDD.]

- **Clause 641-2.3(c)(4)(iv)(c) is amended as follows:**

(c) For renovation costs in existing leased sites, allowable costs are limited to the lesser of the provider's actual costs or the threshold values listed. In addition, where [required by contract] approved by OPWDD, the provider is eligible for an additional allowance for

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contingency funds to address renovation cost overages with a limit of the lesser of actual cost overage or ten percent of the contract cost.

- **Clause 641-2.3(c)(4)(iv)(d) is deleted as follows:**

[(d) Allowable soft costs may include site survey, soil inspection, builder's risk insurance, and performance bond and are limited to the thresholds described herein.]

- **A new subparagraph 641-2.3(c)(4)(v) is added as follows:**

(v) Renovations of existing provider owned residential programs shall be funded through the Residential Reserve for Replacement (RRR).

- **Section 641-2.4 is amended as follows:**

641-2.4. Assessment. [Providers under this section] Rates shall [be subject to] include the assessment described in section 43.04 of the Mental Hygiene Law.

- **Section 641-2.7 is amended as follows:**

641-2.7. Transition to new methodology. The reimbursement methodology described in this subpart will be phased-in over a three-year period, with a year for purposes of the transition period meaning a twelve month period from July [first] 1st to the following June [thirtieth] 30th, and with full implementation in the beginning of the fourth year. During this transition period, the base operating rate will transition to the target rate as determined by the reimbursement methodology described in this subpart, according to the phase-in schedule outlined below. The base operating rate will remain fixed and the target rate, as determined by the reimbursement methodology in this subpart, will be updated to reflect rebasing of cost data, trend factors and/or other appropriate adjustments.

Transition Year	Phase-in Percentage	
	Base operating rate	New Methodology
Year One (July 1, 2014 – June 30, 2015)	75%	25%
Year Two (July 1, 2015 – June 30, 2016)	50%	50%
Year Three (July 1, 2016 - June 30, 2017)	25%	75%

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Year Four (July 1, 2017 – June 30, 2018)	0%	100%
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- **A new section 641-2.8 is added as follows and the existing section 641-2.8 is renumbered to be 641-2.10:**

641-2.8. Rate corrections.

(a) Arithmetic or calculation errors will be adjusted accordingly in instances that would result in an annual change of \$5,000 or more in a provider's annual reimbursement for ICFs/DD.

(b) In order to request a rate correction in accordance with subdivision (a) of this section, the provider must send to the Department of Health its request by certified mail, return receipt requested, within 90 days of the provider receiving the rate computation or within 90 days of the first day of the rate period in question, whichever is later.

- **A new section 641-2.9 is added as follows:**

641-2.9. Specialized template populations. Notwithstanding any other provision of this Subpart, rates for individuals identified by OPWDD as qualifying for specialized template populations funding shall be as follows:

(a) For individuals initially identified as qualifying for specialized template populations funding between November 1, 2011 and March 31, 2014

<u>Residential – Specialized Level of Care</u>	
<u>Region</u>	<u>Gross Annual Funding Allocation Per Individual Operating only</u>
<u>Downstate</u>	<u>\$166,400</u>
<u>Upstate</u>	<u>\$150,500</u>

<u>Residential – Highly Complex Level of Care</u>	
<u>Region</u>	<u>Gross Annual Funding Allocation Per Individual Operating only</u>
<u>Downstate</u>	<u>\$189,500</u>
<u>Upstate</u>	<u>\$171,500</u>

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<u>Residential – Auspice Change</u>	
<u>Region</u>	<u>Gross Annual Funding Allocation Per Individual Operating only</u>
<u>Downstate</u>	<u>\$136,500</u>
<u>Upstate</u>	<u>\$123,500</u>

<u>Day Services – Specialized Level of Care</u>	
<u>Region</u>	<u>Gross Annual Funding Allocation Per Individual Operating only</u>
<u>Downstate</u>	<u>\$41,730</u>
<u>Upstate</u>	<u>\$37,562</u>

<u>Day Services – Highly Complex Level of Care</u>	
<u>Region</u>	<u>Gross Annual Funding Allocation Per Individual Operating only</u>
<u>Downstate</u>	<u>\$46,433</u>
<u>Upstate</u>	<u>\$43,063</u>

(b) For individuals initially identified as qualifying for specialized template populations funding after March 31, 2014

<u>Residential – Highly Complex Level of Care</u>	
<u>Region</u>	<u>Gross Annual Funding Allocation Per Individual Operating only</u>
<u>Downstate</u>	<u>\$189,500</u>
<u>Upstate</u>	<u>\$171,500</u>

**Emergency/Proposed Regulations: Rate Setting for Non-State Providers:  
Intermediate Care Facilities for Persons with Developmental Disabilities  
Effective: July 2, 2014**

<u>Residential – Auspice Change</u>	
<u>Region</u>	<u>Gross Annual Funding Allocation Per Individual Operating only</u>
<u>Downstate</u>	<u>\$136,500</u>
<u>Upstate</u>	<u>\$123,500</u>

<u>Day Services – Highly Complex Level of Care</u>	
<u>Region</u>	<u>Gross Annual Funding Allocation Per Individual Operating only</u>
<u>Downstate</u>	<u>\$46,433</u>
<u>Upstate</u>	<u>\$43,063</u>