



INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED (ICF-MR)
ATTACHMENT

Scope of Services

- (a) The FACILITY shall provide intermediate care facility services for the mentally retarded in conformance with and as described in Title 17, Subtitle 12, Subchapter 4, Chapter 17-1737, Hawaii Administrative Rules, and the applicable sections under C.F.R. 42, Part 483, Subpart I to those patients who have been determined by the Department of Human Services (DHS) to be Medicaid eligible.
- (b) The FACILITY, its employees and agents, shall comply with retaliatory acts provisions in §349-14, Hawaii Revised Statutes, in assuring that no patient seeking advocacy assistance or who makes a complaint concerning the FACILITY or any of its employees and agents, is subject to retaliation by the FACILITY, its employees or agents.

Reimbursement

- (a) DHS shall reimburse the FACILITY for authorized ICF-MR services provided to residents. Reimbursements shall be limited to services rendered in the areas of the FACILITY which are licensed by the State Department of Health as an ICF-MR under C.F.R. 42, Part 483, Subpart I.
- (b) DHS and the FACILITY mutually agree that for the purposes of this Agreement, a "resident day" shall include the date of admission or the date of discharge, but not both.
- (a) DHS shall make payments through its fiscal agent in accordance with time limits specified in §17-1739-15, Hawaii Administrative Rules. DHS reserves the right not to make payment for claims which are submitted more than twelve (12) months after the month in which service was rendered.
- (d) The FACILITY shall submit its statement of services for each Medicaid patient to the DHS fiscal agent no later than the thirtieth (30th) calendar day following discharge of the patient. In the event that the resident's care continues for a full calendar month, the FACILITY shall then bill the fiscal agent within thirty (30) days from the end of each month of service.

Penalties

The DHS shall allocate to the FACILITY any and all federal financial penalties (FFP) assessed by HCFA for the FACILITY's failure to meet requirements set forth in this Agreement. The penalties shall be assumed and paid by the FACILITY upon notification from DHS.

Reports

- (a) The FACILITY shall prepare and submit all required monthly and quarterly reports on DHS 1137. The reports include but are not limited to all Medicaid admissions, discharges, including deaths, and periods of absence from the FACILITY due to deaths, and periods of absence from the facility due to hospitalization and overnight passes. The DHS 1137 shall be submitted to the Med-QUEST Division's Administration by the fifteenth (15th) of the month following the reporting period.

- (a) The FACILITY shall make available, at the request of DHS, a listing of residents who were approved for temporary absences from the FACILITY, together with information on the destination, number of days absent, and specific dates absent by the resident.

I/We have read all of the above and fully understand and agree to its terms.

Print Name of Provider/Authorized Business Agent

Signature of Provider/Authorized Business Agent

Date Signed