CHAPTER 25-18
FEE FOR SERVICE RATESETTING FOR DEVELOPMENTALLY DISABLED FACILITIES

25-18-01. Definitions.

In this chapter, unless the context or subject matter otherwise requires:

1. "Department" means the department of health and human services.
2. "Treatment or care center" means an entity providing services to individuals with developmental disabilities and licensed by the department to provide services.

25-18-02. Workgroup - Membership - Facilitator.

Repealed by S.L. 2005, ch. 252, § 4.

25-18-03. Purchase of services.

The department may purchase, from funds appropriated to it for that purpose, residential care, custody, treatment, training, and education for individuals with developmental disabilities from any treatment or care center licensed in this state.

25-18-04. Fee-for-service system - Fee determination.

Repealed by S.L. 2005, ch. 252, § 4.

25-18-05. Limitation on owner compensation for services provided.

For-profit treatment or care centers may compensate working owners and their families for time worked on behalf of the treatment or care center. The amount of total annual compensation allowed for an owner acting in an executive or administrative capacity must be limited as follows:

Number of clients served:	Compensation limit:
1 - 15	$25,000
16 - 30	$35,000
31 - 45	$45,000
46+	$50,000

The limits in this section are intended to be the total compensation allowed by this state in any one year regardless of the number of owners performing work for the treatment or care center. A proration of the total compensation for owners who perform services in this state and who perform services in other states must be made on the basis of individual time distribution records. For family members working in direct care, housekeeping, maintenance, dietary, or clerical positions, wages are limited to the wage paid to any nonrelated employee, with the same qualifications and experience, working in a similar job function for that treatment or care center. The allowable compensation limit is inclusive of all salaries and related fringe benefits and may not be construed to be an addition or enhancement to the rate payable to a treatment or care center.

25-18-06. Extraordinary client needs - Effect on fee.

Repealed by S.L. 2005, ch. 252, § 4.

25-18-07. Trust fund.

Repealed by S.L. 2005, ch. 252, § 4.

25-18-08. Transition to establishment of fees.

Repealed by S.L. 2005, ch. 252, § 4.

25-18-09. Federal requirements - Supremacy.

If any provision of this chapter is determined by the United States government to be in conflict with existing or future requirements of the United States government so as to limit or preclude federal financial participation in medical assistance, the department shall comply with

the federal requirements to the extent necessary to obtain federal financial participation and shall not comply with the provisions of this chapter if necessary to avoid a loss of federal financial participation.

25-18-10. Exclusion of state-owned or state-operated treatment or care centers.
This chapter does not apply to state-owned or state-operated treatment or care centers.

25-18-11. Rulemaking authority of the department.
Repealed by S.L. 2005, ch. 252, § 4.

25-18-12. Reporting to legislative council.
Repealed by S.L. 2005, ch. 252, § 4.

25-18-13. Treatment or care center budget flexibility.
The department shall allow treatment or care centers to transfer funds received from the department between budget categories and line items.

25-18-14. Maximum annual return on investment.
Profit-motivated institutions or facilities must be allowed an annual return on investment in fixed assets related to client care. The maximum return on investment must be established based upon the existing debt divided by original asset cost and must be determined as follows:

Annual average percentage debt to annual average assets	Return
51 to 80 percent -	2 percent return on original cost of fixed assets
0 to 50 percent -	3 percent return on original cost of fixed assets

25-18-15. Payment for services to medically fragile children.
The department may consider the unique level of care, the additional cost required to provide services to medically fragile clients under twenty-one years of age, and the actual and reasonable cost of providing services to individuals with developmental disabilities when reimbursing an intermediate care facility for individuals with intellectual disabilities.