

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
ANNEX B-2: CONTRACT RATE INFORMATION SUMMARY

PROVIDER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
CONTRACT #: \_\_\_\_\_  
FEDERAL I.D.#: \_\_\_\_\_ THIS ANNEX B-2 SUPERCEDES THE  
ANNEX B-2 DATED:       N/A      

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SECTION I: RATES  
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Rates and the corresponding business rules are set forth in Attachment 1 to this Annex B-2, which is incorporated into and forms a part of this Contract.

\*THESE RATES ARE SUBJECT TO THE CONDITIONS IN SECTIONS II AND III

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SECTION II: CONTRACT STIPULATIONS  
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- A. The service capacity of the Provider Agency is \_\_\_\_\_ for the term of this Contract.  
(Check here if not applicable:   X  .)
- B. The Provider Agency shall submit to the Department a ( ) monthly, ( ) quarterly, ( ) semi-annual, ( ) annual report certifying to the actual program expenditures consistent with the Provider's approved budget set forth in the Contract Budget. This report is due \_\_\_\_\_ days after the end of the reporting period. (Check here if periodic expenditure reporting is not applicable:   X  .)
- C. The Provider Agency shall submit to the Department a ( ) monthly, ( X ) quarterly, ( ) semi-annual, ( ) annual report certifying to the actual units of service delivered during the reporting period. This report is due   30   days after the end of the reporting period. (Check here if periodic units of service reporting is not applicable:   .)
- D. Other: (Specify reporting requirements if B and C above are not applicable.)

Payment is contingent on entering all required information into the New Jersey Mental Health Application for Payment Processing (NJMHAPP).

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SECTION III: GENERAL  
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- A. Limitations: Use of the rate(s) contained in this Annex is subject to any statutory or administrative limitations. Acceptance of the rate(s) agreed to herein is predicated on the condition that no information furnished by the Provider Agency and used in the establishment of the rate(s) as applicable is found to be materially incomplete or inaccurate. In addition, if the rate(s) agreed to herein was/were calculated based on costs contained in the Contract Budget (Annex B), acceptance of the rate(s) is predicated on the conditions that: (1) no costs other than Provider Agency costs were included in the Annex B as finally accepted; (2) all costs reflected in the Contract's Reimbursable Ceiling are allowable under the governing cost principles; and (3) similar types of costs were accorded consistent accounting treatment.
- B. Types of Rates:
  - 1. Provisional: a provisional rate is a temporary or interim rate and is subject to adjustment on the basis of a final rate calculated when actual costs are reported.
  - 2. Fixed: a fixed rate is a permanent rate, not subject to adjustment, which is agreed to for a specific future period, usually one year.
- C. Notification of State agencies: Copies of this document may be furnished to other State agencies as a means of notifying them of the information it contains.
- D. Other: The Provider Agency is subject to the monthly limit(s) on payment set forth in Attachment 2 to this Annex B-2, which is incorporated into and forms a part of this Contract and as further described in Section 4 of the Mental Health Fee-For Service Addendum to this Contract.