



Ohio Revised Code

Section 5124.15 Amount of payments.

Effective: July 1, 2018

Legislation: House Bill 24 - 132nd General Assembly

(A) Except as otherwise provided by section 5124.101 of the Revised Code, sections 5124.151 to 5124.154 of the Revised Code, and divisions (D) and (E) of this section, the total per medicaid day payment rate that the department of developmental disabilities shall pay to an ICF/IID provider for ICF/IID services the provider's ICF/IID provides during a fiscal year shall equal the following:

(1) Until July 1, 2021, the greater of the total per medicaid day payment rates determined under divisions (B) and (C) of this section;

(2) Beginning July 1, 2021, the total per medicaid day payment rate determined under division (B) of this section.

(B) The total per medicaid day payment rate determined under this division is the sum of all of the following:

(1) The per medicaid day capital component rate determined for the ICF/IID under section 5124.17 of the Revised Code;

(2) The per medicaid day direct care costs component rate determined for the ICF/IID under section 5124.19 of the Revised Code;

(3) The per medicaid day indirect care costs component rate determined for the ICF/IID under section 5124.21 of the Revised Code;

(4) The per medicaid day other protected costs component rate determined for the ICF/IID under section 5124.23 of the Revised Code;

(5) Until July 1, 2020, a direct support personnel payment equal to three and four-hundredths per cent of the ICF/IID's desk-reviewed, actual, allowable, per medicaid day direct care costs from the



applicable cost report year;

(6) Beginning July 1, 2020, the per medicaid day quality incentive payment determined for the ICF/IID under section 5124.24 of the Revised Code.

(C) The total per medicaid day payment rate determined under this division is the sum of all of the following:

(1) The per medicaid day payment rate for capital costs determined for the ICF/IID under section 5124.171 of the Revised Code;

(2) The per medicaid day payment rate for direct care costs determined for the ICF/IID under section 5124.195 of the Revised Code;

(3) The per medicaid day payment rate for indirect care costs determined for the ICF/IID under section 5124.211 of the Revised Code;

(4) The per medicaid day payment rate for other protected costs determined for the ICF/IID under section 5124.231 of the Revised Code ;

(5) A direct support personnel payment equal to three and four-hundredths per cent of the ICF/IID's desk-reviewed, actual, allowable, per medicaid day direct care costs from the applicable cost report year.

(D) The total per medicaid day payment rate for the following shall not exceed the average total per medicaid day payment rate in effect on July 1, 2013, for developmental centers :

(1) An ICF/IID that is in peer group 5-A for the purpose of the total per medicaid day payment rate determined under division (B) of this section;

(2) An ICF/IID that is in peer group 3-B for the purpose of the total per medicaid day payment rate determined under division (C) of this section.



(E) The department shall adjust the total per medicaid day payment rate otherwise determined for an ICF/IID under divisions (B) and (C) of this section as directed by the general assembly through the enactment of law governing medicaid payments to ICF/IID providers.

(F) In addition to paying an ICF/IID provider the total per medicaid day payment rate determined for the provider's ICF/IID under divisions (B), (C), (D), and (E) of this section for a fiscal year, the department, in accordance with section 5124.25 of the Revised Code, may pay the provider a rate add-on for ventilator-dependent outlier ICF/IID services if the rate add-on is to be paid under that section and the department approves the provider's application for the rate add-on. The rate add-on is not to be part of the ICF/IID's total per medicaid day payment rate.