



Ohio Revised Code

Section 5124.15 Amount of payments.

Effective: October 3, 2023

Legislation: House Bill 33

(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 (B) and (C) 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 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) The sum of the following:
 - (a) The per medicaid day quality incentive payment determined for the ICF/IID under section 5124.24 of the Revised Code;
 - (b) A direct support personnel payment equal to two 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;
 - (c) A professional workforce development payment equal to thirteen and fifty-five hundredths for



state fiscal year 2024 and twenty and eighty-one hundredths during fiscal year 2025 per cent of the ICF/IID's desk-reviewed, actual, allowable, per medicaid day direct care costs from the applicable cost report year.

(B) The total per medicaid day payment rate for an ICF/IID that is in peer group 5 shall not exceed the average total per medicaid day payment rate in effect on July 1, 2013, for developmental centers.

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

(D)(1) In addition to paying an ICF/IID provider the total per medicaid day payment rate determined for the provider's ICF/IID under divisions (A), (B), and (C) of this section for a fiscal year, the department may do either or both of the following:

(a) In accordance with section 5124.25 of the Revised Code, 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;

(b) In accordance with section 5124.26 of the Revised Code, pay the provider for outlier ICF/IID services the ICF/IID provides to residents identified as needing intensive behavioral health support 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.

(2) The rate add-ons are not to be part of the ICF/IID's total per medicaid day payment rate.