



Voluntary ICF-IID Conversion to IO Waivers Funded by the Ohio Department of Developmental Disabilities

A provider who is interested in learning more about the voluntary conversion program being offered by DODD should contact Ann Weisent at Ann.Weisent@dodd.ohio.gov or 614-949-8792, or Josh Anderson at Joshua.Anderson@dodd.ohio.gov or 614-387-0576. A core team of DODD staff are willing to meet with interested providers to answer any questions providers might have during their consideration of participating in the voluntary conversion program.

Prior to making a final decision to participate in this program, private providers should contact their local County Board to inform them of their interest in the program. The provider and County Board will need to work together to create preliminary Ohio Developmental Disabilities Profiles (ODDP) for individuals who are interested in receiving Home and Community-Based Services (HCBS) waivers.

Once a provider makes the decision to participate in the voluntary conversion process:

The ICF-IID operator provides 90-day written notice of intent to convert ICF-IID beds to waiver to the Directors of the Ohio Department of Health (ODH) and DODD. The notice shall contain how many beds will be converted, how many will remain ICF, a statement that the provider has analyzed the financial impact of the proposal and the quality of care of the remaining individuals will not be adversely impacted, ODDP scores/expected funding ranges of transitioning individual(s), Acuity Assessment Instrument (AAI) levels for day programming, as well as intended timeframes for conversion.

Notices should be sent to:

- Richard Hodges, Director, Ohio Department of Health, 246 N. High St., Columbus, Ohio 43215
- John Martin, Director, DODD, 30 E. Broad St., Columbus, Ohio 43215

Per [Section 5124.62 of the Ohio Revised Code](#) (ORC), the Director of DODD shall approve conversions of ICF-IID beds to HCBS. If the Director of DODD does not approve the proposed conversion, the decision is final and the process ends.

Upon approval for ICF Conversion to IO Waiver:

DODD will send a letter to the ICF-IID provider, the Director of ODH, and the local County Board informing them that the request to convert ICF-IID beds to waiver has been approved.

- 1) Upon approval of the conversion plan, the provider shall give all residents of the facility at least 30 days' notice of the intent to convert some/all beds to waiver. Each resident shall be informed they may do either of the following: 1) the individual may continue to receive ICF-IID services from any willing provider, or 2) the individual may seek HCBS instead of ICF-IID services from any willing provider if eligible and a slot is available. Documentation of notification shall remain available for review by the Office of Provider Standards and Review (OPSR) upon request.

- 2) The ICF operator contacts OPSR to complete the Development Application.
 - a. If the operator determines that they want to license the setting in which the new waiver slots will be located, OPSR works with the provider to complete the facility licensing process (approximately 60 day process) which includes:
 - i. Notification of local authorities per statute
 - ii. Completion of required inspection
 1. Building
 2. Water
 3. Sewer
 4. Fire
 - iii. Feasibility Review
 - b. If the operator determines that they do not want to license the setting in which the new waiver slots will be located, OPSR issues a new license, effective the date of the individual's enrollment on the waiver decreasing the capacity of the facility and the bed is surrendered.
 - c. OPSR obtains required signatures for Development application/process.
 - d. **If a full conversion**, the provider/operator will work with the Ohio Department of Medicaid (ODM) to follow the closure process. OPSR issues closure letter which notifies ODH and ODM of facility closure and relinquishment of ICF-IID beds. ODH terminates ICF certification and notifies ODM to terminate the Medicaid Provider Agreement. Operator complies with statutory requirements regarding voluntary termination (5124.50 to 5124.53) and Ohio Administrative Code (OAC) 5123:2-3-05.
 - e. **If a partial conversion**, OPSR issues development change letter which notifies ODH and ODM of a decrease in the facility capacity and the relinquishment of a determined number of ICF-IID beds. ODH reduces the ICF's certified capacity and notifies ODM to amend the Medicaid Provider Agreement to reflect reduced capacity. DODD issues new license with reduced capacity. Operator complies with OAC 5123:2-3-05.
- 3) DODD will pay for the waiver services for the transitioning individual. Additional funding may be available to support the conversion of ICF beds, but each case will be reviewed separately based on the specific circumstances of the providers, County Boards and individuals involved, as well as availability of additional funds.
- 4) DODD commits to a continuing allocation to the County Board should/when the individual dis-enrolls from the waiver. The continuing amount will be determined by a review of the previous 12 months of state funded waiver payments for the individual. Subject to review and with the discretion of DODD, the continuing allocation amount may be pro-rated if the transitioned individual has not been served on the waiver for at least 12 consecutive months prior to dis-enrollment. This amount will be permanently added to the County Board allocation to maintain residential capacity of the county. The County Board will be responsible for notifying Charles Flowers at Charles.flowers@dodd.ohio.gov in the Division of Medicaid Development and Administration within 90 days when an individual dis-enrolls.

- 5) Once the County Board is notified of the provider's intent to participate in the voluntary conversion program, the County Board will assign a Service and Support Administrator (SSA) to the individual considering conversion. The County Board also must be comfortable that they can ensure health and safety. The process should include a discharge plan that specifies the individuals' choice of HCBS provider and anticipated move date.
- 6) When the County Board is ready to begin the process of enrolling the individual on the waiver, they should notify Ann Weisent at Ann.Weisent@dodd.ohio.gov. The notification should be developed with the provider and include the individual's name, projected DDP range, Acuity Score, current living arrangement, proposed living arrangement, and anticipated date of enrollment.
- 7) A waiver allocation letter will be forwarded via email to the County Board Superintendent and/or SSA Director from the Division of Medicaid Developmental and Administration acknowledging the utilization of ICF conversion to fund the requested waiver, and copy the provider/operator.
- 8) After the waiver allocation letter is received, the provider and County Board together finalize the ODDP and develop an Individual Service Plan (ISP).
- 9) Upon receipt of the approval letter from the Division of Medicaid Development and Administration, the County Board places the individual(s) on the IO Waiting List and selects XICF Priority Code only. Then the County Board places the individual on the Preliminary Implementation Component Tool (PICT). Based on the Waiting List Record, the enrollment reason will auto populate with XICF. Once the PICT is completed, the County Board shall email Waivercapacity-support@list.dodd.ohio.gov to inform DODD the PICT record is submitted. (There is no separate/additional waiver subtype for this process). The match source code will be XICF. ICF Conversion waivers count toward a County Board's IO Waiver floor. The Department will review the PICT and notify the County Board of the approval via email. Once the County Board receives this email, they may begin the normal waiver enrollment process. Once enrolled, the County Board submits the PAWS plan for the individual using XICF as the Match Source. The County Board must submit the plan using our direct entry application, and NOT the XML upload. Please note, if the individual is to receive HPC services in 15-minute units, the "DC Add On" box in PAWS must be checked in order for the provider to be reimbursed properly. The County Board will communicate any anticipated delays in the enrollment process to the Provider/Operator.

General Items to keep In Mind

The Department strongly suggests utilization of Home Choice option for start-up costs. There is \$2,000 available for one-time start-up costs, and \$5,000 community transition funding for the SSA's transition coordination. An additional \$500 also is available for pre-transition transportation. This option is available only to individuals who are currently residing in an institutional setting and will be moving to a community setting housing four or fewer individuals. An individual receiving a state-funded waiver through conversion of a vacant ICF bed is NOT eligible for Home Choice if they are currently residing in a community setting (i.e.; own home, family home, etc.). See ODM's website for [additional information about the Home Choice program](#).

There is a \$0.52 per unit rate incentive for waiver providers who serve individuals moving to a waiver as a result of this conversion initiative. This rate incentive is available for a one year period from the time of conversion.

Also, ICF-IID providers who participate in this voluntary conversion process will be eligible for a semi-annual reassessment of their franchise fees based on bed reductions resulting from conversion efforts.

Waiting Lists

Please note that the waiting list statute does not apply in these circumstances due to the fact that these are all state match supported. Once an individual dis-enrolls and the County Board receives the allocation, the waiting list statute will apply in regard to the provision of future services.

Capital

We anticipate having capital funds available to assist in housing needs. Funds are available on a situation-specific first come, first-served basis. The DODD rule and policies relating to capital assistance for housing apply to these funds. An application to access capital funds will be sent with the waiver allocation letter. Please mark "ICF Conversion to Waiver" on the application and submit it to the address provided. If you have questions specific to capital funds, please contact Ernie Fischer at Ernie.Fischer@dodd.ohio.gov.

ICF-IID Conversion Team

Ginnie Whisman, Deputy Director - Division of Residential Resources

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Brad Singer, Legal & Oversight

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An ICF opening can occur for multiple reasons, but most are related to the downsizing efforts, but some can be replacement facilities. This process outlines what is needed for the opening of a new ICF.

ICF Opening: Pre-move				
	Complete	Activity	Completed by	Sent to
1		If the opening of new facility is part of larger downsizing plan or if any unique circumstances exist, contact DODD to discuss plans for development. Please contact Ann Weisent at 614-949-8792 or Ann.Weisent@dodd.ohio.gov .	Provider	DODD
2		Provider contacts OPSR to get development application, and completes development application at least 60 days prior to when the home will be ready for inspection and sends to DODD. Please contact Ann Weisent at 614-949-8792 or Ann.Weisent@dodd.ohio.gov .	Provider	DODD
3		Provider completes application for new Medicaid provider agreement in MITS (www.medicaid.ohio.gov/Providers/EnrollmentandSupport/ProviderEnrollment.aspx)	Provider	Medicaid/ MITS
4		Medicaid sends new provider application to the Ohio Department of Health (ODH) and DODD.	Medicaid	ODH, DODD
5		Medicaid begins reviewing the new provider application and attached documents.	Medicaid	
6		DODD will review, research, and, when able, approve the development application and notify Provider, Medicaid, and ODH. OAC 5123:2-3-26(F) (2) gives DODD 60 days to respond to a development application.	DODD	Provider, Medicaid, ODH
7		Provider contacts DODD to schedule feasibility study when home is ready for inspection to ensure that the home meets all requirements according to Licensure rules. Provider can contact Ann Weisent at 614-949-8792 or Ann.Weisent@dodd.ohio.gov .	Provider	DODD
8		DODD conducts on site feasibility study for licensure survey (per OAC 5123:2-3-02) typically within 30 days of notification from provider that facility is ready for the feasibility study.	DODD	

ICF Opening: Pre-move				
	Complete	Activity	Completed by	Sent to
9		DODD issues a 30-day interim license as a residential facility (per OAC 5123:2-3-23). The interim license is made effective, and issued to the provider based on the date that the provider informs DODD that they will be moving individuals into the home. It may be renewed for up to an additional 150 days.	DODD	Provider
10		Once provider is ready to be in compliance with all certification requirements, provider submits readiness letter ¹ to ODH. Letter can be emailed to LicCert@odh.ohio.gov with a copy to Brian.Jackson@odh.ohio.gov .	Provider	ODH
11		Provider calls EIDC help desk at 614-995-4263 to set up account for new facility. This allows the provider to see their report and submit plan of correction (POC) online, if needed. Provider should include an email address to receive notification when reports are available.	Provider	ODH
12		ODH schedules initial certification survey (approximately 30 days from date the readiness letter is received).	ODH	Provider
13		Provider must have at least one individual living in the residence when ODH comes for initial certification survey	Provider	

¹ **Readiness Letter:** When the provider sends their readiness letter to ODH, it is expected that the provider is in compliance with all certification requirements. Some important aspects include:

- The provider meets all health and safety requirements.
- The building is furnished: common areas should have enough furniture for expected capacity, bedroom furniture for person currently receiving services and provider will need to show ability to provide bedroom furniture for capacity (procedure, PO, etc.).
- The provider is ready to provide goods and services: should have ability to store goods for capacity and have enough goods on hand for at least four individuals (since this is the minimum ICF capacity) for approximately one week and be able to show procurement process.
- Staff are available.
- All policies, procedure manuals, and other documents that need to be revised are ready to go and available for review.
- The provider has at least one resident on site receiving services.
- The IP for the resident and all necessary services for that person should be in place.
- The provider must have been issued an interim license by DODD.

ICF Opening: Pre-move				
	Complete	Activity	Completed by	Sent to
14		ODH performs initial certification survey; this is an on-site survey.	ODH	
15		ODH issues results of initial certification survey (statement of deficiencies) via EIDC (approximately 10 days after survey is conducted). Provider will receive an email notification of results if they included an email address when the EIDC account was created.	ODH	Provider
16		If there are deficiencies listed, provider can submit a Plan of Correction (POC) if they intend to be certified. POC must include an Allegation of compliance date (which is the date by which the provider will come into compliance).	Provider	ODH
17		ODH reviews and accepts POC (approximately 10 days after receiving POC). Provider will be notified of acceptance through EIDC.	ODH	Provider
18		ODH schedules provider for re-visit to ensure deficiencies are corrected (typically less than 30 days from allegation of compliance date included in POC).	ODH	Provider
19		ODH completes re-visit and, if deficiencies are corrected, recommends initial certification with effective certification date. Facilities cannot be certified until they are in compliance.	ODH	Provider
20		If there are no deficiencies, ODH recommends initial certification with effective certification date.	ODH	Provider, Medicaid
21		ODH sends initial certification letter to provider and copies DODD and Medicaid.	ODH	Provider, DODD, &
22		After receiving notification from ODH, DODD contacts provider and informs them that they can move individuals into the residence (typically within 1 business day).	DODD	Provider

ICF Opening: Post-move

	Complete	Activity	Completed by	Sent to
23		After receipt of ODH notification of certification, Medicaid begins provider enrollment process and sends provider agreement, including new provider number, to provider for signature.	Medicaid	Provider
24		After receipt of initial certification letter, DODD issues one-year term license for new facility (typically within one business day).	DODD	Provider
25		DODD runs new facility rate and sends rate package to provider.	DODD	Provider
26		Provider signs provider agreement and returns to Medicaid (within 10 days of receipt).	Provider	Medicaid
27		Once Medicaid receives the signed agreement, they will activate the new provider number.	Medicaid	
28		Provider contacts Ohio Shared Services to get a vendor account created which will allow for payment. Follow the instructions media.obm.ohio.gov/oss/documents/Dear_State_of_Ohio_Potential_Vendor_Letter(OBM-7502)+REV+12+10+2014.pdf	Provider	CDJFS
29		Provider completes 9401 to discharge individuals from old provider number and to admit individuals to new provider number and submits to the County Department of Job and Family Services (CDJFS).	Provider	CDJFS
30		Provider completes Level of Care (JFS 3697) and submits to DODD. LOC requests need to be complete (physician signature, psychological, etc.) and submitted within 30 days of the date of admission. LOC can be submitted via fax to 614-466-0652, or via email to ICFDOC@dodd.ohio.gov .	Provider	DODD
31		DODD receives LOC, reviews, and approves or denies (typically within one-two weeks). An email is sent to provider acknowledging completion of LOC.	DODD	Provider
32		CDJFS reviews 9401 and looks for LOC. If LOC is complete, CDJFS processes 9401. CDJFS may contact provider if LOC is not complete in CRISE.	CDJFS	
33		Once the 9401 is completely processed, the CDJFS sends the 9401 back to the provider.	CDJFS	Provider
34		Provider completes 9400s for payment changes, as needed, and faxes it to Medicaid LTC Payment Unit at 614-995-5959. Including a copy of the 9401 received back from the CDJFS is helpful.	Provider	Medicaid

ICF Opening: Post-move

Complete	Activity	Completed by	Sent to
35	Medicaid reviews and processes payment adjustments or sends notice of inability to process to provider.	Medicaid	Provider
36	Provider reviews and reconciles remittance on a monthly basis to ensure payment adjustments occurred. Provider may submit a second JFS 9400 to the LTC Payment Unit via fax to 614-995-5959 marked "Second Request" if they have not received payment adjustments 30 days after submitting the initial JFS 9400. Providers may call the LTC Payment Unit with questions at 614-466-7575.	Provider	Medicaid
37	A new provider must have an IAF submission agent associated to them to submit IAFs on their behalf. To associate a submission agent to a provider, the provider must submit the form doddportal.dodd.ohio.gov/PRV/IAFprov/Documents/IAF.pdf If the person completing IAFs on behalf of the provider is not already a submission agent, they can become one by completing the security affidavit to become an IAF submission agent: sra.prodapps.dodd.ohio.gov/default2.aspx	Provider	DODD
38	DODD conducts an initial survey of the new facility approximately 45 days from the date of occupancy.	DODD	Provider
39	Provider completes 90 day cost report for new facility and submits to DODD. If provider is eligible for rate adjustments due to downsizing efforts, provider complete cost report type 4.8 in addition to the 4.2 required cost report.	Provider	DODD
40	DODD performs desk audit of cost report. DODD may contact provider with questions and may ask for resubmission of cost report if needed.	DODD	Provider
41	If provider files a 4.8 cost report and is eligible for a rate adjustment, DODD calculates adjusted rates for retroactive payment through MITS. Rate package is sent to provider indicating new rate.	DODD	Provider

5123:2-3-26 Development of licensed residential beds.

(A) Purpose

The purpose of this rule is to establish uniform standards and procedures governing the development of residential facilities subject to licensure under section [5123.19](#) of the Revised Code. No person or government agency may apply for a license to operate a residential facility without obtaining development approval in accordance with this rule.

(B) Definitions

(1) "Applicant" means a person, as defined in section [1.59](#) of the Revised Code, or government agency submitting a proposal and seeking approval from the department for development of licensed beds.

(2) "Development" means an applicant's plan for the operation of a licensed residential facility including a plan for modification or replacement and which is subject to approval by the department.

(3) "Intermediate care facility for individuals with intellectual disabilities" (or "intermediate care facility") means an intermediate care facility for the mentally retarded certified as in compliance with applicable standards for the medicaid program by the director of health in accordance with Title XIX of the Social Security Act, 79 Stat. 286 (1965), 42 U.S.C. 1396.

(4) "Licensed bed" means a bed in a residential facility licensed by the department pursuant to section [5123.19](#) of the Revised Code.

(5) "Management contractor" means a person, as defined in section [1.59](#) of the Revised Code, or government agency that controls administrative or management services for a licensee.

(6) "Modification" means:

- (a) A change in the identity of the licensee or management contractor of a licensed residential facility;
- (b) A significant change in ownership of a licensed residential facility that occurs as the result of an acquisition, sale of a majority interest, merger, or when a family member is added or removed from a license held by a family-owned business;
- (c) A change in the address of some or all of the licensed beds;
- (d) An increase or decrease in the number of licensed beds operated at a specific address;
- (e) The rebuilding of a licensed residential facility at the same address;
- (f) A change in the type or source of funding of a licensed residential facility; or
- (g) Transition of an intermediate care facility from licensure by the Ohio department of health to licensure by the department.

(7) "Replacement" means assigning licensed beds to a different licensee when a license is revoked, terminated, or not renewed by the department or is voluntarily surrendered by a licensee and the department determines that the beds are needed to provide services to individuals who resided in the residential facility in which the beds were located.

(C) Moratorium on licensed beds

(1) The department shall maintain a written record of the maximum number of licensed beds that are permitted in accordance with division (D) of section [5123.196](#) of the Revised Code.

(2) The department shall not approve a proposal for the development of licensed beds or issue a license under section [5123.19](#) of the Revised Code if the approval or issuance will cause the number of licensed beds to exceed the number of licensed beds permitted by section [5123.196](#) of the Revised Code.

(D) General principles

(1) A residential facility may continue to operate at the capacity and configuration for which it is licensed as of the effective date of this rule.

(2) An applicant who has obtained approval for a development proposal shall be permitted to proceed with development at the capacity and configuration for which approval has been granted as of the effective date of this rule.

(3) The number of licensed beds in an intermediate care facility shall not exceed eight.

(4) The number of licensed beds in a residential facility that is not an intermediate care facility shall not exceed four.

(5) Licensed residential facilities shall not exist on adjoining property sites.

(6) No more than one distinct and separate physical structure may be licensed on the same property site.

(7) Notwithstanding paragraph (D)(6) of this rule, multiple apartments within an apartment building or complex of apartment buildings on the same property site may be licensed individually when the apartments serve as the best alternative for maximizing community integration.

(8) A county board may assume ownership of a residential facility only when no other person or government agency desiring to operate the residential facility is qualified.

(E) Standards for reviewing development proposals

In reviewing development proposals, the department shall consider:

(1) The extent to which the development proposal supports integration into the community;

(2) The objective of reducing the number of beds on a single site;

(3) The objective of reducing the number of beds in a single building;

(4) The outcome of prior licensure reviews;

(5) The need for services in the local community;

(6) The need for capital improvements at the residential facility;

(7) For licensed beds in a residential facility that is not an intermediate care facility, compatibility with home and community-based character set forth by the centers for medicare and medicaid services;

(8) The provider's ability to meet the financial requirements of the development proposal; and

(9) The county board's recommendation regarding the development proposal.

(F) Development proposal process

(1) The applicant shall submit a development proposal to the department in writing. The proposal shall:

(a) Identify the owner of the license to operate the facility, the operator of the facility if different from the owner, the lessor of the facility if any, and any related party as defined in division (Z) of section [5111.20](#) of the Revised Code to the owner or operator of the facility;

(b) Describe the modification or replacement accurately and completely; and

(c) Include an explanation if a modification is sought under paragraph (B)(6)(c), (B)(6)(d), (B)(6)(e), or (B)(6)(f) of this rule.

(2) The department shall notify the applicant in writing of the approval or disapproval of the development proposal together with a statement of reason within sixty days of receipt of a complete application. The department shall maintain on its website a list of development proposals and action taken thereon.

(3) The department shall establish specific timelines for implementation of a development proposal at the time of development approval.

(a) Failure to meet established timelines may result in withdrawal of development approval.

(b) Revisions or extensions to established timelines require prior written approval by the department.

(4) When a license is revoked, terminated, or not renewed by the department or is voluntarily surrendered by a licensee and the department determines that the beds are needed to provide services to individuals who resided in the residential facility in which the beds were located, the department may authorize the county board of the county where the replacement beds are located to develop a request for proposal for the purpose of recommending a licensee.

(a) The department shall establish and make available the format, procedure, timelines, and criteria for evaluation for the request for proposal process to be used by a county board.

(b) The county board shall solicit proposals from any interested applicants and shall ensure all interested applicants are afforded an equal opportunity to respond to the request for proposal. Written notice shall be provided to the general public and to all interested licensees as prescribed by the department.

(c) The county board shall submit all proposals and its recommendation to the department within ten days after completing its review of the proposals.

(d) The department shall consider the county board's recommendation and shall notify in writing, the county board and all applicants of its decision within thirty days after receiving the county board's recommendation. The department shall provide each applicant its rationale in selecting or choosing not to select a particular licensee.

(5) A person or government agency desiring to operate a residential facility shall, upon obtaining development approval pursuant to this rule and establishing the facility, apply for a license for the residential facility in accordance with rule [5123:2-3-02](#) of the Administrative Code.

(6) A person or government agency submitting a development proposal to place a licensed bed on hold for future development shall have three hundred sixty-five days from the date of approval of the development proposal to apply for a license for the residential facility in accordance with rule [5123:2-3-02](#) of the Administrative Code.

(7) The applicant may appeal the decision of the department regarding a development proposal in accordance with rule [5123:2-17-01](#) of the Administrative Code.

(G) The provisions of this rule may be waived pursuant to rule [5123:2-3-15](#) of the Administrative Code.

Replaces: 5123:2-16-01

Effective: 11/12/2012

R.C. [119.032](#) review dates: 11/12/2017

Promulgated Under: [119.03](#)

Statutory Authority: [5123.04](#), [5123.042](#), [5123.19](#)

Rule Amplifies: [5123.04](#), [5123.042](#), [5123.19](#), [5123.196](#)

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5124.101 [Effective 9/29/2015] Cost reports for downsized or partially converted provider.

(A) The provider of an ICF/IID in peer group 1 or peer group 2 that becomes a downsized ICF/IID or partially converted ICF/IID on or after July 1, 2013, or becomes a new ICF/IID on or after that date, may file with the department of developmental disabilities a cost report covering the period specified in division (B) of this section if the following applies to the ICF/IID:

(1) In the case of an ICF/IID that becomes a downsized ICF/IID or partially converted ICF/IID, the ICF/IID has either of the following on the day it becomes a downsized ICF/IID or partially converted ICF/IID:

(a) A medicaid-certified capacity that is at least ten per cent less than its medicaid-certified capacity on the day immediately preceding the day it becomes a downsized ICF/IID or partially converted ICF/IID;

(b) At least five fewer beds certified as ICF/IID beds than it has on the day immediately preceding the day it becomes a downsized ICF/IID or partially converted ICF/IID.

(2) In the case of a new ICF/IID, the ICF/IID's beds are from a downsized ICF/IID and the downsized ICF/IID has either of the following on the day it becomes a downsized ICF/IID:

(a) A medicaid-certified capacity that is at least ten per cent less than its medicaid-certified capacity on the day immediately preceding the day it becomes a downsized ICF/IID;

(b) At least five fewer beds certified as ICF/IID beds than it has on the day immediately preceding the day it becomes a downsized ICF/IID.

(B) A cost report filed under division (A) of this section shall cover the period that begins and ends as follows:

(1) In the case of an ICF/IID that becomes a downsized ICF/IID or partially converted ICF/IID:

(a) The period begins with the day that the ICF/IID becomes a downsized ICF/IID or partially converted ICF/IID.

(b) The period ends on the last day of the last month of the first three full months of operation as a downsized ICF/IID or partially converted ICF/IID.

(2) In the case of a new ICF/IID:

(a) The period begins with the day that the provider agreement for the ICF/IID takes effect.

(b) The period ends on the last day of the last month of the first three full months that the provider agreement is in effect.

(C) The department shall refuse to accept a cost report filed under division (A) of this section if either of the following apply:

(1) Except as provided in division (E) of section [5124.10](#) of the Revised Code, the provider fails to file the cost report with the department not later than ninety days after the last day of the period the cost report covers;

(2) The cost report is incomplete or inadequate.

(D) If the department accepts a cost report filed under division (A) of this section, the department shall use that cost report, rather than the cost report that otherwise would be used pursuant to section [5124.17](#), [5124.19](#), [5124.21](#), or [5124.23](#) of the Revised Code, to determine the ICF/IID's medicaid payment rate in accordance with this chapter for ICF/IID services the ICF/IID provides during the period that begins and ends as follows:

(1) The period begins on the following:

(a) In the case of an ICF/IID that becomes a downsized ICF/IID or partially converted ICF/IID:

(i) The day that the ICF/IID becomes a downsized ICF/IID or partially converted ICF/IID if that day is the first day of a month;

(ii) The first day of the month immediately following the month that the ICF/IID becomes a downsized ICF/IID or partially converted ICF/IID if division (D)(1)(a)(i) of this section does not apply.

(b) In the case of a new ICF/IID, the day that the ICF/IID's provider agreement takes effect.

(2) The period ends on the last day of the fiscal year that immediately precedes the fiscal year for which the ICF/IID begins to be paid a rate determined using a cost report that division (E) of this section requires be filed in accordance with division (A) of section [5124.10](#) of the Revised Code.

(E)

(1) If the department accepts a cost report filed under division (A) of this section for an ICF/IID that becomes a downsized ICF/IID or partially converted ICF/IID on or before the first day of October of a calendar year, or for a new ICF/IID that has a provider agreement that takes effect on or before that date, the provider also shall file a cost report for the ICF/IID in accordance with division (A) of section [5124.10](#) of the Revised Code for the portion of that calendar year that the ICF/IID operated as a downsized ICF/IID or partially converted ICF/IID or, in the case of a new ICF/IID, for the portion that the provider agreement was in effect.

(2) If the department accepts a cost report filed under division (A) of this section for an ICF/IID that becomes a downsized ICF/IID or partially converted ICF/IID after the first day of October of a calendar year, or for a new ICF/IID that has a provider agreement that takes effect after that date, the provider is not required to file a cost report for that calendar year in accordance with division (A) of section [5124.10](#) of the Revised Code. The provider shall file a cost report for the ICF/IID in accordance with division (A) of section [5124.10](#) of the Revised Code for the immediately following calendar year.

(F) If the department accepts a cost report filed under division (A) of this section, the following modifications shall be made for the purpose of determining the medicaid payment rate for ICF/IID services the ICF/IID provides during the period specified in division (D) of this section:

(1) In place of the annual average case mix score otherwise used in determining the ICF/IID's per medicaid day payment rate for direct care costs under division (A) of section [5124.19](#) of the Revised Code, the ICF/IID's case mix score in effect on the last day of the calendar quarter that ends during the period the cost report covers (or, if more than one calendar quarter ends during that period, the last of those calendar quarters) shall be used to determine the ICF/IID's per medicaid day payment rate for direct care costs.

(2) If the ICF/IID becomes a downsized ICF/IID or partially converted ICF/IID:

(a) The ICF/IID shall not be subject to the limit on the costs of ownership per diem payment rate specified in divisions (B) and (C) of section [5124.17](#) of the Revised Code.

(b) The ICF/IID shall not be subject to the limit on the payment rate for per diem capitalized costs of nonextensive renovations specified in division (E)(1) of section [5124.17](#) of the Revised Code.

(c) The ICF/IID shall be subject to the limit on the total payment rate for costs of ownership, capitalized costs of nonextensive renovations, and the efficiency incentive specified in division (H) of section [5124.17](#) of the Revised Code regardless of whether the ICF/IID is in peer group 1 or peer group 2.

Amended by 131st General Assembly File No. TBD, HB 64, §101.01, eff. 9/29/2015.

Amended by 130th General Assembly File No. TBD, HB 483, §101.01, eff. 9/15/2014.

Added by 130th General Assembly File No. 25, HB 59, §101.01, eff. 9/29/2013.

Note: *This section is set out twice. See also § [5124.101](#), effective until 9/29/2015.*