



5 **Topic:** ODODD permitted to conduct ICF/IID resident assessments

6 Senator Oelslager moved to amend as follows:

7 In line 5239, after the period insert "(A) As used in this  
8 section, "intermediate care facility for individuals with  
9 intellectual disabilities" and "ICF/IID" mean an intermediate  
10 care facility for the mentally retarded as defined in the  
11 "Social Security Act," section 1905(d), 42 U.S.C. 1396d(d).

12 (B) The Department of Developmental Disabilities may  
13 conduct or contract with another entity to conduct, for the  
14 first quarter of calendar year 2013, assessments of all  
15 residents of each ICF/IID, regardless of payment source, who are  
16 in the ICF/IID, or on hospital or therapeutic leave from the  
17 ICF/IID, on the day or days that the assessments are conducted  
18 at the ICF/IID.

19 (C) If assessments are conducted under division (B) of  
20 this section, the Department shall do all of the following:

21 (1) In conducting the assessments, provide for both of the  
22 following:

23           (a)    The resident assessment instrument prescribed in rules  
24   authorized by division (B) of section 5111.232 of the Revised  
25   Code to be used in accordance with an inter-rater reliable  
26   process;

27           (b)    The assessments to be performed by individuals who  
28   meet the requirements to be qualified intellectual disability  
29   professionals, as specified in 42 C.F.R. 483.430(a).

30           (2)    Use the data obtained from the assessments to  
31   determine each ICF/IID's case-mix score for the first quarter of  
32   calendar year 2013;

33           (3)    For the purpose of determining each ICF/IID's fiscal  
34   year 2014 Medicaid rates for direct care costs and subject to  
35   divisions (C)(8) and (E) of this section, do both of the  
36   following:

37           (a)    In determining costs per case-mix units and maximum  
38   costs per case-mix units for the purpose of division (B) of  
39   section 5111.23 of the Revised Code, use each ICF/IID's case-mix  
40   score determined under division (C)(2) of this section in place  
41   of the ICF/IID's average case-mix score for calendar year 2012;

42           (b)    Instead of determining quarterly Medicaid rates for  
43   the direct care costs of each ICF/IID pursuant to division (D)  
44   of section 5111.23 of the Revised Code, determine, as follows,  
45   one Medicaid rate for the direct care costs of each ICF/IID to  
46   be paid for all of fiscal year 2014:

47           (i) Multiply the ICF/IID's case-mix score determined under  
48 division (C)(2) of this section by the lesser of the cost per  
49 case-mix unit determined for the ICF/IID pursuant to division  
50 (C)(3)(a) of this section or the maximum cost per case-mix unit  
51 determined for the ICF/IID's peer group pursuant to division  
52 (C)(3)(a) of this section;

53           (ii) Adjust the product determined under division  
54 (C)(3)(b)(i) of this section by the inflation rate estimated in  
55 accordance with division (B)(3) of section 5111.23 of the  
56 Revised Code.

57           (4) For the purpose of determining each ICF/IID's fiscal  
58 year 2015 Medicaid rates for direct care costs and subject to  
59 division (C)(8) of this section, use the following when  
60 determining, pursuant to the second paragraph of division (C) of  
61 section 5111.232 of the Revised Code, each ICF/IID's annual  
62 average case-mix score for calendar year 2013:

63           (a) For the first quarter of calendar year 2013, the  
64 ICF/IID's case-mix score determined under division (C)(2) of  
65 this section;

66           (b) For the last three quarters of calendar year 2013 and  
67 except as provided in division (D) of section 5111.232 of the  
68 Revised Code, the ICF/IID's case-mix scores determined by using  
69 the data the ICF/IID provider compiles in accordance with the

70 first paragraph of division (C) of section 5111.232 of the  
71 Revised Code.

72 (5) Notify each ICF/IID provider that the provider is  
73 permitted but not required to compile assessment data for the  
74 first quarter of calendar year 2013 pursuant to the first  
75 paragraph of division (C) of section 5111.232 of the Revised  
76 Code;

77 (6) After the assessments of all of an ICF/IID's residents  
78 are completed but not later than April 30, 2013, provide, or  
79 have the entity (if any) with which the Department contracts  
80 pursuant to division (B) of this section provide, the results of  
81 the assessments to the ICF/IID provider;

82 (7) Conduct, in accordance with division (C)(8) of this  
83 section, a reconsideration for any ICF/IID provider who does  
84 both of the following:

85 (a) Submits a written request for the reconsideration to  
86 the Department not later than fifteen days after the provider  
87 receives the assessments' results pursuant to division (C)(6) of  
88 this section;

89 (b) Includes in the request all of the following:

90 (i) A detailed explanation of the items in the  
91 assessments' results that the provider disputes;

92 (ii) Copies of relevant supporting documentation from  
93 specific resident records;

94 (iii) The provider's proposed resolution of the disputes.

95 (8) When conducting a reconsideration required by division

96 (C)(7) of this section, do both of the following:

97 (a) Consider all of the following:

98 (i) The historic results of the resident assessments

99 performed pursuant to the first paragraph of division (C) of

100 section 5111.232 of the Revised Code by the ICF/IID provider who

101 requested the reconsideration;

102 (ii) All of the materials the provider includes in the

103 reconsideration request;

104 (iii) All other matters the Department determines

105 necessary for consideration.

106 (b) Issue a written decision regarding the reconsideration

107 not later than the sooner of the following:

108 (i) Thirty days after the Department receives the

109 reconsideration request;

110 (ii) June 1, 2013.

111 (D) The Department's decision regarding a reconsideration

112 required by division (C)(7) of this section is final and not

113 subject to further appeal.

114 (E) Regardless of what an ICF/IID's case-mix score is

115 determined to be under division (C)(2) of this section or

116 pursuant to a reconsideration required by division (C)(7) of

117 this section, no such case-mix score shall cause an ICF/IID's

118 fiscal year 2014 Medicaid rate for direct care costs to be less  
119 than ninety per cent of its June 30, 2013, Medicaid rate for  
120 direct care costs.

121 (F) No ICF/IID provider shall be treated as having failed,  
122 for the first quarter of calendar year 2013, to timely submit  
123 data necessary to determine the ICF/IID's case-mix score for  
124 that quarter if the assessment is to be conducted under division  
125 (B) of this section.

126 (G) The Department may provide for assessments to be  
127 conducted under division (B) of this section and, if it so  
128 provides, shall comply with the other divisions of this section  
129 notwithstanding anything to the contrary in sections 5111.20,  
130 5111.23, and 5111.232 of the Revised Code.

131 **Section 7."**

132 In line 5241, delete "7" and insert "8"

133 In line 25 of the title, after "dietitians" insert "; to  
134 permit the Department of Developmental Disabilities to conduct  
135 assessments of residents of intermediate care facilities for  
136 individuals with intellectual disabilities for the first quarter  
137 of calendar year 2013;"

138 The motion was \_\_\_\_\_ agreed to.