

5101:3-3-90 **Intermediate care facilities for the mentally retarded (ICFs-MR) expenditure limitation.**

- (A) Notwithstanding rules 5101:3-3-71 to 5101:3-3-96 of the Administrative Code, "total per diem rate" includes the payments to ICFs-MR, excluding state-operated ICFs-MR, under the medicaid program subject to the following limitations:
- (1) For fiscal year 2008, the mean total per diem rate for all ICFs-MR in the state, weighted by May 2007 medicaid days and calculated as of July 1, 2007, shall not exceed two hundred sixty-six dollars and fourteen cents.
 - (2) For Fiscal year 2009, the mean total per diem rate for all ICFs-MR in the state, weighted by May 2008 medicaid days and calculated as of July 1, 2008, shall not exceed two hundred seventy-four dollars and ninety-eight cents.
 - (3) For services provided on or after July 1, 2009, ICFs-MR shall continue to be paid the ICF-MR's rate for June 29, 2009. If a participating ICF-MR does not have a rate paid on June 29, 2009, the ICF-MR shall be paid pursuant to Sections 5101:3-3-86 and 5101:3-3-86.1.
 - (4) If the mean total per diem rate for all intermediate care facilities for the mentally retarded in the state for fiscal year 2008 or 2009, weighted by medicaid days as specified in paragraph (A)(1) or (A)(2) of this rule, as appropriate, and calculated as of the first day of July of the calendar year in which the fiscal year begins, exceeds the amount specified in paragraph (A)(1) or (A)(2) of this rule, as applicable, the department of job and family services shall reduce the total per diem rate for each intermediate care facility for the mentally retarded in the state by a percentage that is equal to the percentage by which the mean total per diem rate exceeds the amount specified in paragraph (A)(1) or (A)(2) of this rule for that fiscal year.

TN# 09-008 Approval Date: JAN - 8 2010
Supersedes
TN# 08-017 Effective Date: 07/01/09

Medicaid State Plan - ICFs-MR

Section Number	Section Title	Effective Date	Repealed Section Number	Repealed Section Title	Effective Date
1	5101:3-3-01			Definitions	06-010 4.19D
2		5101:3-3-02		Provider agreements: NFs and ICFs-MR	03-013 4.13C
3	5101:3-3-02.2			Termination, denial of provider agreement: NFs and ICFs-MR	05-029 4.19D
4		5101:3-3-02.3		Eligible providers and provider types	05-029 4.13C
5		5101:3-3-04		Pmt. during ODJFS adm. appeals for denial/termination of provider agreement	08-005 4.28A
6		5101:3-3-04.1		Pmt. during survey agency adm. appeals for denial/termination of prov agree	08-005 4.28A
7		5101:3-3-16.8		Coverage of bed hold days for medically necessary absences	07-011 4.19C
8	5101:3-3-17.4			Outlier services for BRMM for ICFs-MR	06-001 4.19D
9	5101:3-3-17.5			Payment method for outlier services in ICFs-MR	08-017 4.19D
10	5101:3-3-18			Medicare Upper Payment Limit Calculation	02-008 4.19D
11	5101:3-3-19			Relationship of other covered Medicaid services	06-010 4.19D
12	5101:3-3-20			NF and ICF-MR Cost Reporting Requirements	06-010 4.19D
13	5101:3-3-21			Audits of NFs and ICFs-MR	02-010 4.19D
14	5101:3-3-22			Rate Reconsiderations	06-010 4.19D
15		5101:3-3-16.7		Private rooms for Medicaid residents in ICFs-MR	08-007 3.1A
16	5101:3-3-24.1			Rate adjustments for NFs and ICFs-MR government mandates	02-010 4.19D
17	5101:3-3-26			NFs and ICFs-MR, implementation of timely rates	03-017 4.19D
18	5101:3-3-71			Medicaid Chart of Accounts (ICFs-MR)	06-010 4.19D
19	5101:3-3-71.1			Medicaid Cost Report (ICFs-MR)	06-010 4.19D
20	5101:3-3-71.2			Leased Employees (ICFs-MR)	06-010 4.19D
21	5101:3-3-71.3			Capital Asset and Depreciation Guidelines (ICFs-MR)	06-010 4.19D
22	5101:3-3-71.4			Non-Reimbursable Costs (ICFs-MR)	06-010 4.19D
23	5101:3-3-73.1			ICF-MR Case-Mix Assessment Instrument, IAF	07-011 4.19D
24	5101:3-3-73.2			Resident Assessment Classification System (RACs)	07-011 4.19D
25	5101:3-3-73.3			Calculation of quarterly & annual ICF-MR average case mix score	07-011 4.19D
26	5101:3-3-78			Method for establishing the total facility rate	03-017 4.19D
27	5101:3-3-79			Method for establishing the direct care costs component	07-011 4.19D
28	5101:3-3-81			Compensation cost limits for owners and administrators	07-011 4.19D
29	5101:3-3-81.1			Compensation cost limits for owners	07-011 4.19D
30	5101:3-3-81.2			Compensation cost limits for administrators	07-011 4.19D
31	5101:3-3-82			Method for establishing the other protected costs component	07-011 4.19D
32	5101:3-3-82.1			Method for establishing reimbursement for the franchise fee	07-011 4.19D
33	5101:3-3-83			Method for establishing the indirect care costs component	07-011 4.19D
34	5101:3-3-84			Method for establishing capital reimbursement	07-011 4.19D
35	5101:3-3-84.2			Cost of ownership and efficiency incentive	07-011 4.19D
36	5101:3-3-84.3			Nonextensive renovations	07-011 4.19D
37	5101:3-3-84.4			Return on equity	03-017 4.19D
38	5101:3-3-84.5			Notice of escrow, recovery of excess depreciation paid	07-011 4.19D
39	5101:3-3-85			Approval of Nonextensive Renovations for ICFs-MR	06-010 4.19D
40	5101:3-3-85.1			Exception: Review Process (ICFs-MR)	06-010 4.19D
41	5101:3-3-86			Rates for providers new to the Medical Assistance Program	07-011 4.19D
42	5101:3-3-86.1			Change in provider agreements (ICFs-MR)	07-011 4.19D
43	5101:3-3-90			ICFs-MR Expenditure limitation	09-008 4.19D
44	5101:3-3-96			Prospective rate reconsideration for ICFs-MR	07-011 4.19D

Rules used solely for state plan purposes

State plan sections contained in "non-institutional" state plan attachments processed through the Regional CMS Office in Chicago

TN # 09-008 Approval Date **JAN - 8 2010**
Supersedes
TN # NEW Effective Date 07/01/09

Medicaid State Plan - ICFs-MR Attachment 4.19D - ICFs-MR Supplement 2

Medicaid Section	Description	Medicaid Code	Attachment
1 5101:3-3-01	Definitions	06-010	4.19D
2 5101:3-3-02.2	Termination, denial of provider agreement: NFs and ICFs-MR	05-029	4.19D
3 5101:3-3-17.4	Outlier services for BRMM for ICFs-MR	06-001	4.19D
4 5101:3-3-17.5	Payment method for outlier services in ICFs-MR	08-017	4.19D
5 5101:3-3-18	Medicare Upper Payment Limit Calculation	02-008	4.19D
6 5101:3-3-19	Relationship of other covered Medicaid services	06-010	4.19D
7 5101:3-3-20	NF and ICF-MR Cost Reporting Requirements	06-010	4.19D
8 5101:3-3-21	Audits of NFs and ICFs-MR	02-010	4.19D
9 5101:3-3-22	Rate Reconsiderations	06-010	4.19D
10 5101:3-3-24.1	Rate adjustments for NFs and ICFs-MR: government mandates	02-010	4.19D
11 5101:3-3-26	NFs and ICFs-MR: implementation of timely rates	03-017	4.19D
12 5101:3-3-71	Medicaid Chart of Accounts (ICFs-MR)	06-010	4.19D
13 5101:3-3-71.1	Medicaid Cost Report (ICFs-MR)	06-010	4.19D
14 5101:3-3-71.2	Leased Employees (ICFs-MR)	06-010	4.19D
15 5101:3-3-71.3	Capital Asset and Depreciation Guidelines (ICFs-MR)	06-010	4.19D
16 5101:3-3-71.4	Non-Reimbursable Costs. (ICFs-MR)	06-010	4.19D
17 5101:3-3-73.1	ICF-MR Case-Mix Assessment Instrument: IAF	07-011	4.19D
18 5101:3-3-73.2	Resident Assessment Classification System (RACs)	07-011	4.19D
19 5101:3-3-73.3	Calculation of quarterly & annual ICF-MR average case mix score	07-011	4.19D
20 5101:3-3-78	Method for establishing the total facility rate	03-017	4.19D
21 5101:3-3-79	Method for establishing the direct care costs component	07-011	4.19D
22 5101:3-3-81	Compensation cost limits for owners and administrators	07-011	4.19D
23 5101:3-3-81.1	Compensation cost limits for owners	07-011	4.19D
24 5101:3-3-81.2	Compensation cost limits for administrators	07-011	4.19D
25 5101:3-3-82	Method for establishing the other protected costs component	07-011	4.19D
26 5101:3-3-82.1	Method for establishing reimbursement for the franchise fee	07-011	4.19D
27 5101:3-3-83	Method for establishing the indirect care costs component	07-011	4.19D
28 5101:3-3-84	Method for establishing capital reimbursement	07-011	4.19D
29 5101:3-3-84.2	Cost of ownership and efficiency incentive	07-011	4.19D
30 5101:3-3-84.3	Nonextensive renovations	07-011	4.19D
31 5101:3-3-84.4	Return on equity	03-017	4.19D
32 5101:3-3-84.5	Notice of escrow, recovery of excess depreciation paid	07-011	4.19D
33 5101:3-3-85	Approval of Nonextensive Renovations for ICFs-MR	06-010	4.19D
34 5101:3-3-85.1	Exception Review Process (ICFs-MR)	06-010	4.19D
35 5101:3-3-86	Rates for providers new to the Medicaid Assistance Program	07-011	4.19D
36 5101:3-3-86.1	Change in provider agreements (ICFs-MR)	07-011	4.19D
37 5101:3-3-90	ICFs-MR: Expenditure limitation	09-008	4.19D
38 5101:3-3-96	Prospective rate reconsideration for ICFs-MR	07-011	4.19D

Rules used solely for state plan purposes

JAN - 8 2010

TN # 09-008 Approval Date _____
 Supersedes
 TN # 07-011 Effective Date 07/01/09