

Developmental Disabilities					
Fee description	R.C.	O.A.C.	Fee (\$)	Authority to raise	Recurring
Charges to residents of the Department's institutions and private facilities and homes, and the residents' liable relatives, for the Department's costs for care and treatment provided to the residents	5121.01-5121.21		Varies, based on the average per capita cost of care and treatment	No	Monthly, billed quarterly
Fee charged to each county board of DD for home and community-based services provided to individuals eligible for services from the county board	5123.0412		1.25% of total Medicaid paid claims	No	Annually
Application fee for initial certification to provide supported living as an independent provider or family consortium	5123.169	5123:2-2-01	\$50.00	No	One time
Application fee for initial certification to provide supported living as a small agency provider	5123.169	5123:2-2-01	\$300.00	No	One time
Application fee for initial certification to provide supported living as a large agency provider	5123.169	5123:2-2-01	\$700.00	No	One time
Application fee for an independent provider or a family consortium to renew a supported living certificate	5123.169	5123:2-2-01	\$100.00	No	One year after certification, then triennially
Application fee for a small agency to renew a supported living certificate	5123.169	5123:2-2-01	\$800.00	No	One year after certification, then triennially
Application fee for a large agency to renew a supported living certificate	5123.169	5123:2-2-01	\$1,600.00	No	One year after certification, then triennially
Application fee for an independent provider or a family consortium to provide additional Medicaid-funded home and community-based services (HCBS) under a supported living certificate	5123.045	5123:2-2-01	\$15.00	No	As needed
Application fee for a small agency provider to provide additional Medicaid-funded HCBS under a supported living certificate	5123.045	5123:2-2-01	\$50.00	No	As needed

\*Contact LSC for more information about this fee.

Developmental Disabilities					
Fee description	R.C.	O.A.C.	Fee (\$)	Authority to raise	Recurring
Application fee for a large agency provider to provide additional Medicaid-funded HCBS under a supported living certificate	5123.045	5123:2-2-01	\$100.00	No	As needed
Civil penalty for residential facility provider that fails to comply with reporting requirements	5124.99		\$500.00-\$5,000.00	No	Per violation
Licensing fee – residential facilities, interim	5123.19(H)(3)	5123:2-3-22	\$40.00	No	As needed
Licensing fee – residential facilities, interim renewal	5123.19(H)(3)	5123:2-3-22	\$25.00	No	As needed
Licensing fee – residential facilities, 1 year	5123.19(H)(3)	5123:2-3-22	\$50.00	No	Annually
Licensing fee – residential facilities, 2 year	5123.19(H)(3)	5123:2-3-22	\$75.00	No	Biennially
Licensing fee – residential facilities, 3 year	5123.19(H)(3)	5123:2-3-22	\$100.00	No	Triennially
ICF/MR franchise permit fee rate	5112.30, 5168.61-5168.71		\$18.17/bed per day	No	Quarterly installment payments
ICF/MR franchise permit fee – converted beds	5168.64		\$18.17 x number of ICF/IID beds that remain Medicaid certified x the number of days in the 2nd half of the fiscal year for which the redetermination is made	No	Installment payments for last 2 quarters of FY
ICF/MR franchise permit fee late penalty	5168.65		5% of the amount due	No	Per violation
Civil penalty for county boards of DD that fail to remit fees			Withhold any funds due the county board		As needed
Civil penalty for county boards of DD that fail to comply with reporting requirements	5126.131		Withhold any funds due the county board		As needed

\*Contact LSC for more information about this fee.

Developmental Disabilities					
Fee description	R.C.	O.A.C.	Fee (\$)	Authority to raise	Recurring
Interest due on Medicaid overpayment made to an ICF/IID	5124.41, 5124.45		If the overpayment is not more than 1% of total Medicaid payments paid to the ICF/IID for the year, the interest rate is not to exceed 2 x the current average bank prime rate. Otherwise, the interest rate is not to exceed 2.5 x the current average bank prime rate	No	As needed
Penalty on an ICF/IID for a late cost report	5124.523		\$100.00/day	No	Per violation
Fine charged an ICF/IID for failure to timely furnish an invoice or other documentation requested during an audit	5124.42(A), 5124.45		The greater of (1) \$1,000.00 per audit and (2) 25% of the cumulative amount by which the costs for which documentation was not furnished increased the ICF/IID's Medicaid payments	No	Per violation
Fine charged an ICF/IID for failure to provide notice of closure, voluntary Medicaid termination, or change of operator	5124.42(B), 5124.45		Not more than the current average bank prime rate plus 4% of the ICF/IID's last two monthly Medicaid payments	No	Per violation

\*Contact LSC for more information about this fee.

**Developmental Disabilities**

Fee description	R.C.	O.A.C.	Fee (\$)	Authority to raise	Recurring
Fine charged an ICF/IID for (1) violating Medicaid provider agreement obligations or (2) reporting fines in its Medicaid cost report	5124.99, 5124.08(E), 5124.102		Not less than \$500.00 nor more than \$1,000.00 for the first offense; not less than \$1,000.00 nor more than \$5,000.00 for each subsequent violation	No	Per violation

\*Contact LSC for more information about this fee.