

| Description | Revised Code | Administrative | 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 | Yes, by statute | 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 (optional) | 5123.0412 | | 1.25% of total Medicaid paid claims | Yes, by statute | Annually |
| Application fee for initial certification to provide supported living as an independent provider | 5123.1611 | 5123:2-2-01 | \$125.00 | Yes, by rule | One time |
| Application fee for initial certification to provide supported living as a small agency provider | 5123.1611 | 5123:2-2-01 | \$800.00 | Yes, by rule | One time |
| Application fee for initial certification to provide supported living as a large agency provider | 5123.1611 | 5123:2-2-01 | \$1,600.00 | Yes, by rule | One time |
| Application fee for an independent provider to renew a supported living certificate* | 5123.1611 | 5123:2-2-01 | \$125.00 | Yes, by rule | Triennially (Every 3 years) |
| Application fee for a small agency to renew a supported living certificate* | 5123.1611 | 5123:2-2-01 | \$800.00 | Yes, by rule | Triennially (Every 3 years) |
| Application fee for a large agency to renew a supported living certificate* | 5123.1611 | 5123:2-2-01 | \$1,600.00 | Yes, by rule | Triennially (Every 3 years) |
| Application fee for an independent provider to provide additional Medicaid-funded home and community-based services (HCBS) under a supported living certificate | 5123.1611 | 5123:2-2-01 | \$25.00 | Yes, by rule | As Needed |

| Department of Developmental Disabilities | | | Agency Fees - 08/31/2023 | | |
|--|--|--|--|--------------------|--------------------------------|
| Description | Revised Code | Administrative | Fee | Authority to raise | Recurring |
| Application fee for a small agency provider to provide additional Medicaid-funded HCBS under a supported living certificate | 5123.1611 | 5123:2-2-01 | \$75.00 | Yes, by rule | As Needed |
| Application fee for a large agency provider to provide additional Medicaid-funded HCBS under a supported living certificate | 5123.1611 | 5123:2-2-01 | \$150.00 | Yes, by rule | As Needed |
| Licensing fee – residential facilities, interim | 5123.19(Q) | 5123:2-3-08(B)(9); 5123:2-3-08(G)(5) | \$0.00 | Yes, by rule | As Needed |
| Licensing fee – residential facilities, interim renewal | 5123.19(Q) | 5123:2-3-08(G)(5); 5123:2-3-08(B)(9) | \$0.00 | Yes, by rule | As Needed |
| Initial Licensing fee or license issued after DODD initiates proceedings to refuse to renew license – residential facilities, 1 year, 15 or fewer beds | 5123.19(G)(3) | 5123:2-3-06(J)(3)(b); 5123:2-3-08(G)(4) | \$100.00 | Yes, by rule | One time |
| Licensing fee – residential facilities, 3 year, 15 or fewer beds | 5123.19(G)(3) | 5123:2-3-06(J)(3)(a) | \$300.00 | Yes, by rule | Triennially (Every 3 years) |
| ICF/IID franchise permit fee rate* | 5168.61, 5168.60, 5168.62 – 5168.71 | | \$23.95/per inpatient day for FY2020; 24.89 thereafter | Yes, by statute | Quarterly installment payments |
| ICF/IID franchise permit fee- converted beds | 5168.64 | | Franchise fee is terminated if all beds are converted | Yes, by statute | |
| ICF/IID franchise permit fee late penalty | 5168.65 | | 5% of the amount due | Yes, by statute | Per violation |
| Civil penalty for county boards of DD that to comply with R.C. Chapter 5126, or sections 5123.35 or 5123.351 | 5123.351 | | Withhold state reimbursement | Yes, by statute | As Needed |
| Civil penalty for county boards of DD or regional councils that fail to timely file an annual cost report of if the cost report is not auditable | 5126.131 | | Withhold any funds distributed to board/council as a subsidy | Yes, by statute | As Needed |

*Contact LSC for more information about this fee.

| Description | Revised Code | Administrative | Fee | Authority to raise | Recurring |
|--|---------------------|--|--|--------------------|--------------------------------|
| Initial Licensing fee or license issued after DODD initiates proceedings to refuse to renew license– residential facilities, 1 year, 16 or more beds | 5123.19(G)(3) | 5123:2-3-06(J)(3)(b); 5123:2-3-08(G)(4) | \$500.00 | Yes, by rule | One time |
| Licensing fee- residential facilities, 3 year, 16 or more beds | 5123.19(G)(3) | 5123:2-3-06(J)(3)(a) | \$1,500.00 | Yes, by rule | Triennially (Every 3 years) |
| Interest due on Medicaid overpayment made to an ICF/IID | 5124.41, 5124.45 | | Varies, based on the average per capita cost of care and treatment as well as the financial condition of the resident or the resident's liable relatives | Yes, by statute | As Needed |
| Penalty on an exiting operator of an ICF/IID for a late final cost report | 5124.523 | | \$100.00/day | Yes, by statute | Per violation |
| Fine charged an ICF/IID for failure to furnish an invoice or other documentation requested during an audit within 60 days after the request | 5124.42(A), 5124.45 | | Not more that the greater of (1) \$1,000.00 per audit or (2) 25% of the cumulative amount by which the costs for which documentation was not furnished increased the ICF/IID's Medicaid payments | Yes, by statute | Per violation |

| Description | Revised Code | Administrative | Fee | Authority to raise | Recurring |
|--|-------------------------------|----------------|---|--------------------|---------------|
| 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 | Yes, by statute | Per violation |
| 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 | Yes, by statute | Per violation |
| ICF/IID franchise permit fee when ICF/IID fails to submit a monthly report containing inpatient days | 5168.62 | | ICF/IID's medicaid-certified capacity multiplied by the number of days in a month | Yes, by statute | |
| Civil Penalty for failure of ICF/IID failure to downsize by July 1, 2018* | 5124.39 | | The difference between the amount of efficiency incentive payments the ICF/IID earned because provider obtained approval and the amount provider would've received, plus interest | Yes, with limits | |