

5101:3-3-30.1 **Calculation, billing, payment remittance, and appeal process for the franchise permit fee (FPF) for nursing facilities (NFs), nursing homes (NHs), hospitals, and intermediate care facilities for the mentally retarded/developmentally disabled (ICFs-MR/DD).**

(A) FPF calculation: NFs, NHs, hospitals, and ICFs-MR/DD.

- (1) The Ohio department of job and family services (ODJFS) shall annually assess each NF, NH, hospital, and ICF-MR/DD a FPF based on beds as defined in rule 5101:3-3-30 of the Administrative Code.
- (2) The FPF shall be calculated in accordance with ORC 5112.31 and 3721.51 of the Revised Code.

(B) Billing cycle of the FPF: NFs, NHs, hospitals, and ICFs-MR/DD.

- (1) By August fifteenth of each year, ODJFS shall determine the annual FPF for each NF, NH, hospital, and ICF-MR/DD in accordance with rule 5101:3-3-30 of the Administrative Code.
- (2) By September first of each year, ODJFS shall mail to each facility notice of the amount of the FPF that has been assessed.
- (3) The assessment notice shall include the Ohio department of health (ODH) state identification (ID) number, which shall be used as the ODJFS operator fee number for the purpose of facility identification.

(C) Appeal of the FPF determination: NFs, NHs, hospitals, and ICFs-MR/DD.

- (1) The FPF may be appealed only on the basis that ODJFS committed a material error in determining the amount of the fee.
- (2) The facility may file an appeal in accordance with the following procedures:
 - (a) The appeal shall be in writing and must be received by ODJFS not later than fifteen days after the date on which the FPF assessment notice was mailed.
 - (b) The appeal shall be submitted to ODJFS and addressed to the organization listed in the instructions that are sent with the assessment notice. If this address is invalid, the facility shall contact the bureau of long term care facilities (BLTCF).
 - (c) The appeal shall indicate that it is an appeal of the FPF due to a possible material error in determining the fee.
 - (d) The appeal shall include a detailed explanation of the possible material

error and the proposed correction of the amount of the fee.

(e) The appeal shall include references to the relevant sections of the Revised Code or rules of the Administrative Code that support the position of the appeal.

(3) Within thirty days of receiving a timely request for an appeal, ODJFS shall conduct a public hearing in Columbus, Ohio, to determine the validity of the FPF calculation.

(4) At least ten days prior to the date of the public hearing, ODJFS shall mail a notice to the facility of the time, date, and location of the hearing.

(5) If a representative of the facility is unable to attend the hearing, the representative shall request a teleconference hearing at least five days prior to the scheduled hearing.

(6) ODJFS may adjust the amount of a facility's FPF based on the evidence presented at the public hearing or any other evidence submitted by the facility. The decision of ODJFS in this matter shall be final.

(D) Remittance of FPF payment: NFs, NHs, hospitals, and ICFs-MR/DD.

(1) The FPF is payable in four quarterly installments.

(a) The first installment for the state fiscal year is due on or before November fourteenth.

(b) The remaining three installments are due on or before February fourteenth, May fifteenth, and August fourteenth.

(2) All checks, money orders, and other payment forms shall include the operator fee number of the facility that was assessed the FPF, be made payable to "Treasurer of the State of Ohio," and be mailed to the address on the assessment notice or subsequent payment address change notice.

(3) If the mailing address changes, ODJFS shall notify the operator.

(E) Prohibition against billing residents for the FPF: NFs, NHs, hospitals, and ICFs-MR/DD. A facility assessed a FPF under rule 5101:3-3-30 of the Administrative Code shall not directly bill its residents or directly pass the FPF through to its residents.

Replaces: 5101:3-3-30.1

Effective:

R.C. 119.032 review dates:

Certification

Date

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