

of this section effective the first day of July, to reflect new 86368
rate calculations for all nursing facilities under this chapter. 86369

(D) If a rate for direct care costs is determined under this 86370
section for a new nursing facility using the median annual average 86371
case-mix score for the new nursing facility's peer group, the rate 86372
shall be redetermined to reflect the new nursing facility's actual 86373
semiannual average case-mix score determined under section 86374
5165.192 of the Revised Code after the new nursing facility 86375
submits its first two quarterly assessment data that qualify for 86376
use in calculating a case-mix score in accordance with rules 86377
authorized by section 5165.192 of the Revised Code. If the new 86378
nursing facility's quarterly submissions do not qualify for use in 86379
calculating a case-mix score, the department shall continue to use 86380
the median annual average case-mix score for the new nursing 86381
facility's peer group in lieu of the new nursing facility's 86382
semiannual case-mix score until the new nursing facility submits 86383
two consecutive quarterly assessment data that qualify for use in 86384
calculating a case-mix score. 86385

Sec. 5165.152. The total per medicaid day payment rate 86386
determined under section 5165.15 of the Revised Code shall not be 86387
paid for nursing facility services provided to low ~~resource~~ 86388
~~utilization case-mix~~ residents. Instead, the total rate for such 86389
nursing facility services shall be one hundred fifteen dollars per 86390
medicaid day. 86391

Sec. 5165.158. (A) Beginning July 1, 2023, the total per 86392
medicaid day payment rate for nursing facility services provided 86393
on or after that date in private rooms approved by the department 86394
of medicaid under division (B) of this section shall be the sum of 86395
both of the following: 86396

(1) The total per medicaid day payment rate determined for 86397

the nursing facility under section 5165.15 of the Revised Code; 86398

(2) The private room incentive payment. The private room 86399
incentive payment shall be thirty dollars per day for state fiscal 86400
year 2024. The department may increase the payment amount for 86401
subsequent fiscal years. 86402

(B)(1) Beginning on July 1, 2023, the department shall 86403
approve rooms in nursing facilities to qualify for the rate 86404
described in division (A) of this section. A nursing facility 86405
provider shall apply for approval of its private rooms by 86406
submitting an application in the form and manner prescribed by the 86407
department. The department may specify evidence that an applicant 86408
must supply to demonstrate that a room meets the definition of a 86409
private room under section 5165.01 of the Revised Code. Subject to 86410
division (B)(2) of this section, the department shall approve an 86411
application if the rooms included in the application meet the 86412
definition of a private room under section 5165.01 of the Revised 86413
Code. 86414

(2) The department shall only consider applications that meet 86415
the following criteria: 86416

(a) Private rooms reported on the nursing facility provider's 86417
cost report for calendar year 2022, or a new nursing facility 86418
licensed after October 1, 2022; 86419

(b) Private rooms created by surrendering licensed beds from 86420
its licensed capacity, or, if the facility does not hold a 86421
license, surrendering beds that have been certified by the United 86422
States centers for medicare and medicaid services; 86423

(c) Private rooms created by adding space to the nursing 86424
facility or renovating nonbedroom space, without increasing the 86425
total licensed bed capacity. 86426

(3) The department may specify evidence that an applicant 86427
must supply to demonstrate that it meets the conditions specified 86428

in division (B)(2) of this section. 86429

(4) The department may deny an application if the department determines that either any of the following circumstances apply: 86430
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(a) The rooms included in the application do not meet the definition of a private room under section 5165.01 of the Revised Code; 86432
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(b) The rooms included in the application do not meet the criteria specified in division (B)(2) of this section. 86435
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(5) An applicant may request reconsideration of a denial under division (B) of this section. 86437
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Sec. 5165.16. (A) The department of medicaid shall determine 86439
each nursing facility's per medicaid day payment rate for 86440
ancillary and support costs. A nursing facility's rate shall be 86441
the rate determined under division (C) of this section for the 86442
nursing facility's peer group. 86443

(B) For the purpose of determining nursing facilities' rates 86444
for ancillary and support costs, the department shall establish 86445
six peer groups composed as follows: 86446

(1) Each nursing facility located in any of the following 86447
counties shall be placed in peer group one or two: Brown, Butler, 86448
Clermont, Clinton, Hamilton, and Warren. Each nursing facility 86449
located in any of those counties that has fewer than one hundred 86450
beds shall be placed in peer group one. Each nursing facility 86451
located in any of those counties that has one hundred or more beds 86452
shall be placed in peer group two. 86453

(2) Each nursing facility located in any of the following 86454
counties shall be placed in peer group three or four: Allen, 86455
Ashtabula, Champaign, Clark, Cuyahoga, Darke, Delaware, Fairfield, 86456
Fayette, Franklin, Fulton, Geauga, Greene, Hancock, Knox, Lake, 86457
Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Miami, 86458