

5101:3-3-80  
Page 1 of 1

5101:3-3-80      REIMBURSEMENT OF THERAPY SERVICES IN INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICFS-MR).

- (A) "THERAPY SERVICES" MEANS RESPIRATORY THERAPY, PSYCHOLOGICAL THERAPY, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY AND SPEECH THERAPY SERVICES THAT ARE PROVIDED BY APPROPRIATELY LICENSED THERAPISTS OR THERAPY ASSISTANTS, AND THAT ARE COVERED FOR ICF-MR RESIDENTS EITHER BY MEDICARE OR MEDICAID PROGRAMS.
  
- (B) THE COSTS FOR THERAPY SERVICES INCLUDING REASONABLE COSTS FOR REHABILITATIVE, RESTORATIVE, OR MAINTENANCE THERAPY SERVICES RENDERED TO FACILITY RESIDENTS BY CONTRACTED STAFF OR FACILITY STAFF AND THE OVERHEAD COSTS TO SUPPORT THE PROVISION OF SUCH SERVICES ARE REIMBURSABLE THROUGH THE RATE DETERMINED IN ACCORDANCE WITH RULE 5101:3-3-78 OF THE ADMINISTRATIVE CODE.

EFFECTIVE DATE: \_\_\_\_\_

CERTIFICATION: \_\_\_\_\_

\_\_\_\_\_  
DATE

PROMULGATED UNDER: CHAPTER 119.  
STATUTORY AUTHORITY: RC SECTION 5111.02  
RULE AMPLIFIES: RC SECTIONS 5111.01, 5111.02, 5111.263

TNS # 94-07 APPROVAL DATE JUN 28 1994  
SUPERSEDES  
TNS # 93-021 EFFECTIVE DATE 10/1/94

5101:3-3-81  
Page 1 of 15

5101:3-3-81 COMPENSATION COST LIMITS FOR ADMINISTRATORS, OWNERS AND RELATIVES OF OWNERS FOR INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICFS-MR).

THE FOLLOWING CRITERIA SHALL BE USED IN DETERMINING ALLOWABLE OR REASONABLE COMPENSATION COST LIMITS AND SHALL BE APPLIED BEFORE THE CALCULATION OF THE APPLICABLE CEILINGS AND IN THE DETERMINATION OF AN ICF-MR'S ALLOWABLE COST.

- (A) FOR ICFS-MR LICENSED BY THE OHIO DEPARTMENT OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES (ODMR/DD), COMPENSATION COST LIMITS FOR ADMINISTRATORS SHALL BE BASED ON STATEWIDE AVERAGE COMPENSATION COSTS FOR ADMINISTRATORS WHO ARE NOT OWNERS OR RELATIVES OF OWNERS AS REPORTED ON THE OHIO DEPARTMENT OF HUMAN SERVICES (ODHS) 2524 MEDICAID COST REPORTS FOR THE CALENDAR YEAR PRECEDING THE FISCAL YEAR FOR WHICH THE RATE IS BEING SET, FOR ICFS-MR AND FOR ALL NURSING FACILITIES (NFS) COMBINED.
- (1) FOR ICFS-MR LICENSED BY ODMR/DD, THE ADMINISTRATORS ARE NOT SUBJECT TO A MINIMUM WORK HOUR STANDARD.
  - (2) ICFS-MR LICENSED BY ODMR/DD, WHO ARE NOT REQUIRED TO EMPLOY A LICENSED ADMINISTRATOR, BUT HAVE A QUALIFIED MENTAL RETARDATION PROFESSIONAL (QMRP) FUNCTIONING AS THE ADMINISTRATOR, SHALL REPORT ONLY THE COMPENSATION PAID TO THE QMRP FOR TIME SPENT AS AN ADMINISTRATOR.
  - (3) ICFS-MR WHO EMPLOY MORE THAN ONE ADMINISTRATOR AS SPECIFIED UNDER PARAGRAPH (A)(2) OF THIS RULE SHALL HAVE THE TOTAL COMPENSATION COST PAID TO ALL ADMINISTRATORS DURING THE COST REPORT PERIOD AND THE AVERAGE WEEKLY HOURS WORKED BY ALL ADMINISTRATORS DURING THE COST REPORT PERIOD COMBINED FOR PURPOSES OF DETERMINING THE COMPENSATION COST LIMITS APPLICABLE TO EACH ICF-MR AS SPECIFIED IN PARAGRAPHS (B) AND (C) OF THIS RULE.

TNS # 9407 APPROVAL DATE JUN 28 1994  
SUPERSEDES  
TNS # 94-04 EFFECTIVE DATE 10/1/94

- (B) FOR ICFS-MR LICENSED BY THE OHIO DEPARTMENT OF HEALTH (ODH), COMPENSATION COST LIMITS FOR ADMINISTRATORS SHALL BE BASED ON STATEWIDE AVERAGE COMPENSATION COSTS FOR ADMINISTRATORS WHO ARE NOT OWNERS OR RELATIVES OF OWNERS AS REPORTED ON THE ODHS 2524 MEDICAID COST REPORTS FOR THE CALENDAR YEAR PRECEDING THE FISCAL YEAR FOR WHICH THE RATE IS BEING SET, FOR ALL ICFS-MR AND ALL NFS COMBINED.
- (1) FOR ICFS-MR LICENSED BY ODH, NO PORTION OF THE COMPENSATION COST PAID TO THE ADMINISTRATOR IS ALLOWABLE UNLESS THE ADMINISTRATOR USUALLY (FOR PURPOSES OF THIS RULE, "USUALLY" MEANS EIGHTY PER CENT OF THE TIME EXCLUSIVE OF VACATION AND EDUCATIONAL LEAVE) SPENDS AT LEAST THIRTY HOURS PER WEEK AT THE FACILITY (AT LEAST FIFTEEN HOURS OF WHICH MUST BE BETWEEN THE HOURS OF SIX A.M. AND SIX P.M. MONDAY THROUGH FRIDAY) IF THE LICENSED CAPACITY IS GREATER THAN NINETY-NINE BEDS, OR AT LEAST SIXTEEN HOURS PER WEEK (AT LEAST EIGHT HOURS OF WHICH MUST BE BETWEEN THE HOURS OF SIX A.M. AND SIX P.M. MONDAY THROUGH FRIDAY) IF THE ICF-MR'S SIZE IS LESS THAN ONE HUNDRED BEDS. IN THE EVENT THAT A FACILITY OF ONE HUNDRED BEDS OR MORE HAS AN UNEXPECTED LOSS OF AN ADMINISTRATOR, ODHS WILL WAIVE THE THIRTY-HOUR PER WEEK REQUIREMENT FOR ADMINISTRATORS FOR UP TO A MAXIMUM OF SIXTY CALENDAR DAYS PER CALENDAR YEAR. ODHS MAY WAIVE THE THIRTY-HOUR PER WEEK REQUIREMENT FOR LONGER THAN SIXTY DAYS PER CALENDAR YEAR IF THE FACILITY DEMONSTRATES THAT IT HAS BEEN UNABLE TO HIRE AN ADMINISTRATOR DESPITE DILIGENT RECRUITING EFFORTS. IN THIS EVENT, THE SIXTEEN HOURS PER WEEK ADMINISTRATOR REQUIREMENT OF ODH MUST STILL BE MET.
- (2) AN ICF-MR MAY EMPLOY ONE OR MORE THAN ONE ADMINISTRATOR TO MEET THE REQUIREMENTS SPECIFIED UNDER PARAGRAPH (B)(1) OF THIS RULE. IN THE EVENT THAT THERE IS MORE THAN ONE ADMINISTRATOR PER FACILITY, ODHS WILL NOT PAY MORE THAN THE MAXIMUM SALARY OF ONE FULL TIME ADMINISTRATOR FOR THE APPROPRIATE SIZE OF THE FACILITY.

TNS # 94-07 APPROVAL DATE JUN 28 1994  
SUPERSEDES  
TNS # 94-04 EFFECTIVE DATE 10/1/94

(C) EXCEPT AS SPECIFIED UNDER PARAGRAPH (C)(2) OF THIS RULE, THE FORMULA FOR DETERMINING THE COMPENSATION COST LIMITS FOR ADMINISTRATORS IS BASED ON A FORTY-HOUR WORKWEEK AND REPRESENTS THE STATEWIDE AVERAGE COMPENSATION PAID TO NONOWNER ADMINISTRATORS. THIS INCLUDES NONOWNER ADMINISTRATORS REGARDLESS OF WHETHER THEY ARE EMPLOYED IN A NE OR AN ICF-MR. TO QUALIFY FOR PARTICIPATION IN THE FORMULA CALCULATION, THE NONOWNER ADMINISTRATOR'S HOURLY WAGE MUST MEET OR EXCEED THE FEDERAL MINIMUM WAGE AS DETERMINED BY THE UNITED STATES DEPARTMENT OF LABOR. THE FORMULA IS AS FOLLOWS:

- (1) EACH ICF-MR OR NE WHICH QUALIFIES UNDER PARAGRAPH (A) OR (B) OF THIS RULE SHALL COMBINE THE TOTAL COMPENSATION COST PAID TO ALL NONOWNER ADMINISTRATOR(S) EMPLOYED BY THE ICF-MR OR NE.
- (2) TAKE THE RESULTS ARRIVED AT UNDER PARAGRAPH (C)(1) OF THIS RULE AND ADJUST THE COMPENSATION COST PAID BY THE ICF-MR OR NE TO A FORTY-HOUR WORKWEEK. THIS IS COMPUTED BY TAKING THE TOTAL COMPENSATION COST PAID BY THE ICF-MR OR NE, MULTIPLY BY FORTY HOURS PER WEEK, THEN DIVIDE BY THE AVERAGE NUMBER OF HOURS WORKED PER WEEK. IN CIRCUMSTANCES WHERE THE AVERAGE WEEKLY HOURS WORKED BY ALL ADMINISTRATOR(S) EMPLOYED BY THE ICF-MR OR NE IS EQUAL TO OR GREATER THAN THIRTY-FIVE HOURS PER WEEK, TAKE THE TOTAL COMPENSATION COST PAID BY THE ICF-MR OR NE, MULTIPLY BY THE AVERAGE NUMBER OF HOURS WORKED PER WEEK, THEN DIVIDE BY THE AVERAGE NUMBER OF HOURS WORKED PER WEEK. THE RESULT IS THE "COMPENSATION COST PAID ADJUSTED FOR A FORTY-HOUR WORKWEEK".
- (3) TAKE THE RESULTS ARRIVED AT UNDER PARAGRAPH (C)(2) OF THIS RULE AND ADJUST THE "COMPENSATION PAID ADJUSTED FOR A FORTY-HOUR WORKWEEK" TO AN ANNUALIZED BASIS. THIS IS COMPUTED BY TAKING THE "COMPENSATION COST PAID ADJUSTED FOR A FORTY-HOUR WORKWEEK" MULTIPLY BY THREE HUNDRED AND SIXTY-FIVE DAYS, THEN DIVIDE BY THE TOTAL NUMBER OF DAYS EMPLOYED AT THE ICF-MR OR NE DURING THE COST REPORT PERIOD. (IN THE EVENT OF A LEAP YEAR, THE NUMERATOR SHALL BE THREE HUNDRED AND SIXTY-SIX DAYS). THE RESULT IS THE "ANNUALIZED COMPENSATION PAID ADJUSTED FOR A FORTY-HOUR WORKWEEK".

TNS # 94-07 APPROVAL DATE JUN 28 1994

SUPERSEDES

TNS # 94-04 EFFECTIVE DATE 10/1/94

- (4) TAKE THE RESULTS ARRIVED AT UNDER PARAGRAPH (C)(3) OF THIS RULE AND ARRAY THE ICFS-MR AND NFS IN PROVIDER NUMBER ORDER ACCORDING TO THE FOLLOWING CATEGORIES BASED ON BED SIZE:
    - (a) ONE TO FORTY-NINE; OR
    - (b) FIFTY TO NINETY-NINE; OR
    - (c) ONE HUNDRED TO ONE HUNDRED FORTY-NINE; OR
    - (d) ONE HUNDRED FIFTY OR MORE.
  - (5) FOR EACH CATEGORY BASED ON BED SIZE, TAKE THE RESULTS ARRIVED AT UNDER PARAGRAPH (C)(4) OF THIS RULE AND SUM THE "ANNUALIZED COMPENSATION COST PAID ADJUSTED FOR A FORTY-HOUR WORKWEEK" FOR ALL ICFS-MR AND NFS THEN DIVIDE BY THE NUMBER OF ICFS-MR OR NFS.
  - (6) THE RESULTS ARRIVED AT UNDER PARAGRAPH (C)(5) OF THIS RULE ARE THE STATEWIDE AVERAGE COMPENSATION COST LIMITS AND SHALL BE APPLIED TO EACH ICF-MR ACCORDING TO BED SIZE.
  - (7) COMPENSATION COST LIMITS FOR ADMINISTRATOR(S) OF FOUR OR MORE ICFS-MR SHALL BE THE SAME AS THE LIMITS FOR ADMINISTRATORS OF NFS OR ICFS-MR WITH ONE HUNDRED FIFTY OR MORE BEDS.
- (D) FOR EACH ICF-MR WHICH COMPLIES WITH THE REQUIREMENTS SET FORTH UNDER PARAGRAPH (A) OF THIS RULE, THE COMPENSATION COST LIMITS EACH FOR ADMINISTRATOR(S) IN THE FACILITY IS DETERMINED AS FOLLOWS:
- (1) TAKE THE RESULTS ARRIVED AT UNDER PARAGRAPH (C)(6) OF THIS RULE AND MULTIPLY THE PERCENTAGE POINTS NOT TO EXCEED ONE HUNDRED FIFTY PER CENT. EACH ADMINISTRATOR RECEIVES ONE HUNDRED PERCENTAGE POINTS PLUS THE FOLLOWING:
    - (a) FOUR PERCENTAGE POINTS FOR EACH YEAR OF THE RELATED WORK EXPERIENCE UP TO A MAXIMUM OF TEN YEARS.

TNS # 94-07 APPROVAL DATE JUN 28 1994  
SUPERSEDES  
TNS # 94-04 EFFECTIVE DATE 10/1/94

- (b) FIVE PERCENTAGE POINTS FOR EACH YEAR OF FORMAL EDUCATION BEYOND THE HIGH SCHOOL LEVEL UP TO A MAXIMUM OF SIX YEARS IF A BACCALAUREATE DEGREE HAS BEEN OBTAINED, OR UP TO A MAXIMUM OF FOUR YEARS IF A BACCALAUREATE DEGREE HAS NOT BEEN OBTAINED.
  - (c) FOUR PERCENTAGE POINTS FOR EACH DUTY NOT ORDINARILY CONSIDERED AS PART OF THE ADMINISTRATOR'S POSITION UP TO A MAXIMUM OF FOUR RELATED DUTIES. NO POINTS WILL BE ADDED FOR DUTIES SPECIFIED UNDER PARAGRAPH (D)(9) OF THIS RULE.
  - (d) SIX PERCENTAGE POINTS ARE ADDED FOR EIGHT COUNTIES IN OHIO HAVING THE LARGEST POPULATION.
  - (e) TEN PERCENTAGE POINTS ARE ADDED FOR AN ADMINISTRATOR WHO IS ALSO OWNER OF THE ICF-MR.
- (2) TAKE THE RESULTS ARRIVED AT UNDER PARAGRAPH (D)(1) OF THIS RULE AND MULTIPLY BY THE AVERAGE NUMBER OF HOURS WORKED PER WEEK IN THE ICF-MR, THEN DIVIDE BY FORTY HOURS PER WEEK. IN CIRCUMSTANCES WHERE THE AVERAGE WEEKLY HOURS WORKED BY ALL ADMINISTRATOR(S) EMPLOYED BY THE ICF-MR IS EQUAL TO OR GREATER THAN THIRTY-FIVE HOURS PER WEEK, TAKE THE RESULTS ARRIVED AT UNDER PARAGRAPH (D)(1) OF THIS RULE AND MULTIPLY BY THE AVERAGE NUMBER OF HOURS WORKED PER WEEK IN THE ICF-MR, THEN DIVIDE BY THE AVERAGE NUMBER OF HOURS WORKED PER WEEK IN THE ICF-MR.
- (3) TAKE THE RESULTS ARRIVED AT UNDER PARAGRAPH (D)(2) OF THIS RULE AND MULTIPLY BY THE TOTAL DAYS EMPLOYED IN THE ICF-MR DURING THE COST REPORT PERIOD, THEN DIVIDE BY THREE HUNDRED SIXTY-FIVE DAYS (IN THE EVENT OF A LEAP YEAR, THE DENOMINATOR SHALL BE THREE HUNDRED SIXTY-SIX DAYS).
- (4) TAKE THE RESULTS ARRIVED AT UNDER PARAGRAPH (D)(3) OF THIS RULE AND COMPARE TO THE COMPENSATION COST PAID TO THE ADMINISTRATOR(S) AS DETERMINED UNDER PARAGRAPHS (A)(3) AND (B)(2) OF THIS RULE. THE LOWER OF THE TWO IS ALLOWED FOR PROSPECTIVE RATE SETTING PURPOSES.

TNS # 94-07 APPROVAL DATE JUN 28 1994  
SUPERSEDES  
TNS # 94-04 EFFECTIVE DATE 10/1/94

- (5) IF AN ADMINISTRATOR WORKS IN AT LEAST ONE ICF-MR AND ALSO IN ONE OR MORE OTHER RELATED NE OR ICF-MR, THE COMPENSATION COST LIMIT FOR THE RELATED FACILITIES IS CALCULATED AS FOLLOWS:
- (a) TOTAL THE NUMBER OF BEDS IN ALL OF THE RELATED ICF-MR AND NES FOR WHICH THE REQUIREMENTS OF PARAGRAPH (B)(1) OF THIS RULE (FOR ICF-MR) OR PARAGRAPH (A)(1) OF RULE 5101:3-3-48 OF THE ADMINISTRATIVE CODE (FOR NES) ARE MET.
  - (b) TOTAL THE NUMBER OF HOURS THAT THE ADMINISTRATOR WORKED IN ALL OF THE RELATED FACILITIES.
  - (c) DETERMINE A COMPENSATION COST LIMIT FOR THE ADMINISTRATOR UNDER THE FORMULA SPECIFIED IN PARAGRAPHS (D)(1) TO (D)(4) OF THIS RULE, USING THE TOTAL HOURS AND BEDS CALCULATED UNDER PARAGRAPHS (D)(5)(a) AND (D)(5)(b) OF THIS RULE AS IF THEY WERE FOR A SINGLE FACILITY.
  - (d) CALCULATE EACH RELATED FACILITY'S PORTION OF THE ADMINISTRATOR'S COMPENSATION COST LIMIT DETERMINED UNDER PARAGRAPH (D)(5)(c) OF THIS RULE BY MULTIPLYING THAT LIMIT BY THE PERCENTAGE OF THE ADMINISTRATOR'S TOTAL HOURS THAT WERE SPENT AT EACH FACILITY.
- (6) IF AN ICF-MR HAS MORE THAN ONE ADMINISTRATOR, THE COMPENSATION COST LIMIT FOR THE FACILITY SHALL BE THE SUM OF THE LIMITS DETERMINED FOR EACH ADMINISTRATOR UNDER PARAGRAPHS (D)(1) TO (D)(5) OF THIS RULE, EXCEPT THAT THE LIMIT FOR THE FACILITY SHALL NOT EXCEED THE LIMIT THAT WOULD APPLY IF THE FACILITY HAD A SINGLE FULL-TIME ADMINISTRATOR.
- (7) A FACILITY MAY HOLD MORE THAN ONE MEDICAID LONG-TERM CARE PROVIDER AGREEMENT WITHIN THE SAME PHYSICAL STRUCTURE. FOR THESE TYPE FACILITIES THE ADMINISTRATOR(S) COMPENSATION COST LIMITS IS DETERMINED AS FOLLOWS:

TNS # 94-07 APPROVAL DATE JUN 28 1994  
SUPERSEDES  
TNS # 94-04 EFFECTIVE DATE 10/1/94

5101:3-3-81  
Page 7 of 15

- (a) WITHOUT REGARD FOR PROVIDER NUMBER DISTRIBUTION, TOTAL THE NUMBER OF BEDS IN THE FACILITY, THEN TOTAL THE NUMBER OF HOURS WORKED BY THE ADMINISTRATOR(S) IN THE FACILITY, TO DETERMINE IF THE REQUIREMENTS OF PARAGRAPHS (A) AND (B) OF THIS RULE ARE SATISFIED.
- (b) IF THE REQUIREMENTS OF PARAGRAPHS (A) AND (B) OF THIS RULE ARE SATISFIED, THE COMPENSATION COST LIMITS WILL BE DETERMINED FOR EACH PROVIDER NUMBER AS SPECIFIED IN THE FORMULA DELINEATED UNDER PARAGRAPHS (D)(1) TO (D)(5) OF THIS RULE. FOR PURPOSES OF THIS CALCULATION ONLY, WHEN REFERRING TO PARAGRAPHS (D)(1) TO (D)(5), THE TERM FACILITY IS SYNONYMOUS TO PROVIDER NUMBER.
- (c) THE RESULTING COMPENSATION COST LIMIT WILL BE DISTRIBUTED TO EACH ICF-MR OR NF PROVIDER NUMBER PROPORTIONATE TO THE HOURS SPENT IN EACH PROVIDER NUMBER.
- (8) FOR PURPOSES OF THIS RULE, A DISTINCT PART FACILITY IS A FACILITY WHICH CONTAINS A MEDICAID CERTIFIED UNIT AND ONE OR MORE NONMEDICAID CERTIFIED UNIT(S). FOR ICFS-MR OR NFS WITH DISTINCT PARTS, ONLY THE COST BEDS AND HOURS RELATING TO THE MEDICAID CERTIFIED PORTION WILL BE USED FOR DETERMINING THE COMPENSATION COST LIMITS AS SPECIFIED UNDER PARAGRAPHS (C) AND (D) OF THIS RULE.
- (9) IF AN ADMINISTRATOR WORKS IN ONE OR MORE OF THE FOLLOWING DIRECT CARE COST CENTER POSITIONS, THE COMPENSATION EARNED FOR PERFORMING SUCH DUTIES MAY BE EXPENSED DIRECTLY TO THE DIRECT CARE COST CENTER. COMPENSATION FOR AN ADMINISTRATOR PERFORMING A DIRECT CARE COST CENTER FUNCTION IS ALLOWABLE ONLY FOR DUTIES WHICH OTHERWISE WOULD REQUIRE THE EMPLOYMENT OF ANOTHER INDIVIDUAL. THE PORTION OF THE INDIVIDUAL'S TOTAL COMPENSATION PAID BY THE ICFS-MR THAT MAY BE REPORTED IN THE DIRECT CARE COST CENTER SHALL BE DETERMINED BY MULTIPLYING THE TOTAL COMPENSATION BY THE PERCENTAGE OF TIME THE INDIVIDUAL SPENDS PERFORMING THE DIRECT CARE DUTIES. THE FACILITY MUST MAINTAIN RECORDS DOCUMENTING THE ALLOCATION OF THE INDIVIDUAL'S TIME TO THESE DUTIES. TIME STUDIES CONDUCTED IN ACCORDANCE WITH HEALTH CARE

TNS # 94-07 APPROVAL DATE JUN 28 1994  
SUPERSEDES  
TNS # 94-04 EFFECTIVE DATE 10/1/94

FINANCING ADMINISTRATION (HCEA) PUBLICATION 15-1 SHALL BE CONSIDERED SUFFICIENT DOCUMENTATION OF THE ALLOCATION OF TIME. IF IT IS FOUND THAT THE ICF-MR HAS NOT SUFFICIENTLY DOCUMENTED THE ALLOCATION OF TIME, THE COST ASSOCIATED WITH THE UNDOCUMENTED TIME WILL BE RECLASSIFIED BACK TO THE INDIRECT COST CENTER. THOSE DIRECT CARE COST CENTER FUNCTIONS ARE:

- (a) MEDICAL DIRECTOR
  - (b) DIRECTOR OF NURSING
  - (c) ACTIVITIES DIRECTOR
  - (d) REGISTERED NURSE (RN)
  - (e) LICENSED PRACTICAL NURSE (LPN)
  - (f) RECREATIONAL THERAPIST
  - (g) PSYCHOLOGIST
  - (h) RESPIRATORY THERAPIST
  - (i) QUALIFIED MENTAL RETARDATION PROFESSIONAL (QMRP)
  - (j) LICENSED SOCIAL WORKER/COUNSELOR
  - (k) CHAPLAIN
  - (l) CHARGE NURSE REGISTERED NURSE
  - (m) CHARGE NURSE LICENSED PRACTICAL NURSE
- (E) COMPENSATION COST LIMITS FOR OWNERS AND RELATIVES OF OWNERS SHALL BE BASED ON COMPENSATION COSTS FOR INDIVIDUALS WHO HOLD COMPARABLE POSITIONS BUT WHO ARE NOT OWNERS OR RELATIVES OF OWNERS, AS REPORTED ON THE ODHS 2524 MEDICAID COST REPORT FOR ICF-MR AND NES, OR IF THE POSITION IS NOT LISTED SEPARATELY, THE GROUP OF POSITIONS THAT IS LISTED ON THE COST REPORT FORM AND THAT INCLUDES THE POSITION HELD BY THE OWNER OR THE OWNER'S RELATIVE.

TNS # 9407 APPROVAL DATE JUN 28 1994  
SUPERSEDES  
TNS # 94-27 EFFECTIVE DATE 10/1/94

- (1) EXCEPT FOR THOSE OWNERS AND RELATIVES OF OWNERS HOLDING POSITIONS SPECIFIED UNDER PARAGRAPH (E)(3) OF THIS RULE, THE FORMULA FOR DETERMINING THE COMPENSATION COST LIMITS FOR OWNERS AND RELATIVES OF OWNERS IS CALCULATED AS FOLLOWS:
- (a) A STATEWIDE AVERAGE HOURLY WAGE WILL BE DETERMINED FOR EACH POSITION BASED UPON COMPENSATION COSTS PAID AND HOURS PAID AS REPORTED ON FACILITY COST REPORTS UNDER PARAGRAPH (D) OF THIS RULE. A STATEWIDE AVERAGE HOURLY WAGE FOR EACH POSITION WILL BE CALCULATED FOR EACH POSITION BY TAKING TOTAL DOLLARS PAID BY ALL FACILITIES (NFS AND ICFS-MR COMBINED) AND DIVIDING BY TOTAL HOURS PAID BY ALL FACILITIES (NFS AND ICFS-MR COMBINED).
- (b) TAKE THE RESULTS ARRIVED AT UNDER PARAGRAPH (E)(1)(a) OF THIS RULE AND MULTIPLY BY TWO THOUSAND EIGHTY HOURS (FIFTY-TWO WEEKS MULTIPLIED BY FORTY HOURS PER WEEK) TO ARRIVE AT A STATEWIDE AVERAGE ANNUAL COMPENSATION COST LIMIT FOR EACH POSITION.
- (2) THE STATEWIDE AVERAGE ANNUAL COMPENSATION COST LIMITS FOR OWNERS AND RELATIVES OF OWNERS SHALL BE ADJUSTED FOR AVERAGE HOURS WORKED PER WEEK AND NUMBER OF DAYS EMPLOYED AT THE ICF-MR OR NE DURING THE COST REPORT PERIOD AND IS CALCULATED AS FOLLOWS:
- (a) FOR EACH POSITION IN WHICH THE OWNER WORKED, TAKE THE STATEWIDE AVERAGE ANNUAL COMPENSATION COST LIMIT AS ARRIVED AT UNDER PARAGRAPH (E)(1)(b) OF THIS RULE AND MULTIPLY BY THE AVERAGE NUMBER OF HOURS THE OWNER WORKED PER WEEK IN THE ICF-MR OR NE, THEN DIVIDE BY FORTY HOURS PER WEEK.
- (b) TAKE THE RESULTS ARRIVED AT UNDER PARAGRAPH (E)(2)(a) OF THIS RULE AND MULTIPLY BY THE TOTAL DAYS EMPLOYED IN THE ICF-MR OR NE DURING THE COST REPORT PERIOD, THEN DIVIDE BY THREE HUNDRED SIXTY-FIVE DAYS (IN THE EVENT OF A LEAP YEAR, THE DENOMINATOR SHALL BE THREE HUNDRED SIXTY-SIX DAYS).

TNS # 94-07 APPROVAL DATE JUN 28 1994

SUPERSEDES

TNS # 94-04 EFFECTIVE DATE 10/1/94