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- (c) TAKE THE RESULTS ARRIVED AT UNDER PARAGRAPH (E)(2)(b) OF THIS RULE AND COMPARE TO THE COMPENSATION COST PAID DURING THE COST REPORT PERIOD. THE LOWER OF THE TWO IS ALLOWED FOR PROSPECTIVE RATE SETTING PURPOSES.
- (3) IF AN OWNER OR RELATIVE WORKS IN AT LEAST ONE ICF-MR AND ALSO IN ONE OR MORE OTHER RELATED ICF-MR OR NE THE COMPENSATION COST LIMIT FOR THE RELATED FACILITIES IS CALCULATED AS FOLLOWS:
- (a) TOTAL THE NUMBER OF HOURS THAT THE OWNER OR RELATIVE WORKED IN ALL OF THE RELATED FACILITIES.
- (b) DETERMINE A COMPENSATION COST LIMIT FOR THE OWNER OR RELATIVE UNDER THE FORMULA SPECIFIED IN PARAGRAPHS (E)(1) AND (E)(2) OF THIS RULE, USING THE TOTAL HOURS AND BEDS CALCULATED UNDER PARAGRAPHS (E)(3)(a) AND (E)(3)(b) OF THIS RULE AS IF THE TOTAL HOURS AND BEDS WERE FOR A SINGLE FACILITY.
- (c) CALCULATE EACH RELATED FACILITY'S PORTION OF THE OWNER OR RELATIVE'S COMPENSATION COST LIMIT DETERMINED UNDER PARAGRAPH (E)(3)(c) OF THIS RULE BY MULTIPLYING THAT LIMIT BY THE PERCENTAGE OF THE OWNER OR RELATIVE'S TOTAL HOURS THAT WERE SPENT AT EACH FACILITY.
- (4) IN THE CASE OF AN OWNER OR AN OWNER'S RELATIVE WHO SERVES THE ICF-MR OR NE IN A CAPACITY SUCH AS CORPORATE OFFICER, FOR WHICH NO COMPARABLE POSITION OR GROUP OF POSITIONS IS LISTED ON THE COST REPORT FORM, THE COMPENSATION COST LIMIT SHALL BE BASED ON THE CIVIL SERVICE EQUIVALENT AS LISTED BELOW AND IN THE CASE OF A PROPRIETOR OR A PARTNER, ONE OF THE BELOW LISTED CIVIL SERVICE EQUIVALENTS SHALL BE APPLIED BASED UPON DUTIES PERFORMED:
- (a) CORPORATE PRESIDENT
- (i) BUSINESS ADMINISTRATOR 3, CLASS #63317 FOR FACILITIES WITH COMBINED-BED TOTAL OF ONE TO NINETY-NINE; OR

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- (ii) BUSINESS ADMINISTRATOR 4, CLASS #63318 FOR FACILITIES WITH A COMBINED BED TOTAL OF ONE HUNDRED TO ONE HUNDRED NINETY-NINE; OR
- (iii) BUSINESS ADMINISTRATOR 5, CLASS #63319 FOR FACILITIES WITH A COMBINED BED TOTAL OF TWO HUNDRED TO TWO HUNDRED AND NINETY-NINE; OR
- (iv) DIRECTOR 1, CLASS #61111 FOR FACILITIES WITH A COMBINED BED TOTAL OF THREE HUNDRED TO FIVE HUNDRED AND NINETY-NINE; OR
- (v) DIRECTOR 2, CLASS #61112 FOR FACILITIES WITH A COMBINED BED TOTAL OF SIX HUNDRED TO ONE THOUSAND ONE HUNDRED AND NINETY-NINE, OR
- (vi) DIRECTOR 3, CLASS #61113 FOR FACILITIES WITH A COMBINED BED TOTAL OF ONE THOUSAND TWO HUNDRED OR MORE.

(b) CORPORATE VICE-PRESIDENT

- (i) ADMINISTRATIVE ASSISTANT 3, CLASS #63123 FOR FACILITIES WITH A COMBINED BED TOTAL OF ONE TO NINETY-NINE; OR
- (ii) ADMINISTRATIVE ASSISTANT 4, CLASS #63124 FOR FACILITIES WITH A COMBINED BED TOTAL OF ONE HUNDRED TO ONE HUNDRED NINETY-NINE; OR
- (iii) ASSISTANT DIRECTOR 1, CLASS #61211 FOR FACILITIES WITH A COMBINED BED TOTAL OF TWO HUNDRED TO TWO HUNDRED NINETY-NINE; OR
- (iv) ASSISTANT DIRECTOR 2, CLASS #61212 FOR FACILITIES WITH A COMBINED BED TOTAL OF THREE HUNDRED TO FIVE HUNDRED NINETY-NINE; OR
- (v) ASSISTANT DIRECTOR 3, CLASS #61213 FOR FACILITIES WITH A COMBINED BED TOTAL OF SIX HUNDRED TO ONE THOUSAND ONE HUNDRED NINETY-NINE; OR

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- (vi) ASSISTANT DIRECTOR 4, CLASS #61214 FOR FACILITIES WITH A COMBINED BED TOTAL OF ONE THOUSAND TWO HUNDRED OR MORE.
- (c) CORPORATE TREASURER
 - (i) FISCAL SPECIALIST 1, CLASS #66531 FOR FACILITIES WITH A COMBINED BED TOTAL OF ONE TO NINETY-NINE; OR
 - (ii) FISCAL SPECIALIST 2, CLASS #66532 FOR FACILITIES WITH A COMBINED BED TOTAL OF ONE HUNDRED TO ONE HUNDRED NINETY-NINE; OR
 - (iii) FISCAL OFFICER 1, CLASS #66535 FOR FACILITIES WITH A COMBINED BED TOTAL OF TWO HUNDRED TO TWO HUNDRED NINETY-NINE; OR
 - (iv) FISCAL OFFICER 2, CLASS #66536 FOR FACILITIES WITH A COMBINED BED TOTAL OF THREE HUNDRED TO FIVE HUNDRED NINETY-NINE; OR
 - (v) FISCAL OFFICER 3, CLASS #66537 FOR FACILITIES WITH A COMBINED BED TOTAL OF SIX HUNDRED TO ONE THOUSAND ONE HUNDRED NINETY-NINE; OR
 - (vi) FISCAL OFFICER 4, CLASS #66538 FOR FACILITIES WITH A COMBINED BED TOTAL OF ONE THOUSAND TWO HUNDRED OR MORE.
- (d) BOARD SECRETARY/MEMBER
 - (i) SECRETARY, CLASS #12551 FOR FACILITIES WITH COMBINED BED TOTAL OF ONE TO NINETY-NINE; OR
 - (ii) OFFICE MANAGER, CLASS #16821 FOR FACILITIES WITH COMBINED BED TOTAL OF ONE HUNDRED TO ONE HUNDRED NINETY-NINE; OR
 - (iii) EXECUTIVE SECRETARY, CLASS #16832 FOR FACILITIES WITH COMBINED BED TOTAL OF TWO HUNDRED TO TWO HUNDRED NINETY-NINE; OR

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- (iv) ADMINISTRATIVE ASSISTANT 3, CLASS #63123 FOR FACILITIES WITH COMBINED BED OF THREE HUNDRED TO FIVE HUNDRED NINETY-NINE; OR
 - (v) BOARD SECRETARY 1, CLASS #62111 FOR FACILITIES WITH COMBINED BED TOTAL SIX HUNDRED TO ONE THOUSAND ONE HUNDRED NINETY-NINE; OR
 - (vi) BOARD SECRETARY 2, CLASS #62112 FOR FACILITIES WITH COMBINED BED TOTAL OF ONE THOUSAND TWO HUNDRED OR MORE.
- (5) FOR THOSE OWNERS WHO SERVE THE ICF-MR OR NE IN THE CAPACITY OF A CORPORATE OFFICER, PROPRIETOR OR PARTNER AS SPECIFIED UNDER PARAGRAPH (E)(4)(a) TO (E)(4)(d) OF THIS RULE, THE FORMULA FOR DETERMINING THE COMPENSATION COST LIMITS IS AS FOLLOWS:
- (a) THE CIVIL SERVICE EQUIVALENT HOURLY WAGE AS PUBLISHED BY THE OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES FOR THOSE POSITIONS SPECIFIED UNDER PARAGRAPHS (E)(4)(a) TO (E)(4)(d) OF THIS RULE WILL BE MULTIPLIED BY TWO THOUSAND AND EIGHTY HOURS TO ARRIVE AT AN ANNUAL SALARY SCREEN FOR EACH STEP IN THE POSITION. IF THE CIVIL SERVICE EQUIVALENT HOURLY WAGE CHANGES DURING THE COST REPORTING PERIOD, THE CIVIL SERVICE EQUIVALENT HOURLY WAGE WILL BE THAT WAGE THAT IS IN EFFECT AT THE END OF THE COST REPORT PERIOD.
 - (b) THE APPROPRIATE STEP WITHIN THOSE CIVIL SERVICE CLASSIFICATIONS AS SPECIFIED UNDER PARAGRAPHS (E)(4)(a) TO (E)(4)(d) OF THIS RULE WILL BE BASED UPON AN OWNER'S YEARS OF SERVICE IN THE HEALTH CARE FIELD PLUS ONE.
 - (i) THE MINIMUM WAGE WILL BE SUBTRACTED FROM THE MAXIMUM WAGE.
 - (ii) THE RESULT OF (E)(5)(b)(i) WILL BE DIVIDED BY FIVE TO DETERMINE THE INCREMENTAL DIFFERENCE IN EACH STEP.

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- (6) IF AN OWNER OR RELATIVE WORKS IN AT LEAST ONE ICF-MR AND ALSO IN ONE OR MORE OTHER RELATED ICF-MR OR NE, 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.
 - (b) TOTAL THE NUMBER OF HOURS THAT THE OWNER OR RELATIVE WORKED IN ALL OF THE RELATED FACILITIES.
 - (c) DETERMINE A COMPENSATION COST LIMIT FOR THE OWNER OR RELATIVE UNDER THE FORMULA SPECIFIED IN PARAGRAPHS (E)(4) AND (E)(5) OF THIS RULE, USING THE TOTAL HOURS AND BEDS CALCULATED UNDER PARAGRAPHS (E)(6)(a) AND (E)(6)(b) OF THIS RULE AS IF THE TOTAL HOURS AND BEDS WERE FOR A SINGLE FACILITY.
 - (d) CALCULATE EACH RELATED FACILITY'S PORTION OF THE OWNER OR RELATIVE'S COMPENSATION COST LIMIT DETERMINED UNDER PARAGRAPH (E)(3)(c) OF THIS RULE BY MULTIPLYING THAT LIMIT BY THE PERCENTAGE OF THE OWNER OR RELATIVE'S TOTAL HOURS THAT WERE SPENT AT EACH FACILITY.
- (7) COMPENSATION FOR OWNERS AND/OR RELATIVES OF OWNERS THAT ARE NONCORPORATE OFFICERS IS ALLOWABLE ONLY FOR DUTIES PERFORMED BY OWNERS WHICH OTHERWISE WOULD REQUIRE THE EMPLOYMENT OF ANOTHER INDIVIDUAL.
- (8) COMPENSATION FOR OWNERS AND/OR RELATIVES OF OWNERS THAT ARE CORPORATE OFFICERS IS ALLOWABLE FOR MANAGERIAL, PROFESSIONAL AND OTHER SERVICES RELATED TO THE OPERATION OF THE FACILITY AND RENDERED IN CONNECTION WITH PATIENT CARE.
- (9) IN ORDER TO QUALIFY AS A SUPERVISOR, THE SUPERVISOR MUST SUPERVISE AT LEAST TWO INDIVIDUALS IN FACILITIES WITH FIFTY BEDS OR MORE. IN FACILITIES WITH LESS THAN FIFTY BEDS, A SUPERVISOR MAY SUPERVISE ONE INDIVIDUAL.

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- (10) FOR PURPOSES OF DETERMINING THE COMPENSATION COST LIMITS FOR ADMINISTRATORS (INCLUDING ~~OMRPS~~ WHEN FUNCTIONING AS ADMINISTRATORS PURSUANT TO PARAGRAPH (A) (2) OF THIS RULE), OWNERS AND RELATIVES OF OWNERS, SUCH INDIVIDUALS ARE CONSIDERED OVERTIME EXEMPT. THERE SHALL BE NO ADJUSTMENT OF THE CEILING TO ACCOMMODATE CIRCUMSTANCES WHERE AN INDIVIDUAL WORKS IN EXCESS OF FORTY HOURS PER WEEK.

REPLACES RULE 5101:3-3-20

EFFECTIVE DATE: _____

CERTIFICATION: _____

DATE

PROMULGATED UNDER RC: RC CHAPTER 119

STATUTORY AUTHORITY: RC SECTION 5111.02

RULE AMPLIFIES RC: SECTIONS 5111.01, 5111.02, 5111.241

PRIOR EFFECTIVE DATES: 12/30/77, 5/1/79, 7/1/80, 1/1/84, 3/29/85, 10/1/91
(EMER.), 12/20/91, 9/30/93 (EMER.), 12/30/93 (EMER.)

TNS # 94-07 APPROVAL DATE JUN 28 1994

SUPERSEDES

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

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5101: 3-3-82 INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICFS-MR):
METHOD FOR ESTABLISHING THE OTHER PROTECTED COSTS COMPONENT OF THE
PROSPECTIVE RATE.

- (A) THE OHIO DEPARTMENT OF HUMAN SERVICES (ODHS) SHALL PAY EACH ELIGIBLE ICF-MR A PER DIEM FOR EACH RESIDENT FOR OTHER PROTECTED COSTS. THIS COMPONENT OF THE RATE WILL BE ESTABLISHED PROSPECTIVELY EACH FISCAL YEAR FOR EACH FACILITY. THIS PER DIEM SHALL BE CALCULATED BY TAKING THE DESK-REVIEWED, ACTUAL, ALLOWABLE OTHER PROTECTED COSTS TOTAL EXCEPT FOR THE FRANCHISE PERMIT FEE (ACCOUNT NUMBER 6091) AND DIVIDING BY THE INPATIENT DAYS. THIS INFORMATION WILL COME FROM THE YEAR ENDING COST REPORT PRECEDING THE FISCAL YEAR IN WHICH THE RATE WILL BE PAID. THIS PER DIEM WILL THEN BE INFLATED BY THE ESTIMATED INFLATION RATE AS CALCULATED UNDER PARAGRAPH (B) OF THIS RULE AND ADDED TO THE PER DIEM FOR THE FRANCHISE PERMIT FEE AS CALCULATED UNDER RULE 5101: 3-3-821 OF THE ADMINISTRATIVE CODE TO DETERMINE THE TOTAL OTHER PROTECTED COST COMPONENT OF THE PROSPECTIVE RATE.
- (B) ODHS SHALL ESTIMATE THE RATE OF INFLATION FOR THE EIGHTEEN-MONTH PERIOD USING THE CONSUMER PRICE INDEX FOR ALL URBAN CONSUMERS FOR NONPRESCRIPTION DRUGS AND MEDICAL SUPPLIES, AS PUBLISHED BY THE UNITED STATES BUREAU OF LABOR STATISTICS. THE ESTIMATED INFLATION RATE IS CALCULATED BY TAKING THE INDEX AS OF THE THIRTY-FIRST DAY OF DECEMBER IN THE FISCAL YEAR THE RATE WILL BE PAID, DIVIDED BY THE INDEX AS OF THE FIRST DAY OF JULY IN THE IMMEDIATELY PRECEDING CALENDAR YEAR. IF THE ESTIMATED INFLATION RATE FOR THE EIGHTEEN-MONTH PERIOD IS DIFFERENT FROM THE ACTUAL INFLATION RATE FOR THAT PERIOD, THE DIFFERENCE SHALL BE ADDED TO OR SUBTRACTED FROM THE INFLATION RATE ESTIMATED FOR THE FOLLOWING FISCAL YEAR.

REPLACES RULE: 5101:3-3-82

EFFECTIVE DATE: _____

REVIEW DATE: _____

CERTIFICATION: _____

DATE

PROMULGATED UNDER: CHAPTER 119.
 STATUTORY AUTHORITY: RC SECTION 5111.02
 RULE AMPLIFIES: RC SECTIONS 5111.01, 5111.02, 5111.20, 5111.235
 PRIOR EFFECTIVE DATE: 9/30/93

MAR 15 1999

TN #98-19 APPROVAL DATE _____

SUPERSEDES

TN #94-07 EFFECTIVE DATE 12/17/98

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5101:3-3-821 Method for establishing reimbursement for intermediate care facilities for the mentally retarded (ICFs-MR) for the franchise permit fee.

FOR EACH ICF-MR SUBJECT TO THE FRANCHISE FEE ASSESSMENT AS SPECIFIED IN RULES 5101:3-3-822 TO 5101:3-3-827 OF THE ADMINISTRATIVE CODE, ~~The~~ THE Ohio department of human services (ODHS) shall include a ~~per resident per day rate for franchise permit fee ADD-ON in ITS the prospective per diem rate of each ICF-MR required to pay the franchise permit fee pursuant to rules 5101:3-3-822 to 5101:3-3-827 of the Administrative Code. This rate shall be calculated as set forth under paragraphs (A) to (C) of this rule.~~ THE ICF-MR WILL NOT RECEIVE REIMBURSEMENT FOR THE FRANCHISE PERMIT FEE ADD-ON IF THERE IS NO ASSESSMENT. NOTWITHSTANDING THE METHODOLOGY OF REIMBURSEMENT FOR OTHER PROTECTED CARE COSTS, AS SET FORTH UNDER RULES 5101:3-3-01, 5101:3-3-82, AND 5101:3-3-201 OF THE ADMINISTRATIVE CODE, THE REIMBURSEMENT METHODOLOGY FOR FRANCHISE PERMIT FEE IS SET FORTH BELOW.

- (A) For the fiscal year beginning July 1, 1993, a per diem rate calculated as follows will be added to the total prospective rate:
 - (1) Compute the projected fiscal year 1994 certified bed days available in the ICF-MR by multiplying the number of certified beds on July 1, 1993, by three hundred sixty-five; and
 - (2) Compute the projected total franchise permit fee payable by multiplying the projected fiscal year 1994 certified bed days available by eight dollars and five cents; and
 - (3) Compute the per diem allowance for the franchise permit fee as follows:
 - (a) If the ICF-MR participated in the medical assistance program for the entire 1992 calendar year, divide the projected total franchise permit fee payable specified under paragraph (A)(2) of this rule by the 1992 calendar year total inpatient days; or
 - (b) If the ICF-MR participated in the medical assistance program in 1992 for less than the entire calendar year:
 - (i) Compute the projected fiscal year 1994 licensed bed days available in the ICF-MR by multiplying the number of licensed certified beds by three hundred sixty-five; and

JUN 20 1996
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- (ii) Compute the imputed inpatient days by multiplying the projected fiscal year 1994 licensed bed days available by the ratio of inpatient days for the 1992 calendar year to the licensed bed days available in 1992; and
- (iii) Divide the projected total franchise permit fee payable specified under paragraph (A)(2) of this rule by the imputed inpatient days.
- (B) For the fiscal year beginning July 1, 1994, a per diem rate will be calculated by dividing the total franchise permit fee expense reported on each ICF's-MR cost report for the six-month period ending December 31, 1993, by the inpatient days reported on the ~~ICF-MR's~~ ICF'S-MR cost report. This allowance will be added to the per diem rate for the other protected cost center prior to inflation as set forth under rule 5101:3-3-82 of the Administrative Code.
Effective September 21, 1995,
- (C) ~~For the fiscal year beginning July 1, 1995, and each fiscal year thereafter, a per diem allowance will be computed by including the total franchise permit fee expense reported on~~ A FRANCHISE PERMIT FEE ADD-ON IN THE AMOUNT EQUAL TO THE ASSESSMENT SPECIFIED IN PARAGRAPH (B) OF RULE 5101:3-3-822 OF THE ADMINISTRATIVE CODE WILL BE INCLUDED IN THE OTHER PROTECTED CARE COST CENTER PER DIEM RATE, ~~each ICF's MR cost report for the calendar year preceding the fiscal year in which the rate is paid in the calculation of the per diem rate for the other protected cost center under rule 5101:3-3-82 of the Administrative Code. THE FRANCHISE PERMIT FEE ADD-ON IS NOT SUBJECT TO THE INFLATION FACTOR THAT IS ALLOWED FOR COSTS REPORTED IN THE OTHER PROTECTED CARE COST CENTER AS REFERENCED IN RULE 5101:3-3-82 OF THE ADMINISTRATIVE CODE.~~
- (D) For ICFs-MR which are new to the medical assistance program, the per diem rate ~~for the fiscal year following the date the ICF-MR begins participation in the medical assistance program shall be calculated using the methodology set forth under paragraph (A) of this rule using the cost report for the calendar year preceding the fiscal year for which the rate will be paid.~~ SHALL BE DETERMINED AS SET FORTH BELOW.

TN # 96-09 APPROVAL DATE _____

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- (1) FOR THE FISCAL YEARS BEGINNING JULY 1, 1993 THROUGH JUNE 30, 1994, ~~AND~~ JULY 1, 1994 THROUGH JUNE 30, 1995, ^{and July 1, 1995 through June 30, 1995,} THE PER DIEM RATE FOR THE FISCAL YEAR FOLLOWING THE DATE THE ICF-MR BEGINS PARTICIPATION IN THE MEDICAL ASSISTANCE PROGRAM, IF REQUIRED TO PAY THE ASSESSMENT FEE PURSUANT TO RULE 5101:3-3-822 OF THE ADMINISTRATIVE CODE, SHALL BE CALCULATED USING THE METHODOLOGY SET FORTH UNDER PARAGRAPHS (A) AND (B) OF THIS RULE.
- (2) FOR THE FISCAL YEAR BEGINNING JULY 1, ¹⁹⁹⁶ ~~1995~~, AND EACH FISCAL YEAR THEREAFTER, A FRANCHISE PERMIT FEE ADD ON IN THE AMOUNT EQUAL TO THE ASSESSMENT SPECIFIED IN PARAGRAPH (B) OF RULE 5101:3-3-822 OF THE ADMINISTRATIVE CODE WILL BE INCLUDED IN THE OTHER PROTECTED CARE COST CENTER PER DIEM RATE. THE FRANCHISE PERMIT FEE ADD-ON IS NOT SUBJECT TO THE INFLATION FACTOR THAT IS ALLOWED FOR COSTS REPORTED IN THE OTHER PROTECTED CARE COST CENTER AS REFERENCED IN RULE 5101:3-3-82 OF THE ADMINISTRATIVE CODE.

EFFECTIVE DATE: JAN 1 2 1996

CERTIFICATION DATE: JAN 0 2 1996
DATE

PROMULGATED UNDER: RC CHAPTER 119

STATUTORY AUTHORITY: RC SECTION 5112.39

RULE AMPLIFIES: RC SECTIONS 5112.30 TO 5112.39

PRIOR EFFECTIVE DATES: 09/30/93 (EMER.), 01/01/94

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