

April 22, 2026

To: Mayor and Members of City Council

From: Sheryl M.M. Long, City Manager

202601440

Subject: **Lift Assistance Fee**

REFERENCE DOCUMENT #202502009

The City Council, at its session on November 19, 2025, referred to the following item for review and report:

MOTION, submitted by Councilmembers Jeffreys and Cramerding. **WE MOVE** that the Administration provide a report within 90 days to assess the feasibility of establishing a “lift assistance fee” through the Cincinnati Fire Department; we ask that the report include the following: (1) Process for fee collection; (2) Anticipated revenue impact; (3) Recommended criteria for exemptions; (4) Establish a clear definition of a repeat offender; (5) The responsibilities of the State of Ohio in regulating nursing homes and skilled nursing facilities as it relates to patient care.

This report informs City Council about the feasibility of establishing a “lift assistance fee” through the Cincinnati Fire Department.

1. Process for Fee Collection

- a. Initially, fees would be imposed for calls for lift assistance that should be provided by a staffed care facility.
- b. The process for fee collection would be driven through the Cincinnati Fire Department’s existing electronic patient care reporting (ePCR) system, which is currently used for Emergency Medical Services (EMS) documentation and billing support.
- c. Due to the variety of potential dispatch types and dispositions associated with lift assistance responses, a custom documentation element would be implemented within ePCR. This custom form would require the report writer to attest that:
 - i. The EMS response occurred at a licensed or otherwise staffed care facility such as a skilled nursing facility, and assisted living facility, or other facility where caregivers are required to be onsite; and
 - ii. The individual receiving assistance required only a lift or repositioning, with no immediate medical treatment or transport from the site was provided or required.
- d. Completion of this attestation would be mandatory for any response to be classified as a billable non-emergency lift assistance. If the incident escalates to

a medical treatment or transport, the lift assistance designation would not apply and existing EMS billing procedures would govern.

- e. Reports meeting the defined criteria would be systematically identified and extracted from ePCR and forwarded to the City's EMS Billing Department. The EMS Billing Department would be responsible for generating and issuing invoices directly to the staffed care facility, consistent with established municipal billing and collection practices. No billing would be directed to the individual resident or patient. This process ensures that fee collection is:
 - i. Based on objective documentation by responding personnel
 - ii. Auditable and consistent across incidents
 - iii. Integrated into existing CFD and City billing workflows
 - iv. Aligned with legal requirements that fees be tied to documented, cost-recoverable services

2. Anticipated Revenue Impact

Based on preliminary analysis, the proposed non-emergency lift assistance fee is not expected to produce net revenue. It is intended as a cost-recovery and demand-management measure, designed to benefit CFD operations by reducing inappropriate utilization of emergency response resources.

- a. Revenue projections from recovered costs must be evaluated using a range-based model, not a single fixed estimate, due to two competing dynamics that occur once a fee is implemented:
 - i. Gross revenue generated from billed lift assistance responses, and
 - ii. A reduction in call volume as staffed care facilities adjust staffing levels, equipment availability, or internal procedures in response to the fee.
- b. Experience in other jurisdictions indicates that call volume reduction can be substantial once a lift assistance fee is implemented. One widely cited example documented an approximate 60 percent reduction in non-emergency lift assistance responses following adoption of a \$500 flat-fee structure.
- c. Baseline and Fee Range Assumptions
 - i. For modeling purposes, CFD assumes:
 - 1. An estimated three (3) qualifying non-emergency lift assistance responses per month prior to implementation
 - 2. A flat per-occurrence fee range of \$500, assessed regardless of time spent on scene
 - 3. Even under a no-behavior-change assumption, gross annual billings would remain modest. If expected behavioral changes occur, net collections would decline.
 - ii. Range-Based Revenue Scenarios -Using historical data from the ePCR reporting system and applying conservative assumptions, CFD anticipates the following outcomes:
 - 1. Conservative scenario (20% reduction in calls):
 - 2. Moderate scenario (40% reduction in calls)
 - 3. Aggressive scenario (60% reduction in calls):
 - iii. Minimal cost-recovery, with the primary benefit realized through reduced call volume and increased unit availability

- d. In all scenarios, administrative costs associated with billing, tracking, and collection further reduce net revenue, reinforcing that the program should not be evaluated as a revenue source.

3. Recommended Criteria for Exemptions

- a. The non-emergency lift assistance fee shall apply only in limited circumstances where no medical care or transport is required.
- b. To ensure patient safety, fairness, and appropriate use of emergency services, in the following circumstances exemption from billing is recommended:
 - i. Automatic Exemptions -
 - 1. The incident involves, or escalates into requiring, medical treatment and/or transport.
 - 2. An injury or illness is suspected or identified, including but not limited to head strike, uncontrolled pain, abnormal vital signs, altered mental status, or use of anticoagulant medications, even if no transport or medical treatment ultimately occurs.
 - i. Clinical Judgment Exemptions
 - 1. No fee shall be assessed when, in the professional judgment of responding personnel, medical evaluation is necessary to ensure patient safety, even if no treatment or transport ultimately occurs.
 - 2. No Lift Assist Form is completed by provider due to their clinical judgement

4. Definition of a Repeat Offender

- a. At this time, the Cincinnati Fire Department does not propose to establish a repeat offender classification for staffed care facilities based on call frequency. Each qualifying non-emergency lift assistance response would be evaluated and billed individually, regardless of whether a facility generates one (1) such response per year or one hundred (100).
- b. Under the proposed framework, no progressive fee structure, escalation, surcharge, or penalty would be applied based on call volume. Each occurrence that meets the defined criteria would be billed at the established flat fee, consistent with cost-recovery principles.
- c. Future Policy Options (Not Recommended at This Time)
 - i. While no repeat offender designation is proposed initially, the following options could be evaluated in the future if Council or Administration determine that additional policy tools are warranted:
 - 1. Threshold-based tracking, such as identifying facilities that exceed a defined number of non-emergency lift assists within a calendar year for outreach or education purposes only
 - 2. Rate-based analysis, such as lift assists per licensed bed, to identify utilization patterns without triggering fee escalation

5. Private Property Owners

- a. The Cincinnati Fire Department notes that lift assistance calls also occur at private residences and residential rental properties. Sufficient data has not been gathered at this time to guide imposition of a lift assistance fee on such property

owners. The Cincinnati Fire Department will collect data on such incidents to guide development of a policy to impose lift assistance fees in those situations if warranted. Imposition of a fee on such property owners is not recommended at this time.

- b. Such a policy may be more likely to resemble the cost-recovery model contained in the Youngstown ordinance copied below to account for special circumstances.

Example from YOUNGSTOWN, OHIO

1503.15 FIRE DEPARTMENT SPECIALTY FEES.

(a) The Fire Chief or their designee shall have the authority to recover **the costs associated with Specialty Services, including but not limited to runs related to hazardous materials, public utilities, structural collapse, trench and confined space, fires caused by arson and lift assistance.**

(b) Such charges are intended to recover the costs associated with the use of manpower, equipment and supplies.

(c) Cost recovery will be levied for any incident, such as those listed above, if the time from the initial dispatch to the time the Fire Department clears the scene exceeds thirty (30) minutes. If this time is exceeded, the charges shall commence from the time of dispatch to the time of the Fire Department clearing the scene.

A. Exceptions:

1. Charges for Incidents specifically for Hazardous Materials shall be billed regardless of the amount of time spent on scene.

2. **Calls for Lift Assistance shall be billed regardless of the amount of time spent on scene.**

3. The City's contracted Ambulance/EMS service shall be exempted from Lift Assistance fees.

(d) Fees related to Specialty Services are as follows:

6. Responsibilities of the State of Ohio regulating nursing homes and skilled Nursing Facilities (SNFs) (tie it directly to patient care)

- a. Ohio Department of Health licensing and oversight <https://codes.ohio.gov/ohio-revised-code/chapter-3721>
- b. Ohio law places nursing home licensing and inspection authority with the Director of Health, including the ability to inspect.
- c. Ohio law defines nursing homes and related facilities in ORC Chapter 3721.
- d. Ohio Administrative Code staffing and operational requirements
 - i. Ohio has nursing home personnel requirements in OAC 3701-17-08 (including staffing expectations and operational requirements). https://codes.ohio.gov/ohio-administrative-code/rule-3701-17-08?utm_source=chatgpt.com
 - ii. Ohio also sets medical supervision expectations (for example, requirement for a nursing home medical director appears in OAC 3701-17-13). <https://codes.ohio.gov/ohio-administrative-code/chapter-3701-17>

- e. Federal requirements for Medicare/Medicaid participating SNFs
 - i. Federal rules require facilities to have sufficient nursing staff to assure resident safety and well being (42 CFR 483.35).
 - ii. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.35>

cc: John Brazina, Assistant City Manager
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