

5160-3-04

**Payment during the Ohio department of ~~job and family services~~ (ODJFS) ~~medicaid~~ (ODM) administrative appeals process for denial or termination of a provider agreement.**

- (A) When ~~ODJFS~~ODM is required to provide an adjudicatory hearing pursuant to Chapter 119. of the Revised Code, payment shall continue for medicaid-covered services provided to eligible residents during the appeal of, and the proposed termination or non-renewal of, a nursing facility (NF) provider agreement. Payment shall not be made under this provision for services rendered on or after the effective date of ~~ODJFS~~ODM issuance of a final order of adjudication pursuant to Chapter 119. of the Revised Code, except as provided in paragraph (B) of this rule.
- (B) Payment may be provided up to thirty days following the effective date of termination or non-renewal of a NF provider agreement; or after an administrative hearing decision that upholds the ~~ODJFS~~ODM termination or non-renewal action. Payment will be available if both of the following conditions are met:
- (1) Residents were admitted to the NF before the effective date of termination or expiration; and
  - (2) The NF cooperates with the state, local, and federal entities in the effort to transfer residents to other NFs, institutions, or community programs that can meet the residents' needs.
- (C) When ~~ODJFS~~ODM acts under instructions from the United States department of health and human services, payment ends on the termination date specified by that agency.

Effective: 10/03/2014

Five Year Review (FYR) Dates: 07/01/2014 and 10/03/2019

CERTIFIED ELECTRONICALLY

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Certification

09/23/2014

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Date

Promulgated Under: 119.03  
Statutory Authority: 5164.02  
Rule Amplifies: 5164.38, 5165.35  
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