

5160-3-04

Nursing facilities (NFs): ~~Payment~~ payment during the Ohio department of medicaid (ODM) administrative appeals process for denial or termination of a provider agreement.

- (A) When 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~~non-revalidation 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 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~~non-revalidation of a NF provider agreement; or after an administrative hearing decision that upholds the ODM termination or ~~non-renewal~~non-revalidation 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 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:

Five Year Review (FYR) Dates: 9/22/2017

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 5165.02
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