



## Ohio Administrative Code

Rule 5160-3-04 Nursing facilities (NFs): payment during the Ohio department of medicaid (ODM) administrative appeals process for denial or termination of a provider agreement.

Effective: December 10, 2017

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(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-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-revalidation of a NF provider agreement; or after an administrative hearing decision that upholds the ODM termination or 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.

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