

5123:2-7-04

Intermediate care facilities - payment during the Ohio office of medical assistance administrative appeals process for termination of a provider agreement.

- (A) When the Ohio office of medical assistance 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 of an intermediate care facility provider agreement. Payment shall not be made under this provision for services rendered on or after the effective date of the 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 of an intermediate care facility provider agreement or after an administrative hearing decision that upholds the termination action. Payment will be available if both of the following conditions are met:
- (1) Payment is for residents admitted to the intermediate care facility before the effective date of termination; and
 - (2) The intermediate care facility cooperates with federal, state, and local entities in the effort to transfer residents to other facilities or community programs that can meet the residents' needs.
- (C) When the Ohio office of medical assistance acts under instructions from the United States department of health and human services, payment ends on the termination date specified by that agency.

Effective: 01/10/2013

R.C. 119.032 review dates: 01/10/2018

CERTIFIED ELECTRONICALLY

Certification

12/31/2012

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02, 5111.226, 5123.04
Rule Amplifies: 5111.02, 5111.226, 5123.04