

TO BE RESCINDED

5123:2-7-15 **Intermediate care facilities - payment and adjustment process.**

(A) Forms

- (1) Intermediate care facilities shall submit the Ohio office of medical assistance form 09400, "Nursing Facility Payment and Adjustment Authorization" (revised October 2012), directly to the Ohio office of medical assistance for the reimbursement of services.
- (2) The county department of job and family services and intermediate care facilities shall use the Ohio office of medical assistance form 09401, "Facility/CDJFS Transmittal" (revised April 2011), to exchange information necessary to complete the billing process for payment.

(B) Notification of admission

The intermediate care facility shall notify the county department of job and family services by completing and forwarding form 09401 within five business days of admission of a new resident who is medicaid eligible or who has an application for medicaid that is pending.

(C) Notification of death

The intermediate care facility shall notify the county department of job and family services of the death of a medicaid resident by completing and forwarding form 09401 to the county department of job and family services within five business days following the death of the resident. The county department of job and family services shall terminate medicaid eligibility and stop vendor payment within ten days after the receipt of the form 09401.

- (1) The county department of job and family services shall complete and return the form 09401, when appropriate, to the intermediate care facility within ten days of the receipt of the form 09401 for any required payment adjustment.
- (2) The intermediate care facility shall complete the form 09400, when appropriate (e.g., final payment adjustment), within thirty days of the receipt of the form 09401 and submit it to the address indicated on form 09400.

(D) Notification of intermediate care facility discharge

"Intermediate care facility discharge" has the same meaning as in rule 5123:2-7-08 of the Administrative Code. The intermediate care facility shall notify the county

department of job and family services within five business days of the intermediate care facility discharge of a medicaid eligible resident by completing form 09401 identifying the type of intermediate care facility discharge, and forwarding form 09401 to the county department of job and family services. The county department of job and family services shall adjust medicaid eligibility within ten days after the receipt of form 09401. The county department of job and family services shall stop vendor payment within ten days after the receipt of form 09401.

- (1) The county department of job and family services shall complete and return form 09401, when appropriate, to the intermediate care facility within ten days after the receipt of the form 09401 for any required payment adjustment.
- (2) The intermediate care facility shall complete the form 09400, when appropriate (e.g., final payment adjustment), within thirty days of the receipt of the form 09401 and submit to the address indicated on form 09400.

Effective:

Five Year Review (FYR) Dates: 04/14/2015

Certification

Date

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