

Payment During Appeal

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 provider agreement when the Department of Medicaid is required to provide an adjudicatory hearing pursuant to Chapter 119. of the Revised Code. Payment shall not be made under this provision for services rendered on or after the effective date of the Department's issuance of a final order of adjudication pursuant to Chapter 119. of the Revised Code, except as provided in the following paragraph.

Payment may be provided up to thirty days following the effective date of termination or non-renewal of a nursing facility provider agreement, or after an administrative hearing decision that upholds the Department's termination or non-renewal action. Payment will be available if both of the following conditions are met:

- 1) Residents were admitted to the nursing facility before the effective date of termination or expiration.
- 2) The nursing facility cooperates with the state, local, and federal entities in the effort to transfer residents to other nursing facilities, institutions, or community programs that can meet the residents' needs.

When the Department acts under instructions from the United States Department of Health and Human Services, payment ends on the termination date specified by that agency.