

**Payment During Appeal for Termination or Non-Revalidation of a Provider Agreement**

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 or intermediate care facility for individuals with intellectual disabilities (ICF-IID) provider agreement when the Department of Medicaid is required to provide an adjudicatory hearing. 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, except as provided in the following paragraph.

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

- 1) Residents were admitted to the nursing facility or ICF-IID before the effective date of termination or expiration.
- 2) The nursing facility or ICF-IID cooperates with the efforts of state, local, and federal entities to transfer residents to other nursing facilities, ICFs-IID, 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.

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