

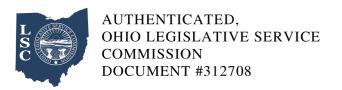
Ohio Revised Code

Section 5165.771 Special focus facility program.

Effective: July 4, 2023 Legislation: House Bill 33

(A) As used in this section:

- (1) "Special focus facility program" means the program conducted by the United States secretary of health and human services pursuant to the "Social Security Act," section 1919(f)(10), 42 U.S.C. 1396r(f)(10).
- (2) "Standard health surveys" mean the comprehensive on-site inspections conducted by the department of health on behalf of the United States centers for medicare and medicaid services every six months to evaluate the safety and quality of care provided by a nursing facility as required under the special focus facility program.
- (B) The department of medicaid shall issue an order terminating a nursing facility's participation in the medicaid program if either of the following apply:
- (1) The nursing facility fails to graduate from the special focus facility program after two standard health surveys while in the program.
- (2) The nursing facility is terminated from participation in the medicare or medicaid program by the United States centers for medicare and medicaid services or voluntarily chooses not to continue participation in either of those programs.
- (C) Except as provided division (C)(1) or (2) of this section, a nursing facility may appeal, under Chapter 119. of the Revised Code, a termination order issued by the department under division (B) of this section.
- (1) A nursing facility shall not appeal to the department of medicaid any standard health survey findings that form the basis, in whole or in part, for an order issued pursuant to division (B) of this section terminating a nursing facility's participation in the medicaid program. Any challenges to



standard health survey findings shall be made to the department of health.

- (2) A nursing facility shall not appeal to the department of medicaid a determination by the United States centers for medicare and medicaid services to terminate a nursing facility's participation in the medicare or medicaid program. Any challenge to such a determination shall be made to the centers for medicare and medicaid services.
- (3) The medicaid director shall adopt rules under section 5165.02 of the Revised Code as necessary to provide for an appeal under this division. Notwithstanding the timeframes listed in section 119.07 of the Revised Code, the rules may provide for an expedited appeal under this division.
- (D) A nursing facility shall take all steps necessary to improve its quality of care to avoid having its participation in the medicaid program terminated pursuant to division (B) of this section. Technical assistance and quality improvement initiatives to help a nursing facility avoid having its participation in the medicaid program terminated pursuant to division (B) of this section are available through the nursing home quality initiative established under section 173.60 of the Revised Code or initiatives offered through a quality improvement organization under contract with the United States secretary of health and human services to carry out in this state the functions described in section 1154 of the "Social Security Act," 42 U.S.C. 1320c-3.