



## Ohio Administrative Code

### Rule 3701-12-24 Monitoring of hospital beds recategorized as skilled nursing beds.

Effective: September 22, 2025

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(A) In order to assist the director in monitoring any approved projects for hospital beds recategorized as skilled nursing beds, in accordance with section 3702.521 of the Revised Code each hospital for which a certificate of need for skilled nursing beds was granted will report the information prescribed by this paragraph in a manner prescribed by the director. The hospital will submit the information no later than the last day of January, April, July and October of each year. The information reported will cover the calendar quarter most recently ended. The information submitted will include, but not be limited to:

- (1) Number of skilled nursing beds;
- (2) The average occupancy rate of the unit;
- (3) The average length of stay for patients in the skilled nursing bed unit;
- (4) The number of patients whose length of stay in the skilled nursing beds exceeded thirty days and the reasons why each such patient's length of stay exceeded thirty days;
- (5) The number of patients discharged from the skilled nursing beds to each of the following:
  - (a) Home;
  - (b) Home with home health agency;
  - (c) Nursing facility for skilled nursing care;
  - (d) Nursing facility for intermediate care;
  - (e) Hospital for acute care; or



(f) Other.

(6) A written attestation that the skilled nursing beds have not billed or received reimbursement under Title XIX of the "Social Security Act," 49 Stat. 286 (1965), 42 U.S.C. 1396 as amended (the medicaid program).

(B) After reviewing the aggregate information submitted under paragraph (A) of this rule, the director may request additional, patient-specific information from the hospital to verify compliance with this rule and with the approved application for the certificate of need.

(C) For the purposes of this rule, "skilled nursing bed" means a bed that was approved under former rule 3701-12-23.3 of the Administrative Code, effective May 20, 1991, and that is in the portion of the hospital that participates in the program for health insurance for the aged and disabled established by Title XVIII of the Social Security Act (1981), 42 U.S.C. 301, as amended (the medicare program).