

ODM Nursing Facility and Hospice Emergency Rule Changes:

Rule Number	Tagline	Short Description of change
5160-3-14	Adult assessment and determination process for nursing facility-based level of care programs	Removed face-to-face requirements throughout rule to allow telephonic, desk review or video conference. Also added language to allow electronic signature in lieu of a physical signature. signatures must be submitted/retrieved w/in 30 days of LOC request.
5160-3-15.1	Preadmission screening requirements for individuals seeking admission to nursing facilities	Removed face-to-face requirements throughout to allow telephonic, desk review or video conference.
5160-3-16.4	Coverage of bed-hold days for medically necessary and other limited absences from nursing facilities (NFs)	Permits bed-hold days of up to 60 days per calendar year for a resident who, due to COVID-19, exceeds 30 bed-hold days, but intends to return to the NF before exceeding 60 bed-hold days.
5160-3-18	Nursing facilities (NFs): ventilator program	Allows a Respirator Care Professional to be on-site 24 hours per day 7 days per week in lieu of a Registered Nurse. Removed requirement for a provider to submit a quarterly report if they had no ventilator dependent residents during the reporting period. Suspended compliance activities.
5160-3-19	Nursing facilities (NFs): relationship of NF services to other covered medicaid services	Permits telehealth visits for physician services in lieu of personal visits.
5160-3-43.3	Calculation of quarterly, semiannual and annual nursing facility (NF) average case mix scores	Relaxed the penalties for untimely MDS submissions.
5160-3-80	Health care isolation centers	Created health care isolation center (HCIC) services for approved NF providers.
5160-56-01	Hospice services: definitions	References telehealth definition OAC rule 5160-1-21.
5160-56-02	Hospice services: eligibility and election requirements	Allows certification of terminal illness to be provided via telehealth.
5160-56-04	Hospice services: provider requirements	Allows hospices to utilize pseudo-patients in competency testing and allow individuals who are competency tested only in the tasks for which they will be assigned to function as hospice aides.
5160-56-05	Hospice services: covered services	Core and non-core services may be provided through a combination of contracting services and telehealth services as necessary.
5160-56-06	Hospice services: reimbursement	Telehealth services may be provided where in-person visits are required. Providers are to add the GT modifier on any hospice claims that that deliver any component of services via telehealth.