

5101:6-7-03 Implementation of the hearing decision.

(A) Responsibility

- (1) When the hearing decision orders action to be taken by the local agency, the local agency is responsible for promptly and fully implementing the decision.
- (2) When the hearing decision orders action to be taken by an ODHS medical determination unit or other entity, that unit or entity is responsible for promptly and fully implementing the decision.
- (3) The district office of proper jurisdiction is responsible for timely compliance with decisions involving public assistance, food stamps, and social services, pursuant to section 5101.35 of the Revised Code.
- (4) The office of child support enforcement is responsible for timely compliance with decisions involving child support services, pursuant to section 2301.35 of the Revised Code.
- (5) WHEN THE HEARING DECISION ORDERS ACTION TO BE TAKEN BY A MANAGED CARE PLAN, THE MANAGED CARE PLAN IS RESPONSIBLE FOR PROMPTLY AND FULLY IMPLEMENTING THE DECISION.

THE OFFICE OF MEDICAID, ODHS, IS RESPONSIBLE FOR TIMELY COMPLIANCE WITH DECISIONS INVOLVING COMPLIANCE BY A MANAGED CARE PLAN.

(B) Promptness

- (1) Decisions which order action favorable to the individual
 - (a) For decisions involving public assistance, social services or child support services, compliance shall be achieved within fifteen calendar days from the date the decision is issued, but in no event later than ninety calendar days from the date of the hearing request.
 - (b) For decisions involving food stamps, any increase in benefits must be reflected in the coupon allotment within ten calendar days of receipt of the decision, even if the local agency must provide a supplementary ~~ATP card~~ or otherwise provide the assistance group with an opportunity to obtain the allotment outside the normal issuance cycle.

The local agency may take longer than ten days if it elects to make the decision effective in the assistance group's normal issuance cycle, provided that issuance will occur within sixty calendar days of the date of the hearing request. If the local agency elects to follow this procedure, the benefit increase may be reflected in the normal issuance cycle or with a supplementary ~~ATP card~~.

- (c) When the hearing has been requested in response to the simultaneous proposal of PA and food stamp adverse actions, compliance shall be achieved according to PA timeliness standards.
- (d) Compliance shall be promptly reported to the BUREAU OF state ~~hearing~~ HEARINGS section, ODHS, via "State Hearing Compliance," ODHS 4068, accompanied by appropriate documentation.

WHEN THE HEARING DECISION ORDERS ACTION TO BE TAKEN BY A MANAGED CARE PLAN, THE MANAGED CARE PLAN SHALL ALSO SEND A COPY OF THE ODHS

4068 TO THE OFFICE OF MEDICAID, ODHS.

(2) Decisions which authorize action adverse to the individual

- (a) The agency shall implement the decision promptly, if still appropriate.
- (b) When the adverse action results in a decrease in the assistance group's food stamp benefits, the decrease shall be reflected in the next issuance cycle following receipt of the hearing decision.

(C) Date compliance is achieved

- (1) For decisions involving public assistance, social services or child support services, compliance shall be considered achieved on the date eligibility, payment, or services are authorized or other action ordered by the hearing decision is taken.
- (2) For decisions involving food stamps, compliance shall be considered achieved on the date the action is reflected in the assistance group's coupon allotment.

(D) Underpayments/underissuances

- (1) When the decision determines that the individual has been improperly denied benefits or has received fewer benefits than were due, any underpayments must be corrected in accordance with rules 5101:1-25-20 and/or 5101:4-8-03 of the Administrative Code.
- (2) The local agency shall restore food stamp benefits to assistance groups which are leaving the county before the departure whenever possible. If benefits are not restored prior to departure, the local agency shall forward an authorization of the benefits to the assistance group or to the new county if this information is known.

The new county shall accept an authorization and issue the appropriate benefits whether the notice is presented by the assistance group or received directly from another county.

(E) Overpayments/overissuances

- (1) Overpayments related to the appeal are subject to collection in accordance with rule 5101:1-25-30 of the Administrative Code.
- (2) When the appeal involves food stamps, a claim against the assistance group for any overissuance related to the appeal must be prepared in accordance with rule 5101:4-8-15 of the Administrative Code.

(F) Prior authorization issues

- (1) When a hearing decision reverses a denial of prior authorization for medical service and authorizes the service, the district hearings section shall send a copy of the decision to the appropriate prior authorization unit. That unit shall approve the prior authorization, using the normal prior authorization procedure. The approval notification sent to the provider shall be accompanied by a copy of the hearing decision.
- (2) When a hearing decision reverses a denial of prior authorization for additional therapeutic leave days for a medicaid recipient with an MR/DD level of care in a long-term care facility, the district hearings section shall send a copy of the decision to the long-term care facility. The hearing decision constitutes authorization for the additional leave days.

- (3) when a hearing decision reverses a denial of prior authorization for medical service by a participating health plan within the Dayton area health plan, the district hearings section shall send a copy of the decision and ODHS 4068 to the health plan. The health plan shall approve the prior authorization using the normal prior authorizations procedure, complete the ODHS 4068, and send it to the state hearings section.

(G) Precertification issues

When a hearing decision changes a review agency's decision on a request for precertification of a hospital admission or medical procedure, the district hearings section shall send a copy of the decision and an ODHS 4068 to the review agency.

The review agency shall certify those hospital days or medical procedures authorized by the decision using the normal precertification procedure, complete the ODHS 4068, and send it to the bureau of state hearings.

(H) PACT issues

When a hearing decision changes a decision by the recipient monitoring and review section concerning proposed or continued enrollment in the PACT program or denial of a request for a change of designated provider, the district hearings section shall send a copy of the decision and an ODHS 4068 to the recipient monitoring and review section. The recipient monitoring and review section shall take the actions ordered by the decision, complete the ODHS 4068, and send it to the bureau of state hearings.

(I) PASRR ISSUES

WHEN A HEARING DECISION CHANGES A PREADMISSION SCREENING (PAS) OR RESIDENT REVIEW (RR) DETERMINATION MADE BY THE OHIO DEPARTMENT OF MENTAL HEALTH OR THE OHIO DEPARTMENT OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES, THE HEARING DECISION SHALL CONSTITUTE THE REVISED PAS OR RR DETERMINATION.

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Certification: Arnold R. Tompkins

May 21, 1997
Date

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