ACTION: Revised

Rule Summary and Fiscal Analysis Part A - General Questions

Rule Number: 173-3-06.6

Rule Type: Amendment

Rule Title/Tagline: Older Americans Act: transportation.

Agency Name: Department of Aging

Division:

Address: 246 N. High St. 1st Floor Columbus OH 43215-2046

Contact: Tom Simmons Phone: 614-202-7971

Email: tsimmons@age.ohio.gov

I. Rule Summary

- 1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 10/14/2022
- 2. Is this rule the result of recent legislation? Yes
 - A. If so, what is the bill number, General Assembly and Sponsor? SB 9 134 McColley, Roegner
- 3. What statute is this rule being promulgated under? 119.03
- **4.** What statute(s) grant rule writing authority? 121.07, 173.01, 173.02, 173.392; 42 U.S.C. 3025; 45 C.F.R. 1321.11
- 5. What statute(s) does the rule implement or amplify? 173.39, 173.392, 4766.14, 4766.15; 42 U.S.C. 3025, 3030d, 3032c, 3032e; 45 C.F.R. 1321.11, 1321.65
- 6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
- 7. What are the reasons for proposing the rule?

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This rule exists to comply with R.C. §173.392 and 45 C.F.R. 1321.11. The primary purpose of this filing is to reduce regulatory restrictions.

8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

This rule establishes requirements applying only to agreements for transportation (respectively). ODA proposes to amend this rule to achieve the following:

- 1. Delete unnecessary regulatory restrictions. This includes deleting paragraph (B)(4) (b) of this rule because the topic is already covered in paragraph (B)(9)(a) of rule 173-3-06 of the Administrative Code.
- 2. Reference section 4765.02 of the Revised Code in the definition of Board of EMFTS.
- 3. On forms ODA0008 and ODA0011, (1) replace biohazard kit with isolation and biohazard disposal kit to comply with section 4766.14 of the Revised Code and (2) list the minimum required contents of the kit.
- 4. Indicate the revision dates for forms ODA0008 and ODA0011 in this rule.
- 5. Exempt the requirement for collecting the unique identifier of the consumer's caregiver (in lieu of the consumer) during a state of emergency declared by the governor or a federal public health emergency.
- 7. Replace administrative costs, training costs, and documentation costs in paragraph (C)(2) of this rule with administrative and training costs since administration includes documentation.
- 9. Does the rule incorporate material by reference? Yes
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.

This rule refers to forms which the public can access on https://aging.ohio.gov/agencies-and-service-providers/rules-and-forms/forms.

11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.

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ODA made a revised filing to achieve the following:

1. Update the revision dates for forms ODA0008 and ODA0011 from "TBD" to "01/01/2023."

2. Attach the 02/01/2019 and 01/01/2023 versions of those forms to this rule filing.

II. Fiscal Analysis

12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.

This will have no impact on revenues or expenditures.

\$0.00

Not Applicable

13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

Please review the BIA for details.

- 14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No
- 15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No
- 16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable

III. Common Sense Initiative (CSI) Questions

- 17. Was this rule filed with the Common Sense Initiative Office? Yes
- 18. Does this rule have an adverse impact on business? Yes
 - A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No

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B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No

C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

Please review the BIA for details.

D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

- 19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? Yes
 - A. How many new regulatory restrictions do you propose adding to this rule? 0
 - B. How many existing regulatory restrictions do you propose removing from this rule? 19
 - (B) In every AAA-provider agreement for transportation paid, in whole or in part, with Older Americans Act funds, the AAA SHALL include the following requirements:
 - (B)(1)(a) In the AAA-provider agreement, the AAA SHALL include the requirements in rule 173-3-06 of the Administrative Code for every AAA-provider agreement paid, in whole or in part, with Older Americans Act funds.
 - (B)(1)(b) A self-employed provider SHALL possess a back-up plan....
 - (B)(1)(c) In each AAA-provider agreement, the AAA SHALL list situations when drivers...
 - (B)(1)(c) ...SHALL provide consumers with assistance to safely enter and exit vehicles, pick-up locations, and drop-off locations.
 - (B)(2)(b)(i) The provider SHALL only use a vehicle for transporting consumers if a mechanic....

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(B)(2)(b)(ii) The provider SHALL only use a vehicle only if, before providing the first trip of the day, the provider inspected it....

- (B)(3)(a) The provider SHALL NOT hire a person to be a driver unless the person meets all the requirements for drivers under divisions (A)(3) and (B) of section 4766.14 of the Revised Code, subject to the following conditions:
- (B)(3)(a)(i) To comply with the first aid requirement, the applicant's training SHALL come from a training organization approved by the board of EMFTS (http://www.ems.ohio.gov/medical-transportation-faq.aspx).
- (B)(3)(a)(ii) To comply with the [CPR] requirement, the applicant's training SHALL come from a training organization approved by the board of EMFTS (http://www.ems.ohio.gov/medical-transportation-faq.aspx).
- (B)(3)(a)(iii) To comply with the drug testing requirement, the applicant's test results SHALL come from a CLIA-certified laboratory...
- (B)(3)(a)(iii) ...and SHALL declare the applicant to be free of alcohol, amphetamines, cannabinoids (THC), cocaine, opiates, or phencyclidine (PCP).
- (B)(3)(a)(iv) To comply with the background check requirement, the provider SHALL comply with the background-check requirements in Chapter 173-9 of the Administrative Code,....
- (B)(3)(b) The provider SHALL NOT hire a person to be a driver unless only if the person meets all the following requirements:
- (B)(3)(b) The provider SHALL NOT hire a person to be a driver unless the person meets all the following requirements:
- (B)(3)(c) No later than six months after the provider hires a driver, the driver SHALL successfully complete a passenger-assistance training course approved by the board of EMFTS (http://www.ems.ohio.gov/medical-transportation-faq.aspx.
- (B)(4)(a) For each trip provided, the driver SHALL record....
- (B)(4)(b) In the AAA-provider agreement, the AAA SHALL NOT....

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(B)(4)(b) ...PROHIBIT a provider from using an electronic system to collect and retain the records required in paragraph (B)(4)(a) of this rule.

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.
- D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable



DAILY VEHICLE INSPECTION

VEHICLE ID	LAST SIX DIGITS OF VIN	MAKE & MODEL

INSPECT THE FOLLOWING ITEMS BEFORE PROVIDING THE FIRST TRIP OF THE DAY

DATE	
ODOMETER READING	

	INSPECTION ITEMS	Yes	No
	Ground under vehicle free of leaked fluids?		
EVITERIOR	Auto body free of new damage?		
EXTERIOR	Clean windows and mirrors?		
	Windshield wipers/washers appear OK?		
	Properly inflated?		
TIRES APPEAR OK?	Free of visible damage?		
	Adequate clean oil?		
UNDER THE HOOD	Hoses appear OK? (e.g., no cracks, leaks)		
As checked before	Belts appear OK? (e.g., no fraying)	1	
starting vehicle.	Adequate windshield washer fluid?		
	Current, valid insurance ID card?		
	Current, valid vehicle registration?	1	
	Isolation and biohazard kit or the following contents (at minimum)?	1	
	Safety shield/mask.		
	Impervious gown.		
	Disposable gloves.		
	Bio-Waste bag.		
	Antimicrobial hand wipes.		
ITEMS STORED	Disposal bag with ties.		
IN VEHICLE?	Germicidal disinfectant with dry wipes.		
	Pick-up scoop with scraper.		
	 Solidifying agent. 		
	First-aid kit?		
	Seatbelt cutter?	1	
	Flares or reflective triangles?		
	Fire extinguisher?	1	
	Blanket? (winter only)	1	
	Seat belts?		
	Seats hazard-free (tears, loose armrests)?		
	Floor free of hazards?	1	
	Clean interior?		
	Mirrors adjusted properly?		
	Doors operate from inside and outside?		
ITEMS INSPECTED	Door locks?		
FROM THE	Gauges? (e.g., oil, fuel, temp.)	1	
INTERIOR	Fuel level adequate?	1	
APPEAR OK?	No warning lights (e.g., check brakes) lit?		
	2-way communication device? (e.g., radio/cell)		
	Horn?		
	Back-up alarm (if equipped)?		
	Brakes?		
	Heater, defroster, and AC?		

	INSPECTION ITEMS Yes No					
	Each headlight (high & low beam)?					
	Each tail light and marker light?					
	Each brake light?					
LIGHTS WORKING	Each turn signal?					
PROPERLY?	Each back-up light?					
	Hazard lights (front and rear)?					
	License plate light?					
	Interior lights?					
	Operate through complete cycle?					
If equipped	Properly secured to vehicle?					
WHEELCHAIR LIFT	Proper number of restraints?					
and RAMP	Free of physical damage or leaking fluid?					
APPEAR OK?	Free of dirt, mud, gravel, salt, etc.?					
	Lack need for repair?					
ATTESTATION:						
I hereby verify that the	(PRINT NAME)		-			
inspection findings						
above are accurate.	(CICAMTURE)					
	(SIGNATURE)					

Form ODA0011 (Rev. 01/01/2023)



DAILY VEHICLE INSPECTION

VEHICLE ID	LAST SIX DIGITS OF VIN	MAKE & MODEL

INSPECT THE FOLLOWING ITEMS BEFORE PROVIDING THE FIRST TRIP OF THE DAY

COOMERTER READING	WEEK OF//		SUN MON		TUES WED		ED	THURS		FRI		SA	ΑT				
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Clean windows and mirrors?		Auto body free of new damage	je?														
APERA DX APE	EXTERIOR	Clean windows and mirrors?															
APPEAR OX Price of visible damage?		Windshield wipers/washers a	ppear OK?														
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Safety sheld/mask		Isolation and biohazard dispo															
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STÖRED INVEHICLE? Antimicrobial hand wipes Pick-up scope w scraper	ITEMO																
First-aid kir? Seatbelt cutter? Flares or reflective triangles?																	
Seatbelt cutter?	IN VEHICLE?	Germicidal disinfectant with	n dry wipes														
Flares or reflective triangles?																	
Fire extinguisher? Blanker? (winter only)																	
Blanket? (winter only)		-															
Seat bells? Seat hazard-free (lears, loose armrests)? Seat hazard-free (lears, loose armset		•															
Seats hazard-free (tears, loose armrests)?		Blanket? (winter only)															
Floor free of hazards?		Seat belts?															
Clean interior?		Seats hazard-free (tears, loos	se armrests)?														
Mirrors adjusted properly?		Floor free of hazards?															
Doors operate from inside and outside? Door locks? Door lock? Door locks? Door lock? Door locks? Doo		Clean interior?															
Door locks? Door lock? Door locks? D																	
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Fuel level adequate?	INSPECTED	Door locks?															
APPEAR OK? No warning lights (e.g., check brakes) lit?			.)														
2-way communication device? (e.g., radio/cell) Hom? Back-up alarm (if equipped)? Brakes? Heater, defroster, and AC? Each headlight (high & low beam)? Each tail light and marker light? Each brake light? Each turn signal? Each turn signal? Each back-up light? Hazard lights (front and rear)? License plate light? Interior lights? Operate through complete cycle? Proper number of restraints? Free of physical damage or leaking fluid? Free of dirt, mud, gravel, salt, etc.?		·															
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Brakes?																	
Heater, defroster, and AC?																	
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Each brake light? Each turn signal? Each turn signal? Each turn signal? Each turn signal? Each back-up light? Each turn signal? Each back-up light? Each back-		_ , ,	,														
Each turn signal? Each turn signal? Each turn signal? Each back-up light? Each			nt?														
WORKING PROPERLY? Each back-up light? Hazard lights (front and rear)? License plate light? Interior lights? Operate through complete cycle? Properly secured to vehicle? Proper number of restraints? Free of physical damage or leaking fluid? Free of dirt, mud, gravel, salt, etc.?	LICUTO	·															
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License plate light? Interior lights? Operate through complete cycle? Properly secured to vehicle? Proper number of restraints? Free of physical damage or leaking fluid? Free of dirt, mud, gravel, salt, etc.?		PROPERLY? Each back-up light?															
Interior lights? Operate through complete cycle? Properly secured to vehicle? Proper number of restraints? Free of physical damage or leaking fluid? Free of dirt, mud, gravel, salt, etc.?																	
WHEELCHAIR LIFT and RAMP APPEAR OK? (if installed on vehicle) Free of dirt, mud, gravel, salt, etc.?																	
WHEELCHAIR LIFT AND RAMP APPEAR OK? (If installed on vehicle) Free of dirt, mud, gravel, salt, etc.? Properly secured to vehicle? Properly secured to veh																	
LIFT and RAMP APPEAR OK? (if installed on vehicle) Free of dirt, mud, gravel, salt, etc.?	WHEEL CHAIR		cle?														
APPEAR OK? (if installed on vehicle) Free of physical damage or leaking fluid? Free of dirt, mud, gravel, salt, etc.?	LIFT																
(if installed on vehicle) Free of dirt, mud, gravel, salt, etc.?	and RAMP																
vehicle) Free of dirt, mud, gravel, salt, etc.?																	
Lack need for repair?			, etc.?														
		Lack need for repair?															

ATTESTATION: I hereby verify that the inspection findings above are accurate.	(PRINT NAME)
	(SIGNATURE)

ODA008 (Rev. 02/01/2019) Ohio Department of Aging

DAILY VEHICLE INSPECTION

VEHICLE ID	LAST SIX DIGITS OF VIN	MAKE & MODEL				

THE PROVIDER SHALL INSPECT THE FOLLOWING ITEMS BEFORE PROVIDING THE FIRST TRIP OF THE DAY

WEEK OF//		SUN MON		TUES		WED		THU	THURS		FRI		AT		
0	DOMETER READING			,				,		,		,		,	
INSPECTION ITEMS		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Ground under vehicle free of leaked fluids?														
EVTERIOR	Auto body free of new damage?														
EXTERIOR	Clean windows and mirrors?														
	Windshield wipers/washers appear OK?														
TIRES APPEAR OK?	Properly inflated?														
TIRES APPEAR OK?	Free of visible damage?														
UNDER THE HOOD	Adequate clean oil?														
The provider shall check	Hoses appear OK? (e.g., no cracks, leaks)														
oil and belts	Belts appear OK? (e.g., no fraying)														
before starting vehicle.	Adequate windshield washer fluid?														
	Current, valid insurance ID card?														
	Current, valid vehicle registration?														
	Biohazard kit?														
ITEMS STORED	First-aid kit?														
IN VEHICLE?	Seatbelt cutter?														
	Flares or reflective triangles?														
	Fire extinguisher?														
	Blanket? (winter only)														
	Seat belts?														
	Seats hazard-free (tears, loose armrests)?														
	Floor free of hazards?														
	Clean interior?														
	Mirrors adjusted properly?														
	Doors operate from inside and outside?														
ITEMS INSPECTED	Door locks?														
FROM THE INTERIOR APPEAR OK?	Gauges? (e.g., oil, fuel, temp.)														
AFFLAR OR:	Fuel level adequate?														
	No warning lights (e.g., check brakes) lit?														
	2-way communication device? (e.g., radio/cell)														
	Horn?														
	Back-up alarm (if equipped)?														
	Brakes?														
	Heater, defroster, and AC?														
	Each headlight (high & low beam)?														
LIGHTS WORKING PROPERLY?	Each tail light and marker light?														
	Each brake light?														
The provider shall use a second person to inspect	Each turn signal?														
lights that he/she cannot	Each back-up light?														
inspect. (e.g., brake lights and back-up lights)	Hazard lights (front and rear)? License plate light?														
ginto ana baok-up ligillo)	Interior lights?														
If aguinned	Operates through complete cycle?														
If equipped WHEELCHAIR LIFT	Properly secured to vehicle? Proper number of restraints?														
and RAMP															
APPEAR OK?	Free of physical damage or leaking fluid? Free of dirt, mud, gravel, salt, etc.?														
	Tiee of unit, muu, gravel, Salt, etc.?														

ATTESTATION: I hereby verify that the inspection findings above are accurate.	(PRINT NAME)
	(SIGNATURE)

Form ODA0008 (Rev. 02/01/2019)

ODA0011

(Rev. 02/01/2019) Ohio Department of Aging

DAILY VEHICLE INSPECTION

VEHICLE ID	LAST SIX DIGITS OF VIN	MAKE & MODEL				

THE PROVIDER SHALL INSPECT THE FOLLOWING ITEMS BEFORE PROVIDING THE FIRST TRIP OF THE DAY

DATE	
ODOMETER READING	

	INSPECTION ITEMS	Yes	No
	Ground under vehicle free of leaked fluids?		
EXTERIOR	Auto body free of new damage?		
	Clean windows and mirrors?		
	Windshield wipers/washers appear OK?		
TIRES APPEAR	Properly inflated?		
OK?	Free of visible damage?		
UNDER THE HOOD	Adequate clean oil?		
The driver shall check oil and belts before starting vehicle.	Hoses appear OK? (e.g., no cracks, leaks)		
	Belts appear OK? (e.g., no fraying)		
	Adequate windshield washer fluid?		
ITEMS STORED	Current, valid insurance ID card?		
	Current, valid vehicle registration?		
	Biohazard kit?		
	First-aid kit?		
IN VEHICLE?	Seatbelt cutter?		
	Flares or reflective triangles?		
	Fire extinguisher?		
	Blanket? (winter only)		
	Seat belts?		
	Seats hazard-free (tears, loose armrests)?		
	Floor free of hazards?		
	Clean interior?		
	Mirrors adjusted properly?		
ITEMO INIODEOTED	Doors operate from inside and outside?		
ITEMS INSPECTED FROM THE INTERIOR APPEAR OK?	Door locks?		
	Gauges? (e.g., oil, fuel, temp.)		
	Fuel level adequate?		
	No warning lights (e.g., check brakes) lit?		
	2-way communication device? (e.g., radio/cell)		
	Horn?		
	Back-up alarm (if equipped)?		
	Brakes?		
	Heater, defroster, and AC?		
LIGHTS WORKING	Each headlight (high & low beam)?		
PROPERLY?	Each tail light and marker light?		
THOT EILET.	Each brake light?		
The driver shall use a second person to	Each turn signal?		
	Each back-up light?		
inspect lights that	Hazard lights (front and rear)?		
he/she cannot inspect.	License plate light?		
		 	
(e.g., brake lights and back-up lights)	Interior lights?		

If equipped WHEELCHAIR LIFT and RAMP APPEAR OK?	Operate through complete cycle? Properly secured to vehicle? Proper number of restraints? Free of physical damage or leaking fluid? Free of dirt, mud, gravel, salt, etc.?	
DRIVER	(PRINT NAME) (SIGNATURE)	

Form ODA0011 (02/01/2019)