

Rule Summary and Fiscal Analysis (Part A)**Department of Aging**

Agency Name

Division

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173-6-01

Rule Number

NEW

TYPE of rule filing

Rule Title/Tag Line

Golden buckeye program: introduction and definitions.**RULE SUMMARY**

1. Is the rule being filed for five year review (FYR)? **No**
2. Are you proposing this rule as a result of recent legislation? **No**
3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**
4. Statute(s) authorizing agency to adopt the rule: **173.01, 173.02, 173.06**
5. Statute(s) the rule, as filed, amplifies or implements: **173.06**
6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

ODA has conducted its 5-year review of OAC Chapter 173-6, which regulates the Golden Buckeye Program. This rule project involves 14 rule filings: rescind 6 current rules + adopt 8 new rules. 2 of the new rules represent the two topics covered under the rule currently titled, "Records." In the new rules, "electronic business directory" (OAC173-6-06) and "cardholder records" (OAC173-6-07) are regulated in separate rules. The proposed new rule (OAC173-6-08) addressing the topic of a program administrator. This is illustrated in the table on the public hearing notice.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

This proposed new rule defines terms used in OAC Chapter 173-6. Compared to the rule it proposes to rescind, it does the following:

1. The proposed new rule has "Golden buckeye program" in the title. This aids Googling the rule.
2. The proposed new rule uses "business" instead of "vendor."
3. The proposed new rule uses "person" instead of "individual" to refer to a person unless/until the person is a cardholder. This corresponds to the statutorily-defined term "person with a disability."
4. The proposed new rule arranges the definitions only by alphabetical order instead of by a combinations of alphabetical and numeric organization.
5. The proposed new rule defines "application" as form ODA00023.
6. The proposed new rule no longer repeats the definition from ORC§173.06 in the definition of "person with a disability."

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

The proposed new rule incorporates, by reference, form ODA00023 (rev. 05/2016). ODA has uploaded a copy of the form to this rule filing.

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

ODA has uploaded a copy of the form to this rule filing.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

On October 20, 2016, ODA made a revised filing to eliminate ORC§173.061 from the list of statutes this proposed new rule would amplify.

12. Five Year Review (FYR) Date:

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

0.00

ODA estimates all filings in this rule package will have no impact upon the biennial budget the Ohio General Assembly established for ODA because ODA has no authority to outspend its appropriations. Additionally, none of the language proposed for rescission or adoption would obligate ODA to increase spending.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

The program administrator administers certain program functions (e.g., card production) without charging ODA.

However, the work of ODA employees to administrate the program comes from GRF-490-321 Operating Expenses.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

The proposed new rule would have no cost of compliance to any directly-affected person. It only introduces the chapter and defines terms used in the chapter.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **No**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **No**

On September 30, 2016, CSIO emailed the following to ODA: "After discussing this Golden Buckeye program rule package..., we agree that since the program is voluntary for businesses to participate in, they set their own discounts, and there is no fee required for participation, these rules do not need to go through the CSI process."

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? **No**

Applicant completes this section. Sign up site staff completes form below.

I am applying for a Golden Buckeye card

- ☐ I am an Ohio resident, age 60 or older and have not been issued a Golden Buckeye card.
- ☐ I am an Ohio resident age 18-59, with a Social Security Administration defined disability.

----- Please Print -----

First Name _____ Initial _____ Last Name _____ Jr, Sr, etc. _____

Residence Address (House Number and Street Name) _____ Apartment number _____

City _____ State **OH** Zip code (plus Zip+4 if known) _____

Mailing Address (If different than residence address) _____ Apartment number _____

City _____ State _____ Zip code (plus Zip+4 if known) _____

Date of birth (mm/dd/yyyy) _____ Area code and phone number _____ Gender ☐ Male ☐ Female

Signature _____ Today's date _____

X _____

I declare this information provided on this application is truthful.

MUST BE COMPLETED BY SIGN UP SITE STAFF

Please verify that the information above is complete and assist with the following:

- Date of Birth - check the form of documentation provided**
 - ☐ OH license / State Issued ID
 - ☐ Other (birth certificate or legal documents displaying date of birth)
- Disability Documentation Provided** – If the applicant is less than 60 years of age and applying based on disability, check the type of documentation presented:
 - ☐ Medi **CARE** card (not *Medicaid*)
 - ☐ State certification (BWC, Ind Comm, BDD, DD)
 - ☐ SSDI/SSI program acceptance letter
 - ☐ Ohio or Federal disability retirement
- Site Name** _____ **Phone** _____ **Staff Initials** _____
- FAX to: 1-877-767-9954 (Toll-free) and return form to applicant.** Signup sites should not retain any application information. **OR**
- Scan and e-mail to: GoldenBuckeyeApps@envisionrx.com OR**
- If a FAX or e-mail are not available**, please have applicant mail this completed and approved application to:
Golden Buckeye Program • 246 N High St / 1st Floor • Columbus, OH 432152406