

Rule Summary and Fiscal Analysis (Part A)**Department of Job and Family Services**

Agency Name

Division of Medical Assistance

Division

Nancy Van Kirk

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Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Hospital beds and pressure-reducing support surfaces.**RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **Yes**

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: **5111.02**

5. Statute(s) the rule, as filed, amplifies or implements: **5111.01, 5111.02, 5111.021**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

This rule is being filed for five year review and to update rule terminology as well as adding two new certificates of medical necessity (CMN) to the appendix of this rule.

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 rule is being updated in order to introduce new rule terminology and to codify new certificates of medical necessity (CMN) as appendices to this rule. This rule is also being filed for five-year rule review.

JFS 02904 (4/2009) Certificate of Medical Necessity/ Prescription Decubitus Care Equipment (Pressure Reducing Support Surfaces) is being codified for providers of decubitus care equipment to utilize when seeking prior authorization.

JFS 02910 (4/2009) Certificate of Medical Necessity/Prescription Hospital Beds is being codified for providers of hospital beds to utilize when seeking prior authorization.

Changes to the body of this rule include but are not limited to:

(A)(4) and (A)(5) add as covered equipment a heavy duty extra wide hospital bed, and an extra heavy duty hospital bed, if needed because of the consumers weight.

(B) The following bed accessories are added as covered items: trapeze equipment, heavy duty trapeze equipment, side rails and replacement mattresses.

(D) is a new provision stating that the prescriber must be actively involved in treating the consumer under a comprehensive plan of care.

(E) The coverage criteria for pressure-reducing support services have been expanded to include consumers who are completely immobile, consumers who have any stage pressure ulcers on the trunk or pelvis, and consumers with compromised circulatory status. This paragraph also adds a requirement that any support surface or bed provided by ODJFS be one in which the consumer does not bottom out.

(F) deletes a reference to prior authorization but continues to require Certificates of Medical Necessity for approval of pressure reducing support surfaces and hospital beds. This rule also includes additional clarifications of the documentation required for approval of this equipment.

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:

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.76(A)(3).

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:

Not Applicable

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:

This rule is being revised in order to incorporate stakeholder feedback. Certificate of medical necessity (CMN) forms JFS 02904 and JFS 02910 have been modified in order to indicate that information pertaining to the International Classification of Diseases and Related Health Problems (ICD-9) description and the medicaid legacy number is optional as opposed to mandatory. The body of this rule was also revised in paragraph (D) in order to provide stakeholders with further clarification regarding the provider directions contained within this paragraph.

12. 119.032 Rule Review Date: **1/13/2009**

(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

The department estimates that the filing of this rule will have no impact for the agency during the current biennium.

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

Not Applicable

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 department estimates that the cost of compliance with this rule will be provider specific as it would require that each provider examine their current business plan to assure that they would be in compliance with the revised rule. There are no estimated direct provider costs as a result of this filing.

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**