

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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5101:3-12-02

Rule Number

NEW

TYPE of rule filing

Rule Title/Tag Line

**Private duty nursing: services, provision requirements,
coverage and service specification.****RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **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: **5111.02**

5. Statute(s) the rule, as filed, amplifies or implements: **5111.01, 5111.02, 5111.85**

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

This rule is being proposed for adoption because this rule replaces the core plus program and has incorporated restrictions for provision of services. This program is an optional Medicaid service. It replaces part of former rules 5101:3-12-01, 5101:3-12-02, 5101:3-12-03, 5101:3-12-04, 5101:3-12-05, and 5101:3-12-06.

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 sets forth the services, definitions, coverage and service specifications for private duty nursing.

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).

This rule incorporates one or more references to the Ohio Revised Code. This question is not applicable to any incorporation by reference to the ORC because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.76(A)(1).

This rule incorporates one or more dated references to an ODJFS form. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the "Info Center" link on the ODJFS web site (<http://jfs.ohio.gov/>) in accordance with ORC 121.75(E).

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 to add RC 5111.85 to question 5 of the Rule Summary and Fiscal Analysis.

The rule body is being revised to show:

Added into paragraph (A)". For purposes of this rule, a covered inpatient hospital stay is considered one hospital stay when a consumer is transferred from one hospital to another hospital, either within the same building or to another location. The sixty days will begin once the consumer is discharged to the consumer's place of residence or to a nursing facility as defined in paragraph (C) (3) of this rule, from the last inpatient stay whether or not the last inpatient stay was in an inpatient hospital or inpatient rehabilitation unit of a hospital. A continuous nursing visit is defined by:"

Added word in paragraph (A) (1) line 1: ...four hours "per visit"...last word in paragraph: ", and"

Added wording in (B) line 1: ..."or a hospital discharge planner or a registered nurse acting under the orders of the treating physician"...

Changed to plural in paragraph (C) to now say "MCRHHAs"..."agencies)"...

Changed wording in (E) line 4 to now say: ..."by a licensed nurse."

Changed wording in (E) (1)to now say ..."as defined in Chapter 4723. of the Revised Code and rules adopted there under.

Omitted word in (E) (5) line 2: "or epidural."

Added wording in (F) (2) line 3: ..."or requires on-going maintenance care. Services cannot be for respite or habilitative care as defined in this rule.

Changed word in (F) (3) (b) line 1 to now say: "evaluated"

Omitted word in (F) (3) (b) line 4 ..", which"...

Changed word in (F) (4) line 2 to now say therapy "visits"...

12. 119.032 Rule Review 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

This proposed rule will not change the agency's projected budget for the current biennium.

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

No new costs.

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 requirements of this rule place additional administrative responsibilities on Hospitals, Physicians and Medicare Certified Home Health Agencies, Non-agency employed RNs and LPNs, and other certified agencies for the additional Form JFS 07137 to be signed by the physician and kept in the consumer's home health medical records. This may cause a minor increase of the Hospitals, physician's and Medicare Certified Home Health Agency's, Non-agency employed RNs and LPNs, and other certified agencies' in administrative expenditures which cannot be quantified at this time.

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**