

ACTION: REFILED

DATE: 08/14/2002
12:21 PM

Rule Summary and Fiscal Analysis (Part A)

Department Of Job And Family Services

Agency Name

Division Of Medical Assistance

Division

Mary Mynatt

Contact

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5101:3-56-01

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Medicaid hospice program definitions.

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**

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

Five year rule review

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 contains definitions pertaining to the Medicaid hospice program. Several definitions were amended are replaced to be consistent with other department and state rules and federal regulations. The following new definitions were added: advance directive, CDJFS, CMS, covered hospice services, dietary counseling, dietitian, home health aide, individual, physician, registered nurse, and representative.

8. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so:

This rule was not changed. The rule was held for refiling to accompany other related rules.

9. 119.032 Rule Review Date: **6/19/2002**

(If 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: At 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

10. 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 during the current biennium.

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

Item: N/A

Expenditure: N/A

12. 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:

No new costs.

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

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