

**Rule Summary and Fiscal Analysis (Part A)****Department of Mental Health and Addiction Services**

Agency Name

Division

**Howard Henry**

Contact

**30 East Broad Street Columbus OH 43215-0000**

Agency Mailing Address (Plus Zip)

**614-752-8365**

Phone

Fax

**Howard.Henry@mha.ohio.gov**

Email

**5122-36-05**

Rule Number

**AMENDMENT**

TYPE of rule filing

Rule Title/Tag Line

**Allowable fee.****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: **5119.41, Section 337.30.50 of H.B. No. 153 (129th G.A)**

5. Statute(s) the rule, as filed, amplifies or implements: **5119.41, Section 337.30.50 of H.B. No. 153 (129th G.A)**

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

The allowable fee a person using the Residential State Supplement Program (RSS) pays for a living arrangement has not been increased for a number of years and has not kept pace with increases in the cost of living in that time. The rule is being amended to adjust the allowable fee provided under the RSS program consistent with commitments made through the MBR.

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:

The fee for adult family homes, adult foster homes, and adult group homes is being increased to \$903 per month for those categories.

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 response left blank because filer specified online that the rule does not incorporate a text or other material by reference.*

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:

*This response left blank because filer specified online that the rule does not incorporate a text or other material by reference.*

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:

*Not Applicable.*

12. 119.032 Rule Review Date: **4/15/2017**

(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.

0.0

The rule amendment will have no impact on the Ohio Department of Mental Health and Addiction Services budget.

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 allowable fee is the cash assistance for accommodations, supervision, and personal care services at community residencies paid to adults who meet eligibility criteria. The individuals residing in these living arrangements will see an increase in their benefits that corresponds with the increase in allowable fees.

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**

This rule provides a schedule for Ohio Medicaid to pay living arrangement expenses for those participating in the RSS program. No license or prior authorization is required by this rule.

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**