

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

Agency Name

Division

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5160-12-08

Rule Number

NEW

TYPE of rule filing

Rule Title/Tag Line

Registered nurse assessment and registered nurse consultation services.**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: **5164.02**5. Statute(s) the rule, as filed, amplifies or implements: **5164.02**

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

OAC rule 5160-12-08 is proposed to introduce two new Medicaid services: RN Assessment services, and RN Consultation services.

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:

OAC rule 5160-12-08 sets forth the definitions, provision of services,

reimbursement procedures, and record keeping requirements pertaining to two new Medicaid services: RN Assessment and RN Consultation.

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 If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation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. Five Year Review (FYR) Date: **Exempt**

(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 proposed rule has no impact on the current biennium. This proposed rule will not change the ODM's projected budget during the current biennium.

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

N/A

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:

This rule requires MCHHA, agencies that engage in the provision of RN assessment and/or RN consultation services to document service efforts and to allocate time for the completion of the provider certification process. This rule requires agency and non-agency skilled nurses who engage in the provision of in-person RN assessment and/or RN consultation services to ensure compliance with individual plans of care, to maintain documentation of services provided and to enter into provider agreements with Medicare certified agencies. An RN assessment would be approximately \$46.59 total per nurse, or equivalent to the salary of a registered nurse (RN) plus his or her administrative costs, e.g., average \$37.70 salary, plus \$3.19 overhead and \$5.70 mileage more or less depending where the agency is located. SOURCE: Midwest Care Alliance (MCA). An additional 5 hours per individual is initially projected to ensure the compliance with individual plans of care, to collaborate and consult amongst nurses, and to maintain copious documentation of service. It is reported that the daily cost to keep records for one patient is \$3.56 (e.g., 90 patients at \$320.00).

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? **Yes**

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? **Yes**

OAC 5160-12-08 requires agencies that engage in the provision of RN assessment and/or RN consultation services to be certified. The rule also requires licensed nurses who provide RN assessment and/or RN consultation services to have an associated nation provider identifier (NPI), to execute provider agreements with certified or accredited providers when applicable, and to report copious information on plans of care as conditions of rule compliance.

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? **Yes**

This rule requires the report of information on the individual's plan of care and maintenance of a clinical record as a condition of compliance for agency providers, RNs and LPNs.