

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5160-36-03

Rule Type: Amendment

Rule Title/Tagline: Program of all-inclusive care for the elderly (PACE) eligibility.

Agency Name: Ohio Department of Medicaid

Division:

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I. Rule Summary

1. **Is this a five year rule review?** No
 - A. **What is the rule's five year review date?** 1/1/2025
2. **Is this rule the result of recent legislation?** No
3. **What statute is this rule being promulgated under?** 119.03
4. **What statute(s) grant rule writing authority?** 5164.02
5. **What statute(s) does the rule implement or amplify?** 5162.35, 173.50
6. **What are the reasons for proposing the rule?**

This rule is being proposed for amendment to update policy related to the administration of Ohio's PACE program, and to make permanent during the ongoing COVID-19 public health emergency those emergency rule changes resulting from Executive Order 2020-23D.

7. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

This rule sets forth the participant eligibility requirements for the Program for All-inclusive Care for the Elderly (PACE) program. Paragraphs (D) is amended and paragraphs (E) and (H) are removed to reflect that individuals enrolled on the PACE program will not be disenrolled.

8. **Does the rule incorporate material by reference? Yes**
9. **If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to another rule or rules of the Administrative Code. Such reference is exempt from compliance with incorporation by reference requirements pursuant to ORC 121.75(A).

10. **If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

11. **Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0.00

Not applicable.

12. **What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

Not applicable.

13. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**

14. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**

15. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not applicable.

III. Common Sense Initiative (CSI) Questions

16. Was this rule filed with the Common Sense Initiative Office? No

17. Does this rule have an adverse impact on business? No

- A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No
- 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
- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restrictions (This section only applies to agencies indicated in R.C. 121.95 (A))

18. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? Yes

- A. How many new regulatory restrictions do you propose adding? 0
- B. How many existing regulatory restrictions do you propose removing? 2

(E) If at any time an individual enrolled in the medicaid program fails or ceases to meet the medicaid eligibility criteria in paragraph (B) of this rule, the participant shall be denied entry in or disenrolled from the medicaid program. In such instances, the participant shall be notified by the appropriate CDJFS and granted all applicable hearing rights in accordance with Chapters 5101:6-1 to 5101:6-9 of the Administrative Code. (2)

PACE participants who are no longer medicaid eligible and choose not to remain enrolled in PACE as a medicare only or private pay participant shall be disenrolled from PACE in accordance with rules adopted by the Ohio department of aging.