

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

Agency Name

Division

Tommi Potter

Contact

50 Town St 4th floor Columbus OH 43218-2709

Agency Mailing Address (Plus Zip)

614-752-3877

Phone

614-995-1301

Fax

tommi.potter@medicaid.ohio.gov

Email

5160-41-21

Rule Number

RESCISSION

TYPE of rule filing

Rule Title/Tag Line

Medicaid home and community-based services program-transitions developmental disabilities waiver.**RULE SUMMARY**

1. Is the rule being filed for five year review (FYR)? **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: **5166.02**
5. Statute(s) the rule, as filed, amplifies or implements: **5166.02, 5166.20, 5162.35**

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

This rule is being proposed for rescission. The Transitions Developmental Disabilities waiver will be closed effective June 30, 2017.

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 authorizes rules governing the Transitions Developmental Disabilities

Waiver (TDD).

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 the Ohio Revised Code. This question is not applicable to any incorporation by reference to the Ohio Revised Code because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(1).

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 RC 121.71 to 121.74 pursuant to RC 121.76(A)(3).

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. If applicable, indicate each specific paragraph of the rule that has been modified:

Not Applicable.

12. Five Year Review (FYR) Date: **7/14/2017**

(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.

\$ 0.00

The rescission of this rule will have no impact on the current biennium. The Ohio Department of Medicaid and the Department of Developmental Disabilities have engaged with stakeholders since 2015 regarding the closure of the Transitions DD waiver. Since that time, individuals have been transferred to other home and community-based waivers administered by DODD.

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 estimated cost of compliance cannot be determined at this time. The County Boards of DD are responsible to pay the non-federal share of individuals enrolled in the Transitions DD waiver in their county. This amount may vary depending on which DODD administered waiver an individual elected to enroll in to meet their health and safety needs.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **Yes**

You must complete Part B of the Rule Summary and Fiscal Analysis in order to comply with Am. Sub. S.B. 33 of the 120th General Assembly.

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**

The Ohio Department of Medicaid authorizes rules governing the Transitions DD waiver. Please refer to BIA #679010 filed by the Department of Developmental Disabilities concerning the rescission of the rules under the TDD waiver program.

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**

Rule Summary and Fiscal Analysis (Part B)

1. Does the Proposed rule have a fiscal effect on any of the following?

(a) School Districts	(b) Counties	(c) Townships	(d) Municipal Corporations
No	Yes	No	No

2. Please provide an estimate in dollars of the cost of compliance with the proposed rule for school districts, counties, townships, or municipal corporations. If you are unable to provide an estimate in dollars, please provide a written explanation of why it is not possible to provide such an estimate.

The estimated cost of compliance cannot be determined at this time. The County Boards of DD are responsible to pay the non-federal share of the individuals enrolled in the Transitions DD waiver in their county. This amount may vary depending on which DODD administered waiver an individual elected to enroll in to meet their health and safety needs.

3. If the proposed rule is the result of a federal requirement, does the proposed rule exceed the scope and intent of the federal requirement? **No**

4. If the proposed rule exceeds the minimum necessary federal requirement, please provide an estimate of, and justification for, the excess costs that exceed the cost of the federal requirement. In particular, please provide an estimate of the excess costs that exceed the cost of the federal requirement for (a) school districts, (b) counties, (c) townships, and (d) municipal corporations.

Not Applicable.

5. Please provide a comprehensive cost estimate for the proposed rule that includes the procedure and method used for calculating the cost of compliance. This comprehensive cost estimate should identify all of the major cost categories including, but not limited to, (a) personnel costs, (b) new equipment or other capital costs, (c) operating costs, and (d) any indirect central service costs.

The estimated comprehensive costs cannot be determined at this time. The County Boards of DD are responsible to pay the non-federal share of the individuals enrolled in the Transitions DD waiver in their county. This amount may vary depending on which DODD administered waiver an individual elected to enroll in

to meet their health and safety needs.

(a) Personnel Costs

The estimated personnel costs cannot be determined at this time. The County Boards of DD are responsible to pay the non-federal share of the individuals enrolled in the Transitions DD waiver in their county. This amount may vary depending on which DODD administered waiver an individual elected to enroll in to meet their health and safety needs.

(b) New Equipment or Other Capital Costs

The estimated new equipment and other capital costs cannot be determined at this time. The County Boards of DD are responsible to pay the non-federal share of the individuals enrolled in the Transitions DD waiver in their county. This amount may vary depending on which DODD administered waiver an individual elected to enroll in to meet their health and safety needs.

(c) Operating Costs

The estimated operating costs cannot be determined at this time. The County Boards of DD are responsible to pay the non-federal share of the individuals enrolled in the Transitions DD waiver in their county. This amount may vary depending on which DODD administered waiver an individual elected to enroll in to meet their health and safety needs.

(d) Any Indirect Central Service Costs

The estimated indirect central service costs cannot be determined at this time. The County Boards of DD are responsible to pay the non-federal share of the individuals enrolled in the Transitions DD waiver in their county. This amount may vary depending on which DODD administered waiver an individual elected to enroll in to meet their health and safety needs.

(e) Other Costs

The estimated other costs cannot be determined at this time. The County Boards of DD are responsible to pay the non-federal share of the individuals enrolled in the Transitions DD waiver in their county. This amount may vary depending on which DODD administered waiver an individual elected to enroll in to meet their health and safety needs.

6. Please provide a written explanation of the agency's and the local government's ability to pay for the new requirements imposed by the proposed rule.

The County Boards of DD are responsible to pay the non-federal share of the individuals enrolled in the Transitions DD waiver in their county. This amount may vary depending on which DODD administered waiver an individual elected to enroll in to meet their health and safety needs.

7. Please provide a statement on the proposed rule's impact on economic development.

The filing of this rule has no impact on economic development.