

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5160-45-04

Rule Type: Amendment

Rule Title/Tagline: Ohio department of medicaid (ODM) -administered waiver program: provider enrollment process.

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?** 5/1/2021
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?** 5166.02
5. **What statute(s) does the rule implement or amplify?** 5162.03, 5164.02, 5166.02
6. **What are the reasons for proposing the rule?**

This rule is being proposed for amendment to update policy related to the administration of the ODM-administered HCBS waiver programs, 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 enrollment process for Ohio Department of Medicaid (ODM) - administered waiver service providers. Paragraph (D) is being amended to reflect that ODM "may" rather than "will" reject a provider application if all requested information is not submitted within the required timeframes.

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?**

There is no new cost of compliance associated with these changes.

The waiver service provider applicant must submit a provider application verifying all of the following:

- The provider applicant submits and meets all applicable ODM-administered waiver provider requirements set forth in Chapters 5160-1, 5160-45 and 5160-46 of the Administrative Code.

- The provider applicant has included a statement affirming the provider applicant is aware of, understands and agrees to all of the Administrative Code rules governing the ODM-administered waiver program.

- The non-agency provider applicant, agency provider applicant and/or the agency's primary officer, director or owner are not on any federal or state exclusionary lists ODM considers when determining medicaid provider eligibility.

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?** Yes
17. **Does this rule have an adverse impact on business?** Yes
- A. **Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business?** Yes
- Licensure or certification may be required of a potential provider depending upon the type of provider and the waiver service for which they are applying for a Medicaid provider agreement (e.g., a Medicare-certified home health agency or an otherwise-accredited agency, or a registered or licensed practical nurse, etc.). Such a requirement would be in accordance with other specific ODM-administered waiver provider rules.
- 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

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- The provider applicant has included a statement affirming the provider applicant is aware of, understands and agrees to all of the Administrative Code rules governing the ODM-administered waiver program.
- The non-agency provider applicant, agency provider applicant and/or the agency's primary officer, director or owner are not on any federal or state exclusionary lists ODM considers when determining medicaid provider eligibility.

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? No

A. How many new regulatory restrictions do you propose adding?

Not Applicable

B. How many existing regulatory restrictions do you propose removing?

Not Applicable