

**PUBLIC HEARING NOTICE**  
**OHIO DEPARTMENT OF MEDICAID**

**DATE:** December 19, 2014  
**TIME:** 2:30 PM – 3:30 PM  
**LOCATION:** 50 West Town Street, Room B401,  
Columbus, Ohio 43215

Pursuant to sections 5162.03, 5164.02 and 5166.02 and Chapter 119 of the Ohio Revised Code, the director of the Department of Medicaid (ODM) gives notice of the department's intent to consider the rescission and adoption of the rules as identified below and of a public hearing thereon.

**Rule 5160-45-06**, entitled “ODJFS-administered waiver program: structural reviews of providers and investigation of alleged provider occurrences and overpayments” is being proposed for rescission pursuant to five-year rule review. This rule sets forth policy and procedures governing structural reviews of Ohio Department of Medicaid (ODM) –administered waiver service providers, and the provider occurrence process. It is being replaced by new OAC Rule 5160-45-06.

**Rule 5160-45-06**, entitled “Ohio department of Medicaid (ODM) –administered waiver program: structural reviews of providers and investigation of provider occurrences” is being proposed for adoption pursuant to five-year rule review and to replace current OAC rule 5160-45-06. This rule sets forth the process and requirements for conducting structural reviews of ODM-administered waiver service providers to ensure providers' compliance with ODM-administered waiver requirements. Among other things, Medicare-certified and/or otherwise accredited agencies are subject to reviews in accordance with their certification and accreditation bodies, are exempt from regularly scheduled reviews, and shall submit a copy of their updated certification and/or accreditation, and upon request, all review reports and accepted plans of correction. All other ODM-administered waiver providers are subject to structural reviews during each of the first three years after they begin furnishing waiver services. Thereafter, at ODM's discretion, the provider may be subject to biennial structural reviews. Reviews include an evaluation of the provider's compliance with ODM-administered waiver rules and a unit of service verification to assure that all waiver services are properly authorized, delivered and reimbursed. Proposed OAC rule 5160-45-06 also sets forth the definition of and process and requirements for investigating provider occurrences. ODM or its designee shall investigate provider occurrences. If a provider occurrence is substantiated, the provider will be notified in writing. A plan of correction for all findings is required within 45 days. Overpayments of provider claims must be adjusted by the provider and ODM may take action against a provider for failure to comply with any of the requirements set forth in this rule.

**Rule 5160-45-10**, entitled “Conditions of participation for Ohio department of job and family services (ODJFS) administered waiver service providers” is being proposed for rescission pursuant to five-year rule review. This rule contains the core conditions of participation that a provider must meet in order to furnish ODM-administered waiver services. It is being replaced by a new OAC Rule 5160-45-10.

**Rule 5160-45-10**, entitled “ODM-administered waiver programs: Provider conditions of participation” is being proposed for adoption pursuant to five-year rule review and to replace current OAC rule 5160-45-10. This rule contains the core conditions of participation that a provider must meet in order to furnish ODM-administered waiver services. ODM-administered waiver service providers shall maintain a professional relationship with the individuals to whom they provide services. Among other things, services shall be provided in a person-centered manner in accordance with the individual’s approved all services plan, and in a manner that is attentive to the individual’s needs and maximizes the individual’s independence. Providers must maintain an active, valid Medicaid provider agreement and comply with all applicable provider requirements set forth in the Administrative Code and federal and state law. The rule also establishes what a provider can never do and what they cannot do while rendering services. For example, ODM-administered waiver service providers shall never engage in behavior that may cause abuse or distress, or that may compromise the individual’s health and welfare; nor shall they engage in behavior that may be manipulative or pose a conflict of interest. While rendering services, a provider is prohibited from taking the individual to the provider’s place of residence, or bringing children, animals, or other persons to the individual’s place of residence so as not to distract from, or interfere with service delivery.

A copy of each of the proposed rules is available at the address listed below and without charge, to any person affected by the rules and at the county department of job and family services. The proposed rules are also available on the internet at <http://www.registerofohio.state.oh.us/>. A public hearing on the proposed rules will be held at the date, time and location listed at the top of this notice. Either written or oral testimony will be taken at the public hearing. Additionally, written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Requests for a copy of the proposed rules or comments on the rules should be submitted by mail to the Ohio Department of Medicaid, Office of Legal Counsel, 50 West Town Street, 4<sup>th</sup> Floor, Columbus, Ohio 43218, by fax at (614) 752-3986, or by e-mail at [rules@medicaid.ohio.gov](mailto:rules@medicaid.ohio.gov). Comments received may be reviewed upon request.