

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5160-45-06

**Rule Type:** Amendment

**Rule Title/Tagline:** Ohio department of medicaid (ODM) -administered waiver program: structural reviews of providers and investigation of provider occurrences.

**Agency Name:** Ohio Department of Medicaid

**Division:**

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#### **I. Rule Summary**

**1. Is this a five year rule review?** Yes

**A. What is the rule's five year review date?** 9/19/2025

**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?** 5166.02

**5. What statute(s) does the rule implement or amplify?** 5162.03, 5166.02

**6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires?** No

**A. If so, what is the citation to the federal law or rule?** Not Applicable

**7. What are the reasons for proposing the rule?**

The rule is proposed for amendment as part of a five year review.

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

Rule 5160-45-06, entitled "Ohio department of medicaid (ODM) -administered waiver program: structural reviews of providers and investigation of provider occurrences," 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.

- 9. Does the rule incorporate material by reference? Yes**
- 10. 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 Ohio Administrative Code (OAC). This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.75.

- 11. 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**

- 12. 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.

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

Not Applicable.

14. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**
15. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**
16. **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**

17. **Was this rule filed with the Common Sense Initiative Office? Yes**
18. **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? 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? Yes**

Medicare-certified and otherwise-accredited agency providers must submit a copy of their updated certification and/or accreditation, and upon request by ODM or its designee, shall make available within ten business days, all review reports and accepted plans of correction from the certification and/or accreditation bodies.

When findings are issued by ODM or its designee, the provider must respond in writing within 45 calendar days in a plan of correction. If the plan is not acceptable, the provider will be asked to submit a new plan within prescribed time frames not to exceed 45 calendar days.

- 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 Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).**

**19. 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 to this rule?**

Not Applicable

**B. How many existing regulatory restrictions do you propose removing from this rule?**

Not Applicable

**C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.**

Not Applicable

**D. Please justify the adoption of the new regulatory restriction(s).**

Not Applicable