



Ohio Department of Medicaid

John R. Kasich, Governor
John B. McCarthy, Director

TO: Sydney King, Regulatory Policy Advocate
Office of Ohio Lt. Governor Mary Taylor

THROUGH: Brianne Brown, Chief Legal Counsel 
Ohio Department of Medicaid

FROM: Kim Donica, Chief 
Bureau of Long Term Care Services and Supports

RE: CSI Review – Ohio Home Care Waiver – OAC 5160-46-04 – Previously No Change; Now Amendment

DATE: August 16, 2016

This email is a follow-up to communications between the Common Sense Initiative Office (CSIO) and Bryan Stout, Ohio Department of Medicaid (ODM) Legislative Liaison, concerning Ohio Administrative Code (OAC) Rule 5160-46-04 (Ohio Home Care Waiver: Definitions of Covered Services and Provider Requirements and Specifications).

CSIO previously reviewed OAC 5160-46-04 when it was being proposed as “no change” pending completion of a thorough review of the rule by the ODM HCBS Rules Workgroup. CSIO OK’d the rule for original filing and we agreed to CSIO’s request to shorten the next five-year review deadline to three years. The rule was original filed in June. JCARR subsequently asked ODM to withdraw the proposed rule and refile it as an amendment in order to remove reference to a rule that was being rescinded effective July 1, 2016.

During review to file the rule as an amended FYRR rule (with review in 3 years), it came to our attention that another minor wording change is necessary in order to prepare for implementation of a new statutory requirement emanating from the recent enactment of House Bill 483.

Section 5166.041 of the Revised Code contains a new definition of group setting as it relates to the provision of waiver nursing services that will be addressed in OAC 5160-46-06 in another rule package. However, it also impacts paragraph (A)(5)(h) of OAC 5160-46-04 which contains a requirement that in order to be a provider and submit a claim for reimbursement of waiver nursing services, an RN, or LPN at the direction of an RN, must be providing the service for one individual, or for up to three individuals in a group setting. This language is being modified to state that the provider must be providing the service for one individual, or in a group setting as defined in rule 5160-46-06 of the Administrative Code. This is the rule that formally defines group setting for the Ohio Home Care Waiver.

This email confirms CSIO has agreed that review of the rule amendment package is not required at this time.

Thank you.

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