

4761:1-6-02

Application form requirements to apply for a certificate of registration.

The application to ~~apply for a certificate of registration form for an HME services provider certificate of registration~~ shall minimally include the following:

- (A) ~~Name~~ The name of applicant the HME services provider (including the name of all trade and business legal owners or corporate names used by the applicant);.
- (B) The mailing address or corporate mailing address, if different than the physical mailing address of the location of the HME services provider.
- (C) The legal name of the HME services provider.
- (B) ~~Name of the representative agent if it is different form the name of the applicant;~~
- (C)(D) ~~Address~~ The physical mailing address of the location of the HME service provider;.
- (D)(E) ~~Telephone~~ The telephone number of the HME service provider, including the number to be contacted in an emergency situation which is monitored twenty-four hours per day, seven days per week;.
- (F) The name of a person authorized to legally sign on behalf of the HME services provider as a representative agent, if different than the legal owner of the HME services provider, including the last four digits of the person's social security number and date of birth.
- (G) The name of a person serving as the manager of the physical location of the HME services provider, if different that the person authorized to legally sign on behalf of the HME services provider, including the last four digits of the person's social security number and date of birth.
- (H) The names of shareholders, members, or partners owning five percent interest or more in the HME services provider business, including the last four digits of the social security numbers for each person listed.
- (I) The email address for the owner or authorized representative for the HME services provider.
- (J) The Ohio medicaid number, federal medicare number, and federal tax identification number for the HME services provider.
- (E)(K) A list of the HME to be stored, repaired, leased or sold from this business location;.

- ~~(F)~~(L) A brief description of the HME provider's office location, including square footage of the facility;
- ~~(G)~~ A list of the personnel currently employed at the HME service provider, including their job titles;
- ~~(H)~~(M) Name of the national accrediting body that issued the accreditation on which the application is based;
- ~~(I)~~(N) The applicant's accreditation number and the expiration date of the accreditation.
- (O) A complete certificate of accreditation form, verifying current accreditation with an organization recognized under rule 4761:1-4-01 of the Administrative Code.
- (P) List of other licenses or registrations held by the HME services provider, including, but not limited to, the federal food and drug administration number, federal department of transportation number, and Ohio pharmacy board license number.
- (Q) The HME services provider's response to the following practice questions:
- (1) How long has the HME services provider been renting, selling, delivering, installing, maintaining, replacing or demonstrating HME to Ohio citizens?
 - (2) Has the HME services provider ever been denied a license, certification, or registration as an HME services provider in any state, for any reason?
 - (3) Has any license or accreditation associated with the practice of HME ever been revoked, suspended, or conditionally approved?
 - (4) Has the HME services provider ever violated any provision of the Ohio Revised Code, including providing HME services to Ohio citizens without a license or certificate of registration?
- (R) An attestation, signed and dated by the person authorized to legally represent the HME services provider, affirming the truthfulness of the application and the information contained therein, including compliance with federal, state licensure and regulatory requirements, standards, and compliance with continuing education requirements.

Effective:

R.C. 119.032 review dates: 07/12/2013

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4752.17(A)(2), 4752.17(A)(11)
Rule Amplifies: 4752.12(A), 4752.17(A)(2)
Prior Effective Dates: 05/23/2005, 03/31/2008

Rule Summary and Fiscal Analysis (Part A)**Ohio Respiratory Care Board**

Agency Name

Christopher Logsdon

Contact

Division

**77 South High Street 18th Floor Columbus OH
43266-777**

Agency Mailing Address (Plus Zip)

614-752-9218

Phone

614-728-8691

Fax

rcb.logsdon@rcb.state.oh.us

Email

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Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Application form requirements to apply for a certificate of registration.**RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **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: **4752.17(A)(2), 4752.17(A)(11)**

5. Statute(s) the rule, as filed, amplifies or implements: **4752.12(A), 4752.17(A)(2)**

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

This rules is undergoing five-year review pursuant to ORC 119.032.

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 lists the application form requirements for person's applying for a Certificate of Registration to engage in HME services. The Board is proposing to amend this rules by listing all of the current data requirements and questions needed on the application for a Certificate of Reistration. The current rule does not list all of the components currently contained on the initial Certificate of Registration application. This rule will align the rule with the components of the current application used by the Board.

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 response left blank because filer specified online that the rule does not incorporate a text or other material by reference.

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:

This response left blank because filer specified online that the rule does not incorporate a text or other material by reference.

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. 119.032 Rule Review Date: 7/12/2013

(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

Not Applicable.

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:

This rule does not impose any direct costs on persons affected by the rule, but the rule does indirectly request information on the accrediting organization for the HME provider. ORC 4752.12(A) requires an applicant to be accredited by the Joint Commission or other organization recognized by the Board in rule. The Board has recognized seven organizations, in addition to the Joint Commission. Accreditation is a costly requirement and the costs vary between organizations. Accreditation terms also vary, but are normally valid for approximately three years.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

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? Yes

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? Yes

ORC 4752 requires a person engaging in home medical equipment rental or sale to Ohio residents to hold a license or certificate of registration.

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? Yes

ORC 4752.19 authorizes the Ohio Attorney General's office to seek civil penalties for unlicensed practice of home medical equipment services.

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

Yes, the applicant must report and provide proof of current, unencumbered accreditation from the Joint Commission or other organization recognized by the Board.