

4761:1-5-02

**Application form requirements.**

- (A) The application form for an HME services provider license shall minimally include the following:
- (1) ~~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);
  - (2) The mailing address or corporate mailing address, if different than the physical mailing address of the location of the HME services provider.
  - (3) The legal name of the HME services provider.
  - (2) ~~Name of HME service provider's authorized representative agent and other assigned persons representing the applicant, if it is different from the name of the applicant;~~
  - (3)(4) ~~Address~~The physical mailing address of the location of the HME services provider;
  - (4)(5) ~~Telephone~~The telephone number of the HME services provider, including the number to be contacted in an emergency situation, which is monitored twenty-four hours per day, seven days per week if equipment sold, leased or maintained includes life sustaining and/or technologically sophisticated medical equipment;
  - (6) 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.
  - (7) The name of a person serving as the manager of the physical location of the HME services provider, if different than 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.
  - (8) 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.
  - (9) The email address for the owner or authorized representative for the HME services provider.
  - (10) The Ohio medicaid number, federal medicare number, and federal tax identification number for the HME services provider.

- ~~(5)~~(11) Certificate A copy of the HME services provider's certificate of product and professional liability insurance from ~~the~~an insurer showing a minimum one million dollars per occurrence, three million dollars aggregate of coverage;
- ~~(6)~~(12) A list of the HME to be stored, repaired, leased or sold from the HME services provider;
- ~~(7)~~(13) A brief description of the HME provided, including square footage of the facility;
- ~~(8)~~(14) A list of the personnel currently employed ~~at~~by the HME service provider who are engaged in the delivery of HME services, including their job titles;
- ~~(9)~~(15) List of persons under the employ of the HME service provider having criminal convictions, including the title of the conviction and when and where the conviction took place. This does not include traffic or moving violations.
- (16) The HME services provider's compliance with the following requirements:
- (a) The HME services provider maintains a facility to adequately store, maintain, lease or sell the HME listed on the application form;
  - (b) The HME services provider has trained personnel on staff to ensure the HME is maintained, leased, and sold in a manner that is safe to the public;
  - (c) The HME services provider minimally possesses product and professional liability insurance coverage in the amount of one million dollars per occurrence and three million dollars aggregate;
  - (d) The HME services provider has a filing system established to document all sales and leases of HME, including the maintenance and security of pertinent medical records; and
  - (e) The HME services provider meets all federal, state, and local rules and regulations regarding the maintenance, storage, and sale of HME listed on the application form.
- (17) List of other licenses 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.
- (18) The HME services provider's response to the following practice questions:

- (a) How long has the HME services provider been renting, selling, delivering, installing, maintaining, replacing or demonstrating HME to Ohio citizens?
  - (b) Has the HME services provider ever been denied a license, certification, or registration as an HME services provider in any state, for any reason?
  - (c) Has any license or accreditation associated with the practice of HME ever been revoked, suspended, or conditionally approved?
  - (d) 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?
- (19) 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

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Certification

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Date

Promulgated Under: 119.03  
Statutory Authority: 4752.01(A)(4), 4752.17 (A)(11)  
Rule Amplifies: 4752.04, 4752.17 (A)(11)  
Prior Effective Dates: 05/23/2005, 03/31/2008

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

Agency Name

Division

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**4761:1-5-02**

Rule Number

**AMENDMENT**

TYPE of rule filing

Rule Title/Tag Line

**Application form requirements.****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: **4752.01(A)(4), 4752.17 (A)(11)**

5. Statute(s) the rule, as filed, amplifies or implements: **4752.04, 4752.17 (A)(11)**

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

Rule is scheduled for five-year review under 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:

Rule is being amended to reflect all of the current application components currently required by the Board. The amended rules has been structured to reflect all data and questions requirements on the agency's current application form for persons seeking HME licensure in the state of Ohio.

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:

The rule amendment updates the Board's current rule to reflect all of the current application form data and questions required to be answered as part of the application process for persons seeking HME licensure in the state of Ohio. Questions contained on the application ask applicants to verify that they possess the insurance requirement stipulated in the Ohio Revised Code. The costs of maintaining professional and product liability coverage is market driven and unknown to the Board. In addition, the application requires applicants to verify that they meet all standards required for licensed HME providers under OAC 4761:1-9. Among these standards is criminal background check requirements for persons providing HME services in the state of Ohio. BCI&I background checks could costs approximately 25 - 30 dollars per persons working in the state of Ohio.

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**

This rule is authorized under ORC 4752, which requires a license or certificate of registration to engage in HME services in the state of Ohio.

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 permits the Ohio Attorney General to seek civil penalties if unlicensed.

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

Indirectly, this rule requires verification of professional and liability insurance coverage, which is required under ORC 4752.07. Additionally, the applicant must comply with all standards for the operation, maintenance, and storage of equipment rented or sold by the HME provider.