

Ohio Department of Medicaid
PROVIDER ENROLLMENT APPLICATION
ADDENDUM M
NON-AGENCY WAIVER SERVICE PROVIDER

Non-Agency Home Care Attendant
Provider Type 26

Name	Medicaid Number
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Failure to read and sign this addendum shall result in the applicant being denied for enrollment as a Medicaid Provider

- My signature below serves as verification that I agree to comply with the requirements for enrollment as a non-agency home care attendant as set forth in Ohio Administrative Code (OAC) Chapter 5101:3.
- I agree to comply with the Conditions of Participation set forth in OAC Rule 5101:3-45-10, and the provider requirements as set forth in OAC Rules 5101:3-46- 04.1, 5101:3-47-04, and 5101:3-50-04.1. I understand that in order to submit a claim for reimbursement, I must be identified as the provider on the consumer's All Services Plan, and must bill as authorized.
- I agree that I will not provide home care attendant services to any combination of waiver consumers for more than twelve hours in a twenty-four hour period as set forth in OAC Rules 5101:3-46-06.1 and 5101:3-50-06.1.
- I agree to only provide assistance with the self-administration of medication(s) authorized by the authorizing health care professional on the JFS 02389 "Home Care Attendant Medication Authorization," and/or the performance of nursing tasks authorized by the authorizing health care professional on the ODM 02390 "Home Care Attendant Skilled Task Authorization."
- I agree not to perform any tasks that are outside the authorizing health care professional's scope of practice, or anything that is explicitly prohibited by OAC Rules 5101:3-46-04.1, 5101:3-47-04 and 5101:3-50-04.1.
- I agree to secure the services of a registered nurse, in agreement with the consumer or authorized representative, and participate in a face-to-face visit every ninety days with the consumer, authorized representative, and the RN for the purpose of monitoring the consumer's health and welfare as set forth in OAC Rules 5101:3-46-04.1 and 5101:3-50-04.1.
- I agree to obtain and maintain first aid certification as set forth in OAC Rules 5101:3-46-04.1, 5101:3-47-04 and 5101:3-50-04.1.
- I agree to complete twelve hours of continuing education annually.
- I agree to submit written notification to the consumer and Medicaid or its designee at least thirty (30) calendar days prior to the last date of service, if terminating home care attendant services (unless exempted pursuant to OAC Rule 5101:3-45-10).
- I agree that by applying for this provider type, I am voluntarily terminating any existing provider number that I have received for all Medicaid-administered waiver programs on the date my new number is issued.

Relationship to Consumer

- My signature below serves as verification that I meet the eligibility requirements for a home care attendant service provider serving a consumer as set forth in OAC Rules 5101:3-45-04.1, 5101:3-47-04 and 5101:3-50-04.1.

Ohio Residency
(check as appropriate)

- I HAVE been a resident of Ohio for at least the past five (5) years and I have successfully completed a criminal records check equivalent to those conducted by the Bureau of Criminal Identification and Investigation (BCI&I) as set forth in OAC Rule 5101:3-45-08 (The results of your background check must be mailed from BCI&I to Medicaid-Bureau of Provider Services - ATT: BCI Coordinator, P.O. Box 182709, 4th floor, Columbus, Ohio 43218-2709).
- I HAVE NOT been a resident of Ohio for at least the past five (5) years and I have successfully completed a criminal records check conducted by BCI&I and an additional FBI criminal check as set forth in OAC Rule 5101:3-45-08 (The results of your background check must be mailed from BCI&I to Medicaid-Bureau of Provider Services - ATT: BCI Coordinator, P.O. Box 182709, 4th floor, Columbus, Ohio 43218-2709).

I certify that I am the individual practitioner who is applying for the provider number. I further agree to be bound by this agreement and certify that the information I have given on this application is factual.

Name and Title <i>(Please Print)</i>	
Signature	Date