

Ohio Department of Medicaid
**OHIO HOME CHOICE DEMONSTRATION PROGRAM
PROVIDER ENROLLMENT APPLICATION ADDENDUM
Non-Agency Nursing Services (HCNA 101 or HCNA102)**

Provider Type: Nursing Services (Non-agency)

Name	
Phone Number	Medicaid Number

Enrollment Requirement(s): Failure to complete this addendum and/or supply all required information shall result in the applicant being denied for enrollment as a Home Choice Provider. Current Providers submitting this form as a compliance requirement must check all boxes in order to be in compliance with the Provider agreement.

- My signature below serves as verification that I meet the provider qualifications/specifications and the enrollment requirements as a HOME Choice demonstration program as set forth in Ohio Administrative Code (OAC) 5101:3-51-04 and 5101:3-51-05;
- I attest that I will comply with the Conditions of Participation and Provider Requirements as set forth in OAC 5101:3-51-03;
- I am an Ohio License Registered Nurse (RN) OR an Ohio Licensed Practical Nurse (LPN) under the direction of an RN practicing within the scope of my nursing license pursuant to Chapter 4723 of the Revised Code; **(*Please attach a copy of nursing license)**
- If LPN, Name of RN supervisor: _____ License # RN _____ ;
- I attest I have successfully completed criminal records check within the last 30-days as set forth in OAC 5101:3-51-03 (A) (1) (b); **(*Non-agency providers must have results of the criminal background check sent directly to the Bureau of Community Services Policy.)**
- I attest that I have received and read all rules of the Administrative Code governing the HOME Choice demonstration program and the ODJFS-administered waiver (OAC 5101:3-46-04, 5101:3-47-04 or 5101:3-50-04) on which the participant is enrolled;
- I attest that I am the individual applying for the provider number. I further agree to be bound by this agreement, and certify that the information I have given on the application and this addendum is true and accurate. **(*Please attach a copy of your Social Security card and a copy of a valid driver's license or other government-issue photo ID.)**

Signature	Date
-----------	------