

Ohio Department of Medicaid
**OHIO HOME CHOICE DEMONSTRATION PROGRAM
PROVIDER ENROLLMENT APPLICATION ADDENDUM
Non-Agency Nutritional Consultation Services (HCNA 501)**

Provider Type: Nutritional Consultation 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; **(*Please attach proof of certification by ODMR/DD or ODA)**
- I attest that I will comply with the Conditions of Participation and Provider Requirements as set forth in OAC 5101:3-51-03;
- I attest that I am a Registered Dietitian with the Commission on Dietetic Registration and licensed by the Ohio Board of Dietetics; **(* Please attach a copy of your license.)**
- 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 copy of your Social Security card and a copy of a valid driver's license or other government-issue photo ID.)**

Signature	Date
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