

Ohio Department of Medicaid
OHIO HOME CHOICE DEMONSTRATION PROGRAM
Non-Agency Provider Application Checklist

Below is a checklist for non-agency providers to reference when submitting a *HOME Choice Demonstration Program Provider Enrollment Application/Time Limited Agreement* for consideration. Please ensure that you have included:

1. A copy of your IRS Form W-9.
2. A copy of your NPI Enumerator notice. (Only needed for RN's and LPN's)
3. Your Provider Enrollment Application/Time Limited Agreement, signed and fully completed.
4. A copy of your professional license required for nurses, social workers and dieticians.
5. The name and license number of your supervising RN for LPN's.
6. A copy of your valid Driver's license or other government issued photo ID.
7. A copy of your social security card.

The above items can be submitted in one of the ways below.

Also, arrange for a BCI check with results sent directly to the address below.

Address: Ohio Department of Medicaid BLTSS – HOME Choice Provider Application PO Box 182709, 5 th Floor Columbus, OH 43218-2709	Fax: 614-466-6945	Email: HOME_Choice@medicaid.ohio.gov
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Contact the HOME Choice Provider Administrator, Brock Robertson at 614-752-3577 or by email at Brock.Robertson@medicaid.ohio.gov regarding questions about this agreement.

IMPORTANT

YOU MUST READ THESE INSTRUCTIONS

Failure to comply with the requirements outlined below may result in additional expense & may impact your eligibility to provide services.

The law requires that your background check be sent directly to ODM from the Bureau of Criminal Identification & Investigation (BCI). We **cannot** accept background checks that are mailed directly from a provider, a WebCheck vendor, or any entity other than the Ohio Bureau of Criminal Identification & Investigation (BCI). (Ohio Administrative Code 5160:45-08)

- **Do not delay in getting your background check done.** It can take BCI 30 days or more to process. We must receive your background check by the due date for you to be compliant. The reason code description the web check vendor should use when you get your background check completed is: **Independent provider for the DJFS for home and community based waiver services.** The reason Code(s) are: Ohio Revised Code 5111.034 or 5164.341 and Ohio Administrative Code 5160-45-08
- You must have your BCI background check completed at a location that uses the electronic WebCheck fingerprinting system. Ink cards and background checks completed by other authorities are not acceptable. The results must be sent directly to ODM from BCI to the following address:

**Ohio Department of Medicaid
Bureau of Long-Term Care Services and Supports
PO Box 182709, 5th Floor
Columbus, OH 43218-2709**

Take this document with you when you have your background check completed. Tell the WebCheck vendor that BCI, must mail your background check results via United States Postal Service directly to the address above. ODM cannot accept background check results that come from anyone other than BCI.

IMPORTANT: For your protection, BCI only sends partial Social Security Numbers on background checks. If your name on your application does not match the exact name that appears on your background check, it may not be matched to you.