

Ohio Department of Medicaid
Addendum M
ODM-ADMINISTERED WAIVER SERVICE PROVIDER
Non-Agency Home Care Attendant

Non-Agency Home Care Attendant Provider Type 26	
Name	Medicaid Number
In addition to the terms contained in the provider agreement, provider understands and agrees with the requirements for enrollment as an ODM-administered waiver service provider for the provision of home care attendant services as set forth in Ohio Administrative Code (OAC) Chapters 5160-45, 5160-46 and 5160-58.	
<ul style="list-style-type: none"> • I am at least eighteen years of age, have a valid Social Security number and one other form of identification in accordance with the requirements set forth in OAC rule 5160-46-04.1. • I meet the personnel qualifications specified in 42 CFR 484.4 for home health aides; or have successfully completed at least one of the following: a competency evaluation program or training and competency evaluation program approved or conducted by the Ohio Department of Health in accordance with section 3721.31 of the Revised Code, or the Medicare Competency Evaluation for Home Health Aides as specified in 47 CFR 484; or a training program approved by ODM in accordance with the requirements set forth in OAC rule 5160-46-04.1. • I agree that I will not provide home care attendant services to any combination of waiver Individuals for more than twelve hours in a twenty-four hour period as set forth in OAC rule 5160-46-06.1. • I agree to only provide assistance with the self-administration of medication(s) authorized by the authorizing health care professional on the ODM 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 to complete training and instruction, prior to furnishing home care attendant services, about how to deliver the specific home care attendant services authorized by the individual's authorizing health care professional. The training shall be specific to the individual and may be provided by the individual's authorizing health care professional, and/or the individual in cooperation with the individual's health care professional as indicated on the ODM 02389 "Home Care Attendant Medication Authorization," and/or the ODM 02390 "Home Care Attendant Skilled Task Authorization." • I agree to perform a successful return demonstration of the home care attendant service if requested by the individual or the authorizing health care professional. • 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 rule 5160-46-04.1. • I agree to secure the services of a registered nurse (RN), with agreement of the individual receiving home care attendant services and participate in a face-to-face visit at least every ninety days with the individual and the RN for the purpose of answering any questions the home care attendant and/or individual receiving services have about meeting care needs, medications and other issues as set forth in OAC rule 5160-46-04.1. • I have obtained and will maintain first aid certification from a class that is not solely internet-based and that includes hands-on training by a qualified first aid instructor, a successful return demonstration of what was learned in the course, and includes certification that education was received from the authorizing health care professional about health and welfare considerations appropriate for an individual or group setting. • In order to submit a claim for reimbursement, I must be identified as the provider on the individual's person-centered services plan, and must bill as authorized. • I shall comply with the Conditions of Participation as set forth in OAC rule 5160-45-10, and the service requirements as set forth in OAC rule 5160-46-04.1. 	

- I shall comply with federal home and community-based service settings requirements as set forth in 42 CFR 441.301.
- I shall comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, *et seq.*) and the Age Discrimination Act of 1975 (42 U.S.C. Section 6101, *et seq.*).
- I shall procure and make available to ODM or its designee, upon request, all necessary licenses required by local, state and federal law, certification, and proof of insurance, continuing education units (CEU), special training or other credentials relating to qualifications.
- I understand I am required to complete continuing education annually in accordance with the requirements set forth in OAC rule 5160-46-04.1.
- I shall participate in all provider trainings mandated by ODM or its designees in accordance with the requirements set forth in OAC rule 5160-45-10.
- I shall actively participate on the team with the individual enrolled on the ODM-administered waiver program and all providers involved in the individual's care for the purpose of developing and implementing the individual's person-centered services plan.
- I shall furnish services in the amount, scope, location and duration as specified on the individual's person-centered services plan.
- I shall maintain and make available upon request all required documentation related to the services delivered during the visit in accordance with the requirements set forth in OAC rules 5160-45-10 and 5160-46-04.1.
- I shall be knowledgeable about and comply with all applicable federal and state laws, including the "Health Insurance Portability and Accountability Act of 1996" (HIPAA) regulations set forth in 45 C.F.R. parts 160 and 164, and the Medicaid safeguarding of information requirements set forth in 42 C.F.R. 431.300 to 431.306, along with sections 5160.45 to 5160.481 of the Revised Code.
- I shall refrain from using or disclosing any information concerning an individual, except as permissible by law.
- I shall submit written notification to the individual and ODM or its designee at least thirty calendar days before the anticipated last date of service if the provider is terminating the provision of ODM-administered waiver services to the individual. Exceptions to the thirty-day advance notification requirement are set forth in OAC rule 5160-45-10.

Ohio Residency
(check as appropriate)

I HAVE been a resident of Ohio for at least the past five years and I have successfully completed a criminal records check equivalent to those conducted by the Bureau of Criminal Identification and Investigation (BCII) in accordance with the requirements set forth in Section 5164.341 of the Revised Code and OAC rule 5160-45-08.

I HAVE NOT been a resident of Ohio for at least the past five years and I have successfully completed a criminal records check equivalent to those conducted by BCII and an additional FBI criminal records check in accordance with the requirements set forth in Section 5164.341 of the Revised Code and OAC rule 5160-45-08.

I certify that I have read and agree to be bound by these ODM-administered waiver requirements, and the information I have provided above is factual.

Name and Title *(Please Print)*

Signature

Date