



# Department of Medicaid

John R. Kasich, Governor  
Barbara R. Sears, Director

**TO:** Contracted MyCare Ohio Plans

**FROM:** Roxanne Richardson, Chief  
Policy and Program Development Section, Office of Managed Care

**DATE:** October 2, 2018

**SUBJECT:** Waiver Service Provider Signature Requirement

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In order to comply with 42 CFR 441.301, the MCOPs will be required to obtain provider signatures on the waiver service responsible for its implementation effective 12/31/18. This policy is not retroactive and is applicable to waiver service plans developed and/or updated on or after 12/31/18.

The Conditions of Participation rule, Ohio Administrative Code (OAC) 5160-45-10 (effective 1/1/18) references compliance with OAC 5160-44 including rule 5160-44-02 which requires the person-centered services plan “be finalized and agreed to, with the informed consent of the individual, in writing, and by all people and **providers** responsible for its implementation.”

A signature must be obtained during new service initiation, assignment of a new provider and substantial changes in service delivery. A substantial change in service delivery is defined as a change that permanently alters a member’s typical/routine schedule. An ongoing change in amount, duration, frequency and/or scope is considered substantial. Only the provider affected by the change needs to provide a signature. If the MCOP is uncertain if a change is substantial, the provider’s signature should be obtained.

Requirements for obtaining signatures will vary based on the categorization of waiver service- i.e., direct care versus indirect care and are delineated below<sup>1</sup>.

1. **Direct care services.** The MCOP must provide the waiver service plan to the provider and make attempts to obtain the signature prior to service initiation. If the MCOP is unsuccessful in obtaining the signature prior to service initiation, services may be provided as authorized per the waiver service plan while the MCOP continues efforts to obtain the signature. The MCOP is responsible for making, at minimum, three attempts to obtain a signature. If the MCOP is unable to obtain the signature prior to service initiation, a second attempt must occur no later than 30 calendar days after service initiation. If the provider does not sign and return the signature sheet, a third attempt needs to occur no later than 60 calendar days after service initiation. If the provider is unwilling to provide a signature, the MCOP should take necessary actions,

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<sup>1</sup> Direct care services are defined as personal care, waiver nursing, home care attendant, choice home care attendant, out of home respite, enhanced community living, adult day health services, social work counseling and independent living assistance. Indirect care services are defined as all other waiver services not previously listed.

including, but not limited to, denial of claims, sanctions per provider contract, identification of a new provider, etc. The MCOP is responsible for maintaining the dates of all signature requests in the care management clinical record.

- Signature sheets may be provider-specific instead of requiring one document inclusive of signatures from each provider.
- When the provider signs the plan, he/she agrees only to the portion of the plan that is relevant to the provision of the service(s) he/she provides.
- The provider may provide the signed waiver service plan in person, via mail, fax or email.
- The following language may be added to the waiver service plan, included on a provider signature page, or added to a provider portal if the MCOP's functionality allows for a "check box" indicating acknowledgement. If the "check box" option is used, there must be an assurance that it is from the provider who is responsible for delivering the service.

*By "checking this box" or "providing your signature", you are acknowledging and affirming agreement to provide services as authorized per this waiver service plan. This form should be returned to {MCOP} prior to the service initiation.*

2. **Indirect care services.** An MCOP may satisfy the signature requirement by appending the contract signature page to the member's waiver service plan. An MCOP must assure that: 1) the provider has access to the most recent service plan; and 2) the provider's contract includes language that acknowledges his/her agreement to provide services per the authorized service plans for the MCOP's members. This may not be applied to direct services.