Ohio Department of Medicaid

MCP – SERVICES PROVIDED – ATTACHMENT D

Provider Group Name:	MCP Name:
Group Tax ID Number:	Service Site NPI:

(Individuals should provide individual name, Tax ID Number and NPI above)

Provider agrees to provide services as enumerated below (specify below):

☐ Ambulance transportation	☐ Mental health and/or substance abuse services
☐ Ambulette transportation	☐ Nursing facility services
☐ Ambulatory Surgery Center	☐ Obstetrical and/or gynecological services
☐ Advanced practice nurse services specify: _____	☐ Ophthalmology services
☐ Chiropractic services	☐ Outpatient hospital services
☐ Dental services	☐ Physical and occupational therapy
☐ Durable medical equipment (DME)	☐ Podiatry services
☐ Emergency Services	☐ Pharmacy
☐ Family planning services and supplies	☐ Physician services
☐ Federally Qualified Health Center services	☐ Primary care provider services
☐ Home health services/Private Duty Nursing	☐ Renal dialysis
☐ Hospice care	☐ Rural Health Clinic services
☐ Medical Imaging	☐ Specialty physician services, Specify (e.g., cardiology, allergy, etc): _____
☐ Inpatient hospital services	☐ Speech and hearing services
☐ Laboratory services	☐ Vision (optical) services, including eyeglasses
☐ Other – please specify: _____	

Behavioral Health Services

BH Provider Type:	☐ Community Mental Health Center / Type 84 ☐ Substance Use Disorder / Type 95 ☐ Non-Type 84/95 BH Provider
Services	
☐ Pharmacological Management	☐ Ambulatory Detox
☐ Behavioral Health Assessment	☐ Targeted Case Management for AOD
☐ Behavioral Health Counseling and Therapy	☐ Intensive Outpatient
☐ Crisis Intervention	☐ Laboratory urinalysis
☐ Partial Hospitalization	☐ Med–Somatic
☐ Community Psychiatric Support Treatment	☐ Methadone Administration
☐ Opioid Treatment Provider	☐ Behavioral Health Respite
☐ Individual Placement & Support / Supported Employment (IPS/SE)	☐ Peer Recovery Support
☐ Assertive Community Treatment (ACT)	☐ Intensive Home Based Treatment (IHBT)
☐ Substance Use Disorder Residential	☐ Mental Health Group Day Treatment
☐ Other – please specify:_____	

Home and Community Based Services (included only in the MyCare Ohio benefit package)

** Indicates service provider types which may be counted in more than 1 county or region. All others may only count in the county where the provider is physically located.*

☐ Out of Home Respite Services	☐ Waiver Nursing Services
☐ Adult Day Health Services	☐ Home Delivered Meals*
☐ Waiver Transportation*	☐ Assisted Living Services
☐ Chore Services*	☐ Home Care Attendant
☐ Social Work Counseling	☐ Choices Home Care Attendant
☐ Emergency Response Services*	☐ Enhanced Community Living Services
☐ Home Modification Maintenance and Repair*	☐ Nutritional Consultation
☐ Personal Care Services	☐ Independent Living Assistance
☐ Homemaker Services	☐ Community Transition Services
☐ Pest Control*	☐ Alternative Meals Service
☐ Home Care Attendant Nursing	
☐ Home Medical Equipment and Supplemental Adaptive and Assistive Device Services*	

Effective Date of changes will be determined by the MCP.