

3701-8-03**Standards and procedures for determining eligibility of home visiting providers.**

(A) An entity who seeks to become a home visiting provider shall complete and submit to the department a provider enrollment application using forms approved by the director. Applicant shall also do the following:

- (1) Complete the process to become a vendor with the state of Ohio as required by the Ohio department of administrative services;
- (2) Submit documentation demonstrating financial solvency;
- (3) Submit an operation plan indicating the use of qualified personnel; and
- (4) Submit an implementation work plan, including timelines to affiliate with and facilitate a model that has been determined evidence-based by the Ohio department of health, and the office of planning, research, and evaluation in the administration for children and families, United States department of health and human services or its successor.

(B) When the department determines an applicant has met the requirements set forth in this rule, the applicant shall be notified in writing of approval or disapproval within forty-five days of the department receiving a completed application.

(C) If awarded a contract or agreement to provide home visiting services, provider shall:

- (1) Designate one individual as the program manager who is responsible for oversight and monitoring;
- (2) Establish a physical headquarters that serves as the base of daily operations where records are securely maintained;
- (3) Maintain a telephone number, internet connection, fax capabilities, individual e-mail address for each employed individual, and the technical capacity to enter data into the statewide data system;
- (4) Achieve accreditation within model specified timeframes;
- (5) Serve directly or subcontract to serve all individuals determined eligible in accordance with rule 3701-8-02 of the Administrative Code. When subcontracting, provider shall ensure that subcontractor meets compliance with all rules established within chapter 3701-8 of the Ohio Administrative Code.

(D) An applicant who is denied a provider agreement may request reconsideration of the application in accordance with the following procedures:

- (1) Submit a written request for reconsideration to the department that includes any written materials the applicant wishes to be considered so that they are received by the department no later than thirty days after the date on the notice of disapproval issued under this paragraph.
- (2) The decision of the director under this paragraph shall be final and not subject to further administrative or judicial review.

Replaces: 3701-8-02

Effective:

Five Year Review (FYR) Dates:

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Certification

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Date

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