

5101:3-32-04

**Provider conditions of participation in the choices program.**

This rule establishes the standards and procedures for certification of agencies and individuals that provide or propose to provide choices program services.

(A) All eligible providers shall:

(1) Maintain documentation demonstrating that all requirements outlined in the applicable service specifications set forth in rule 5101:3-32-05 of the Administrative Code have been met when delivered either directly or by subcontract;

(2) Allow representatives of HCFACenter for medicaid and medicare services (CMS), Ohio department of job and family services (ODJFS), Ohio department of aging (ODA), and PASSPORT administrative agency (PAA) access to documents related to the provision of Choices program services;

(3) Maintain the documents identified in paragraph A(1) of this rule for a minimum of three years or until any audit finding is resolved, whichever is longer.

(B) The provider may be an agency provider or may be an individual provider.

(C) Direct service workers shall be at least eighteen years of age, shall possess valid social security numbers, and have proof of insurance where appropriate.

(D) A criminal background records check conducted by the Ohio bureau of criminal identification and investigation (BCII) must be completed for each direct service worker having in-person consumer contact. These criminal records check must be equivalent to those conducted by BCII of home and community-based service providers pursuant to rule 173:3-1-13 of the Administrative Code.

(E) The direct service worker must, at the consumer's request, participate in an interview with the consumer prior to service initiation.

(F) The provider shall enter into a written agreement with the consumer specifying the agreed upon arrangements for service provision.

(G) The provider shall not use or disclose any information concerning a consumer for any purpose not directly connected with the provision of services, except with the consent of the consumer or his or her designee, or upon request by HCFACMS, ODJFS, ODA, ~~COAAA~~ or the PAA in accordance with rule 5101:1-37-01.1 of the Administrative Code and 45 CFR parts 160, 162 and 164 as in effect on July 1, 2005.

- (H) The provider shall maintain consumer signed and dated documentation which clearly specifies the nature of each unit of service delivered; and have a system to document services delivered, billed, and reimbursed that complies with service specifications set forth in rule 5101:3-32-05 of the Administrative Code. These documents will be maintained for a minimum of three years or until any audit finding is resolved, whichever is longer.
- (I) The provider shall cooperate in ODJFS or ~~its~~ its designee's quality assurance activities including:
- (1) Providing space for on-site reviews of consumer records; and
  - (2) Making all requested information available at the time of quality assurance reviews; and
  - (3) Being available to answer questions.
- (J) The provider shall accept and make any reasonable changes consistent with health and welfare requirements under medicaid law requested by the consumer regarding the frequency and duration of service tasks to be performed.
- (K) The provider must submit written notification to the consumer and the case manager at least thirty days prior to the last date of service if terminating the provision of home care services. This advanced notification is not required when the consumer is hospitalized, is subject to unexpected or emergency placement in a long term care facility, is dismissing the provider, or expires. Upon request by the provider, the case manager may waive this advanced notification requirement if there are unexpected or unforeseen circumstances that necessitate termination of services within a shorter time frame, such as those threatening the safety of the direct service worker.
- (L) The provider shall operate the business in compliance with all applicable federal, state, and local laws.
- (M) Failure to meet any of the requirements of this rule may lead to the termination of the medicaid provider agreement as a choices program provider. Providers may appeal termination as set forth in rule 5101:3-1-57 of the Administrative Code.
- (N) The provider must maintain an active medicaid agreement with ~~the department of job and family services~~ ODJFS.

Effective: 07/01/2005

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CERTIFIED ELECTRONICALLY

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Certification

06/20/2005

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Date

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