

5101:3-32-04 **Provider conditions of participation for the choices HCBS waiver program.**

- (A) The purpose of this rule is to establish the conditions of participation under which providers are able to participate in the choices home and community based services (HCBS) waiver program.
- (B) In order to obtain a medicaid provider agreement to be a choices provider, the provider must be certified by the Ohio department of aging (ODA) or its designee in accordance with the provisions of Chapter 173-39 of the Administrative Code .
- (1) The provider may be certified as either:
- (a) An ODA certified long-term care agency providers in accordance with the provisions of rule 173-39-02 of the Administrative Code, or
 - (b) An ODA certified long-term care non-agency ~~providers~~ provider in accordance with the provisions of rule 173-39-02 of the Administrative Code, or
 - (c) An ODA certified consumer-directed individual provider in accordance with the provisions of rule 173-39-02 of the Administrative Code.
- (C) Individuals enrolled in the choices HCBS waiver shall be given a free choice of qualified providers in accordance with Chapter 5101:3-41 of the Administrative Code.

Effective: 07/01/2007

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CERTIFIED ELECTRONICALLY

Certification

05/10/2007

Date

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