

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 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.

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CERTIFIED ELECTRONICALLY

Certification

06/19/2006

Date

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