TO BE RESCINDED

Provider conditions of participation for the choices home and community based services (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 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 173-39-03 of the Administrative Code, or
 - (b) An ODA certified long-term care non-agency provider in accordance with the provisions of rule 173-39-03 of the Administrative Code, or
 - (c) An ODA certified consumer-directed individual provider in accordance with the provisions of rule 173-39-03 of the Administrative Code.
- (C) Individuals enrolled in the choices HCBS waiver shall be given a free choice of qualified providers as set forth in 42 C.F.R. 431.51 (as in effect on October 1, 2010).

Effective: 12/20/2015

Five Year Review (FYR) Dates: 09/21/2015

CERTIFIED ELECTRONICALLY

Certification

12/04/2015

Date

Promulgated Under: 119.03

Statutory Authority: Rule Amplifies: 5162.03, 5164.03, 5166.02

Prior Effective Dates: 8/30/01, 7/01/05, 7/01/06, 7/01/07, 9/29/2011