



Ohio Administrative Code

Rule 5160-45-04 Ohio department of medicaid (ODM) -administered waiver program: provider enrollment process.

Effective: December 10, 2020

(A) Ohio department of medicaid (ODM) -administered waiver provider applicants must successfully complete the provider enrollment process set forth in this rule and receive approval from ODM before furnishing services to an individual enrolled on an ODM-administered waiver. Services furnished before ODM approves and enrolls the provider applicant are not reimbursable.

(B) The provider applicant must complete and submit a waiver provider application to ODM through its medicaid information technology system (MITS) web portal in accordance with rule 5160-1-17.2 of the Administrative Code.

(C) Upon receipt of the waiver provider application, ODM or its designee shall verify all of the following:

(1) The provider applicant submits and meets all applicable ODM-administered waiver provider requirements set forth in Chapters 5160-1, 5160-45 and 5160-46 of the Administrative Code.

(2) The provider applicant has included a statement affirming the provider applicant is aware of, understands and agrees to all of the Administrative Code rules governing the ODM-administered waiver program.

(3) The non-agency provider applicant, agency provider applicant and/or the agency's primary officer, director or owner are not on any federal or state exclusionary lists ODM considers when determining medicaid provider eligibility.

(D) ODM or its designee shall notify the provider applicant if the application does not contain all of the required documentation. The provider applicant shall have thirty calendar days from the date of written notification to submit the requested documentation. If the provider applicant does not submit the documentation within the prescribed time frame, ODM or its designee may reject the provider application.



(E) ODM shall enroll or deny enrollment of the provider applicant based upon its own review and the review and recommendation of its designee.

(F) ODM shall notify the provider applicant in writing of its decision. If ODM denies enrollment, it shall issue the provider applicant appeal rights in accordance with Chapter 119. of the Revised Code.

(G) When a current ODM-administered waiver service provider submits its medicaid provider agreement revalidation application, and/or applies for an additional provider type(s), and/or speciality(ies) under their current provider type, ODM shall ensure that criminal record check requirements set forth in Chapter 5160-45 of the Administrative Code are satisfied. ODM shall also review the provider's history, including but not limited to medicaid program compliance and performance. ODM may approve or deny revalidation based on its findings and in accordance with rule 5160-1-17.6 of the Administrative Code.

(H) When a former medicaid provider applies for enrollment to become an ODM-administered waiver provider, in addition to following the process outlined in paragraphs (A) to (F) of this rule, ODM shall also review the provider applicant's history including, but not limited to medicaid program compliance and performance. ODM may approve or deny enrollment based on its findings and in accordance with rule 5160-1-17.6 of the Administrative Code.