



Home and Community-Based Provider Information Form

Date:		Last Name:		First Name:	
Date of Birth:			Agency Name:		
**Do you submit claims and receive payments from a third party? yes no not sure					
Tax ID #: Social Sec #:			National Provider Identifier (NPI) #:		
Ohio Medicaid Provider #:					
Primary Office Street Address:				Suite #:	
Primary Office City, State and Zip Code:					
Primary Office Phone:		Primary Office Fax:		Primary Office Email:	
Provider Type: <input type="checkbox"/> independent <input type="checkbox"/> agency					
Certifying Agency: <input type="checkbox"/> ODA <input type="checkbox"/> ODJFS Other _____				Date of Certification: _____	
Please check the HCBS Waiver Services that you will provide. You must already have certification from ODJFS or ODA for the services you check below.					

Home and Community Based Services (included only in the MyCare Ohio benefit package)

**Indicates service provider types which may be counted in more than 1 county or region. All others may only count in the county where the Provider is physically located.*

Specify only services for which you are certified:

- | | |
|---|--|
| <ul style="list-style-type: none"> Adult Day Health Services Assisted Living Services (Residential Care Facility) Choices – Home Care Attendant Community Integration Services (Independent Living Assistance) Community Transition Services Enhanced Community Living Services Home Care Attendant Home Modification* Homemaker Home Maintenance and Chore Services (Pest Control, Chore, Home Maintenance & Repair Interventions) Home Medical Equipment and Supplemental Adaptive and Assistive Devices | <ul style="list-style-type: none"> Meals: Home Delivered Meals Meals: Alternative Meal Service Nutritional Counseling Out of Home Respite Services Personal Care Attendant Personal Emergency Response Service* Social Work Counseling Waiver Nursing Services |
|---|--|

In which counties do you intend to provide services for Buckeye members?

- | | | | | | |
|--------------------|-----------------------------------|---------------------------------|-------------------------------------|---------------------------------|---------------------------------|
| Northeast Area: | <input type="checkbox"/> Cuyahoga | <input type="checkbox"/> Geauga | <input type="checkbox"/> Lake | <input type="checkbox"/> Lorain | <input type="checkbox"/> Medina |
| Northwest Area: | <input type="checkbox"/> Fulton | <input type="checkbox"/> Lucas | <input type="checkbox"/> Ottawa | <input type="checkbox"/> Wood | |
| West Central Area: | <input type="checkbox"/> Clark | <input type="checkbox"/> Greene | <input type="checkbox"/> Montgomery | | |

Authorized Signature: _____