Choices Home Care Attendant Checklist

Below is a list of documents required to be submitted with your certification application. Additional documentation may be requested during the certification process. Be sure to review the list of documentation on the upload screen in the online application.

Document	Description
☐ Copy of valid Driver's License or State issued photo ID	A copy of at least one of the following current valid government-issued photographic identification cards: Driver's License, State of Ohio identification card, or U.S. permanent residence card.
☐ Copy of current Auto Insurance Policy	A copy of a current auto insurance card or policy. If you do not have an automobile, you must submit a letter stating you do not intend to transport the client.
☐ Consumer Request for Provider Form	This form will automatically be completed and available for download during the online application process. This form must be signed by both the consumer receiving PASSPORT/MyCare Ohio services and their PASSPORT/MyCare Ohio case manager.
☐ W-9 Form	This form will automatically be completed and available to download for signature during the online application process.
☐ Copy of Social Security Card	Copy of a valid social security card.
☐ Education/Training Requirement	Certificate of completion of five areas of core competency training: basic home safety, universal precautions, promoting the individual's development, assisting with activities of daily living, communicating the individual's information to authorized persons, and performing administrative tasks. Trainings can be found at: Collins Learning CareStarLearning RhinoCE
☐ Proof of Residency	Acceptable documentation includes valid driver's license; notification of registration as an elector; a copy of an officially filed federal or state tax form identifying the applicant's permanent residence; any other documentation the responsible entity considers acceptable showing evidence the applicant has been a resident of Ohio for the past five years.
☐ Non-Disclosure Statement	This form will be available to download for signature during the online application process.
☐ EVV Training Certificate	Electronic Visit Verification (EVV) is used by caregivers for some home and community-based services to document the time services begin and end.

Document	Description
	Submit certificate of completion from an Ohio Department of Medicaid approved training program available at [Non Agency Training	Medicaid (ohio.gov)](#)
☐ NPI Registration	Federal law requires that an NPI be used to identify providers on any standard transaction (such as a claim) for health care services. Since waiver services are paid in part using federal Medicaid funds, you must obtain an NPI and provide it in your application. You may obtain your NPI number at https://nppes.cms.hhs.gov/#/.
☐ Ohio BCI Background Check	You are required to obtain a criminal record check (BCI) at time of application. The original should be forwarded to your client you plan to serve, and a copy sent to the Ohio Department of Aging. Please contact the Ohio Attorney General's office at 877-224-0043 for a location nearest you. You may not submit a criminal record check from a previous employer. **BCI&I REASON CODE: 173.27; 173.38; 3701.881; 5123.081; or 5123.169 ONLY.**
☐ FBI Background Check	If you live or have lived outside of Ohio anytime in the past five consecutive years, you are required to submit an FBI background check. The original should be forwarded to the client you plan to serve, and a copy sent to the Ohio Department of Aging. **BCI&I REASON CODE 173.41 ONLY.**

To submit required documentation:

- All supporting documents must be uploaded in the application. The system will not allow you to submit your application until you have uploaded your required documentation.

- **Send BCI and/or FBI Background Check to:**
  Ohio Department of Aging
  Provider Certification
  30 E Broad St., 22nd Floor
  Columbus, Ohio 43215-3414