

Home Healthcare Agency

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
<input type="checkbox"/> 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 for all owners identified on the application.
<input type="checkbox"/> Registration with Ohio Secretary of State	A copy of registration certificate with the Ohio Secretary of State.
<input type="checkbox"/> W-9 Form	This form will automatically be completed and available to download for signature during the online application process.
<input type="checkbox"/> Ohio Bureau of Workers' Compensation Certificate	A copy of current certification in good standing with the Ohio Bureau of Workers' Compensation.
<input type="checkbox"/> Certificate of Commercial Liability Insurance	A copy of current policy with a minimum of one million dollars in commercial liability insurance.
<input type="checkbox"/> 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.
<input type="checkbox"/> Non-Disclosure Statement	This form will be available to download for signature during the online application process.
<input type="checkbox"/> Employee Dishonesty or Property Damage Insurance	A copy of current policy for employee dishonesty or property damage to others. This requirement can be a warranty, surety or business services bond.
<input type="checkbox"/> Table of Organization	A copy of a table of organization that includes the full name of each position and indicates lines of authority.
<input type="checkbox"/> 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. Submit certificate of completion from an Ohio Department of Medicaid approved training program.
<input type="checkbox"/> 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/#/ .

Document	Description
<input type="checkbox"/> Copy of Home Health Agency (HHA) License or Evidence of application of the license	Home Health Agency (HHA) license issued by the Ohio Department of Health (ODH) or evidence an application has been submitted for the initial HHA license for HHA providers delivering services in the home of an individual. (Please Note: this is not the DODD, ODA or ODM application fee you must pay to become a Medicaid Waiver or state plan provider.)
<input type="checkbox"/> Ohio BCI Background Check	You are required to obtain a criminal record check (BCI) at time of application. The results must be sent directly to the Ohio Department of Aging at the address provided below. 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: 3701.881; ONLY.
<input type="checkbox"/> 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 results must be sent directly to the Ohio Department of Aging at the address provided below. BCI&I REASON CODE 3701.881; 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

Created 03/08/2024.