

Long Term Care Non-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
☐ 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.
☐ Registration with Ohio Secretary of State	A copy of registration certificate with the Ohio Secretary of State.
☐ W-9 Form	This form will automatically be completed and available to download for signature during the online application process.
☐ Ohio Bureau of Workers' Compensation Certificate	A copy of current certification in good standing with the Ohio Bureau of Workers' Compensation. As a sole proprietor with no employees, you are not required to have BWC insurance. Please submit written notification of your sole proprietor status.
☐ Certificate of Commercial Liability Insurance	A copy of current policy with a minimum of one million dollars in commercial liability insurance. In lieu of commercial liability insurance, a non-agency provider may have a minimum of one million dollars in professional liability insurance.
☐ 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.
☐ 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.
☐ Table of Organization	A copy of a table of organization that includes the full name of each position and indicates lines of authority.
☐ 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.

Document	Description
	You may obtain an 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 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: 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 results must be sent directly to the Ohio Department of Aging at the address provided below. 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

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