



Ohio Administrative Code

Rule 5123-2-08 Provider certification - agency providers.

Effective: January 1, 2024

(A) Purpose

This rule establishes procedures and standards for certification of agency providers of supported living services, including home and community-based services provided in accordance with section 5123.045 of the Revised Code.

(B) Definitions

For the purposes of this rule, the following definitions apply:

- (1) "Abuser registry" has the same meaning as in rule 5123-17-03 of the Administrative Code.
- (2) "Accredited college or university" means a college or university accredited by a national or regional association recognized by the secretary of the United States department of education or a foreign college or university of comparable standing.
- (3) "Agency provider" means an entity that must be certified by the department to provide supported living services in accordance with section 5123.161 of the Revised Code and this rule.
- (4) "Certificate of high school equivalence" has the same meaning as in section 3301.80 of the Revised Code and includes the equivalent of a certificate of high school equivalence described in division (C) of that section.
- (5) "County board" means a county board of developmental disabilities.
- (6) "Department" means the Ohio department of developmental disabilities.
- (7) "Direct support professional" means a person who is employed in a "direct services position" as



that term is defined in section 5123.081 of the Revised Code.

(8) "Director of operations" means a person employed by an agency provider who is responsible for, and who is directly and actively involved in, the day-to-day operations of the agency provider. For the purposes of conducting background investigations pursuant to section 5123.081 of the Revised Code and rule 5123-2-02 of the Administrative Code, "director of operations" has the same meaning as "chief executive officer."

(9) "Health-related activities" has the same meaning as in rule 5123-6-01 of the Administrative Code.

(10) "Home and community-based services" has the same meaning as in section 5123.01 of the Revised Code.

(11) "Independent provider" means a self-employed person who provides services for which the person is certified in accordance with rule 5123-2-09 of the Administrative Code and does not employ, either directly or through contract, anyone else to provide the services.

(12) "Individual" means a person with a developmental disability or for purposes of giving, refusing to give, or withdrawing consent for services, the person's guardian in accordance with section 5126.043 of the Revised Code or other person authorized to give consent.

(13) "Individual service plan" means the written description of services, supports, and activities to be provided to an individual.

(14) "Major unusual incident" has the same meaning as in rule 5123-17-02 of the Administrative Code.

(15) "Provider network management module" means a component of the Ohio medicaid enterprise system platform, maintained by the Ohio department of medicaid at its website (medicaid.ohio.gov), used by providers of services to initiate applications for certification, access the provider services management system, and submit required information and documents.



(16) "Provider services management system" means the electronic portal, maintained by the department at its website (dodd.ohio.gov), used by providers of services to apply for certification and submit required information and documents.

(17) "Related party" has the same meaning as in section 5123.16 of the Revised Code.

(18) "Service and support administrator" means a person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration as set forth in section 5126.15 of the Revised Code and who holds the appropriate certification in accordance with rule 5123-5-02 of the Administrative Code.

(19) "Specialized services" means any program or service designed and operated to serve primarily individuals with developmental disabilities, including a program or service provided by an entity licensed or certified by the department. If there is a question as to whether an entity is providing specialized services, an agency provider may request that the director of the department make a determination. The director's determination is not subject to appeal. Programs or services available to the general public are not specialized services.

(20) "Supported living" has the same meaning as in section 5126.01 of the Revised Code.

(21) "Unusual incident" has the same meaning as in rule 5123-17-02 of the Administrative Code.

(22) "Volunteer" means a person who donates time, effort, and/or talent to meet a need or advance the mission of an agency provider and who is not paid or otherwise remunerated by the agency provider. "Volunteer" does not include a family member, guardian, friend, or other associate of an individual simply interacting with that individual.

(C) General requirements for agency providers

An agency provider will:

(1) Be in good standing with the Ohio secretary of state as a for-profit corporation, nonprofit corporation, limited liability company, or limited liability partnership.



- (2) Obtain and maintain a medicaid provider agreement with the Ohio department of medicaid when the agency provider intends to provide home and community-based services.
- (3) Comply with the requirements of this rule and other standards and assurances established in Chapter 5123. of the Revised Code and rules adopted pursuant to that chapter.
- (4) At the point of application for certification and upon request by the department, provide proof of a:
 - (a) Continuing line of credit in the agency provider's name in an amount of at least ten thousand dollars; or
 - (b) Bank account in the agency provider's name with a daily balance of at least ten thousand dollars for the most recent ninety days.
- (5) At the point of application for certification and upon request by the department, provide a certificate of a continuing policy of general liability insurance in an amount of at least one million dollars which includes coverage for individuals' losses due to theft or property damage.
- (6) Provide and maintain in the provider services management system and the provider network management module, the agency provider's current physical address, telephone number, and electronic mail address.
- (7) Provide to the department via the provider services management system, within fourteen calendar days of occurrence, the name, date of birth, and social security number for any person newly acquiring a financial interest of five per cent or more in the agency provider (including a direct, indirect, security, or mortgage financial interest).
- (8) Notify the department via the provider services management system, within seven calendar days of any bankruptcy petition for which the agency provider is the subject and provide related documents to the department upon request.



(9) Participate as requested by the department in service delivery system data collection initiatives.

(D) Management of the agency provider

(1) An agency provider will have written policies and procedures that address the agency provider's management practices regarding:

(a) Person-centered planning and self-determination;

(b) Individuals' satisfaction with services delivered;

(c) Internal monitoring and evaluation procedures to improve services delivered;

(d) Supervision of staff;

(e) Training plan described in paragraph (F)(1) of this rule;

(f) Service delivery;

(g) Background investigations for employment in accordance with rule 5123-2-02 of the Administrative Code; and

(h) Volunteers (when the agency provider engages volunteers).

(2) An agency provider will demonstrate that the agency provider has an established internal compliance program to ensure compliance with requirements for:

(a) Provider certification in accordance with this rule;

(b) Background investigations and appropriate actions in accordance with rule 5123-2-02 of the Administrative Code for its director of operations, supervisors of direct support professionals, direct support professionals, and when applicable, volunteers;



(c) Service delivery, service documentation, and billing for services in accordance with Chapter 5123. of the Revised Code and rules adopted pursuant to that chapter for supported living services and the specific home and community-based services provided; and

(d) Management of individuals' funds.

(3) When an agency provider is governed by a board of directors, board members will:

(a) Ensure the fiscal integrity of the agency provider by reviewing and approving the agency provider's annual audit, if otherwise required, or annual financial statements and by monitoring the agency provider's financial status including trends and challenges;

(b) Review and evaluate all compliance review reports by the department or a county board and the agency provider's response, including the plan of correction;

(c) Monitor the effectiveness of the agency provider's internal compliance program described in paragraph (D)(2) of this rule; and

(d) Promote the delivery of high-quality services.

(E) Employment of staff

An agency provider will:

(1) In addition to employing a director of operations who meets the requirements set forth in paragraph (H) of this rule, employ at least one other person for the purpose of providing services.

(2) Comply with applicable federal, state, and local regulations, statutes, rules, codes, and ordinances pertaining to employment of staff including, but not limited to, wage and hour, workers' compensation, unemployment compensation, and withholding taxes.

(3) Be current in payment of payroll taxes, workers' compensation premiums, and unemployment compensation premiums.



(4) Conduct background investigations and take appropriate actions in accordance with rule 5123-2-02 of the Administrative Code.

(5) Annually notify in writing, each of its staff members explaining the conduct for which the staff member may be placed on the abuser registry and setting forth the requirement for each staff member who is a supervisor of direct support professionals or a direct support professional to report in writing to the agency provider, if the staff member is formally charged with, is convicted of, pleads guilty to, or is found eligible for intervention in lieu of conviction for any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code within fourteen calendar days after the date of such charge, conviction, guilty plea, or finding.

(F) Staff training documentation

An agency provider will:

(1) Develop and implement a written training plan for its director of operations, supervisors of direct support professionals, direct support professionals, and when applicable, volunteers that:

(a) Is consistent with the needs of individuals served, best practice, and the requirements set forth in appendix A and appendix C to this rule.

(b) Describes the method (e.g., written test, skills demonstration, or documented observation by supervisor) that will be used to establish competency of supervisors of direct support professionals and direct support professionals in areas of training.

(c) Is updated at least once every twelve months and identifies who is responsible for arranging or providing the training and projected timelines for completion of the training.

(2) Maintain a written record of training completed by its director of operations, supervisors of direct support professionals, direct support professionals, and volunteers that includes a description of the training completed, the date of training, the duration of training, and when applicable, the instructor's name.



(G) Standards of service provision

An agency provider will:

- (1) Provide services only to individuals whose needs the agency provider can meet.
- (2) Communicate effectively with each individual served by the agency provider.
- (3) Ensure that direct support professionals are knowledgeable in the individual service plan for each individual served prior to providing services to the individual.
- (4) Implement services in accordance with the individual service plan and in a person-centered manner.
- (5) Comply with the requirements of rule 5123-2-06 of the Administrative Code.
- (6) Take all reasonable steps necessary to prevent the occurrence or recurrence of major unusual incidents and unusual incidents.
- (7) Upon realization that the agency provider may be unable to continue to effectively provide services to an individual, immediately engage the individual and the individual's service and support administrator to consider alternative strategies for serving the individual that ensure the health and safety of the individual.
- (8) Notify, in writing, an individual and the individual's service and support administrator in the event that the agency provider intends to cease providing services to the individual no less than thirty calendar days prior to termination of services and convey documents and records to the individual's service and support administrator as requested.
- (9) Ensure that a direct support professional does not:
 - (a) Provide services to the direct support professional's minor child except as permitted pursuant to



rule 5160-44-32 of the Administrative Code;

(b) Provide services to the direct support professional's spouse except as permitted pursuant to rule 5160-44-32 of the Administrative Code;

(c) Provide services to the minor child of an owner of the agency provider;

(d) Provide services to the spouse of an owner of the agency provider;

(e) Provide services to the minor child of the director of operations;

(f) Provide services to the spouse of the director of operations;

(g) Administer medication or perform health-related activities for individuals who receive services unless the direct support professional meets the applicable requirements of Chapters 4723., 5123., and 5126. of the Revised Code and rules adopted pursuant to those chapters; or

(h) Use or be under the influence of the following while providing services:

(i) Alcohol;

(ii) Illegal drugs;

(iii) Illegal chemical substances; or

(iv) Controlled substances that may adversely affect the direct support professional's ability to furnish services.

(H) Requirements for director of operations

(1) An agency provider will employ a director of operations who:

(a) Has a valid birth certificate.



- (b) Is at least twenty-one years of age.
- (c) Has a valid social security card and a valid government-issued photo identification.
- (d) Has at least:
 - (i) One year of full-time (or equivalent part-time) paid work experience in the provision of specialized services; or
 - (ii) Four years of experience providing care to a family member (i.e., parent, child, or sibling) with a developmental disability.
- (e) Has at least one year of full-time (or equivalent part-time) paid work experience in:
 - (i) Supervision of employees;
 - (ii) Development, oversight, and/or supervision of programs or services; and
 - (iii) Financial management of an organization.
- (f) Holds either:
 - (i) A bachelor's degree from an accredited college or university; or
 - (ii) A high school diploma or certificate of high school equivalence and has at least:
 - (A) Four years of full-time (or equivalent part-time) paid work experience as a supervisor of specialized services; or
 - (B) Four years of experience providing care to a family member (i.e., parent, child, or sibling) with a developmental disability.



(g) Is able to read, write, and understand English at a level sufficient to comply with all requirements set forth in administrative rules governing the services provided by the agency provider.

(2) Prior to the agency provider's application for initial certification, the director of operations will successfully complete the training specified in appendix A to this rule.

(3) On an annual basis, the director of operations will successfully complete the training specified in appendix A to this rule.

(4) The director of operations will undergo a background investigation in accordance with rule 5123-2-02 of the Administrative Code and consent to be enrolled by the department in the Ohio attorney general's retained applicant fingerprint database (also known as "Rapback").

(5) A person may not serve as the director of operations for an agency provider if the person is:

(a) The parent of a minor child served by the agency provider; or

(b) The spouse of an individual served by the agency provider.

(I) Required actions and notifications regarding director of operations

(1) An agency provider will notify the department via the provider services management system, if the director of operations is formally charged with, is convicted of, pleads guilty to, or is found eligible for intervention in lieu of conviction for any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code within fourteen calendar days after the date of such charge, conviction, guilty plea, or finding.

(2) An agency provider will notify the department via the provider services management system, within fourteen calendar days of determining that the director of operations is or has become a related party of a person or government entity for which the department refused to issue or renew or revoked certification pursuant to section 5123.166 of the Revised Code.

(3) An agency provider will notify the department via the provider services management system,



within fourteen calendar days of determining that the director of operations has had a professional registration, certification, or license (other than a driver's license) suspended or revoked.

(4) An agency provider will update its record in the provider services management system, within fourteen calendar days when a director of operations leaves or joins the agency provider's employ.

(5) When the director of operations leaves an agency provider's employ, the agency provider will report within fourteen calendar days via the provider services management system, the agency provider's plan for identifying a new director of operations and to whom executive authority has been delegated in the interim period.

(6) A person newly appointed or employed as director of operations of an agency provider will complete the department-provided web-based orientation for directors of operations described in appendix A to this rule within thirty calendar days of appointment or hire.

(7) A director of operations will inform the department via the provider services management system, if the director of operations serves as director of operations for more than one agency provider.

(8) A director of operations will inform the department via the provider services management system, if the director of operations is or was the director of operations of an agency provider at a point in time within the last five years when the agency provider had its provider certification revoked or not renewed.

(9) A director of operations will designate in writing a staff member to whom executive authority has been delegated in the temporary absence of the director of operations.

(J) Requirements for direct support professionals

(1) An agency provider will ensure that each direct support professional:

(a) Is at least eighteen years of age.



(b) Meets one of the following:

(i) Holds a high school diploma;

(ii) Holds a certificate of high school equivalence;

(iii) On September 30, 2009, held independent provider certification issued by the department; or

(iv) On September 30, 2009, was employed by or under contract with an agency provider certified by the department.

(c) Is able to read, write, and understand English at a level sufficient to comply with all requirements set forth in administrative rules governing the services provided by the direct support professional.

(2) An agency provider will ensure that each direct support professional, except for direct support professionals exempted as specified in appendix B to this rule, holds and maintains:

(a) Valid "American Red Cross" or equivalent certification in first aid which included an in-person skills assessment completed with an approved trainer; and

(b) Valid "American Red Cross" or equivalent certification in cardiopulmonary resuscitation which included an in-person skills assessment completed with an approved trainer.

(3) An agency provider will ensure that each direct support professional, except for direct support professionals exempted as specified in appendix B to this rule, successfully completes the training specified in appendix C to this rule.

(K) Requirements for supervisory staff

An agency provider will ensure that each staff member who supervises direct support professionals:

(1) Meets the requirements set forth in paragraphs (J)(1) to (J)(3) of this rule; and



(2) Has successfully completed training regarding all relevant duties and responsibilities of being a supervisor for the agency provider within ninety calendar days of becoming a supervisor.

(L) Requirements for volunteers

(1) An agency provider may engage volunteers to provide supplementary services. An agency provider will not bill for services provided by volunteers.

(2) An agency provider will ensure that volunteers are at all times under supervision of paid supervisory staff of the agency provider.

(3) An agency provider will ensure that volunteers do not provide intimate personal care (such as dressing, showering, bathing, toileting, or changing undergarments), administer medication, or perform health-related activities.

(4) An agency provider will ensure that volunteers who provide more than forty hours of service working directly with individuals served by the agency provider during a calendar year:

(a) Receive training in:

(i) The role of a volunteer in supporting individuals served by the agency provider including the national alliance for direct support professionals code of ethics and the rights of individuals set forth in section 5123.62 of the Revised Code;

(ii) Recognizing and reporting major unusual incidents and unusual incidents; and

(iii) An overview of emergency procedures.

(b) Undergo background investigations.

(i) The background investigation for a volunteer will include:

(A) Requiring the volunteer to submit a statement to the agency provider with the volunteer's



signature attesting that the volunteer has not been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code.

(B) Requiring the volunteer to sign an agreement under which the volunteer agrees to notify the agency provider within fourteen calendar days if the volunteer is formally charged with, is convicted of, pleads guilty to, or is found eligible for intervention in lieu of conviction for any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code. The agreement will provide that failure to make the notification may result in termination of the volunteer's services.

(C) Checking each of the databases described in paragraph (C)(2) of rule 5123-2-02 of the Administrative Code to determine if the volunteer is included.

(D) Obtaining a criminal records check conducted by the Ohio bureau of criminal identification and investigation. If the volunteer does not present proof that the volunteer has been a resident of Ohio for the five-year period immediately prior to the date upon which the criminal records check is requested, the criminal records check will include information from the federal bureau of investigation.

(ii) The agency provider will, at a frequency of no less than once every five years, conduct a background investigation in accordance with paragraph (L)(4)(b)(i) of this rule for each volunteer.

(iii) The agency provider will not engage or continue to engage a volunteer who:

(A) Is included in one or more of the databases described in paragraphs (C)(2)(a) to (C)(2)(f) of rule 5123-2-02 of the Administrative Code; or

(B) Has a conviction for, pleads guilty to, or is found eligible for intervention in lieu of conviction for any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code if the corresponding exclusionary period as specified in paragraph (E) of rule 5123-2-02 of the Administrative Code has not elapsed.



(M) Procedure for obtaining initial agency provider certification

(1) An applicant for initial agency provider certification will submit an application via the provider services management system, for supported living services and the specific home and community-based services the applicant seeks to provide in accordance with procedures prescribed by the department. The application will include required signatures and supporting documentation to demonstrate that standards are met as required by this rule and rules in Chapter 5123-9 of the Administrative Code for the specific home and community-based services the applicant seeks to provide including, but not limited to:

- (a) A certificate of good standing from the Ohio secretary of state demonstrating the agency provider's status as a for-profit corporation, nonprofit corporation, limited liability company, or limited liability partnership.
- (b) Proof of an unencumbered line of credit in the agency provider's name in an amount of at least ten thousand dollars or proof of a bank account in the agency provider's name with a daily balance of at least ten thousand dollars during the past ninety days.
- (c) A certificate of general liability insurance in an amount of at least one million dollars which includes coverage for individuals' losses due to theft or property damage.
- (d) Proof that the agency provider employs a director of operations who meets the requirements set forth in this rule.
- (e) Proof that in addition to employing a director of operations, the agency provider employs at least one other person for the purpose of providing services.
- (f) An employer identification number from the internal revenue service.
- (g) A certificate of policy from the Ohio bureau of workers' compensation.
- (h) The name, country of birth, date of birth, and social security number for any person having a financial interest of five per cent or more in the agency provider (including a direct, indirect,



security, or mortgage financial interest).

(i) Written policies and procedures that address the agency provider's management practices regarding:

(i) Confidentiality of individuals' records;

(ii) Management of individuals' funds;

(iii) Reporting and investigation of major unusual incidents and unusual incidents; and

(iv) Documentation and billing for services.

(j) The application fee specified in paragraph (Q) of this rule except when, based on the specific home and community-based services to be provided, the applicant is exempted from paying an application fee in accordance with appendix D to this rule.

(k) The criminal records check by the Ohio bureau of criminal identification and investigation, and when applicable by the federal bureau of investigation, for the director of operations.

(2) The department will review an application within thirty calendar days of receipt of all required components to determine if the applicant meets the standards for the requested certification.

(a) If the department determines an applicant seeking to provide home and community-based services meets the standards for the requested certification, the department will initiate the process for the applicant to obtain a medicaid provider agreement from the Ohio department of medicaid. The applicant may be subject to an on-site visit by the Ohio department of medicaid or its designee in accordance with rule 5160-1-17.8 of the Administrative Code; successful completion of the on-site visit is required prior to issuance of the medicaid provider agreement by the Ohio department of medicaid and certification issued by the department.

(b) If, upon review of the application, the department determines that supporting documentation does not demonstrate that the applicant meets the standards for the requested certification, the department



will notify the applicant by electronic mail and advise that the applicant has thirty calendar days to submit components needed to demonstrate that the applicant meets the standards for the requested certification.

(i) When the department receives components needed to demonstrate that the applicant meets the standards for the requested certification within the specified thirty calendar days, the application will be advanced for processing.

(ii) When an applicant fails to submit components needed to demonstrate that the applicant meets the standards for the requested certification within the specified thirty calendar days, the department will take no further action with respect to the application.

(3) When the department has determined the applicant meets the standards for the requested certification and, when applicable, after the Ohio department of medicaid has issued a medicaid provider agreement to an applicant seeking to provide home and community-based services, the department will notify the applicant by electronic mail that certification is approved. The notification will specify the effective date and expiration date of the certification and the specific services for which the applicant is certified.

(4) The department's review of an application may extend beyond thirty calendar days when:

(a) One or more of the submitted documents requires verification; or

(b) The director of operations:

(i) Has a conviction or notation on the criminal records check by the Ohio bureau of criminal identification and investigation or the federal bureau of investigation;

(ii) Is included in one or more of the databases described in paragraph (C)(2) of rule 5123-2-02 of the Administrative Code;

(iii) Is the primary person involved in a major unusual incident;



- (iv) Is under consideration for placement on the abuser registry; or
 - (v) Is a related party to an agency provider or an independent provider whose certification has been suspended or revoked or is proposed for revocation.
- (5) When the department determines an applicant does not meet the standards for the requested certification, the department will notify the applicant in accordance with paragraph (S)(3) of this rule that the certification is denied. The notification will specify the reason for denial.
- (N) Procedure for obtaining certification to provide additional home and community-based services during the term of existing department-issued certification
- (1) A certified agency provider seeking to provide additional home and community-based services will submit an application via the provider services management system, for the additional home and community-based services the agency provider seeks to provide including:
- (a) Required signatures and supporting documentation to demonstrate that standards are met as required by this rule and rules in Chapter 5123-9 of the Administrative Code for the specific home and community-based services the applicant seeks to provide.
 - (b) The application fee specified in paragraph (Q) of this rule except when, based on the specific home and community-based services to be provided, the applicant is exempted from paying an application fee in accordance with appendix D to this rule.
- (2) The department will review an application within thirty calendar days of receipt of all required components to determine if the applicant meets the standards for the requested certification. If, upon review of the application, the department determines that supporting documentation does not demonstrate that the applicant meets the standards for the requested certification, the department will notify the applicant by electronic mail and advise that the applicant has thirty calendar days to submit components needed to demonstrate that the applicant meets the standards for the requested certification.
- (a) When the department receives components needed to demonstrate that the applicant meets the



standards for the requested certification within the specified thirty calendar days, the application will be advanced for processing.

(b) When an applicant fails to submit components needed to demonstrate that the applicant meets the standards for the requested certification within the specified thirty calendar days, the department will take no further action with respect to the application.

(3) When the department determines the applicant meets the standards for the requested certification, the department will notify the applicant by electronic mail that certification is approved. The notification will specify the effective date and expiration date of the certification and the specific services for which the applicant is certified.

(4) When the department determines the applicant does not meet the standards for the requested certification, the department will notify the applicant in accordance with paragraph (S)(3) of this rule that the certification is denied. The notification will specify the reason for denial.

(O) Procedure for obtaining renewal agency provider certification

(1) The department will notify an agency provider by electronic mail to the address in the provider services management system, of required certification renewal no later than ninety calendar days prior to the date the agency provider's certification expires. The notification will describe the procedures for submitting the certification renewal application in accordance with this rule.

(2) The agency provider will submit the certification renewal application via the provider services management system including:

(a) Required signatures and supporting documentation to demonstrate that standards are met as required by this rule and rules in Chapter 5123-9 of the Administrative Code for the specific home and community-based services the applicant seeks to provide;

(b) The application fee specified in paragraph (Q) of this rule except when, based on the specific home and community-based services to be provided, the applicant is exempted from paying an application fee in accordance with appendix D to this rule; and



(c) The criminal records check by the Ohio bureau of criminal identification and investigation, and when applicable by the federal bureau of investigation, for the director of operations, unless the director of operations has been enrolled without interruption in the Ohio attorney general's retained applicant fingerprint database (also known as "Rapback") for the entire previous certification term and has been a resident of Ohio without interruption for the past five years.

(3) The department will review an application within thirty calendar days of receipt of all required components to determine if the applicant meets the standards for the requested certification.

(a) If the department determines an applicant meets the standards for the requested certification, the department will notify the applicant by electronic mail that certification is approved. The notification will specify the effective date and expiration date of the certification and the specific services for which the applicant is certified.

(b) If, upon review of the application, the department determines that supporting documentation does not demonstrate that the applicant meets the standards for the requested certification, the department will notify the applicant by electronic mail and advise that the applicant has thirty calendar days to submit components needed to demonstrate that the applicant meets the standards for the requested certification.

(i) When the department receives components needed to demonstrate that the applicant meets the standards for the requested certification within the specified thirty calendar days, the application will be advanced for processing.

(ii) When an applicant fails to submit components needed to demonstrate that the applicant meets the standards for the requested certification within the specified thirty calendar days, the department will take no further action with respect to the application.

(4) The department's review of an application may extend beyond thirty calendar days when:

(a) One or more of the submitted documents requires verification; or



(b) The director of operations:

(i) Has a conviction or notation on the criminal records check by the Ohio bureau of criminal identification and investigation or the federal bureau of investigation;

(ii) Is included in one or more of the databases described in paragraph (C)(2) of rule 5123-2-02 of the Administrative Code;

(iii) Is the primary person involved in a major unusual incident;

(iv) Is under consideration for placement on the abuser registry; or

(v) Is a related party to an agency provider or an independent provider whose certification has been suspended or revoked or is proposed for revocation.

(5) When the department determines an applicant does not meet the standards for the requested certification, the department will notify the applicant in accordance with paragraph (S)(3) of this rule that the certification is denied. The notification will specify the reason for denial.

(6) When an agency provider submits an application for renewal certification prior to certification expiration that demonstrates the applicant meets the standards for the requested renewal certification, the agency provider's certification will be renewed without lapse.

(7) When an agency provider submits an application for renewal certification fewer than forty-five calendar days in advance of certification expiration that demonstrates the applicant meets the standards for the requested renewal certification, the agency provider may experience a gap in its ability to bill for services provided between the date of certification expiration and the date the renewal certification is approved. Once the renewal certification is approved, however, the agency provider may bill for services provided during that period.

(8) When an agency provider submits an application for renewal certification after certification expiration, there will be a lapse of certification from the date of certification expiration to the date the department receives an application for renewal certification that demonstrates the applicant meets



the standards for the requested renewal certification. The agency provider will not provide services nor be reimbursed for provision of services during the lapse.

(9) An agency provider will not provide services nor submit claims for reimbursement for services provided subsequent to expiration of the agency provider's certification.

(P) Application for certification subsequent to expiration

(1) An applicant whose certification has been expired for less than one year will be required to apply for and meet the requirements for renewal certification.

(2) An applicant whose certification has been expired for one year or more will be required to apply for and meet the requirements for initial certification.

(Q) Application fees

(1) Applicants seeking certification to provide services, other than those exempted in accordance with appendix D to this rule, will submit an application fee at the time of application for initial certification, application for certification to provide additional home and community-based services during the term of existing department-issued certification, and application for renewal certification.

(a) Application fees for initial certification and renewal certification

(i) The application fee for a small agency provider (i.e., one that serves or plans to serve fifty or fewer individuals) seeking initial certification or renewal certification is eight hundred dollars.

(ii) The application fee for a large agency provider (i.e., one that serves or plans to serve fifty-one or more individuals) seeking initial certification or renewal certification is one thousand six hundred dollars.

(b) Application fees for certification to provide additional home and community-based services during the term of existing department-issued certification



(i) The application fee for a small agency provider (i.e., one that serves or plans to serve fifty or fewer individuals) seeking certification to provide additional home and community-based services is seventy-five dollars.

(ii) The application fee for a large agency provider (i.e., one that serves or plans to serve fifty-one or more individuals) seeking certification to provide additional home and community-based services is one hundred fifty dollars.

(2) Applicants will pay application fees by electronic check or credit card.

(3) Application fees are non-refundable.

(4) The department will invalidate a certification issued to an applicant whose application fees cannot be collected due to non-sufficient funds available or for any other reason. An agency provider whose certification is invalidated in accordance with this paragraph will be required to initiate and submit an entirely new application via the provider network management system.

(R) Certification terms

(1) Initial certification will be issued for a term of three years.

(2) Renewal certification will be issued for a term of three years.

(3) Certification to provide additional home and community-based services will be issued for the remainder of the term of the applicant's existing certification.

(S) Denial, suspension, or revocation of certification

(1) Agency providers are subject to monitoring and compliance reviews as set forth in rules promulgated by the department. Failure to comply with this rule or other rules governing services provided by the agency provider may result in corrective action by the department, up to and including suspension, summary suspension, denial, or revocation of certification.



(2) The department may deny, suspend, or revoke an agency provider's certification for good cause pursuant to section 5123.166 of the Revised Code.

(3) When denying, suspending, or revoking certification pursuant to this rule, the department will comply with the notice and hearing requirements of Chapter 119. of the Revised Code and section 5123.166 of the Revised Code.

(4) When the department denies an application for renewal certification, the agency provider will comply with the department's adjudication order within thirty calendar days of the date of the mailing of the order.

(T) Department's authority to waive provisions of this rule

(1) For good cause, the department may waive a provision of this rule. The department's decision to waive a provision of this rule will not be contrary to the rights, health, or safety of individuals served.

(2) An agency provider or applicant for agency provider certification may initiate a request for the department to waive a provision of this rule by submitting the request with justification in writing.

(a) The department may ask for input regarding the request from individuals served, individuals' guardians, or county boards.

(b) The department will grant or deny a request within fourteen calendar days of receipt of the request or within such longer period of time as the department deems necessary and may put whatever conditions on approval as determined to be necessary.

(c) The department's decision regarding a request to waive a provision of this rule is not subject to appeal.