

MANAGED CARE ENTITY (MCE)–SERVICES PROVIDED–ATTACHMENT C

| | |
|---------------|----------|
| Provider Name | MCE Name |
| Tax ID Number | NPI |
| Medicaid ID | |

Complete this form when the provider is not contracted to render all ODM-enrolled specialties. All contracted specialties must be included with the provider's ODM enrollment.

Provider agrees to provide services as enumerated below**Hospital Services (Provider Types 01 And 02)**

| | | |
|---|--|--|
| <input type="checkbox"/> General Hospital | <input type="checkbox"/> Distinct Part Psychiatric Unit | <input type="checkbox"/> Cancer Hospital |
| <input type="checkbox"/> IMD ¹ | <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Non-IMD |
| <input type="checkbox"/> Critical Access Hospital | <input type="checkbox"/> Major Teaching Hospital | <input type="checkbox"/> LTACH (Long Term Care Acute Hospital) |
| <input type="checkbox"/> Ground Ambulance | <input type="checkbox"/> Rehabilitation Hospital | <input type="checkbox"/> Wheelchair Van |
| <input type="checkbox"/> Orthotics and Prosthetics | <input type="checkbox"/> Ambulance Services | <input type="checkbox"/> DME ² Supplier |
| <input type="checkbox"/> Water Ambulance | <input type="checkbox"/> ORCB ³ Licensed DME Supplier | <input type="checkbox"/> Rotary-Wing Air Ambulance |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Fixed-Wing Air Ambulance | <input type="checkbox"/> Intensive Home Based Treatment (IHBT) |
| <input type="checkbox"/> Mobile Response and Stabilization Services | <input type="checkbox"/> OhioRise Care Management Entity | <input type="checkbox"/> CANS ⁴ Assessor |
| <input type="checkbox"/> OhioRISE | | |

Rural Health Clinics (RHC) Services and Federally Qualified Health Center (FQHC) (Provider Types 05 And 12)

| | | |
|--|--|---|
| <input type="checkbox"/> RHC Medical and Behavioral Health | <input type="checkbox"/> FQHC Medical | <input type="checkbox"/> RHC Transportation |
| <input type="checkbox"/> FQHC Dental | <input type="checkbox"/> FQHC Speech Therapy and Audiology | <input type="checkbox"/> FQHC Podiatry |
| <input type="checkbox"/> FQHC Physical Therapy and/or Occupational Therapy | <input type="checkbox"/> FQHC Vision | <input type="checkbox"/> FQHC Behavioral Health |
| <input type="checkbox"/> FQHC Transportation | <input type="checkbox"/> FQHC Chiropractic | |

Registered Dietician Nutritionist (Provider Type 07)

| | |
|--|--|
| <input type="checkbox"/> All Specialties | <input type="checkbox"/> Registered Dietician Nutritionist |
|--|--|

Optometrist/Ocularist/Optician and Eyeglass Services (Provider Types 15, 35, 75)

| | | | |
|--|------------------------------------|---|--|
| <input type="checkbox"/> Eyeglass Lab Services | <input type="checkbox"/> Optometry | <input type="checkbox"/> Solo Practice Optician | <input type="checkbox"/> Optical Company |
|--|------------------------------------|---|--|

¹ Institution for Mental Disease (IMD)² Durable Medical Equipment (DME)³ Ohio Respiratory Care Board (ORCB)⁴ Child and Adolescent Needs and Strengths (CANS)

Other Accredited Home Health Agency (*Provider Type 16*)

| | | |
|--|---|--|
| <input type="checkbox"/> Other Accredited Home Health Agency | <input type="checkbox"/> Community Integration | <input type="checkbox"/> ODM Otherwise Accredited Home Health Agency |
| <input type="checkbox"/> Community Transition | <input type="checkbox"/> ODM Waiver | <input type="checkbox"/> ODA Waiver |
| <input type="checkbox"/> ODM Waiver Adult Day Health Center | <input type="checkbox"/> HCBS ⁵ Assisted Living | <input type="checkbox"/> ODM Waiver Adaptive/Assistive Devices |
| <input type="checkbox"/> DODD Waiver | <input type="checkbox"/> ODM Waiver Home Delivered Meals | <input type="checkbox"/> Home Maintenance/Chore |
| <input type="checkbox"/> ODM Waiver Out-Of-Home Respite | <input type="checkbox"/> Specialized Medical Equipment, Supplies and Device | <input type="checkbox"/> ODM Waiver Emergency Response Services |
| <input type="checkbox"/> Vehicle Modifications | <input type="checkbox"/> Choices - HCAS ⁶ Travel | <input type="checkbox"/> PASSPORT ⁷ - Enhanced Community Living |
| <input type="checkbox"/> Choices - HCAS | <input type="checkbox"/> PASSPORT–Homemaker | <input type="checkbox"/> Help Me Grow |

Managed Care Organization Only (*Provider Type 19*)

| | |
|--|-----------------------------------|
| <input type="checkbox"/> MCO Provider Only (<i>Managed Care Organization</i>) Provider | <input type="checkbox"/> OhioRISE |
|--|-----------------------------------|

Physician/Osteopath (*Provider Type 20*)

| | | | |
|---|--|--|---|
| <input type="checkbox"/> General Practice | <input type="checkbox"/> All Specialties | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Physician/Osteopath Individual | <input type="checkbox"/> Family Practice | <input type="checkbox"/> General Preventive Medicine | <input type="checkbox"/> Internal Medicine |
| <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Addiction Psychiatry | <input type="checkbox"/> Addiction Medicine | <input type="checkbox"/> Child & Adolescent Psychiatry |
| <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Obstetrics & Gynecology | <input type="checkbox"/> Gynecological Oncology | <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Neonatal-Perinatal Medicine |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Radiation Oncology | <input type="checkbox"/> Surgical Oncology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Dermatopathology (<i>Pathology</i>) | <input type="checkbox"/> Dermatologic Surgery | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Maxillofacial Surgery | <input type="checkbox"/> Thoracic Surgery | <input type="checkbox"/> Transplant Surgery |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Cardiovascular Surgery | <input type="checkbox"/> Cardiothoracic Surgery |
| <input type="checkbox"/> Hematology/Oncology | <input type="checkbox"/> Hematology | <input type="checkbox"/> Pulmonary Disease | <input type="checkbox"/> Clinical Cardiac Electrophysiology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Colon & Rectal Surgery | <input type="checkbox"/> Urology | <input type="checkbox"/> Pediatric Urology |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Neuroradiology | <input type="checkbox"/> Neurological Surgery | <input type="checkbox"/> Child Neurology |
| <input type="checkbox"/> Sports Medicine (<i>Family Practice</i>) | <input type="checkbox"/> Physical Medicine & Rehabilitation | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Pediatric Surgery |
| <input type="checkbox"/> Allergy & Immunology | <input type="checkbox"/> Allergy | <input type="checkbox"/> Immunology | <input type="checkbox"/> Pain Medicine |

⁵ Home and Community Based Services (HCBS)

⁶ Choices Home Care Attendant Services (HCAS)

⁷ Preadmission screening system providing options and resources today (PASSPORT)

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Geriatric | <input type="checkbox"/> Palliative Medicine | <input type="checkbox"/> Vascular Surgery | <input type="checkbox"/> Vascular & Interventional |
| <input type="checkbox"/> Plastic Surgery | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Dual Licensed Dentist and Licensed MD/DO |
| <input type="checkbox"/> Trauma Surgery | <input type="checkbox"/> Adult Reconstructive Orthopedics | <input type="checkbox"/> Facial Plastic Surgery | <input type="checkbox"/> Emergency Medicine |
| <input type="checkbox"/> Orthotics and Prosthetics | <input type="checkbox"/> Critical Care Med. (Internal Med.) | <input type="checkbox"/> Surgical Critical Care (Surgery) | <input type="checkbox"/> Pediatric Critical Care Medicine |
| <input type="checkbox"/> Radiology | <input type="checkbox"/> ORCB Licensed DME Supplier | <input type="checkbox"/> Critical Care Med. (Anesthesiology) | <input type="checkbox"/> Critical Care Med. (Neurological/Sur.) |
| <input type="checkbox"/> Anatomic Pathology | <input type="checkbox"/> Diagnostic Radiology | <input type="checkbox"/> DME ⁸ Supplier | <input type="checkbox"/> Unspecified |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anatomic/Clinical Pathology | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Pediatric Radiology |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Endocrinology/ Diabetes & Metabolism | <input type="checkbox"/> Hepatology | <input type="checkbox"/> Clinical Pathology |
| <input type="checkbox"/> Cytopathology | <input type="checkbox"/> CANS Assessor | <input type="checkbox"/> OhioRISE | |

Physician Assistant (Provider Type 24)

| | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> CANS Assessor | <input type="checkbox"/> OhioRISE |
|--|--|-----------------------------------|

Professional Medical Group (Provider Type 21)

| | | | | |
|---|---------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Professional Medical Group | <input type="checkbox"/> Help Me Grow | <input type="checkbox"/> OhioRISE Care Management Entity | <input type="checkbox"/> CANS Assessor | <input type="checkbox"/> OhioRISE |
|---|---------------------------------------|--|--|-----------------------------------|

CPC⁹ Entity (Provider Type 99)

| | |
|---|---|
| <input type="checkbox"/> CPC -- Single Practice | <input type="checkbox"/> CPC - Practice Partnership |
|---|---|

Clinical Nurse Specialist (Provider Type 65)

| | | |
|--|---|---|
| <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Pre-Natal Postpartum Nurse Home Visitor | <input type="checkbox"/> Geriatric | <input type="checkbox"/> Adult Health |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Palliative Care | <input type="checkbox"/> RN- Private Duty Nursing |
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> PDN ¹⁰ /ODM Waiver Registered Nurse | <input type="checkbox"/> Community Transition |
| <input type="checkbox"/> DME Supplier | <input type="checkbox"/> HCBS Assisted Living | <input type="checkbox"/> ORCB Licensed DME Supplier |
| <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> Orthotics and Prosthetics | <input type="checkbox"/> DODD Waiver |
| <input type="checkbox"/> CANS Assessor | <input type="checkbox"/> OhioRISE | |

⁸ Durable Medical Equipment (DME)

⁹ Comprehensive Primary Care (CPC)

¹⁰ Private Duty Nurse (PDN)

ODM 10234 (Rev.8/2021)

Nurse Midwife (Provider Type 71)

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Nurse Midwife | <input type="checkbox"/> Pre-Natal Postpartum Nurse Home Visitor | <input type="checkbox"/> RN- Private Duty Nursing | <input type="checkbox"/> Community Transition |
| <input type="checkbox"/> DME Supplier | <input type="checkbox"/> PDN/ODM Waiver Registered Nurse | <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> DODD Waiver |
| <input type="checkbox"/> HCBS Assisted Living | | | |

Nurse Practitioner (Provider Type 72)

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Family Practice | <input type="checkbox"/> Pre-Natal Postpartum Nurse Home Visitor | <input type="checkbox"/> Obstetrics & Gynecology |
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Neonatal-Perinatal Medicine | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Pediatric | <input type="checkbox"/> Geriatric | <input type="checkbox"/> Cardiology | <input type="checkbox"/> Gynecological Oncology |
| <input type="checkbox"/> DME Supplier | <input type="checkbox"/> RN- Private Duty Nursing | <input type="checkbox"/> Adult Health | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> ORCB Licensed DME Supplier | <input type="checkbox"/> PDN/ODM Waiver Registered Nurse | <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> DODD Waiver |
| <input type="checkbox"/> Orthotics and Prosthetics | <input type="checkbox"/> Community Transition | <input type="checkbox"/> HCBS Assisted Living | <input type="checkbox"/> CANS Assessor |
| <input type="checkbox"/> OhioRISE | | | |

Certified Registered Nurse Anesthetist (CRNA) (Provider Type 73)

| | |
|--|---------------------------------------|
| <input type="checkbox"/> Anesthesia CRNA | <input type="checkbox"/> DME Supplier |
|--|---------------------------------------|

Pharmacy (Provider Type 70)

| | | |
|--|--|---|
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> ODM Waiver Adaptive/Assistive Devices | <input type="checkbox"/> LTC Pharmacy |
| <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> Orthotics and Prosthetics | <input type="checkbox"/> Specialized Medical Equipment, Supplies and Device |
| <input type="checkbox"/> DME Supplier | <input type="checkbox"/> DODD Waiver | <input type="checkbox"/> ORCB Licensed DME Supplier |
| <input type="checkbox"/> PASSPORT - HME-Equip Repair | <input type="checkbox"/> PASSPORT - HME Nut Supplement & Sup | <input type="checkbox"/> PASSPORT - HME-Hygiene & Disp |
| <input type="checkbox"/> PASSPORT - HME-AMB | <input type="checkbox"/> PASSPORT - HME-Non-AMB | |

Non-Agency Personal Care Aide (Provider Type 25)

| | | | |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> ODM Waiver Non-Agency Personal Care Aide | <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> ODM Waiver | <input type="checkbox"/> HCBS Assisted Living |
| <input type="checkbox"/> Community Transition | <input type="checkbox"/> DODD Waiver | <input type="checkbox"/> Home Maintenance /Chore | <input type="checkbox"/> OhioRISE |

Non-Agency Home Care Attendant (Provider Type 26)

| | | |
|--|---|---|
| <input type="checkbox"/> ODM Waiver Non-Agency Home Care Attendant | <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> Community Transition |
| <input type="checkbox"/> HCBS Assisted Living | <input type="checkbox"/> Home Maintenance/Chore | <input type="checkbox"/> DODD Waiver |

Waivered Services Individual (Provider Type 55)

| | | |
|---|--|---|
| <input type="checkbox"/> ODM Waiver | <input type="checkbox"/> DODD Waiver | <input type="checkbox"/> ODM Waiver Supplemental Transportation |
| <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> ODM Waiver Adaptive/Assistive Devices | <input type="checkbox"/> HCBS Assisted Living |
| <input type="checkbox"/> ODM Waiver Home Modifications | <input type="checkbox"/> Home Maintenance/Chore | <input type="checkbox"/> ODM Waiver Home Delivered Meals |
| <input type="checkbox"/> Specialized Medical Equipment, Supplies and Device | <input type="checkbox"/> Community Transition | <input type="checkbox"/> Vehicle Modifications |
| <input type="checkbox"/> Choices - HCAS Travel | <input type="checkbox"/> Choices - HCAS | <input type="checkbox"/> OhioRISE |

Non-Agency Nurse Rn Or LPN (Provider Type 38)

| | | |
|---|--|--|
| <input type="checkbox"/> RN- Private Duty Nursing | <input type="checkbox"/> Pre-Natal Postpartum Nurse Home Visitor | <input type="checkbox"/> PDN/ODM Waiver Registered Nurse |
| <input type="checkbox"/> ODM Waiver Non-Agency Personal Care Aide | <input type="checkbox"/> LPN - Private Duty Nursing | <input type="checkbox"/> Community Transition |
| <input type="checkbox"/> PDN/ODM Waiver Licensed Practical Nurse | <input type="checkbox"/> DODD Waiver | <input type="checkbox"/> Behavioral Health Rn |
| <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> Behavioral Health LPN | <input type="checkbox"/> HCBS Assisted Living |
| <input type="checkbox"/> CANS Assessor | | |

Chiropractor (Provider Type 27)

| | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Chiropractic Services | <input type="checkbox"/> Mechanotherapy | <input type="checkbox"/> Chiro-Mechanotherapy | <input type="checkbox"/> Acupuncture |
|--|---|---|--------------------------------------|

Medicaid School Program (Provider Type 28)

| | |
|--|---------------------------------------|
| <input type="checkbox"/> Medicaid School Program | <input type="checkbox"/> Help Me Grow |
|--|---------------------------------------|

Dental Services (Provider Type 30, 31)

| | | |
|--|--|---|
| <input type="checkbox"/> General Dentistry | <input type="checkbox"/> Periodontics | <input type="checkbox"/> Endodontics |
| <input type="checkbox"/> Prosthodontics | <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Orthodontics |
| <input type="checkbox"/> Selective Pathology | <input type="checkbox"/> Pediatric Dentistry | <input type="checkbox"/> Dual Licensed Dentist and Licensed MD/DO |
| <input type="checkbox"/> Other | | |

Podiatry (Provider Type 36)

| | | |
|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Podiatry | <input type="checkbox"/> Orthotics and Prosthetics | <input type="checkbox"/> DME Supplier |
|-----------------------------------|--|---------------------------------------|

Physical Therapy (Provider Type 39)

| | |
|---|--|
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Medicare Exempt |
|---|--|

Speech Therapy (Provider Type 40)

| | |
|--|--|
| <input type="checkbox"/> Speech Language Pathology/Therapy | <input type="checkbox"/> Medicare Exempt |
|--|--|

Occupational Therapy (Provider Type 41)

| | |
|---|--|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Medicare Exempt |
|---|--|

Audiology (Provider Type 43)

| | |
|------------------------------------|--|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Medicare Exempt |
|------------------------------------|--|

Waivered Services Organization (Provider Type 45)

| | | |
|--|---|---|
| <input type="checkbox"/> Help Me Grow | <input type="checkbox"/> Community Transition | <input type="checkbox"/> ODM Waiver |
| <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> ODM Waiver Supplemental Transportation | <input type="checkbox"/> ODM Waiver Adult Day Health Center |
| <input type="checkbox"/> DODD Waiver | <input type="checkbox"/> ODM Waiver Adaptive/Assistive Devices | <input type="checkbox"/> DODD Financial Management Service |
| <input type="checkbox"/> ODM Waiver Home Modifications | <input type="checkbox"/> HCBS Assisted Living | <input type="checkbox"/> ODM Waiver Home Delivered Meals |
| <input type="checkbox"/> Recovery Mgmt Services Vendor | <input type="checkbox"/> ODM Waiver Out-Of-Home Respite | <input type="checkbox"/> Home Maintenance/Chore |
| <input type="checkbox"/> ODM Waiver Emergency Response Services | <input type="checkbox"/> Specialized Medical Equipment, Supplies and Device | <input type="checkbox"/> Community Integration |
| <input type="checkbox"/> Vehicle Modifications | <input type="checkbox"/> OhioRISE Care Management Entity | <input type="checkbox"/> OhioRISE |
| <input type="checkbox"/> OhioRISE Waiver Out of Home Respite | <input type="checkbox"/> OhioRISE FMS | <input type="checkbox"/> Choices - HCAS Travel |
| <input type="checkbox"/> PASSPORT – Alternative Meals | <input type="checkbox"/> Choices - HCAS | <input type="checkbox"/> PASSPORT - Enhanced Community Living |
| <input type="checkbox"/> PASSPORT - HME ¹¹ Nut Supplement & Sup | <input type="checkbox"/> PASSPORT - HME-Equip Repair | <input type="checkbox"/> PASSPORT - HME-AMB ¹² |
| <input type="checkbox"/> PASSPORT - HME-Hygiene & Disp | <input type="checkbox"/> PASSPORT - HME-Non-Am ¹³ | <input type="checkbox"/> PASSPORT – Homemaker |
| <input type="checkbox"/> PASSPORT - Nutritional Consultation Svs | <input type="checkbox"/> PASSPORT - Social Work Counseling | CANS Assessor |

Home and Community Based ODA Assisted Living (Provider Type 74)

| | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Community Transition | <input type="checkbox"/> HCBS Assisted Living | <input type="checkbox"/> ODA Waiver |
|---|---|-------------------------------------|

¹¹ Home medical equipment and supplies (HME)

¹² Home medical equipment and supplies ambulatory (HME-AMB)

¹³ Home medical equipment and supplies non-ambulatory (HME-Non-AMB)

Medicare Certified Home Health Agency (*Provider Type 60*)

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Medicare Certified Home Health Agency | <input type="checkbox"/> ODM Medicare Certified Home Health Agency | <input type="checkbox"/> ODM Waiver | <input type="checkbox"/> Help Me Grow |
| <input type="checkbox"/> ODM Waiver Adult Day Health Center | <input type="checkbox"/> Vehicle Modifications | <input type="checkbox"/> ODM Waiver Adaptive / Assistive Devices | <input type="checkbox"/> ODM Waiver Emergency Response Services |
| <input type="checkbox"/> Community Transition | <input type="checkbox"/> Home Maintenance / Chore | <input type="checkbox"/> Community Integration | <input type="checkbox"/> Specialized Medical Equipment, Supplies & Device |
| <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> DODD Waiver | <input type="checkbox"/> PASSPORT - HME Nut Supplement & Sup | <input type="checkbox"/> PASSPORT – Alternative Meals |
| <input type="checkbox"/> PASSPORT - HME-AMB | <input type="checkbox"/> PASSPORT - Enhanced Community Living | <input type="checkbox"/> PASSPORT-HME-Non-Am | <input type="checkbox"/> PASSPORT - HME-Equip Repair |
| <input type="checkbox"/> PASSPORT - Nutritional Consultation Svs | <input type="checkbox"/> PASSPORT - HME-Hygiene & Disp | <input type="checkbox"/> PASSPORT - Social Work Counseling | <input type="checkbox"/> PASSPORT–Homemaker |

Clinic (*Provider Type 50*)

| | | |
|---|---|---|
| <input type="checkbox"/> Help Me Grow | <input type="checkbox"/> Family Planning Clinic | <input type="checkbox"/> General Dentistry |
| <input type="checkbox"/> ODM Waiver Home Delivered Meals | <input type="checkbox"/> Language/Audiology Clinics | <input type="checkbox"/> Professional Optometry School Clinic |
| <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> DODD Waiver | <input type="checkbox"/> Professional Dental School Clinic |
| <input type="checkbox"/> Diagnostic Imaging Clinic | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Primary Care Clinic |
| <input type="checkbox"/> DME Supplier | <input type="checkbox"/> Public Health Department Clinic | <input type="checkbox"/> Orthotics and Prosthetics |
| <input type="checkbox"/> Outpatient Rehabilitation Clinic | <input type="checkbox"/> Specialized Medical Equipment, Supplies and Device | <input type="checkbox"/> CANS Assessor |
| <input type="checkbox"/> OhioRISE Care Management Entity | <input type="checkbox"/> OhioRISE | |

Durable Medical Equipment Supplier (*Provider Type 76*)

| | | |
|---|---|--|
| <input type="checkbox"/> ODM Waiver Adaptive/Assistive Devices | <input type="checkbox"/> DME Supplier | <input type="checkbox"/> ODM Waiver Home Modifications |
| <input type="checkbox"/> ODM Waiver Emergency Response Services | <input type="checkbox"/> ORCB Licensed DME Supplier | <input type="checkbox"/> Orthotics and Prosthetics |
| <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> Specialized Medical Equipment, Supplies and Device | <input type="checkbox"/> DODD Waiver |
| <input type="checkbox"/> Vehicle Modifications | <input type="checkbox"/> PASSPORT - HME Nut Supplement & Sup | <input type="checkbox"/> PASSPORT - HME-Equip Repair |
| <input type="checkbox"/> PASSPORT - HME-AMB | <input type="checkbox"/> PASSPORT - HME-Non-AMB | <input type="checkbox"/> PASSPORT - HME-Hygiene & Disp |

Independent Diagnostic Testing Facility (*Provider Type 79*)

| | | |
|---|--|---|
| <input type="checkbox"/> Independent Diagnostic Testing Facility (IDTF) | <input type="checkbox"/> Freestanding Radiation Treatment Center | <input type="checkbox"/> Mammography Supplier |
|---|--|---|

Transportation Services (Provider Types 82, 83)

| | | | |
|---|---|--|--|
| <input type="checkbox"/> ODM Waiver Supplemental Transportation | <input type="checkbox"/> ODM Waiver Supplemental Transportation | <input type="checkbox"/> Wheelchair Van | <input type="checkbox"/> Water Ambulance |
| <input type="checkbox"/> Ambulance Services | <input type="checkbox"/> Wheelchair Van | <input type="checkbox"/> Ground Ambulance | <input type="checkbox"/> ODA Waiver |
| <input type="checkbox"/> Fixed-Wing Air Ambulance | <input type="checkbox"/> DODD Waiver | <input type="checkbox"/> Rotary-Wing Air Ambulance | |

DODD Targeted Case Management (Provider Type 85)

| | |
|---------------------------------------|--|
| <input type="checkbox"/> Help Me Grow | <input type="checkbox"/> MRDD ¹⁴ Targeted Case Management |
|---------------------------------------|--|

Nursing Facility (Provider Type 86)

| | | |
|--|--|--|
| <input type="checkbox"/> Dual Certified Skilled Nursing Facility | <input type="checkbox"/> Dual Certified Religious Non-Medical Health Care | <input type="checkbox"/> Dual Certified Pediatric Nursing Facility Outlier |
| <input type="checkbox"/> Dual Certified Nursing Facility Acquired Brain In | <input type="checkbox"/> NF ¹⁵ Vent Dependent 1 | <input type="checkbox"/> NF Vent Dependent 2 |
| <input type="checkbox"/> NF Vent Weaning 1 | <input type="checkbox"/> NF Vent Weaning 2 | <input type="checkbox"/> NF Alternative Rehab |
| <input type="checkbox"/> Medicaid Only Nursing Facility | <input type="checkbox"/> Medicaid Only Religious Non-Medical Healthcare In | <input type="checkbox"/> HCIC-I |
| <input type="checkbox"/> HCIC-Q ¹⁶ | <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> ODM Waiver Out-Of-Home Respite |

State Operated ICFMR¹⁷ (Provider Type 88)

| | | |
|---|---|--|
| <input type="checkbox"/> ODM Waiver Out-Of-Home Respite | <input type="checkbox"/> State Operated ICF-MR Developmental Center | <input type="checkbox"/> State Operated ICF-MR |
| <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> DODD Waiver | |

Non-State Operated ICFMR (Provider Type 89)

| | | | |
|---|--|--|--|
| <input type="checkbox"/> ODM Waiver Out-Of-Home Respite | <input type="checkbox"/> Privately Operated ICF-MR | <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> DODD Waiver |
| <input type="checkbox"/> Pediatric Ventilator Outlier | <input type="checkbox"/> Local Government (County) Operated ICF-MR | <input type="checkbox"/> Privately Operated ICF-MR | <input type="checkbox"/> OhioRISE Waiver Out of Home Respite |

State of Ohio Department Agency (Provider Type 93)

| | | |
|--|---|--|
| <input type="checkbox"/> ODA (Ohio Department of Aging) | <input type="checkbox"/> DODD (Ohio Department of Developmental Disability) | <input type="checkbox"/> ODADAS (Ohio Department of Alcohol and Drug Addict) |
| <input type="checkbox"/> Ohio Department of Medicaid (ODM) | <input type="checkbox"/> ODMH (Ohio Department of Mental Health) | <input type="checkbox"/> ODRC (Ohio Department of Rehab and Correction) |

¹⁴ Intellectual/Developmental Disabilities (MRDD)

¹⁵ Nursing Facility (NF)

¹⁶ Health Care Isolation Center-Quarantine (HCIC-Q)

¹⁷ Intermediate Care Facility for persons with Intellectual/Developmental Disabilities (ICFMR)

Behavioral Health Services

Ohio Department of Mental Health Provider (Provider Type 84)

| | | |
|---|--|--|
| <input type="checkbox"/> Help Me Grow | <input type="checkbox"/> Community Mental Health Professional Medicare Cro | <input type="checkbox"/> ODMH Community Health Agency |
| <input type="checkbox"/> Community Mental Health Medical Services | <input type="checkbox"/> Health Home | <input type="checkbox"/> Health Home Spa2 |
| <input type="checkbox"/> Intensive Home Based Treatment (IHBT) | <input type="checkbox"/> Mobile Response and Stabilization Services | <input type="checkbox"/> OhioRISE Care Management Entity |
| <input type="checkbox"/> CANS Assessor | <input type="checkbox"/> OhioRISE | |

OMHAS Certified/Licensed Treatment Program (Provider Type 95)

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Help Me Grow | <input type="checkbox"/> ODADAS MARP ¹⁸ Program | <input type="checkbox"/> ODADAS Certified/Licensed Treatment Program | <input type="checkbox"/> SUD Residential Facility |
| <input type="checkbox"/> ODADAS Methadone Program | <input type="checkbox"/> Intensive Home Based Treatment (IHBT) | <input type="checkbox"/> Mobile Response and Stabilization Services | <input type="checkbox"/> CANS Assessor |
| <input type="checkbox"/> OhioRISE | <input type="checkbox"/> OhioRISE Care Management Entity | | |

Psychiatric Residential Treatment Facility (Provider Type 03)

| | | |
|--|--|--|
| <input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF) | <input type="checkbox"/> CANS Assessor | <input type="checkbox"/> OhioRISE Waiver Out of Home Respite |
|--|--|--|

Social Work (Provider Type 37)

| | | | |
|---|---|---|---|
| <input type="checkbox"/> Licensed Independent Social Worker | <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> Licensed Social Worker | <input type="checkbox"/> Licensed Independent Marriage and Family Therapist |
| <input type="checkbox"/> Social Worker Trainee | <input type="checkbox"/> HCBS Assisted Living | <input type="checkbox"/> Social Worker Assistant | <input type="checkbox"/> Medicare Exempt |
| <input type="checkbox"/> Community Transition | <input type="checkbox"/> Chemical Counselor – Independent | <input type="checkbox"/> Licensed Professional Clinical Counselor | <input type="checkbox"/> Chemical Counselor - III |
| <input type="checkbox"/> CANS Assessor | <input type="checkbox"/> OhioRISE | | |

Psychology (Provider Type 42)

| | | | |
|--|---|---|--|
| <input type="checkbox"/> Licensed Psychologist | <input type="checkbox"/> Psychology Assistant | <input type="checkbox"/> Board Licensed School Psychologist | <input type="checkbox"/> Psychology Intern |
| <input type="checkbox"/> Psychology Trainee | <input type="checkbox"/> Medicare Exempt | <input type="checkbox"/> CANS Assessor | <input type="checkbox"/> OhioRISE |

Clinical Counseling (Provider Type 47)

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Licensed Independent Social Worker | <input type="checkbox"/> Counselor Trainee | <input type="checkbox"/> Multi-Independent Licensure | <input type="checkbox"/> Licensed Professional Clinical Counselor |
| <input type="checkbox"/> Licensed Professional Counselor | <input type="checkbox"/> Medicare Exempt | <input type="checkbox"/> CANS Assessor | <input type="checkbox"/> OhioRISE |

¹⁸ Medicaid Adolescent Recovery Program (MARP)
ODM 10234 (Rev.8/2021)

Marriage and Family Therapy (Provider Type 52)

| | | | |
|---|---|---|--|
| <input type="checkbox"/> Licensed Independent Social Worker | <input type="checkbox"/> Licensed Marriage/Family Counselor | <input type="checkbox"/> Licensed Professional Clinical Counselor | <input type="checkbox"/> Marriage/Family Counselor Trainee |
| <input type="checkbox"/> Licensed Independent Marriage and Family Therapist | <input type="checkbox"/> Medicare Exempt | <input type="checkbox"/> CANS Assessor | <input type="checkbox"/> OhioRISE |

Behavior Analyst (Provider Type 53)

| | | |
|--|--|---|
| <input type="checkbox"/> Certified Ohio Behavior Analyst | <input type="checkbox"/> Medicare Exempt | <input type="checkbox"/> Registered Behavior Technician |
|--|--|---|

Chemical Dependency (Provider Type 54)

| | | |
|---|--|--|
| <input type="checkbox"/> Licensed Professional Clinical Counselor | <input type="checkbox"/> Social Worker - Licensed Dependent | <input type="checkbox"/> Social Worker - Trainee |
| <input type="checkbox"/> Licensed Independent Chemical Dependency Counselor | <input type="checkbox"/> Chemical Depend Counselor II | <input type="checkbox"/> Chemical Depend Counselor III |
| <input type="checkbox"/> Clinical Counselor - Independent | <input type="checkbox"/> Clinical Counselor - Licensed Dependent | <input type="checkbox"/> Chemical Dependency Counselor Assistant |
| <input type="checkbox"/> Paraprofessional - QMHS | <input type="checkbox"/> Medicare Exempt | <input type="checkbox"/> Social Worker - Licensed Dependent |
| <input type="checkbox"/> CANS Assessor | <input type="checkbox"/> OhioRISE | |

Paraprofessionals (Provider Type 96)

| | | |
|---|---|--|
| <input type="checkbox"/> Qualified MH Specialist | <input type="checkbox"/> Qualified MH Specialist 3 | <input type="checkbox"/> IPS-SE |
| <input type="checkbox"/> Paraprofessional - HS/GED | <input type="checkbox"/> Paraprofessional - Bachelors | <input type="checkbox"/> Paraprofessional - Master |
| <input type="checkbox"/> Care Management Specialist | <input type="checkbox"/> Peer Recovery Supporter | <input type="checkbox"/> CANS Assessor |

Outpatient Health Facility (Provider Type 04)

| | | |
|--|---|---|
| <input type="checkbox"/> OHF Medical | <input type="checkbox"/> OHF Vision | <input type="checkbox"/> OHF Dental |
| <input type="checkbox"/> OHF Lab | <input type="checkbox"/> OHF X-Ray | <input type="checkbox"/> OHF Physical Therapy |
| <input type="checkbox"/> OHF Mental Health | <input type="checkbox"/> OHF Transportation | <input type="checkbox"/> OHF Speech Therapy |

Mental Health Clinic (Provider Type 51)

| | | | |
|-------------------------------------|---|---|-----------------------------------|
| <input type="checkbox"/> ODA Waiver | <input type="checkbox"/> Out-Of-State Drug and Alcohol Treatment Center | <input type="checkbox"/> Other Mental Health Clinic | <input type="checkbox"/> Pharmacy |
|-------------------------------------|---|---|-----------------------------------|

Effective Date of Changes Will Be Determined By The MCE.