

## **PROVIDER BULLETIN** A bulletin for the Molina Healthcare of Ohio provider networks

**Waiver Provider Signature Requirement** 

Impacted providers include: personal care, waiver nursing, home care attendant, choice home care attendant, out of home respite, enhanced community living, adult day health services, social work counseling, and independent living assistance

Effective Jan. 1, 2019, waiver service providers for the Assisted Living, MyCare Ohio, Ohio Home Care and PASSPORT waivers are required to sign the individual's person-centered service plan (PCSP), previously waiver services plan (WSP). This change meets Centers for Medicare and Medicaid Services (CMS) and Ohio Department of Medicaid (ODM) requirements.

The provider's signature shows that the provider acknowledges and agrees to provide the waiver service, as authorized in the person-centered service plan.

## **Questions?**

Provider Services – (855) 322-4079 8 a.m. to 5 p.m., Monday to Friday (MyCare Ohio available until 6 p.m.)

Email us at <u>OHProviderRelations@</u> MolinaHealthcare.com

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Providers who are affected by this requirement include those who are delivering "direct care" services including:

- Personal care
- Waiver nursing
- Home-care attendant
- Choices home-care attendant
- Out-of-home respite
- Enhanced community living
- Adult day services
- Social work counseling
- Independent living assistance

The direct care provider's signature will be required when:

- 1. The provider receives a waiver service authorization for a new service
- 2. The waiver service authorization reflects a permanent change to a previously authorized service

To facilitate this process, Molina will attach a signature page to the front of the waiver service authorization listing the name of the provider who is required to sign, the corresponding authorization number and a space for the provider's signature.

Providers will continue to receive the waiver service authorization along with the signature page via the same format it is currently received by the provider. This signature form should be signed and returned to Molina via secure email to WaiverServiceAuthorizations@MolinaHealthcare.com.

When a provider agrees to provide new services or accepts a permanent change in the service plan, the case manager or waiver service coordinator will provide a verbal reminder to the provider of the need to sign the waiver service plan upon receipt. The provider will then receive the signature page along with the waiver service authorization.

Should the provider not return the completed signature page, Molina will send a second copy of the signature page for the provider to sign and return.