

**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 <sup>1</sup>	<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 <sup>2</sup> Supplier
<input type="checkbox"/> Water Ambulance	<input type="checkbox"/> ORCB <sup>3</sup> 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 <sup>4</sup> 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
------------------------------------------------	------------------------------------	-------------------------------------------------	------------------------------------------

<sup>1</sup> Institution for Mental Disease (IMD)<sup>2</sup> Durable Medical Equipment (DME)<sup>3</sup> Ohio Respiratory Care Board (ORCB)<sup>4</sup> 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 <sup>5</sup> 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 <sup>6</sup> Travel	<input type="checkbox"/> PASSPORT <sup>7</sup> - 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

<sup>5</sup> Home and Community Based Services (HCBS)

<sup>6</sup> Choices Home Care Attendant Services (HCAS)

<sup>7</sup> 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 <sup>8</sup> 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
-----------------------------------------------------	---------------------------------------	----------------------------------------------------------	----------------------------------------	-----------------------------------

CPC<sup>9</sup> 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 <sup>10</sup> /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	

<sup>8</sup> Durable Medical Equipment (DME)

<sup>9</sup> Comprehensive Primary Care (CPC)

<sup>10</sup> 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 <sup>11</sup> Nut Supplement & Sup	<input type="checkbox"/> PASSPORT - HME-Equip Repair	<input type="checkbox"/> PASSPORT - HME-AMB <sup>12</sup>
<input type="checkbox"/> PASSPORT - HME-Hygiene & Disp	<input type="checkbox"/> PASSPORT - HME-Non-Am <sup>13</sup>	<input type="checkbox"/> PASSPORT– Homemaker
<input type="checkbox"/> PASSPORT - Nutritional Consultation Svs	<input type="checkbox"/> PASSPORT - Social Work Counseling	<input type="checkbox"/> 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
-----------------------------------------------	-----------------------------------------------	-------------------------------------

<sup>11</sup> Home medical equipment and supplies (HME)

<sup>12</sup> Home medical equipment and supplies ambulatory (HME-AMB)

<sup>13</sup> 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 <sup>14</sup> 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 <sup>15</sup> 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 <sup>16</sup>	<input type="checkbox"/> ODA Waiver	<input type="checkbox"/> ODM Waiver Out-Of-Home Respite

State Operated ICFMR<sup>17</sup> (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)

<sup>14</sup> Intellectual/Developmental Disabilities (MRDD)

<sup>15</sup> Nursing Facility (NF)

<sup>16</sup> Health Care Isolation Center-Quarantine (HCIC-Q)

<sup>17</sup> 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 <sup>18</sup> 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

<sup>18</sup> 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.*