



Every Ohioan Deserves a Great Provider

Provider Certification & Oversight Discussion

DODD Provider Certification Workgroup

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OPRA's "Why?"

- **Vision:** All people with intellectual and developmental disabilities who rely on supports get them from great providers.
- **Great providers:**
 - Deliver person-centered, outcome-focused services.
 - Invest in and support qualified staff.
 - Cultivate strong leadership and partnerships.
 - Establish strong operational foundations.
 - Advocate and innovate continuously.

Guiding Question

- How do we create a provider participation framework that helps people access great providers and helps providers become and remain great?
- The goal is not “fewer providers” for the sake of fewer providers – the goal is more great providers!

Program Integrity Begins Before Fraud Occurs

- The strongest program integrity strategy is preventing problems before they occur.
- **Certification should not be viewed as a one-time approval, but as participation in a regulated, publicly funded system that carries ongoing obligations.**
- Strong provider standards:
 - Reduce fraud opportunities
 - Prevent service disruptions
 - Improve quality outcomes
 - Protect Medicaid resources
 - Protect individuals and families

What Should People Expect at the Front Door?

- When an individual or family selects a provider, they should reasonably expect the provider:
 - Can safely deliver services
 - Has the staffing and infrastructure necessary to support people
 - Understands and complies with Medicaid requirements
 - Has the financial stability to continue providing services
 - Is accountable for outcomes and quality
 - Has access to the supports necessary to succeed
- **Provider certification is the system's promise that these foundational expectations have been met.**

Before Opening the Front Door

- Provider growth should be aligned with community need and system capacity.
 - Where does Ohio need additional provider capacity?
 - Where are there service gaps?
 - Where are there workforce shortages?
 - Where are providers already available?
 - What is the state's capacity to enroll, support, monitor, and oversee **additional** providers?
- If/where additional capacity is needed...

Who Should Enter?

- **What should a provider demonstrate?**
- **Readiness**
 - Operational capacity
 - Service delivery capability
 - Supervision structure (if applicable)
 - Financial stability
- **Accountability**
 - Understanding of responsibilities
 - Compliance infrastructure
 - Quality systems
- **Commitment**
 - Intent to actively serve people
 - Ability to sustain services

Should Every Provider Enter the Same Way?

- **Agency Providers**
 - Employ staff
 - Serve multiple individuals
 - Highest operational complexity
- **Non-Agency Providers (new type)**
 - Serve 3–5 individuals
 - No staff
 - Moderate structural risk
- **Independent Providers (new definition)**
 - Serve family only or ≤ 2 individuals
 - Lowest structural complexity

Potential Entry Requirements

- **Agency**
 - Readiness review
 - Financial standards
 - Organizational structure
 - Initial probationary/provisional certification
- **Non-Agency (new type)**
 - Enrollment linked to identified individuals
 - Surety bond
 - Liability insurance
 - Service caps (up to X individuals; X hours)
 - Initial probationary/provisional certification
- **Independent (new definition)**
 - Enrollment linked to identified individual
 - Service caps (no more than 2 unrelated individuals; X hours total)
 - Tied to an FMS (or similar entity)
 - Initial probationary/provisional certification

What Happens After Entry?

- Certification is not an event.
- It is ongoing participation.
- Potential concepts:
 - Risk-based revalidation
 - Annual attestations
 - Time to initiate claim/Inactive provider review
 - Risk-based monitoring
 - Accreditation pathways

What Can Be Done Now?

- **Rule Changes (July 2026)**

- Address capacity [5123-2-08...maybe (N): Department may establish enrollment periods, geographic priorities, or service-specific enrollment opportunities based upon identified service gaps or system needs.] **Future work on actual Certification of Need/Waiver Amendment**
- Definitions (agency, non-agency, independent)
- Probationary/provisional certification (5123-2-08, 5123-2-09, 5123-2-XX and 5123-2-04)
- Readiness review [5123-2-08 (N) agencies]
- Independent provider linked to individual (5123-2-09)
- Non-agency providers – new rule (5123-2-XX, linked to individual, bonds, liability insurance, etc.)
- Annual attestations (maybe 5123-2-08 and 5123-2-04)
- Time to initiate claim/Inactive provider removal (5123-2-08, 5123-2-09, 5123-2-XX)
- Risk-based monitoring authority (5123-2-08, 5123-2-09, 5123-2-XX and 5123-2-04)

Additional/Future Work

- FMS model for non-agency and IP (budget language/ask)
- Accreditation incentives (budget language/ask)
- Quality indicators/incentives (budget language/ask)
- Improved provider search and matching tools (PNM/PSM – now?)
- Waiver Amendment or Rule – Certification of Need/Selective Contracting