



Ohio Department of Mental Retardation and Developmental Disabilities
Division of Community Services

AGENCY PROVIDER

Provider Certification

LEVEL ONE WAIVER APPLICATION

PERSONAL EMERGENCY RESPONSE SYSTEMS

AGENCY PROVIDER

Please review the information provided with this application packet and follow the instructions to ensure that all appropriate documentation is included. Failure to submit required documentation and/or properly complete this application will result in its return to the applicant without department action.

DEFINITION OF PERSONAL EMERGENCY RESPONSE SYSTEM

“Personal emergency systems (PERS)” means an electronic device, which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the individual’s phone and programmed to signal a response center once a “help” button is activated. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for an extended period of time, and who would otherwise require extensive routine supervision. The benefit limitation for this service, environmental accessibility adaptations and specialized medical equipment and supplies combined shall not exceed six thousand dollars over a three year period.

NAME	
ADDRESS	
CITY/STATE/ZIP	
COUNTY	
SOCIAL SECURITY NUMBER	
AREA CODE & TELEPHONE NUMBER	

Evidence that the applicant meets the following standards and requirements must be submitted with the application.

- 1) Submit documentation verifying experience in providing the service (documentation may consist of letters from previous customers, a resume outlining experience or contractor’s license).
- 2) Completion of a Ohio Health Plan Enrollment Application/Agreement – ODJFS 6750 (attached)
- 3) Completion of a Electronic Media Notification- ODJFS 6301 Form (attached)
- 4) Completion of the Level I Waiver Letter of Assurances (attached)
- 5) Completion of the W-9 Tax Identification form (attached)
- 6) Written assurance agreement for agency provider

Certified providers of personal response services shall assure that:

- a) The agency meets all applicable state and local regulations that apply to the operation of the business or trade.

- b) The agency shall not agree to provide services to any individuals whose needs the applicant cannot meet.
- c) The agency shall implement personal response services in accordance with the ISP.
- d) The agency shall not provide personal response to his/her minor child (under eighteen) or to his/her spouse.
- e) The agency shall provide switchboard coverage twenty-four hours per day and seven days per week.
- f) The agency conducts preventative maintenance checks to ensure the operational integrity of the equipment, and that equipment is tested at least quarterly.
- g) The agency will have adequate system for the applicant's capacity to notify, by electronic means, emergency personnel such as police, fire, ambulance, and psychiatric crisis response entities.
- h) The agency shall train individuals to utilize their personal response system.
- i) The agency will adhere to continuing certification requirements as outlined in OAC 5123:2-8-09.

Signature indicates understanding and compliance of these assurances as part of participation in the Level I Waiver

Signature of Applicant

Date

This application must be signed in the presence of and notarized by a notary public.

I hereby swear and affirm that the answers I have given and the statements I have made in this application are complete and true to the best of my knowledge and belief.

Signature of Applicant

Subscribed and duly sworn to before me according to law by the above-named applicant, this ____ day of _____, 2____ at County of _____, State of _____.

Notary Stamp or Seal

Signature of Notary

RETURN COMPLETED APPLICATION WITH ANY SUPPORTING DOCUMENTATION TO:

**Ohio Department of MRDD
PROVIDER CERTIFICATION
30 E. BROAD STREET, 12TH FLOOR
COLUMBUS, OHIO 43215-2541**

614-995-7024

