



Ohio Department of Mental Retardation and Developmental Disabilities
Division of Community Services
Office of Provider Certification

INDIVIDUAL PROVIDER

“means a self-employed person who provides services under the HCBS Level I waiver and does not employ, either directly, or through a contract, anyone else to provide such services”.

LEVEL ONE WAIVER APPLICATION

ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS

DEFINITION OF ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS

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.

“Environmental accessibility adaptation(s)” means those physical adaptations to the home, required by the individual’s plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations that add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable state or local building codes. The benefit limitation for this service, personal emergency response systems, and specialized medical equipment and supplies combined shall not exceed six thousand 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) At least 18 years of age (provide proof of age, a copy of one of the following: birth certificate, drivers’ license, Ohio ID card, passport)
- 2) Submit documentation verifying experience in providing the service (documentation may consist of letters from previous customers, a resume outlining experience, contractor’s license or Builders’ Association Member card).
- 3) Completion of a Ohio Health Plan Provider Enrollment Application/Agreement –JFS 6750
- 4) Completion of the Level I Waiver General Letter of Assurances

- 5) Completion of the W-9, Request for Taxpayer Identification form (attached)
- 6) Completion of a Electronic Media Notification- JFS 6301 (attached)
- 7) Written assurance agreement for individual provider

Certified providers of environmental Accessibility Adaptations services shall assure that:

- a) The individual meets all applicable state and local regulations that apply to the operation of the business or trade.
- b) The individual shall not agree to provide services to any individuals whose needs the applicant cannot meet.
- c) The individual shall implement environmental accessibility adaptations in accordance with the ISP.
- d) The individual shall not provide environmental accessibility adaptations to his/her minor child (under eighteen) or to his/her spouse.
- e) The individual will adhere to continuing certification requirements as outlined in OAC 5123:2-8-06.

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 _____, 20__ at County of _____, State of _____.

Notary Stamp or Seal

Signature of Notary Public

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