



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

Provider Certification

LEVEL ONE WAIVER APPLICATION

HOMEMAKER/PERSONAL CARE

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 HOMEMAKER/PERSONAL CARE SERVICES

“Homemaker/Personal care” means the coordinated provision of a variety of services, supports and supervision necessary for the health and welfare of an individual which enables the individual to live in the community. These are tasks directed at increasing the independence of the individual within his/her home or community. The service includes tasks directed at the individual’s immediate environment that are necessitated by his or her physical or mental condition, including emotional and/or behavioral and is of supportive or maintenance. This service does not include tasks supporting the individual provided through center-based day habilitation. This service will help the individual meet daily living needs, and without this service, alone or in combination with other waiver services, the individual would require institutionalization. The benefit for this service, institutional respite, informal respite and transportation combined shall not exceed five thousand dollars annually. In addition, due to scope of services available, homemaker/personal care services may not be used at the same time as any no-residential habilitation or supported employment services.

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

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH APPLICATION

- 1) Completion of a Ohio Health Plan Provider Enrollment application/agreement – ODJFS 6750 (attached)
- 2) Completion of a Electronic Media Form - ODMRDD-6301 (attached)
- 3) Completion of the Level I General Letter of Assurances (attached)
- 4) Completion of the W-9 Tax Identification form (attached)
- 5) Verification of tax id number, and copy of Secretary of State certification.
- 6) Written assurance agreement for agency provider
 - Agency providers shall maintain written policies and procedures for all of the requirements listed below. Policies and procedures do not need to be submitted; however, they need to be available upon request.
 - a) The agency provider shall comply with the requirements for background investigations established by the ODMRDD.
 - b) The agency provider will assure that employees are not listed on the abuser registry established by the ODMRDD.
 - c) The agency provider shall have at least one person with a valid certification in CPR present when an individual is receiving any homemaker/personal care program or service that requires the provider to be in direct contact with the individual and such program or service is not available to the public from the applicant.

- d) The agency provider will conduct ongoing training of employees delivering homemaker/personal care services.
- e) The agency shall ensure employees who will have direct contact with individual receiving homemaker/personal care services complete training relating to incidents adversely affecting health and safety.
- f) The agency provider shall conduct training for employees delivering homemaker/personal care services on individual rights.
- g) The agency provider shall comply with behavior supports requirements as indicated in rules adopted by the department.
- h) The agency provider shall ensure that the employee does not appear on the nurse aid registry.
- i) The agency shall arrange for substitute coverage and notify the legally responsible persons in event that substitute coverage is necessary.
- j) The agency provider shall assure that medication administration is carried out in accordance with rules established by the ODMRDD.
- k) The agency provider shall assume responsibility to coordinate with designated persons and family members, where appropriate, to ensure the provisions of program management services.
- l) The agency shall only agree to provide services to any individuals whose needs they can meet.
- m) The agency shall implement homemaker/personal care services in accordance with the ISP.
- n) The agency shall not provide homemaker/personal care services to his/her minor child (under eighteen) or to his/her spouse.
- o) The agency will adhere to continuing certification requirements as outlined in rules adopted by the department.
- p) The agency provider shall take all reasonable steps necessary to prevent the occurrence or reoccurrence of incidents adversely affecting health and safety.

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

Signature of Appointing Authority

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

**RETURN COMPLETED APPLICATION WITH ANY SUPPORTING DOCUMENTATION TO:
OHIO DEPARTMENT OF MRDD
PROVIDER CERTIFICATION
30 E. BROAD STREET, 12TH FLOOR
COLUMBUS, OHIO 43215-2541**