



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

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
HOMEMAKER/PERSONAL CARE**

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 tasks are 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 a supportive or maintenance type. 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 limitation 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 non-residential habilitation or supported employment services.

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, copy of one of the following: birth certificate, drivers’ license, Ohio ID card, passport)
2. Submit to the department written evidence of a criminal background check. (If your BCII check indicates a charge or conviction, you must submit a brief explanation of the event and a certified journal entry for each offense listed).
3. Submit written evidence of a valid certification in CPR.
4. Submit written evidence of completion of training in the requirements of rule 5123:2-17-02 of the Administrative Code relating to the incidents adversely affecting health and safety.
5. Submit written evidence of training in the provisions governing rights of individuals.
6. Completion of a Ohio Health Plan Provider Enrollment Application/Agreement –JFS 6750 (attached)
7. Completion of a Electronic Media Notification- JFS 6301 (attached)

- 8. Completion of the Level I Waiver General Letter of Assurances (attached)
- 9. Completion of the W-9, request for Taxpayer Identification form (attached).
- 10. Written assurance agreement for individual provider

Certified providers of homemaker/personal care services shall assure that:

- a) The individual provider agrees to take all reasonable steps necessary to prevent the occurrence or reoccurrence of incidents adversely affecting health and safety.
- b) The individual provider shall receive ongoing training in accordance with rules established by the department.
- c) The individual provider will comply with requirements of behavioral supports in accordance with rules adopted by the department.
- d) The individual provider will arrange for substitute coverage, if necessary, only from a list of homemaker/personal care certified providers supplied by the department and as identified in the individual's ISP, and notify the individual or legally responsible person in the event that substitute coverage is necessary.
- e) The individual provider acknowledges their ongoing responsibility to coordinate with designated persons and family members, where appropriate, to ensure the provision of coordination of services.
- f) The individual shall not agree to provide services to any individuals whose needs the applicant cannot meet.
- g) The individual shall implement homemaker/personal care services in accordance with the ISP.
- h) The individual shall not provide homemaker/personal care to his/her minor child (under eighteen) or to his/her spouse.
- i) The individual will adhere to continuing certification requirements as outlined in rules established by the department.
- j) The individual shall assure that medication administration is carried out in accordance with rules established by the ODMRDD.

Signature indicates understanding and compliance with 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 Public

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