

Ohio Department of Mental Retardation and Developmental Disabilities

Division of Community Services Provider Certification

LEVEL I WAIVER APPLICATION

INSTITUTIONAL RESPITE

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 a delay of processing the application.

DEFINITION OF INFORMAL RESPITE

“Institutional respite” means home and community-based services provided to individuals unable to care for themselves, furnished on a short term basis because of the absence or need for relief of those persons normally providing the care, in facilities certified as intermediate care facilities for the mentally retarded (ICFs/MR) or other facilities licensed by the department under section 5123.19 of the Revised Code. The benefit limitation for this service, informal respite, homemaker/personal care and transportation combined shall not exceed five thousand dollars annually.

NAME	
ADDRESS	
CITY/STATE/ZIP	
COUNTY	
EMPLOYER IDENTIFICATION NUMBER	
AREA CODE & TELEPHONE NUMBER	

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THE APPLICATION:

- 1) Completion of a Ohio Health Plan Enrollment Application/Agreement –ODJFS 6750.
- 2) A completed Electronic Media Notification Form – ODJFS 6301 Form.
- 3) A completed W-9 Taxpayer Identification form.
- 4) Evidence that the applicant meets one of the following standards shall be submitted with the application:
 - a) ICFs/MR licensed by the ODMRDD shall
 - i. Submit documentation of certification as an ICF/MR by the Ohio Department of Health; and,
 - ii. Submit documentation of a license issued by the ODMRDD under section 5123.19 of the Revised Code; or
- 5) ICFs/MR licensed by the Ohio Department of Health
 - i. Submit documentation of certification as an ICF/MR by the Ohio Department of Health;,

ii. Submit documentation of a license issued by the Ohio Department of Health under Chapter 3721. of the Ohio Revised Code; or

The institutional respite provider shall maintain compliance with the requirements of paragraphs (C)(2), (C) (3), and (C) (4) of rule 5123:2-8-04 as applicable.

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/or 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 UNIT
30 E. BROAD STREET, 12TH FLOOR
COLUMBUS, OHIO 43215-2541**