

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

**Office of Provider Certification**

**LEVEL ONE WAIVER APPLICATION**

**SPECIALIZED MEDICAL ADAPTIVE/ASSISTIVE EQUIPMENT AND SUPPLIES**

**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 SPECIALIZED MEDICAL ADAPTIVE/ASSISTIVE EQUIPMENT AND SUPPLIES**

“Specialized medical adaptive/assistive equipment and supplies” means those specialized medical equipment and supplies that include devices, controls, or appliances, specified in the individual’s ISP, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid state plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the state plan and shall exclude those items that are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design, and installation. The benefit limitation for this service, personal emergency response systems and environmental accessibility adaptations 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 General Letter of Assurances (attached)
- 5) Completion of the W-9 Tax Payer Identification form (attached)
- 6) Written assurance agreement for individual provider

Certified providers of specialized medical adaptive/assistive equipment and supplies 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 environmental accessibility adaptations services in accordance with the ISP.
- d) The agency shall not provide environmental accessibility adaptations to his/her minor child (under eighteen) or to his/her spouse.
- e) The agency will adhere to continuing certification requirements as outlined in OAC 5123:2-8-08.

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

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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:  
ODMRDD  
PROVIDER CERTIFICATION  
30 E. BROAD STREET, 12<sup>TH</sup> FLOOR  
COLUMBUS, OHIO 43215-2541**