

Ohio Department of Mental Retardation and Developmental Disabilities

Division of Community Services

Provider Certification

LEVEL I WAIVER APPLICATION

TRANSPORTATION

PUBLIC BUS TRANSPORTATION 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 a delay of processing the application.

DEFINITION OF TRANSPORTATION SERVICES

“Transportation” means a service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources specified by the plan of care. This service is offered in addition to medical transportation required under Title 42 of the Code of Federal Regulations, section 431.53 (October 1, 2001) and transportation services under the state plan as defined at Title 42 of the Code of Federal Regulations, section 440.170(a)(October 1, 2001), if applicable, and shall not replace them. Transportation services under the Level I waiver shall be offered in accordance with the individual’s ISP. Whenever possible, family, neighbors, friends or community agencies which can provide this service without charge, will be utilized.

“Public bus transportation provider” means regional transit authorities, county transit boards and municipalities, counties and private entities that provide public transit services.

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

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THE APPLICATION:

- 1) A completed Ohio Health Plan Provider Enrollment application/agreement – ODJFS 6750 (attached).
- 2) A completed Electronic Media Notification Form - ODMRDD-6301 (attached).
- 3) A completed W-9 Taxpayer Identification form (attached).

The applicant assures that it will comply with all applicable state and/or local regulations that apply to the operation of its business. Signature indicates understanding and compliance with this assurance as part of participation in the Level I Waiver.

Signature of Applicant

Date

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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

RETURN COMPLETED APPLICATION WITH ANY SUPPORTING DOCUMENTATION TO:

**OHIO DEPARTMENT OF MR/DD
PROVIDER CERTIFICATION UNIT
30 E. BROAD STREET, 12TH FLOOR
COLUMBUS, OHIO 43215-2541**

Questions – call 614-995-7024

Monday – Friday 8:00 a.m. – 5:00 p.m.