

Ohio Department of Mental Retardation and Developmental Disabilities

**Division of Community Services
Office of Licensure, Supported Living Quality Assurance & Provider Certification**

LEVEL I WAIVER APPLICATION

TRANSPORTATION

COUNTY BOARD 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.

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 must provide the following written assurances as a provider of transportation services:

- 1) Assurance that all drivers have a valid driver license as specified by Ohio law.
- 2) Assurance that the applicant will provide immediate notification in writing, to the department of any driver license suspension or revocation.
- 3) Assurance that the applicant has insurance coverage as specified under sections 4509.101 and 4509.47 of the Revised Code.
- 4) Compliance with the requirements for background investigations established by the ODMRDD in accordance with rule 5123:2-1-05.1 of the Administrative Code.
- 5) Assurance that no drivers are listed on the abuser registry pursuant to sections 5123.50 to 5213.54 of the Revised Code as of the date of this application.
- 6) The applicant will continue to follow the requirements of sections 5123.50 to 5213.54 of the Revised Code.

- 7) At least one person with a valid certification in CPR present when an individual is receiving transportation services from the applicant.
- 8) The applicant shall ensure employees who will have direct contact with individuals receiving transportation services complete training relating to incidents adversely affecting health and safety in accordance with rule 5123:2-17-02 of the Administrative Code.
- 9) The applicant shall implement transportation services in accordance with the ISP.
- 10) The applicant shall assure employees who will have direct contact with individuals receiving transportation services complete training relating to the rights of individuals at set forth in sections 5123:62 to 5123:64 of the Revised Code.
- 11) The applicant shall comply with behavior supports established under rules adopted by the department.
- 12) The applicant shall not agree to provide service to any individual whose needs the applicant cannot meet.
- 13) The applicant nor any driver of the applicant shall provide transportation services to his/her minor child (under eighteen) or to a spouse of an employee.
- 14) The applicant shall adhere to continuing certification requirements as outlined in OAC 5123:2-8-07.

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

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**