

Ohio Department of Mental Retardation and Developmental Disabilities

Division of Community Services Provider Certification

LEVEL I WAIVER APPLICATION

TRANSPORTATION

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”.

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	
SOCIAL SECURITY 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).
- 4) Applicant must be at least 18 years of age (provide proof of age - copy of one of the following: birth certificate, driver license, State ID card, passport).
- 5) Evidence that the applicant has a valid driver license as specified by Ohio law.
- 6) Evidence that the applicant has insurance coverage as specified under sections 4509.101 and 4509.47 of the Revised Code.
- 7) Written evidence of completion of a background investigation in accordance with rule 5123:2-1-05.1 of the Administrative Code.
- 8) Evidence of valid certification in CPR.
- 9) Evidence that the applicant has completed training relating to incidents adversely affecting health and safety in accordance with rule 5123:2-17-02 of the Administrative Code.

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

- 1) Assurance that the applicant will provide immediate notification in writing, to the department of any driver license suspension or revocation.
- 2) Assurance that the applicant shall take all reasonable steps necessary to prevent the occurrence or reoccurrence of incidents adversely affecting health and safety. Such steps shall be subject to limitations in applicable law and may include, but are not limited to, giving notice of the occurrence or reoccurrence of the incident to the SSA or the individual's family, or to a legally responsible person.
- 3) The applicant shall not agree to provide services to any individuals whose needs the applicant cannot meet.
- 4) The applicant shall implement transportation services in accordance with the ISP.
- 5) The applicant shall not provide transportation services to his/her minor child (under eighteen) or to his/her spouse.
- 6) 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 _____, 20____ 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.