

Ohio Department of Mental Retardation and Developmental Disabilities

Division of Community Services

Provider Certification

LEVEL I WAIVER APPLICATION

TRANSPORTATION

TAXI SERVICE 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 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) Compliance with the requirements for background investigations established by the ODMRDD in accordance with rule 5123:2-1-05.1 of the Administrative Code.
- 2) 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.
- 3) The applicant will continue to follow the requirements of sections 5123.50 to 5213.54 of the Revised Code.

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- 4) The applicant shall comply with all applicable state and/or local regulations that apply to the operation of its business.
- 5) The applicant shall implement transportation services in accordance with the ISP.
- 6) The applicant nor any driver of the applicant shall provide transportation services to his/her minor child (under eighteen) or to his/her spouse.
- 7) 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
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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 _____, 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.