

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

ADULT DAY SUPPORT OR
VOCATIONAL HABILITATION

INDIVIDUAL OPTIONS LEVEL I WAIVER BOTH WAIVERS

ADULT DAY SUPPORT

VOCATIONAL HABILITATION

(Please indicate by placing a circle around the HCBS waiver(s) and service you are applying for.)

AGENCY PROVIDER

Please review 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 ADULT DAY SUPPORT

“Adult day support” means non-vocational day services needed to assure the optimal functioning of individuals who participate in these activities in a non-residential setting.

DEFINITION OF VOCATIONAL HABILITATION

“Vocational habilitation” means services designed to teach and reinforce habilitation concepts related to work including responsibility, attendance task completion, problem solving, social interaction, motor development and safety.

AGENCY NAME	
ADDRESS	
CITY/STATE/ZIP	
COUNTY AND CONTRACT NUMBER IF APPLICABLE	
EMPLOYEE IDENTIFICATION NUMBER	
AREA CODE & TELEPHONE NUMBER	

Is your agency currently an HCBS Medicaid Waiver provider? Yes No

IF YOU HAVE CHECKED THE BOX MARKED “NO” ITEMS 1- 4 MUST BE SUBMITTED WITH THIS APPLICATION.

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

The applicant must provide the following written assurances as a provider of adult day support:

1/9/07

Effective 7/1/05

- Agency providers shall maintain written policies and procedures for all of the requirements listed below. Policies and procedures do not need to be submitted; however, they shall be available upon request.
- 1) The agency provider shall employ a Chief Executive Officer who holds a bachelor's degree from an accredited institution or has at least two years experience in mental retardation or developmental disabilities, health care, social services, or the provision of adult day support and/vocational habilitation waiver services.
 - 2) The Chief Executive Officer or the person responsible for administration shall be responsible for the following functions: personnel matters; supervision of employees; program services; and financial management.
 - 3) The agency provider shall have Policies and Procedures that address their management practices concerning the following items: confidentiality of individuals' records; individual satisfaction; internal monitoring and evaluation procedures utilized to improve services delivered; a table of organization; a staff training plan and habilitation management; and a requirement that employees who have direct contact with individuals receiving adult day support or vocational habilitation services must be at least 18 years of age and have a high school diploma or GED.
 - 4) The agency provider shall comply with the requirements for background investigations established under section 5126.281 of the Revised Code and rules 5123:2-1-05 and 5123:2-1-05.1 of the Administrative Code for its executive director/superintendent, all employees providing day support and/or vocational habilitation services and for subcontracts and employees of subcontractors who provide these services.
 - 5) The agency provider will assure that employees are not listed on the abuser registry established by the ODMRDD.
 - 6) The agency provider will assure that employees are not listed on the nurse aide registry established under section 3721.32 of the Revised Code.
 - 7) The agency provider shall have at least one person with a valid certification in American Red Cross or equivalent first aid training and a valid certification in CPR present when an individual is receiving adult day support and or vocational habilitation services that require the provider to be in direct contact with the individual.
 - 8) The agency shall comply with requirements for medication administration established under rules adopted by the department.
 - 9) The agency shall ensure employees who will have direct contact with individual receiving adult day support or vocational habilitation services complete training relating to incidents adversely affecting health and safety.
 - 10) The agency provider shall conduct training for employees delivering adult support or vocational habilitation services on individual rights.
 - 11) The agency provider shall comply with requirements of behavior supports established under rules adopted by the department.
 - 12) The agency provider shall not agree to provide services to any individuals whose needs the applicant cannot meet.
 - 13) The agency shall implement adult day support and/or vocational habilitation services in accordance with ISP.
 - 14) The agency provider shall provide habilitation management to individuals receiving adult day support and/or vocational habilitation services.
 - 15) Employees of the agency shall not provide adult day support or vocational habilitation services to his/her minor child (under eighteen) or to his/her spouse.
 - 16) The agency provider will adhere to continuing certification requirements as established by the department.

Standards and requirements for certification of employees:

- 1) The provider certifies that it will maintain appropriate documentation to ensure that only employees that complete initial and continuing certification requirements provide adult day services and/or vocational habilitation services.

Signature indicates understanding and compliance of these assurances as part of participation of delivering day habilitation services.

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

CERTIFICATION UNIT
30 E. BROAD STREET, 12TH FLOOR
COLUMBUS, OHIO 43215-2541

Questions – call toll free – 1-877-289-3636

Monday-Friday 7:30a.m. – 5:00p.m.