

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

INDIVIDUAL OPTIONS OR LEVEL I

SUPPORTED EMPLOYMENT – ECLAVE OR COMMUNITY SERVICES

Agency Provider

(Please circle the waiver and service type you are applying for)

Definition of Supported Employment

“Supported Employment services” consist of intensive ongoing supports that enable participations for whom competitive employment at or above the minimum wage is unlikely absent the provisions of supports and who because of their disabilities need supports to perform in a regular work setting. Supported employment does not include sheltered work or other similar types of vocational services in specialized facilities.

Supported employment enclave – means supported employment services provided to waiver enrollees who work as a team at a single work site of the “host” community business or industry with initial training, supervision and ongoing support provided by on-site staff.

Supported employment community – means supported employment services provided in an integrated community work setting where waiver recipients and persons without disabilities are employed to perform the same or similar tasks.

NAME	
ADDRESS	
CITY/STATE/ZIP	
COUNTY AND CONTRACT NUMBER IF APPLICABLE	
EMPLOYER IDENTIFICATION NUMBER/OR SOCIAL SECURITY NUMBER	
AREA CODE & TELEPHONE NUMBER	
ADDING A SERVICE TO AN EXISTING CERTIFICATION	

****ITEMS 1 THROUGH 5 MUST BE SUBMITTED WITH THE APPLICATION IF YOU ARE NOT A CERTIFIED HCBS WAIVER PROVIDER.

IF YOU ARE CURRENTLY CERTIFIED AS AN HCBS WAIVER PROVIDER, YOU DO NOT NEED TO SUBMIT ITEMS 1 THROUGH 4. ONLY SUBMIT THE SERVICES APPLICATION.

- 1) A completed Ohio Health Plan Provider Enrollment application/agreement-ODJFS 6751.
- 2) A completed Electronic Media Form – ODJFS-6301
- 3) A completed W-9 Taxpayer Identification Form
- 4) A completed Homeland Security Form (HLS 0038)
- 5) Written assurance agreement for agency provider

- Agency providers shall maintain policies and procedures for all requirements listed below. Policies and procedures do not need to be submitted; however, they need to be available upon request.
 - a. The agency must demonstrate to the department that the chief executive officer or person responsible for administration has either a bachelor's degree from an accredited institution or at least two years experience in mental retardation or developmental disabilities, health care, social services or the provision of supported employment, enclave or supported employment community waiver services.
 - b. The agency shall have written policies and procedures that identifies the chief executive officer or person responsible for administration is responsible for personnel matters, supervision of employees, program services and financial management, confidentiality of individual's records, individual satisfaction, a description of internal monitoring and evaluation procedures to improve service deliver, a table of organization, staff training plan, habilitation management, a requirements that employees who provide supported - enclave and/or supported employment - community services shall be at least eighteen years of age and have a high school diploma or GED.
- 6) The agency must comply with the requirements for background investigations established by ODMRDD and in accordance with section 5126.281 of the Revised Code and rules 5123:2-1-05 and 5123:2-05.1 of the Administrative Code for executive director/superintendent and all employees providing supported employment – enclave and/or supported employment – community services and for subcontractors and employees of subcontractors who provide these services.
 - 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 CPR shall be present when an individual is receiving any supported employment –enclave and/or supported employment community services that requires the provider to be in direct contact with the individual.
 - 8) The agency provider shall assure that employees are not listed on the abuser registry established by ODMRDD.
 - 9) The agency provider shall ensure that the employee does not appear on the nurse aid registry.
 - 10) The agency provider shall provide evidence of employees ‘completion of training in the requirements of rule 5123:2-17-02 of the Ohio Administrative Code relating to the incidents adversely affecting health and safety.
 - 11) The agency provider shall assure evidence of employees’ training in the provisions governing rights of individuals.
 - 12) The agency provider shall take all reasonable steps necessary to prevent the occurrence or reoccurrence of incidents adversely affecting health and safety.
 - 13) The agency provider complies with the requirements of behavior supports established under rules adopted by the department.
 - 14) The agency provider shall not agree to provide services to any individuals whose needs the agency cannot meet.
 - 15) The agency provider agrees to implement supported employment services in accordance with the ISP.
 - 16) The agency provider agrees to provide habilitation management to individuals receiving supported employment services.
 - 17) The agency provider shall not provide services to his/her minor child (under eighteen) or his/her spouse.
 - 18) The agency provider will adhere to continuing certification requirements as outlined in rules adopted by the department.

Signature indicates understanding and compliance with these assurances as part of participation in the HCBS waiver program.

Signature of Chief Executive Director

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 _____

Signature of Notary Public

Notary Stamp or Seal

CHa