

Ohio Department of Mental Retardation and Developmental Disabilities
Community Services
Office of Provider Certification

**INDIVIDUAL OPTIONS OR LEVEL I
SUPPORTED EMPLOYMENT – ENCLAVE or COMMUNITY SERVICES
Individual Provider
(Please circle the waiver and services you are applying for)**

Definition of Supported Employment

“Supported Employment services” consist of intensive ongoing supports that enable participants 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 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.

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|-------------------|-------------------------|-----------|
| Name: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Telephone Number: | Social Security Number: | |

Are you currently certified as an HCBS MRDD Waiver provider? Yes No

If you have checked the box marked “NO” items 1-3 must be submitted with this application.

- 1) A completed Ohio Health Plan Provider Enrollment Application/Agreement- ODJFS 6750.
- 2) A completed Electronic Media Notification – JFS 6301.
- 3) A completed W-9, request for Taxpayer Identification form.
- 4) A completed Homeland Security Form (HLS 0038).
- 5) The individual applicant shall be at least 18 years of age (provide proof of age).
- 6) The individual must demonstrate at least one year of paid experience providing supported employment services or related services or show formal evidence of successful completion of thirty contact hours of formal training in supported employment services or related services.
- 7) The individual must provide evidence of a criminal background check completed in accordance with section 5126.281 of the Revised Code and rule 5123:2-1-051 of the Administrative Code.
- 8) The individual must show evidence of a valid certification in American Red Cross or equivalent first aid training and a valid certification in cardiopulmonary resuscitation (CPR).

- 9) The individual must provide evidence of 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.
- 10) The individual must show proof of evidence of training in the provisions governing rights of individuals.

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

- 1) The individual provider will comply with requirements of behavior supports as indicated in department rule.
- 2) The individual provider shall not agree to provide services to any individuals whose needs the applicant cannot meet.
- 3) The individual provider shall implement supported employment services in accordance with the ISP.
- 4) The individual provider shall agree to provide habilitation management to individuals receiving supported employment services.
- 5) The individual provider shall not provide supported employment services to his/her minor child (under eighteen) or to his/her spouse.
- 6) The individual 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 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 _____

Signature of Notary Public

Notary Stamp or Seal
