

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

**NON-MEDICAL TRANSPORTATION TO ACCESS ADULT DAY SERVICES**

- Individual Options                       Level I Waiver

(Please indicate by placing a check mark in the box for the waiver you are applying for, you may select both waivers at the same time).

- Per trip rate                                       Per mile rate

(Please indicate by placing a check mark in the box of the service you are applying for, you may select both options at the same time).

- Agency Certification                       Individual Certification

(Please indicate by placing a check mark in the box for the type of certification you are applying for).

Please review the information reference in the 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 NON-MEDICAL TRANSPORTATION**

“Non-medical transportation” means transportation that is used by waiver enrollees solely to access adult day support, vocational habilitation, supported employment-enclave, and/or supported employment-community services as specified by their individual service plan (ISP). Whenever possible, family, friends, neighbors or community agencies can provide this service without charge shall be used.

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	

**\*\*\*\*IF YOU ARE ALREADY CERTIFIED AS AN HCBS WAIVER PROVIDER, YOU ARE NOT REQUIRED TO SUBMIT ITEMS 1 THROUGH 4, ONLY SUBMIT THE SERVICE APPLICATION.**

**THE ITEMS LISTED BELOW MUST BE SUBMITTED WITH THE APPLICATION IF YOU ARE APPLYING AS AN INDIVIDUAL PROVIDER IN ADDITION TO THE REQUIREMENTS AS IDENTIFIED WITHIN THE APPLICATION.**

**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) A completed Ohio Health Plan Provider Enrollment application/agreement – ODJFS 6750 (individual) or 6751 (agency).
- 2) A completed Electronic Media Form - ODJFS-6301

- 3) A completed W-9 Taxpayer Identification form
- 4) A completed Homeland Security Form (HLS 0038)

**Certification assurances for billing per-trip rate for the provision of non-medical transportation:**

The applicant assures that the transportation is occurring in a non-modified vehicle with a passenger capacity of nine or more;

(a) A modified vehicle designed to transport one or more individuals sitting in wheelchairs and has permanent fasteners to secure the wheelchairs to the floor or side of the vehicle to prevent wheelchair movement, and that;

- Safety restraints are placed in the vehicle for the purpose of restraining the individuals in a wheelchair;
- The vehicle is equipped with a stable access ramp or hydraulic lift; and
- On each day the vehicle is used to provide non-medical transportation services, the driver of the vehicle shall conduct and document inspections and testing of the lift or access ramp and wheelchair restraints prior to transporting a wheelchair-bound individual.

The applicant assures the following by signing and submitting this application:

- (a) Individuals will be in the vehicle during the times the provider bills for the per-trip rate
- (b) The vehicle has secure storage space for removable equipment and passenger property;
- (c) The vehicle is equipped with a communication system, that may include cellular communication capable of two-way communication;
- (d) The vehicle is equipped with a fire extinguisher and an emergency first-aid kit that are safely secured;
- (e) The applicant shall agree that on each day the vehicle is used to provide non-medical transportation services, the driver of the vehicle shall conduct and document a pre-trip inspection of lights, windshield washers/wipers, emergency equipment, mirrors, horns, tires and brakes and
- (f) Provide evidence of completion of at least an annual vehicle inspection of each vehicle by the Ohio state highway patrol safety inspection unit or a certified mechanic and proof that the vehicle is in good and working condition.
- (g) Disclose evidence of liability insurance coverage, in an amount of not less than five hundred thousand dollars per occurrence and not less than five hundred thousand dollars in the aggregate, for any cause for which the provider would be liable.
- (h) Disclose evidence of bodily injury and property damage insurance coverage with solvent insurers licensed to do business in the state for any loss or damage resulting from any occurrence arising out of or caused by the operation of the vehicle. The insurance plan shall insure each vehicle for the sum of not less than one hundred thousand dollars for bodily injury to or death of more than one person in any one accident and for the sum of fifty thousand dollars for damage to property arising from one accident.

The applicant shall provide to the department written assurance that each driver and attendant in the vehicle shall:

- Comply with local, state, and federal laws and regulations
- Have proof of successful completion of department-approved first aid and cardiopulmonary resuscitation certificate or emergency medical technician certificate prior to providing non-medical transportation services and thereafter; **(Individual applicant must submit copy of first aide and CPR card with application)**
- Provide evidence prior to employment that he/she is not listed on the abuser registry pursuant to sections 5123.50 to 5123.54 of the Revised Code;
- Provide evidence prior to employment that he/she is not listed on the nurse aid registry established under section 3721.32 of the Revised Code;

- Comply with the requirement 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; **(Individual applicant must submit a criminal background check with application)**
- Complete training at the time employment and annually thereafter in the provisions governing rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code; and **(Individual applicant must submit evidence of training with application)**
- Complete training at the time of employment and annually thereafter in the requirements of rule 5123:2-17-02 of the Administrative Code relating to incidents adversely affecting health and safety **(Individual applicant must submit evidence of training with application)**

The applicant shall provide to the department written assurance that each driver in accordance with Chapter 4507 of the Revised Code, shall:

- (a) Possess a valid driver's license and be eighteen years of age or older **(Individual applicant must submit copy of drivers' license with application)**
- (b) Provide a signed statement from a licensed physician declaring that he/she does not have a medical condition, a physical condition including an uncorrected vision and/or hearing impairment or a mental condition which could interfere with safe driving, safe passenger assistance, and the provision of emergency treatment activity or could jeopardize the health or welfare of individuals being transported. A person employed as a driver to the effective date of this rule may be deemed to meet the requirements of this paragraph when the provider maintains verification that a physical examination was completed at the time of the person's hire. **(Individual applicant must submit statement with application).**
- (c) Complete testing for controlled substances by a laboratory certified for such testing and be determined to be drug free prior to providing and billing for non-medical transportation waiver services. **(Individual applicant must submit evidence of negative testing with application).** Controlled substance and alcohol testing shall occur within ten hours following an incident when the certified provider, a contractor and/or employee of the certified provider, and/or an employee of the contractor was providing no-medical transportation waiver service and was involved in a motor vehicle accident and was the driver of the vehicle :
  - (i) When the accident involves the loss of human life; or
  - (ii) The driver receives a citation that was written within eight hours of the accident under state or local law for a moving traffic violation arising from the accident, if the accident involved:
    - (a) Bodily injury to any person who as a result of the injury immediately Receives medical treatment away from the scene of the accident; or
    - (b) One or more motor vehicles incurred disabling damage as a result of the accident requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.
- (d) Present a driver's abstract prepared by the bureau of motor vehicles no earlier than fourteen days prior to the date of initial employment as a driver and once each calendar year thereafter. Persons having six or more points their driving records are prohibited from providing non-medical transportation waiver services. **(Individual applicant must submit a copy of drivers' abstract with application).**

**Certification assurances for billing per-mile rate for the provision of non-medical transportation;**

- (1) The applicant assures vehicle capacity of eight or fewer.
- (2) Calculation of the per-mile payment amount for a commute assures that each passenger in the vehicle shares equally in the total cost of the commute;
  - (a) Passengers include waiver enrollees and non-waiver enrollees for purposes of determining the number of individuals in the vehicle during the commute.
  - (b) The number of miles for each commute is calculated from the point where the first waiver

Enrollee riding in the vehicle is picked up and the point where the last waiver enrollee in the same vehicle is dropped off at his/her destination.

- (c) When per-mile non-medical transportation services are provided and billed through the Waiver, the provider shall not bill for homemaker/personal care, adult day support, vocational habilitation, supported employment –enclave or supported employment-community waiver services provided by the driver of the vehicle during the time in which the commute occurs.
- (4) The applicant shall provide to the department written assurance that:
- (a) The vehicle has storage space for removable equipment and passenger property;
  - (b) The vehicle is equipped with a communication system that may include cellular communication capable of two-way communication
  - (c) The vehicle is equipped with a fire extinguisher and an emergency first-aid kit that are safely secured;
  - (d) The applicant shall agree that on each day the vehicle is used to provide non-medical transportation services, the first driver of the vehicle shall conduct and document a per trip inspection of lights, windshield washers/wipers, emergency equipment, mirrors, horns tires and brakes;
  - (e) Provide evidence of completion of at least an annual vehicle inspection and proof that the vehicle is in good working condition;
  - (f) The applicant shall agree to provide evidence of completion of at least an annual vehicle inspection of each vehicle by the Ohio state highway patrol safety inspection unit or a certified mechanic and proof that the vehicle is in good and working condition;
  - (g) The applicant shall disclose evidence of liability insurance coverage, in an amount of not less than five hundred dollars per occurrence and not less than five hundred thousand dollars in the aggregate, for any cause for which the provider would be liable; and
  - (h) Disclose evidence of bodily injury and property damage insurance coverage with solvent insurers licensed to do business in the state for any loss or damage resulting from any occurrence arising out of or caused by the operation of a vehicle. The insurance plan shall insure each vehicle for the sum of not less than one hundred thousand dollars for bodily injury to or death of more than one person in any one accident and for the sum of fifty thousand dollars for damage to property arising from one accident.

The applicant shall provide to the department written assurance that each driver and attendant in the vehicle shall:

- Comply with local, state, and federal laws and regulations
- Have proof of successful completion of department –approved first aid and cardiopulmonary resuscitation (CPR) training or emergency medical technician certificate prior to providing non-medical transportation services thereafter; (**Individual applicant must submit copy of CPR and first aide card with application**);
- Provide evidence prior to employment that he/she is not listed on the abuser registry pursuant to sections 5123.50 to 5123.54 of the Revised Code;
- Provide evidence prior to employment that he/she is not listed on the nurse aid registry established under section 3721.32 of the Revised Code;
- Comply with the requirement 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 (**Individual applicant must submit a criminal records check with application**);
- Complete training at the time employment and annually thereafter in the provisions governing rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code (**Individual applicant must submit evidence of training with application**); and
- Complete training at the time of employment and annually thereafter in the requirements of rule 5123:2-17-02 of the Administrative Code relating to incidents adversely affecting health and safety (**Individual applicant must submit evidence of training with application**).
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The applicant shall provide to the department written assurance that each driver in accordance with Chapter 4507 of the Revised Code, shall:

- (e) Possess a valid driver's license and be eighteen years of age or older (**Individual applicant must submit copy of drivers' license with application**).
- (f) Complete testing for controlled substances by a laboratory certified for such testing and be determined to be drug free prior to providing and billing for non-medical transportation waiver (**Individual applicant must statement with application**) services. Controlled substance and alcohol testing shall occur within ten hours following an incident when the certified provider, a contractor and/or employee of the certified provider, and/or an employee of the contractor has was providing non-medical transportation waiver services and was involved in a motor vehicle accident and was the driver of the vehicle when:
  - (i) When the accident involves the loss of human life; or
  - (ii) The driver receives a citation that was written within eight hours of the accident under state or local law for a moving traffic violation arising from the accident, if the accident involved:
    - (c) Bodily injury to any person who as a result of the injury immediately Receives medical treatment away from the scene of the accident; or
    - (d) One or more motor vehicles incurred disabling damage as a result of the accident requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.
- (g) Report, in writing, to the certified provider, if a contractor, an employee of the contractor, and/or an employee of the certified provider, who is the driver of a vehicle in which no-medical transportation is provided is ever formally charged with, convicted of, or pleads guilty to any of the offenses listed in division (E) of section 5126.28 of the Revised Code. Individual providers shall report, in writing, to the department. The report shall be made no later than fourteen calendar days after the date of such charge, conviction, or guilty plea.
- (h) Present a driver's abstract prepared by the bureau of motor vehicles no earlier than fourteen days prior to the date of initial employment as a driver and at least once each calendar year thereafter. Persons having six or more points on their driving records are prohibited from providing non-medical transportation waiver services.

**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

\_\_\_\_\_.

\_\_\_\_\_  
**Notary Stamp or Seal**

\_\_\_\_\_  
**Signature of Notary**

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**RETURN COMPLETED APPLICATION WITH SUPPORTING DOCUMENTATION TO:**

**OHIO DEPARTMENT OF MR/DD  
PROVIDER CERTIFICATION UNIT  
30 E. BROAD STREET, 12<sup>TH</sup> FLOOR  
COLUMBUS, OHIO 43215-2541**