



Ohio Department of Mental Retardation and Developmental Disabilities

Bob Taft, Governor

Kenneth W. Ritchey, Director

FINAL APPROVAL LETTER
Original Certification
Corrected Certification Type

January 18, 2006

Julie Dangelo, Executive Director
Senior Centers Inc.
2308 Jefferson Avenue
Toledo, Ohio 43624

INITIAL CERTIFICATION EFFECTIVE DATE:	November 30, 2005
ODMRDD CONTRACT NUMBER:	4802388
ODJFS MEDICAID PROVIDER NUMBER:	2608655
CERTIFICATION TYPE:	Agency
SERVICE (S) CERTIFIED TO DELIVER:	Day Habilitation

Dear Ms. Dangelo:

Congratulations! This is official notification of your registration as an Individual Options and Level One provider and allows you to receive reimbursement for the above referenced service(s) provided in accordance with an Individual Options Waiver enrollee's Individual Service Plan (ISP) and Payment Authorization for Waiver Service (PAWS) confirmation.

Enclosed is a Medicaid Waiver Billing Instruction manual. Please direct all billing questions to Provider Support Services via email at provider.support@odmrdd.state.oh.us or you may call 1-800-617-6733 where you will be instructed by voice recording to leave a detailed message regarding your issue(s). A Customer Service Assistant will return your call in the order in which it was received.

You may only submit claims after you and/or your billing agent have filled out a Security Affidavit and been assigned a log-on and temporary password. The Security Affidavit form can be located on the ODMRDD main website at Security.Support@odmrdd.state.oh.us. It is important to note that you must include your ODMRDD CONTRACT NUMBER on all claims submitted to ODMRDD for reimbursement.

You will only be reimbursed after you have completed and submitted your usual and customary rate(s) (UCR) to the Office of Provider Certification for each service you are certified to deliver.

Should you have any questions or require additional information, please feel free to contact me in the Provider Certification section via email at Bettie.Meadows@dmr.state.oh.us or by telephone at (614) 387-0579 or toll free at (877) 289-3636.

Sincerely,

Bettie Meadows
Provider Assistance and Certification Specialist



Ohio Department of Mental Retardation and Developmental Disabilities

Bob Taft, Governor

Kenneth W. Ritchey, Director

INITIAL APPROVAL LETTER

Corrected Services

January 18, 2006

Julie Dangelo, Executive Director
Senior Centers Inc.
2308 Jefferson Avenue
Toledo, Ohio 43624

RE: MBS CONTRACT NUMBER: 4802388

Dear Certified Provider:

Your application for certification as an HCBS Waiver **Individual Options and Level One** provider has been approved effective November 30, 2005. You have been approved to provide the following services:

Day Habilitation

You may begin delivering services if you have completed the following:

- You have been **selected** to provide a service to a waiver recipient,
- You have met with the local county board of MR/DD.
- You have received a copy of the Individual Service Plan (ISP) and Payment authorization for Waiver Service (**PAWS**) document from your local county board SSA contact person prior to providing services. (The PAWS will indicate the exact number of units or hours of service you are allowed to deliver and bill for on an ongoing basis).

Once your Medicaid Provider Number has been obtained from the Ohio Department of Job & Family Services (ODJFS), you will receive a **Final Approval Letter**.

- The Final Approval Letter will include both your MR/DD Contract Number and the Medicaid Provider Number.
- You may only submit claims if you have established and reported to the department an e-mail address or you may submit claims through a billing agent.
- You will only be reimbursed for services delivered on or after your certification effective date to an individual for whom you have an ISP and a authorized PAWS.
- You will only be reimbursed if you have completed and submitted to the department your usual and customary rate (s) for each service you are certified to deliver

Due to the complex nature of income tax responsibilities, you are encouraged to consult with a tax professional regarding your specific situation.

Should you have any questions or require additional information, please feel free to email me at Bettie.meadows@dmr.state.oh.us or telephone me toll free at (877) 289-3636 or (614) 387-0579.

Sincerely,

Bettie Meadows
Provider Assistance and Certification Specialist

Community Services, 35 E Chestnut, 5th Floor, Columbus, OH 43215-2541

Voice: 614.995.7024 Fax: 614.644.0501

Web Site: <http://www.state.oh.us/dmr>

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