

Department of Developmental Disabilities (DODD)
30 East Broad Street
Columbus, Ohio 43215-3434
<http://dodd.ohio.gov>

FINAL APPROVAL LETTER

Date: 2012-02-06
Name: Tamara Andersson DODD Contract Number: 0902803
Agency: Got-Autism LLC
Address: 10052 COMMERCE PARK DR ODJFS Medicaid Provider Number: 3101897
CINCINNATI, OH 45246
Certification Type: Small Agency

SERVICE (S) CERTIFIED TO DELIVER: Effective 01/05/2012 with an expiration date of 01/04/2015 .

Adaptive and Assistive Equipment * Specialized Medical Equipment & Supplies *** Supported Living**

Dear Provider:

Congratulations! This is official notification that you are certified to provide the HCBS Waiver and Supported Living service(s) referenced above. **Please note: Certification is valid for both IO and Level 1 waivers where applicable.** This allows you to submit claims for the referenced service(s) provided in accordance with a Waiver enrollee's Individual Service Plan (ISP) and Payment Authorization for Waiver Service (PAWS) confirmation

Next Steps:

Please download OBM-1234 Authorization Agreement for Direct Deposit of EFT Payments Form. This form requires an original signature, so it **cannot be emailed or faxed**. Please follow the instructions on the form as to how to submit this document

Billing for Services:

Information regarding the changes to PAWS and BILLING can be found on the Department's Website at: <http://www.dodd.ohio.gov/>. Please direct all billing questions to Provider Support Services via email at dodd.support@dodd.state.oh.us or you may call 1-800-617-6733 where you will be able to speak with a Customer Service Representative. It is important to note that you must include your DODD CONTRACT NUMBER on all claims submitted to DODD for reimbursement. Please direct all billing questions to Provider Support Services via email at dodd.support@dodd.state.oh.us or call 1-800-617-6733.

IMPORTANT: It is your responsibility to respond to all correspondence received from the Ohio Department of Job and Family Services and the Ohio Department of Developmental Disabilities pertaining to your Medicaid Provider Agreement. Responding to information requests regarding your Medicaid.

Provider Agreement will help ensure uninterrupted certification.

Should you have any questions or require additional information regarding certification, please feel free to contact the DODD Support Center at 1-800-617-6733.

Sincerely,

The Provider Certification Team

Ohio | Department of Developmental Disabilities

John Kasich, Governor
John L. Martin, Director

Date: January 11, 2011

Name: Got - Autism, LLC
10052 Commerce Park Drive
Cincinnati, Ohio 45246

RE: MBS CONTRACT NUMBER: 0902803

Dear Provider:

Your application for certification as an HCBS Waiver has been approved effective January 4, 2011 with an expiration date of January 4, 2012. You have been approved to provide the following services:

| | |
|---|---|
| Level I Adaptive & Assistive Equipment (Specialized Medical Equipment & Supplies) | Individual Options Adaptive & Assistive Equipment |
|---|---|

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).

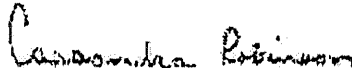
Once your Medicaid Provider Number has been obtained from the Ohio Department of Job & Family Services (ODJFS), you will receive a Final Approval Letter.

- 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 an authorized PAWS.
- Information regarding the changes to PAWS and BILLING can be found on the Department's Website at: <http://ocmrdd.state.oh.us/Includes/ePaws/ePaws.htm>

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 contact the area of Certification toll free at (800) 617-6733 or (614) 466-9661 our fax number is (614) 728-7836 also I can be reached by email my email address is Cassandra.Robinson@dodd.ohio.gov

Sincerely,



Cassandra Robinson, Certification Unit