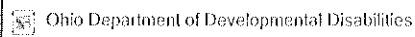


**From:** Ohio Department of Developmental Disabilities (dodd.certification@dodd.ohio.gov)  
**To:** chs9659@sbcglobal.net;  
**Date:** Tue, August 30, 2011 2:55:00 PM  
**Cc:**  
**Subject:** Initial Certification Notification ISSUE#1867 PROJ-27

When replying, type your text above this line.



Expires 9/30/2014

Date: 2011-08-29

Name: Abraham Conteh  
 330 S REYNOLDS RD  
 TOLEDO, OH 43615

**RE: MBS CONTRACT NUMBER: 4801227**

Dear Provider:

Your application for certification as an HCBS Waiver & Supported Living provider has been approved effective **10/01/2011**. You have been approved to provide the following services:

**Adult Day Support/Voc. Hab \*\*\* Homemaker/Personal Care \*\*\* Non-Medical Transportation - Per Trip \*\*\* Non-Medical Transportation - Per Mile \*\*\* Supported Employment-Community / Supported Employment Enclave \*\*\* HPC Transportation \*\*\* Supported Living**

Supported Living certification entitles you to enter into contracts with County Boards of Developmental Disabilities

You may begin delivering HCBS Waiver 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 developmental disabilities.
- \* 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 developmental disabilities 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://dodd.ohio.gov>

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. You may fax documents to (614) 728-7836; also we can be reached by email at [provider.certification@dodd.ohio.gov](mailto:provider.certification@dodd.ohio.gov).

Sincerely,

DODD Certification Staff