

From: Chris Storrs <chstorrs@hotmail.com>
To: "jmurphy@lucasdd.org" <jmurphy@lucasdd.org>
Date: 11/19/2013 1:26 PM
Subject: Fwd: Final Certification notification ISSUE=16593 PROJ=27

Hi Joyce. It was nice talking to you please let me know if you need anything else from me. Have a great day.
Chris

Sent from my iPhone

Begin forwarded message:

> From: Ohio Department of Developmental Disabilities <dodd.certification@dodd.ohio.gov>
> Date: November 19, 2013, 7:19:00 AM EST
> To: <chstorrs@hotmail.com>
> Subject: Final Certification notification ISSUE=16593 PROJ=27
> Reply-To: <dodd.certification@dodd.ohio.gov>
>
> When replying, type your text above this line.
> Department of Developmental Disabilities (DODD)
> 30 East Broad Street
> Columbus, Ohio 43215-3434
> <http://dodd.ohio.gov/>
> FINAL APPROVAL LETTER
>
> Date:
> 2013-10-29
> Agency Name:
> Assured Health Services
> Name:
> Chris Storrs
> DODD Contract Number:
> 4807632
> Address:
> 3618 King Rd. Ste. A-1
> ODJFS Medicaid Provider Number:
> 0094149
> Toledo, OH 436170000
> Certification Type:
> Small Agency
> SERVICE (S) CERTIFIED TO DELIVER: Effective 11/01/2013 with an expiration date of 10/31/2014.
> Community Inclusion - Personal Assistance *** Homemaker/Personal Care *** Non-Medical
> Transportation - Per Mile *** 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 <http://ohiosharedservices.ohio.gov/document.aspx?id=48f6b55e-d979-4949-b8da-84ef680392fc> 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

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