

Subject: Final Certification notification ISSUE=13145 PROJ=27
From: Ohio Department of Developmental Disabilities (dodd.certification@dodd.ohio.gov)
To: verna.willis@ymail.com;
Date: Friday, October 4, 2013 1:05 PM

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:	2013-05-09	
Agency Name:	willis, Verna	
Name:	Verna willis	DODD Contract Number: 4807614
Address:	915 wright st toledo, OH 436090000	ODJFS Medicaid Provider Number: 0091996
Certification Type:	Independent	

SERVICE (S) CERTIFIED TO DELIVER: Effective 09/20/2013 with an expiration date of 09/19/2014.

Community Inclusion - Personal Assistance *** Community Inclusion - Transportation *** Homemaker/Personal Care *** HPC Transportation ***
 Informal Respite (non-family) *** Non-Medical Transportation - Per Mile *** Non-Medical Transportation - Per Trip *** 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.

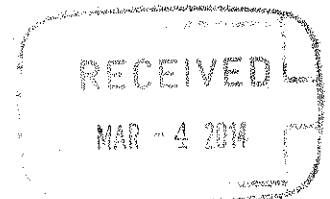
IMPORTANT: It is your responsibility to respond to all correspondence received from the Ohio Department of Job and Family Services and the Ohio Department of Developmental Disabilities pertaining to your Medicaid Provider Agreement. Responding to information requests regarding your Medicaid.

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



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

Date: 2013-05-09

Name: Verna willis
willis, Verna
915 wright st
toledo, OH 436090000

RE: MBS CONTRACT NUMBER: 4807614

Dear Provider:

Your application for certification as an HCBS Waiver & Supported Living provider has been approved effective 09/20/2013. You have been approved to provide the following services:

Community Inclusion - Personal Assistance *** Community Inclusion - Transportation *** Homemaker/Personal Care *** HPC
Transportation *** Informal Respite (non-family) *** Non-Medical Transportation - Per Mile *** Non-Medical Transportation - Per
Trip *** 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 dodd.support@dodd.ohio.gov.

Sincerely,

DODD Certification Staff

<https://us-mg5.mail.yahoo.com/neo/launch?.rand=9kkn0cspmcfr2>

1/9/2014

