

## Joyce Murphy

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**From:** corey brownfield <steelerscj34@yahoo.com>  
**Sent:** Wednesday, September 24, 2014 11:58 AM  
**To:** Joyce Murphy  
**Subject:** Fw: Final Certification notification ISSUE=20879 PROJ=27

I am forwarding you my final approval letter with my Medicaid provider number that I just received today. Would my next step in the process be to set up meetings with prospective clients in order to be chosen as a transportation provider in their ISPs?

On Wednesday, September 24, 2014 10:57 AM, Ohio Department of Developmental Disabilities <dodd.certification@dodd.ohio.gov> wrote:

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:	2014-06-28	
Agency Name:	Brownfield, Corey J.	
Name:	Corey Brownfield	DODD Contract Number: 2695356
Address:	99 Dodge Street	ODJFS Medicaid Provider Number: 0110773
	Swanton, OH 435580000	
Certification Type:	Independent	

**SERVICE (S) CERTIFIED TO DELIVER: Effective 08/19/2014 with an expiration date of 08/18/2015.**

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#### Non-Medical Transportation - Per Trip

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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 referenced service(s) provided in accordance with a Waiver enrollee's Individual Service Plan (ISP) and Payment Authorization for Service (PAWS) confirmation

#### Next Steps:

Please download <http://media.obm.ohio.gov/oss/documents/EFT+FORM+-+REVISED+01+14+2014.p> Authorization Agreement for Direct Deposit of EFT Payments Form. This form requires an original signature, so it **cannot be email 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> direct all billing questions to Provider Support Services via email at [dodd.support@dodd.state.oh.us](mailto:dodd.support@dodd.state.oh.us) or you may call 1-800-617-6733. will be able to speak with a Customer Service Representative. It is important to note that you must include your DODD CONTRACT 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](mailto: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 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

Click [here](#) to report this email as spam.