

Mellisa Merritt

From: Lee Baccus <baccuslee@gmail.com>
Sent: Monday, July 17, 2017 5:40 PM
To: Mellisa Merritt
Subject: Fwd: Final Certification notification ISSUE=38124 PROJ=27

I just received my letter

----- Forwarded message -----

From: "Ohio Department of Developmental Disabilities" <dodd.certification@dodd.ohio.gov>
Date: Jul 17, 2017 10:26 AM
Subject: Final Certification notification ISSUE=38124 PROJ=27
To: <baccuslee@gmail.com>
Cc:

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

Agency Name:	Baccus, Lee E.	
Name:	Lee Baccus	DODD Contract Number: 4809523
Address:	1942 holloway rd holland, OH 435280000	ODJFS Medicaid Provider Number: 0231123
Certification Type:	Independent	

SERVICE (S) CERTIFIED TO DELIVER: Effective 06/20/2017 with an expiration date of 06/19/2020.

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://ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310

Authorization Agreement for Direct Deposit of EFT Payments Form. This form requires an original signature, so it **cannot be emailed**. 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 1-800-633-7637 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

at dodd.support@dodd.state.oh.us or call [1-800-617-6733](tel:1-800-617-6733).

IMPORTANT: It is your responsibility to respond to all correspondence received from the Ohio Department of Job and Family Services or 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](tel:1-800-617-6733).

Sincerely,

The Provider Certification Team

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