

Demographic Information**Certification Expiration: 06/19/2020**

Provider:	Baccus, Lee E. (#4809523) Independent / Sole Proprietor		
Date of Birth:	04/11/1956		
Certification Span:	06/20/2017 - 06/19/2020	Status:	
Phone:	(419) 699-7342	Fax:	
Address:	1942 holloway rd holland, OH, 43528 0000		
Email Address:	baccuslee@gmail.com		

Certification/Approval History

<i>Effective Date</i>	<i>Expiration Date</i>	<i>Applicat</i>
06/20/2017	06/19/2020	60542

Medicaid (ODJFS) History

<i>Medicaid Number</i>	<i>Program Type</i>	<i>Begin Date</i>	
0231123	I/O	06/20/2017	12/31
0231123	LV1	06/20/2017	12/31
0231123	SELF	06/20/2017	12/31

OAKS History

<i>Vendor ID</i>	<i>Payment Type</i>	<i>AddrSeq</i>	<i>RemitAddrSeq</i>	<i>Begin Date</i>
0000247596	CHK	1	1	06/20/2017

Individual Option Waiver Services

<i>Service</i>	<i>Effective Date</i>	<i>Expiration</i>
<i>Adult Family Living</i>	<i>06/20/2017</i>	<i>06/19/2020</i>
<i>Homemaker Personal Care</i>	<i>06/20/2017</i>	<i>06/19/2020</i>
<i>HPC Transportation</i>	<i>06/20/2017</i>	<i>06/19/2020</i>
<i>Shared Living</i>	<i>09/01/2017</i>	<i>06/19/2020</i>

Level One Waiver Services

<i>Service</i>	<i>Effective Date</i>	<i>Expiration</i>
<i>Homemaker Personal Care</i>	<i>06/20/2017</i>	<i>06/19/2020</i>
<i>HPC Transportation</i>	<i>06/20/2017</i>	<i>06/19/2020</i>

Self Empowered Life Funding Waiver Services

<i>Service</i>	<i>Effective Date</i>	<i>Expiration</i>
<i>Community Inclusion--Personal Assistance(SELF waiver Only)</i>	<i>06/20/2017</i>	<i>06/19/2020</i>
<i>Community Inclusion--Transportation(SELF waiver Only)</i>	<i>06/20/2017</i>	<i>06/19/2020</i>