Ohio | Department of Developmental Disabilities

PROVIDER CERTIFICATION APPLICATION ADDENDUM
INFORMAL RESPITE

Please carefully review and complete this form and submit all appropriate documentation.

NAME OF INDEPENDENT LIMITED PROVIDER	

DEFINITION OF INFORMAL RESPITE

"Informal respite" means services provided by a limited provider to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Informal respite may be provided in the individual's home or place of residence, home of a friend or family member, or sites of community activities. For purposes of this service, "family member" means parent, brother, sister, spouse, son, daughter, grandparent, aunt, uncle, cousin, or guardian of the individual who has developmental disabilities. "Family member" also means a person acting in a role similar to those specified even though no legal or blood relationship exists, if the individual who has developmental disabilities lives with the person and is dependent on him/her to the extent that if supports were withdrawn, another living arrangement would have to be found; the person shall verify the relationship by signature. The benefit limitation for this service, institutional respite, homemaker/personal care, and transportation combined shall not exceed five thousand dollars annually.

"Limited provider" means a person who is known to the individual, is selected by the individual or the individual's guardian, and who provides informal respite only to the individual or to multiple individuals who live in the same family setting.

The following standards apply to each limited provider, except when the limited provider is providing services only to his/her own family member. Applicants must submit evidence of the following standards upon application. Please check the box to indicate that the documentation is included, or check the box to indicate that the applicant shall provide services only to his/her own family member.

☐ Hold valid American Red Cross or equivalent certification in First Aid

☐ Hold valid American Red Cross or equivalent certification in CPR

☐ Have completed eight hours of training that addresses the following topics:

- Overview of serving individuals with developmental disabilities
- Rights of individuals set forth in sections 5123.62 to 5123.64 of the Ohio Revised Code
- Overview of basic principles and requirements for providing HCBS waiver services
- Requirements of rule 5123:2-17-02 of the Ohio Administrative Code
- Universal precautions for infection control, including hand washing and the disposal of bodily waste

OR

☐ I shall provide informal respite only to my own family member (provide name of and applicant's relationship to individual being served)

Name of individual being served:	
Applicant's relationship to individual being served:	

Each applicant must initial the following to indicate your understanding and assurance to comply.

_____ The limited provider shall communicate with service and support administration staff and the responsible family member for the purpose of coordinating activities to ensure that services are provided to the individual in accordance with the ISP and intended outcomes.

_____ The limited provider shall receive orientation and training by the responsible family member, prior to the delivery of services, about activities required to meet the needs and preferences of the individual being serviced, including training stipulated for the individual in his/her individual service plan (ISP) and other information related to health and welfare needs of the individual.

_____ The limited provider shall annually receive training by the responsible family member, about the activities required to meet the needs and preferences of the individual being served, including any training stipulated for the individual in his/her ISP and other information related to health and welfare needs of the individual.

_____ The limited provider shall comply with the reporting requirements in rule 5123:2-17-02 of the Ohio Administrative Code relating to incidents adversely affecting health and safety.

Each applicant must initial the following to indicate your understanding and assurance to comply.

_____ Upon request by the Ohio Department of Developmental Disabilities, the Ohio Department of Job and Family Services, or the county board of developmental disabilities, the limited provider shall present written documentation from the individual's ISP to demonstrate that he/she has been selected by the individual or the individual's guardian to provide informal respite services.

_____ The limited provider shall maintain documentation from the Department of the limited provider's certification.

_____ Except in the case of multiple individuals enrolled in the HCBS Level One waiver who live in the same family setting, the limited provider shall not provide informal respite to more than one individual.

I have submitted the evidence as requested, understand the requirements, and certify that I will meet the above initialed assurances. I understand that misrepresentation or falsification of this application or any supporting documentation may result in denial or revocation of provider certification.

_____ _____

Signature of Limited Provider Applicant Date

Return completed application with supporting documentation to:

Ohio Department of Developmental Disabilities
Office of Provider Certification
30 East Broad Street, 13th Floor
Columbus, Ohio 43215
1-877-289-3636

Or email Provider.Certification@dmr.state.oh.us