Ohio | Department of Developmental Disabilities

PROVIDER CERTIFICATION APPLICATION ADDENDUM
SOCIAL WORK

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

NAME OF INDEPENDENT/AGENCY PROVIDER	
NAME OF CEO OF AGENCY PROVIDER, IF APPLICABLE	

DEFINITION OF SOCIAL WORK

"Social Work" means the application of specialized knowledge of human development and behavior, social, economic, and cultural systems. This knowledge is used to directly assist individuals and their families to improve or restore their capacity for social functioning. Services include the provision of counseling and active participation in problem-solving with individuals and family members; counseling in relationship to meeting the service to assist them to understand and support the social and emotional needs and problems experienced by individuals and their families; advocacy; referral to community-based and specialized services; develop social work/counseling plans of treatment; and assist providers of services and family members to understand and implement activities related to implementation of the plan of treatment. Programs and or services are entities of the individual's service plan (ISP). The clinical nature of the services will include the use of counseling techniques, appraisal skills, consulting abilities, and a variety of treatment modalities and interventions to help the individual/caregiver. Social work services are not intended to duplicate case management.

☐ **Social work services must be provided by a Social Worker, Independent Social Worker, Professional Counselor, or Professional Clinical Counselor who holds a current, valid license issued under Chapter 4757. of the Ohio Revised Code. Please check the box to indicate that the documentation is included.**

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

_____ The provider shall document social needs and develop a social work/counseling plan of treatment.

_____ The provider shall provide direct service in the form of counseling and actively participate in resolving problems.

_____ The provider shall counsel individuals and involved family members with regard to the individual's psychosocial need.

_____ The provider shall collaborate with the physician and assist various providers of service in understanding emotional problems and social needs of the individual being served.

_____ The provider shall recognize the social problems of the individual and caregiver and take appropriate therapeutic intervention.

_____ The provider shall act as an advocate for the individual's social needs.

_____ The provider shall refer individuals/family to case management for financial matters or interagency collaboration and follow-up.

_____ The provider shall assist individual, staff, and family to resolve problems which prevent the individual's adjustment or any other problems which affect the individual's ability to benefit from medical treatment.

_____ The provider shall assist the individual to develop self-help skills, socialization, and adaptive skills that can enable him/her to remain functional outside an institution.

_____ The provider shall arrange individual and caregiver counseling and other supportive services in alleviating some of the pressures of estrangement from social support systems such as family, employment, and residential placement.

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 Independent Provider/Agency CEO 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