Ohio | Department of Developmental Disabilities

PROVIDER CERTIFICATION APPLICATION ADDENDUM
ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS

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 ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS

"Environmental accessibility adaptations" means those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air condition, etc. Adaptations that add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable state or local building codes.

☐ **The applicant must submit documentation (e.g., letters from previous customers, resume outlining experience, contractor's license, or Builders' Association Member card) verifying experience in performing the types of physical adaptations to homes as set forth in the above service definition.**

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

_____ The provider shall meet all applicable state and local regulations that apply to the operation of the provider's business or trade.

_____ The provider shall maintain documentation of the provider's compliance with state and local regulations that apply to the operation of the provider's business or trade and shall present such documentation upon request by Ohio Department of Job and Family Services, the Ohio Department of Developmental Disabilities, or the county board of developmental disabilities.

_____ The provider shall provide modifications and/or make repairs as authorized by the Individual Service Plan (ISP).

_____ The provider shall participate in the development of the ISP if and when requested by the individual's interdisciplinary team.

_____ The provider shall provide follow-up as necessary.

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 to Provider.Certification@dmr.state.oh.us