Ohio | Department of Developmental Disabilities

PROVIDER CERTIFICATION APPLICATION ADDENDUM
ADAPTIVE AND ASSISTIVE EQUIPMENT

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 ADAPTIVE AND ASSISTIVE EQUIPMENT

"Adaptive and Assistive Equipment" means those specialized medical equipment and supplies that include devices, controls, or appliances, specified in the individual's ISP, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid state plan. To the extent that such equipment or supplies are available under the state plan or could be covered under the provisions of 1901(r) of the Social Security Act, they will not be covered as Home and Community-Based Services (HCBS) waiver services for waiver participants less than 21 years of age. Excluded are those items that are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design, and installation. Providers of adaptive/assistive equipment may include medical equipment vendors that provide adaptive/assistive equipment; any agency or independent provider who is approved as an adaptive/assistive equipment provider under the Medicaid state plan; and veterinarians who are appropriately licensed by the State of Ohio to provide services to support animals.

☐ **Veterinarians providing services to support animals shall provide evidence of licensure to engage in the practice of veterinary medicine in accordance with Chapter 4741. of the Ohio Revised Code. Please check the box to indicate that the documentation is included.**

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

_____ The provider shall provide training to the individual, family, and/or other appropriate persons on the proper utilization of said equipment.

_____ The provider shall repair equipment as authorized by the county board representative.

_____ The provider shall provide follow-up services as necessary.

_____ The provider shall provide for proper installation of equipment, if required.

_____ The provider shall properly maintain rental equipment, if required.

_____ The provider shall assume full liability for equipment improperly installed or maintained.

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