

Steps to becoming a certified provider:

Step One - Provider Certification Initial Application:

Whether you are applying to become a Provider of Medicaid waiver services or a Provider of Non-Medicaid supported living services, you must complete the Provider Certification Application - CERT01.

Step Two - Apply to Become an Independent Provider

-please complete each form below and email with CERT-01 to Provider.Certification@dmr.state.oh.us

Form #	Description
ODJFS-6750	Ohio Health Plan Provider Application/Agreement for Individual Practitioners
OBM-5657	OBM Vendor Information Form
Form W-9 (Rev. 10-2007)	Taxpayer Identification Form
HLS-0038	Request form for the denial of funding or business contract
	Terrorist Exclusion List

- The following standards apply to each independent provider; each member of a family consortium; each chief executive officer of an agency provider; and each employee, contractor, and employee of a contractor of an agency provider who is engaged in a direct services position. These standards must be met before certification is granted. Independent providers, each member of a family consortium, and each chief executive officer of an agency provider must submit evidence of the following upon application. Agency providers must maintain evidence of the following for each employee, contractor and employee of a contractor and submit it to the department upon request.
 - **Proof that you are at least 18 years of age**
 - **Copy of a high school diploma or GED**
 - **Valid Social Security Number**
 - **A State of Ohio identification, a valid driver's license, or other government-issued photo identification**
 - **A current report from the Bureau of Criminal Identification and Investigation (BCII) which demonstrates he/she has not been convicted of or pleaded guilty to any of the offenses listed in division (E) of section 5126.28 of the Ohio Revised Code; a criminal record check by the Federal Bureau of Investigation is required for those who cannot present proof that they have been residents of Ohio for the five-year period prior to the date of the background investigation**

Or Step Two - Apply to Become an Agency Provider

please complete each form below and send to the Department with CERT-01. There are three ways to send forms:

-Mail to Accounts Receivable at 30 E. Broad Street, 13th Floor, Columbus, Ohio 43215

-Fax to 614-728-7836

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

Form #	Description
ODJFS-6751	Ohio Health Plan Provider Enrollment Application/Agreement for an Organization
OBM-5657	OBM Vendor Information Form
Form W-9 (Rev.	Taxpayer Identification Form

10-2007)	
HLS-0038	Request form for the denial of funding or business contract
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 - **Chief executive officer: Verification of at least one year of full-time, paid work experience in the provision of services to individuals with developmental disabilities which included responsibility for personnel matters, supervision of employees, program services, and financial management**
 - **Chief executive officer: A Bachelor's degree from an accredited institution or at least four years of full-time, paid work experience as a supervisor of programs or services for individuals with developmental disabilities**

Step 3 – Medicaid Waiver Service Applications for Providers:

Most Commonly Requested Service Applications

-This is a list of the most commonly requested services.

Form #	Description
CERT-02	Homemaker/Personal Care, Independent/Agency Provider
CERT-03	Transportation, Independent/Agency Provider
CERT-04	Transportation Mileage Other Than to Access Adult Day Services, Independent/Agency Provider
CERT-05	Adult Foster Care, Independent/Agency Provider
CERT-06	LVI Informal Respite, Limited Provider

Additional Service Applications

-These are services in which you can become certified, in addition to the standard service applications

Form #	Description
CERT-07	Non-Medical Transportation To Access Adult Day Services, Independent/Agency Provider
CERT-08	Adult Day Services, Agency Provider
CERT-09	Supported Employment Enclave & Community, Independent/Agency

	Provider
CERT-10	Home Delivered Meals, Independent/Agency Provider
CERT-11	Nutrition, Independent/Agency Provider
CERT-12	Interpreter, Independent/Agency Provider
CERT-13	Social Work, Independent/Agency Provider
CERT-14	Environmental Accessibility Adaptations (Environmental Modifications), Independent/Agency Provider
CERT-15	Adaptive and Assistive Equipment, Independent/Agency Provider
CERT-16	Transportation, Public Bus
CERT-17	Transportation, County Boards
CERT-18	Transportation, Taxi Services
CERT-19	Institutional Respite, Agency Provider
CERT-20	Personal Emergency Response Systems, Agency Provider
CERT-21	Specialized Medical Equipment & Supplies, Independent/Agency Provider

Step 4 – Application Fee

Effective October 1, 2009, Applicants seeking certification to provide Supported Living and/or Home and Community-Based Services waiver services are required to submit an application fee at the time of application for initial certification, application to renew certification, and application for certification to provide additional HCBS waiver services during the term of existing certification. The fee structure has three tiers:

- independent providers and family consortia,
- small agency providers (defined as those who serve or plan to serve 50 or fewer individuals), and
- large agency providers (defined as those who serve or plan to serve 51 or more individuals).

Agencies applying for provider certification will self-report their status as a small agency or a large agency on their application form.

	Initial Certification (1 year)	Renewal Certification (3 years)	Add Service(s) During Term of Certification
Independent Provider or Family Consortium	\$ 50	\$ 100	\$ 15
Small Agency Provider (serving 50 or fewer individuals)	\$ 300	\$ 800	\$ 50
Large Agency Provider (serving 51 or more individuals)	\$ 700	\$ 1,600	\$ 100

The application fee must be paid in the form of a cashier's check, corporate check, or money order, payable to the Ohio Department of Developmental Disabilities. Payment in full is required at the time of application. **Applications submitted without a check or money order will be returned to the applicant. Application fees are non-refundable.** Therefore, an applicant who is uncertain about which fee applies should contact the Provider Certification Unit at provider.certification@dmr.state.oh.us before submitting his/her application.

Please send all application fees to:

The Ohio Department of Developmental Disabilities
Accounts Receivable
30 E. Broad Street
13th Floor
Columbus, Ohio 43215

What happens next?

Step 5 – Initial Approval Notification

If the application is complete, the department will review the application and notify the applicant in writing of its decision to approve or deny certification within 45 calendar days of receipt of the complete application. The notification will specify the effective date and expiration date of the certification and the specific service(s) for which the applicant is approved. As soon as you receive this initial certification approval letter you may begin providing services. However, you cannot submit claims for reimbursement until you have received a final approval letter with your Medicaid provider number; billing for authorized services can be submitted back to the date indicated on the initial certification approval letter.

The applicant will also receive a DODD Security Affidavit Form. **Complete this form and fax to DODD at 614-752-4673 or mail the original to:** Security Administrator, DODD, 30 East Broad Street, 12th Floor, Columbus, OH 43215-3434.

Step 6 – Final Approval Letter

The department will obtain a Medicaid provider number from the Ohio Department of Job and Family Services for certified providers of HCBS waiver services; the department will notify the certified provider in writing within twenty calendar days of receipt of the Medicaid provider number.

In addition to the final approval letter with the Medicaid provider number listed, the applicant will also receive billing instructions, and form OBM-1234 Authorization Agreement for Direct Deposit of EFT Payments. This form requires an original signature, so it **cannot be emailed or faxed**. Please follow the instructions on the form as to how to submit this document.

It is the expectation that you will download and complete the forms. We will no longer send out application packets. If you have additional questions or comments, please contact the Office of Provider Certification at Provider.Certification@dmr.state.oh.us.