



Ohio Department of Mental Retardation and Developmental Disabilities

Ted Strickland, Governor

John L. Martin, Director

FINAL APPROVAL LETTER Original Certification

Date

Agency/Individual Name

Address

City, State, Zip

ODMRDD CONTRACT NUMBER:

ODJFS MEDICAID PROVIDER NUMBER:

CERTIFICATION TYPE:

___ Agency -or- ___ Individual

INDIVIDUAL OPTIONS (I/O) SERVICE (S) CERTIFIED TO DELIVER:

Homemaker/Personal Care

Effective Date: November 22, 2007

Transportation Mileage Other Than To Access Adult Day Services

Effective Date: November 22, 2007

LEVEL ONE (L-1) SERVICE (S) CERTIFIED TO DELIVER:

Homemaker/Personal Care

Effective Date: November 22, 2007

Informal Respite

Effective Date: November 22, 2007

Transportation

Effective Date: November 22, 2007

Dear Provider:

Congratulations! This is official notification of your registration as an **Individual Option (I/O) and Level One (L1)** provider and allows you to receive reimbursement for the above referenced service(s) provided in accordance with an I/O and L1 Waiver enrollee's Individual Service Plan (ISP) and Payment Authorization for Waiver Service (PAWS) confirmation.

Information regarding the changes to PAWS and BILLING can be found on the Department's Website at: www.mrdd.ohio.gov Please direct all billing questions to Provider Support Services via email at provider.support@odmrdd.state.oh.us or you may call 1-800-617-6733 where you will be instructed by voice recording to leave a detailed message regarding your issue(s). A Customer Service Assistant will return your call in the order in which it was received. You may only submit claims after you and/or your billing agent have filled out a Security Affidavit and been assigned a log-on and temporary password. The Security Affidavit form can be located on the ODMRDD main website at Security.Support@odmrdd.state.oh.us. It is important to note that you must include your ODMRDD CONTRACT NUMBER on all claims submitted to ODMRDD for reimbursement.

Information regarding direct deposit of payment is available to you through the ODMRDD online system at <https://odmrdd.state.oh.us/apps/>. It is located under MBS (Medicaid billing System). Once you have signed on MBS, click on the Provider Weekly Reports options, which will take you to the Output Files. Select the billing cycle that corresponds to the date your claims were submitted to find the payment information. The payment amount will be located under INVOICE_Month Year Cycle_123456.TXT file for that cycle. In order to access MBS, you are required to have a Security Affidavit form filled out and on file.

IMPORTANT: It is your responsibility to respond to all correspondence received from the Ohio Department of Job and Family Services and the Ohio Department of MRDD pertaining to your Medicaid Provider Agreement. Responding to information request regarding your Medicaid Provider Agreement will help ensure uninterrupted certification.

Should you have any questions or require additional information regarding certification, please feel free to contact me in the area of Certification Services via email at [email](mailto:) or by telephone at (614) 752-2486 or toll free at (877) 289-3636.

Sincerely,

Certification Specialist

The mission of ODMRDD is continuous improvement of the quality of life for Ohio's citizens with developmental disabilities and their families.