

**The Ohio Department of Mental Retardation and Developmental Disabilities**



**Ted Strickland, Governor**

**John L. Martin, Director**

March 05, 2009

CLIENT#:

CASE#:

LEVEL OF CARE DATE:04/01/2009

Subject: Initial Enrollment  
Level One Waiver(LV1 )

has been determined eligible for the LV1 Waiver and your application has been approved with a Level of Care effective April 01, 2009 through March 31, 2010.

You or your authorized representatives are responsible to maintain Medicaid eligibility each month. You must be Medicaid eligible to maintain your Waiver enrollment. You need to have available a current Medicaid card to present to the provider of services, if requested.

It is the responsibility of the County Board to submit a completed PAWS (Payment Authorization for Waiver Services) form to the Office of Medicaid Payment & Support for the span beginning on the effective date indicated above. For information or questions regarding the PAWS form, County Boards should contact their Fiscal specialists.

If you have any questions concerning services or the contents of this letter, please contact your service coordinator/waiver contact at your local County Board of MRDD.

c: Kim Kent, Waiver Contact, CRAWFORD County Board of MRDD

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