

**PROVIDER CERTIFICATION APPLICATION ADDENDUM
TRANSPORTATION**

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 TRANSPORTATION

“Transportation” means a service offered in order to enable individuals served on the Level One waiver to gain access to waiver and other community services, activities, and resources specified by the plan of care. This service is offered in addition to medical transportation required under Title 42 of the Code of Federal Regulations, section 431.53 (October 1, 2001) and transportation services under the state plan as defined at Title 42 of the Code of Federal Regulations, section 440.170(a) (October 1, 2001), if applicable, and shall not replace them. Transportation services under the Level One waiver shall be offered in accordance with the individual’s ISP. Whenever possible, family, neighbors, friends or community agencies which can provide this service without charge, will be utilized.

The following standards apply to each independent provider and each employee, contractor, and employee of a contractor of an agency provider who is engaged in a direct services position. Independent providers must submit evidence of the following standards upon application. Please check the box to indicate that the documentation is included.

- Hold valid American Red Cross or equivalent certification in First Aid
- Hold valid American Red Cross or equivalent certification in CPR
- Have completed eight hours of training that addresses the following topics:
 - Overview of serving individuals with developmental disabilities
 - Rights of individuals set forth in sections 5123.62 to 5123.64 of the Ohio Revised Code
 - Overview of basic principles and requirements for providing HCBS waiver services
 - Requirements of rule 5123:2-17-02 (*Incidents Adversely Affecting Health and Safety*) of the Ohio Administrative Code
 - Universal precautions for infection control, including hand washing and the disposal of bodily waste
- Hold a valid driver’s license as specified by Ohio law
- Have proof of insurance coverage as specified under Sections 4509.101 and 4509.47 of the Ohio Revised Code, as applicable

Agency providers do not need to submit this information for each employee, contractor, and employee of a contractor upon application, but must maintain evidence of compliance with these standards.

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

_____ The provider shall maintain documentation from the Department of the provider's certification.

Each applicant for independent provider certification must initial the following to indicate your understanding and assurance to comply.

_____ The provider shall immediately report in writing to the Department, if his/her driver's license is suspended or revoked.

Each applicant for agency provider certification must initial the following to indicate your understanding and assurance to comply.

_____ The provider shall employ a chief executive officer who is responsible for personnel matters, supervision of employees, program services, and financial management.

_____ The provider shall have written policies and procedures that address the applicant's management practices regarding its table of organization and a requirement that drivers providing transportation services must be at least 18 years of age.

_____ The provider shall require all drivers to immediately report in writing to the agency provider, if their driver's license is suspended or revoked.

_____ The provider shall not permit a driver whose license has been suspended or revoked to provide transportation services.

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