

## Exhibit C: Title XX Certification of Proper Billing (DODD 1014-2)

The Title XX Certification of Proper Billing (Form DODD 1014-2) is one of two forms required to document proper billing for Title XX services. The DODD 1014-2 was created in 2014 to focus on the County Board’s certification that units of service billed to Title XX are provided to individuals eligible for county board services and that those services are included in the individual’s Individual Service Plan (ISP) or Individual Family Service Plan (IFSP). The redesigned form requires County Board administrators to certify that Medicaid is not an optional funding source for the service provided to the individual and that reimbursement is not being provided by other federal sources.

### Instructions

**When to Complete the DODD 1014-2:** The DODD 1014-2 should be completed concurrently with an ISP or IFSP review, so that an initial determination or redetermination for Title XX billing may be included in the plan. In the case when a new plan is under development, you may complete the DODD 1014 first; however, you must ensure that the signed ISP/IFSP supports the Title XX service selected for billing on this form.

**Section A: Individual’s Identifying/Contact Information** must be completed with accurate and current information. The individual’s contact information and identifying information will be used to match individual service plans and records to the form. The form should be updated when the individual’s contact information changes. A unique identifying number may be used in lieu of a Social Security Number so long as the Grantee maintains locally a crosswalk matching the unique identifying number to the Social Security Numbers.

**Section B:** Include the date of the county board eligibility determination and document that the individual is eligible for DD services as determined under OAC 5123:2-1-02. Indicate that the individual has been determined eligible for county board services per the OEDI, COEDI, enrolled in CBDD Programs as of 7-1-91, or if the individual is a child (age 3 or under) and eligible for EI services under Part C of IDEA.

**Section C:** Identify the Title XX service name and Title XX billing code that will be billed for the individual. The services must align with the individual’s Individual Service Plan (ISP) or, in the case of early intervention, the Individual Family Service Plan (IFSP). A separate form should be used for each service.

**Section D:** Select the national goals that correspond to the services billed as they are applicable to the individual, using the table below.

DEPARTMENT OF DEVELOPMENTAL DISABILITIES TITLE XX SERVICES	NATIONAL TITLE XX GOALS					
	Self-Support	Self-sufficiency	Preventing neglect, abuse, or exploitation	Preserving families	Community based care	Institutional care
Day Care Services for Adults	X	X	X	X	X	
Education and Training Services	X	X	X	X	X	
Employment Services	X	X			X	
Independent and Transitional Living Services	X	X	X	X	X	
Information and Referral Services	X	X	X	X	X	
Other Services: Offender Re-Entry	X	X	X	X	X	
Protective Services for Adults			X			X
Recreational Services	X	X	X	X	X	
Special Services for Persons with Developmental Disabilities: Early Intervention		X	X	X	X	
Transportation Services	X	X	X	X	X	

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Section E asks two questions:

- 1) Are the services provided without regard to income?
  - The standard fee schedule is based on services provided without regard to income, so in almost all cases, the answer is “Yes”. If the county board chooses to offer services based on income, please contact the Title XX Administrator at DODD.
- 2) Are the services provided included in the Grant Agreement?
  - If a service listed on the form is not included in the Board’s Title XX Grant Agreement for the federal fiscal year, then that service cannot be billed to Title XX until it is included in the Grant Agreement between the Board and DODD.

Section F: Assures that services billed are not available via a DODD waiver, funded by another federal funding source, or included in 42 U.S.C. § 1397d, Title XX – Section 2005 [Limitations on the Use of Grants](#).

Section G: Complete an initial certification to begin billing a Title XX service for an individual. A County Board representative will certify that the individual’s identifying and contact information is current and that it is appropriate to bill Title XX for the services provided to the individual. It is the Board’s responsibility to determine the appropriate representative, or group of representatives, to sign the DODD 1014-2.

Section H: A redetermination should be completed when one of the following events occur:

- 1) The service is no longer included in the Grant Agreement.
- 2) The individual is no longer eligible for county board services.
- 3) Another funding source is being used (ex. DODD waiver enrollment provides an alternative funding source for services billed).
- 4) The service no longer aligns with the individual’s ISP/IFSP.
- 5) Other.

Note: For monitoring and compliance purposes, a county may also choose to complete a redetermination at additional times (ex. At the beginning of each federal fiscal year). To facilitate this, Section H allows you to choose the option to recertify that it is proper to continue billing Title XX for this service for this individual.

This form provides space to document multiple redeterminations. You may copy Section H to add space for additional redeterminations.

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### A. Individual's Identifying/Contact Information

### B. Individual Eligibility for CBDD Services

<p>1. Individual's Name</p> <hr/> <p>2. Social Security Number/Unique Identifier:</p> <hr/> <p>3. Street Address</p> <hr/> <p>4. City, State, Zip Code</p> <hr/> <p>5. Birth Date</p> <hr/> <p>6. Age Group</p> <p style="text-align: center;"> <input type="checkbox"/> Under 18                  <input type="checkbox"/> 18-59                  <input type="checkbox"/> 60 and older         </p>	<p>1. Date of County Board Eligibility Determination</p> <p>(MM/DD/YY): ____/____/____</p> <p>2. Eligibility verified from CBDD based upon:</p> <p style="text-align: center;"> <input type="checkbox"/> OEDI                                  <input type="checkbox"/> COEDI         </p> <p>Enrolled in CBDD Programs as of 7-1-91</p> <p>(For EI Only) Eligible for EI services per Part C of IDEA</p>
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### C. Title XX Service

Title XX Service Name	Service Code	Does the service align with the ISP or IFSP?	Additional Comments (If Needed)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No", then Title XX cannot be billed for this service.			

### D. National Goals Achieved with Service (Select All that Apply- Please refer to the matrix included in the instructions)

1. Self-Support	2. Self-Sufficiency	3a. Protection-Children	3b. Protection-Adult
3c. Preserving Families	4. Community Based Care	5. Institutional Care	

### E. Service Category

Without Regard to Income:	Yes	No	<b>If no, please contact the Title XX Administrator at the Department of Developmental Disabilities</b>
Service is Included in Grant Agreement:	Yes	No	<b>If no, service cannot be billed to TXX.</b>

### F. Limitations

F(a) Is the individual currently enrolled on a DODD waiver?	Yes	No	
F(b) If yes, is the service listed above covered by the waiver for this individual?	Yes	No	
F(c) This service is included in TXX Section 2005 <a href="#">Limitations on the Use of Grants?</a>	Yes	No	

**If the answer to F(b) of F(c) is "Yes", that service cannot be billed to Title XX.  
Please also note that Title XX should not be used if another federal funding source pays for this service for this individual.**

### G. Initial Certification

I certify that the information provided is accurate and that it is appropriate to bill Title XX for the service outlined in this form for this individual. I understand that should the individual become ineligible for county board services, or if the service above is excluded from the Title XX Grant Agreement at any point in time, that the Grantee can no longer bill Title XX for this service.

Grantee Representative Name (Print): \_\_\_\_\_

Grantee Representative (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Individual Name:

SSN/Unique Identifier:

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**H. Billing Redetermination**

	Redetermination Date (MM/DD/YY) :				
<p><b>Certification to Continue Billing TXX for this Service:</b></p> <p>I certify that the information provided is accurate of the date indicated and that it is appropriate to bill Title XX for the service outlined in this form for this individual. I understand that should the individual become ineligible for county board services, or if the service above is excluded from the Title XX Grant Agreement at any point in time, that the Grantee can no longer bill Title XX for this service.</p>					
	The service is no longer included in the Grant Agreement.	The individual is no longer eligible for county board services.	Another funding source is being used.	The service no longer aligns with the individual's ISP/IFSP.	Other: Insert Comments Below
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS IF APPLICABLE:					
<p>Grantee Representative Name (Print): _____</p> <p>Grantee Representative (Signature): _____</p>					

	Redetermination Date (MM/DD/YY) :				
<p><b>Certification to Continue Billing TXX for this Service:</b></p> <p>I certify that the information provided is accurate of the date indicated and that it is appropriate to bill Title XX for the service outlined in this form for this individual. I understand that should the individual become ineligible for county board services, or if the service above is excluded from the Title XX Grant Agreement at any point in time, that the Grantee can no longer bill Title XX for this service.</p>					
	The service is no longer included in the Grant Agreement.	The individual is no longer eligible for county board services.	Another funding source is being used.	The service no longer aligns with the individual's ISP/IFSP.	Other: Insert Comments Below
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS IF APPLICABLE:					
<p>Grantee Representative Name (Print): _____</p> <p>Grantee Representative (Signature): _____</p>					

Individual Name:

SSN/Unique Identifier: