



## 1. Class Description

ODDS certifies and endorses Provider Agencies to deliver Medicaid services to individuals who experience I/DD.

Potential Providers seeking to be Certified as a Medicaid Provider Agency and new executive directors of existing Medicaid Provider Agencies need to complete a Medicaid Agency Orientation program as a prerequisite to becoming Certified.

The purpose of the Orientation is to assure new Medicaid Provider Agencies and new executive directors are familiar with the Oregon Administrative Rules, ODHS and ODDS policies they will be required to comply with, so that they understand the types of systems and procedures they'll need to develop and implement to successfully deliver services and be able to locate additional training and information when needed.

A certificate of Successful Completion of the MAO Program is one of the requirements for those applying to become Certified as a Medicaid Provider Agency in Oregon.

## 2. Participant Information

**First Name:**

**Last Name:**

**Email Address:**

**Phone Number:**

**Company/Organization Name:**

**Alternate Contact Name and Title:**

**Alternate Contact Email Address:**

## 3. Payment Information

**Non-refundable Registration Processing Fee:** \$150.00 USD

**Class Enrollment Fee:** \$700.00 USD

**Payment Method:** PayPal will be used for invoicing. You can pay using your established Pay Pal payment method or a different credit or debit card.

**Single Session Retake Enrollment Fee:** \$200.00 USD

## 4. Special Requirements

If you need an interpreter, enter the language you need interpretation in.

If you need an accommodation outside of interpretation, please submit the MAO Reasonable Accommodation Request Form.



## 5. Consent and Agreement

By signing this form, I agree that:

- I have read and agree to the MAO Academic Administration Policy.
- I have read and agree to the MAO Accessibility policy.
- I have read and agree to the MAO ATS Privacy policy.
- I have read and agree to the MAO Fees, Cancellation & Refund policy.
- I have read and agree to the MAO Participant Rights policy.
- I have read and agree to the MAO Software, Technology and Tools policy.
- I have read and agree to the MAO Workday Pre-Class Assignment Expectations policy.
- I have read and agree to all Terms and Conditions as outlined therein.

## 6. Class Selection

**Preferred Class Selection** (class ID required)

**Alternate Class Selection** (in case your preferred class is full- class ID required)

## 7. ATS Contact Information:

[MAO@abilityts.com](mailto:MAO@abilityts.com)

(503) 560-9980

## 8. Participant Affirmation

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_