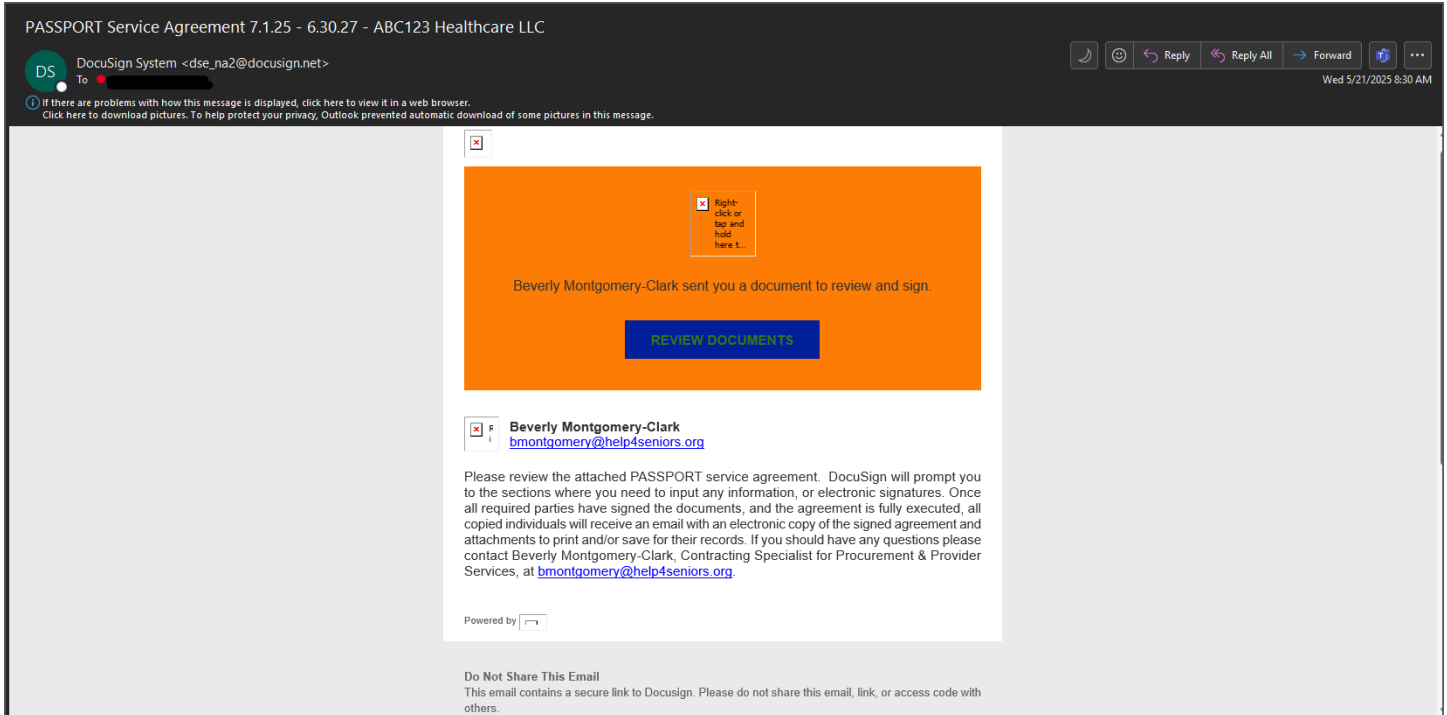


Council on Aging (COA) uses DocuSign to process contracts and service agreements for secure, electronic signatures. When COA sends an agreement for signature, DocuSign sends an email notifying the assigned contract signatory that there is a document that requires an electronic signature. The email contains a secure link to the documents. It is simple, straight-forward, secure, and there are prompts to ensure all of the necessary sections are completed. After all required parties have signed the documents, DocuSign will send an email containing a copy of the fully executed contract documents to any parties who had to sign so that the fully executed agreement can be saved and/or printed for the business' records. Below are some basic instructions on what the DocuSign process looks like for your reference.

## Basic directions on using DocuSign for electronic signatures

1 - Email received from Council on Aging (COA) requesting document(s) to be signed. Once opened, the email will show you a brief message from the COA Contract Writer, and will provide a blue "Review Documents" button that will take you to the documents that need to be e-signed.



others.

### Alternate Signing Method

Visit [Docusign.com](https://docusign.com), click 'Access Documents', and enter the security code: D845D2EBC91F411AAC0CB64ACA464D312

**\*\*Note: If you cannot access the "View Documents" link in the email you may follow the directions below the yellow "View Documents" button to open the document(s) through the DocuSign website.\*\***

### About DocuSign

Sign documents electronically in just minutes. It's safe, secure, and legally binding. Whether in an office, at home, on-the-go – or even across the globe – DocuSign provides a professional trusted solution for Digital Transaction Management™.

### Questions about the Document?

If you need to modify the document or have questions about the details in the document, please reach out to the sender by emailing them directly.

### Stop receiving this email

[Report this email](#) or read more about [Declining to sign](#) and [Managing notifications](#).

If you have trouble signing, visit "[How to Sign a Document](#)" on our [DocuSign Support Center](#), or become part of the [DocuSign Community](#) to access tips and guidance from peers.

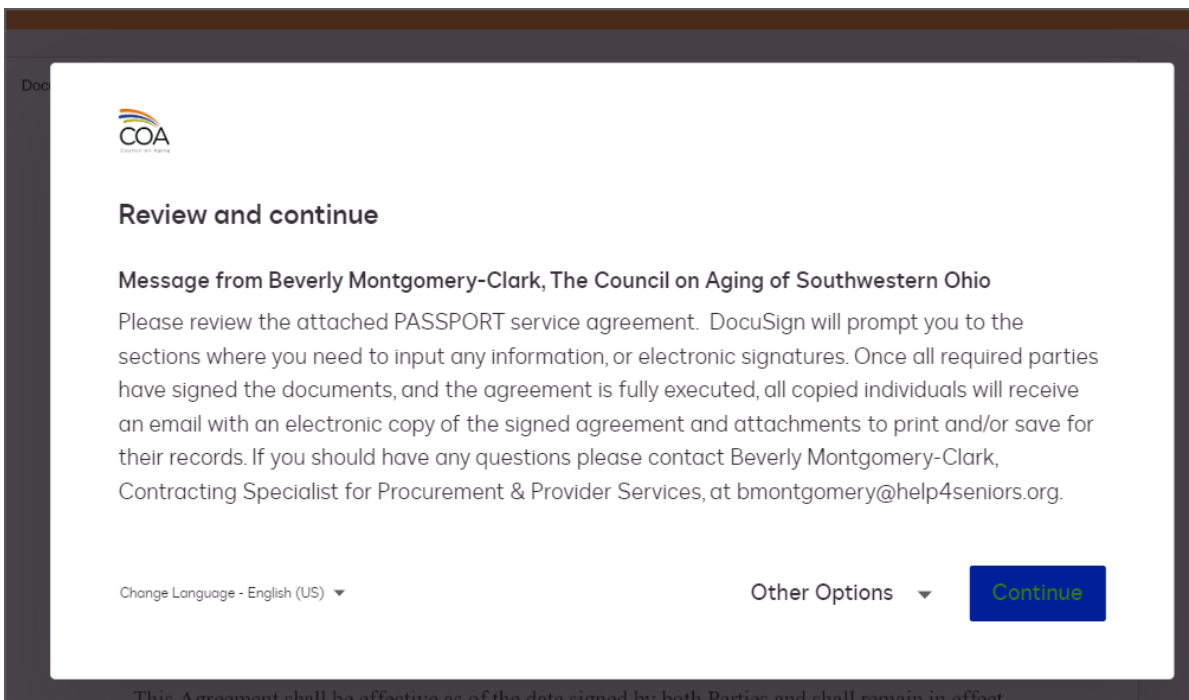
 [Download the DocuSign App](#)



**\*If you choose to download the DocuSign App on your smart device then you are able to insert an actual handwritten signature on the documents sent to you via DocuSign.**

This message was sent to you by Beverly Montgomery-Clark who is not receive email from this sender you may contact the sender with

2 - Once the "Review Document" button is clicked in the email a screen opens with the request for signature, similar to the example below.



**Review and continue**

Message from Beverly Montgomery-Clark, The Council on Aging of Southwestern Ohio

Please review the attached PASSPORT service agreement. DocuSign will prompt you to the sections where you need to input any information, or electronic signatures. Once all required parties have signed the documents, and the agreement is fully executed, all copied individuals will receive an email with an electronic copy of the signed agreement and attachments to print and/or save for their records. If you should have any questions please contact Beverly Montgomery-Clark, Contracting Specialist for Procurement & Provider Services, at [bmontgomery@help4seniors.org](mailto:bmontgomery@help4seniors.org).

Change Language - English (US) ▾ Other Options ▾ [Continue](#)

This Agreement shall be effective as of the date signed by both Parties and shall remain in effect

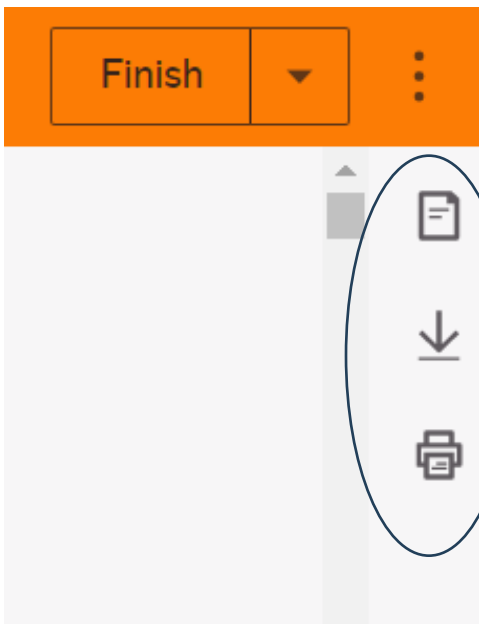
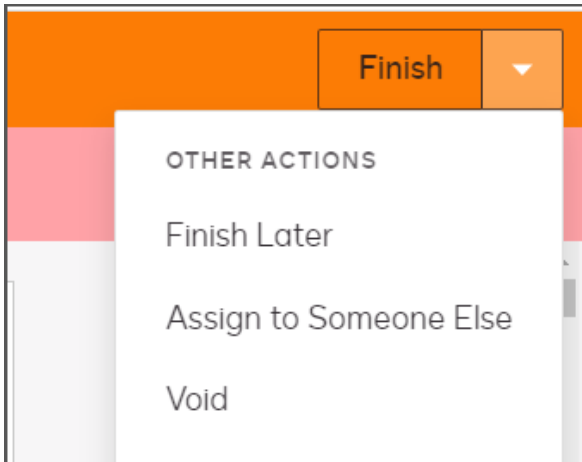
3 – Once you click the “Continue” blue button the document will open for you to review. There are a few options at the top of the page. You can click the blue “Start” button and it will flash the first section needing to be completed. You can see this circled below.

The screenshot shows the top of a DocuSign document review page. An orange header bar contains the text "Review and complete" on the left and a "Finish" button with a downward arrow on the right. Below the header, a blue "Start" button is circled in blue. The document content includes the COA logo, the title "PASSPORT Provider Agreement", and several paragraphs of text with red boxes highlighting fields for completion. The text includes: "This Agreement is entered into by and between Council on Aging (ODA's Designee), located at 4601 Malsbary Road, Blue Ash, OH 45242, and ABC123 Home Healthcare (Provider), located at [Street address] [City, state, & zip code] ODA's Designee and Provider, together, are referred to in this Agreement as 'the Parties.'" followed by a "Purpose" section and "Article I: Effective Dates".

There is also a “Finish” button in the orange bar at the top of the page with a drop-down arrow next to it. You can see this circled below. This button will not activate and turn blue until you have completed all of the required sections of the agreement.

This screenshot shows the same DocuSign document review page as the previous one, but with the "Finish" button in the orange header bar circled in blue. The document content is identical, showing the "Next" button on the left and the "Finish" button on the right. The document text is the same as in the previous screenshot, including the COA logo, the title "PASSPORT Provider Agreement", and the introductory paragraph and "Purpose" section. The "Finish" button is currently grey, indicating that not all required sections have been completed.

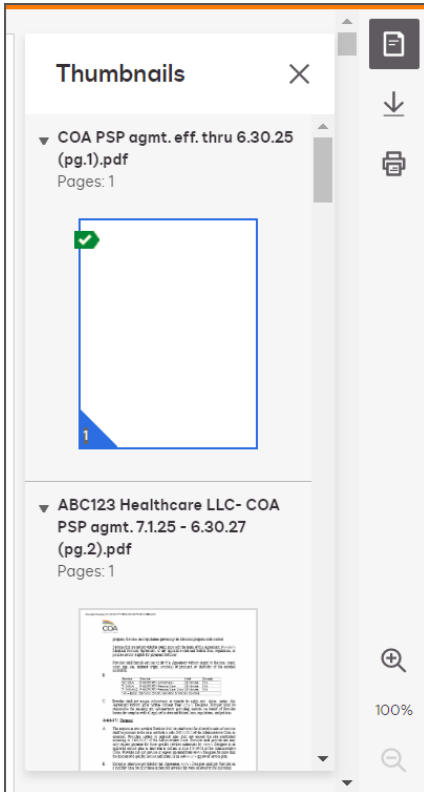
Clicking on the drop-down arrow shows you other actions that allow you to finish completing the documents later, assign the documents to someone else in your business to sign, decline to sign/void the agreement. Selecting Void/Decline to sign this would mean that you are choosing not to sign the agreement with COA, and you are unable to access this agreement again to try to sign.



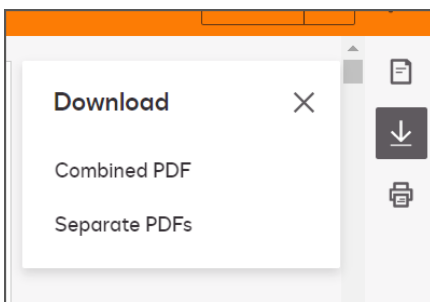
There are other options found underneath the "Finish" button, that are shown circled to the left.



Thumbnails are the page icon. This allows you to scroll through specific pages of the agreement for review. Shown in the screenshot below.



Download is the option show with the underlined down arrow. This allows you to download the agreement documents to your smart device or computer to review prior to signing. Shown in the screenshot below.



Print is the option showing a printer icon. This allows you to print a PDF version of the agreement documents to a connected printer to review prior to signing. Shown in the screenshot below.



4 - If there are any sections you need to fill in information into the documents there will be red boxes, as seen in the example below. Once you click in the box you can remove the description language and enter what is being requested. In the example below the provider is entering their legal business name, their business street address, and beginning to add the city, state, and zip code. When you click on a box to enter the field the outline will turn blue.

The screenshot shows a DocuSign document titled "PASSPORT Provider Agreement" within a "Review and complete" interface. The document header includes the DocuSign Envelope ID: 1F3DE807-2C43-474F-9345-AAC75E5753E and the COA (Council on Aging) logo. The main text of the agreement is as follows:

**PASSPORT Provider Agreement**

This Agreement is entered into by and between Council on Aging (ODA's Designee), located at 460 Malsbary Road, Blue Ash, OH 45242, and ABC123 Home Healthcare (Provider), located at 12345 Happiness Way City, state, & zip code ODA's Designee and Provider, together, are referred to in this Agreement as "the Parties."

**Purpose:** The purpose of this Agreement is to define the terms and conditions under which Provider is to furnish and invoice ODA's Designee for the community-based long-term care services Provider furnishes through the PASSORT program administered by ODA's Designee on behalf of the Ohio Department of Aging (ODA).

The Parties agree as follows:

**Article I: Effective Dates**

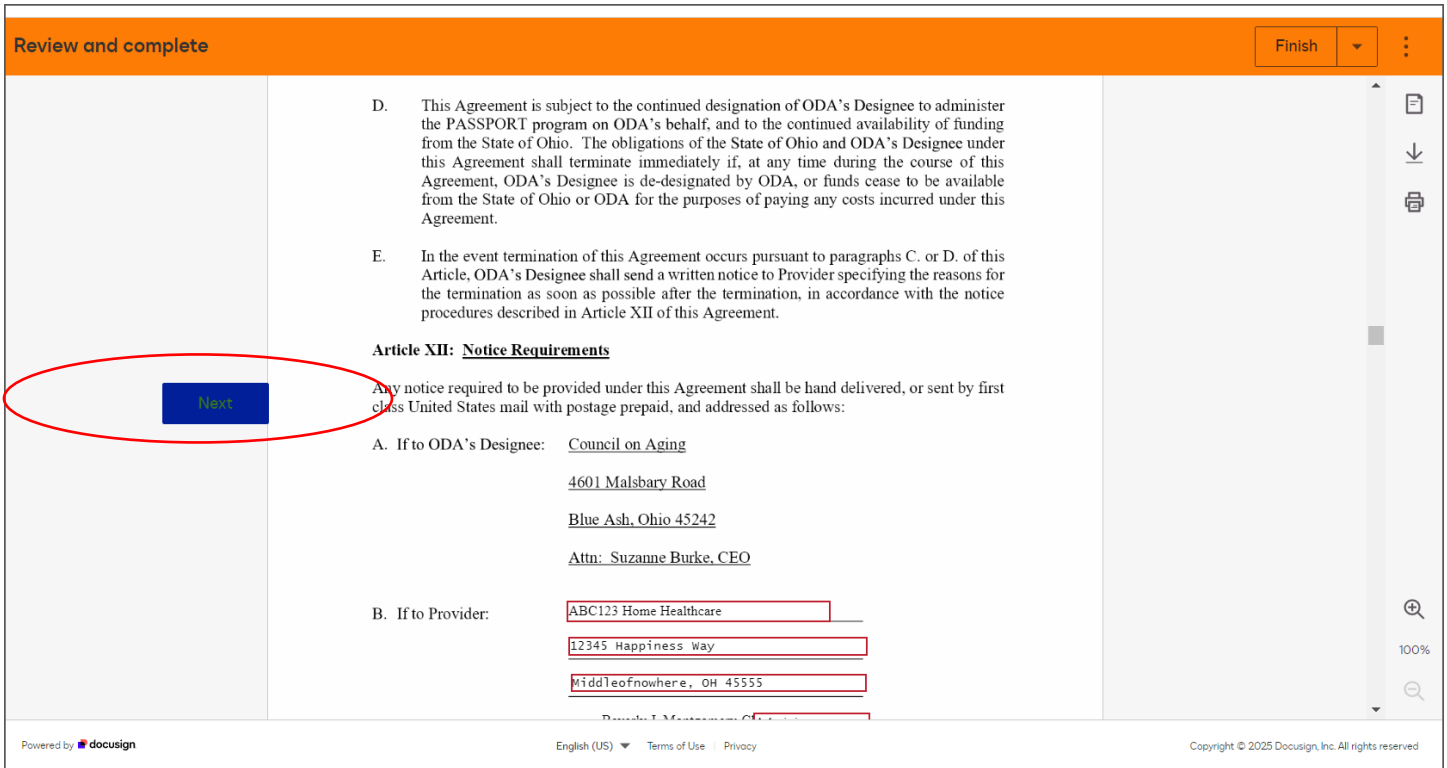
This Agreement shall be effective as of the date signed by both Parties and shall remain in effect until June 30, 2025, unless otherwise amended or terminated earlier pursuant to this Agreement.

All provisions in this Agreement that by their terms must necessarily be performed after the termination or expiration of this Agreement (e.g., records retention, auditing requirements, etc.) shall survive such termination or expiration.

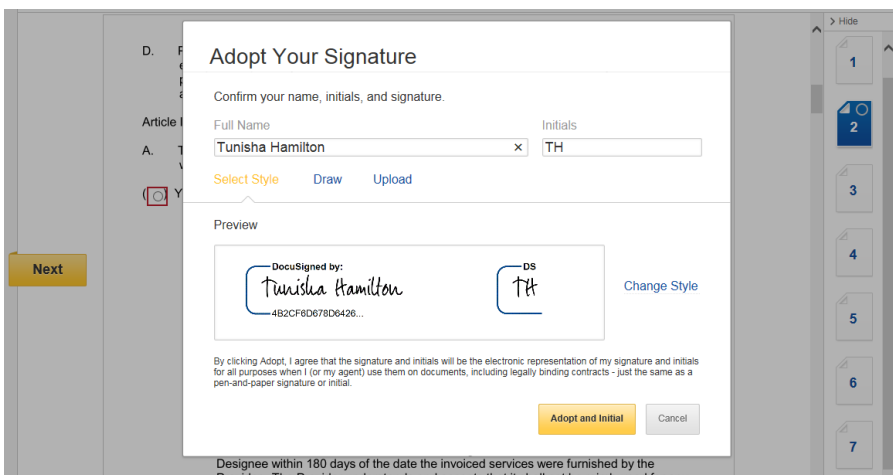
**Article II: Medicaid Provider Agreement**

The document contains several red boxes highlighting fields to be filled: "ABC123 Home Healthcare", "12345 Happiness Way", and "City, state, & zip code". A blue box highlights the "City, state, & zip code" field, indicating it has been activated for input. The interface includes a "Next" button on the left and a "Finish" button on the right. The footer contains "Powered by docuSign", "English (US) Terms of Use Privacy", and "Copyright © 2025 DocuSign, Inc. All rights reserved".

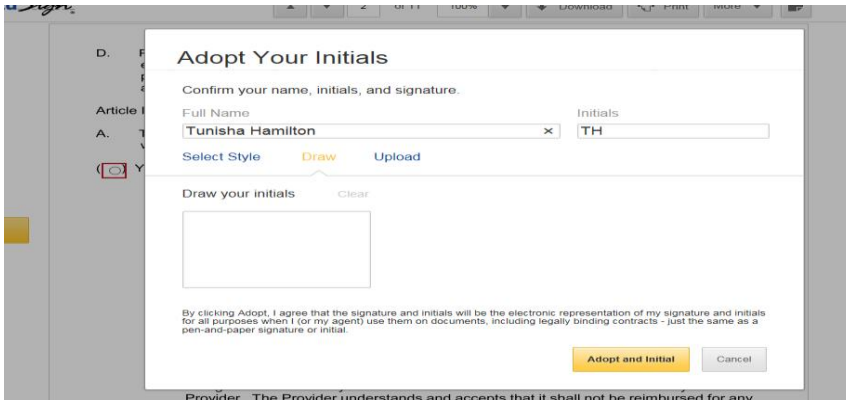
5 - There will be a blue marker labeled “Next” prompting you on the left edge of each page. As you review each page it will show anywhere an action is required. I.e. company name, address, initials, signature, etc. You can also click on the Next marker and it will take you to the next section requiring you to fill in information, enter initials, and/or a signature. Below is an example of the “Next” marker circled in red.



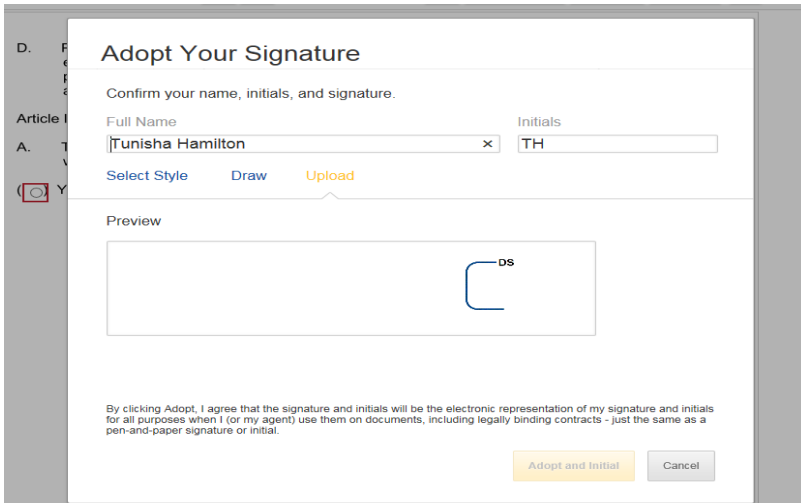
6 – If you have never used DocuSign before, when you click on a section to initial or sign it will pull up a box entitled “Adopt Your Signature”, similar to the one seen below. You just type in your name and your initials, and then you have 3 options for creating your signature. If you choose “Select Style” (as shown in the figure below), you may choose from a variety of fonts to create your electronic signature.



If you click on “Draw” you may use your computer’s mouse, or a stylus on a touch screen device, to actually write your signature and initials. (See the figure below.) If you download the DocuSign App (as noted on pg. 2) this makes electronically signing your documents by hand easier.



If you click on “Upload” you may upload an image of your signature and initials, but please be aware that the program limits the size of the files it is able to store. (See the figure below.)





7 – When asked to initial an item it will look similar to the example below circled in blue.

Council on Aging

Provider understands services provided to individuals enrolled in the Medicaid waiver-funded component of the PASSPORT program are Medicaid-funded services. Further, Provider understands that in order to receive federal reimbursement, invoices for all services charged to the Medicaid program are required by law to be submitted to ODM within 365 days of the date on which the services were provided, regardless of whether invoices are submitted to ODM by Provider directly, or on behalf of Provider by ODA's Designee. Therefore, in consideration of the agreement by ODA's Designee to serve as Provider's payer of Medicaid waiver service claims, Provider shall submit all invoices to ODA's Designee within 365 days of the date the invoiced services were furnished by Provider. Provider understands and accepts that ODA's Designee shall not reimburse Provider for any services invoiced more than 365 days after the date on which the services were provided.

Initials

Next

When asked to select an item it will look similar to the example below.

Next

6. "Person-centered services plan" means the written service plan outlining the services a case manager authorizes Provider to furnish to an individual, regardless of the funding source for those services pursuant to OAC 5160-44-02.

**Article V: Option for Reassignment of Claims and Collection of Client Liability**

Provider chooses to have ODA's Designee assigned as Provider's payer of claims for those services Provider has furnished to individuals enrolled in the PASSPORT program:

Yes If Provider chooses this option (as indicated by a check mark to the left, and initials below), Provider shall submit an invoice to ODA's Designee for all eligible services furnished by Provider to individuals enrolled in either the state-funded or Medicaid waiver-funded component of the PASSPORT program. Provider shall submit the invoice in a format prescribed by ODA's Designee, and in the timeframe provided for below. Except as otherwise provided in this Agreement, ODA's Designee shall reimburse Provider for all authorized services Provider furnishes to individuals. In addition, ODA's Designee shall accept full responsibility to collect and verify that individuals' client liability payments, if any, have been paid, unless the Provider is a Provider of the assisted living program. Providers of the assisted living program shall accept full responsibility to collect and verify that the individuals' client liability payments, if any, have been paid.

When the form is requesting company name, address, etc. it will look similar to the examples below.

Review and complete

Finish

Start

DocuSign Envelope ID: 4E7A1A71-FE90-4571-9E70-08B146BA8405

COA  
COUNCIL ON AGING

**PASSPORT Provider Agreement**

This Agreement is entered into by and between Council on Aging (ODA's Designee), located at 4601 Malsbary Road, Blue Ash, OH 45242, and ABC123 Home Healthcare (Provider), located at [Street address] [City, state, & zip code]. ODA's Designee and Provider, together, are referred to in this Agreement as "the Parties."

**Purpose:** The purpose of this Agreement is to define the terms and conditions under which Provider is to furnish and invoice ODA's Designee for the community-based long-term care services Provider furnishes through the PASSPORT program administered by ODA's Designee on behalf of the Ohio Department of Aging (ODA).

The Parties agree as follows:

**Article I: Effective Dates**

This Agreement shall be effective as of the date signed by both Parties and shall remain in effect until June 30, 2025, unless otherwise amended or terminated earlier pursuant to this Agreement.

All provisions in this Agreement that by their terms must necessarily be performed after the termination or expiration of this Agreement (e.g., records retention, auditing requirements, etc.) shall survive such termination or expiration.

**Article II: Medicaid Provider Agreement**

Review and complete Finish ▾ ⋮

Next

D. This Agreement is subject to the continued designation of ODA's Designee to administer the PASSPORT program on ODA's behalf, and to the continued availability of funding from the State of Ohio. The obligations of the State of Ohio and ODA's Designee under this Agreement shall terminate immediately if, at any time during the course of this Agreement, ODA's Designee is de-designated by ODA, or funds cease to be available from the State of Ohio or ODA for the purposes of paying any costs incurred under this Agreement.

E. In the event termination of this Agreement occurs pursuant to paragraphs C. or D. of this Article, ODA's Designee shall send a written notice to Provider specifying the reasons for the termination as soon as possible after the termination, in accordance with the notice procedures described in Article XII of this Agreement.

**Article XII: Notice Requirements**

Any notice required to be provided under this Agreement shall be hand delivered, or sent by first class United States mail with postage prepaid, and addressed as follows:

A. If to ODA's Designee: Council on Aging  
4601 Malsbary Road  
Blue Ash, Ohio 45242  
Attn: Suzanne Burke, CEO

B. If to Provider:

📄

↓

🖨

🔍

100%

🔍

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When a signature is required, you will see a purple and red "Sign" box as shown in the example below circled in green.

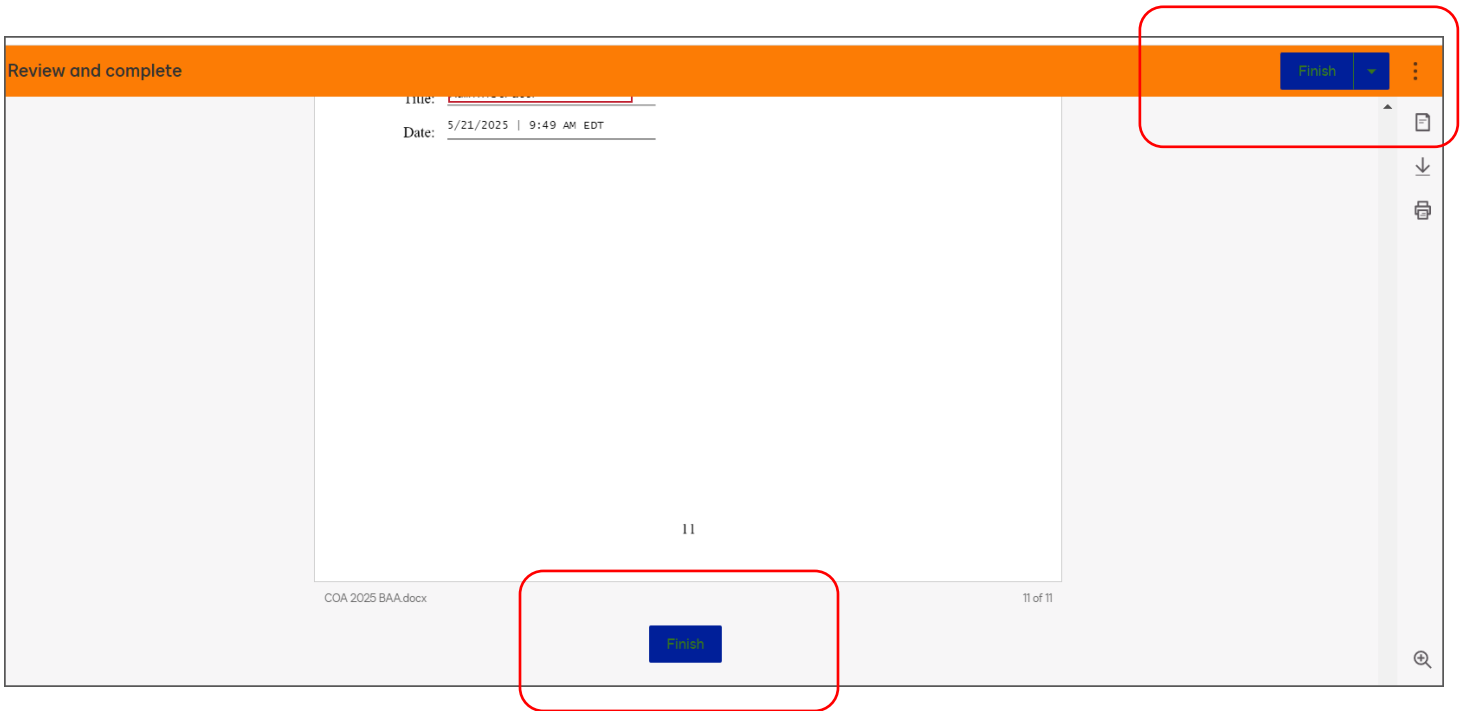
Next

This Agreement contains the entire agreement and understanding of the Parties hereto and supersedes any prior or contemporaneous written or oral agreements, representations, and warranties between the Parties with respect to the subject matter hereof.

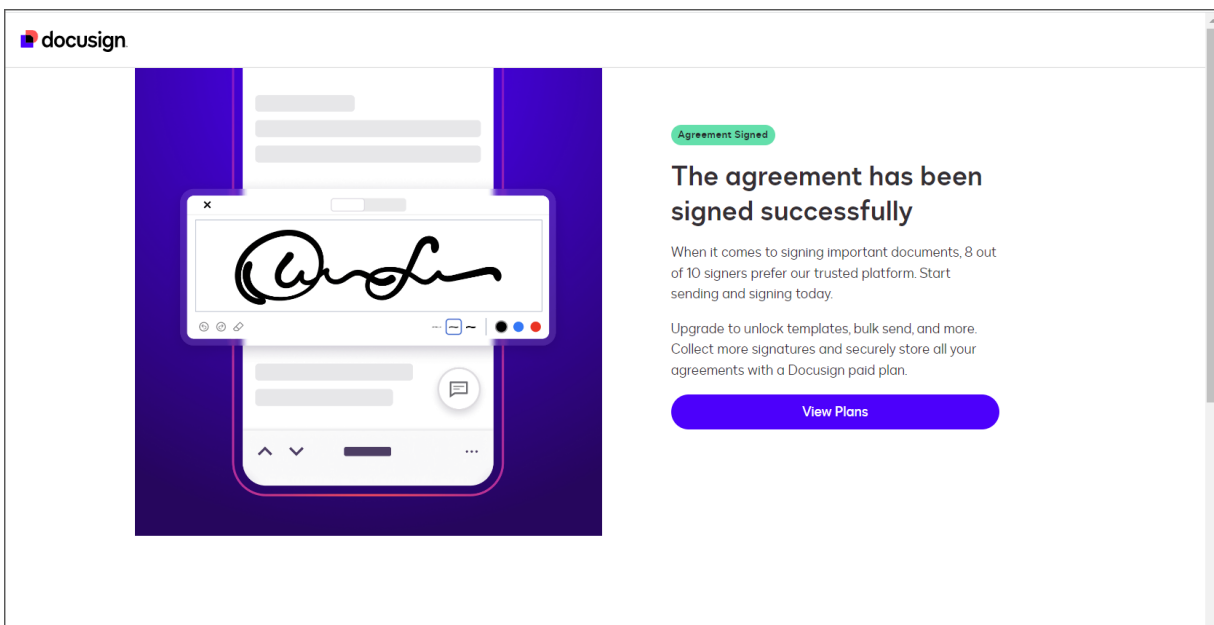
**IN WITNESS WHEREOF**, the Parties have executed this Agreement on the last date set forth below.

<p>For Council on Aging:</p> <p>Signature: _____</p> <p>Name: <u>Suzanne Burke</u></p> <p>Title: <u>Chief Executive Officer</u></p> <p>Date: _____</p>	<p>For Provider:</p> <p>Signature: <span style="border: 2px solid green; border-radius: 50%; padding: 5px; display: inline-block;"> <div style="background-color: #800080; color: white; padding: 2px; font-size: small;">Sign</div> </span> _____</p> <p>Name: <u>Beverly J. Montgomery-Clark</u></p> <p>Title: <input style="border: 1px solid red;" type="text" value="Administrator"/></p> <p>Date: <u>5/21/2025   9:47 AM EDT</u></p>
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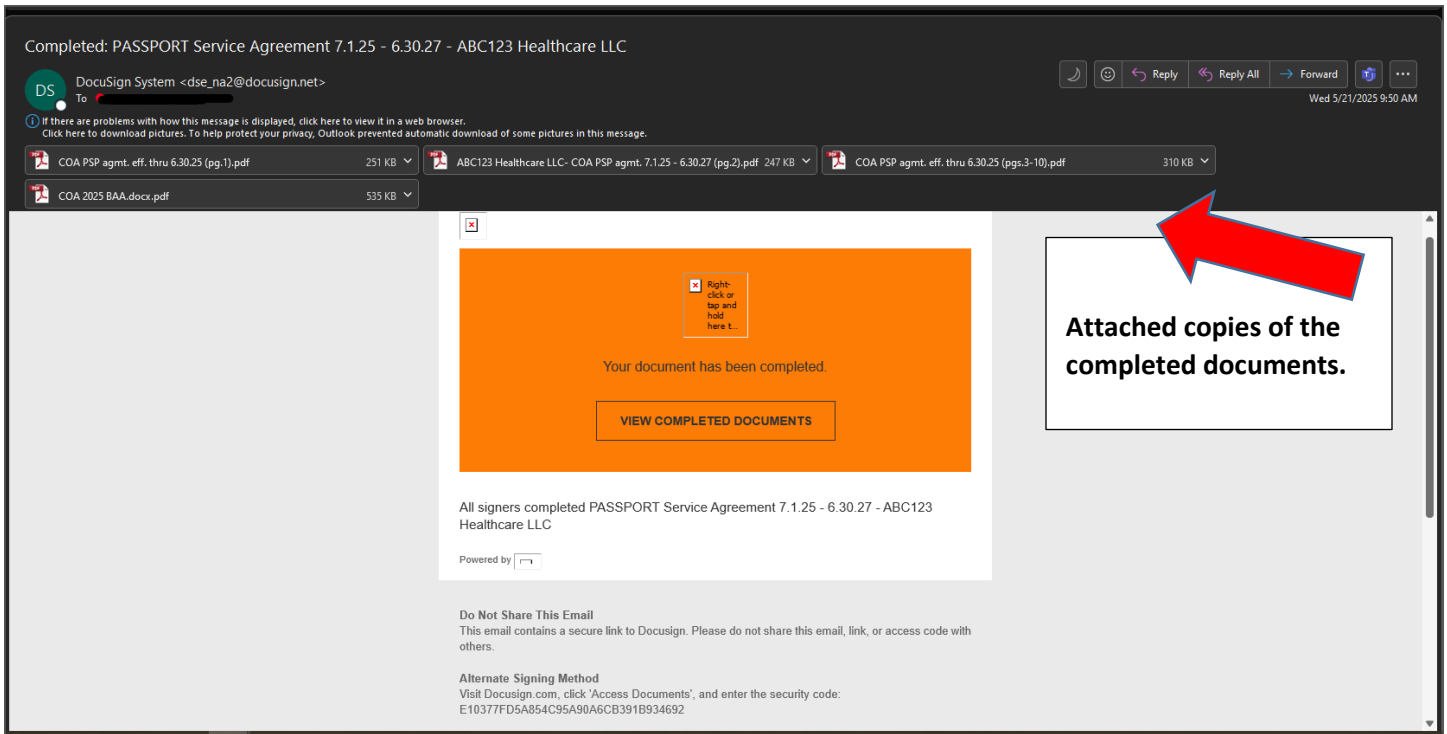
8 – Once all sections are completed the “Next” marker will disappear and the “Finish” button at the top turns blue which means it can be selected. A blue “Finish” button also appears at the bottom of the documents once everything has been completed. This can be seen in the examples below in the red boxes.



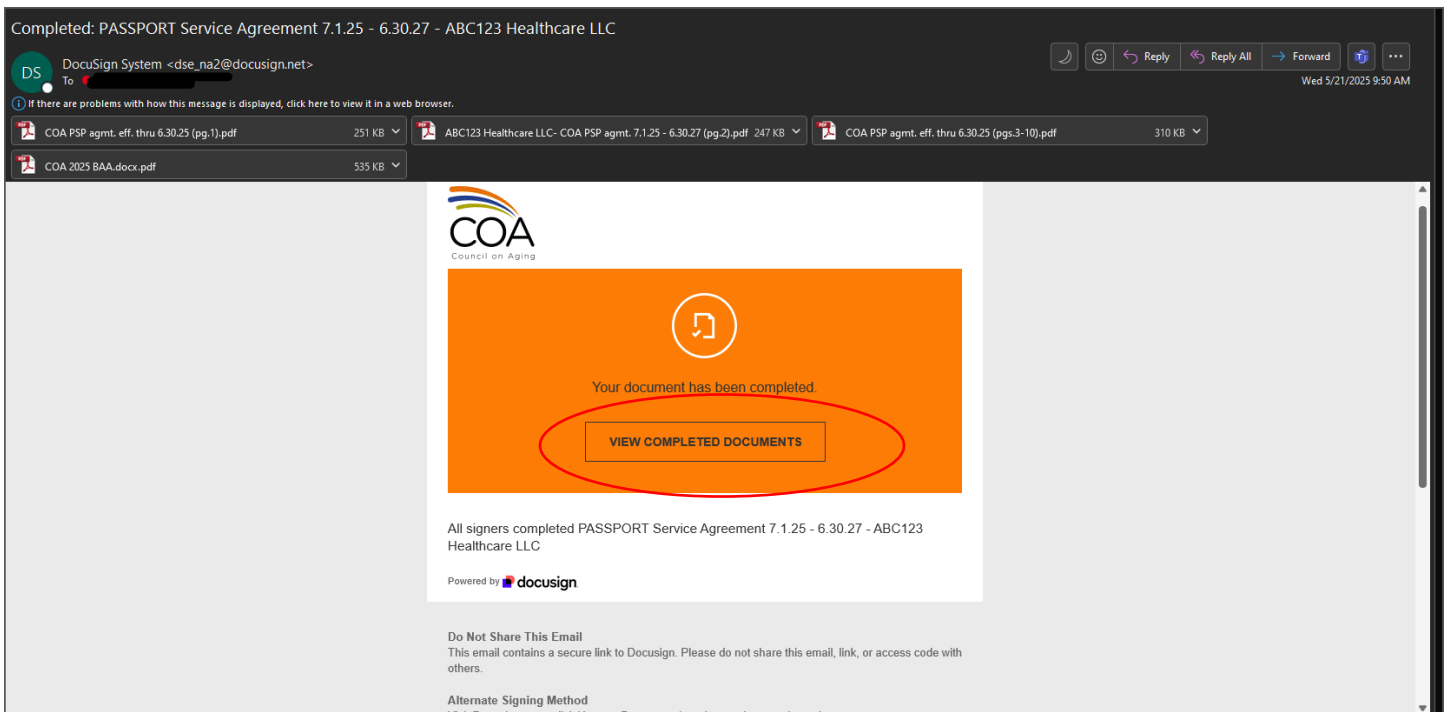
9 – Once you select “Finish” you will see a processing circle in the middle of the page. Once the document is finished submitting you will receive a screen telling you that the agreement has been signed successfully. See the example below. There is also a purple button saying “View Plans” which you can ignore. This would only be applicable if you are interested in paying to open a DocuSign account for your business.



Once all required parties have signed, you will also receive an email confirmation showing that the document was completed, and a copy of the fully executed documents will be attached to the email for your review and to print and/or save a copy for your records. See example below.



You can also click on the link “View Completed Documents” in the email to be taken to DocuSign to view the fully executed documents as well. See circled link in the email example below.



**\*Notes to help with using DocuSign:**

- Because the emails generated from DocuSign can be seen as spam mail by some email filters, if you are expecting a DocuSign link and have not received it please check your spam/junk folder to see if your filter has flagged the DocuSign email as spam.

You can add the DocuSign System email, [dse\\_na2@docusign.net](mailto:dse_na2@docusign.net), to your approved email list and this will help prevent the emails being filtered as spam mail.

- If you have used DocuSign before, when signing an agreement, the DocuSign system will remember the information you last entered in the system. It will remember the company name, title, address, signature, and any other information you may have used from the last signed document(s). This means if you are a contract signatory for more than one business you want to make sure that you are using the information that matches the business title listed in the subject line of the DocuSign email, and what is listed at the top of the agreement page in DocuSign.