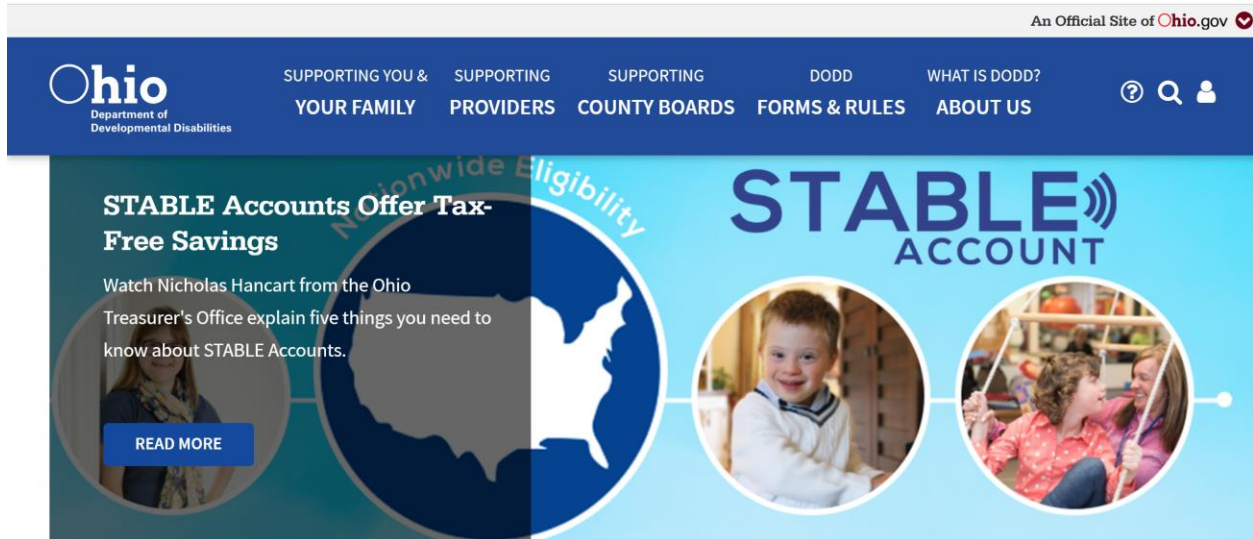


These instructions will guide you through the process from beginning to end.

1. Go to dodd.ohio.gov

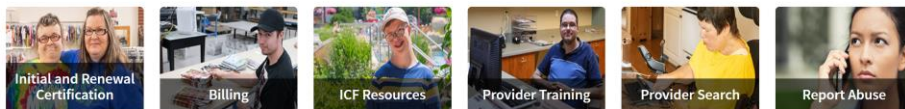
Click on “Supporting Providers”



Scroll down a bit and click on “Initial and Renewal Certification”

Agency and independent service providers are the backbone of the developmental disabilities system. DODD provides training, guidance, and oversight for more than 10,000 service providers.

Getting Started



Scroll down and click on "Become an Independent"

ALL PROVIDER
RESOURCES

W X Y Z

RESET



Background Check: ARCS

The Automated Registry Check System is often called ARCS for short. ARCS makes conducting

PROVIDERS

SHARE



Become a Provider Agency or CEO

Interested in starting an agency that provides services to people with disabilities? Learn more

PROVIDERS

SHARE

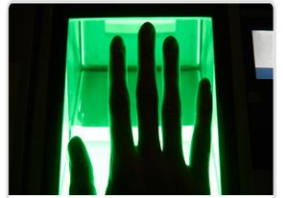


Become an Independent

Interested in being self-employed and providing hands-on services to people with disabilities?

PROVIDERS

SHARE



Enrolling in Rapback

Rapback provides additional safeguards against allowing convicted criminals to remain in

PROVIDERS

SHARE

Spend some time reading and reviewing the items on this page. Click/Tab on various areas for more information.

DODD / Providers / Initial and Renewal Certification / Become an Independent Provider

Become an Independent Provider

December 02, 2019 | [DODD](#)

An independent provider is a self-employed person who directly provides services to people with developmental disabilities. They cannot employ someone else to provide services on their behalf.

Independent providers must be at least 18 years old, have a valid Social Security number, and one of the following forms of identification:

- State of Ohio identification,
- valid driver license,
- or other government-issued photo identification.

Independent providers must have a high school diploma or GED and be able to read, write, and understand English at a level sufficient to comply with all requirements set forth in administrative rules governing the services provided.

Independent providers must also hold a valid American Red Cross or equivalent certification in first aid and CPR, including an in-person skills assessment.

Independent providers are not employees of the State of Ohio or employees of the Ohio Department of Developmental Disabilities.

[Before You Apply](#) | **Independent Provider Certification Process** | [Tips for a Smoother Process](#)

Start with Background Check

An application packet will not be ready for review until all supporting documents, including background checks, are submitted.

Background checks are submitted directly to DODD from the Ohio Attorney General's Office.

To start the background check, [visit a WebCheck location](#).

The results of a background check can take up to 45 days to be completed and sent to DODD.

Attachment

Checklist of requirements for independent providers

[DOWNLOAD](#)

Share this

[f](#) [t](#)

For more information

Find [training that meets certification requirements](#) for independent providers.

Learn more about [required background checks and enrollment in Rapback](#).

Find [Health and Welfare Alerts](#) issued by the department.

Once you have reviewed all of the information on this page, including required documents and want to move forward with application-Take the 8 hours and Orientation for Independent Providers through My Learning. In addition, you will need to take the EVV course through Medicaid. All of those links are listed on this page.

-You will need to start with getting an OHID, which will give you your username and password for DODD.

-Then you take the courses through My Learning. Complete First Aid/CPR (an online version will not be enough).

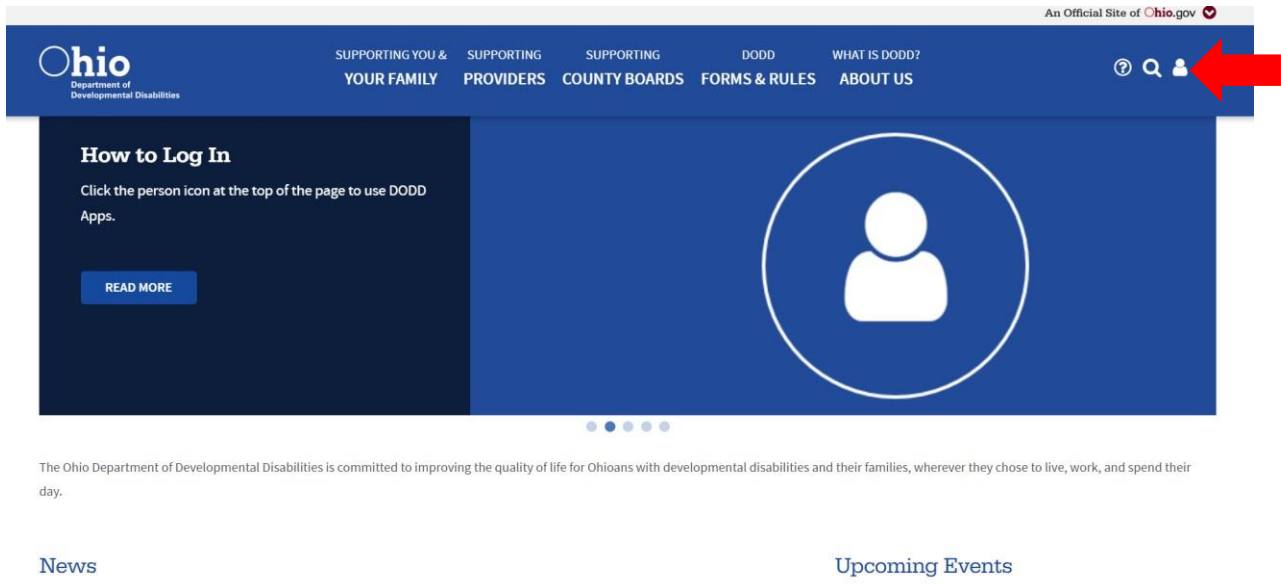
-Gather documents required, including certificates of 8 hour, orientation and EVV.

-Then start the application in the PSM portal. (Without 100% of required documents, you will not be able to submit application).

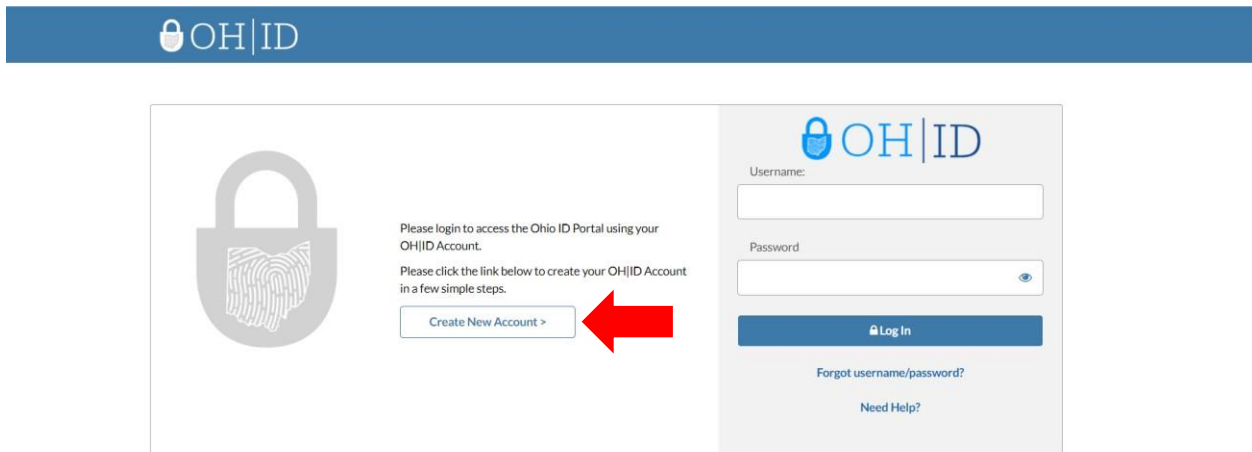
See comprehensive instructions below

Step 1: CREATING AN OH|ID USERNAME TO BECOME A PROVIDER

Access the DODD website (<http://dodd.ohio.gov/Pages/default.aspx>) and click on the log in icon



The log in screen will appear. Click Create New Account



This system contains State of Ohio and United States government information and is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to and from this system is strictly prohibited, may be in violation of state and federal law, and may be subject to administrative action, civil and criminal penalties. Use of the system is governed by U.S. law and Ohio law and policies.

You have no expectation of privacy in any material placed or viewed on this system except where Ohio or Federal statutes expressly provide for such status. The State of Ohio monitors activities on this system and may record and disclose those activities internally and to law enforcement and other entities to ensure the proper and lawful use of its information and

Fill out the required information and click next

Create Your OH|ID Account

Profile Information Security Setup Confirmation

OH|ID Profile Information

Enter the information below to begin creating your OH|ID profile.

First Name * Middle Initial Last Name * Suffix

Email * Email Confirmation *

Work Phone Number * Mobile Number


Date of Birth * Last 4 of SSN

mm/dd/yyyy

Verification Question *
Which of these two lines, either or both is part of the word?

Terms and Conditions
In order to proceed with this request, you must agree to the following terms and conditions.
By clicking "I Agree" and creating an OH|ID Citizen, Business, or Workforce profile you consent to use electronic signatures with the State of Ohio and receive communications in electronic form.
If you use this site, you are responsible for maintaining the confidentiality of your OH|ID account(s) and password(s) and for restricting access to your computer, and you agree to accept responsibility for all activities that occur under your OH|ID account(s) or password(s). The Ohio Department of Administrative Services reserves the right to refuse service, terminate accounts, remove or edit content, or cancel transactions.
I Agree

Cancel Reset **Next**



Choose a Username and Password then a Password recovery method, and click create account

Create OH|ID Username and Password

Provide username and password information to complete your profile.

Username

Password

Confirm New Password

Username Guidelines:

- Must have at least 2 and no more than 64 characters in length
- Can contain upper and lower case letters, numbers and the following special characters:
◦ . _ - @

Password Guidelines:

- Must have at least 8 and no more than 30 characters in length
- Must contain 1 character from each of the following categories:
 - Upper case letters (A-Z)
 - Lower case letter (a-z)
 - Numbers (0-9)
 - Special characters (!\$#.%@~^&*+_+=<(){}%";:~\?')
- Password cannot include your first name, last name, username, or OH|ID
 - Example: If your name or username is John Smith, your password cannot contain "John" or "Smith"

Choose Password Recovery Methods

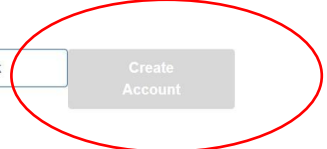
You can select more than one method.

Email
You will receive a temporary PIN on your email address to reset the forgotten password.

Mobile Number
You will receive a temporary PIN on your mobile number to reset the forgotten password.

Security Questions
Security Questions can be used to reset the forgotten password.

Cancel Back **Create Account**



At this screen, click Go to Login

OH|ID

Create Your OH|ID Account

Profile Information — Security Setup — Confirmation

Confirmation


Success
Your account has been successfully created.

[Go to Login](#)

[Terms of Use](#) [Privacy Notice](#) [ohio.gov](#)

At the log in screen, type in your username and password, then click Log in

OH|ID



Please login to access the Ohio ID Portal using your OH|ID Account.
Please click the link below to create your OH|ID Account in a few simple steps.
[Create New Account >](#)

OH|ID

Username:

Password:

[Log In](#)

[Forgot username/password?](#)
[Problems logging in?](#)

State of Ohio computer systems may be accessed and used only for official state business by authorized personnel. Unauthorized access or use of these computer systems may subject violators to criminal, civil, and/or administrative action.

From Available Apps, click on My DODD


My Apps

You are currently subscribed to the apps below - clicking the "X" on the app tile will unsubscribe you from the app and reinstating your subscription may require additional approval.


You do not have access to any applications. You can request access by selecting an application below.

Available Apps

Search... 🔍



My DODD
Access DODD applications



The Ohio Business Gateway
Ohio Business Gateway Back-Office Portal

After reading this piece that comes up, click I Agree and then Request Access

My DODD

My DODD

In order to proceed with this request, you must provide the following approval.

This system contains government information and is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to and from this system is strictly prohibited, may be in violation of state and federal law, and may be subject to administrative action, civil and criminal penalties. Use of the system is governed by United States law and Ohio law and policies.

You have no expectation of privacy in any material placed or viewed on this system. The State of Ohio monitors activities on this system and may record and disclose those activities internally and to law enforcement and other entities to ensure the proper and lawful use of its information and resources. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. The State of Ohio complies with state and federal law regarding legally protected confidential information but may not treat any other use as private or confidential. ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

The Ohio Department of Administrative Services reserves the right to take appropriate legal action in any state or federal court to address any instances of unauthorized use of this site, and you consent to exclusive jurisdiction and venue in such courts.

Agree

You will see this screen. At this point, you will receive an email when your account is confirmed

Request Application Access

Your request for **My DODD** has been submitted. You will receive a confirmation email.

[Return to Applications](#)

Once you receive the confirmation email, after logging in, you will see this, click on My DODD

My Apps

You are currently subscribed to the apps below - clicking the "X" on the app tile will unsubscribe you from the app and reinstating your subscription may require additional approval.



Available Apps


Search... 



Choose I want to be a Provider, then Next

Welcome [REDACTED] !! [Not you?](#)

Please choose your account type:

- I want to be a Provider 
- I want to be a Certified Billing Agent
- I want to be a County Board Worker
- I want to be a subrecipient of early intervention grant dollars and need access to EIGS
- I want to be certified provider with Ohio Department of Aging (ODA)
- I am associated with Opportunities for Ohioans with Disabilities (OOD)
- I work for the Ohio Department of Developmental Disabilities
- I work for an Ohio Council of Governments (COG)
- I work for the Ohio Department of Health
- I need access to the Early Intervention Data System (EIDS)
- I work for Ohio Developmental Centers (DCs)

NEXT

Choose Independent from the drop down menu, then Next

Ohio Department of Developmental Disabilities

Welcome [redacted]!! [Not you?](#)

You informed us that you are a **Provider**

You selected affiliation as, **DODD**

Select your primary job function

--- SELECT ---

BACK **NEXT**

If you have any questions or comments regarding your request, please contact our ITS Call Center for assistance.
 Email: ITSCallCenter@dodd.ohio.gov, Phone: 1-800-617-6733 (Toll Free) between 8.00 a.m. and 4.00 p.m. Select Option 4.

Create a temporary PIN (something easy to remember), read the information, click the box to acknowledge and accept, then click Submit

Ohio Department of Developmental Disabilities

Welcome [redacted]!! [Not you?](#)

You informed us that you are a **Provider**

You selected an affiliation as, **DODD**

You selected primary job function as **Independent**

Temporary PIN

Create your own 5-digit numeric PIN for account verification. You will need this later in the verification process.

Please read the information carefully before you submit.

Important Note: DODD Data Security and Confidentiality Agreement

Security and confidentiality are a matter of concern for all users of Department of Developmental Disabilities (DODD) information systems and all other persons who have access to DODD data.

Each person authorized to access DODD systems holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/her in preserving the security and confidentiality of this information. Confidentiality requirements contained in law include, but are not limited to, ORC sections 5123.62(T), 5123.89 and 5126.044. An authorized user's conduct, either on or off the job, may threaten the security and confidentiality of this information.

It is the responsibility of every user to understand and comply with the following:

- You must not make or permit unauthorized uses, nor violate the confidentiality or privacy, of any information in files maintained by DODD.
- You must not seek to benefit personally or permit others to benefit personally by any confidential information that has come to you by virtue of your work duties.

It is the responsibility of every user to understand and comply with the following:

- You must not make or permit unauthorized uses, nor violate the confidentiality or privacy, of any information in files maintained by DODD.
- You must not seek to benefit personally or permit others to benefit personally by any confidential information that has come to you by virtue of your work duties.
- You must not exhibit or divulge the contents of any record to any person except in the conduct of your work duties or in accordance with the policies of DODD.
- You must not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.
- You must not delete or cause to be deleted any official record or report from any file from the system where it is stored except when required in the performance of your duties.
- You must not violate rules and regulations concerning access to controlled areas.
- You must not divulge or share any security codes (i.e. user names, passwords, etc.) used to access any secured files.
- You must immediately report any violation of this policy by anyone to the DODD/IT Security Manager.
- You must not aid, abet, or act in conspiracy with another to violate any part of this policy.
- You must agree to follow all applicable DODD policies and procedures pertaining to the use of DODD or Ohio Data Network computer software and hardware.
- You agree to follow all applicable DODD policies and procedures pertaining to the use of DODD or Ohio Data Network computer software and hardware.

Any violations of this agreement may result in the cancellation of your security access and possible referral to the Office of the Attorney General for disposition pursuant to all applicable laws and rules. By requesting for a user account, I acknowledge that I have read and understand the DODD Policies on data security and confidentiality.

I hereby acknowledge and accept

BACK **SUBMIT**

If you have any questions or comments regarding your request, please contact our ITS Call Center for assistance.
 Email: ITSCallCenter@dodd.ohio.gov, Phone: 1-800-617-6733 (Toll Free) between 8.00 a.m. and 4.00 p.m. Select Option 4.

You will see this screen

Welcome [REDACTED] !! [Not you?](#)

Thank you for submitting your account to register with us. You will receive an email shortly that will guide you through the next step. If this process requires an approval you would be notified.

You informed us that you **are a Provider**

You selected an affiliation as **DODD**

You selected primary job function as **Independent**

You created temporary PIN as **12345**

If you do not see the email in your inbox, please check your spam or junk folder as it may have found its way there in error. If you find it please be sure to identify the email as "not junk" non-spam email. You'll also want to add our email address to your safe sender list.

[HOME](#)

[DODD PORTAL](#)

If you have any questions or comments regarding your request, please contact our ITS Call Center for assistance.

Email: ITSCallCenter@dodd.ohio.gov, **Phone:** 1-800-617-6733 (Toll Free) between 8.00 a.m. and 4.00 p.m. Select Option 4.

You will then receive a series of emails to finalize setting up your account.

Follow the prompts in the emails.

Once you receive the final email that says your account is ready, you will have access to the DODD PSM-Portal (to complete your application) as well as DODD My Learning for training.

-See Below for Instructions for Accessing My Learning.

Step 2. Accessing DODD My Learning for Online Orientation and Eight Hour Training

1. Navigate to <http://mylearning.dodd.ohio.gov> And click on Log In (next to where it says you are currently using guest access)

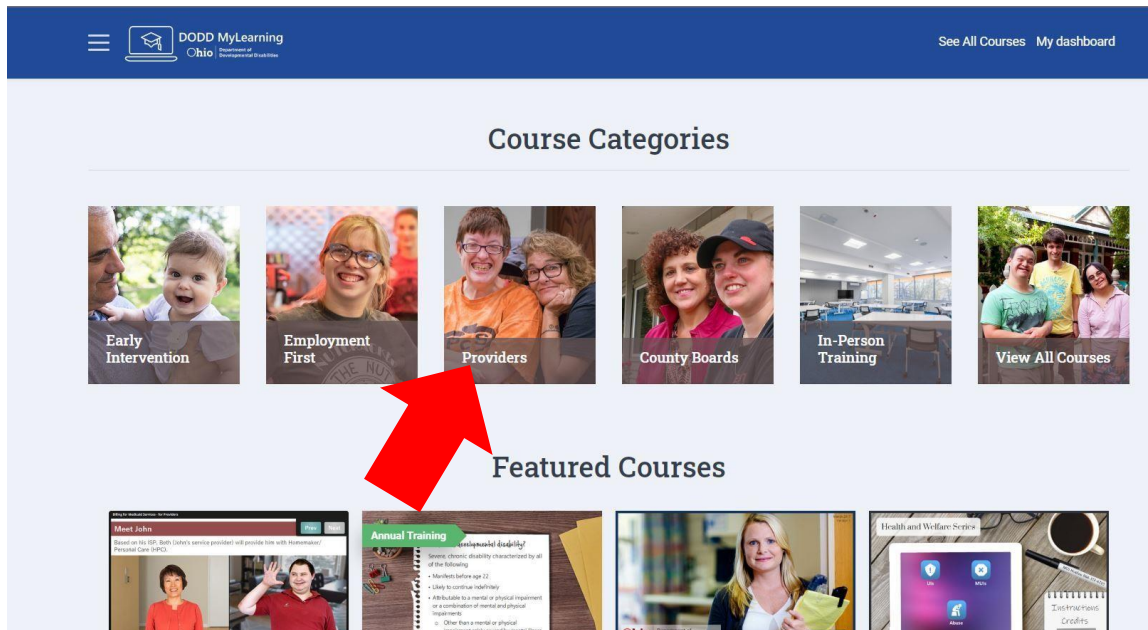
The screenshot shows the DODD MyLearning website. At the top right, it says "You are currently using guest access (Login)". The navigation bar includes the DODD MyLearning logo and a "See All" link with a red arrow pointing to it. Below the navigation bar is a "Course Categories" section with six tiles: "Early Intervention", "Employment First", "Providers", "County Boards", "In-Person Training", and "View All Courses". Below that is a "Featured Courses" section with four course thumbnails: "Meet John", "Annual Training", "Health and Welfare Series", and "Ohio Department of Rehabilitation Services".

2. Log-in using your DODD account name and password

The OH|ID login form is displayed. On the left, there is a large padlock icon with a fingerprint overlay. To its right, the text reads: "Please login to access the Ohio ID Portal using your OH|ID Account. Please click the link below to create your OH|ID Account in a few simple steps. Create New Account >". On the right side of the form, there is the OH|ID logo, a "Username:" label with an input field, a "Password:" label with an input field and an eye icon, a blue "Log In" button, and links for "Forgot username/password?" and "Problems logging in?".

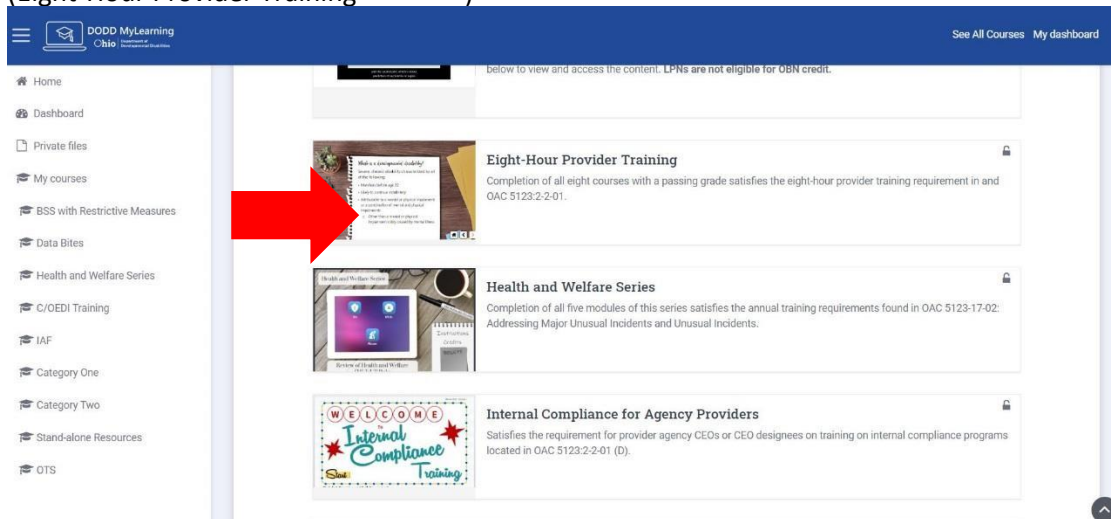
State of Ohio computer systems may be accessed and used only for official state business by authorized personnel. Unauthorized access or use of these computer systems may subject violators to criminal, civil, and/or administrative action.

- Once logged in, you will come to the home page. Click on Providers

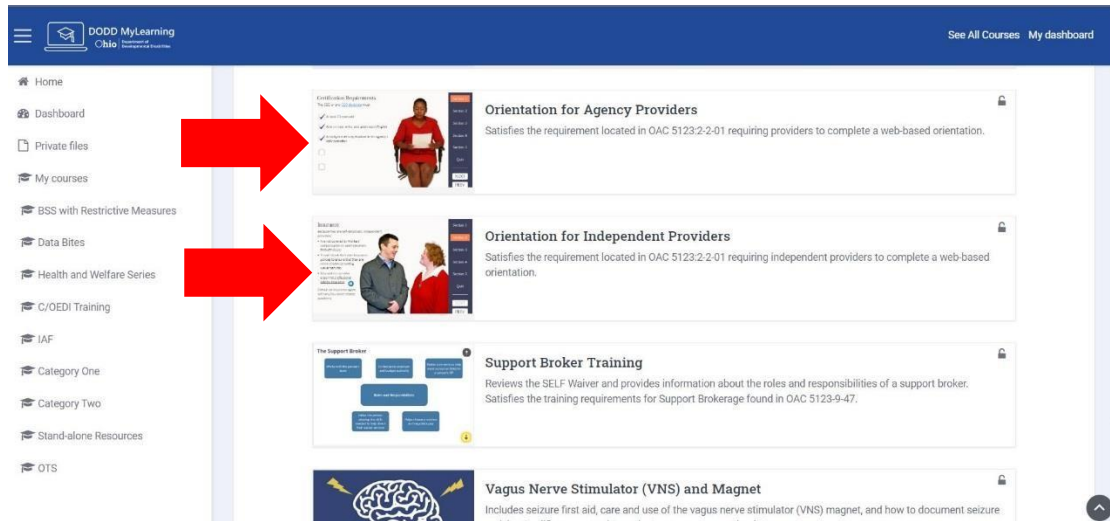


- A list of courses will appear, select course you want to take. Orientation for Independent / Agency Providers must be taken online through DODD MyLearning.

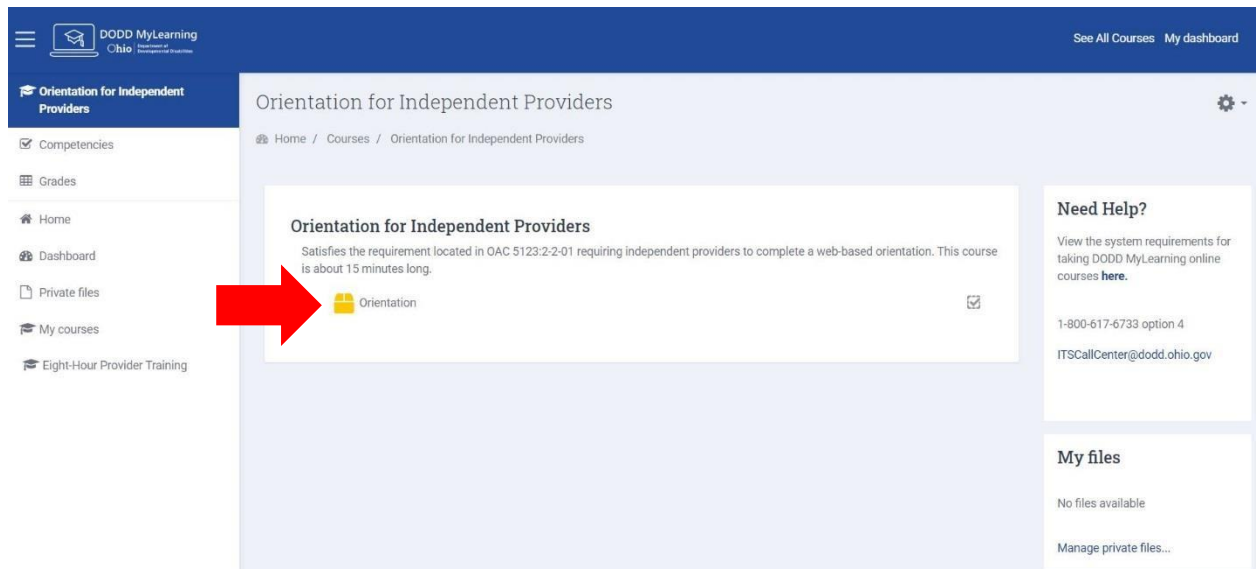
(Eight-Hour Provider Training)

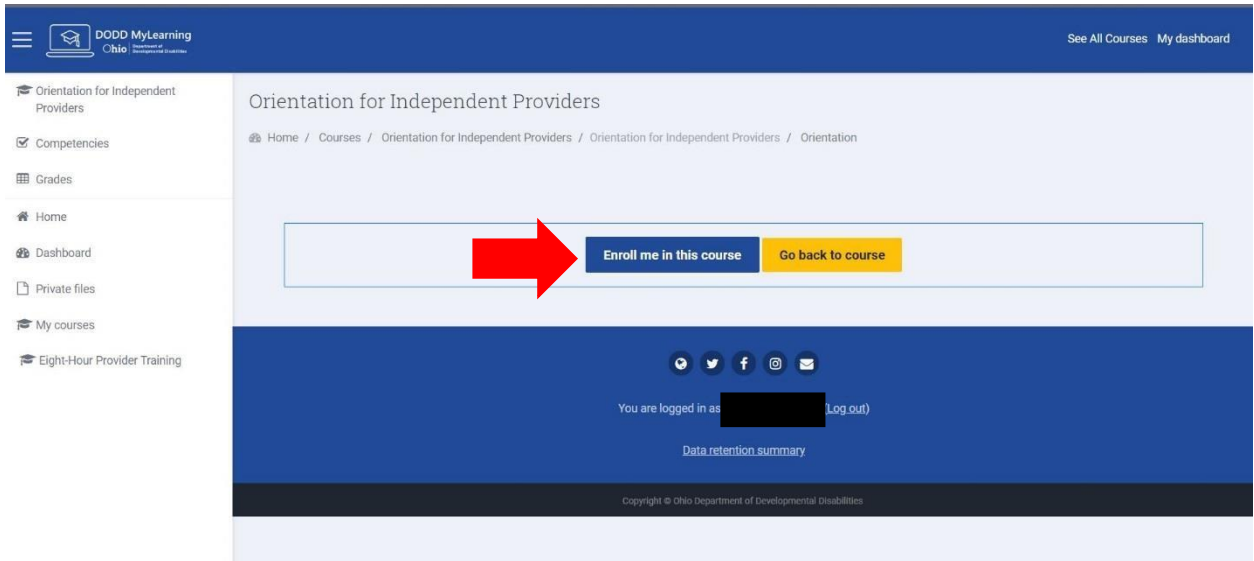


(Orientation for Independent or Agency Providers, whichever is applicable)

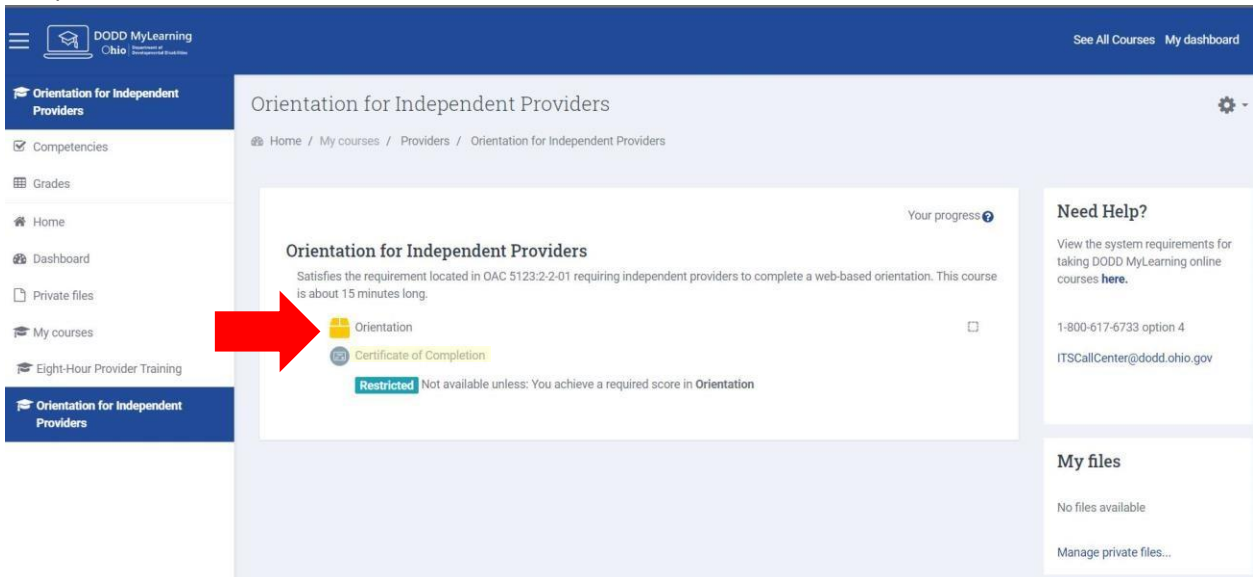


5. Once you have chosen the course you want to take, (the screenshots are from the Orientation for Independent providers, the process is the same for any class), a page similar to below will open. Click on Orientation (or the name of class you are taking) and on the next page click on 'Enroll me in this course'





6. Once you enroll yourself in the course, the page will automatically redirect you to the course page. Click on Orientation (or the name of the course you enrolled in) to complete the course.



Once you have completed the course, the Certificate of Completion link becomes live, and you can view and print your certificate.

FOR EIGHT HOUR PROVIDER TRAINING

7. Choose the course you want to complete (Eight Hour Provider Training) and complete the same enrollment process as above. The Eight Hour training contains multiple modules as seen below. They do not all have to be done at one time **but** you must complete a module once you have started it.

The screenshot shows the DODD MyLearning portal interface. The top navigation bar includes the DODD MyLearning logo and links for 'See All Courses' and 'My dashboard'. The left sidebar lists various training topics under 'Eight-Hour Provider Training', with 'Competencies' selected. The main content area is titled 'Eight-Hour Provider Training' and includes a breadcrumb trail: Home / My courses / Providers / Eight-Hour Provider Training. The main content is divided into several sections:

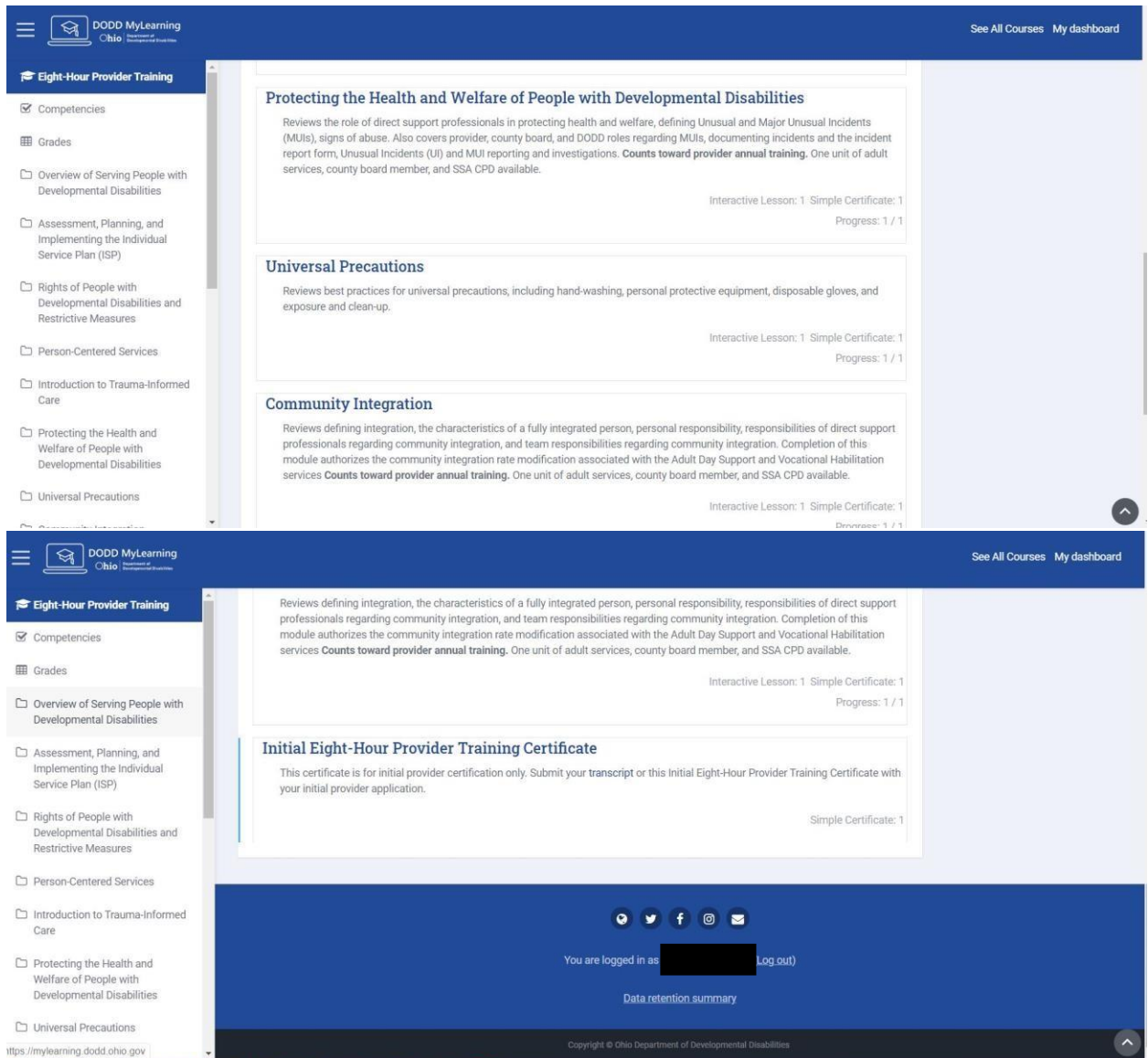
- Eight-Hour Provider Training**: A introductory section stating that users seeking initial provider certification should submit their transcript or Initial Eight-Hour Certificate with their application.
- Overview of Serving People with Developmental Disabilities**: A section reviewing certification requirements for independent and agency providers, defining developmental disability, roles and responsibilities of direct support professionals (DSPs), and an overview of county boards of developmental disabilities and service and support administrators (SSAs). It indicates 'Interactive Lesson: 1 Simple Certificate: 1' and 'Progress: 1 / 1'.
- Assessment, Planning, and Implementing the Individual Service Plan (ISP)**: A section reviewing DODD administered waivers and eligibility for Level One, SELF, Individual Options waivers. It reviews specific services, the role of the Level of Care (LOC) and Ohio Developmental Disabilities Profile (ODDP), and gives an overview of service and support administrator role in assessment and planning and the role of the direct support professionals in Individual Service Plan (ISP) implementation. One unit of **adult services** or **county board member** CPD available.

The right sidebar contains 'Resources' with a link to 'Eight-Hour Provider Training Topics' and 'My files' with a PDF file named 'Eight_Hour_Provider_Training-Certificate_13677.pdf' and a 'Manage private files...' link.

The screenshot shows the DODD MyLearning portal interface for a specific course. The top navigation bar is consistent with the previous screenshot. The left sidebar lists training topics, with 'Competencies' selected. The main content area is titled 'Rights of People with Developmental Disabilities and Restrictive Measures' and includes a breadcrumb trail: Home / My courses / Providers / Eight-Hour Provider Training. The main content is divided into several sections:

- Rights of People with Developmental Disabilities and Restrictive Measures**: A section reviewing the rights of people with developmental disabilities. It also reviews OAC 5123:2-2-06: Types, requirements, and limitations of restrictive measures. **Counts toward provider annual training.** One unit of adult services, service and support administrator, or county board member CPD available. It indicates 'Interactive Lesson: 1 Simple Certificate: 1' and 'Progress: 1 / 1'.
- Person-Centered Services**: A section reviewing the five principles of person-centered services, self-determination and self-advocacy, balancing what is "important to" and "important for" the person, positive culture, and types of positive behavioral support. **Counts toward provider annual training.** One unit of adult services or county board member CPD available. It indicates 'Interactive Lesson: 1 Simple Certificate: 1' and 'Progress: 1 / 1'.
- Introduction to Trauma-Informed Care**: A section reviewing defining trauma, the causes of trauma, trauma and people with developmental disabilities, and the principles of trauma-informed care. It also covers recognizing trauma, signs of abuse, and responding to trauma. One unit of adult services, county board member, or SSA CPD available. It indicates 'Interactive Lesson: 1 Simple Certificate: 1' and 'Progress: 1 / 1'.

The right sidebar is partially visible, showing the 'My files' section.



- Once you click on a module, a page similar to below will open. Click on the name of the module you chose to complete the course. The certificate link will become live for each module once it is completed. For initial certification, you **do not** need each individual certificate, only the final Eight Hour Certificate or a transcript. You can navigate to the next module (or previous) by clicking the name of the module

The screenshot shows the DODD MyLearning interface. The left sidebar contains a list of modules under 'Overview of Serving People with Developmental Disabilities'. A red arrow points to the 'Overview' link. The main content area displays the 'Overview of Serving People with Developmental Disabilities' page, which includes a description of certification requirements and a 'Your progress' indicator. A second red arrow points to the 'Assessment, Planning, and Implementing the Individual Service Plan (ISP)' link at the bottom of the page.

9. Once you have completed all of the modules, the Eight Hour Certificate link becomes live and you can view and print your certificate.

The screenshot shows the 'Initial Eight-Hour Provider Training Certificate' page. The left sidebar has a red arrow pointing to the 'Initial Eight-Hour Provider Training Certificate' link. The main content area displays the certificate details, including a description of the certificate and a 'Simple Certificate: 1' indicator. The footer of the page shows the user is logged in and provides a 'Log out' link.

You can use the certificate OR a copy of your transcript to submit as verification of training completion.

To access your transcript-

1. From your DODD MyLearning Home Page, click My Dashboard

The screenshot shows the DODD MyLearning Home Page. At the top, there is a blue navigation bar with a menu icon, the DODD MyLearning logo, and links for "See All Courses" and "My dashboard". A red arrow points to the "My dashboard" link. Below the navigation bar is a "Course Categories" section with six tiles: "Early Intervention", "Employment First", "Providers", "County Boards", "In-Person Training", and "View All Courses". Below that is a "Featured Courses" section with four course thumbnails, including "Meet John", "Annual Training", and "Health and Welfare Series".

2. Once your Dashboard loads, click on Download PDF

The screenshot shows the user's dashboard. At the top left, there is a profile icon and the text "Home / Dashboard". Below that is a "Course overview" section with a dropdown menu set to "All (except hidden)". Two course cards are visible: "Providers: Eight-Hour Provider Training" and "Providers: Orientation for Independent Providers", both showing "0% complete". On the right, there is a "My Transcripts" section with "View" and "Download PDF" buttons. A red arrow points to the "Download PDF" button. Below that is a "My files" section with "No files available" and "Manage private files...".

3. Your transcript will open in a separate window. You can save or print it.

Step 4: Take Electronic Visit Verification Training (EVV) through Medicaid:

Agency:

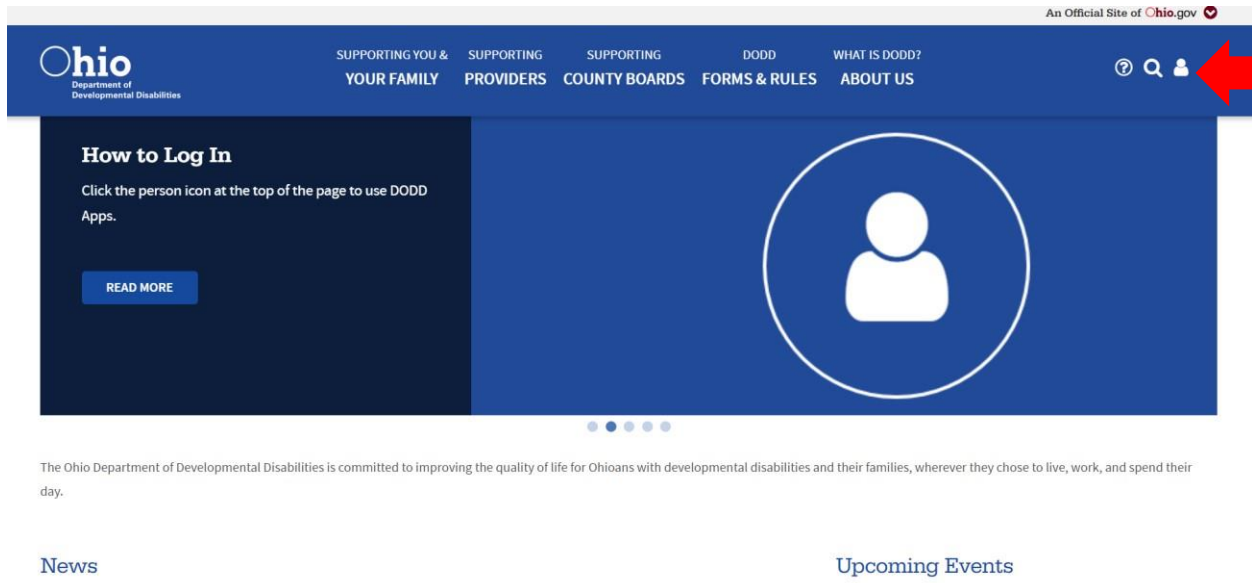
- Electronic Visit Verification (EVV) New Agency Training
Direct sign up
link: <https://www.sandatalearn.com?KeyName=ODMEVVNewAgencyTrainingPhase2>
Clicking **Sign Up** from the LMS login screen: <https://www.sandatalearn.com>,
the Enrollment key = **ODMEVVNewAgencyTrainingPhase2**

Independent:

- Electronic Visit Verification (EVV) New Non Agency Training Independent
Direct sign up
link: <https://www.sandatalearn.com?KeyName=ODMEVVNewNonAgencyTrainingPhase2>
Clicking **Sign Up** from the LMS login screen: <https://www.sandatalearn.com>,
the Enrollment key = **ODMEVVNewNonAgencyTrainingPhase2**

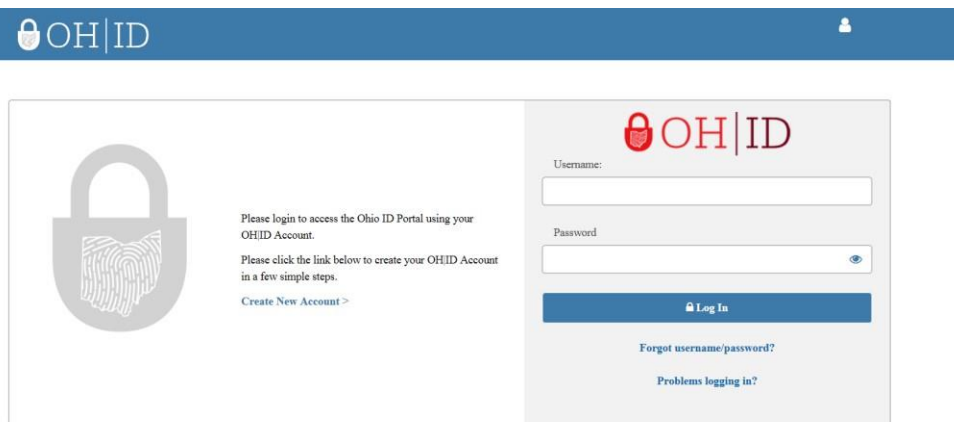
Step 4: Provider Application PSM Portal

Go to the DODD website (<https://dodd.ohio.gov/>), and click the log in icon on the top right



The screenshot shows the top navigation bar of the DODD website. The header is dark blue with the Ohio Department of Developmental Disabilities logo on the left. The navigation menu includes: SUPPORTING YOU & YOUR FAMILY, SUPPORTING PROVIDERS, SUPPORTING COUNTY BOARDS, DODD FORMS & RULES, and WHAT IS DODD? ABOUT US. On the far right, there are icons for help, search, and a person (login). A red arrow points to the person icon. Below the navigation bar, there is a large blue banner with a white person icon in a circle. To the left of the banner, there is a dark blue box with the text "How to Log In" and "Click the person icon at the top of the page to use DODD Apps." with a "READ MORE" button. Below the banner, there is a small text block: "The Ohio Department of Developmental Disabilities is committed to improving the quality of life for Ohioans with developmental disabilities and their families, wherever they chose to live, work, and spend their day." At the bottom of the page, there are links for "News" and "Upcoming Events".

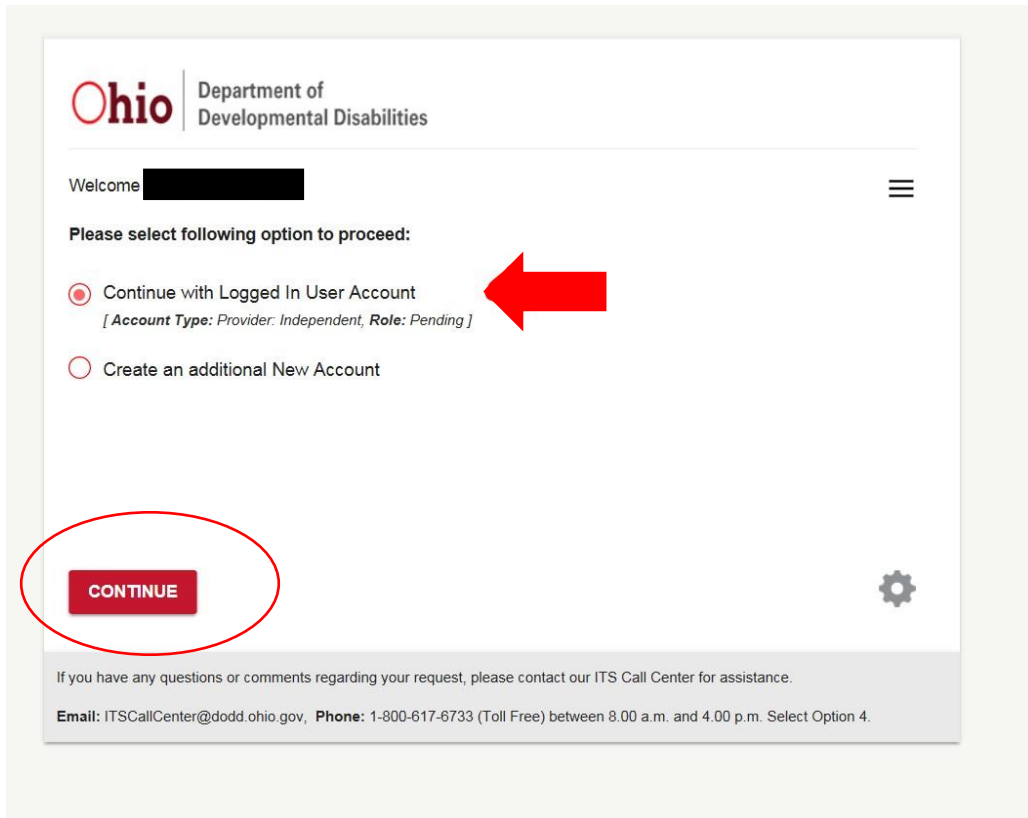
Use your DODD username and password to log in.



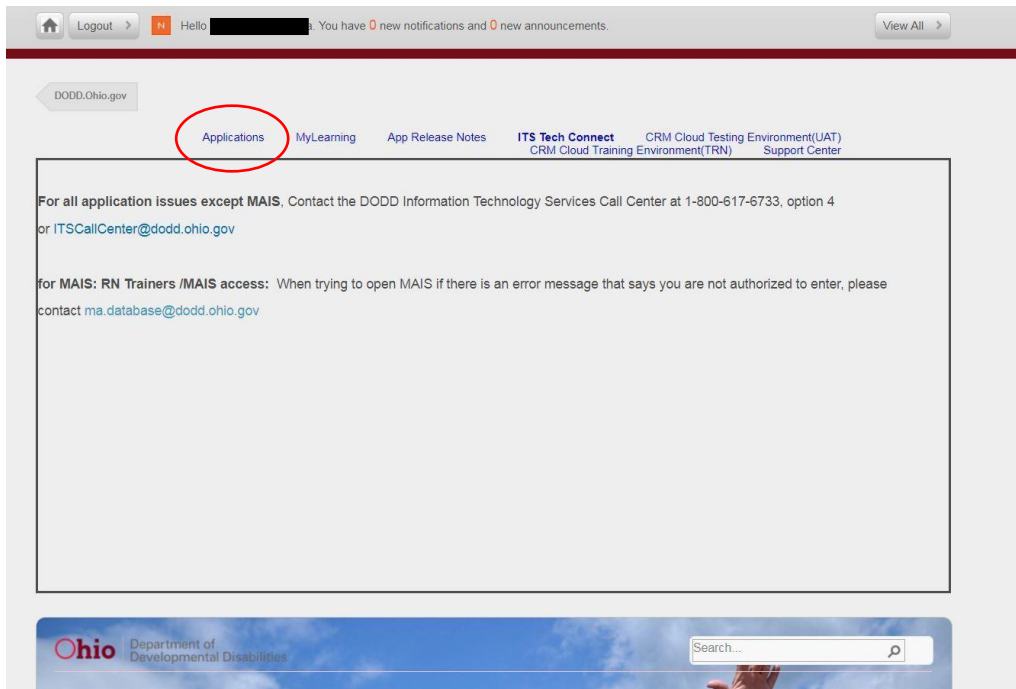
The screenshot shows the OH|ID login page. At the top, there is a blue header with the OH|ID logo and a person icon. Below the header, there is a large white box with a grey padlock icon on the left. To the right of the padlock, there is text: "Please login to access the Ohio ID Portal using your OH|ID Account. Please click the link below to create your OH|ID Account in a few simple steps. Create New Account >". On the right side of the white box, there is a login form with the OH|ID logo at the top. The form has two input fields: "Username:" and "Password:". Below the password field, there is a blue "Log In" button. At the bottom of the form, there are two links: "Forgot username/password?" and "Problems logging in?".

State of Ohio computer systems may be accessed and used only for official state business by authorized personnel. Unauthorized access or use of these computer systems may subject violators to criminal, civil, and/or administrative action.

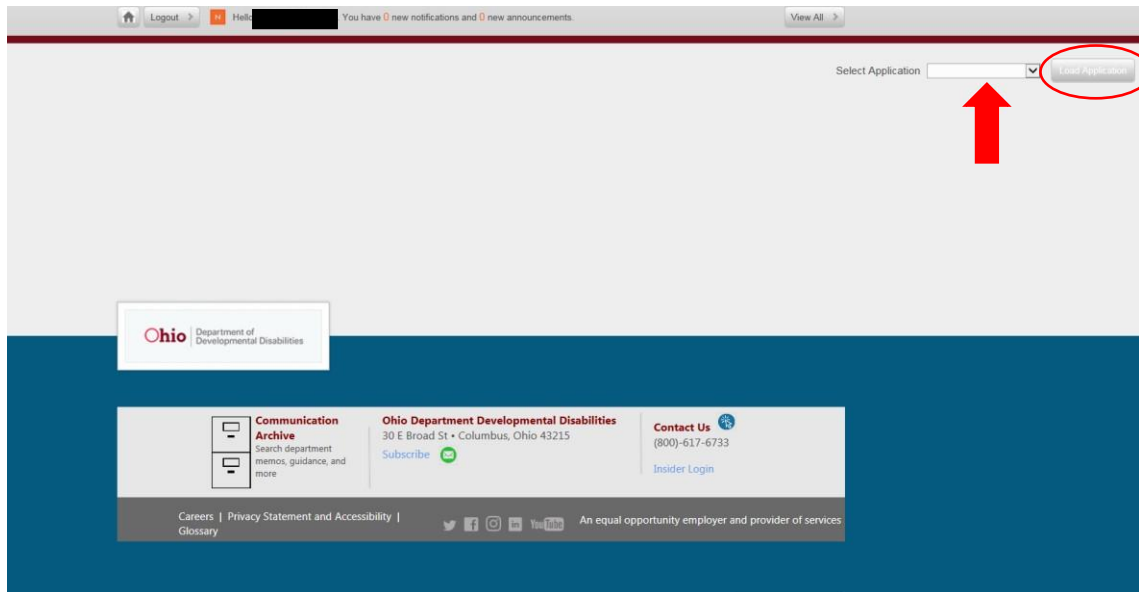
On this screen, select Continue with Logged In User Account, then Continue



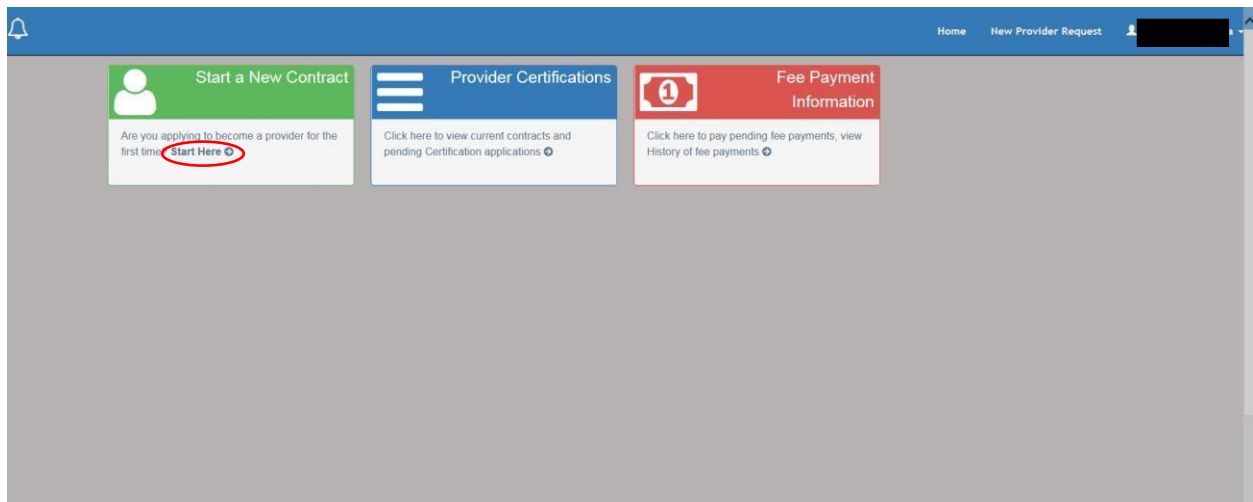
Click 'applications'



Choose PSM-Portal from the drop down menu and click load application



Once accessing the PSM-portal, applicant will see the following screen



To start a new application, click on “Start a New Contract” (the green box) and the following screen opens. There is also a list of all the fees. At the bottom click on ‘Continue’ to get to the next page.

Home Provider Dashboard

Getting Started Introduction Intent More Information Summary

Getting Started

Providers of services to people with developmental disabilities may be self-employed individuals (independent providers) or agencies. Because the health and safety of people accessing services through the Ohio Department of Developmental Disabilities (DODD) is important to us, DODD certifies both agency and independent providers of services. An individual or agency is prohibited from providing any service until certification is obtained from DODD.

- A birth certificate is a required document and will need to be submitted as part of your initial application. Independent Providers of transportation services must provide an official drivers' abstract from the Bureau of Motor Vehicles (BMV).
- You will need to gather all documents (except the BCI) prior to completing the application. You must upload all of your documentation (except the BCI) when the application system prompts you. Once this is completed, you will be able to pay your fee and submit your application. The BCI background check must be received directly from the Ohio Attorney General's office. BCI Background Checks must be mailed directly from the BCI office to the Ohio Department of Developmental Disabilities (DODD). The background check process can take up to 30 days, so please allow enough time for the Department to receive the document. When requesting your BCI, please use the following code for your reason fingerprinted: BCI Code: 5123.169. The reason code for an FBI check is: 5126.28 (this code is to be used for the FBI check only). Any BCI specific questions you may have can be directed to the BCI call center at 1-877-224-0043.
- Please be aware that during the review process, you may be asked to provide additional documentation. If additional documentation is requested, you will have 30 days to submit all of your required documentation. Please note that if all documentation is not received within this timeline, the application will close and no further action will be taken.
- The date that the last of your application documentation is received (including receipt of the BCI), is the date that your application will be submitted for review. DODD will review your application within 30 days of this submission date.
- Following the review of your application and documentation by DODD, your information will be submitted to Medicaid for approval and issuing of a Medicaid number. For new agency applicants: Medicaid will likely require and conduct a site visit of your agency prior to the approval of a Medicaid number.
- New State of Ohio suppliers must first register online with the Ohio Office of Budget and Management (OBM) using the Supplier Self-Registration module of the Ohio Administrative Knowledge System (OAKS). Go to www.supplier.obm.ohio.gov and click 'Register a New Account'. Once you are assigned a Supplier Number, you will need to upload a copy of an email or screenshot of your account showing your name and assigned Supplier Number in the document upload.

Fee Schedule

The following appears. Choose which type of provider applying for then click save and continue.

Home Provider Dashboard

Getting Started Introduction Intent More Information Summary

10%

Introduction

Provider Type

Agency

Independent

Unpaid Support Broker

Cancel Back Communicate Save and Exit Save And Continue

Summary

Name:

Application Number:

Application Type:

Status:

Start Date:

Once selected, demographic information appears to be filled out. You must first fill out the Search for Existing Demographic Information box and click search prior to filling out the remainder of the screen.

Getting Started Introduction Intent More Information Summary

10%

Introduction

Provider Type

Agency

Independent

Unpaid Support Broker

Independent Provider Demographics

Search for Existing Demographic Information

Social Security Number* [Redacted]

Date of Birth* [Redacted]

Search

First Name* [Redacted]

Middle Initial [Redacted]

Last Name* [Redacted]

Gender* [Redacted]

Date of Birth* [Redacted]

Social Security Number* [Redacted]

8:48 AM 12/4/2017

First Name* [Redacted]

Middle Initial [Redacted]

Last Name* [Redacted]

Gender* [Redacted]

Date of Birth* [Redacted]

Social Security Number* [Redacted]

City of Birth* [Redacted]

State of Birth* [Redacted]

Country of Birth* [Redacted]

Email* [Redacted]

Social Security Number Effective Date* [Redacted]

Next

Cancel Back Communicate Save and Exit Save And Continue

8:48 AM

Click Next, and this screen appears. Fill out the information, and check the boxes for home office, billing address, mailing address and alternative address if they are all the same. If you have alternative addresses for any of those locations, do not click the box for it and fill out the applicable screen.

The screenshot shows a web form titled "Primary Service Location" with the following fields:

- First Name* (text input)
- Middle Initial (text input)
- Last Name* (text input)
- Building Name (text input)
- Address Line 1* (text input)
- Address Line 2 (text input)
- City* (text input)
- State* (dropdown menu)
- Zip* (text input)
- Zip4 (text input)
- Phone 1* (text input)
- Extn (text input)
- Fax 1 (text input)
- Email* (text input)
- Phone 2 (text input)
- Extn (text input)
- Fax 2 (text input)
- County* (dropdown menu)

Below the form, there is a section with the text: "Check the below check boxes if the corresponding address is the same as the Primary Address." This section contains three checkboxes:

- Home Office
- Alternative Address
- Billing Address
- Mailing Address

At the bottom of the form, there is a "Home Office" section with fields for First Name*, Middle Initial, and Last Name*.

On the right side, there is a "Summary" sidebar with the following fields: Name, Application Number, Application Type, Status, and Start Date.

Once that is complete, click 'Save and Continue'.

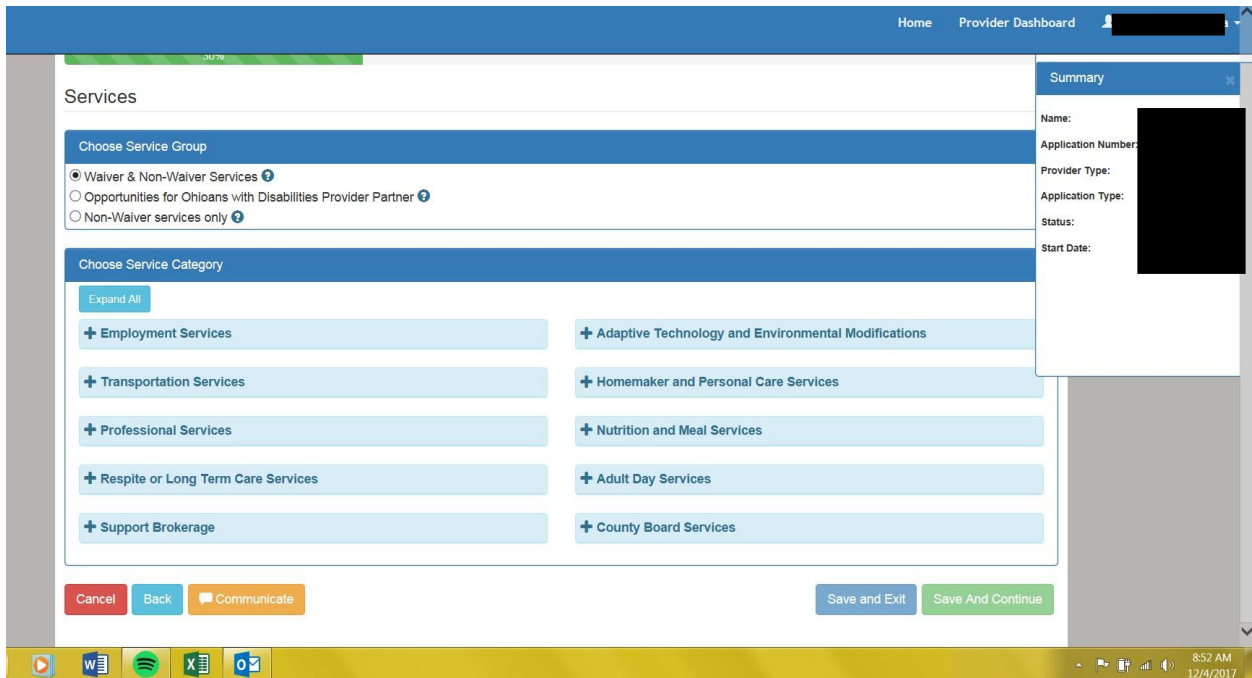
Applicant will choose what service group applies to them (typically waiver and non-waiver services), then click 'Save and Continue'

The screenshot shows a web form titled "Services" with the following elements:

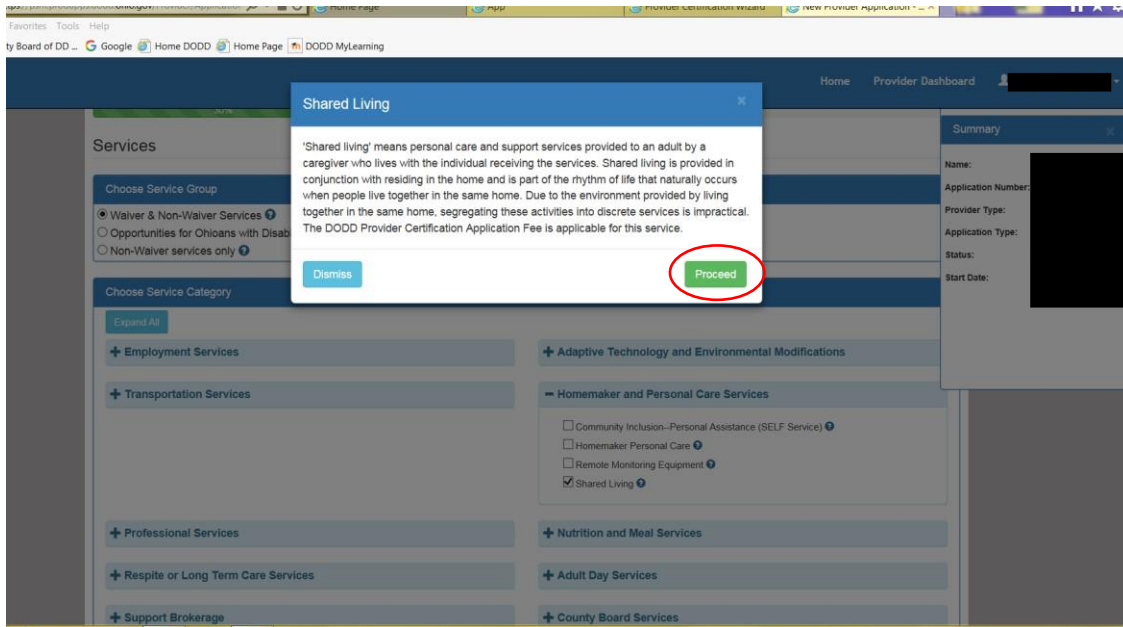
- A progress bar at the top showing 30% completion.
- A breadcrumb navigation: Getting Started > Introduction > Intent > More Information > Summary.
- A "Choose Service Group" section with three radio button options:
 - Waiver & Non-Waiver Services
 - Opportunities for Ohioans with Disabilities Provider Partner
 - Non-Waiver services only
- Buttons at the bottom: Cancel, Back, Communicate, Save and Exit, and Save And Continue (highlighted with a red circle).

On the right side, there is a "Summary" sidebar with the following fields: Name, Application Number, Provider Type, Application Type, Status, and Start Date.

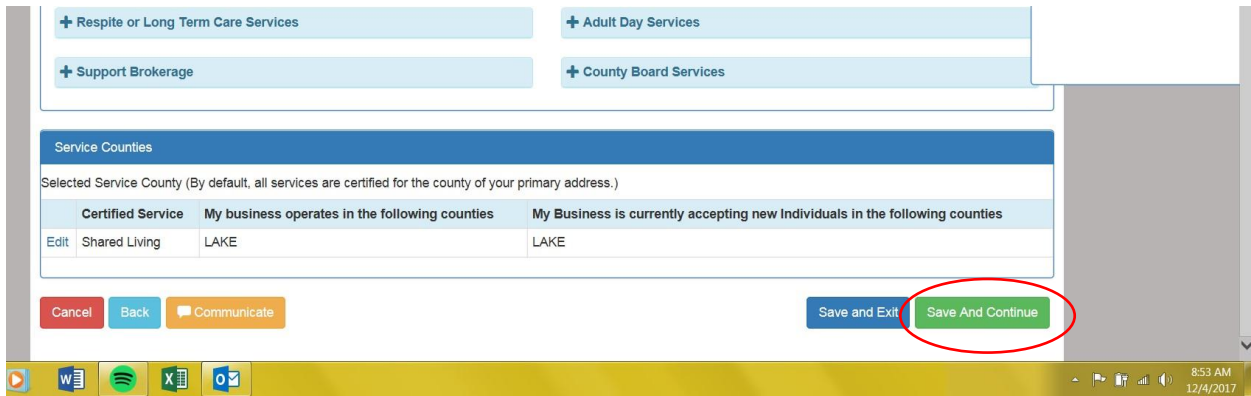
Once a service group is selected, the list of all available services will appear. They are in categories.



The applicant will go through and select each service they want to provide. When clicking on a service, a box will pop up describing the service. The applicant must hit proceed to add it.

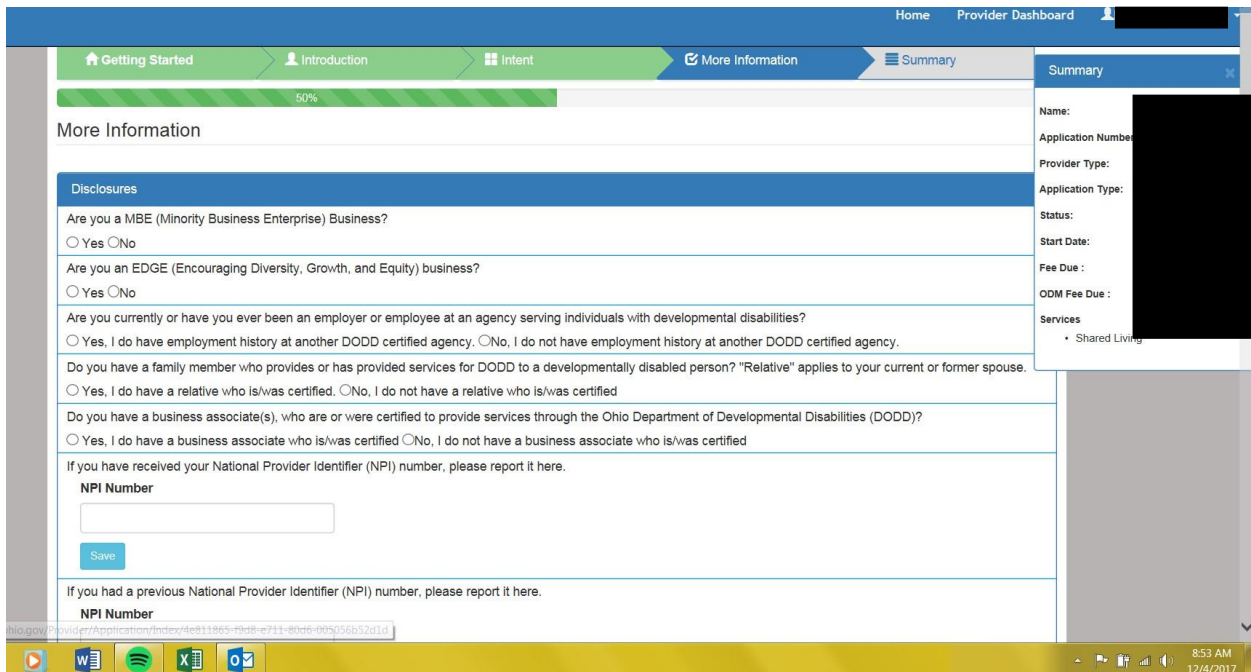


The selected services will be listed below. Once it is complete, hit 'Save and Continue'. Note-select ALL services you want to be certified in. There is a \$25 fee to add services once you are certified.



The disclosures appear for the applicant to fill out, as well as the area to upload the documents to and the nondisclosure agreement and attestations.

When uploading documents, they must be done one at a time. Click the box of the document you are uploading, then upload the file containing that information. For items like CPR and First Aid, they may need to be uploaded twice to both categories



home Provider Dashboard

Save

Are you currently certified through the Ohio Department of Aging and/or the Ohio Department of Job and Family Services?
 Yes No

Enter all the languages you speak/write

Language: --Select-- Start Date: 12/4/2017

End Date: 12/4/2017

Add

Language	Start Date	End Date
ENGLISH		12/31/2999

Have you lived outside the State of Ohio within the last 5 years (on or after 12/4/2012)?
 Yes, an FBI report is required. No, I have lived only within Ohio within the last 5 years.

Have you ever been indicted or convicted of a violation of State or Federal law? (Background for Investigations rule <http://dodd.ohio.gov/RulesLaws/Documents/5123-2-2-02%20Effective%202013-01-01.pdf>)
 Yes No

Please provide the Supplier ID assigned to you and your TIN (agency) or SSN (independent provider) by Ohio Shared Services Office of Budget and Management. (This is a 10 digit number, including any leading 0's.) If you already have a State of Ohio supplier number, please enter it here. Otherwise, new State of Ohio suppliers must first register online with the Ohio Office of Budget and Management (OBM) using the Supplier Self-Registration module of the Ohio Administrative Knowledge System (OAKS). Go to www.supplier.obm.ohio.gov and click 'Register a New Account'. Once you are assigned a Supplier Number, you will need to upload a copy of an email or screenshot of your account showing your name and assigned Supplier Number in the document upload below.

8:54 AM 12/4/2017

Please provide the Supplier ID assigned to you and your TIN (agency) or SSN (independent provider) by Ohio Shared Services Office of Budget and Management. (This is a 10 digit number, including any leading 0's.) If you already have a State of Ohio supplier number, please enter it here. Otherwise, new State of Ohio suppliers must first register online with the Ohio Office of Budget and Management (OBM) using the Supplier Self-Registration module of the Ohio Administrative Knowledge System (OAKS). Go to www.supplier.obm.ohio.gov and click 'Register a New Account'. Once you are assigned a Supplier Number, you will need to upload a copy of an email or screenshot of your account showing your name and assigned Supplier Number in the document upload below.

Supplier ID *

Save

Secondary Contacts

First Name	Last Name	Email	Phone
+ Add Secondary Contact			

RAPBACK

Pursuant to Administrative Code 5123:2-2-01, Providers must consent to be enrolled in the Ohio attorney general's retained applicant fingerprint database ("Rapback"). Rapback is a criminal background check system. By initialing this consent and submitting your application, you are consenting to Rapback enrollment as part of your application processing.

I consent to enrollment by the Ohio Department of Developmental Disabilities in the Ohio attorney general's retained applicant fingerprint database (Rapback).

Independent Provider Initials*

Agree

8:56 AM 12/4/2017

Scroll to bottom of Application instructions to see how to setup Supplier ID

Documents

These documents are required in order to be an Ohio Medicaid Provider, and you cannot become certified until you have submitted these documents to the department. You must scan and upload the documents here to proceed with submitting your application.

BCII Background Checks cannot be uploaded to the Department. They must be mailed directly from the BCII office to the Ohio Department of Developmental Disabilities. This process can take up to 30 days, so please allow enough time for the Department to receive the document. When requesting your BCII, please use the following code for your reason fingerprinted:
BCII Code: 5123.169

Please have your BCII sent to the following address (only BCII's will be accepted through the mail):

The Ohio Department of Developmental Disabilities
Attention Provider Certification
30 E. Broad Street
13th Floor
Columbus, Ohio 43215

Max file size limit for upload is 75 MB and allowable file types are .doc, .docx, .pdf, .jpeg, .jpg, .tig, .png, .txt, .tif, .tiff, .gif.

Please, ensure that all Required Documents have a corresponding Document Upload except the BCII and FBI, as listed

<input type="checkbox"/> 8 hour Initial Certification Training ?	<input type="checkbox"/> BCII Background Check ?
<input type="checkbox"/> Birth Certificate ?	<input type="checkbox"/> CPR ?
<input type="checkbox"/> First Aid ?	<input type="checkbox"/> High School Diploma/GED ?
<input type="checkbox"/> Initial Overview ?	<input type="checkbox"/> OSS Verification of Supplier Number ?
<input type="checkbox"/> Social Security Number ?	<input type="checkbox"/> State of Ohio Identification ?
<input type="checkbox"/> W-9 ? Download W9	

Name: [REDACTED]

Application Number: [REDACTED]

Provider Type: [REDACTED]

Application Type: [REDACTED]

Status: [REDACTED]

Start Date: [REDACTED]

Fee Due : [REDACTED]

ODM Fee Due : [REDACTED]

Services

- Shared Living

Attestations

Each independent provider; each CEO of an agency provider; and each employee, contractor, and employee of a contractor of an agency provider who is engaged in a direct services position must meet the following requirements. Furthermore, by initialing this page, you indicate your understanding and assurance to comply with the following requirements.

Applicant has read and understands the requirements of Ohio Administrative Code Chapter 5123.2. These rules can be found at: <http://dodd.ohio.gov/RulesLaws/Pages/RulesInEffect.aspx>

- Applicant will comply with the requirements of Ohio Administrative Code Chapter 5123.2.
- Applicant will comply with the requirements of all relevant state and federal statutes and state and federal rules.
- Applicant confirms that the information provided in this application is complete and accurate. Misrepresentations, false statements, inaccurate statements, or incomplete statements may result in a denial of the application or in the suspension or revocation of a provider's certification.
- In accordance with Executive Order 2011-03K, Applicant confirms: (1) it has reviewed and understands Executive Order 2011-03K, (2) it has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) it will take no action inconsistent with those laws and the Order. Applicant understands that failure to comply with Executive Order 2011-03K is grounds for denial of the application or suspension or revocation of a provider's certification and may result in the loss of other contracts or grants with the State of Ohio.

I accept the terms and conditions mentioned above.*

Applicant Initials*

Name: [REDACTED]

Application Number: [REDACTED]

Provider Type: [REDACTED]

Application Type: [REDACTED]

Status: [REDACTED]

Start Date: [REDACTED]

Fee Due : [REDACTED]

ODM Fee Due : [REDACTED]

Services

- Shared Living

Non Disclosure Agreement

I acknowledge that I will be provided access to information, systems, operations, or procedures that are security sensitive or have been identified as confidential by the Ohio Department of Developmental Disabilities (DODD), the State of Ohio, or the United States of America. Each person authorized to access DODD systems holds a position of trust relative to this information and must recognize the necessity to keep this information confidential and secure. As such, I agree to the following:

Non Disclosure Agreement

under or law;

- That the information may represent confidential personal information, protected health information, or proprietary information, the release or disclosure of which may be restricted or prohibited by state and federal law;
- That I shall regard all such information as confidential and that I shall not disclose, reveal, communicate, impart, or divulge the information or any summary or synopsis of the information in any manner or any form whatsoever;
- That DODD has instituted security measures designed to identify attempts to tamper with the websites, systems, operations, or procedures and that information collected through these security measures may be used in connection with a criminal prosecution or other legal proceedings;
- That DODD has instituted security measures designed to monitor and detect the unauthorized access or attempt to access information and that these security measures may result in the collection of information that may be used in connection with a criminal prosecution or other legal proceedings;
- That violation of any of these provisions may result in the cancellation of my security access and referral to the appropriate enforcement authorities.

By signing this statement, I acknowledge that I understand and agree to adhere to the limitations on access and disclosure described above.

Applicant Initials:

Medicaid Provider Agreement

This provider agreement is a contract between the Ohio Department of Medicaid (the Department) and the undersigned provider of medical assistance services in which the Provider agrees to comply with the terms of this provider agreement, state statutes, Ohio Administrative Code rules, and Federal statutes and rules, and agrees and certifies to:

13. Comply with Section 6002 of the Budget Reduction Act. This requirement applies to health care entities who receive Medicaid reimbursements of \$0,000,000 per year or more, to establish written policies for all their own employees and contractors to provide information about the False Claims Act, provide remedies for false claims, a description of false claims laws, whistleblower protections and detailed provisions for detecting and preventing fraud, waste and abuse.
14. Fully cooperate with the Department, its agents, and other state or federal agencies engaged in ensuring the integrity of the Ohio Medicaid program. Full cooperation

Name:

Application Number:

Provider Type:

Application Type:

Status:

Start Date:

Fee Due :

ODM Fee Due :

Services
• Shared Living

8:59 AM
12/4/2017

Medicaid Provider Agreement

This provider agreement is a contract between the Ohio Department of Medicaid (the Department) and the undersigned provider of medical assistance services in which the Provider agrees to comply with the terms of this provider agreement, state statutes, Ohio Administrative Code rules, and Federal statutes and rules, and agrees and certifies to:

13. Comply with Section 6002 of the Budget Reduction Act. This requirement applies to health care entities who receive Medicaid reimbursements of \$0,000,000 per year or more, to establish written policies for all their own employees and contractors to provide information about the False Claims Act, provide remedies for false claims, a description of false claims laws, whistleblower protections and detailed provisions for detecting and preventing fraud, waste and abuse.
14. Fully cooperate with the Department, its agents, and other state or federal agencies engaged in ensuring the integrity of the Ohio Medicaid program. Full cooperation includes, but is not limited to, making yourself and your records available upon request.
15. This provider agreement may be canceled by either party upon 30 days written notice prior to termination date.
16. I further certify that I am the individual practitioner who is applying for the provider number, or in the case of a business organization, I am the officer, chief executive officer, or general partner of the business organization that is applying for the provider number. I further agree to be bound by this agreement, and certify that the information I have given on this application is factual. As such, I have disclosed my name, social security number and date of birth on the application for enrollment, in accordance with 42 CFR, Part 455, Subpart B and 1002, Subpart A, as amended, and as specified in rule 5160-1-17.3 of the Administrative Code.

The Medicaid Agreement has changed since it was last agreed by you. Please read the Agreement text and confirm your acceptance.

I accept the terms and conditions mentioned above.*

Type your full name as your Electronic Signature.

I accept the terms and conditions

Name:

Application Number:

Provider Type:

Application Type:

Status:

Start Date:

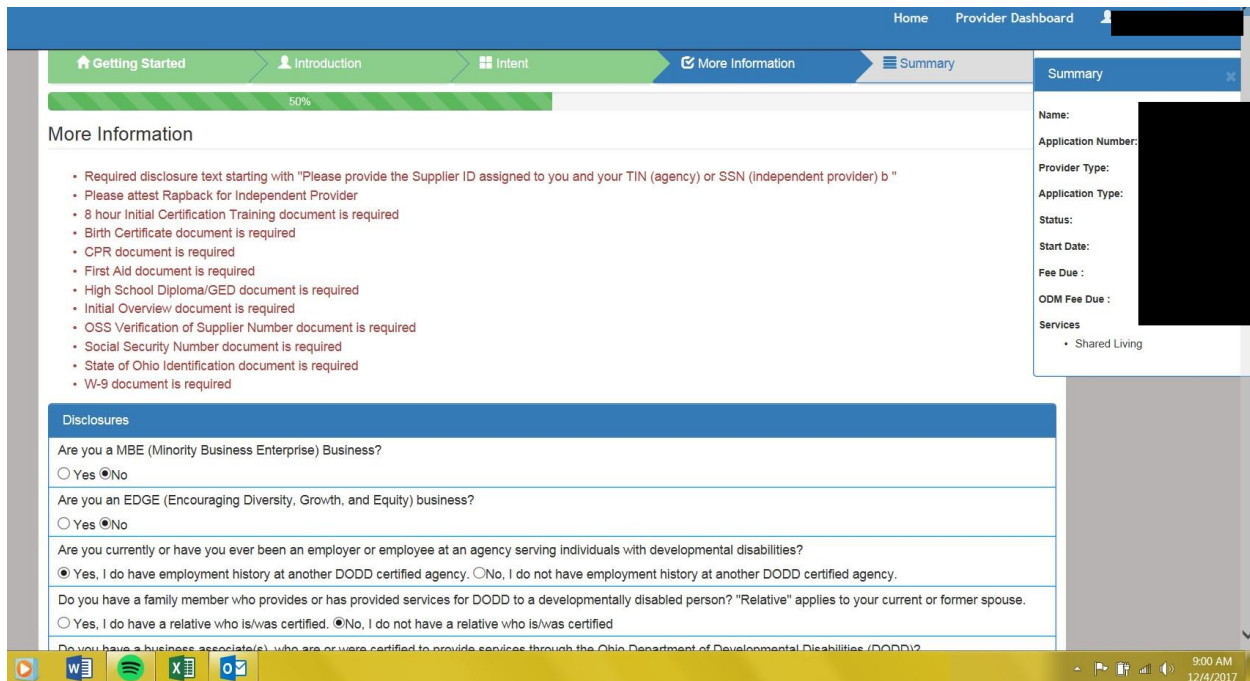
Fee Due :

ODM Fee Due :

Services
• Shared Living

8:59 AM
12/4/2017

Once complete, select 'Save and Continue' If information is missing (as is with this application) this screen appears describing what is missing.

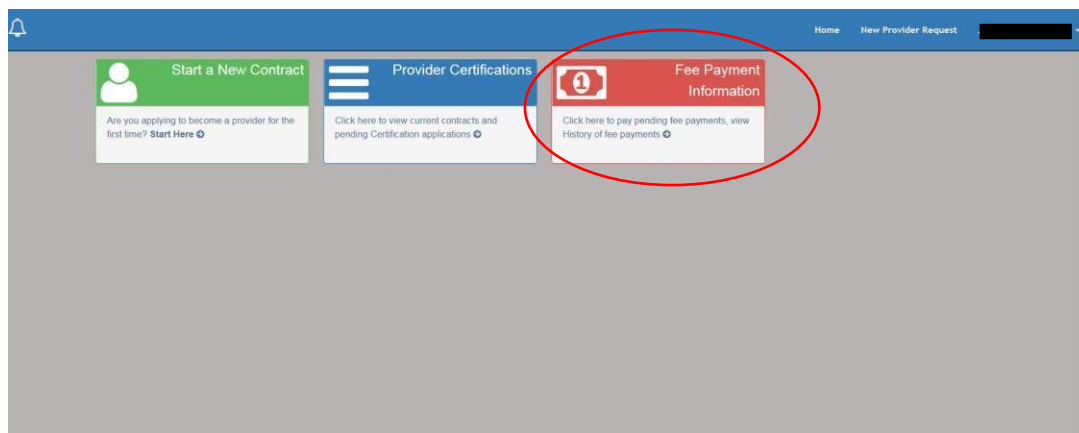


If information is missing, the applicant will not be able to complete their application. Be sure to upload all required information. Click Save and Exit to save the application as a draft to return to later.

Once the application is complete and there is no missing information, hit submit. Then the application fee must be paid.

The pay screen may come up, if it does not appear, go back to the PSMportal home page and click on the red box to access it.

Check your email for status updates. This is where they will communicate with you if there is a problem!

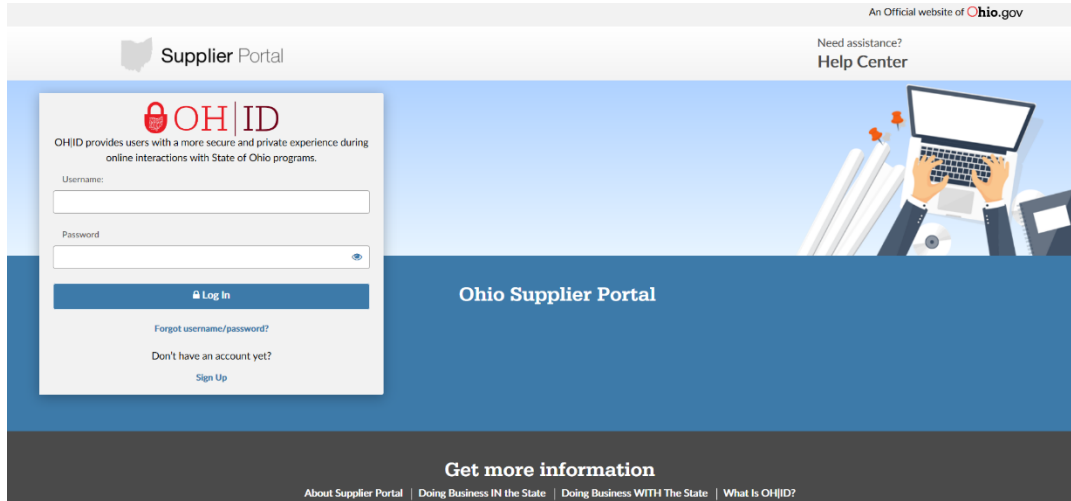


Setting Up a Supplier ID Number- Independent Provider

You need access to a printer/scanner as well as a W9 and your bank information (bank name, account & routing number)

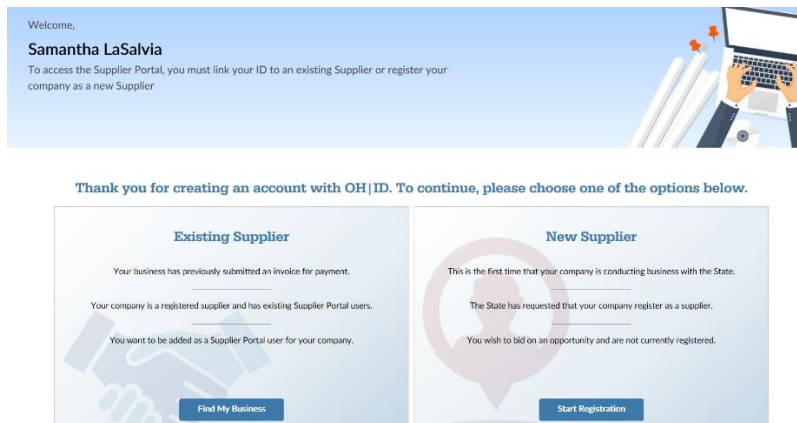
Go to <http://www.supplier.obm.ohio.gov/>

At the log in screen, use the DODD username and password you established to log-in.



The screenshot shows the Ohio Supplier Portal login interface. At the top right, it says "An Official website of Ohio.gov". The main header includes "Supplier Portal" and "Need assistance? Help Center". The login form is on the left, featuring the "OH|ID" logo and a message: "OH|ID provides users with a more secure and private experience during online interactions with State of Ohio programs." Below this are fields for "Username:" and "Password:" with a "Log In" button. Links for "Forgot username/password?" and "Don't have an account yet? Sign Up" are also present. The background features an illustration of hands typing on a laptop. At the bottom, there is a "Get more information" section with links: "About Supplier Portal", "Doing Business IN the State", "Doing Business WITH The State", and "What Is OH|ID?".

This screen will appear, under New Supplier, click "Start Registration"



The screenshot shows a welcome message for "Samantha LaSalvia" and instructions: "To access the Supplier Portal, you must link your ID to an existing Supplier or register your company as a new Supplier." Below this, a message reads: "Thank you for creating an account with OH|ID. To continue, please choose one of the options below." There are two main options: "Existing Supplier" and "New Supplier". The "Existing Supplier" option includes text: "Your business has previously submitted an invoice for payment.", "Your company is a registered supplier and has existing Supplier Portal users.", and "You want to be added as a Supplier Portal user for your company." with a "Find My Business" button. The "New Supplier" option includes text: "This is the first time that your company is conducting business with the State.", "The State has requested that your company register as a supplier.", and "You wish to bid on an opportunity and are not currently registered." with a "Start Registration" button. The background features an illustration of hands typing on a laptop.

Follow the instructions and fill out each portion of requested information. To being, click Start Registration.



- Fields containing asterisks are required
- Click on "?" icon for assistance registering or hover over on the "i" icon for more help hints.
- Need help? Click [here](#)



Welcome



Identifying Information



Addresses



User Information



Payment Information



Commodity Codes



Submit

Begin a New Registration

To complete this short on-boarding process you will need the following documents:

1. Scanned copy of your hand-signed W9 form
2. Banking information (Bank Name, Routing number, Account number)
3. Full remit to address

[Start Registration](#)

Fill out the information (everything with an *), then click next.

Tax ID number is your Social Security Number

Legal Business Name is your name

Federal Tax Classification is Social Security

Name and contact information of person completing the request is you.

Unique ID & Company Profile ⓘ

Tax Identification Number *

Legal Business Name *

Additional Name

Company Website Address

Federal Tax Classification *

Choose One ▼

Profile Questions ⓘ

[Click here to download a blank W-9 form](#)

Please attach a copy of your signed W9 *

Choose a file

Please enter the name and email address of the state of Ohio contact you are working with, if known.

Please provide the name and contact number of the individual completing this request. *

Comments ⓘ

Add comments here...

[< Prev](#)

[Exit](#)

[Save for later >](#)

[Next >](#)

Fill out your address and email address (* means required) then click Next

Address Line 1 *

Address Line 2

Address Line 3

City *

State *

County

Postal Code *

Business Email *

< Prev

Exit

Save for later >

Next >

For the Supplier Administrator Section, enter your information again, then click Next (* is required)



Welcome



Identifying Information



Addresses



User Information



Payment Information



Commodity Codes



Submit

Supplier Administrator

The User named in this section will be your organization's eSupplier Administrator. The Administrator can receive notifications of solicitation opportunities, view contact information, payment information, purchase orders, and create additional users.

First Name *

Last Name *

Title

Business Email *

Telephone *

Ext

Fax Number

< Prev

Exit

Save for later >

Next >

Enter your banking information (ensure it is correct) then click Next

Supplier Banking Information

Country

United States

Bank Name *

Account Type *

Check Acct




Routing Number / ABA Number *

Re-enter Routing Number / ABA Number *

Bank Account Number *

Re-enter Bank Account Number *

Additional ID Numbers

Type	Description	ID Number*	Actions
<input type="text" value="Search..."/> 			

Add ID Number

Comments

Add comments here...

< Prev

Exit

Save for later >

Next >

You can skip this page, just click Next

Standard Industry Codes ?

UNSPSC Code	Description	Actions
<input type="text" value="Search..."/>	Select a code to get a description...	

[Add SIC Code](#)

My Commodity Codes

Show entries

<input type="checkbox"/>	Category	Description
<input type="checkbox"/>	10000000	Live Plant and Animal Material
<input type="checkbox"/>	11000000	Mineral, Textile, Inedible Mat
<input type="checkbox"/>	12000000	Chemicals including Bio Chem
<input type="checkbox"/>	13000000	Resin, Rosin, Rubber, Foam Etc
<input type="checkbox"/>	14000000	Paper Materials and Products
<input type="checkbox"/>	15000000	Fuels, Fuel Additives, Lubric
<input type="checkbox"/>	20000000	Mining, Well Drilling Machine
<input type="checkbox"/>	14000000	Paper Materials and Products
<input type="checkbox"/>	15000000	Fuels, Fuel Additives, Lubric
<input type="checkbox"/>	20000000	Mining, Well Drilling Machine
<input type="checkbox"/>	21000000	Farming, Fishing, Forestry Mac
<input type="checkbox"/>	22000000	Building, Construction Machine
<input type="checkbox"/>	23000000	Industrial Mfg, Processing Mac

Showing 1 to 10 of 56 entries

[Previous](#) [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [Next](#)

[< Prev](#)

[Exit](#)

[Save for later >](#)

[Next >](#)

You then come to the review page. Review all of the information to ensure it is correct, then hit submit.

Once it has processed, you will receive your Supplier ID number via email. You need a copy of the email to scan and upload into your DODD application.