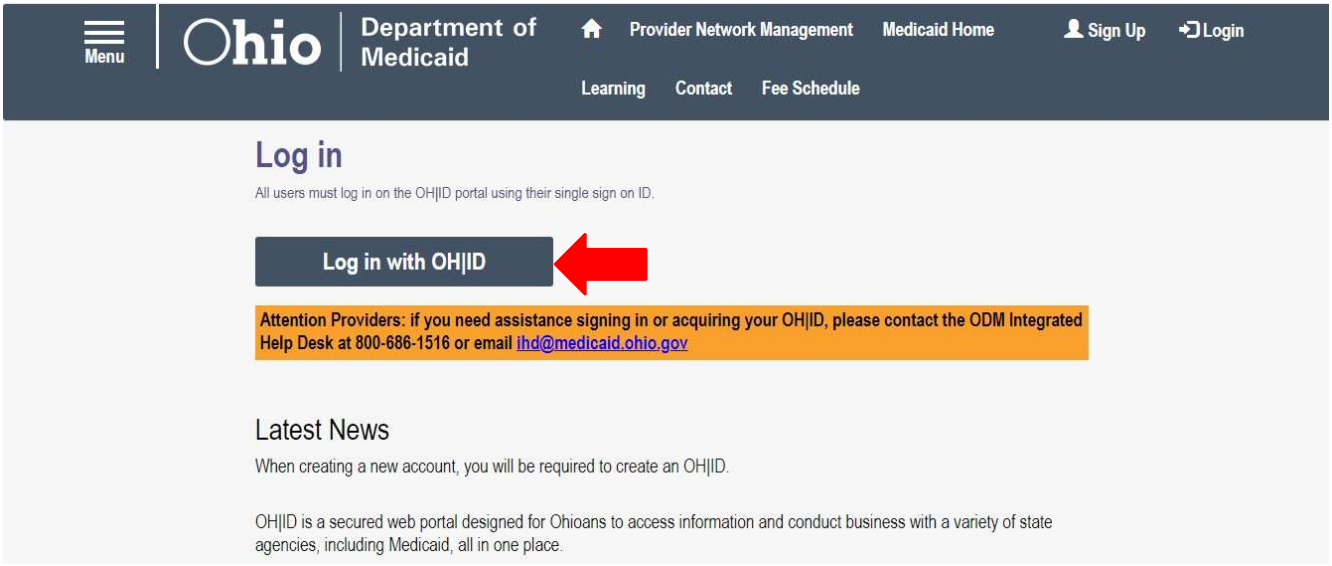
Completing an Application for Certification as a DODD Independent Provider

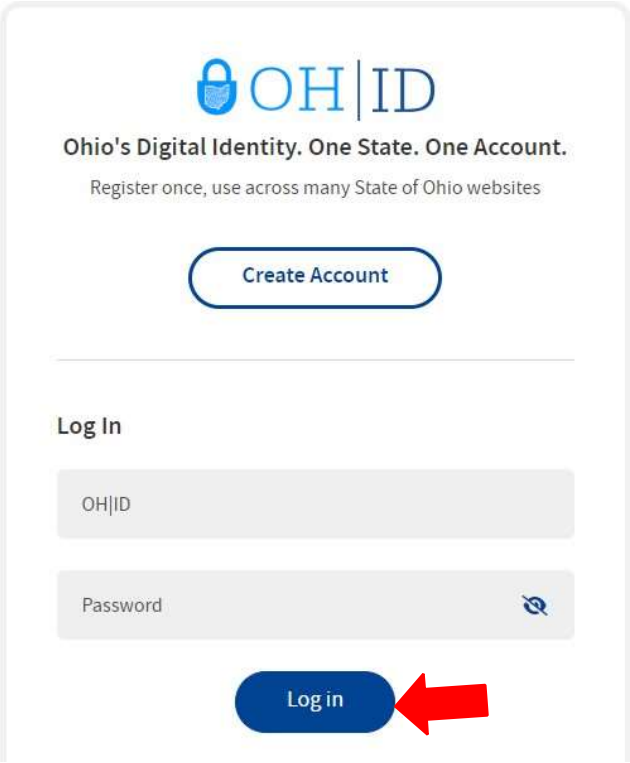
PRIOR TO starting an application, be sure that you have all of the required documents for certification *AND* that you have registered for/obtained your NPI number. You cannot complete an application without your NPI number.

1. Access the PNM website https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx

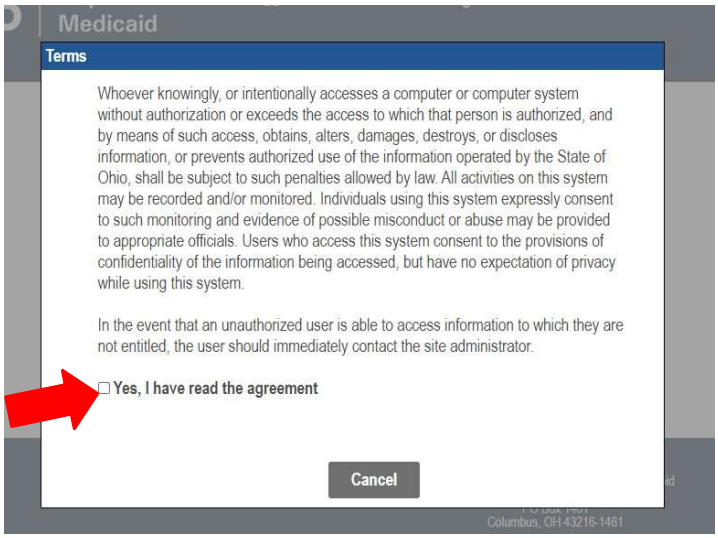
2. Click on the Log In with OH|ID button



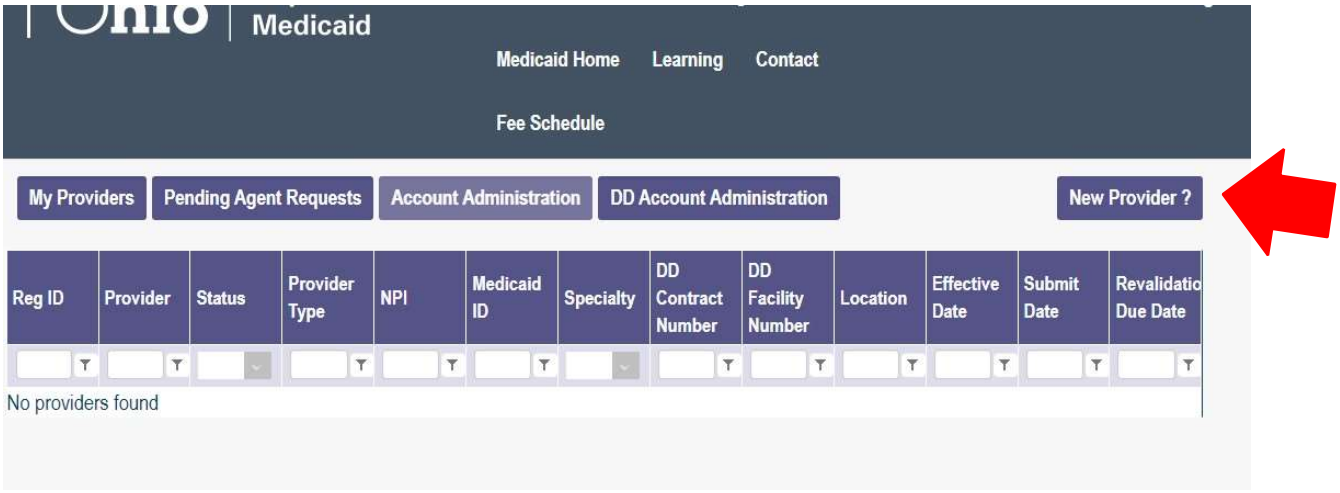
3. **Type in your OH|ID username and password, and click Log In.**
   This is the same username you will use for Ohio Shared Services as well as once you become certified to access DODD systems



4. **Click on Yes, I have read the agreement**
   Make sure that you have reviewed the information



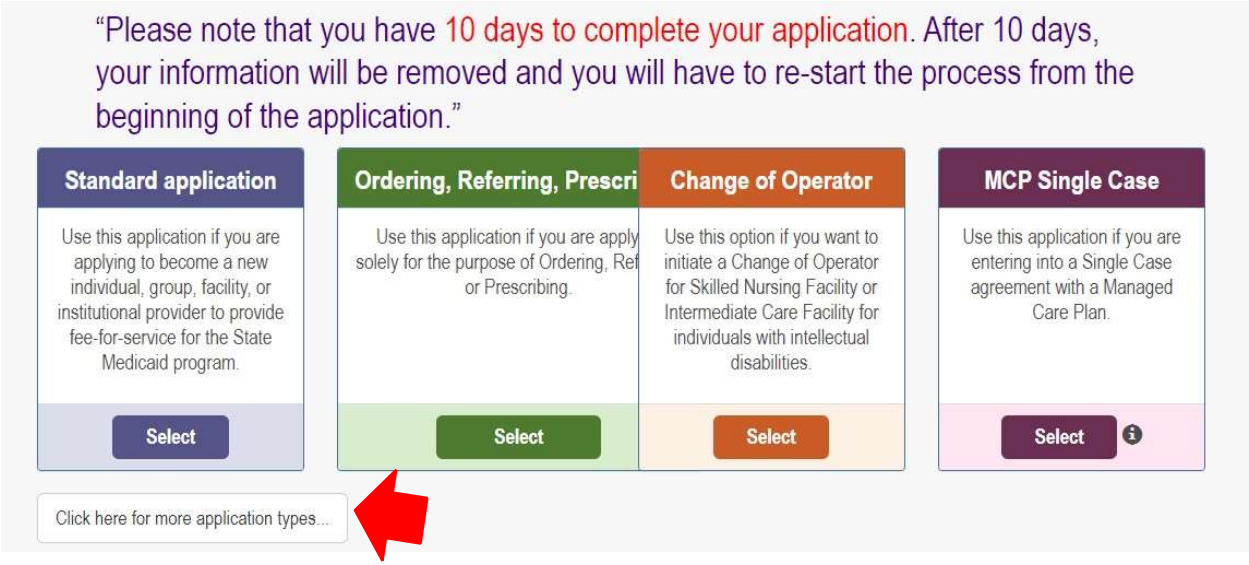
5. To start a new application, click on ‘New Provider?’



***** If there is NO **New Provider** button,

please go to page 15 of these slides for directions.

6. Scroll down and click on ‘Click here for more application types’

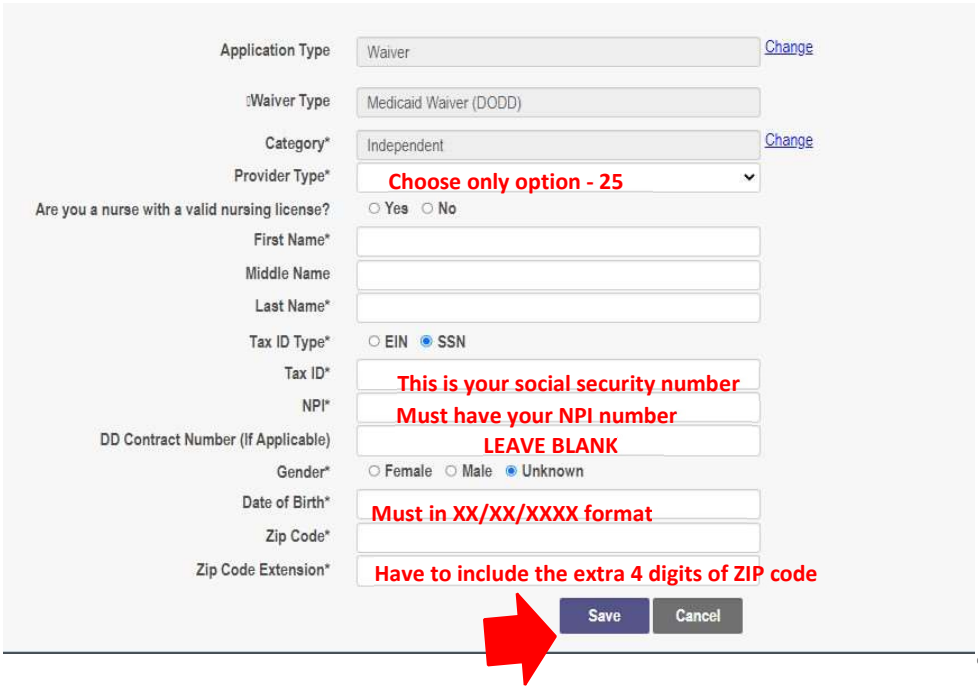


7. From the menu, select ‘Medicaid Waiver (DODD)

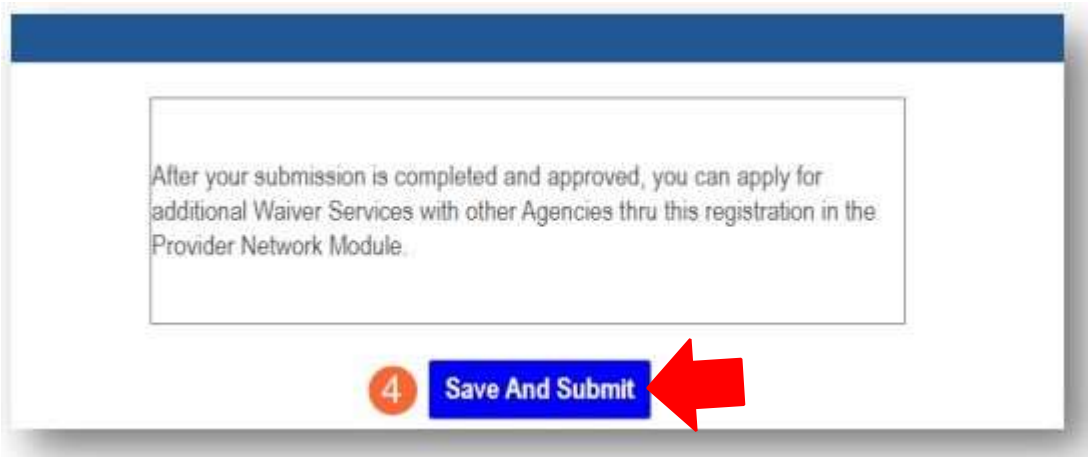
8. Choose Independent

9. **Complete information on page and click Save** *You MUST fill out everything with an **

A box for taxonomy will appear which auto populates based on the taxonomy code(s) you used when registering for your NPI. Choose the primary taxonomy you will use.

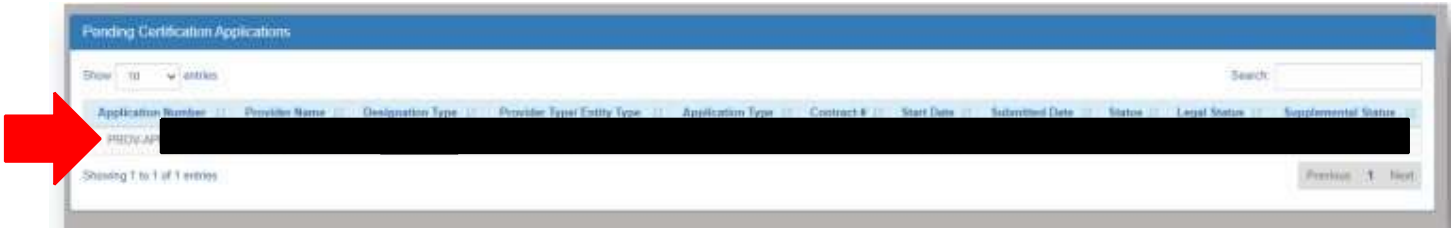


10. Once complete, a confirmation will appear, click 'Save and Submit'



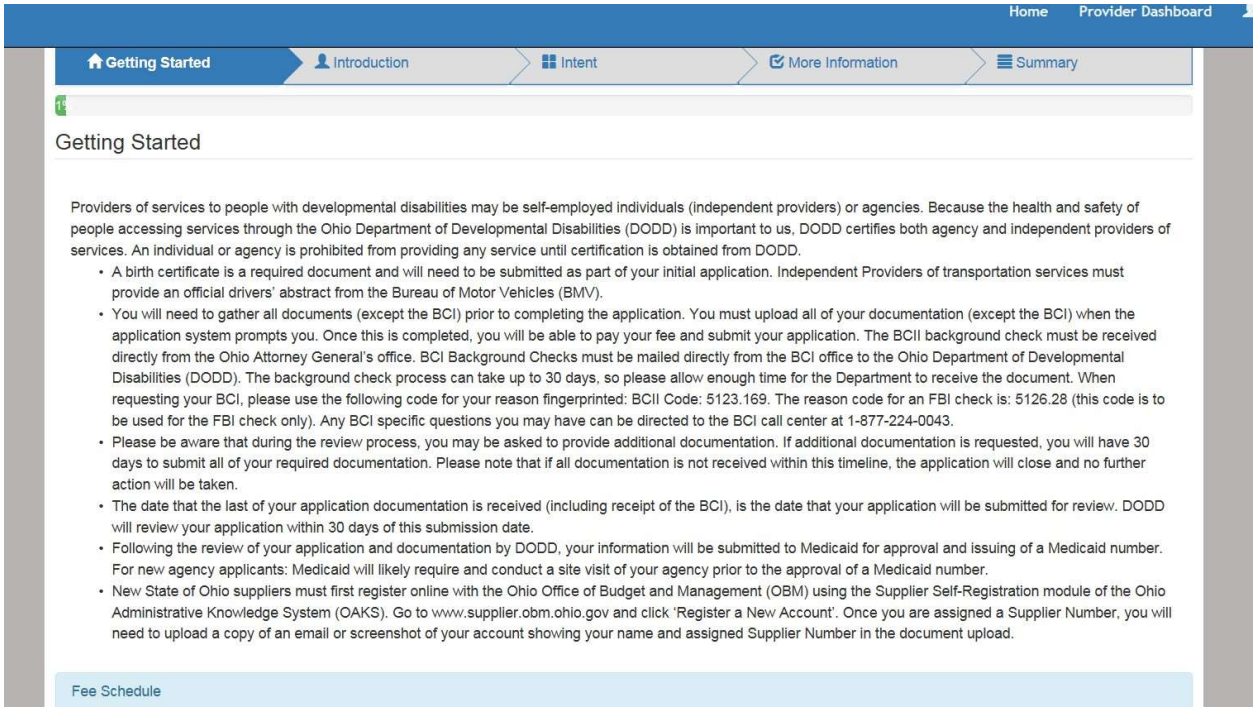
11. Next, you will be transferred into the DODD PSM System to complete your application

12. Click on the Application Number in the table to access the DODD Application

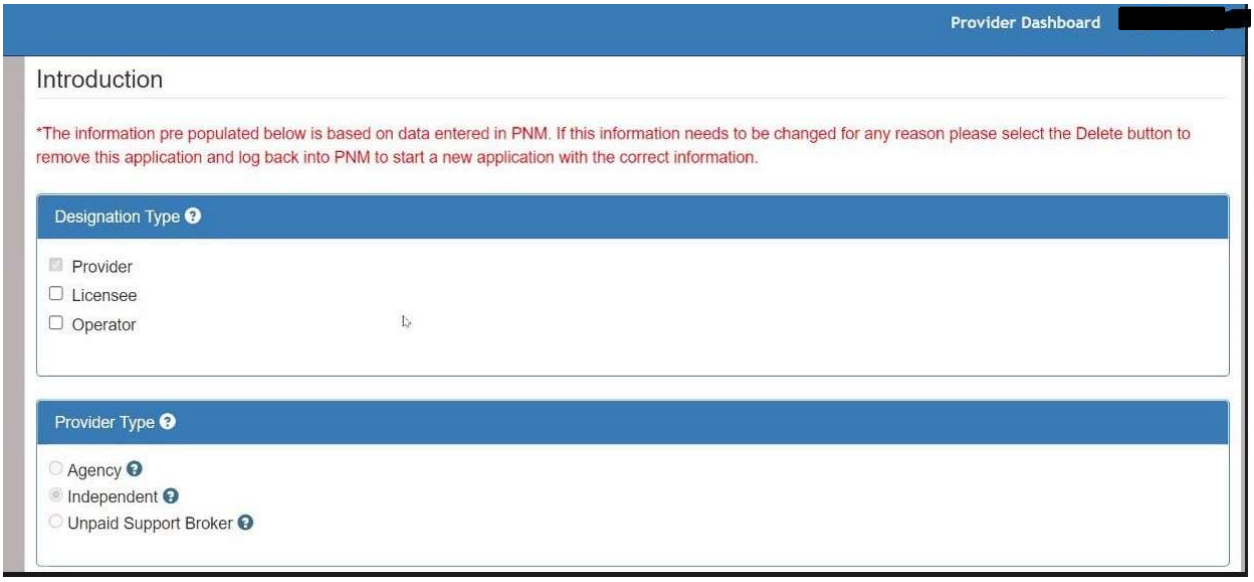


13. When continuing the application, the following screen opens. There is also a list of all the fees. At the bottom click on 'Continue' to get to the next page.

Make sure you understand all the information in the application

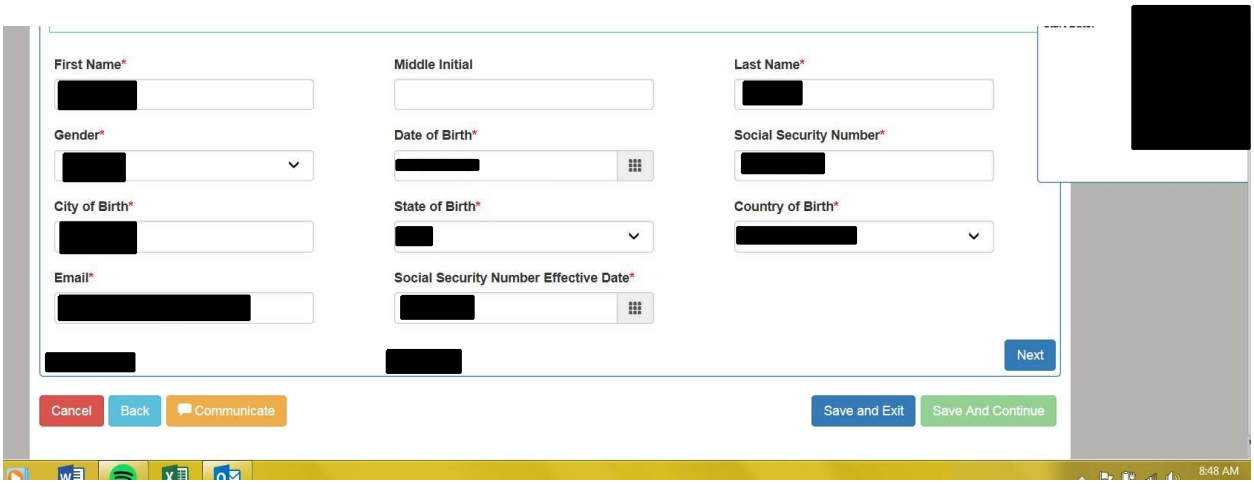


14. The introduction page appears. It starts with the autopopulated introduction based off of your PNM application



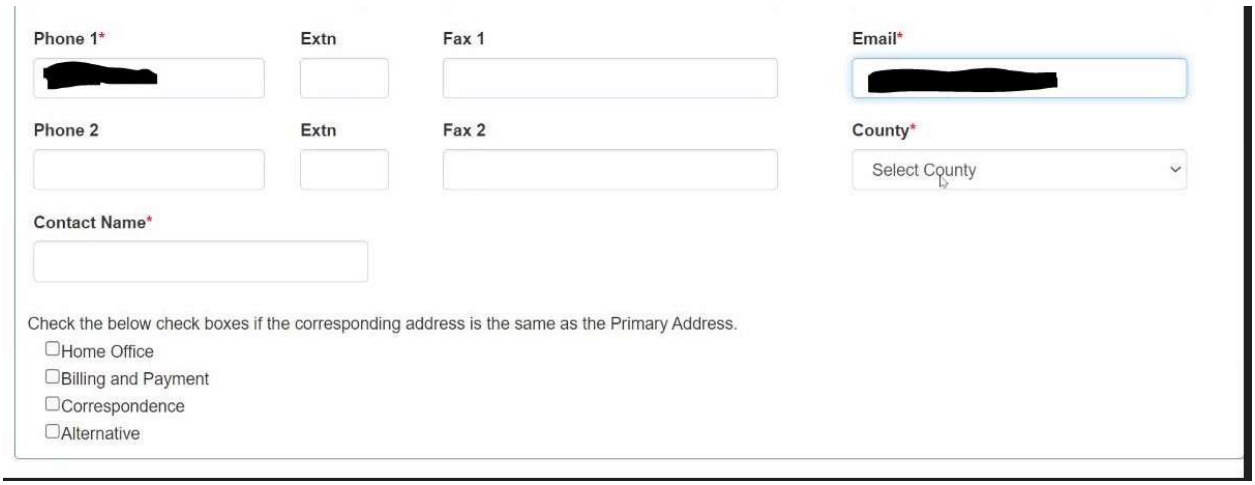
10. **Demographic information appears to be filled out.**

You must include your NPI number in the NPI box. The Reg ID* number is already assigned and the box will already be filled in



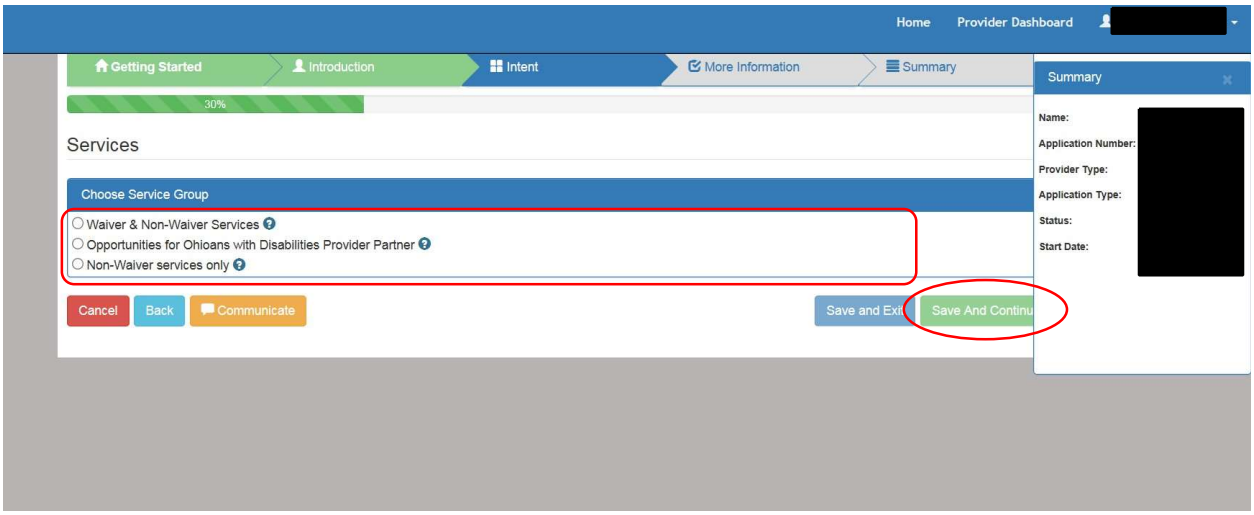
11. **Fill out the information, and check the boxes for home office, billing address, mailing address and alternative address if they are all the same. If you have alternative addresses for any of**

those locations, do not click the box for it and fill out the applicable screen. Contact name is your name.

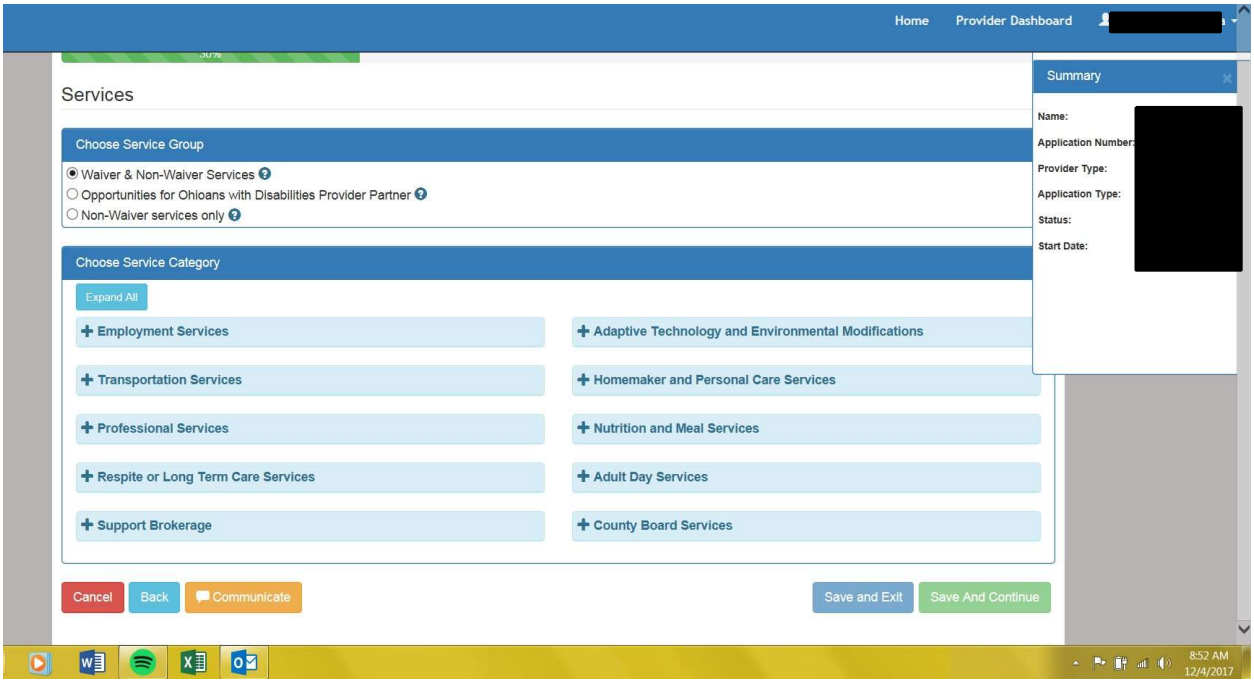


12. **Once that page is complete, click 'Save and Continue'.**

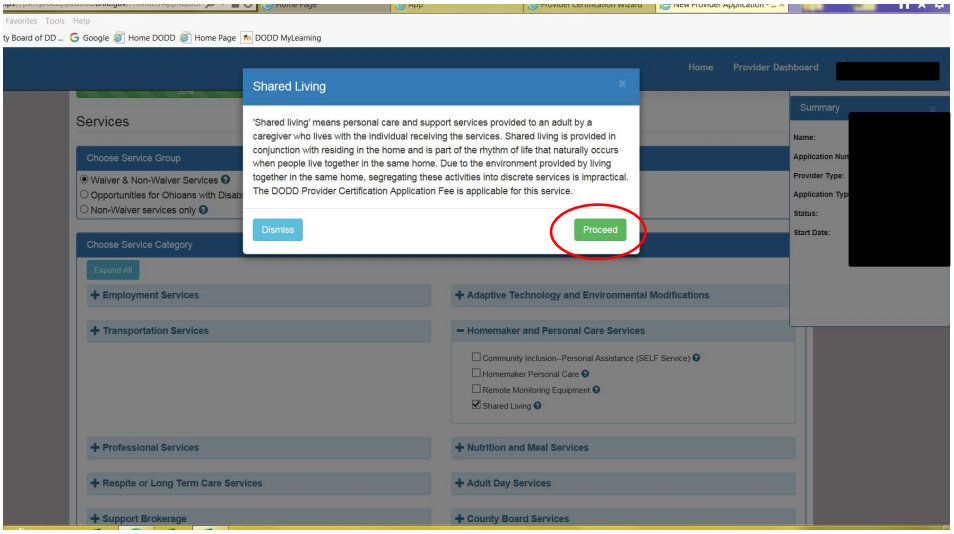
13. **On the next page, choose what service group applies to what you are applying for (typically waiver and non-waiver services), then click 'Save and Continue'**



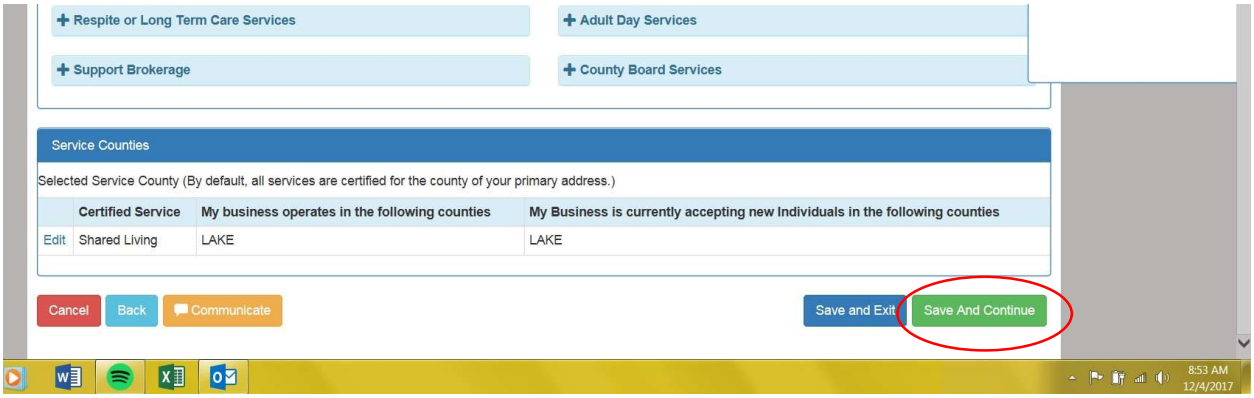
14. **A list of service categories will appear. Click on the + sign in each category to expand it and find specific services.**



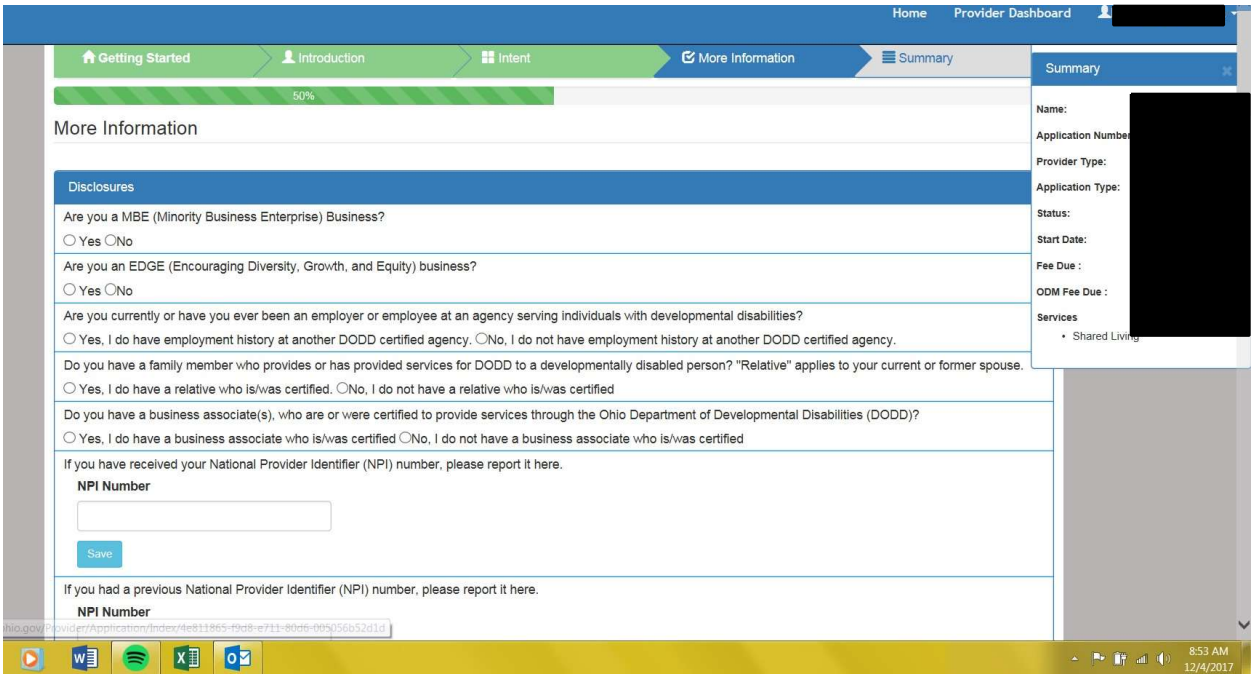
15. **Choose which services you are applying to be certified in. When choosing a service, a box will pop up describing the service. You must hit proceed to add it. Do this for every service you are applying to be certified to provide.**

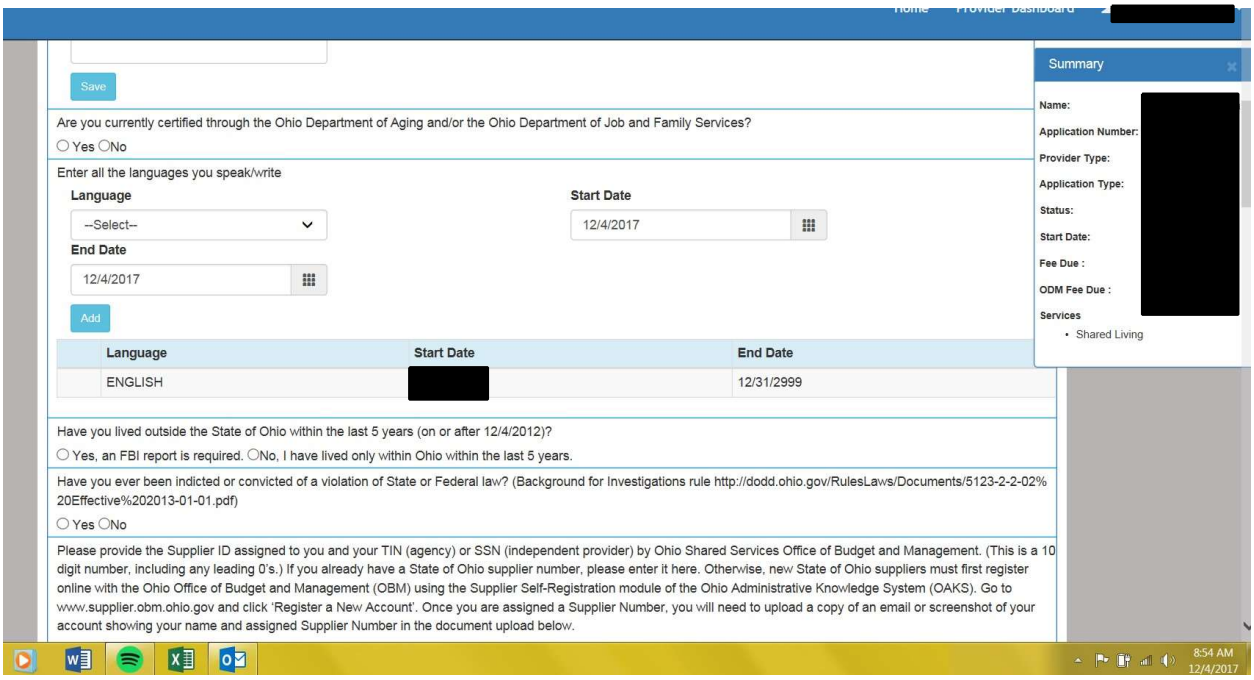


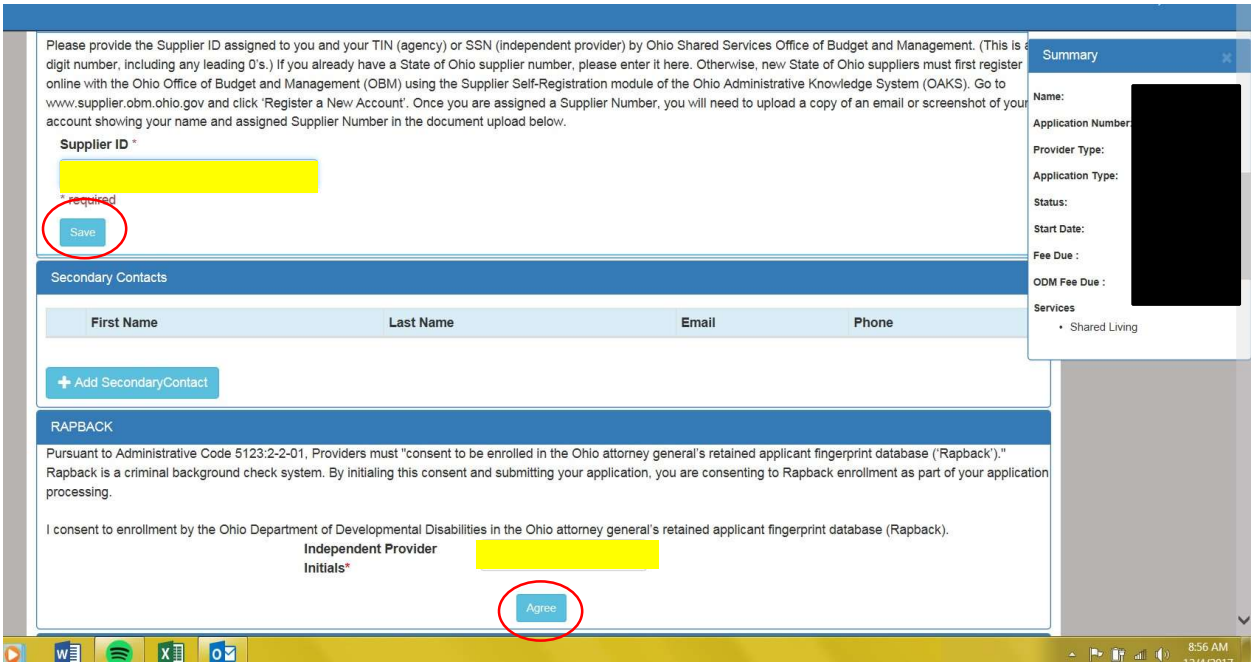
16. **All selected services will be listed at the bottom of the page. Click 'Save and Continue' once you have added all services.** Select ALL services you want to be certified in. There is a fee to add services once you are certified.

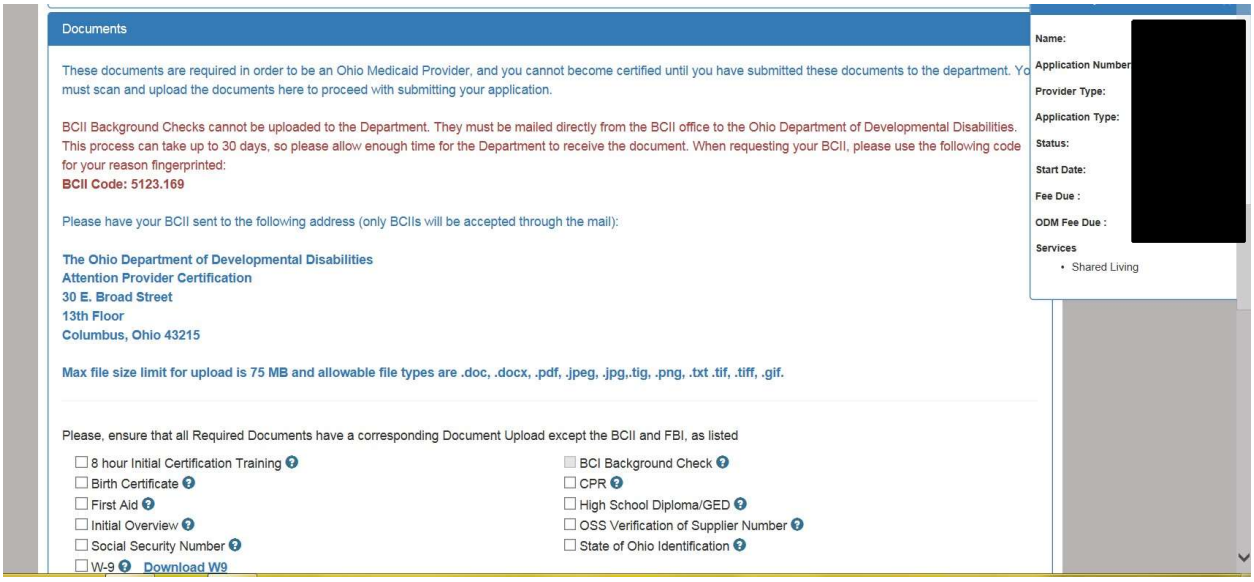


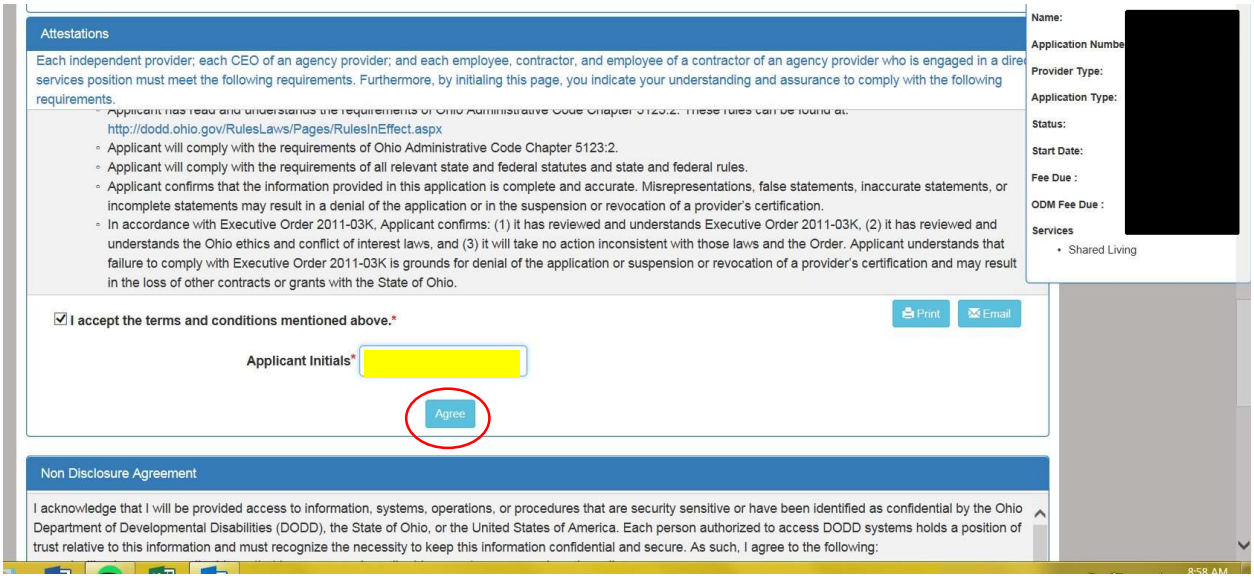
17. **The More Information page will open including disclosures as well as the document upload portion of the application and the nondisclosure agreement and attestations.**

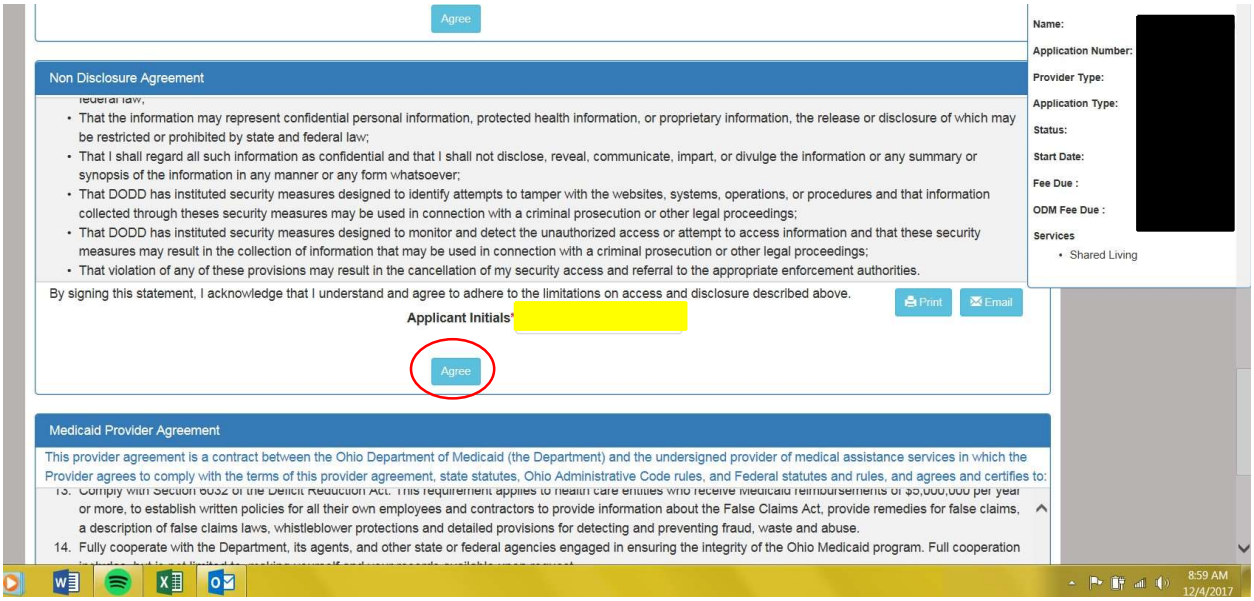


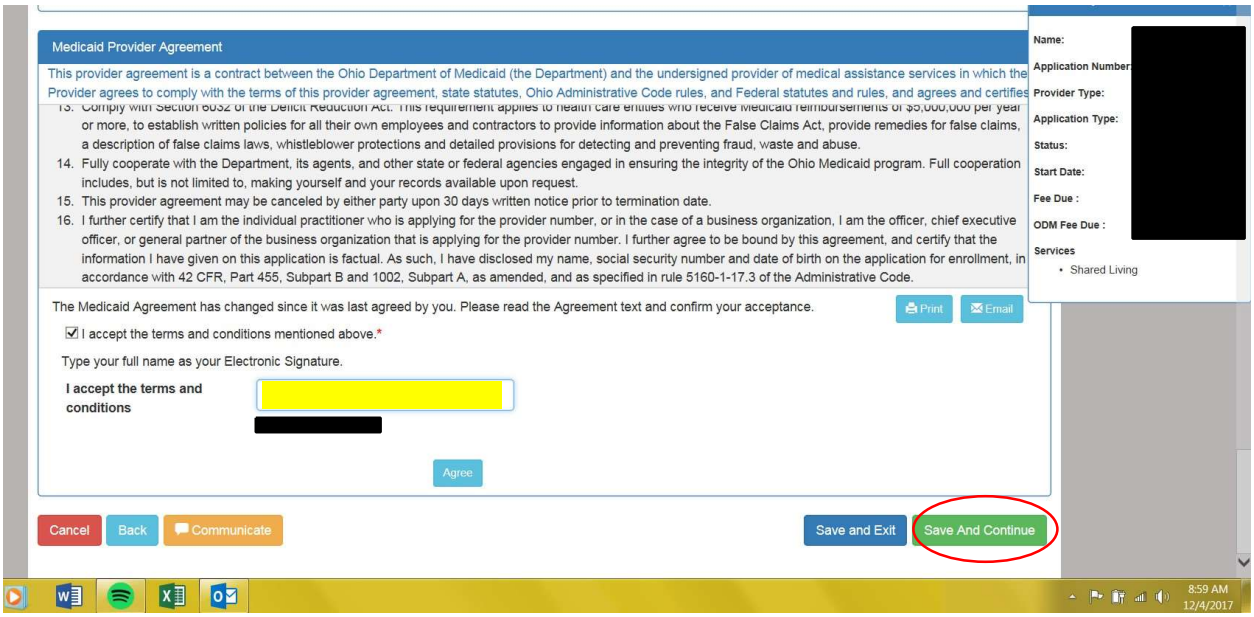

Save
Are you currently certified through the Ohio Department of Aging and/or the Ohio Department of Job and Family Services?
Yes No
Enter all the languages you speak/write
Language
--Select--
Start Date
12/4/2017
End Date
12/4/2017
Add
Language
Start Date
End Date
ENGLISH
12/31/2999
Have you lived outside 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.
Summary
Name:
Application Number:
Provider Type:
Application Type:
Status:
Start Date:
Fee Due :
ODM Fee Due :
Services
Shared Living
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
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 *
* required
Save
Secondary Contacts
First Name
Last Name
Email
Phone
Add SecondaryContact
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
Summary
Name:
Application Number:
Provider Type:
Application Type:
Status:
Start Date:
Fee Due :
ODM Fee Due :
Services
Shared Living
8:56 AM


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. Yo
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 BCIIs 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
8 hour Initial Certification Training
Birth Certificate
First Aid
Initial Overview
Social Security Number
W-9
Download W9
BCI Background Check
CPR
High School Diploma/GED
OSS Verification of Supplier Number
State of Ohio Identification
Name:
Application Number
Provider Type:
Application Type:
Status:
Start Date:
Fee Due :
ODM Fee Due :
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 dire
services position must meet the following requirements. Furthermore, by initialing this page, you indicate your understanding and assurance to comply with the following
requirements.
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.*
Print
Email
Applicant Initials*
Agree
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:
Name:
Application Numbe
Provider Type:
Application Type:
Status:
Start Date:
Fee Due :
ODM Fee Due :
Services
Shared Living





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

The application defaults to English as the language spoken/written. You only have to add languages if you speak/write anything in addition to English

18. **Once complete, select 'Save and Continue'**

19. **If the application is complete, you will be able to review the application to ensure everything is correct and submit it.**

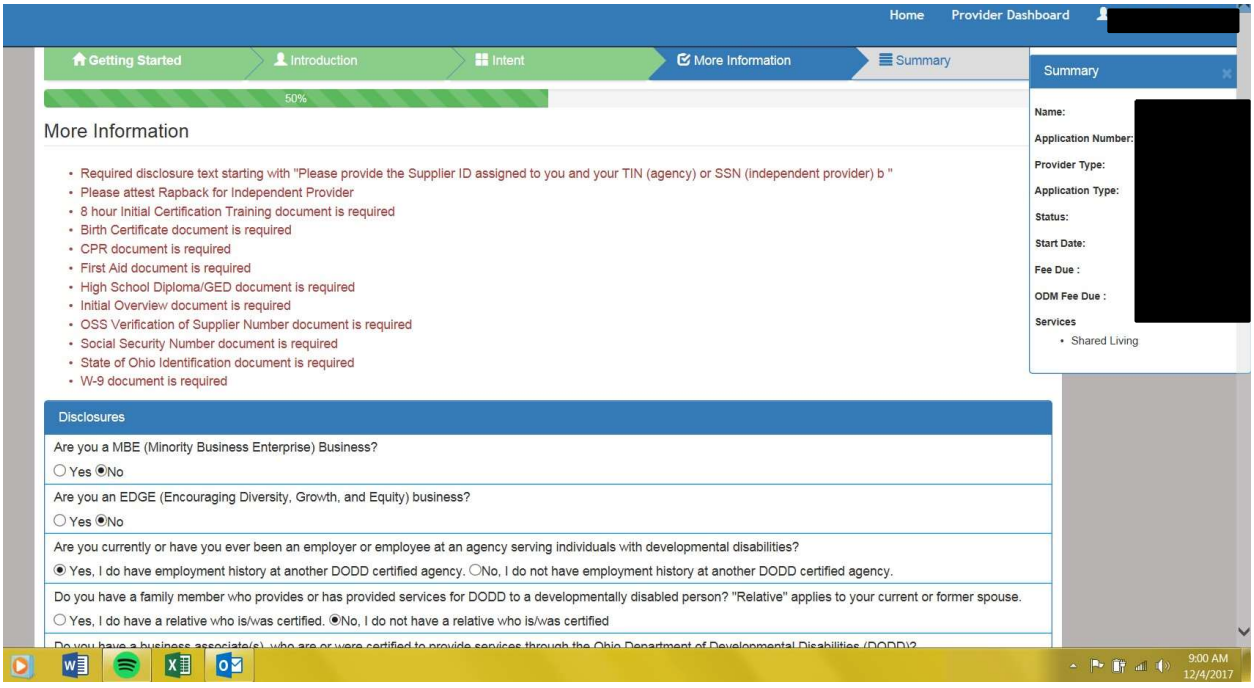
Once you submit the application, you will be redirected to the payment page to pay your application fee.

If the page does not automatically redirect, you can access the payment page from the PSM-portal home page

20. **If information is missing, this screen appears describing what is missing.**

You will not be able to submit your application until you have all documentation and the application is complete. Be sure to upload all required information and fill in all required boxes.

Click Save and Exit to save the application as a draft to return to later.



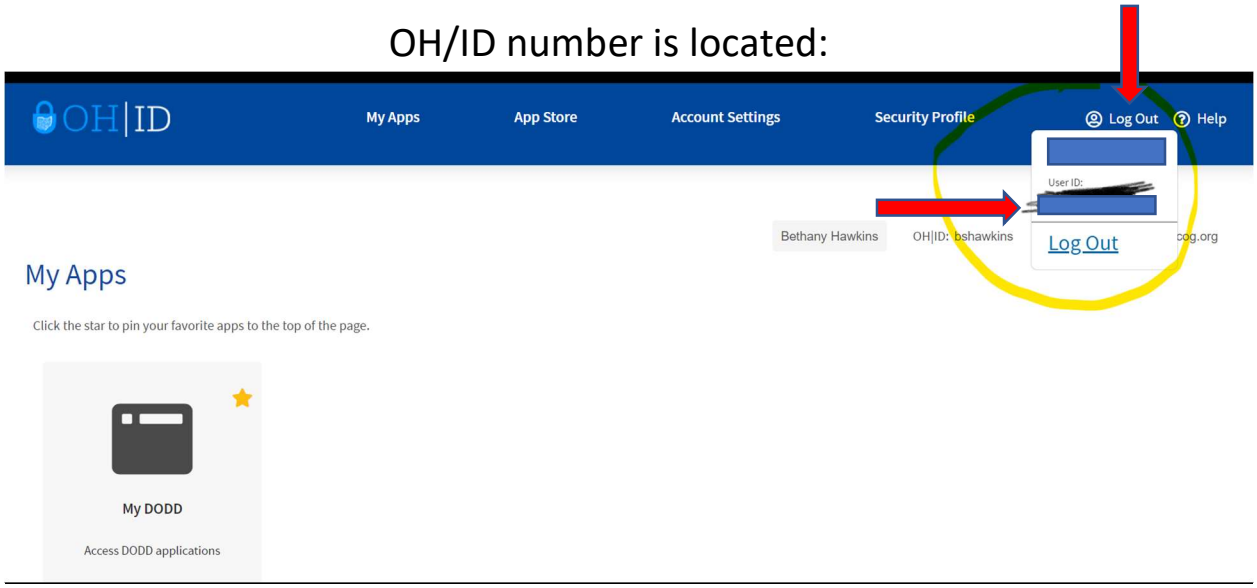
**** If you do not have a New Provider button please follow this step:

You will need to call PNM; they have to fix something on their end:

PNM/ODM (Ohio Dept of Medicaid) Helpdesk:
IHD@medicaid.ohio.gov / 1-800-686-1516

- Please note you will need to know your NPI number and possibly your OH/ID number.

OH/ID number is located:



Once PNM has fixed this, you can log back in - hit New Provider button and continue with step #6