

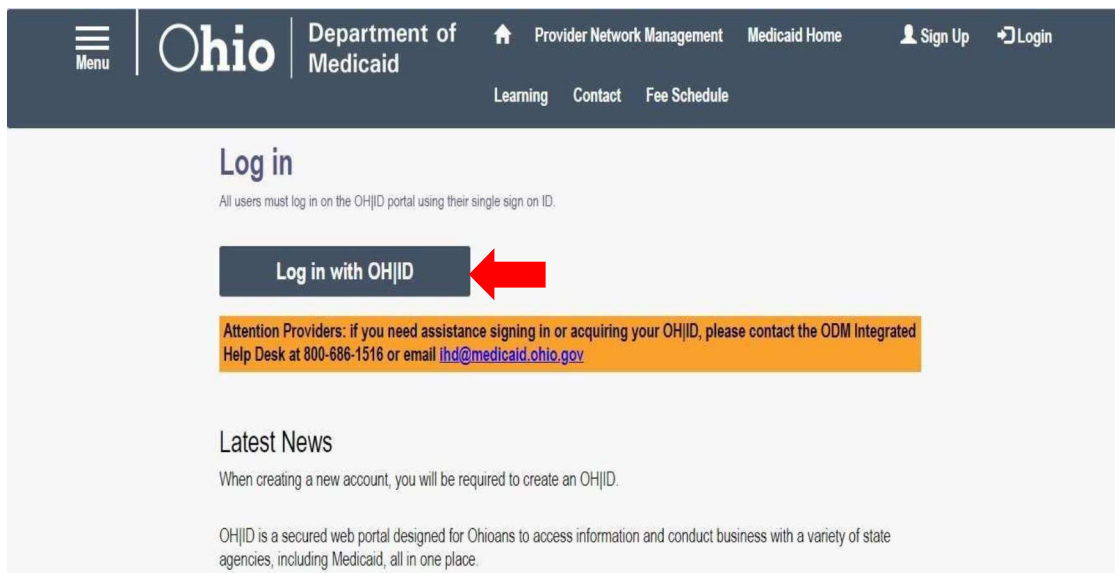
Completing an Application for Certification as a DODD Independent Provider

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.

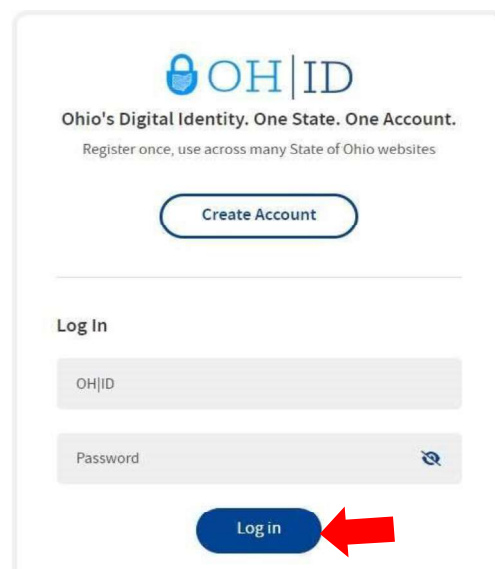
1. Access the PNM website

https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx

2. Click on the gray 'Log in with OH|ID' button.



3. Enter your OH|ID username and password, and click 'Log In'. This is the same username used for Ohio Pays (OSS) and your MyLearning Training. It will also be your login once you are certified to provide services.



4. After reviewing the information, click on “Yes, I have read the agreement” and wait. Do not click on the gray cancel button.

Medicaid

Terms

Whoever knowingly, or intentionally accesses a computer or computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated by the State of Ohio, shall be subject to such penalties allowed by law. All activities on this system may be recorded and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this system consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system.

In the event that an unauthorized user is able to access information to which they are not entitled, the user should immediately contact the site administrator.

☐ Yes, I have read the agreement

Cancel

Columbus, OH 43216-1461

5. Choose the CEO Certified (DODD) provider account option and click Save.

Ohio | Department of Medicaid

Provider Network Management | Medicaid Home | Learning | Susan Kelker

Contact | Fee Schedule

User Profile

What type of Provider Account do you need to create?

- ☐ Provider Administrator
- ☐ Provider Agent
- ☒ CEO Certified (DODD)
- ☐ Secondary User (DODD)

Save | Cancel

6. To start a new application, click on the ‘New Provider?’ button.

Medicaid Home | Learning | Contact

Fee Schedule

My Providers | Pending Agent Requests | Account Administration | DD Account Administration | **New Provider ?**

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date


No providers found

*** If there is NO New Provider button, please go to page 15 for instructions.***

7. Scroll down and click on white 'Click here for more application types...' button to open additional application options.

"Please note that you have **10 days to complete your application**. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application."

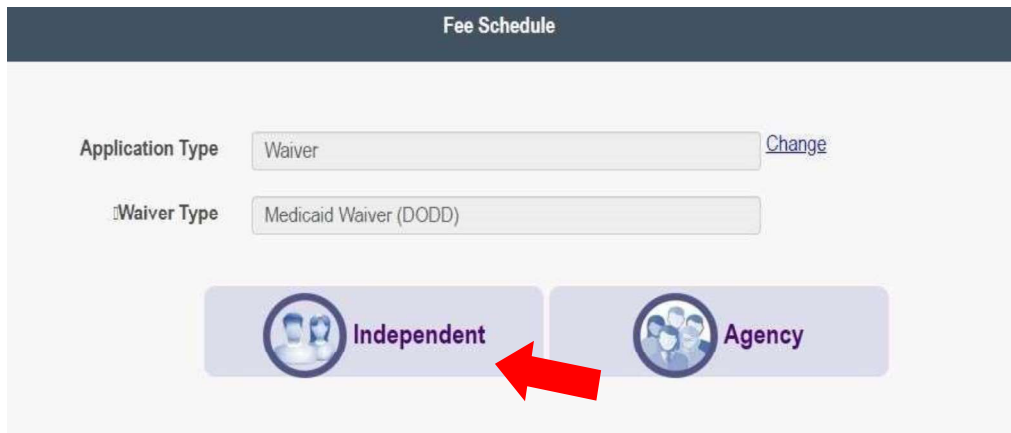
Standard application	Ordering, Referring, Prescribing	Change of Operator	MCP Single Case
Use this application if you are applying to become a new individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program.	Use this application if you are applying solely for the purpose of Ordering, Referring, or Prescribing.	Use this option if you want to initiate a Change of Operator for Skilled Nursing Facility or Intermediate Care Facility for individuals with intellectual disabilities.	Use this application if you are entering into a Single Case agreement with a Managed Care Plan.
Select	Select	Select	Select ⓘ

[Click here for more application types...](#) 

8. Click the orange 'Select' button for the Medicaid Waiver (DODD) application.

Medicaid Waiver (ODM)	Medicaid Waiver (ODA)	Medicaid Waiver (DODD)	Non-Medicaid DODD
Use this application if you are applying to become a Waiver Provider with Ohio Department of Medicaid.	Use this application if you are applying to become a Waiver Provider with Ohio Department of Aging or if you are initiating a Change of Ownership or Change of Operator as an ODA Provider.	Use this application if you are applying to become a Waiver Provider with Ohio Department of Developmental Disabilities.	Use this application if you are applying for one or more of the following options; Supported Living Service, Unpaid Support Broker, ICF Operators, or Licensees.
Select	Select	Select	Select

9. Click on Independent.



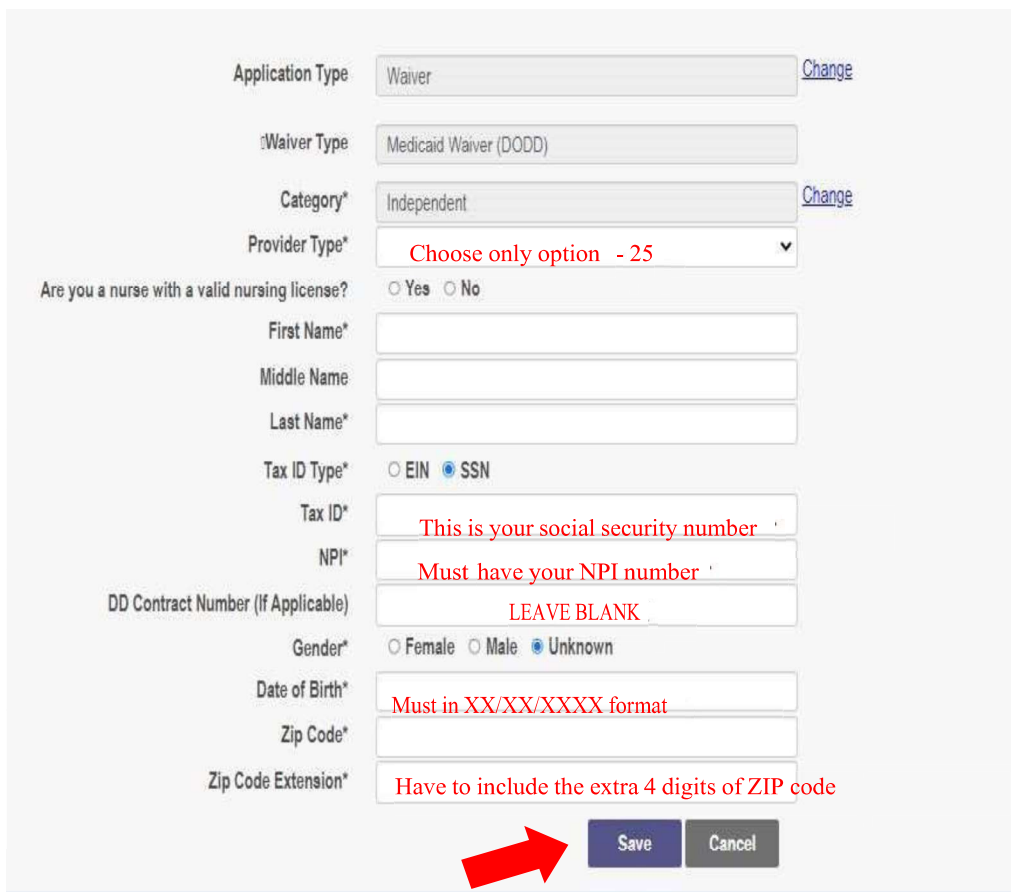
Fee Schedule

Application Type: [Change](#)

Waiver Type:

☒ **Independent** ☐ **Agency**

10. Complete information on page and click Save. You must fill out everything with an *



Application Type: [Change](#)

Waiver Type:

Category*: [Change](#)

Provider Type*:

Are you a nurse with a valid nursing license? ☐ Yes ☐ No

First Name*:

Middle Name:

Last Name*:

Tax ID Type*: ☐ EIN ☒ SSN

Tax ID*:

NPI*:

DD Contract Number (If Applicable):

Gender*: ☐ Female ☐ Male ☒ Unknown

Date of Birth*:

Zip Code*:

Zip Code Extension*:

11. Once your NPI number has been validated, a new field named "Taxonomy" will appear. Use the **dropdown menu** to select the appropriate taxonomy. Click **Save**.

Ohio Provider Network Management Medicaid Home Learning Contact

Taxonomy is required

Application Type: Waiver [Change](#)

Waiver Type: Medicaid Waiver (DODD)

Category*: Agency [Change](#)

Provider Type*:

Name of Business Entity*:

Business Name as it appears on your IRS Assignment letter

Tax ID Type*: ☒ EIN ☐ SSN

Tax ID*:

NPI*:

DD Contract Number (If Applicable):

Zip Code*:

Zip Code Extension*:

Taxonomy*:

[Save](#) [Cancel](#)

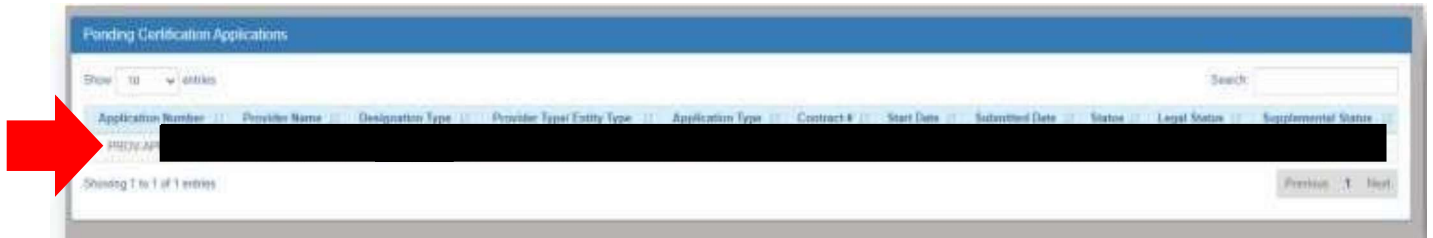
12. Once complete a confirmation will appear; click 'Save and Submit'

After your submission is completed and approved, you can apply for additional Waiver Services with other Agencies thru this registration in the Provider Network Module.

4 [Save And Submit](#)

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

13. Click on the Application Number in the table to access the DODD application.

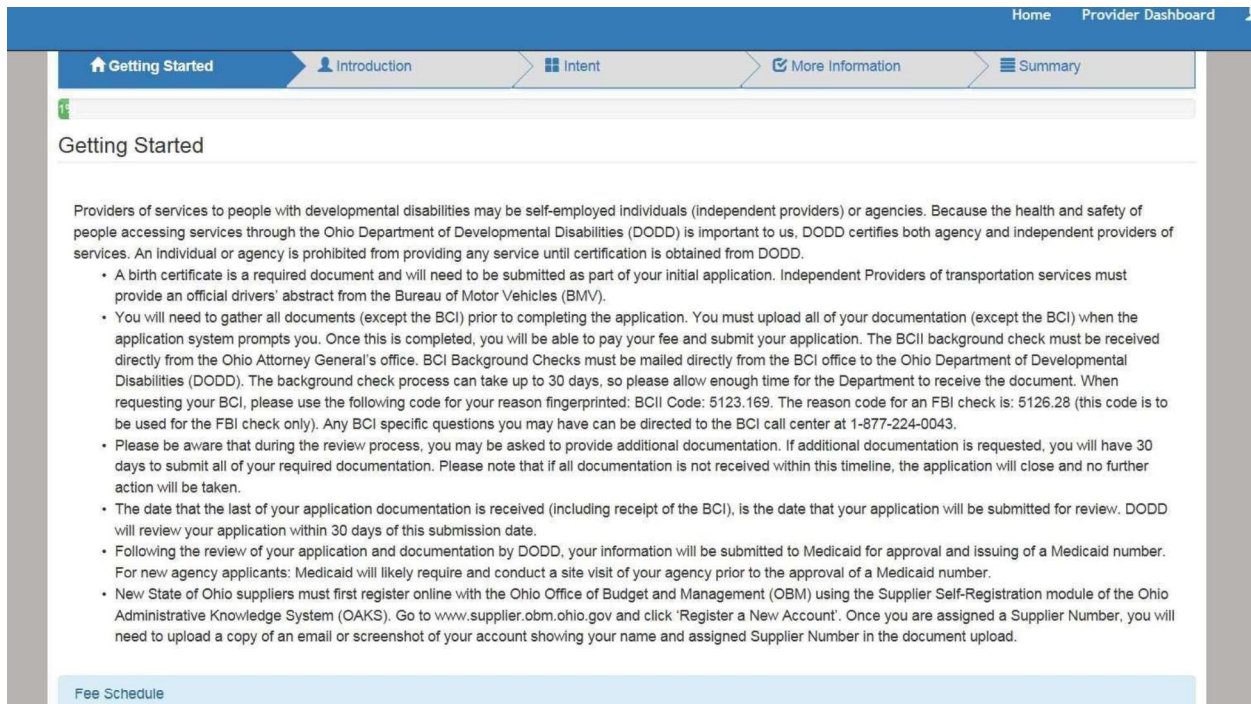


The screenshot shows a web application titled "Pending Certification Applications". It features a table with columns: Application Number, Provider Name, Designation Type, Provider Type, Entity Type, Application Type, Contract #, Start Date, Submitted Date, Status, Local Status, and Supplemental Status. A red arrow points to the "Application Number" column header. Below the table, it says "Showing 1 to 1 of 1 entries".

Application Number	Provider Name	Designation Type	Provider Type	Entity Type	Application Type	Contract #	Start Date	Submitted Date	Status	Local Status	Supplemental Status
PH070000											

14. When continuing the application, the following screen opens. A list of application fees is included, but the fee for initial independent provider applications may be waived. Click on the green 'Continue' button at the bottom.

Make sure you review and understand all the information in the application.



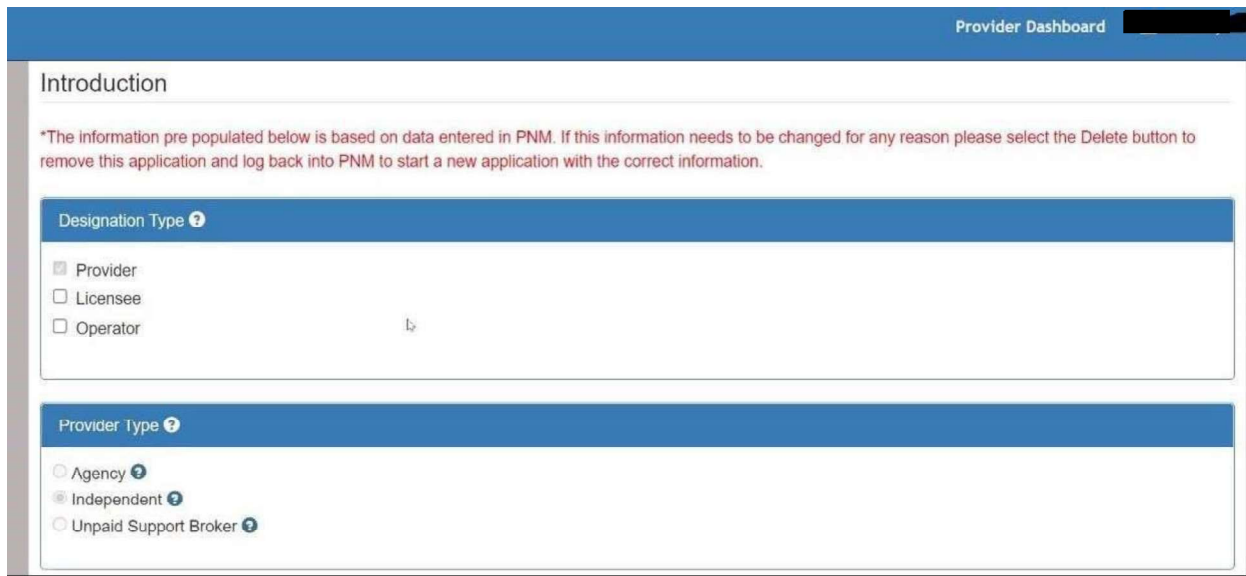
The screenshot shows the "Getting Started" page of the DODD application. It has a navigation bar with links: Home, Provider Dashboard, Getting Started (active), Introduction, Intent, More Information, and Summary. The main content area is titled "Getting Started" and contains a paragraph of text followed by a bulleted list of requirements and instructions. At the bottom, there is a "Fee Schedule" link.

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.

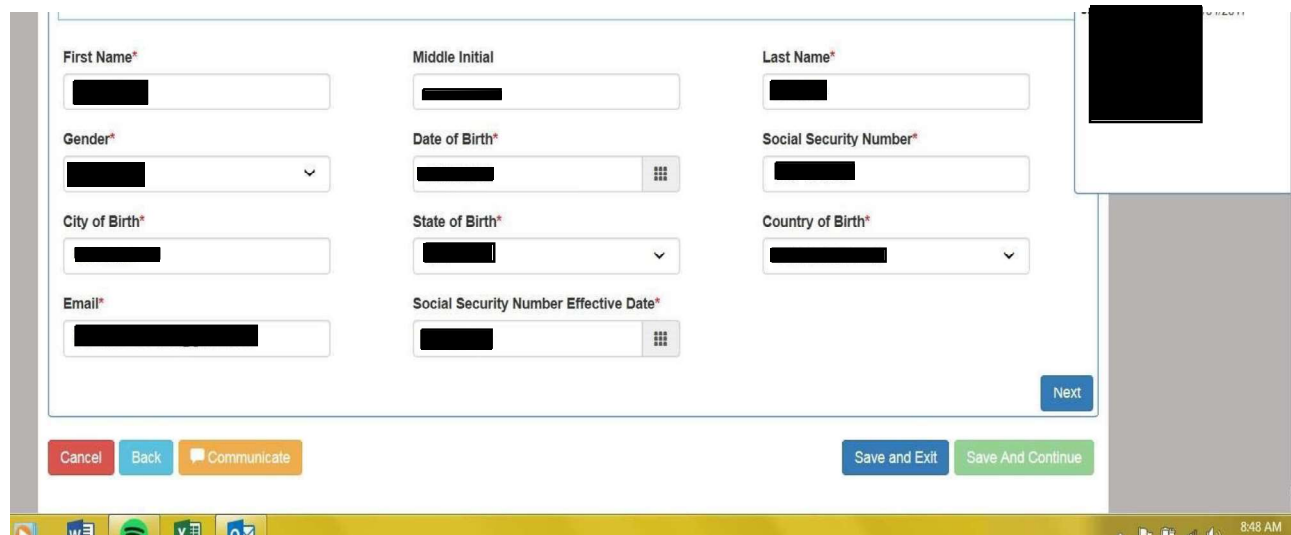
[Fee Schedule](#)

15. The introduction page appears. It starts with an auto-populated introduction based off of your PNM application.



The screenshot shows the 'Provider Dashboard' header. Below it is the 'Introduction' section. A red text message states: '*The information pre populated below is based on data entered in PNM. If this information needs to be changed for any reason please select the Delete button to remove this application and log back into PNM to start a new application with the correct information.' There are two main sections: 'Designation Type' with radio buttons for 'Provider' (selected), 'Licensee', and 'Operator'; and 'Provider Type' with radio buttons for 'Agency', 'Independent' (selected), and 'Unpaid Support Broker'.

16. Enter your demographic information.



The screenshot shows a form for entering demographic information. The form is organized into two columns. The left column contains: 'First Name*', 'Gender*' (dropdown), 'City of Birth*', 'Email*', 'Middle Initial', 'Date of Birth*' (calendar icon), 'State of Birth*' (dropdown), and 'Social Security Number Effective Date*' (calendar icon). The right column contains: 'Last Name*', 'Social Security Number*', and 'Country of Birth*' (dropdown). At the bottom right is a 'Next' button. At the bottom left are 'Cancel', 'Back', and 'Communicate' buttons. At the bottom right are 'Save and Exit' and 'Save And Continue' buttons. The Windows taskbar is visible at the bottom with the time 8:48 AM.

Check the boxes for Home Office, Billing Address, Mailing Address and Alternative Address if they are all the same. If you have an alternative address, do not check that box and enter the information separately.

Contact name is your name.

Phone 1* [Redacted] Extn [] Fax 1 [] Email* [Redacted]

Phone 2 [] Extn [] Fax 2 [] County* [Select County v]

Contact Name* []

Check the below check boxes if the corresponding address is the same as the Primary Address.

- ☐ Home Office
- ☐ Billing and Payment
- ☐ Correspondence
- ☐ Alternative

Check for spelling errors – especially in your name and email address! Once the page is complete, click 'Save and Continue'.

17. On the next page, choose the service group that applies (typically the first option: Waiver and Non-Waiver Services), then click 'Save and Continue'

Home Provider Dashboard [Redacted]

Getting Started Introduction Intent More Information Summary

30%

Services

Choose Service Group

- ☒ Waiver & Non-Waiver Services ?
- ☐ Opportunities for Ohioans with Disabilities Provider Partner ?
- ☐ Non-Waiver services only ?

Cancel Back Communicate Save and Exit Save And Continue

Summary

Name: [Redacted]

Application Number: [Redacted]

Provider Type: [Redacted]

Application Type: [Redacted]

Status: [Redacted]

Start Date: [Redacted]

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

Services

Choose Service Group

☒ Waiver & Non-Waiver Services ?

☐ Opportunities for Ohioans with Disabilities Provider Partner ?

☐ Non-Waiver services only ?

Choose Service Category

Expand All

+ Employment Services

+ Transportation Services

+ Professional Services

+ Respite or Long Term Care Services

+ Support Brokerage

+ Adaptive Technology and Environmental Modifications

+ Homemaker and Personal Care Services

+ Nutrition and Meal Services

+ Adult Day Services

+ County Board Services

Cancel Back Communicate Save and Exit Save And Continue

Summary

Name:

Application Number:

Provider Type:

Application Type:

Status:

Start Date:

8:52 AM 12/4/2017

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 the green Proceed to add it. Do this for every service you are applying to be certified to provide.

Shared Living

'Shared living' means personal care and support services provided to an adult by a caregiver who lives with the individual receiving the services. Shared living is provided in conjunction with residing in the home and is part of the rhythm of life that naturally occurs when people live together in the same home. Due to the environment provided by living together in the same home, segregating these activities into discrete services is impractical. The DODD Provider Certification Application Fee is applicable for this service.

Dismiss Proceed

Services

Choose Service Group

☒ Waiver & Non-Waiver Services ?

☐ Opportunities for Ohioans with Disabilities Provider Partner ?

☐ Non-Waiver services only ?

Choose Service Category

Expand All

+ Employment Services

+ Transportation Services

+ Professional Services

+ Respite or Long Term Care Services

+ Support Brokerage

+ Adaptive Technology and Environmental Modifications

+ Homemaker and Personal Care Services

+ Nutrition and Meal Services

+ Adult Day Services

+ County Board Services

Community Inclusion-Personal Assistance (SELF Service) ?

Homemaker Personal Care ?

Remote Monitoring Equipment ?

☒ Shared Living ?

Summary

Name:

Application Number:

Provider Type:

Application Type:

Status:

Start Date:

8:52 AM 12/4/2017

NOTE: The most common services for independent providers include Homemaker Personal Care, Participant Directed Homemaker Personal Care, Shared Living, Residential Respite, Non-Medical Transportation and HPC Transportation.

It is recommended to choose **ALL** services you may ever want to provide even if you will not be providing them at this time. There is a fee to add services once you are certified.

19. All selected services will be listed at the bottom of the page. To add counties you wish to provide services in, click on the Edit link next to each service name. Scroll to the counties you wish to add and check both boxes indicating you operate in that county AND are accepting new clients in that county. Make sure to click Update at the bottom to save your changes.

Service Counties			
Selected Service County (By default, all services are certified for the county of your primary address.)			
	Certified Service	My business operates in the following counties	My Business is currently accepting new Individuals in the following counties
Edit	Shared Living	LAKE	LAKE

Click 'Save and Continue' once you have added all services and service counties.

20. The More Information page will open. This section includes required disclosures, the document upload portion of the application, the nondisclosure agreement and attestations. Enter all information.

In the Reason for application box, enter “Applying for certification” and click the blue Save button.

In the Language section, English has already been entered for you. You only have to add languages if you speak/write anything in addition to English.

The screenshot displays the 'More Information' page of the Ohio Shared Services Office (OSSO) application portal. The page is divided into several sections:

- Language Section:** A table lists the languages entered. The first entry is 'ENGLISH' with a 'Start Date' of '03/18/1988' and an 'End Date' of '12/31/2999'. There is an 'Add' button to add more languages.
- Disclosures Section:** A series of questions with radio button options for 'Yes' or 'No'.
 - Are you currently certified through the Ohio Department of Aging and/or the Ohio Department of Job and Family Services?
☐ Yes ☐ No
 - 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
- NPI Number Section:** A field for the 'NPI Number' with a 'Save' button below it.

On the right side, a 'Summary' sidebar is visible, showing fields for Name, Application Number, Provider Type, Application Type, Status, Start Date, Fee Due, ODM Fee Due, and Services (Shared Living).

The bottom of the screen shows a Windows taskbar with various application icons and a system clock indicating 8:53 AM on 12/4/2017.

When uploading documents, they must be done one at a time. You can only upload one file per document box. Click the box of the document you are uploading, then upload the matching file from your device. For items like CPR and First Aid that are the same document for multiple requirements, upload the document twice.

- You must print and sign the W9 document, and then upload the signed copy.
- OSS verification is the approval email you received after applying for a Supplier ID from Ohio Pays.

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, .tif, .tiff, .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](#)

☐ BCII Background Check
 ☐ CPR
 ☐ High School Diploma/GED
 ☐ OSS Verification of Supplier Number
 ☐ State of Ohio Identification

Name: [REDACTED]

Application Number: [REDACTED]

Provider Type: [REDACTED]

Application Type: [REDACTED]

Status: [REDACTED]

Start Date: [REDACTED]

Fee Due: [REDACTED]

ODM Fee Due: [REDACTED]

Services: [REDACTED]

- 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*

[Print](#) [Email](#)

[Agree](#)

Name: [REDACTED]

Application Number: [REDACTED]

Provider Type: [REDACTED]

Application Type: [REDACTED]

Status: [REDACTED]

Start Date: [REDACTED]

Fee Due: [REDACTED]

ODM Fee Due: [REDACTED]

Services: [REDACTED]

- 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:

[Agree](#)

Non Disclosure Agreement

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:

[Agree](#)

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:

- Comply with Section 6002 of the Deficit Reduction Act. This requirement applies to health care entities who receive Medicaid reimbursements of \$5,000,000 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.
- 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.

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:

- Comply with Section 6002 of the Deficit Reduction Act. This requirement applies to health care entities who receive Medicaid reimbursements of \$5,000,000 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.
- 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.
- This provider agreement may be canceled by either party upon 30 days written notice prior to termination date.
- 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

[Agree](#)

[Cancel](#)
[Back](#)
[Communicate](#)
[Save and Exit](#)
[Save And Continue](#)

21. Once application is complete, select the green 'Save and Continue' button at the bottom of the page.

If the application is complete, you will be able to review the application to ensure everything is correct and then Submit it.

If information is missing, a list of missing requirements in red appears at the top of the page 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.

The screenshot displays a web application interface for the Ohio Department of Developmental Disabilities (DODD). The top navigation bar includes links for 'Home' and 'Provider Dashboard'. A progress bar at the top indicates the current step is 'More Information' (50% complete), with previous steps being 'Getting Started', 'Introduction', and 'Intent', and the next step being 'Summary'. The 'More Information' section contains a list of required documents and a 'Disclosures' section with several questions and radio button options. The 'Summary' sidebar on the right shows fields for Name, Application Number, Provider Type, Application Type, Status, Start Date, Fee Due, ODM Fee Due, and Services (Shared Living). The bottom of the screen shows a Windows taskbar with various application icons and a system clock indicating 9:00 AM on 12/4/2017.

Home Provider Dashboard

Getting Started Introduction Intent More Information Summary

50%

More Information

- Required disclosure text starting with "Please provide the Supplier ID assigned to you and your TIN (agency) or SSN (independent provider) b "
- Please attest Rapback for Independent Provider
- 8 hour Initial Certification Training document is required
- Birth Certificate document is required
- CPR document is required
- First Aid document is required
- High School Diploma/GED document is required
- Initial Overview document is required
- OSS Verification of Supplier Number document is required
- Social Security Number document is required
- State of Ohio Identification document is required
- W-9 document is required

Disclosures

Are you a MBE (Minority Business Enterprise) Business?

☐ Yes ☒ No

Are you an EDGE (Encouraging Diversity, Growth, and Equity) business?

☐ Yes ☒ No

Are you currently or have you ever been an employer or employee at an agency serving individuals with developmental disabilities?

☒ Yes, I do have employment history at another DODD certified agency. ☐ No, I do not have employment history at another DODD certified agency.

Do you have a family member who provides or has provided services for DODD to a developmentally disabled person? "Relative" applies to your current or former spouse.

☐ Yes, I do have a relative who is/was certified. ☒ No, I do not have a relative who is/was certified

Do you have a business associate(s) who are or were certified to provide services through the Ohio Department of Developmental Disabilities (DODD)?

Summary

Name:

Application Number:

Provider Type:

Application Type:

Status:

Start Date:

Fee Due :

ODM Fee Due :

Services

- Shared Living

9:00 AM 12/4/2017

22. Once the application is submitted, your background check will be matched to your application by DODD. You will receive email updates from the system as your application moves through the various stages of review. Watch for any requests for additional information. You will receive a final approval email once your application has been approved. This email will contain your DODD contract number. Contact your county board once you receive this approval email.

*** If you do not have a New Provider button (step 6) please follow this step:

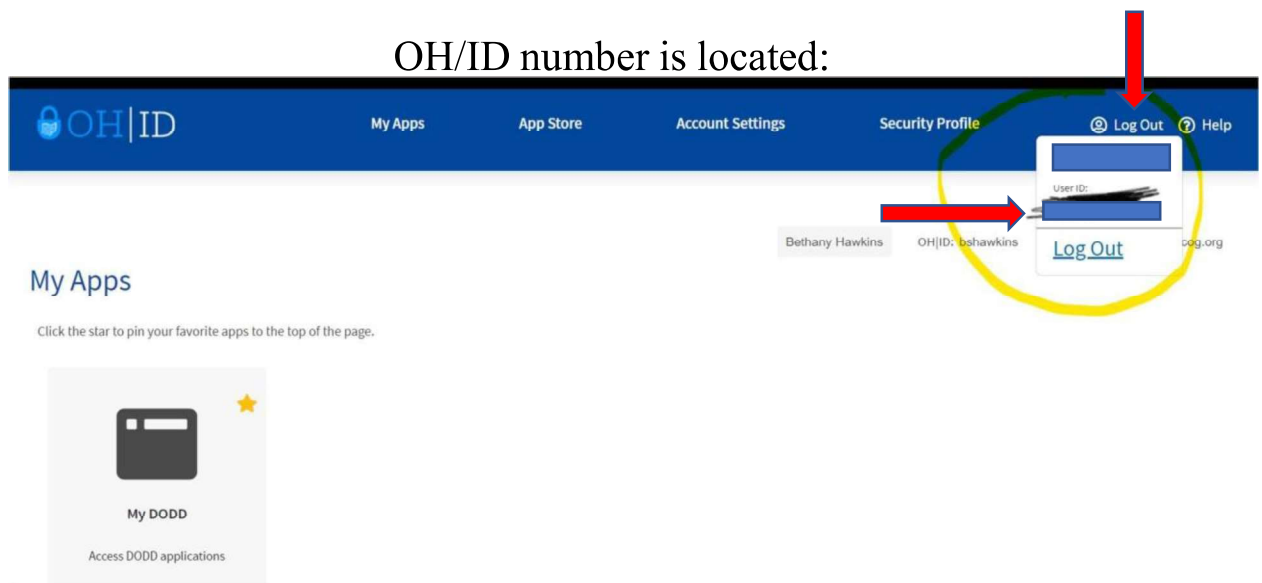
You will need to call PNM; they have to fix something on their end:

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 reported the issue has been resolved, log in to PNM again following steps 1-5 in this guide. At step 6, click the New Provider button and continue with the remaining steps.