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WELCOME

We are excited that you are interested in working with individuals with developmental disabilities. There are two ways to be a provider – Independent and with an agency. Please see the Independent Vs. Agency Crosswalk sheet enclosed.

Here is some information that will help you better understand the process of applying to become an independent provider. Should you prefer to work for an agency please reach to the provider liaison who is willing to help you find agencies that are hiring.

What is an Independent Provider?

An Independent Provider (IP) can play a key part in the services provided to individuals with disabilities.

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.

An Independent provider is responsible for maintaining documentation, staying updated on DODD changes, training and paying their own taxes.

Independent providers are not employees of the State of Ohio or employees of the Ohio Department of Developmental Disabilities or the local County Board of DD.

What are the qualifications to become an Independent Provider?

- Be at least 18 years old
- Have a valid Social Security number
- Have a State of Ohio identification or valid driver license
- Have a high school diploma or GED (college transcripts)
- 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.
- Have or be able to obtain a valid CPR and First Aide certification

What are the steps to becoming an Independent Provider?

It is important to have all the required documents together before applying to become an Independent Provider. Not having the necessary documents will delay the review of your application and could result in you having to reapply and pay the fee again.

Step 1 – Start with a background check. You must have these sent directly to DODD from the Ohio Attorney General’s office. Visit any certified agency that provides background checks to have this completed. Have the results sent directly to: Ohio Department of Developmental Disabilities, 30 E. Broad Street, Columbus, Ohio 43215. Background checks can be completed at the local Sherriff office in your county. It can take up to 45 days for the results to be received by DODD.

*You can take the paper labeled Step 1 Background Check with you. It has the information needed for the agency that you choose to use.

Step 2 – Create Accounts

- OH/ID** You will need to create an account in the DODD system. Visit <https://ohid.ohio.gov> to complete this step and gain access to Provider Services Management (PSM). In PSM, this is where you will create and submit the application to become a certified DODD waiver provider.
- National Provider Identifier (NPI)** You will need to obtain your NPI number by visiting <https://nppes.cms.hhs.gov/#/> Taxonomy: **Home Health Aide 374U00000X**
- OhioPays** You will need to obtain a supplier ID as well. Visit <http://ohiopays.ohio.gov> to register and complete this process. You will need your bank account information and will fill out an online W-9 form.

*It is recommended that you start this process at the beginning, as it can take 30 to 45 days or longer for you to receive the information needed from OhioPays and NPI.

Step 3 – Complete Required Training – Certificates of completion must be submitted as part of the application. It is recommended to complete these training prior to submitting your application online to help expediate the process. The required trainings include:

- 4.25 -hours Provider Training** *Independent Provider-Initial* available at DODD MyLearning at no cost <https://mylearning.dodd.ohio.gov/> * Additional training requirements may apply for some services.
- Electronic Visit Verification (EVV) training.** This is required for homemaker/personal care (HPC) or waiver nursing services. When taking this training, use **9999999** as your Medicaid number if you have not received your Medicaid number at that time. Training is available at www.sandatalearn.com
- Completed first aid and CPR training.** This must be a hands on, in person class with American Red Cross, American Heart Association or ASHI to meet the requirement. Online classes will not meet this requirement.

Step 4 – Complete Application – The application packet includes the online application and requires the following documents:

- Social Security Card
- Birth certificate
- High school diploma or GED (collage transcripts)
- Driver license or state ID
- Certificate or transcripts for the Initial Provider Training
- Copy of CPR / First Aid Card
- EVV Training Certificate
- Proof of OhioPays and NPI verification
- Background check (which is submitted to DODD from the Attorney General's office)
- Valid vehicle insurance card (if applying to provide HPC transportation)
- Official Driver's abstract (if applying to provide HPC transportation. **Must be within 10 days of application submission**). Obtain at your local BMV or online at <https://bmvonline.dps.ohio.gov>.

Step 5 – Submit application Fee – At this point, you must pay the non-refundable application fee (\$125), electronically sign the application and submit your application. It is best for efficiency to upload required documentation. While you can mail or fax the information to DODD, it is best to upload all your documents at the time of the application submission. Once the application is completed, DODD will review and respond within 30 days of the application. After 30 days, applications with missing documentation will be closed and a new application and fee will be required. Please note that DODD is waiving the initial application fee for an extended period of time. The application will guide you if you need to pay the application fee.

Step 6 – Application Review – DODD will review a complete application packet within 30 days of submission date. If additional documents are needed, DODD will contact the applicant to obtain the documents.

Step 7 – Final Approval Letter – DODD will send an approval letter via email that will list your DODD contract number, Medicaid provider number, certification effective date and expiration date.

*Please send a copy of this approval letter to the provider liaison. This will allow you to be added to the SCDD system and the email list for provider searches. Please state if you do not wish to be added to the email list.

Please reach out to the provider liaison for any questions or support for this process.



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Independent Provider -vs- Agency Employee

So you're thinking about becoming a direct support professional and supporting people with developmental disabilities. In Ohio direct support professional or DSP is a term that is used to describe both an independent provider and an employee of an agency provider who provides direct care services to individuals. We are frequently asked "What is the difference?" between the two. The attached crosswalk is meant to help answer that question and help you decide which is right for you as you start your career in the developmental disabilities field.

If you have additional questions, please feel free to contact the local county board of developmental disabilities in the county in which you want to provide services, or contact the Ohio Department of Developmental Disabilities Provider Resources and Support Team. Contact information for the team can be found on the DODD website on the [Provider Resources and Support Page](#).

Definitions:

“IP” or “Independent Provider”- a self-employed person who provides services for which he or she must be certified under rules adopted by the department and who does not employ, either directly or through contract, anyone else to provide the services.

“Agency Provider”- an entity that must be certified by the department to provide supported living services in accordance with section 5123.161 of the Revised Code.

“DSP” or “Direct Support Professional” - a person who is employed in a "direct services position" as that term is defined in section 5123.081 of the Revised Code.

“Free Choice of Provider”- An individual has the right to choose who they want as a provider. The individual can choose to receive services from a different provider at any time. The individual may choose agency providers, independent providers, or a combination of agency providers and independent providers.

“Willing and Able Provider”- “Willing” (in agreement to serve based on individual’s needs outlined in the person’s ISP) “Able”- certified and have the means to provide quality service based on the individual’s needs outlined in the ISP)

“Initial Training”- Certification training for independent providers and direct support professionals are available by role in DODD MyLearning. The initial courses are for independent providers who are applying for certification for the first-time, or for employees of an agency who receive the training by their employer prior to hire.

“Annual Training”- training required each calendar year for DSP’s and Independent Providers. Provider agencies also ensure that their direct support professional staff complete annual training as required by applicable rules.

Applicable Rules:

5123-2-08 - Provider certification - agency providers

5123-2-08 – Appendix C

5123-2-09 - Provider certification - independent providers

5123-2-09 – Appendix A

	Independent Provider	Agency DSP
Getting started	You are responsible for getting Fingerprinting at Webcheck- you pay fee and set up on own.	Agency provider is responsible for making sure that employees are fingerprinted. There may or may not be a fee to the employee.
	You must register for a Supplier ID number from Ohio Shared Services (OSS) to get paid for the services you provide.	You do not need a Supplier ID number
	You are required to obtain a National Provider Identifier (NPI) Number though Ohio Medicaid	You do not need to apply for a NPI Number
Education	Independent providers must have a high school diploma or GED	*DODD will <i>temporarily waive</i> the requirement that DSPs must have a high school diploma or GED, through September 30, 2022. There are specific services that you cannot provide under this provision.
Age	Independent providers must be at least 18 years old.	*DODD is allowing the <i>temporary</i> use of direct support assistants. People aged 16 and 17 can be hired to perform more limited duties as direct support assistants.
CPR/First Aid	You are required to get CPR and First Aid certification – you pay fee and set up on your own	You are required to get CPR and First Aid certification. CPR and First Aid may be available through the Agency at no cost
Certification process	You are the applicant and must submit required documents for certification. An independent provider is prohibited from providing any supportive living service until certification is obtained from DODD.	Agency goes through certification process; you go through hiring process. There is nothing for you as an employee to submit to DODD for certification. May be able to start work quicker if being hired as DSP at Agency once you have completed all required initial training and agency required trainings. An agency is prohibited from providing any supportive living service until certification is obtained from DODD.
	You are responsible for paying the application fee of \$125.00.	The agency is responsible for applying for certification and pays the application fee.
	You are required to keep track of expiration dates and recertification deadlines	Agency is responsible for keeping documentation of DSP annual renewal dates to ensure compliance.
Training	You are responsible for completing the initial and annual training.	Agency ensures you complete all required trainings, initially and annually. The agency may provide this training.
Employment	You are self- employed	You are employed by an agency

Tax Responsibility	Self-Employment Tax Rules apply. You will need to seek tax preparation or legal advice	Generally, agencies provide you with a W-2 with wage information to be used for tax purposes – and you need to seek tax preparation or legal advice
Compensation	Rates are set in Ohio Administrative Code, depending on the services delivered. You are only paid for delivering services. You are not compensated for time billing or training	Benefits available and vary by agency. You may be paid for hours spent training
Benefits	No benefits are provided because you are an independent contractor.	Benefits are available dependent upon agency (Holiday pay, holiday bonus or incentives) You could be eligible for medical insurance, dental insurance, optical insurance, life Insurance, etc.
Individuals served	Individual chooses you through <i>Free Choice of Provider</i> process and you decide if you are a willing/able provider	Individual chooses provider agency through Free Choice of Provider process and then may also be involved in deciding which DSPs work directly with them. You get assigned by your employer.
Hours/shifts	You may have more flexibility in scheduling but will be determined by individual receiving services.	Your employer will establish your work schedule and you may be able to give your preferred days and hours to your employer.
	You are not mandated to work	May be mandated. May have to work other sites that agency owns- other homes or day programs when in need.
	If you are sick and cannot cover shift, it is your responsibility to contact your back-up support	The agency is responsible to covering your shift with an alternative employee.
Insurance	You may have to hold liability insurance or vehicle insurance based on which services you provide.	Agency will typically cover all necessary insurances.
Transportation	You use your own vehicle	You may have access to an agency vehicle for use
Vehicle Insurance	You must be insured	Agency will ensure that the driver has liability insurance.
Billing	You are responsible for submitting billing. The county board may be able to provide billing templates, examples and assistance. You may choose to hire a billing agent.	Agencies submit billing.
Support	You have access to the SSA, Provider Support Staff at the county board and the on-call system.	Agency may have a system of support that includes front-line managers, supervisory staff, administrators, and other DSP supports.
Compliance	You will undergo a compliance review and be responsible for meeting rule requirements	Your agency employer will go through a compliance review and will be responsible for meeting rule requirements.

Step 1 – BACKGROUND CHECK

PLEASE BRING THIS PAPER WITH YOU WHEN YOU HAVE YOUR BCI CHECK DONE

As a provider you will be providing services to individuals on the I.O. Waiver, Level One Waiver and the SELF Waiver.

If you are going to be a new provider (independent) you must have an Ohio and Federal BCI check done.

If you are in the re-certification process as an independent provider, you will only need the Ohio BCI check done.

If you are going to Vern Riffe School to obtain your BCI Check.

You will need to make an appointment!

**Please contact: Scioto County DD – Fiscal Office at
354-3938**

Codes for: BCII – 5123.169 FBI – 5126.28

The address you will send your BCI check to:

Ohio Department of DD
Provider Certification
30 East Broad Street, 13th Floor
Columbus, Ohio 43215

1-800-617-6733 (Provider Certification help line)

STEP 2 – Guides to Create Accounts

*It is recommended that you start this process at the beginning, as it can take 30 to 45 days or longer for you to receive the information needed from OhioPays and NPI.

Reminders:

OH | ID

Gain access to Provider Services Management (PSM) where you will create and submit the application to become a certified DODD waiver provider.

National Provider Identifier (NPI)

Taxonomy: Home Health Aide 374U00000X

OhioPays

You will need your bank account information and will fill out an online W-9 form.

Before you start the OHID account creation process, please note the followings:

1. Please do not create multiple OHID accounts as one OHID can be used to access/link to multiple State of Ohio agency systems.
2. Use your individual business email address, and NOT a generic email address in your account setup.

Creation of new OH|ID account instructions:

- Users can access the OH|ID portal directly at <https://ohid.ohio.gov> and they will be redirected to the screen below.

Secure access to State of Ohio services

OH|ID provides users with a more secure and private experience during online interactions with State of Ohio programs. Users with an OH|ID account can access multiple State applications by only entering their username and password once.

[Create OH|ID Account](#)

User ID

FORGOT YOUR USER ID?

Password

FORGOT PASSWORD?

[Log In](#)
Get login help

Simplified Experience for Users

Reduced Costs for Agencies

Enhanced Security for Everyone

- Click the “Create OH|ID Account” button on the left-hand side of the screen, and you will be redirected to create new account application.
- Please follow the instructions below to complete the step-by-step process to create a new OH|ID account.

1: Enter and confirm your email address and click "send PIN"

Create OH|ID Account

- 1 Email Verification
- 2 Personal Info
- 3 Pick a Username
- 4 Create Password
- 5 Account Recovery
- 6 Terms & Conditions

Email Verification

With one OH|ID account, you can sign in to multiple State of Ohio agency systems more securely.

You need an active email address to create an OH|ID account. Need to create one? Companies such as [Google](#), [Microsoft](#), [AOL](#), and [Yahoo](#) offer free email accounts.

We need to verify the email address you want to use for your OH|ID account. A one-time PIN will be emailed to the email address you provide below.

Email Address: [redacted]@gmail.com

Confirm Email Address: [redacted]@gmail.com

Cancel Send PIN

Step 2: Enter the PIN which is sent to the email address you provided and click 'verify'.

'Send me a new PIN' option can be used if you do not receive a pin after 10 minutes of clicking verify.

Create OH|ID Account

- 1 Email Verification
- 2 Personal Info
- 3 Pick a Username
- 4 Create Password
- 5 Account Recovery
- 6 Terms & Conditions

Email Verification

An email with a one-time PIN was sent to intellix2021@gmail.com.

Enter PIN: [076832] Verify

Having Trouble?

- Search your junk mail and spam folder for an email from: DONOTREPLY-EnterpriseIdentity@ohio.gov.
- Wait 10 minutes and refresh your email inbox.

Still Having Trouble?

Your email provider is likely marking this email as spam, which is blocking or delaying it.

- Add DONOTREPLY-EnterpriseIdentity@Ohio.gov to your contacts.
- Ask your IT administrator to add this email to the safe-sender list.

[Send me a new PIN](#) ←

Cancel Next

3: Click 'next' to proceed to the next step.

Create OH|ID Account

- 1 Email Verification
- 2 Personal Info
- 3 Pick a Username
- 4 Create Password
- 5 Account Recovery
- 6 Terms & Conditions

Email Verification

An email with a one-time PIN was sent to [redacted]@gmail.com.

Enter PIN

 ✓ VERIFIED

Having Trouble?

- Search your junk mail and spam folder for an email from: **DONOTREPLY-Enterpriseldentity@ohio.gov**.
- Wait 10 minutes and refresh your email inbox.

Still Having Trouble?

Your email provider is likely marking this email as spam, which is blocking or delaying it.

- Add **DONOTREPLY-Enterpriseldentity@Ohio.gov** to your contacts.
- Ask your IT administrator to add this email to the safe-sender list.

[Send me a new PIN](#)

Cancel

Next

Step 4: Fill in the required details under personal info and click next.

Create OH|ID Account

- ✓ Email Verification
- 2 Personal Info
- 3 Pick a Username
- 4 Create Password
- 5 Account Recovery
- 6 Terms & Conditions

Personal Info

Legal First Name	Legal Last Name
<input type="text" value="Harry"/>	<input type="text" value="Pat"/>
Date of Birth	Last 4 digits of SSN (optional)
<input type="text" value="01/01/2000"/>	<input type="text"/>

Be sure to use your real date of birth, you may need it for account recovery later.

Cancel

Next

5: Pick a username which follows the username requirements and click next.

Create OH|ID Account

- ✓ Email Verification
- ✓ Personal Info
- 3 Pick a Username**
- 4 Create Password
- 5 Account Recovery
- 6 Terms & Conditions

Pick a Username

Username Requirements

- Must be between 6-64 characters
- Cannot start or end in a special character
- Cannot contain only numbers
- Only . _ - or @ No other special characters

Username

Cancel **Next**

Step 6: Create password which follows the password requirements and click 'Next'.

Create OH|ID Account

- ✓ Email Verification
- ✓ Personal Info
- ✓ Pick a Username
- 4 Create Password**
- 5 Account Recovery
- 6 Terms & Conditions

Create Password

Password Requirements

- 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 (!\$#,%@~^&*_-+=><(){}[]%";:~\/?')
- 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"

Password Confirm Password

Cancel **Next**

7: Under Account Recovery, setup account recovery by entering your mobile number and verifying the

PIN sent or click 'skip this step' to set up account recovery later.

Create OH|ID Account

- ✓ Email Verification
- ✓ Personal Info
- ✓ Pick a Username
- ✓ Create Password
- 5 Account Recovery**
- 6 Terms & Conditions

Account Recovery

Your email ([redacted]@gmail.com) is the main way you'll reset your password. Adding your mobile number to your account ensures that we have a way to reach you if you lose access to your email.

Set up mobile/text message account recovery

You will receive a PIN via text message. Message and data rates apply. [See Terms & Conditions and Privacy Policies.](#)

Mobile Number

If you choose not to add your mobile number to your account at this time, you can [skip this step.](#)

Step 8: Click next to proceed further.

9: Click 'I Agree' after reading through the terms & conditions, then complete the verification question and click 'Verify'.

Create OH|ID Account

- ✓ Email Verification
- ✓ Personal Info
- ✓ Pick a Username
- ✓ Create Password
- ✓ Account Recovery
- 6 Terms & Conditions**

Terms & Conditions

In order to proceed with creating your account, you must agree to the following terms and conditions.

By clicking "I Agree" and creating an OH|ID account, 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, in the event of a violation of law or State of Ohio policy, or as a result of any suspicious activity occurring on your OH|ID account, to refuse service, terminate accounts, remove or edit content on ohid.ohio.gov, or cancel transactions related to your OH|ID account.

I Agree

Confirm you are not a robot

What is the 2nd digit in 217903?

10: Click 'Create Account' to complete the account creation process.

Create OH|ID Account

- ✓ Email Verification
- ✓ Personal Info
- ✓ Pick a Username
- ✓ Create Password
- ✓ Account Recovery
- 6** Terms & Conditions

Terms & Conditions

In order to proceed with creating your account, you must agree to the following terms and conditions.

By clicking "I Agree" and creating an OH|ID account, 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, in the event of a violation of law or State of Ohio policy, or as a result of any suspicious activity occurring on your OH|ID account, to refuse service, terminate accounts, remove or edit content on ohid.ohio.gov, or cancel transactions related to your OH|ID account.

I Agree

Confirm you are not a robot

What is the 2nd digit in 217903?

 ✓ VERIFIED

Cancel **Create Account**

11: Once the process is completed click 'log in to OH|ID' to proceed to the login screen.

Create OH|ID Account

- ✓ Email Verification
- ✓ Personal Info
- ✓ Pick a Username
- ✓ Create Password
- ✓ Account Recovery
- ✓ Confirmation


Check your Email

We are working to create your new OH|ID account. This may take a few seconds or a few minutes.

OH|ID: test.1234
Email: [redacted]@gmail.com

Once you receive a confirmation email, return here to [log in to OH|ID](#).

Step 12: enter the username and password created and click 'log in'.

SECURITY DEVELOPERS MANAGE OH|ID ACCOUNTLog In Help Search

Secure access to State of Ohio services

OH|ID provides users with a more secure and private experience during online interactions with State of Ohio programs. Users with an OH|ID account can access multiple State applications by only entering their username and password once.

[Create OH|ID Account](#)

User ID

FORGOT YOUR USER ID?

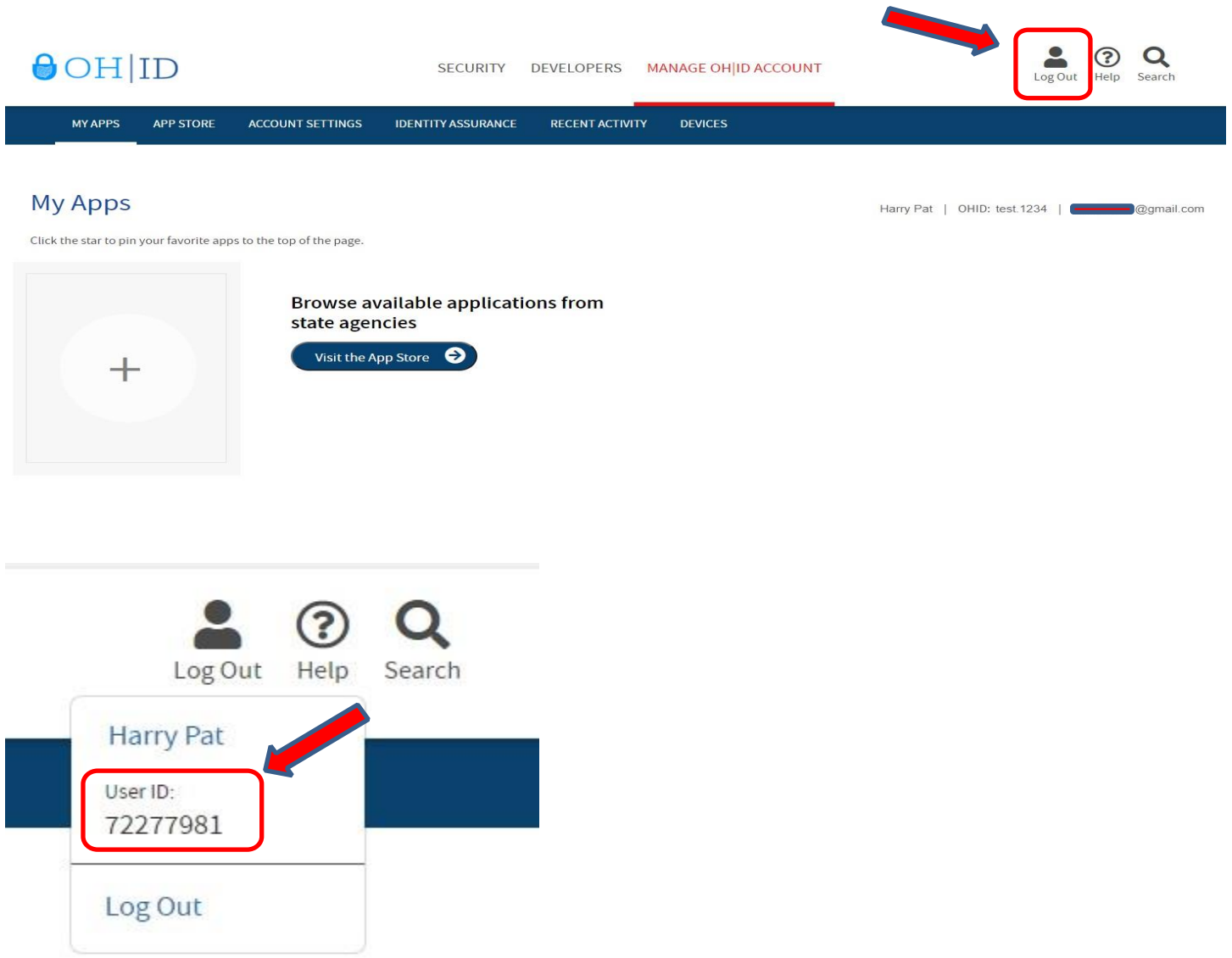
Password

FORGOT PASSWORD?

[Log In](#)

[Get login help](#)

13: To obtain your 8-digit User ID, click on Log Out and it will display as part of the drop-down.



National Provider Identifier (NPI)

REFERENCE GUIDE

THE OHIO DEPARTMENT OF MEDICAID

NOTICE: Ohio Administrative Code (OAC) rule [5160-1-17](#) took effect on November 25, 2019 and requires all providers to obtain a National Provider Identifier (NPI) number. In accordance with paragraph (D) of the rule, any provider identified by the National Uniform Claim Committee (NUCC) with a provider taxonomy number must obtain an NPI and report it to ODM upon enrollment. If you currently **do not** have an NPI, the following information is a guide to help you understand and obtain your required NPI.

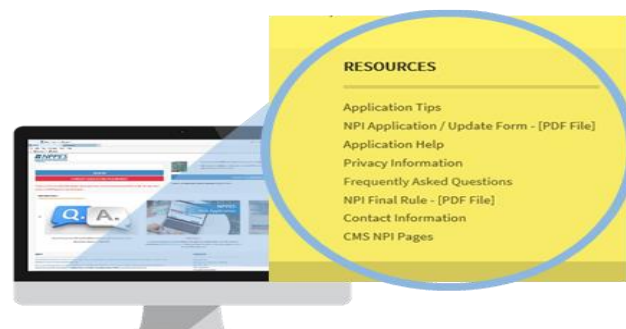
What is NPI: The NPI is a unique identification number for covered health care providers. The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard and must be used in lieu of payer specific legacy provider identifiers in the HIPAA standards transactions. For more information about the NPI, please visit the Centers for Medicare and Medicaid Services (CMS) [website](#).

There is no fee associated with obtaining your NPI. Therefore, this will not be an additional cost to you as a provider.

How to obtain your NPI - Apply Online: The application process can take less than 5 minutes to submit and can be found at the [National Plan and Provider Enumeration System website](#).

1. You will initially be directed to create a Username and Password in the *Identity and Access* website before you can apply.
2. Once you have created a Username and Password, use the link listed above to login to submit your application.

This screenshot displays where you will need to create your account and login to register for your NPI. You can find helpful hints and a FAQ located on the "Resources" at the bottom center of the website.



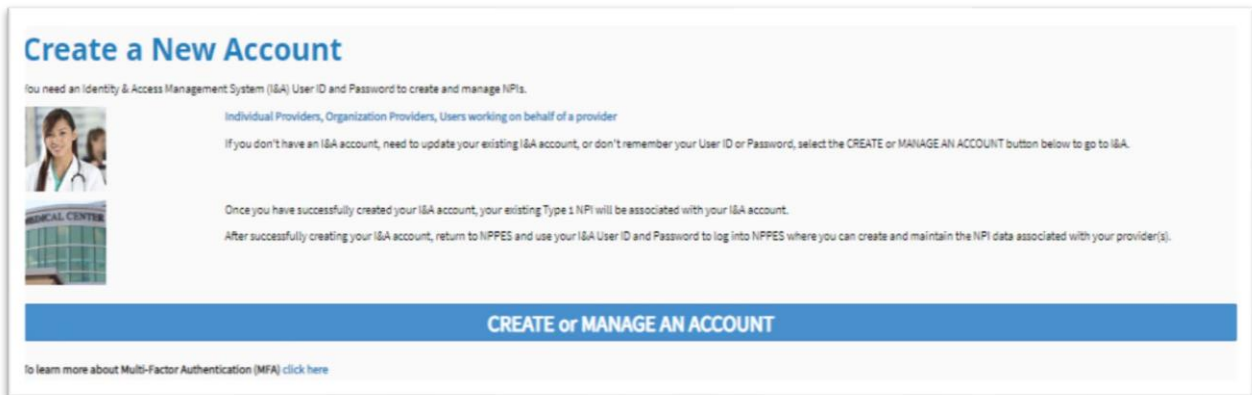
Applying for National Provider Identifier (NPI)

Follow along at:

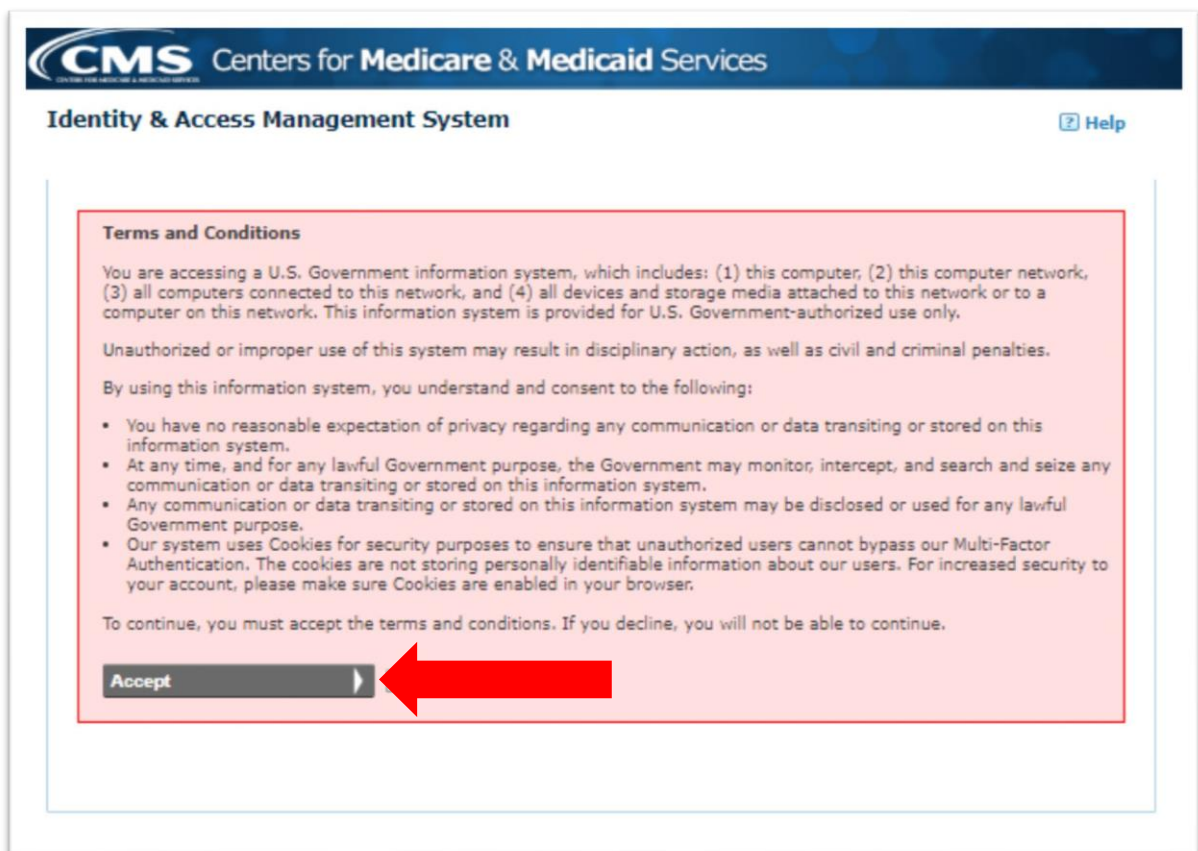
nppes.cms.hhs.gov

Step 1: Create an Account

You will need to create an account in the “Identity Access Management System” (I&A). Click on “Create or Manage An Account” which will take you to a new web-page.



Terms & Conditions: Once you are taken to the new webpage, you will review the terms and conditions and click “Accept” in order to move forward with your application.



Create Account: Once you have accepted the terms and conditions, you will be taken to the page where you will create your account.

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

Sign In

* indicates required field(s)

* **User ID:**

* **Password:**

Sign In

[Forgot Password](#)

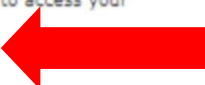
[Retrieve Forgotten User ID](#)

[Enter your PIN](#)

One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and EHR incentive programs, manage staff, and authorize others to access your

information. **Create Account Now**



Use this system to register for Medicare or update your current enrollment information.



Register to receive EHR incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use with certified EHR technology.



Use this system to apply for and manage National Provider Identifiers (NPIs).



Quick Reference Guide

Overview of features and tools to manage your account.



Frequently Asked Questions

Answers to common questions about registration, who should register, and how to manage your account.

To learn more about Multi-Factor Authentication (MFA) [click here](#)

User Registration: Below is a screenshot of the page where you will create your User ID and Password. Please read the instructions on how to create your User ID. You **cannot** use any “special characters” in your User ID. You must also meet the 9 requirements for your password to be approved. You will also need to supply 5 security questions. **Be sure to remember your username and password and security questions.** Once you have entered all the fields you can click “Continue” to move forward.

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

User Registration - User Security

Step 1 User Security | Step 2 User Info | Step 3 MFA Setup | Final Review

* Indicates required field(s)

* **User ID:**

* **Password:**

* **Confirm Password:**

User ID Compliance:

- * Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPDES.
- * Must not contain more than four numeric characters, any spaces, or any special characters.
- * Must not contain personally identifiable information such as SSN or NPI.

Password Compliance:

- * Must be 8-12 alphanumeric characters.
- * Must contain at least one letter.
- * Must contain at least one number.
- * Must contain at least one valid special character.
- * Must not contain any invalid special characters.
- * Must not start with numeric characters.
- * Must not contain three repeating characters.
- * Must not be the same as your User ID.
- * Password must match Confirm Password.

Please select five different security questions and enter their answers below:

* **Question 1:** *** Answer 1:**

* **Question 2:** *** Answer 2:**

* **Question 3:** *** Answer 3:**

* **Question 4:** *** Answer 4:**

* **Question 5:** *** Answer 5:**

Continue

Note: If you forget your User ID or password, you will not be able to finish your registration for 24 hours. See below for notification if you forget.

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

ⓘ Password can only be changed once every 24 hours. If you need to reset your password, please contact the External User Services (EUS) Help Desk at <https://eus.custhelp.com>.

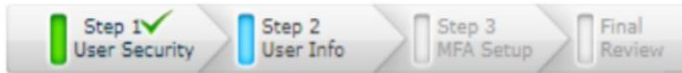
[← Back to Previous Page](#)

Contact Information: The Next Step is to provide all your contact information. Below are the fields you must provide. Please note the **red asterisk** indicates those are required to move forward. Once you have filled in all the fields, click “Continue” to move forward in your registration.

Identity & Access Management System

[Help](#)

User Registration - User Information



Please provide the details below. They will be used to verify your identity.

[« Back to Previous Page](#)

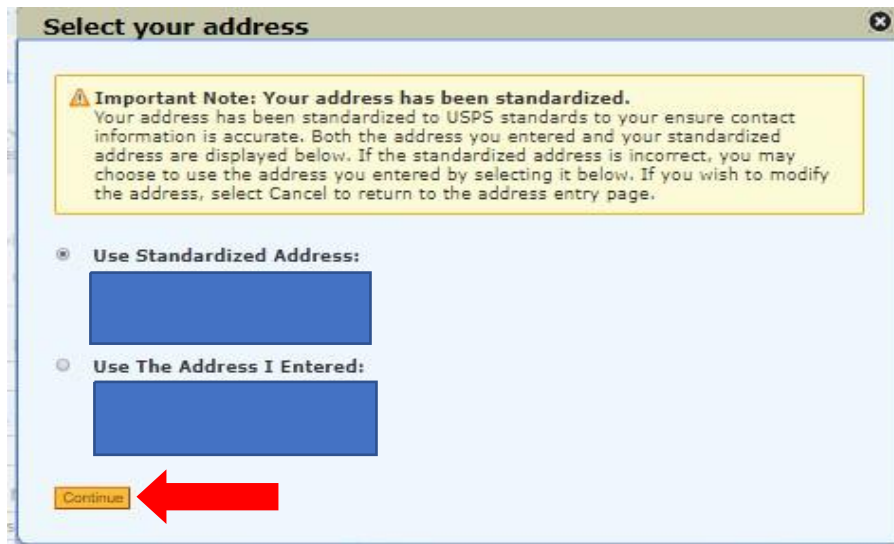
* indicates required field(s)

<p>* First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text"/></p> <p>Suffix: <input type="text"/></p> <p>* Business Phone Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>* Date of Birth: (MM/DD/YYYY) <input type="text"/></p> <p>* SSN: <input type="text"/></p> <p>Primary E-mail Address: cohop2@gmail.com</p>	<p>* Personal Phone Number: <input type="text"/></p> <p>* Home Address Line 1: <input type="text"/></p> <p>Home Address Line 2: <input type="text"/></p> <p>* City: <input type="text"/></p> <p>* Country: <input type="text" value="United States"/></p> <p>* State/ Province/ Territory: <input type="text" value="SE - Select One"/></p> <p>* Postal/ZIP Code: <input type="text"/></p>
--	---

Continue



Address Verification: Once you have clicked continue, it will have you verify your address by selecting the one you entered or the “Standardized Address.” You will need to select one and then click continue.



User Authentication Method: Once the address is fully verified, you will be asked for an authentication method when you login. You can request a verification code via text message, email or a phone call. Please select an option.



User Authentication Method Verification: You will be asked to test the verification method. In this example, we requested a code to be sent as a text message. Once you receive the code, you will be required to enter the code for verification.

CMS Centers for Medicare & Medicaid Services Logged in as miduna83 [Sign Out](#)

Identity & Access Management System [Help](#)

User Registration - Multi-Factor Authentication (MFA) Setup - Verify Code

Step 1 User Security
Step 2 User Info
Step 3 MFA Setup
Final Review

* Indicates required field(s) [Back to Previous Page](#)

A Text/SMS was sent to (614) 376-3569

* Enter Code:

Haven't received a Text/SMS yet? [Resend Text/SMS](#)

Need to make changes where you receive your code? [Back to Setup Page](#)

[Verify Code](#)

User Authentication Confirmation: You will receive a notification that your authentication method was verified. It will ask if you wish to set up an alternate method, but that is not required, and you can complete your registration.

CMS Centers for Medicare & Medicaid Services Logged in as miduna83 [Sign Out](#)

Identity & Access Management System [Help](#)

User Registration - Multi-Factor Authentication (MFA) Setup - Primary MFA Setup Complete

Step 1 User Security
Step 2 User Info
Step 3 MFA Setup
Final Review

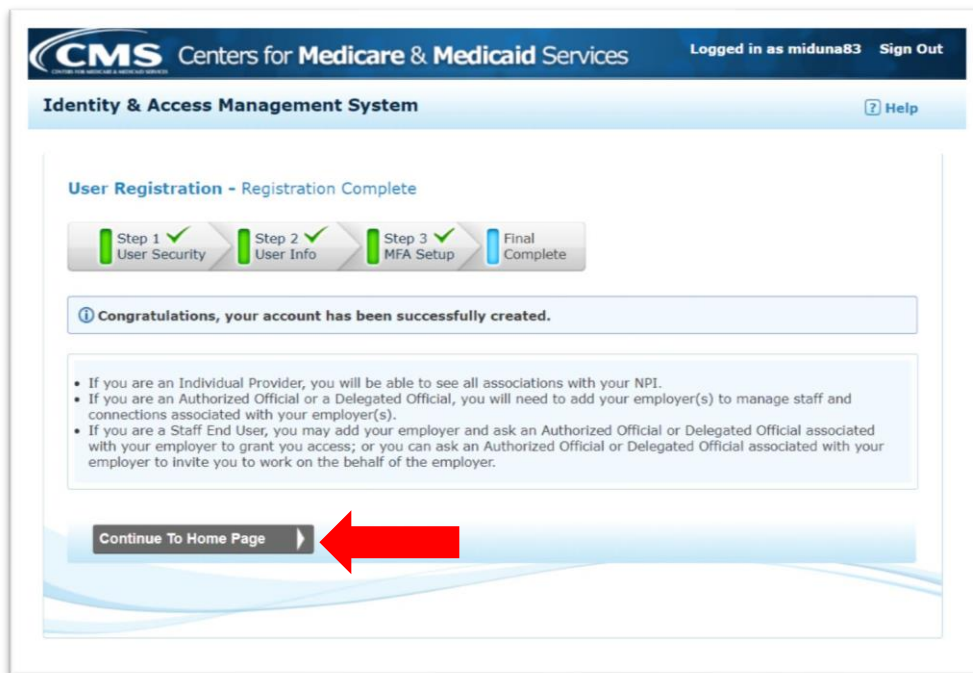
Congratulations, your Phone Number (614) 376-3569 was successfully verified! This will be used to verify your identity upon logging in.

If you wish to set up an Alternative MFA method, please select Begin Alternative Setup.

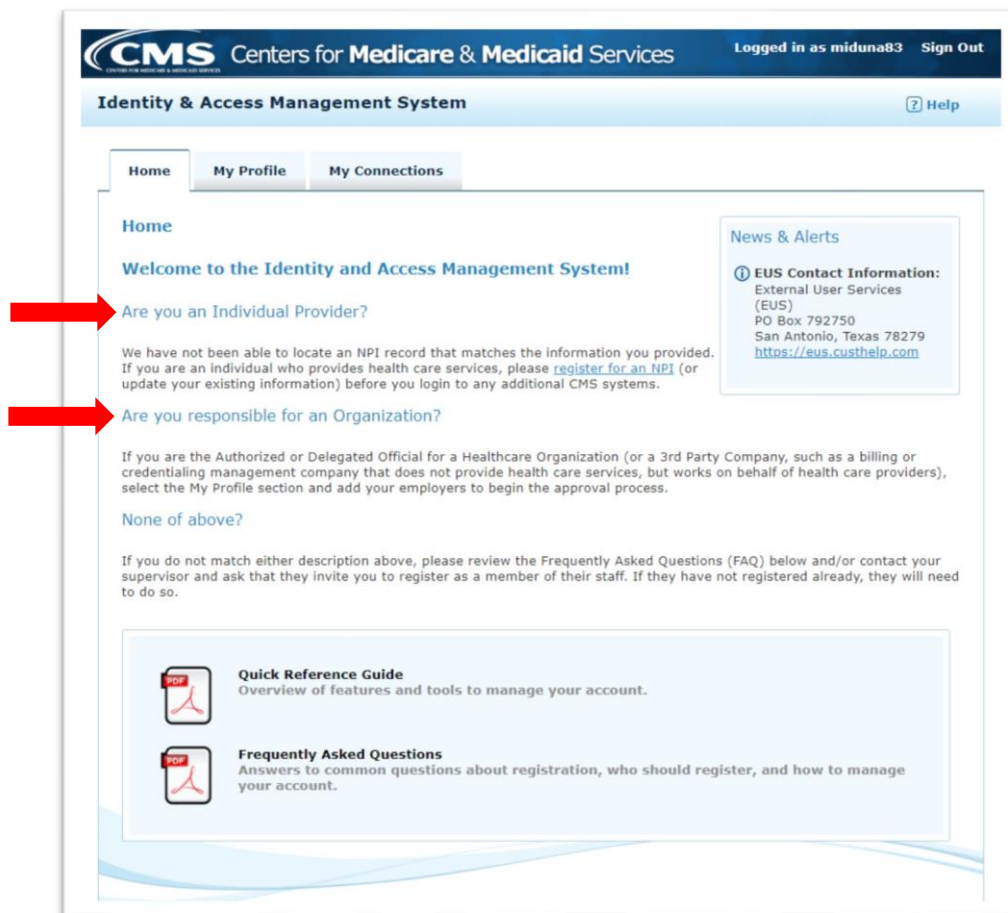
[Begin Alternative Setup](#)

[Complete Registration](#)

Registration is Complete: You should receive a confirmation that your account has been successfully completed, and you can continue to the home page.

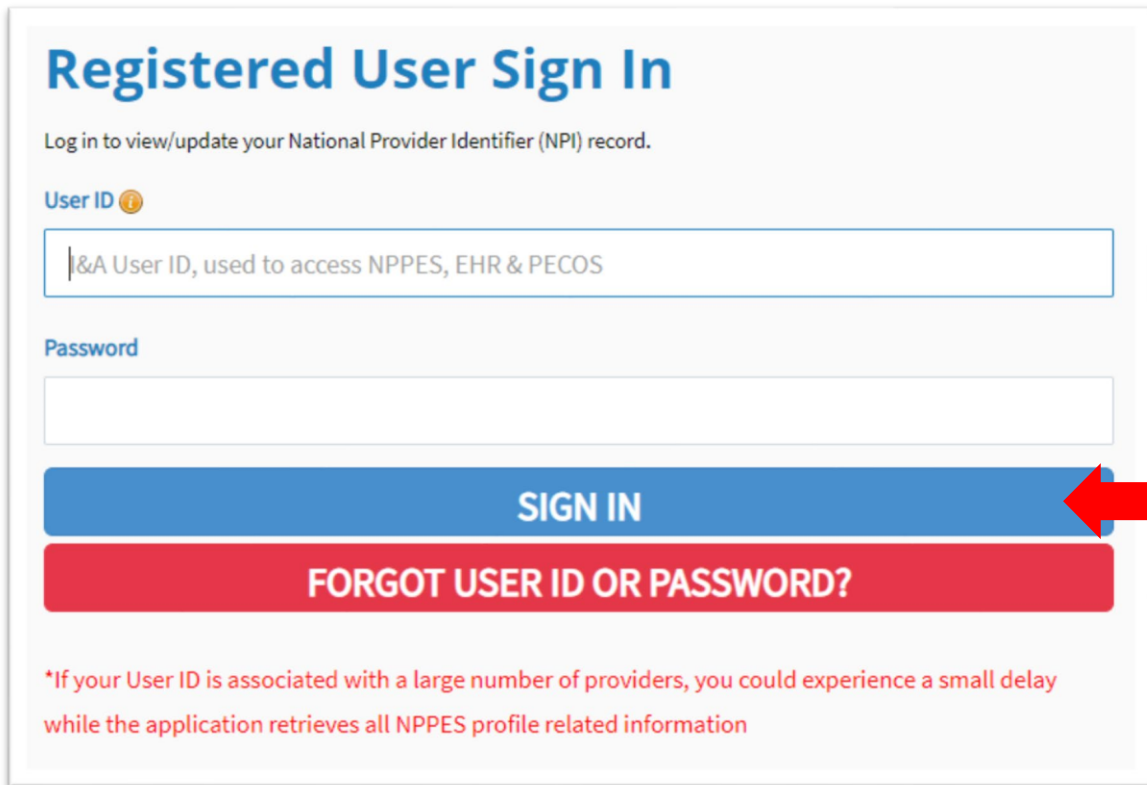


Home Page: Once your registration is complete, you can proceed with your registration for an NPI number. You will have the option to select as an “Individual” or “Agency.” Be sure to click the correct one.



Step 2: Register for your NPI Number

Login: Now that you have created your account, your next step is to begin the process to register for an NPI number. You will be directed to login with your newly created account. Enter your User ID and Password and click the “Sign-In” button.



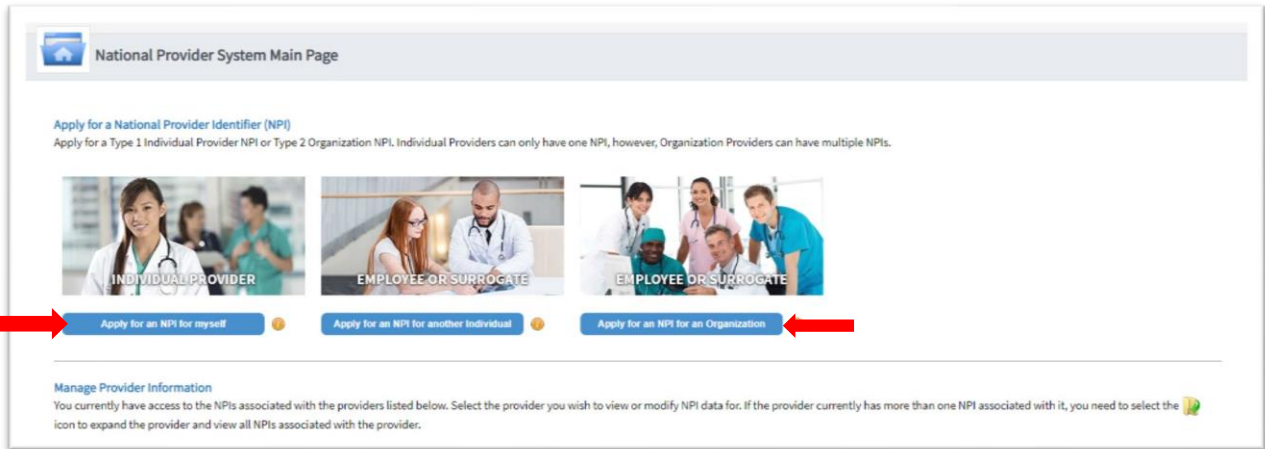
The image shows a web form titled "Registered User Sign In". Below the title is the instruction "Log in to view/update your National Provider Identifier (NPI) record." There are two input fields: "User ID" with a placeholder text "&A User ID, used to access NPPES, EHR & PECOS" and "Password". Below the fields are two buttons: a blue "SIGN IN" button and a red "FORGOT USER ID OR PASSWORD?" button. A red arrow points to the "SIGN IN" button. At the bottom, there is a red asterisked note: "*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information".

Authentication Verification: You will once again be required to authenticate your account by having a code sent to your authentication method. In this example, we are using a text message. Click “Send Verification Code” to continue.

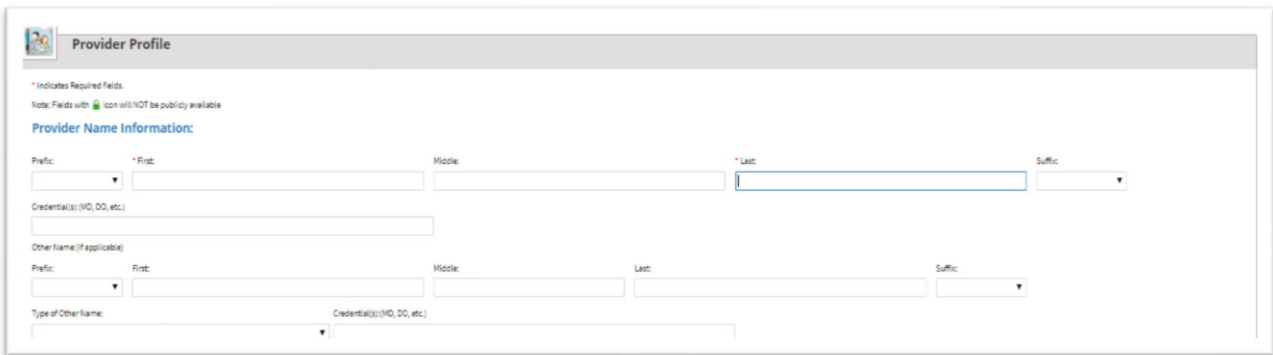


The image shows a "Multi-Factor Authentication (MFA)" form. It includes a shield icon with a lock, the title "Multi-Factor Authentication (MFA)", and a note "* Indicates Required fields." Below this is a section "* Select where you wish to receive your verification code:" with a radio button selected for "Primary Authentication Method: Phone Number Text/SMS: (xxx) xxx-3569". A link "Go to I&A and Reset MFA" is provided. At the bottom, there are two buttons: a red "CANCEL" button and a blue "SEND VERIFICATION CODE" button. A red arrow points to the "SEND VERIFICATION CODE" button.

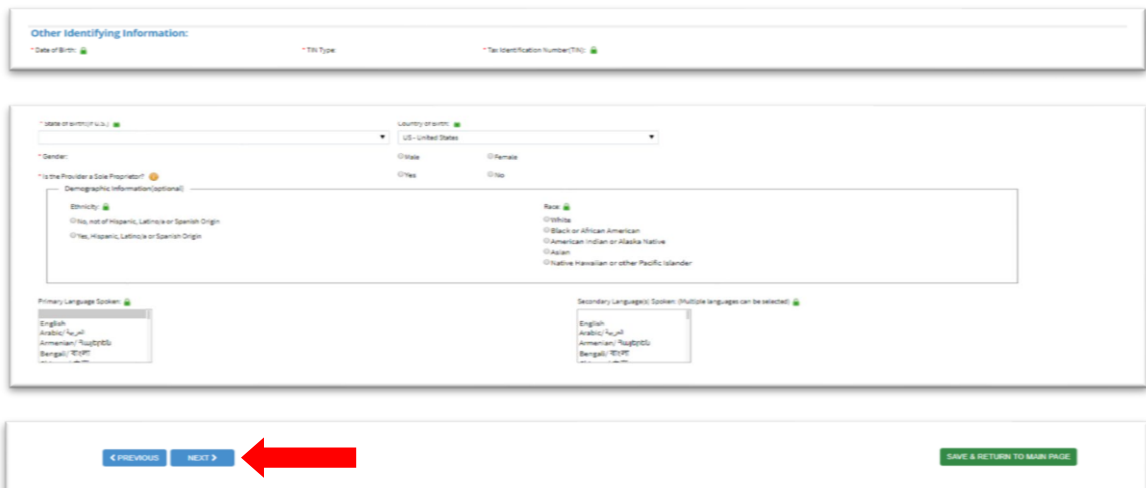
NPI Selection Page: You will select the provider type on this page. Either as an “Individual Owner” or “Organization.” (Choose “Individual Owner” if you are an independent provider)



Provider Profile: In this section, you have two sections you need to fill out: “Provider Name Information” and “Other Identifying Information.” Be sure to fill all these sections out fully before you proceed.



Other Identifying Information: You will need to supply your Date of Birth, Tax Identification Type and Tax Identification Number, State and Country of Birth, Gender and Demographic information in this section. Be sure to fill this out in its entirety and click next.



Address Information: You will need to input both a Business and Practice Address to move forward. It is OK if they are the same address. Once you have inputted the address for both, you can click “Next” to continue.

Address

Information will be used to contact the provider if we have questions about the NPI application.

Business Mailing Address (Correspondence Address)
This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.
[ADD A BUSINESS MAILING ADDRESS](#)

Practice Location (only one required)
This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.
[ADD A PRACTICE LOCATION](#)

[PREVIOUS](#) [NEXT](#) [SAVE & RETURN TO MAIN PAGE](#)

Healthcare Exchange Information (Optional): This section is “Optional”. You may leave this section blank or read the instruction and submit the information. If you determine to leave it blank, click “Next” to continue.

Endpoint for Exchanging Healthcare Information (optional)

* indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the NPI Registry, APIs, and Data Dissemination Files for users to receive and consume.

Endpoints should not include personal email information.

* Endpoint Type: * Endpoint: Endpoint Description:

Endpoint Use: Endpoint Content Type:

* Is the Endpoint affiliated to another organization?
 Yes No

* Endpoint Location: [Add New Endpoint Location](#)

Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.

[CLEAR](#) [SAVE](#)

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions


Filter...

Endpoint Type	Endpoint	Endpoint Description	Endpoint ...	Endpoint Conten...	Affiliation	Endpoint Location	Action
---------------	----------	----------------------	--------------	--------------------	-------------	-------------------	--------

5 items per page

[PREVIOUS](#) [NEXT](#) [SAVE & RETURN TO MAIN PAGE](#)

Other Identifiers Information (Optional): This section is also “Optional”. It is to link your NPI number with other associated provider numbers. You may fill this section or leave it blank. If you determine to leave it blank, click “Next” to continue.



Other Identifiers (optional)

Associating other provider identifiers with your NPI is optional.

* Indicates Required fields.

Enter All Other Provider Identifiers

Note: These numbers will be of use in matching your NPI record to insurers' records so you can continue to be recognized by insurers. If you don't have such numbers, you are not required to obtain them.


DO NOT report the Medicare Numbers, Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN) in this section.

* Issuer:

* Identification Number: (DO NOT ENTER SSN, ITIN OR EIN) State Issued: (if applicable)


Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Issuer	Other Issuer	State Issued	Identification Number	Actions
--------	--------------	--------------	-----------------------	---------

Filter... 

Navigation: 1 / 1 5 items per page

Navigation:



Taxonomy Information: You will need to select at least one Taxonomy (Provider Type). You can do a search in the filter to narrow down your list. Home Health Aide, Nurse etc. are all available in the dropdown box. If you are unsure which taxonomy to select, you can click the hyperlink shown below within the application or visit the NUCC website: <http://www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40>

40

In this example, “Home Health Aide” is selected. Once you have selected an option, you will click “Save.” Once this is saved, you can click “Next” to continue.

Taxonomy
Provider's Taxonomy Information.

ERROR: Taxonomy
* At least one taxonomy selection is required. Please use the Choose taxonomy field to search for and select taxonomies.

* Indicates Required fields.
You are required to identify at least one taxonomy to associate with your NPL. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the [Washington Publishing Company's web page](#).
To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

Choose Taxonomy Filter: * Choose Taxonomy:

* Classification Name/Specialization: License Number: State Issued:

374U0000X - Home Health Aide

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
------------------	---------------	---------------	------------	----------------	-------	---------

Filter...

Navigation:

Contact Information: You will need to click on “Add Contact Information” and input your information. You will also need to select a type of contact (“Primary” or “Contact is the same as Myself”) to move forward. Once all required information is entered, click “Save” and then “Next” to move forward.

Contact Information
All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

Contact Information (only one required)
This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

[ADD CONTACT INFORMATION](#)

[PREVIOUS](#) [NEXT](#) [SAVE & RETURN TO MAIN PAGE](#)

Contact Information
All NPI notifications will be sent to the Contact Person Email provided on this page.

* Indicates Required fields.

Contact Information is for internal use only and will not be available to the public.

Primary Contact Information

Contact Person is same as Myself (Sherry Hopkins)

Prefix: * First: Middle: * Last: Suffix:

Credential(s):(MD, DO, etc.) Title/Position:

* Telephone Number: Extension: * Contact Person Email: * Confirm Contact Person Email:

[CANCEL](#) [SAVE](#)

Contact Information
All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

Contact Information (only one required)
This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

Filter...

Primary Contact	Name	Credential(s)	Title/Position	Telephone Number	Contact Person Email	Actions
-----------------	------	---------------	----------------	------------------	----------------------	---------

[PREVIOUS](#) [NEXT](#) [SAVE & RETURN TO MAIN PAGE](#)

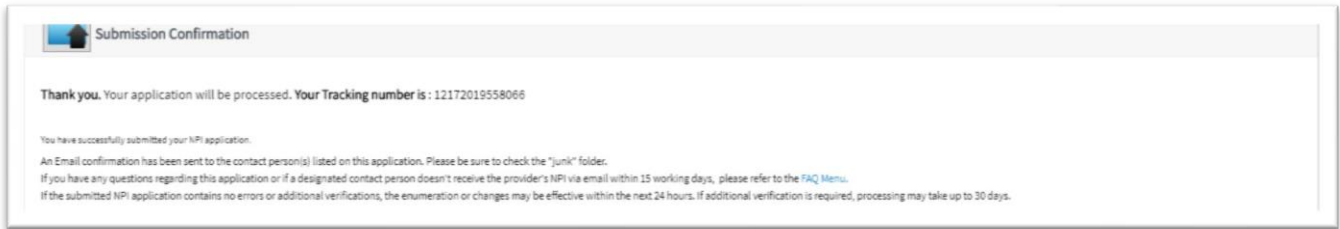
Error Check: You are almost finished. At this point of the registration, check that the required information categories are complete. In this example, you see all the categories are in “Green,” meaning there were no errors. Errors are highlighted in “Red”. Click those and review to resolve the error. Once they are all green, you can click “Next” to move forward.

The screenshot shows the 'Error Check' page with a yellow warning icon and the title 'Error Check'. A note states: 'Please click the NEXT button to submit your application.' Below this, six steps are listed, each with a green checkmark, the text 'COMPLETED: [Step Name]', and 'No Errors Found'. Each step has a blue 'REVIEW' button. The steps are: Step 1: Provider Profile, Step 2: Address, Step 3: Health Information Exchange, Step 4: Other Identifiers, Step 5: Taxonomy, and Step 6: Contact Information. At the bottom, there are three buttons: '< PREVIOUS', 'NEXT >', and 'SAVE & RETURN TO MAIN PAGE'. A red arrow points to the 'NEXT >' button.

Submission Certification: Carefully review the information listed on this page for accuracy. Once completed, click the “I Certify” button and then “Submit”.

The screenshot shows the 'Submission Certification' page with a house icon and the title 'Submission Certification'. A note states: 'After reading the terms and conditions listed below, check the box at the bottom of this page then click “Submit” to submit your application.' Below this, there are four bullet points of terms and conditions. The first bullet point is highlighted in blue and has a red arrow pointing to it. The terms and conditions include: 'I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the [E] Enumerator of this fact immediately.', 'I authorize the [E] Enumerator to verify the information contained herein. I agree to keep the NPDES updated with any changes to data listed on this application form within 30 days of the effective date of the change.', 'I have read and understand the Privacy Act Statement.', and 'I have read and understand the Penalties for Falsifying Information on the [E] Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.' Below the terms and conditions, there is a section titled 'Penalties for Falsifying Information:' which contains a paragraph of text. At the bottom, there is a blue box containing the text 'I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.' with a red arrow pointing to it. Below this box are three buttons: '< PREVIOUS', 'SUBMIT', and 'SAVE & RETURN TO MAIN PAGE'. A red arrow points to the 'SUBMIT' button.

Submission Confirmation: After you have clicked “Submit,” you will be taken to a new page where you will be given a confirmation that your submission was accepted and will be processed. You will also be given a tracking number. Keep this number in your records for future reference.



Print Option: Additionally, you will be given the option to print this confirmation page. It is recommended that you print this page for your records.



NPI Email: Below is an example of the email notifying you of the assigned NPI number. This can take between 24 hours to 10 business days.

From: customerservice@npienumerator.com
To: [Provider name](#)
Subject: National Provider Identifier
Date: Thursday, December 19, 2019 10:00:57 AM

From: customerservice@npienumerator.com <customerservice@npienumerator.com>
Sent: Thursday, December 19, 2019 9:25:07 AM
Subject: National Provider Identifier

Enumeration Date: December 19, 2019

A request for a National Provider Identifier for "Provider Name" was recently submitted to <https://nppes.cms.hhs.gov>, and you were listed as the contact person. This is to inform you that the request was successfully processed and the following NPI has been assigned: 1234567890

This provider is a sole proprietor.

Practice Location:

Provider Taxonomies:

Member Taxonomy: #####

State: OH

Details: Home Health Aide

This is the Primary Taxonomy.

If you have any questions about this notification you may contact the NPI Enumerator at:

NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)
customerservice@npienumerator.com

You may view or change this provider's NPPES information by logging onto the NPPES website at <https://nppes.cms.hhs.gov>.

Please note: If you are not the provider, you are required to inform the provider of the information in this e-mail and furnish a copy of this notification to the provider.

REGISTER IN OHIO PAYS

ohiopays.ohio.gov is designed to provide you, a Payee¹, with convenient access to information about your organization's financial interactions with the state.

First Step for Using OhioPays

To begin using the Portal, State of Ohio Payees will log into the site using their OH|ID. OH|ID provides an 8-digit user ID that allows you to login to access a variety of the State of Ohio's online applications. **OH|ID is your personal account (it is for you, not for your organization)**. It delivers a more secure and private experience for users during online interactions with the state – with advanced fraud detection, prevention, and analytics features.

Second Step for Using the Portal

Once you obtain and sign into OhioPays with your OH|ID account, you can either:

- Register as a Payee (Payees may be a business or an individual person depending on your relationship with the state) to conduct business with the state.
- OR associate your personal OH|ID with one (or many) Payee(s) that are already in the state's accounting system to conduct business with the state.

Using the Portal

With OhioPays you can...

- Register as a State of Ohio Payee.
- Update your existing Payee profile.
- View information for purchase orders that have been submitted to you or your business.
- View status information for invoices submitted for payment view.
- Access information about payments sent to you or your business.

Follow the steps below for guidance on registering your business.

If you need assistance do not hesitate to reach out by email (obm.sharedservices@obm.ohio.gov) or phone (877-644-6771).

¹ A Payee is any individual or organization who receives funds from the State of Ohio. Some common types of Payees include anyone who provides goods or services to a State of Ohio agency, DODD Providers, grant recipients, reimbursements from the State of Ohio, and state fair participants/entertainers.

How to Register

Companies, Individuals or Providers interested in doing business with the State of Ohio can register their business in the OhioPays Portal. As financial transactions occur, you can view information about the associated invoices, purchase orders, and payments for these transactions in the OhioPays Portal.

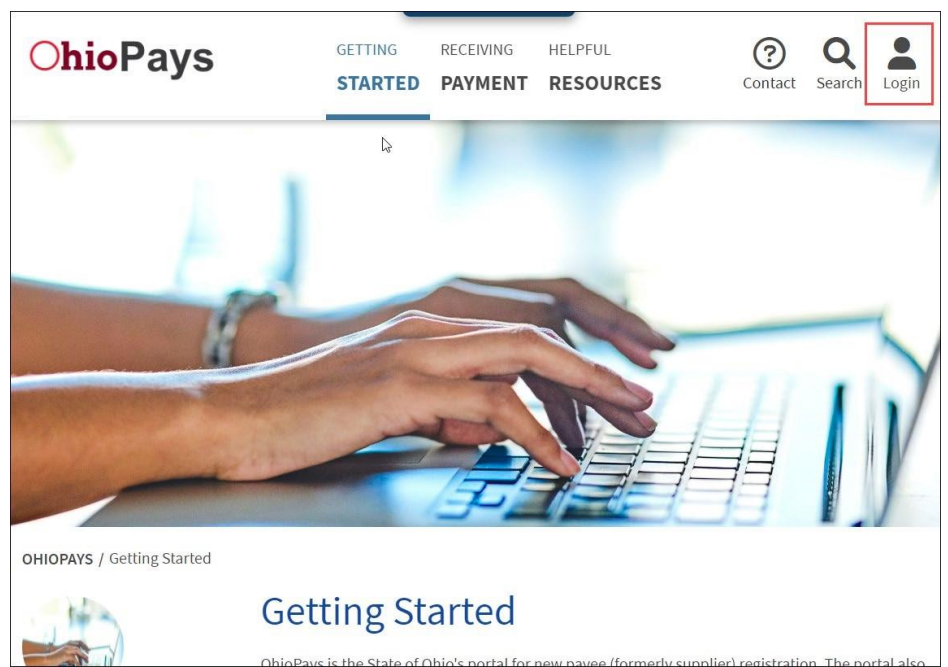
Note: If registering a Business with a Doing Business As/Disregarded Entity, you can only register one corporate and one Doing Business As/Disregarded entity at a time.



Before you begin registering, make sure you have:

- Tax ID Number (TIN), Social Security Number (SSN), or Employee Identification Number (EIN), and Account Name.
- The primary address information provided must match the address on the banking record with your financial institution to complete registration.
- Banking information (Bank Routing Number & Account Number).
- You may be required to attach a current voided check or a bank letter on the bank's letterhead confirming your banking account information.

1. Navigate to ohiopays.ohio.gov.
2. Click on **Login**.



3. Enter your User ID,
Password, and click **Log in**.

OH|ID

Ohio's Digital Identity. One State. One Account.

Register once, use across many State of Ohio websites

Create Account

Log In

OH|ID

Password

Log in

[Forgot OH|ID?](#) | [Forgot password?](#) | [Get login help](#)

4. Click **New Registration**.

OhioPays

Welcome to OhioPays

Welcome Training User - Basic

New Registration

Business, Doing Business As (DBA), Subsidiary, Individual, or Government

Search Existing Registrations

Request Access to a Payee

My Apps

5. Select the three checkboxes to acknowledge you have the required information to continue.

6. Click **Next**.

7. Complete the Payee Administrator section.

- The administrator manages other users' access to the business profile and can update profile information (e.g., banking, address, contacts).
- Select **Yes** to become the Administrator for the Payee.
- Select **No** to identify another individual as the Administrator for the Payee.

- If you select **No**, enter the administrator's email, and click **Verify Email**.

NOTE: The email entered must be associated with an active OH|ID for the person who will be the administrator.

8. Select if you are registering as "Payee" or "DBA or Disregarded Entity."

- Select "DBA or Disregarded Entity" only if you have an existing Payee record and are adding a DBA.
- If you are registering both a parent and dba, to click Payee.

Ohio Office of Budget and Management

1 Welcome Complete

2 Identifying Information Visited

3 Address and Contact Not Started

4 Payment Information Not Started

5 Review W-9 & Submit Not Started

An administrator will be responsible for controlling access to the Payee. Do you wish to be the administrator for this Payee?

No Yes

Are you Registering as Payee or DBA or Disregarded Entity ?

Payee DBA or Disregarded Entity

9. Select the type of Payee to register.

Ohio Office of Budget and Management

1 Welcome Complete

2 Identifying Information Visited

3 Address and Contact Not Started

4 Payment Information Not Started

5 Review W-9 & Submit Not Started

An administrator will be responsible for controlling access to the Payee. Do you wish to be the administrator for this Payee?

No Yes

Are you Registering as Payee or DBA or Disregarded Entity ?

Payee DBA or Disregarded Entity

What type of Payee would you like to register?

Business
Government
Individual

10. Select the Tax Classification.

Ohio Office of Budget and Management

1 Welcome Complete

2 Identifying Information Visited

3 Address and Contact Not Started

4 Payment Information Not Started

5 Review W-9 & Submit Not Started

An administrator will be responsible for controlling access to the Payee. Do you wish to be the administrator for this Payee?

No Yes

Are you Registering as Payee or DBA or Disregarded Entity ?

Payee DBA or Disregarded Entity

What type of Payee would you like to register?

Business

What Tax Classification would you use to file taxes with the IRS?

C Corporation
Individual
LLC - C Corporation
LLC - Partnership
LLC - S Corporation
Other - Non-Profit
Partnership
S Corporation
Single-member LLC
Sole Proprietor
Trust/Estate

Help/FAQs Privacy Statement Contact Us

An official State of Ohio site. Here's how you know

11. Enter what is requested.

The fields displayed will be based upon the Payee/DBA selection and the Tax Classification selection.

All fields marked with an asterisk are required.

NOTE: The details entered in the **Taxpayer Identification** section must match the IRS records.

The screenshot shows the 'New Registration' form at the Ohio Office of Budget and Management. The progress bar indicates Step 2, 'Identifying Information', is visited. The form contains the following sections and fields:

- Welcome** (Complete)
- Identifying Information** (Visited)
 - Question: "An administrator will be responsible for controlling access to the Payee. Do you wish to be the administrator for this Payee?" (Radio buttons: No, Yes)
 - Question: "Are you Registering as Payee or DBA or Disregarded Entity?" (Radio buttons: Payee, DBA or Disregarded Entity)
 - Question: "What type of Payee would you like to register?" (Dropdown menu: Business)
 - Question: "What Tax Classification would you use to file taxes with the IRS?" (Dropdown menu: C Corporation)
 - Field: "Taxpayer Identification Number (SSN/EIN)" with sub-field "EIN" (marked with an asterisk and a red box)
 - Field: "Name" with sub-field "Business Name" (marked with an asterisk and a red box)
 - Field: "Disregarded entity name" with a note "Please leave this blank, if not applicable" (marked with a red box)
- Address and Contact** (Not Started)
- Payment Information** (Not Started)
- Review W-9 & Submit** (Not Started)

12. Enter the Address and Contact information then click **Next**.

The screenshot shows the 'New Registration' form at the Ohio Office of Budget and Management. The progress bar indicates Step 3, 'Address and Contact', is visited. The form contains the following sections and fields:

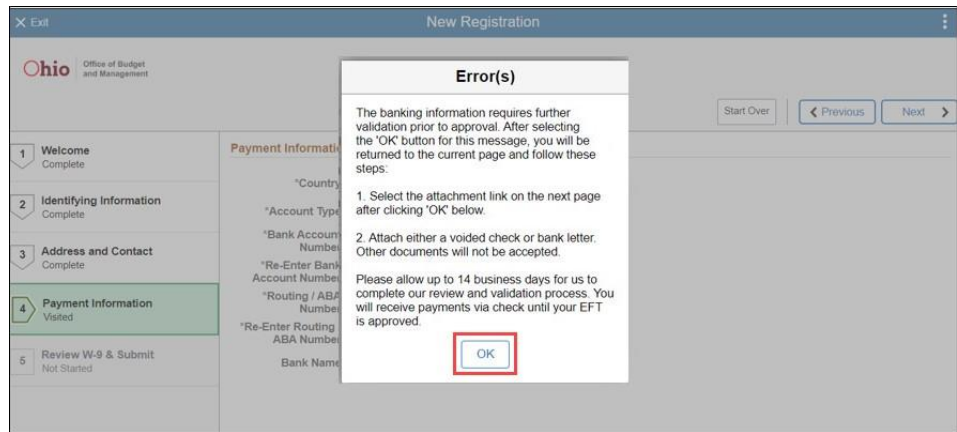
- Welcome** (Complete)
- Identifying Information** (Complete)
- Address and Contact** (Visited)
 - Section: **Address**
 - Field: "Country" (Dropdown menu: United States)
 - Field: "Address 1" (Text input: EX 123 Main Street)
 - Field: "Address 2" (Text input: Apt/Suite/Other)
 - Field: "Address 3" (Text input)
 - Field: "City" (Text input)
 - Field: "Postal" (Text input: Enter ZIP code)
 - Field: "State" (Dropdown menu)
 - Field: "County" (Text input)
 - Field: "Remit Email ID" (Text input, marked with an asterisk and a red box)
 - Field: "Telephone" (Text input)
 - Field: "Extn" (Text input: Extn)
 - Field: "Fax" (Text input)
 - Section: **Contact Information**
 - Field: "First Name" (Text input: Training)
 - Field: "Last Name" (Text input: Basic)
 - Field: "Title (optional)" (Text input)
 - Field: "Telephone" (Text input)
 - Field: "Fax Number (optional)" (Text input)
- Payment Information** (Not Started)
- Review W-9 & Submit** (Not Started)

13. Enter the Payment information then click **Next**. The Bank Name will display once you click **Next**.

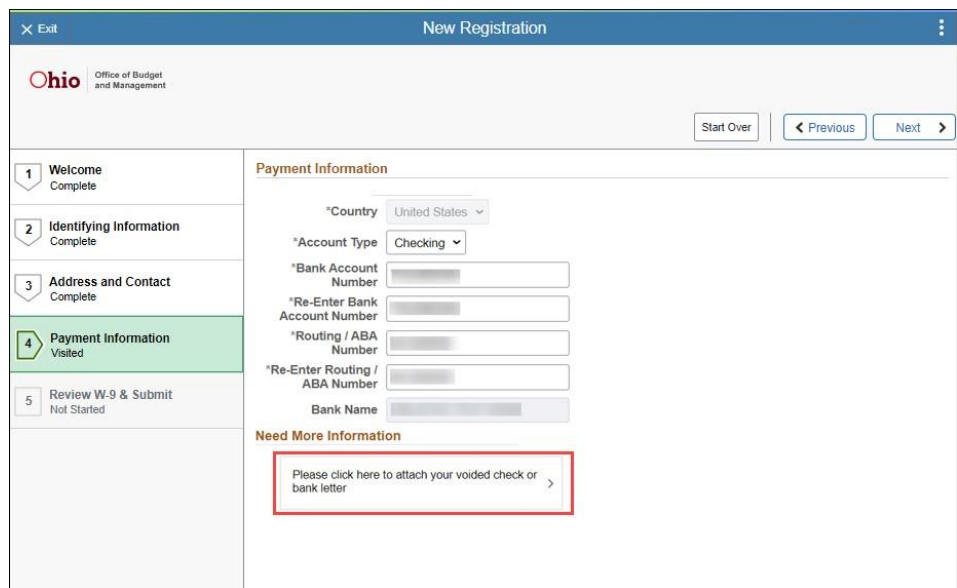
The screenshot shows the 'New Registration' form at the Ohio Office of Budget and Management. The progress bar indicates Step 4, 'Payment Information', is visited. The form contains the following sections and fields:

- Welcome** (Complete)
- Identifying Information** (Complete)
- Address and Contact** (Complete)
- Payment Information** (Visited)
 - Field: "Country" (Dropdown menu: United States)
 - Field: "Account Type" (Dropdown menu: Checking)
 - Field: "Bank Account Number" (Text input)
 - Field: "Re-Enter Bank Account Number" (Text input)
 - Field: "Routing / ABA Number" (Text input)
 - Field: "Re-Enter Routing / ABA Number" (Text input)
 - Field: "Bank Name" (Text input, highlighted in grey)
- Review W-9 & Submit** (Not Started)

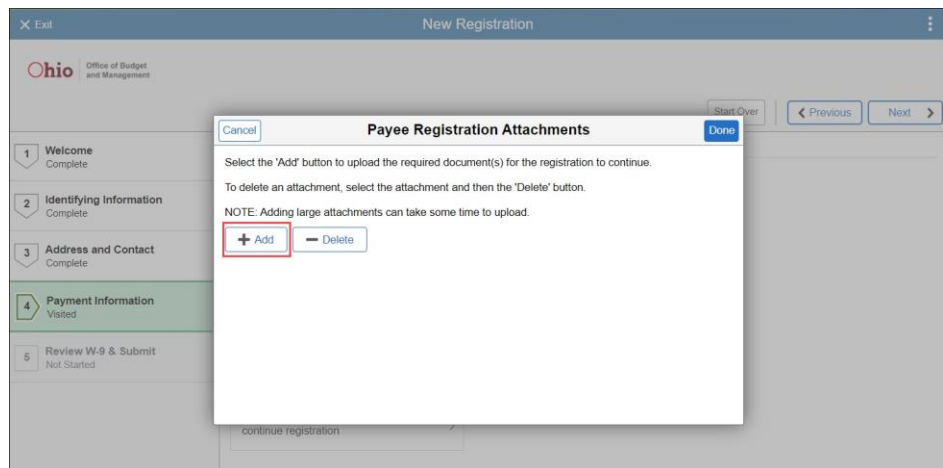
NOTE: You may receive an error message stating that additional validation is required for the payment information. Click **OK**.



a. If additional validation is required, click the button to attach required voided check or bank letter.



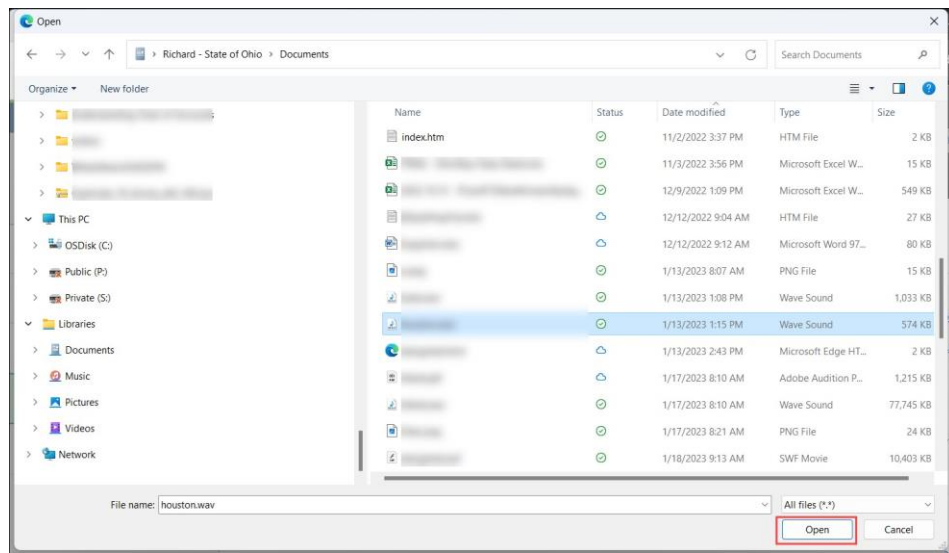
b. Click the **Add** button to add required documentation.



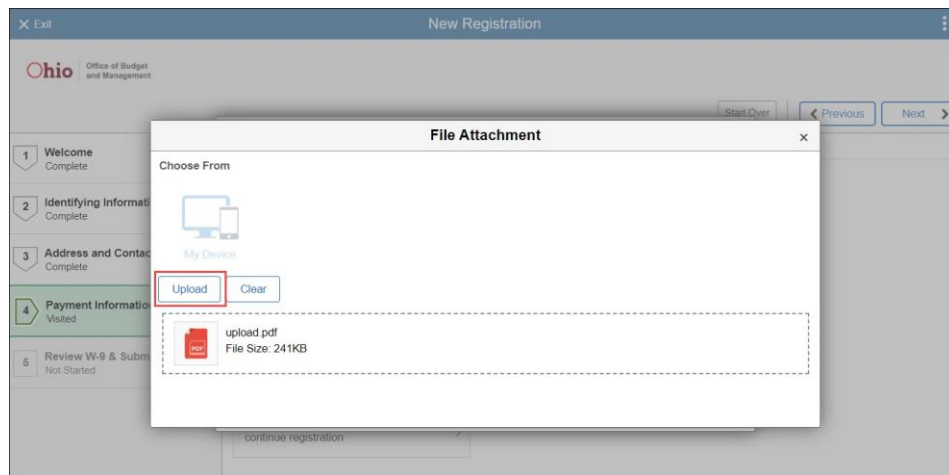
c. Click "My Device".



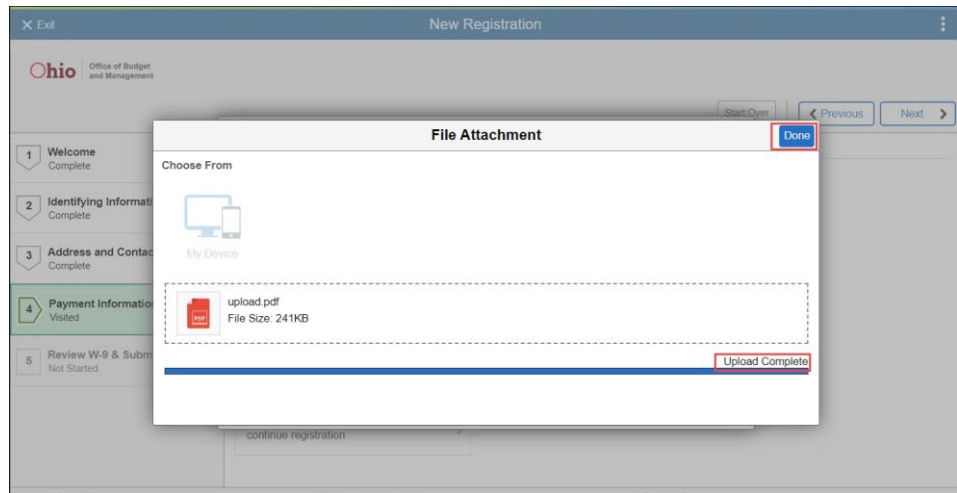
d. Select the file from your computer to upload and click **Open**.



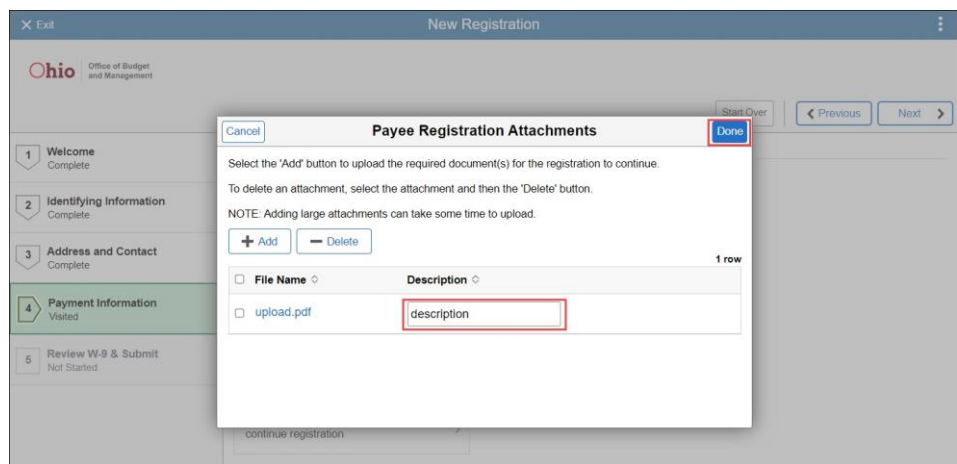
e. Click **Upload**.



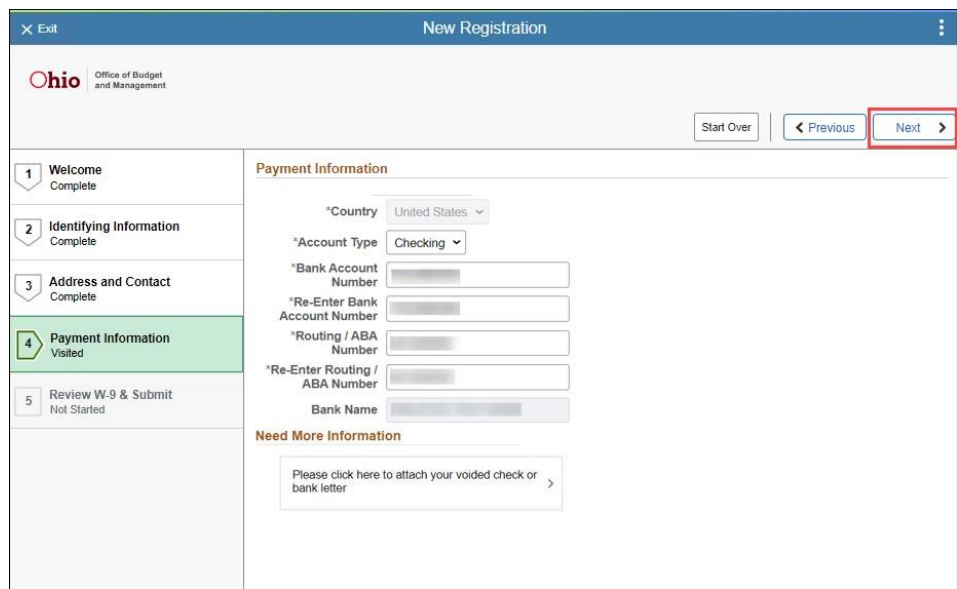
f. When the upload is complete click **Done**.



g. You can enter a description for the file. Click **Done**.



14. Click **Next**.



15. Review the W-9 information.

Ohio Office of Budget and Management

Start Over Previous Submit

Expand All Collapse All

Review

(Must click Create W-9 button at the bottom of the page to Submit the Registration)

▼ Identifying Information

Tax Classification	Social Security Number	First Name	Last Name
Individual			

▼ Address

Country: USA

Remit Email ID:

Telephone:

▼ Contact

First Name	Last Name	Title	Telephone	Fax Number	Email ID
------------	-----------	-------	-----------	------------	----------

Help/FAQs Privacy Statement Contact Us

16. Click **Create W-9** to continue with your registration.

Ohio Office of Budget and Management

Start Over Previous Submit

▼ Payment Information

Country	Bank Name	Account Type	Account Number	Routing / ABA Number
USA				

Additional Information

View Attachments (1)

Create W-9

18. Review and close the W-9 window to return to your registration.

W-9
Form (Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
JEFF SMITH

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
123 MAIN ST

6 City, state, and ZIP code
COLUMBUS, OH 43119

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number
1 1 1 - 1 1 - 2 2 2 2

or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

19. Click **Submit**.

Ohio Office of Budget and Management

New Registration

Start Over < Previous Submit

Expand All Collapse All

Review (Must click Create W-9 button at the bottom of the page to Submit the Registration)

1 Welcome Complete

2 Identifying Information Complete

3 Address and Contact Complete

4 Payment Information Complete

5 Review W-9 & Submit Visited

▼ Identifying Information

Tax Classification	Social Security Number	First Name	Last Name
Individual			

▼ Address

USA

Remit Email ID: _____

Telephone: _____

▼ Contact

First Name	Last Name	Title	Telephone	Fax Number	Email ID

Help/FAQs Privacy Statement Contact Us

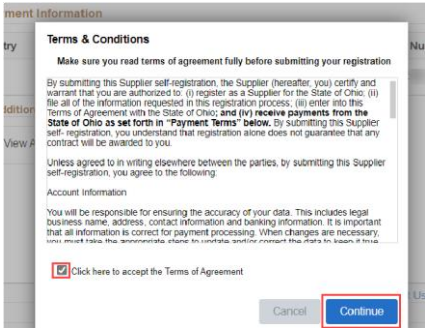
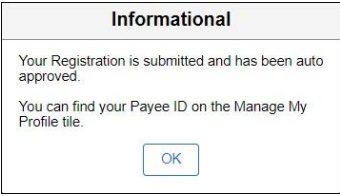
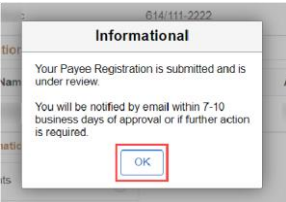
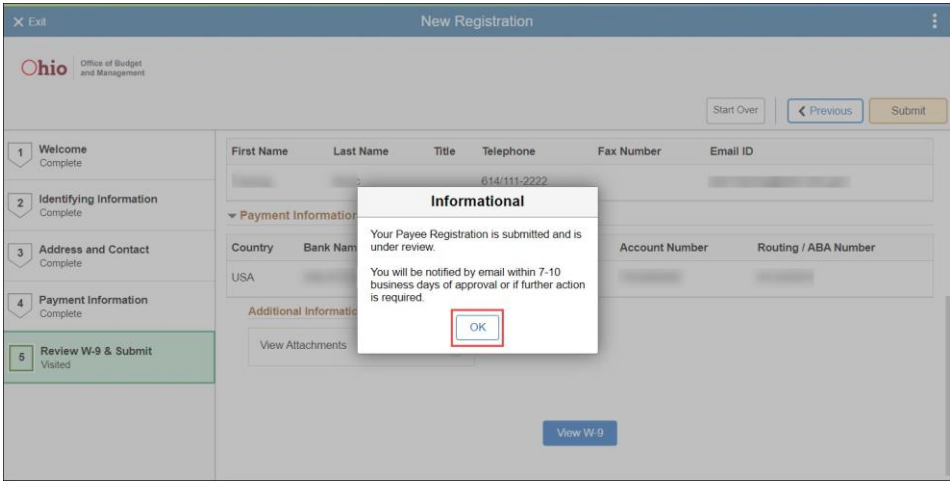
20. Select the checkbox and click **Continue** to affirm the W-9 was completed correctly.

Payment Information

Click here to affirm that the attached W-9 has been completed in accordance with the General Instructions on the IRS Form W-9.

Cancel Continue

View Attachments 13

<p>21. Read the Terms & Conditions.</p> <p>22. Select the checkbox and click Continue to accept the Terms of Agreement.</p> <p>NOTE: If you are zoomed in to the Terms and Conditions you will need to zoom out to see the Continue button.</p>	 <p>The screenshot shows a 'Terms & Conditions' dialog box. It contains text about supplier self-registration and a checkbox labeled 'Click here to accept the Terms of Agreement' which is checked. A red box highlights the 'Continue' button at the bottom right of the dialog.</p>
<p>If the registration is automatically approved, this informational box will display.</p>	 <p>The screenshot shows an 'Informational' dialog box with the text: 'Your Registration is submitted and has been auto approved. You can find your Payee ID on the Manage My Profile tile.' An 'OK' button is centered at the bottom.</p>
<p>Some registrations will require additional review and processing by the state. If the registration was not automatically approved this informational box will display and you will be notified by email within 7-10 business days of approval or if further action is required.</p>	 <p>The screenshot shows an 'Informational' dialog box with the text: 'Your Payee Registration is submitted and is under review. You will be notified by email within 7-10 business days of approval or if further action is required.' An 'OK' button is centered at the bottom.</p>
<p>23. Click OK on the Informational box that displays to complete the registration process.</p>	 <p>The screenshot shows the 'New Registration' form in the Ohio Office of Budget and Management system. The form has a progress bar on the left with five steps: 1. Welcome Complete, 2. Identifying Information Complete, 3. Address and Contact Complete, 4. Payment Information Complete, and 5. Review W-9 & Submit Visited. An 'Informational' dialog box is overlaid on the form, displaying the same review message as in the previous row. The 'OK' button in the dialog is highlighted with a red box.</p>

STEP 3 – Guides for Training Requirements

Certificates of completion must be submitted as part of the application.

Independent Provider Training

Print the Certificate or Transcript to be uploaded

Electronic Visit Verification -EVV

When taking this training, use 9999999 as your Medicaid number if you have not received your Medicaid number at that time.

CPR/First Aid

Must be hands on, in person class with American Red Cross, American Heart Association or ASHI to meet the requirement. Ensure you have the card. It will be uploaded twice

Independent Provider Initial Training


Completing this course satisfies the certification requirement for first-time independent providers.

If you are an independent provider who is currently certified, do not take this course. Certified independent providers should take the Independent Provider Annual Training course.

See OAC 5123-2-09 and associated appendices for more information.

This course is about 4.25 hours long.

This course is made up of multiple modules. Each module must be completed before moving to the next. Complete each individual module within one sitting to prevent progress from being lost.

-  Welcome to Direct Support Certification File
- Introduction to Supporting People with Developmental Disabilities
- The Bill of Rights for People with Developmental Disabilities and the NADSP Code of Ethics
- Trauma-Informed Care and Restrictive Measures
- Health and Safety
- Valued Roles
- Introduction to Empathy-Based Care
- 2022 Health and Welfare Alerts
- Billing and Service Documentation
- Proof of Completion

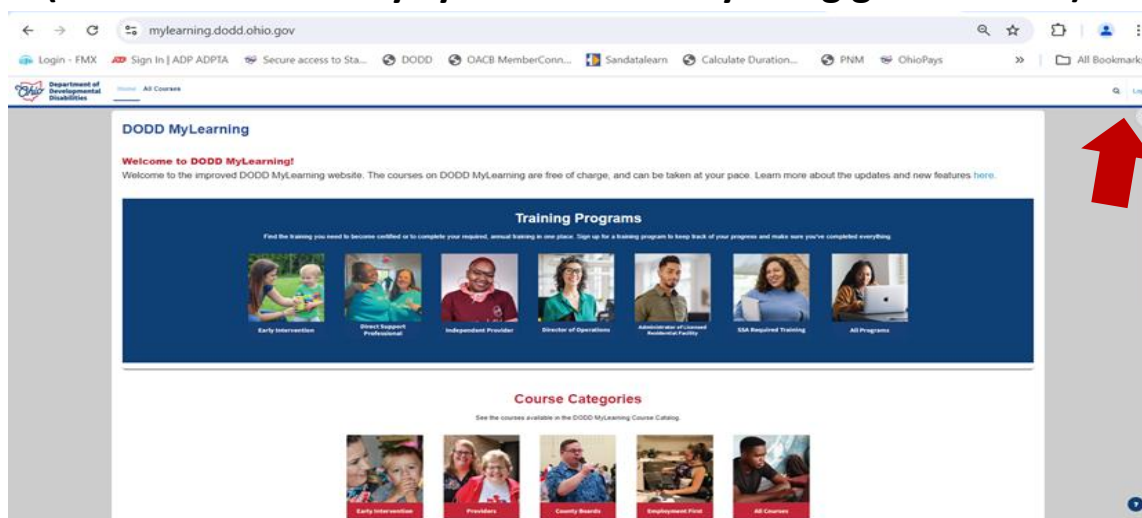
Proof of completion is available on your certificate below or on your transcript, located on “Transcripts and Completion.”

You will need a copy of the certification or transcript for your application.

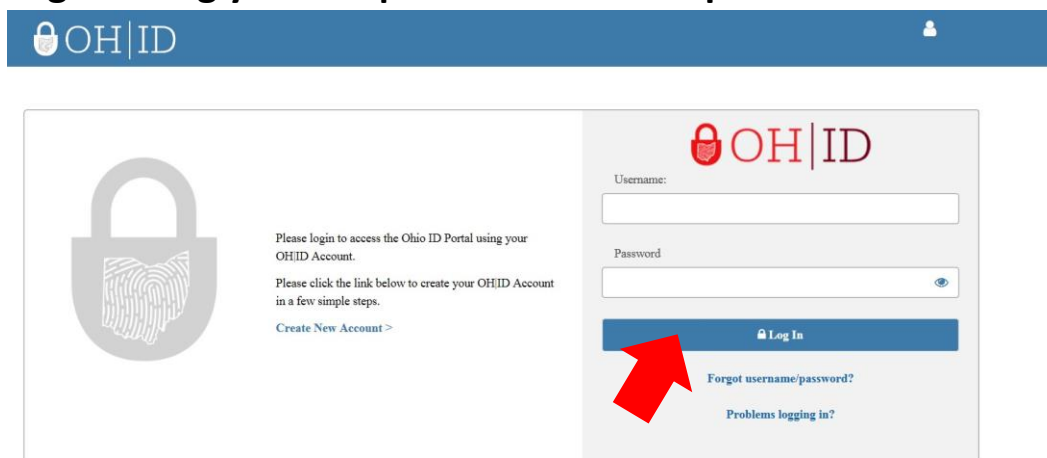
Accessing DODD MyLearning For Online Training

For Initial Certification – Independent Provider OR
Agency D.O.O.

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



2. Log-in using your OH|ID username and password



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.

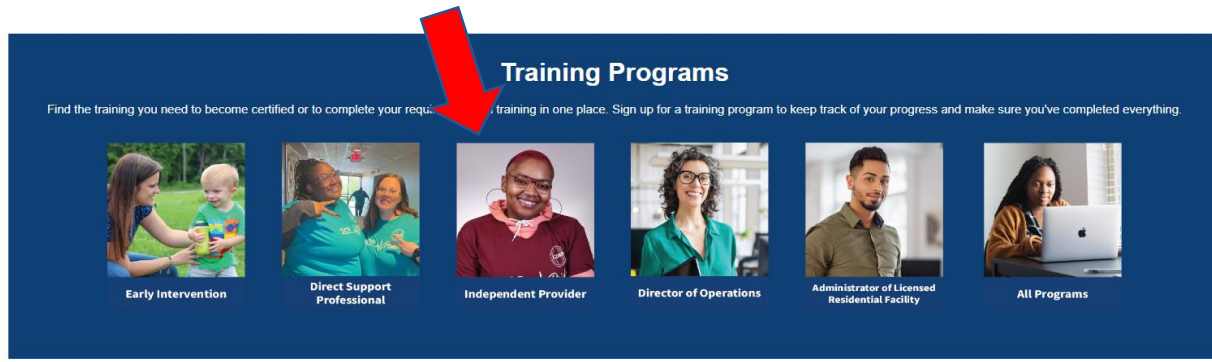
3. Once logged in, you will come to the home page. Find the course you need and click on it.

- Independent Provider Applicants- Click on “Independent Provider – Initial”

Hi,  

Welcome to DODD MyLearning!

Welcome to the improved DODD MyLearning website. The courses on DODD MyLearning are free of charge, and can be taken at your pace. Learn more about the updates and new features [here](#).



Training Programs

Find the training you need to become certified or to complete your requirements for training in one place. Sign up for a training program to keep track of your progress and make sure you've completed everything.

- Early Intervention
- Direct Support Professional
- Independent Provider
- Director of Operations
- Administrator of Licensed Residential Facility
- All Programs

4. On the next course page that loads click on either ‘Independent Provider Initial Training’ or ‘Director of Operations – Initial Orientation Training’

Independent Provider Applicants

[Independent Provider Initial Training](#)

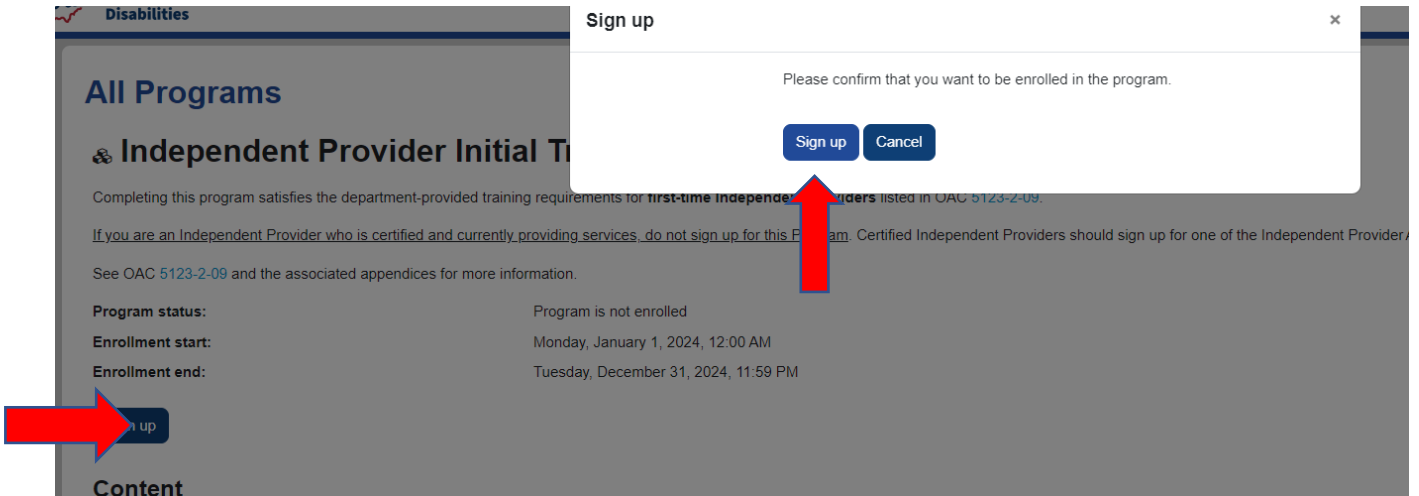
Completing this program satisfies the department-provided training requirements for **first-time Independent Providers** listed in OAC 5123-2-09.

If you are an Independent Provider who is certified and currently providing services, do not sign up for this Program. Certified Independent Providers should sign up for one of the Independent Provider Annual Training Programs.

See OAC 5123-2-09 and the associated appendices for more information.



5. Course information will show up and you will need to click on ‘Sign up’ and then confirm you want to be enrolled in the program by clicking ‘Sign up’ again.



- Independent Provider initial training is approximately 4.25 hours
- Agency Initial D.O.O training is approximately 4 hours long

You DO NOT have to complete the entire course in one sitting, you can revisit the course as many times as you need BUT you must complete each separate module once you have started it

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

- A copy of your certificate OR transcript is what you will submit with your application for certification.

To access your transcript-

1. From your DODD MyLearning Home Page, you can click on 'Dashboard'

Department of Developmental Disabilities

Home Dashboard Courses Transcript

DODD MyLearning

Welcome to DODD MyLearning!

Welcome to the improved DODD MyLearning website. The courses on DODD MyLearning are free of charge, and can be taken at your pace. Learn more about the updates and new features [here](#).

Training Programs

Find the training you need to become certified or to complete your required, annual training in one place. Sign up for a training program to keep track of your progress and make sure you've completed everything.

- Early Intervention
- Direct Support Professional
- Independent Provider
- Director of Operations
- Administrator of Licensed Residential Facility
- All Programs

2. You will need to click on the certificate link (Current or history) and it will show all the trainings you have taken.

Department of Developmental Disabilities

Home Dashboard All Programs All Courses Transcript

Dashboard

Certificates and Transcripts

- [Current Certificates](#)
- [Certificate History \(pre-2024\)](#)
- [Transcript](#)

My Programs



You are not enrolled in any programs.

My Courses

All Search Sort by course name Card

3. A list will show up of all the trainings that you completed – find the training you need the certificate. Find the word ‘file’ and click on the arrow pointing down- this will download your certificate.





Profile / Certificate History



 

Certificate History

These are the certificates you have been issued by either email or downloading manually.

Download table data as

Name	Course	Awarded on	Code	File
			SZWIRMo1KM	
			zzDkDMt8IM	
			hv7EHvwbTP	



- Ensure you remember where you save the Certificate on your computer / device – as this will be used to upload into the application.


Retain a copy of your certificate (either on your device or print a hard copy) to keep as part of your training records.

Put a copy of the certificate in your individual provider binder as well.

Logging In for the First Time to the EVV New Platform

1. Go to www.sandatalearn.com. On the Log-In screen, select the **Sign Up** link.

Note: If a learner tries to login and has **NOT** signed up first, they will be prompted to do so.



Sandata
Learn

You need to log in or sign up before continuing.

Email address

Password

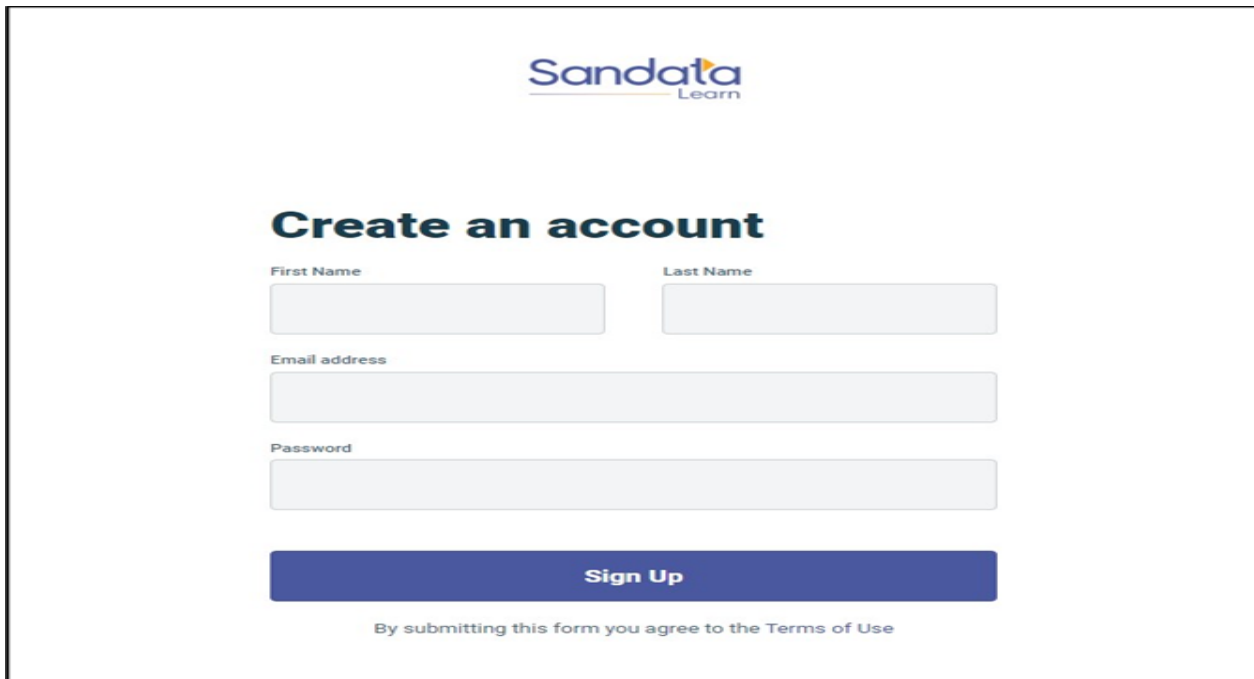
Sign In

Forgot my password

Sign Up

Click here for Support

2. On the **Create an account** screen, fill in your name and email address. Create a password and select **Sign Up**.



Sandata
Learn

Create an account

First Name

Last Name

Email address

Password

Sign Up

By submitting this form you agree to the Terms of Use

3. Complete the **Profile Form** with your Agency Name, Agency ID number (optional), and your Provider ID number.

The image shows a web form titled "Sandata Learn". The form contains the following elements:

- Agency Name (text input field)
- Agency ID # (Optional) (text input field)
- Medicaid ID # (text input field)
- Provider ID # (text input field)
- Select a role (dropdown menu)
- Select a state (dropdown menu)
- Agency EVV (radio button)
- Non-Agency EVV (radio button)
- Alt EVV Aggregator (radio button)
- Submit (button)

- You may enter in 'Non Agency User' in the Agency Name required field when registering for EVV training.
- If at the time of EVV training registration you do not have your Ohio Department of Medicaid (ODM) Provider Medicaid ID number, you may enter in '9999999' in the Provider Medicaid ID # required field so you can start the training.
- Please update the Medicaid ID # field in your profile once you receive your ID. Updating your ID is important because it gives you credit for completing training and notifies ODM of your EVV training status.

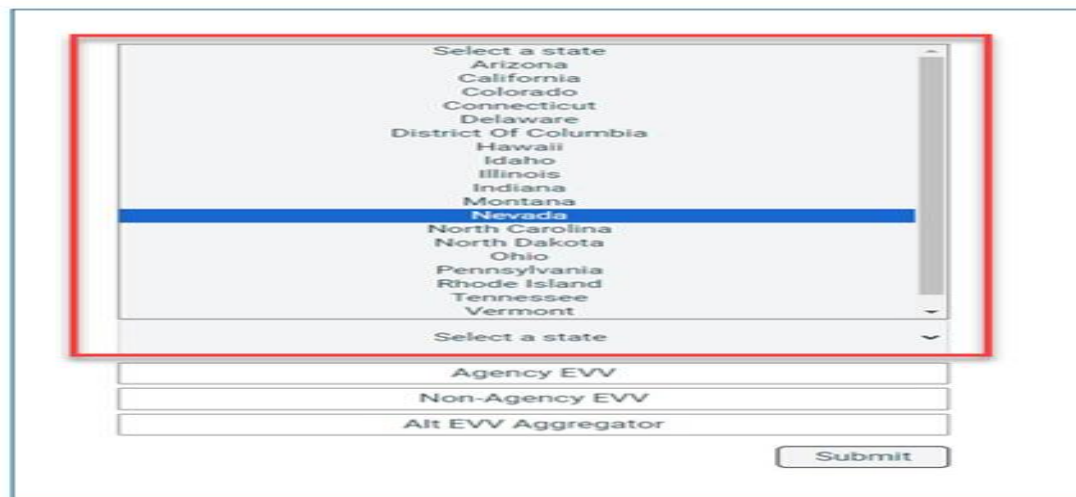
4. Click **Select a Role** and choose from the drop-down menu the role that best matches yours.

Note: Only Agency Admins and Managers should select the first option, **Agency Admin/Manager**.



The screenshot shows the Sandata Learn registration form. At the top is the Sandata Learn logo. Below it are four text input fields: "Agency Name", "Agency ID # (Optional)", "Medicaid ID #", and "Provider ID #". A dropdown menu labeled "Select a role" is highlighted with a red border. The dropdown menu is open, showing the following options: "Select a role" (highlighted in grey), "Agency Admin/Manager", "Agency Staff", "Alt-EVV User (Aggregator)", and "Caregiver". Below the dropdown are three more text input fields: "Non-Agency EVV", "Alt EVV Aggregator", and a "Submit" button.

5. Select the **State** in which your agency is based. This may not be the state in which you work.



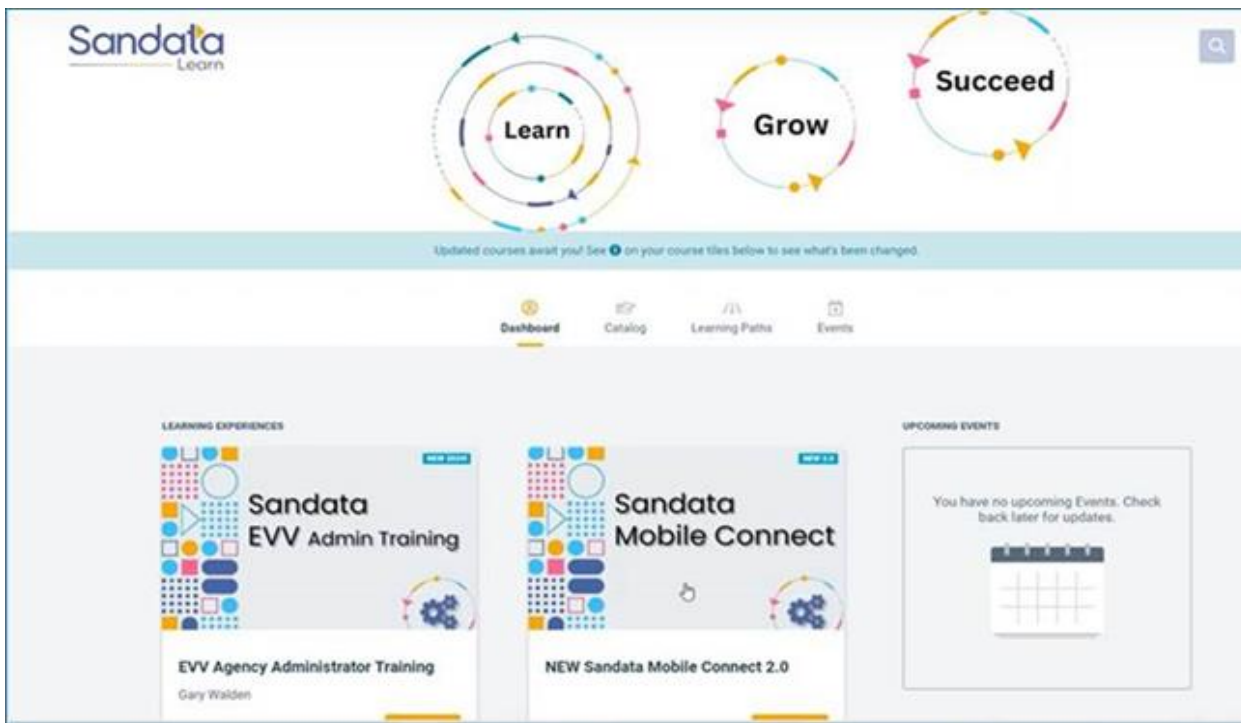
The screenshot shows the Sandata Learn registration form with the "Select a state" dropdown menu highlighted by a red border. The dropdown menu is open, displaying a list of states: "Arizona", "California", "Colorado", "Connecticut", "Delaware", "District Of Columbia", "Hawaii", "Idaho", "Illinois", "Indiana", "Montana", "Nevada" (highlighted in blue), "North Carolina", "North Dakota", "Ohio", "Pennsylvania", "Rhode Island", "Tennessee", and "Vermont". Below the dropdown are three text input fields: "Agency EVV", "Non-Agency EVV", and "Alt EVV Aggregator", along with a "Submit" button.

6. Select **Agency EVV**, **Non-Agency EVV (independent providers)**, or **Alt EVV Aggregator**.

7. Click **Submit**.

The screenshot shows the Sandata Learn registration form. At the top is the Sandata Learn logo. Below it are several input fields: 'Test Agency', 'Agency ID # (Optional)' (containing '11111'), and another 'Agency ID # (Optional)' (containing '1111111111'). There is a dropdown menu for 'Agency Admin/Manager' and another for 'North Carolina'. A red rectangular box highlights three radio button options: 'Agency EVV' (which is selected and highlighted in yellow), 'Non-Agency EVV', and 'Alt EVV Aggregator'. A yellow 'Submit' button is located at the bottom right of the form.

8. You will arrive at the Sandata Learn dashboard. Happy learning!



Independent Providers would need to complete the **Ohio Department of Medicaid Sandata EVV Required Training - Non-Agency**. Please remember to save a copy of the certificate for your provider application.

CPR/First Aid



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

Options for training:

SSU EMT Program

- 940 2nd St. Portsmouth
- Call 740.351.3463 or 740.353.30.54

SOMC

- 740.356.2552

Local Fire Department and Squads

- Contact the nearest one in your community
- Mike Davis – Veron Fire Dept. – 740.356.2721
- Jeff Kirkendall – S. Webster Fire Dept. – 740.357.5480

American Red Cross

- 740.354.3293

Southern Ohio Counsel Of Government (SOCOG)

- You can check their website for training times at <http://www.socog.org/training/current-schedule.html>
- You may register by calling 740- 775-5030, ext. 420 or emailing providersupport@socog.org

SCDD provider liaison is planning to offer local training. Dates and time will be sent out via email or on the SCDD website <https://www.sciotocountydd.org/> under the provider tab. You can contact the provider liaison Kristi Cyrus at kcyrus@sciotodd.org or 740. 353.0636

STEP 4 – Guide for Completing Application

Required Documents to be uploaded:

- Social Security Card
- Birth certificate
- High school diploma or GED
- Driver license or state ID
- Certificate or transcripts for the Initial Provider Training
- Copy of CPR / First Aid Card
- EVV Training Certificate
- Proof of OhioPays
- NPI verification

- Valid vehicle insurance card (if applying to provide HPC transportation)
- Official Driver's abstract (**if applying to provide HPC transportation. Must be within 10 days of application submission**). Obtain at your local BMV or online at <https://bmvonline.dps.ohio.gov>.

- Background check (which is submitted to DODD from the Attorney General's office)

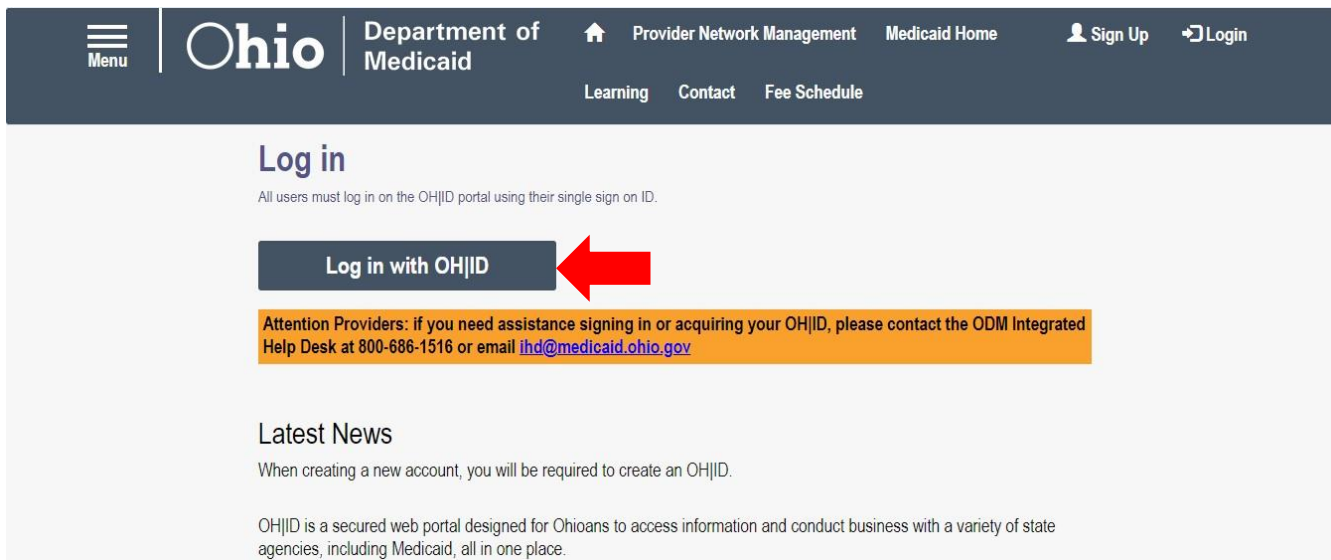
Completing an Application for Certification as a DODD Independent Provider

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



The screenshot shows the top navigation bar of the Ohio Department of Medicaid website. The navigation bar includes a menu icon, the Ohio Department of Medicaid logo, and links for Provider Network Management, Medicaid Home, Sign Up, and Login. Below the navigation bar, the main content area features a 'Log in' section with a sub-header 'Log in' and a note: 'All users must log in on the OH|ID portal using their single sign on ID.' A prominent dark blue button labeled 'Log in with OH|ID' is highlighted with a red arrow pointing to it. Below this button is an orange banner with the text: 'Attention Providers: if you need assistance signing in or acquiring your OH|ID, please contact the ODM Integrated Help Desk at 800-686-1516 or email ihd@medicaid.ohio.gov'. The 'Latest News' section follows, with a sub-header 'Latest News' and a note: 'When creating a new account, you will be required to create an OH|ID.' Below this is a paragraph: 'OH|ID is a secured web portal designed for Ohioans to access information and conduct business with a variety of state agencies, including Medicaid, all in one place.'

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

OH|ID

Ohio's Digital Identity. One State. One Account.

Register once, use across many State of Ohio websites

Create Account

Log In

OH|ID

Password

Log in

4. Click on Yes, I have read the agreement

Make sure that you have reviewed the information

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

© 2016 State of Ohio
Columbus, OH 43216-1461

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

Ontario Medicaid

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

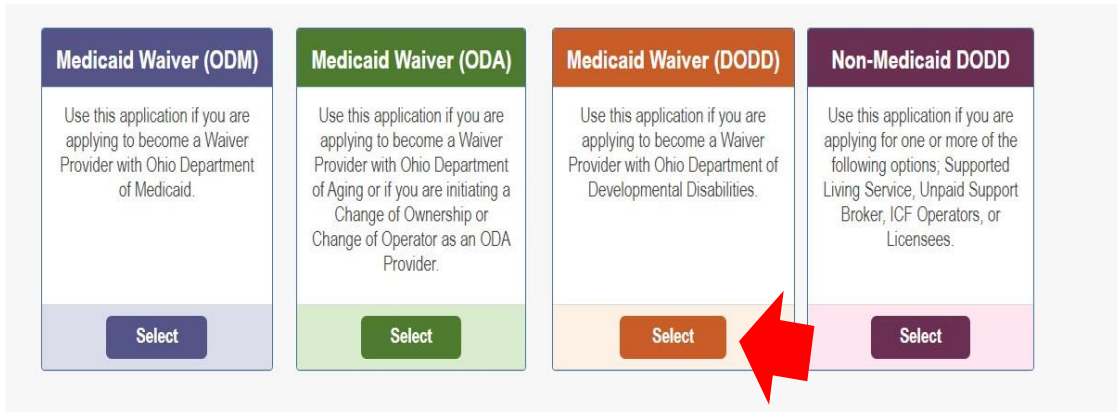
6. Scroll down and click on 'Click here for more application types'

“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, Prescri	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 apply solely for the purpose of Ordering, Ref 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...](#)

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



The screenshot shows a menu with four columns, each representing a different application type. Each column has a header, a description, and a 'Select' button. A red arrow points to the 'Select' button for the 'Medicaid Waiver (DODD)' option.

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

8. Choose Independent



The screenshot shows a 'Fee Schedule' form. The 'Application Type' is set to 'Waiver' and the 'Waiver Type' is set to 'Medicaid Waiver (DODD)'. Below these are two buttons: 'Independent' and 'Agency'. A red arrow points to the 'Independent' button.

Fee Schedule

Application Type: Waiver [Change](#)

Waiver Type: Medicaid Waiver (DODD)

Independent **Agency**

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.

The screenshot shows a registration form with the following fields and instructions:

- Application Type: Waiver (with a [Change](#) link)
- Waiver Type: Medicaid Waiver (DODD)
- Category*: Independent (with a [Change](#) link)
- Provider Type*: Choose only option - 25 (dropdown menu)
- Are you a nurse with a valid nursing license?: Yes No
- First Name*: [text input]
- Middle Name: [text input]
- Last Name*: [text input]
- Tax ID Type*: EIN SSN
- Tax ID*: This is your social security number
- NPI*: Must have your NPI number
- DD Contract Number (If Applicable): LEAVE BLANK
- Gender*: Female Male Unknown
- Date of Birth*: Must in XX/XX/XXXX format
- Zip Code*: [text input]
- Zip Code Extension*: Have to include the extra 4 digits of ZIP code

At the bottom right, there are **Save** and **Cancel** buttons. A red arrow points to the **Save** button.

10. **Once complete, a confirmation will appear, click ‘Save and Submit’**

The screenshot shows a confirmation message in a white box with a blue header:

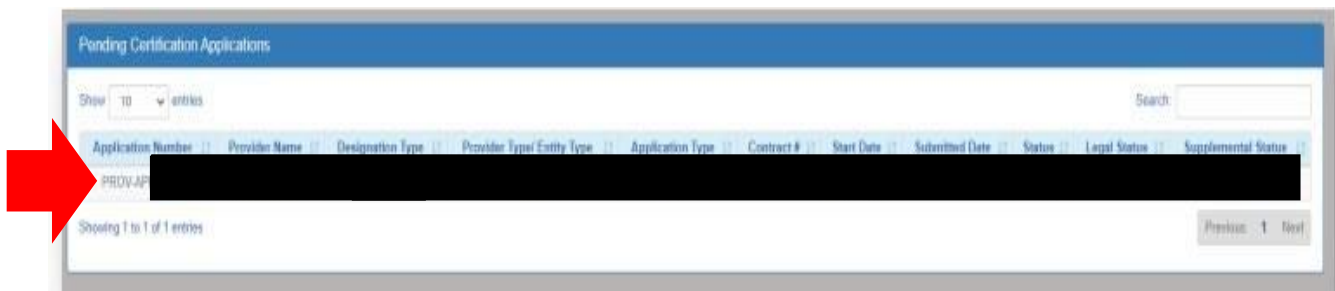
After your submission is completed and approved, you can apply for additional Waiver Services with other Agencies thru this registration in the Provider Network Module.

Below the message is a blue button with a white circle containing the number **4** and the text **Save And Submit**. A red arrow points to the **Save And Submit** button.

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

Click on IOP

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

The screenshot shows a web interface for a provider dashboard. At the top right, there are links for "Home" and "Provider Dashboard". Below this is a navigation bar with five tabs: "Getting Started" (active), "Introduction", "Intent", "More Information", and "Summary". The main content area has a heading "Getting Started" and a paragraph of text. Below the paragraph is a list of bullet points. At the bottom of the page, there is a link for "Fee Schedule".

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](#)

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

Provider Dashboard

Introduction

*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.

Designation Type

Provider
 Licensee
 Operator

Provider Type

Agency
 Independent
 Unpaid Support Broker

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

First Name*
Middle Initial
Last Name*

Gender*
Date of Birth*
Social Security Number*

City of Birth*
State of Birth*
Country of Birth*

Email*
Social Security Number Effective Date*

Next

Cancel Back Communicate Save and Exit Save And Continue

8:48 AM

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.

The form contains the following fields and options:

- 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 with "Select County" and a downward arrow)
- Contact Name* (text input)

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

- Home Office
- Billing and Payment
- Correspondence
- Alternative

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'

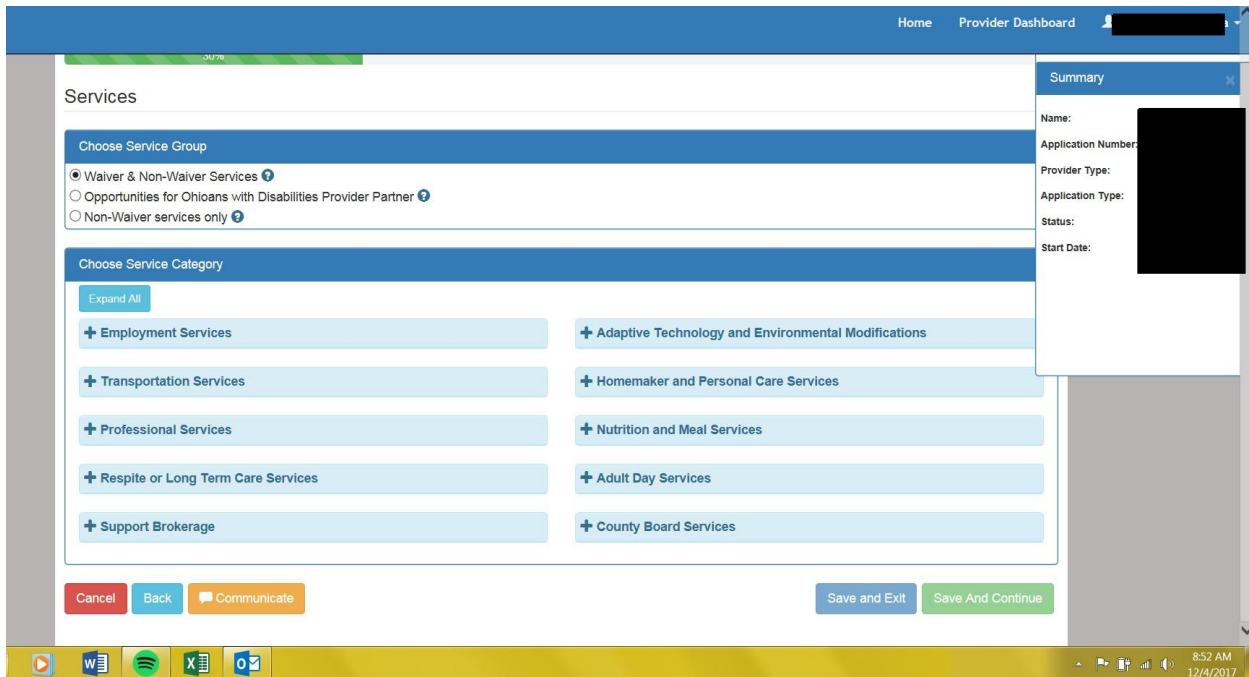
The interface shows a progress bar at 30% and a breadcrumb trail: Getting Started > Introduction > Intent > More Information > Summary. The 'Services' section is titled 'Choose Service Group' and contains three radio button options:

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

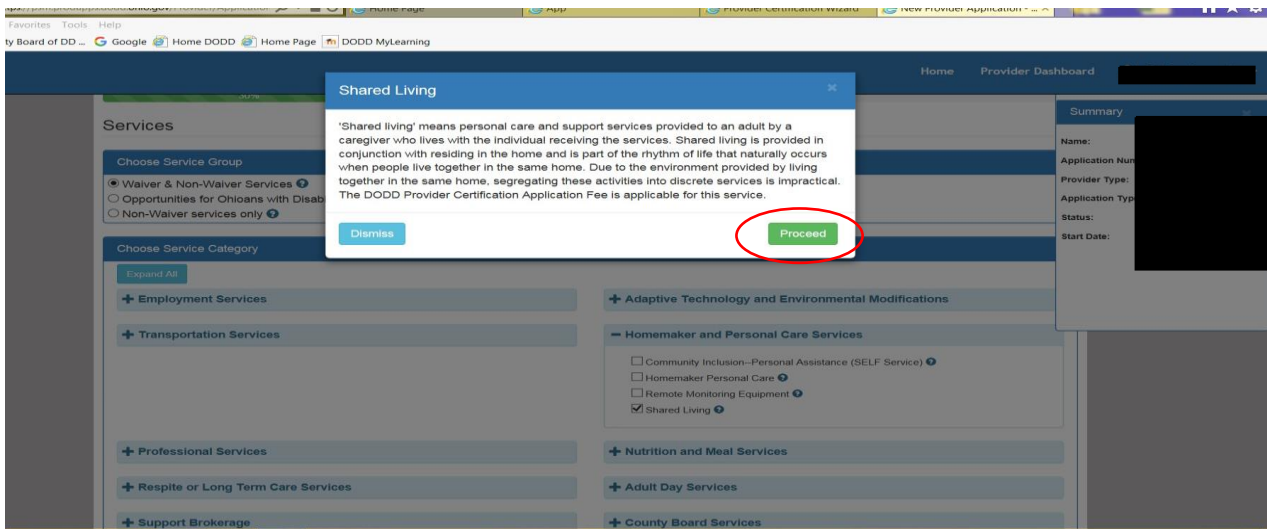
At the bottom, there are buttons for 'Cancel', 'Back', 'Communicate', 'Save and Exit', and 'Save And Continue'. The 'Save And Continue' button is circled in red.

* Waiver and Non-Waiver Services

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.

The screenshot shows a web application interface for service selection. At the top, there are four buttons: '+ Respite or Long Term Care Services', '+ Adult Day Services', '+ Support Brokerage', and '+ County Board Services'. Below these is a 'Service Counties' section with a blue header. Underneath, it says 'Selected Service County (By default, all services are certified for the county of your primary address.)'. There are two columns: 'Certified Service' and 'My business operates in the following counties'. The 'Certified Service' column has a table with 'Shared Living' and 'LAKE'. The 'My business operates in the following counties' column has 'LAKE'. Below this is another column 'My Business is currently accepting new Individuals in the following counties' with 'LAKE'. At the bottom, there are buttons for 'Cancel', 'Back', 'Communicate', 'Save and Exit', and 'Save And Continue'. The 'Save And Continue' button is circled in red.

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.

The screenshot shows a web application interface for the 'More Information' page. The top navigation bar includes 'Home', 'Provider Dashboard', and a user profile icon. Below the navigation bar is a progress bar with four steps: 'Getting Started', 'Introduction', 'Intent', and 'More Information' (which is highlighted in green and shows a 50% completion bar). To the right of the progress bar is a 'Summary' button. The main content area is titled 'More Information' and contains a 'Disclosures' section. This section has several questions with radio button options:

- 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)? Yes, I do have a business associate who is/was certified No, I do not have a business associate who is/was certified

 Below these questions is a section for 'NPI Number' with a text input field and a 'Save' button. At the bottom of the page, there is a URL: 'http://nlogov.gov/Provider/Applications/Index/Me911865-f9d8-e711-80e6-00505652d1d'. The system tray at the bottom right shows the time as 8:53 AM on 12/4/2017.

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

Summary

Name: [Redacted]
 Application Number: [Redacted]
 Provider Type:
 Application Type:
 Status:
 Start Date:
 Fee Due :
 ODM Fee Due :
 Services
 • Shared Living

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 *
 [Redacted]
 * required

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* [Redacted]

Agree

8:56 AM 12/4/2017

Summary

Name: [Redacted]
 Application Number: [Redacted]
 Provider Type:
 Application Type:
 Status:
 Start Date:
 Fee Due :
 ODM Fee Due :
 Services
 • Shared Living

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.* [Print](#) [Email](#)

Applicant Initials*

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: [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

[Agree](#)

Non Disclosure Agreement

Under the 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: [Redacted]

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

[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:

13. Comply with Section 0302 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: [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

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 0302 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 [Redacted]

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

[Agree](#)

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

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

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.

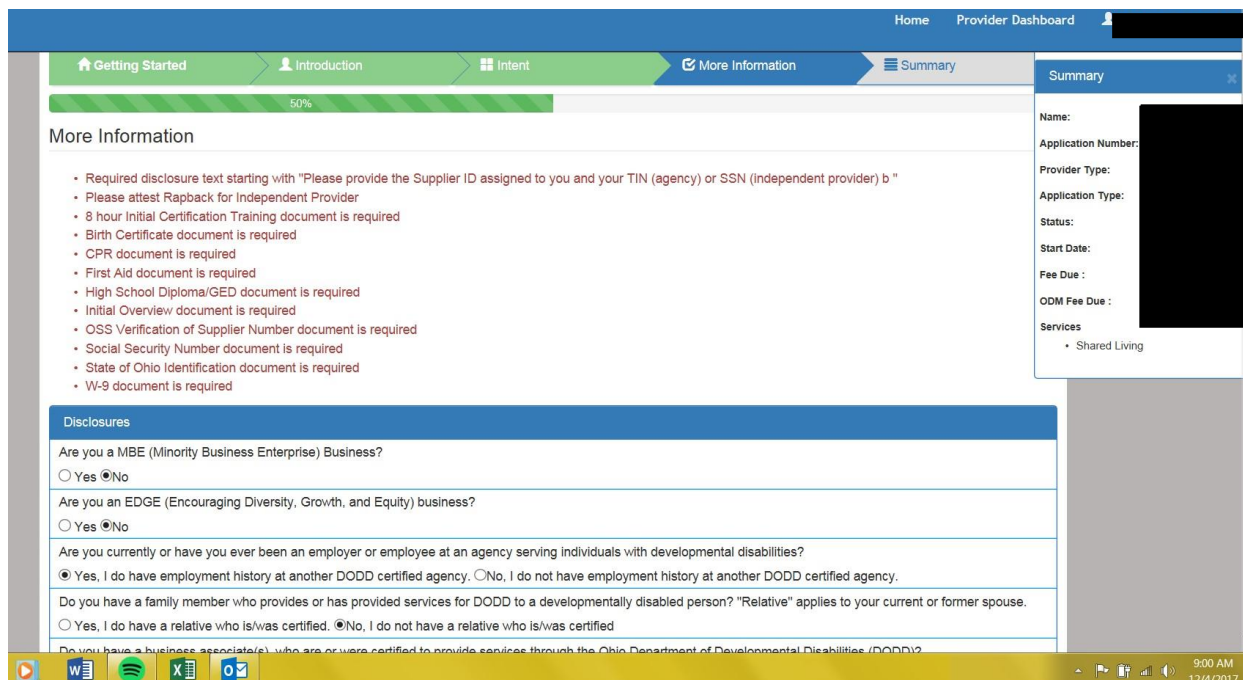
Once you submit the application, you will be redirected to the payment page to pay your application fee.

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.



Step 5 – Submit application Fee

Pay the non-refundable application fee (\$125), electronically sign the application

Step 6 – Application Review

DODD will review a complete application packet within 30 days of submission date.

If additional documents are needed, DODD will contact the applicant to obtain the documents.

After 30 days, applications with missing documentation will be closed and a new application and fee will be required.

Step 7 – Final Approval Letter

DODD will send an approval letter via email that will list your DODD contract number, Medicaid provider number, certification effective date and expiration date.

*Please send a copy of this approval letter to the provider liaison. This will allow you to be added to the SCDD system and the email list for provider searches. Please state if you do not wish to be added to the email list.

