

Completing an Application for Renewal Certification DODD Independent Provider

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

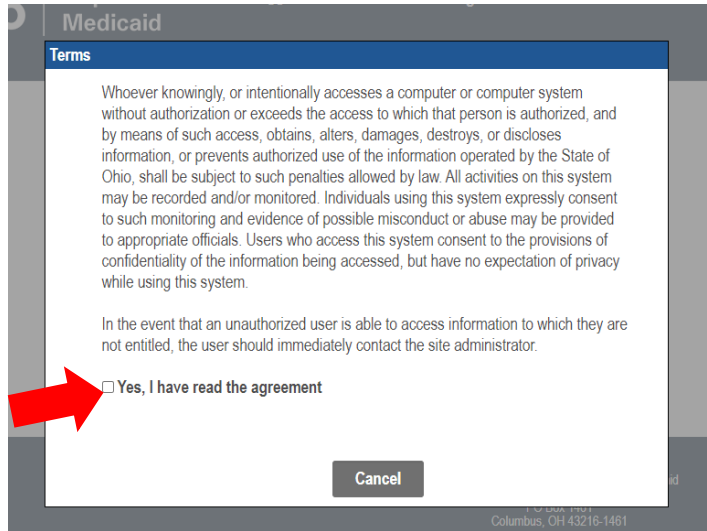
The screenshot shows the top navigation bar of the Ohio Department of Medicaid website. The navigation bar includes a menu icon, the Ohio Department of Medicaid logo, and links for Provider Network Management, Medicaid Home, Sign Up, and Login. Below the navigation bar, there is a 'Log in' section with 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 button labeled 'Log in with OH|ID' is highlighted with a red arrow. Below this button, an orange banner contains 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'. Below the banner, there is a 'Latest News' section with the text: 'When creating a new account, you will be required to create an OH|ID.' and '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.

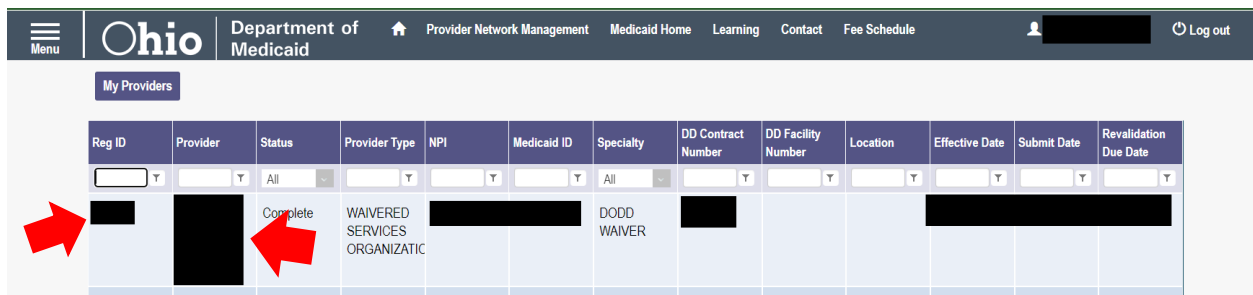
The screenshot shows the OH|ID login form. At the top, there is the OH|ID logo and the text 'Ohio's Digital Identity. One State. One Account.' Below this, there is a 'Create Account' button. Underneath, there is a 'Log In' section with two input fields: 'OH|ID' and 'Password'. A 'Log in' button is located at the bottom of the form.

4. Click on Yes, I have read the agreement

Make sure that you have reviewed the information

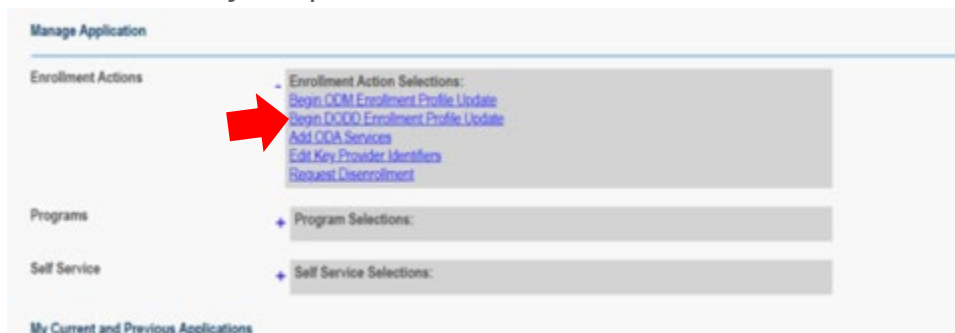


5. From the landing page, click on Reg ID or your Provider Name to continue



6. Under 'Enrollment Actions' in the middle of the page, select "Begin DODD Enrollment Profile Update"

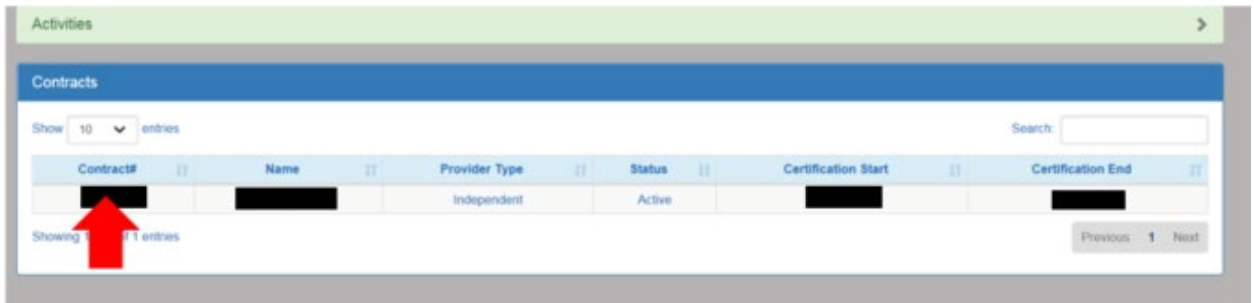
If any applications are already open, the option to select is "Continue DODD Enrollment Profile Update"



7. The system will redirect you from PNM into PSM (the DODD Application)

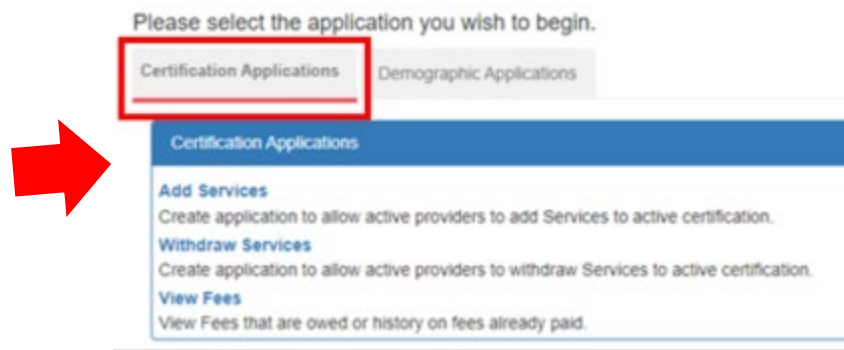
8. From the PSM Landing Page, click on your Contract Number to get to your Provider Home Page

- *If there are applications pending, they will also display.*
- *Access to Supplemental Applications will be on this page as applicable*

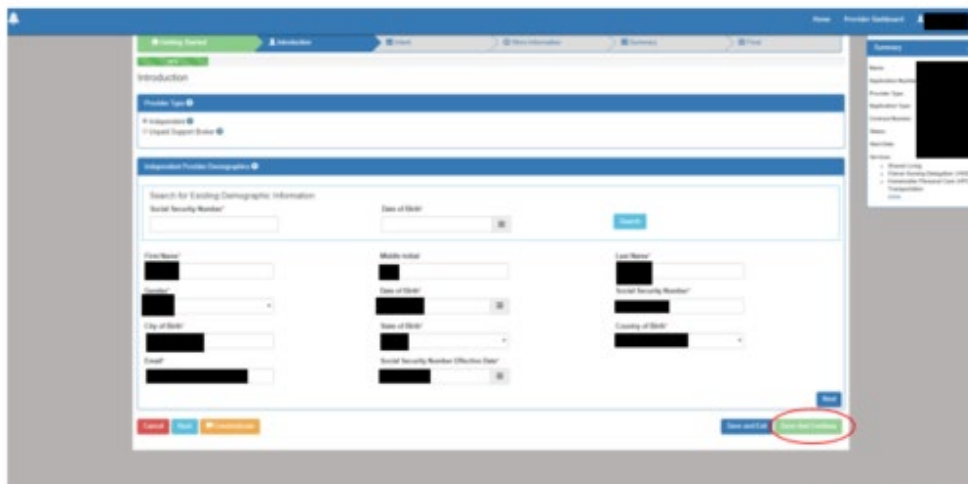
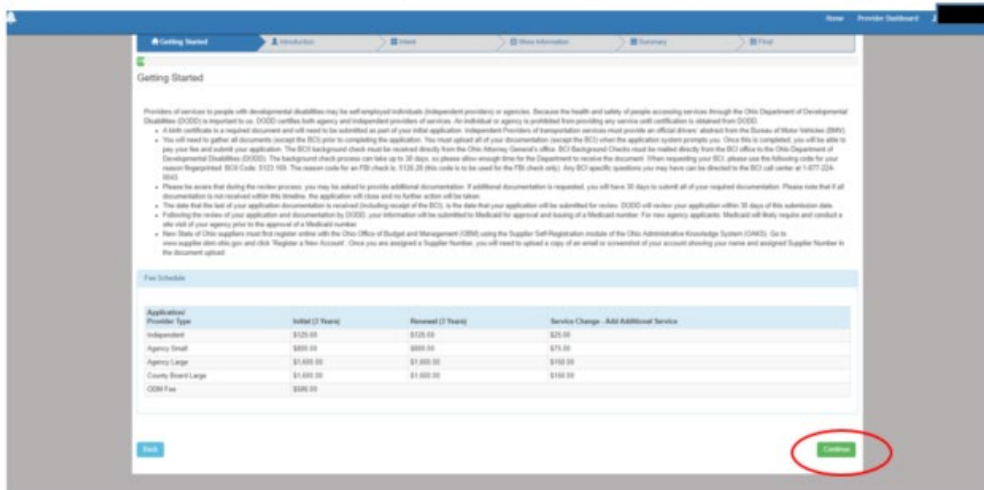


9. From your home page, click on certification applications and Select the renewal option from the list

Renewal Application will only appear as an option when it is available (90 days prior to renewal)



10. This page will load explaining the application process, click on continue, then complete each required part of the application



on this screen, if all addresses (home, billing, mailing and alternative) are the same, just click the boxes, you do not have to fill in each section if they are the same

Building Name

Address Line 1

Address Line 2

City

State

Zip

Zip4

Phone 1

Phone 2

Fax 1

Fax 2

Email

County

Alternative Address

First Name

Middle Initial

Last Name

Building Name

Address Line 1

Address Line 2

City

State

Zip

Zip4

Phone 1

Phone 2

Fax 1

Fax 2

Email

County

Cancel Back **Save and Continue**

11. Click 'Save and Continue'. On the next screen, it will show all the services you are certified in, Click 'Save and Continue'

Getting Started Introduction Incent Show Information Summary Final

Services

Choose Service Group

- Waiver & Non-Waiver Services
- Non-Waiver services only

Choose Service Category

- Employment Services
 - Transportation Services
 - Community Inclusion-Commercial Vehicle (SELF Service)
 - Intermediate Personal Care (NPC) Transportation
 - Non-Medical Transportation-Commercial Milege
 - Non-Medical Transportation-Commercial Trip
 - Non-Medical Transportation-Trip
 - Non-Medical Transportation-Mileage
 - NPC Transportation-Commercial
- Adaptive Technology and Environmental Modifications
 - Professional Services
 - CTI-Clinical/Therapeutic Interventional (SELF Service)
 - CTI-Sensor Based Specialized Clinical/Therapeutic Interventional (SELF Service)
 - CTI-Specialized Clinical/Therapeutic Interventional (SELF Service)
 - DD Home Nursing
 - Functional Behavioral Assessment (SELF Service)
 - Interpreter Services
 - Money Management
 - Participant/Family Stability Assistance-Counseling (SELF Service)
 - Participant/Family Stability Assistance-Training (SELF Service)
 - Social Visit
 - Home Nursing Dispatch (HND)
 - Homekeeper and Personal Care Services
 - Homekeeper Personal Care
 - Complexity Rate Modification
 - Shared Living
 - Participant Director NPC
 - Respite or Long Term Care Services
 - Support Brokerage
 - Adult Day Services
 - County Board Services

Service Categories:

- Homemaker Personal Care (NPC) Transportation
- Non-Medical Transportation—Commercial Mileage
- Non-Medical Transportation—Commercial Trip
- Non-Medical Transportation—Trip
- Non-Medical Transportation—Mileage
- NPC Transportation (Commercial)
- ES—Senior Level Specialist Clinical/Therapeutic Intervention (SELF Service)
- ES—Specialist Clinical/Therapeutic Intervention (SELF Service)
- DD Waiver Nursing
- Functional Behavioral Assessment (SELF Service)
- Integrative Services
- Money Management
- Participant/Family Stability Assistance—Counseling (SELF Service)
- Participant/Family Stability Assistance—Training (SELF Service)
- Senior Walk
- Waiver Nursing Delegation (NND)

Service Counties:

Selected Service County (By default, all services are certified for the county of your primary address.)

Certified Service	My business operates in the following counties	My business is currently accepting new individuals in the following counties
ES Shared Living		
ES Waiver Nursing Delegation (NND)		
ES Homemaker Personal Care (NPC) Transportation		
ES Participant Disabled NPC		
ES Homemaker Personal Care		
ES DD Waiver Nursing		

Buttons: Cancel, Back, Continue, Save and Continue (circled in red)

12. On the More Information Page, fill in any required information that is not already auto filled in.

More Information

Disclosures

As a Homemaker Personal Care (NPC) provider, you must provide a written statement to arrange substitute coverage, if necessary, only from a provider certified by DODD and as identified in the ISP.

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 employee or employee of 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.

If you have retained your National Provider Identifier (NPI) number, please report it here.

NPI Number

Save

If you had a previous National Provider Identifier (NPI) number, please report it here.

NPI Number

Save

Enter all the languages you speak/write.

Language:

Start Date:

End Date:

Save

13. Upload the required documents.

Independent Provider Initials

Your Initials has been saved
Date: 2/19/2019

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.

BCI Background Checks cannot be uploaded to the Department. They must be mailed directly from the BCI 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 BCI, please use the following code for your reason fingerprinted
BCI Code: 5123.989

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

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

Max file size limit for upload is 75 MB and allowable file types are docx, doc, pdf, jpeg, jpg, gif, png, ppt, xls, xlsx, pptx.

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

- Annual Training
- Client Rights Training
- Driver's Abstract
- First Aid
- Proof of auto insurance coverage
- W-9
- BCI Background Check
- CPR
- Driver's License
- MUI Training
- State of Ohio Identification

Choose a file to Upload

Choose File No file chosen

By clicking Save below to move forward in your application, you are indicating that all listed required documentation is submitted in the Documents Upload with the exception of any background check(s).

	Required Document	Document Name
View	Delete	Driver's License
View	Delete	CPR
View	Delete	First Aid
View	Delete	Client Rights Training

14. Complete this page, click save and continue.

15. Once you complete the application to recertify, you will pay the fee (use an electronic check or credit/debit card)

If the payment page does not automatically load, go back to the PSM home page and click on the red box, 'Fee Payment Information'