

# 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](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. It includes a menu icon, the Ohio logo, and the text "Department of Medicaid". To the right, there are links for "Provider Network Management", "Medicaid Home", "Sign Up", and "Login". Below these are links for "Learning", "Contact", and "Fee Schedule".

The main content area features a "Log in" section with the text "All users must log in on the OH|ID portal using their single sign on ID." Below this is a dark blue button labeled "Log in with OH|ID", which is highlighted by a red arrow. Underneath the button is an orange callout box 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](mailto:ihd@medicaid.ohio.gov)".

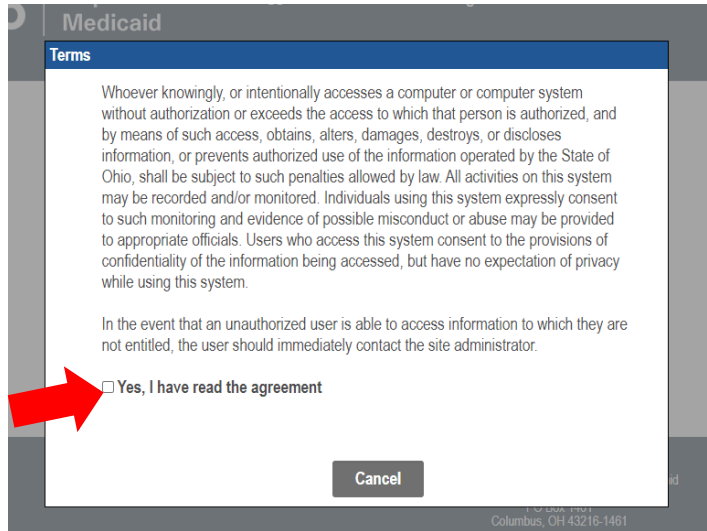
Below the callout box is a "Latest News" section with the text: "When creating a new account, you will be required to create an OH|ID." and "OH|ID is a secured web portal designed for Ohioans to access information and conduct business with a variety of state agencies, including Medicaid, all in one place."

3. Type in your OH|ID username and password, and click Log In.

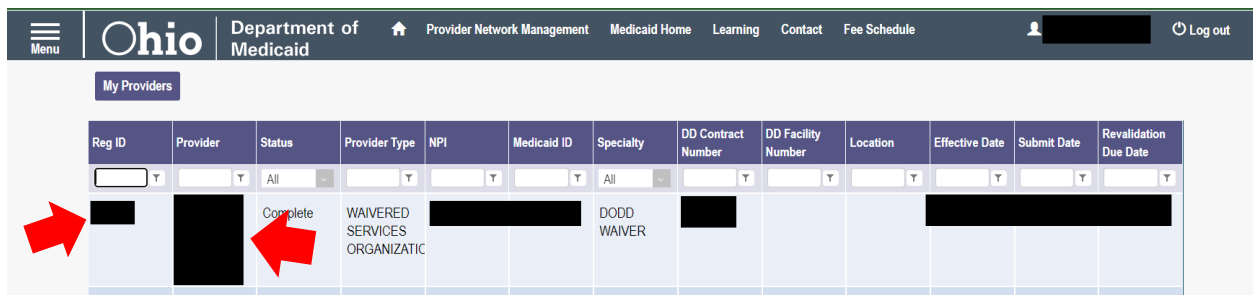
The screenshot shows the OH|ID login form. At the top, it says "OH|ID" with a lock icon, followed by "Ohio's Digital Identity. One State. One Account." and "Register once, use across many State of Ohio websites". Below this is a "Create Account" button. Underneath is a "Log In" section with two input fields: "OH|ID" and "Password". Below the input fields is a "Log in" button.

#### 4. Click on Yes, I have read the agreement

Make sure that you have reviewed the information

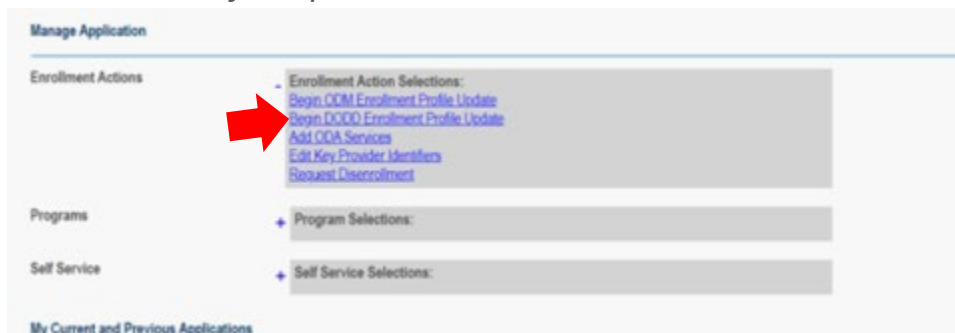


#### 5. From the landing page, click on Reg ID or your Provider Name to continue



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

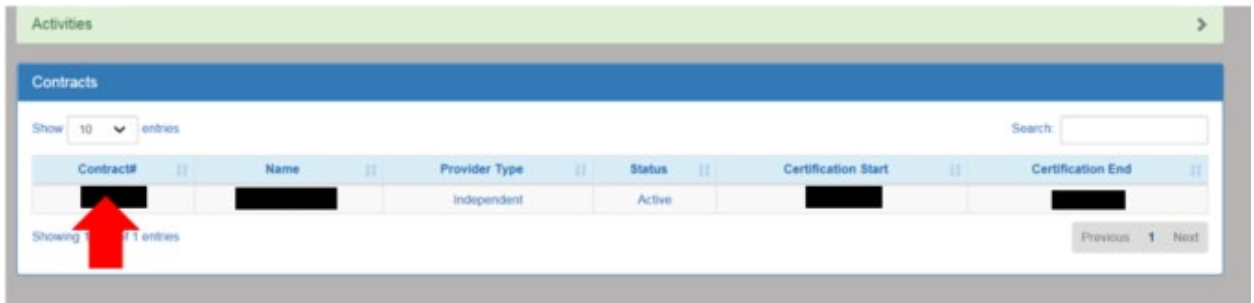
*If any applications are already open, the option to select is "Continue DODD Enrollment Profile Update"*



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

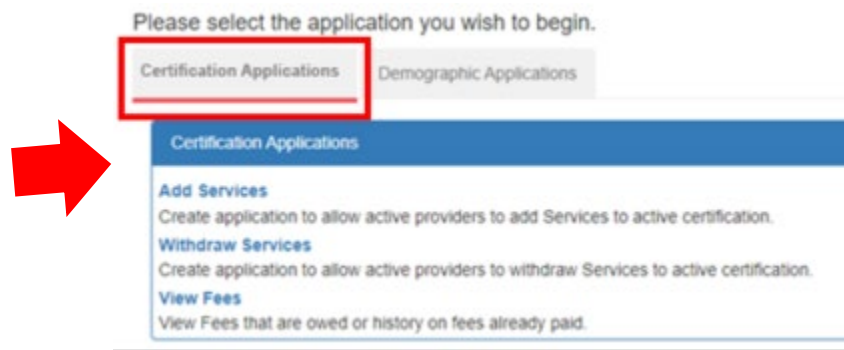
8. From the PSM Landing Page, click on your Contract Number to get to your Provider Home Page

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

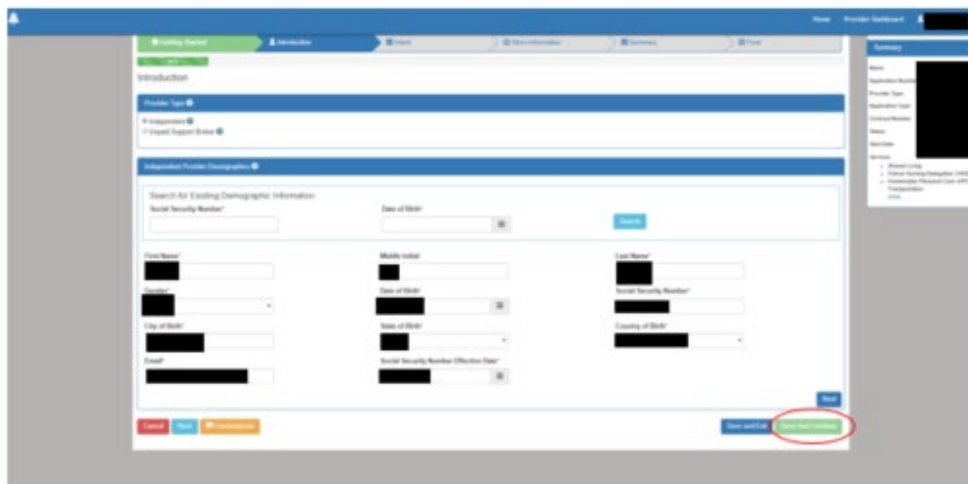
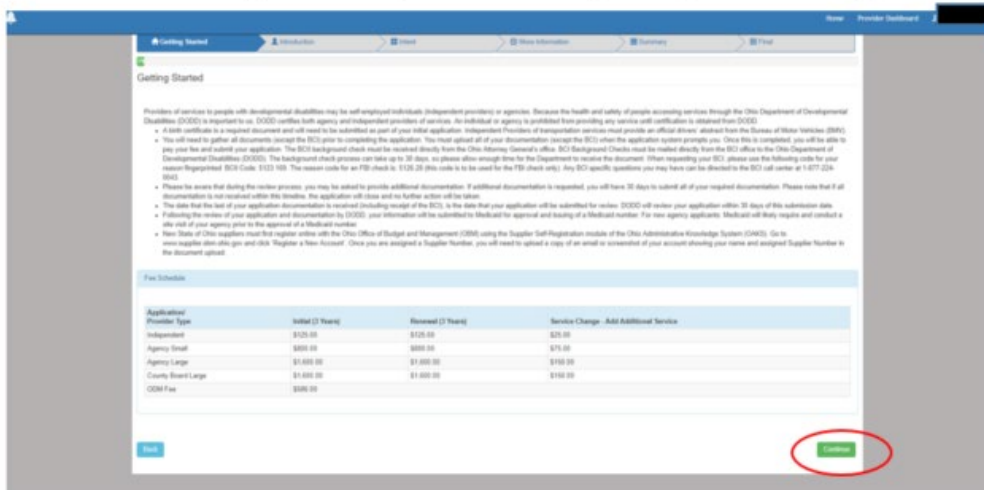


9. From your home page, click on certification applications and Select the renewal option from the list

*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 Midge
    - Non-Medical Transportation-Commercial Trip
    - Non-Medical Transportation-Trip
    - Non-Medical Transportation-Midsize
    - NPC Transportation-Commercial
  - Nutrition and Meal Services
  - Respite or Long Term Care Services
  - Support Brokerage
- Adaptive Technology and Environmental Modifications
  - Professional Services
    - CT-Client/Therapist Interventional (SELF Service)
    - CT-Sector Level Specialized Direct/Therapeutic Interventional (SELF Service)
    - CT-Specialized Client/Therapist 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 Work
    - Home Nursing Dispatch (HND)
  - Homebased and Personal Care Services
    - Homebased Personal Care
    - Complexity Rate Modification
    - Shared Living
    - Participant Director NPC
  - Adult Day Services
  - County Board Services

**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
Shared Living		
Waiver Nursing Delegation (WNC)		
Homemaker Personal Care (NPC) Transportation		
Participant Disabled NPC		
Homemaker Personal Care		
DD Waiver Nursing		

Buttons: **Save and Exit** (circled in red), **Save and Continue**

**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 ODDD 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 ODDD certified agency.  No, I do not have employment history at another ODDD certified agency.

Do you have a family member who provides or has provided services for ODDD 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 (ODDD)?  
 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**

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

**NPI Number**

Enter all the languages you speak/write.

**Language**

**End Date**

**Start Date**

**Summary**  
 Name  
 Application Number  
 Provider Type  
 Application Type  
 Contract Number  
 Notes  
 Start Date  
 Fee Due  
 ODM Fee Due  
 Services  
 Shared Living  
 Waiver Nursing Delegation (WNC)  
 Homemaker Personal Care (NPC) Transportation

### 13. Upload the required documents.

The screenshot shows a web application interface for "Independent Provider Initials". At the top, it says "Your initials have been saved" with a date of 2/19/2019 and a "Save" button. Below this is a "Documents" section with instructions: "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." It also includes a note about BCI Background Checks and provides the address for the Ohio Department of Developmental Disabilities: "Attention: Provider Certification, 38 E. Broad Street, 13th Floor, Columbus, Ohio 43215". A "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" is also listed. There is a list of required documents with checkboxes: Annual Training, Client Rights Training, Driver's Abstract, First Aid, Proof of auto insurance coverage, W-9, BCI Background Check, CPS, Driver's License, MJJ Training, and State of Ohio Identification. Below the list is a "Choose a file to Upload" button and a "Choose File" button with "No file chosen" text. At the bottom, there is a table of uploaded documents:

	Required Document	Document Name
View	Delete	Driver's License
View	Delete	CPS
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'