

# 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](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 Ohio Department of Medicaid website. The header includes a menu icon, the Ohio Department of Medicaid logo, and navigation links for Provider Network Management, Medicaid Home, Sign Up, and Login. Below the header, there is a 'Log in' section with a red arrow pointing to a 'Log in with OH|ID' button. A yellow box contains attention for providers regarding assistance with signing in or acquiring an OH|ID. Below this is a 'Latest News' section with information about creating a new account and the purpose of the OH|ID portal.

**Log in**

All users must log in on the OH|ID portal using their single sign on ID.

**Log in with OH|ID**

**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)

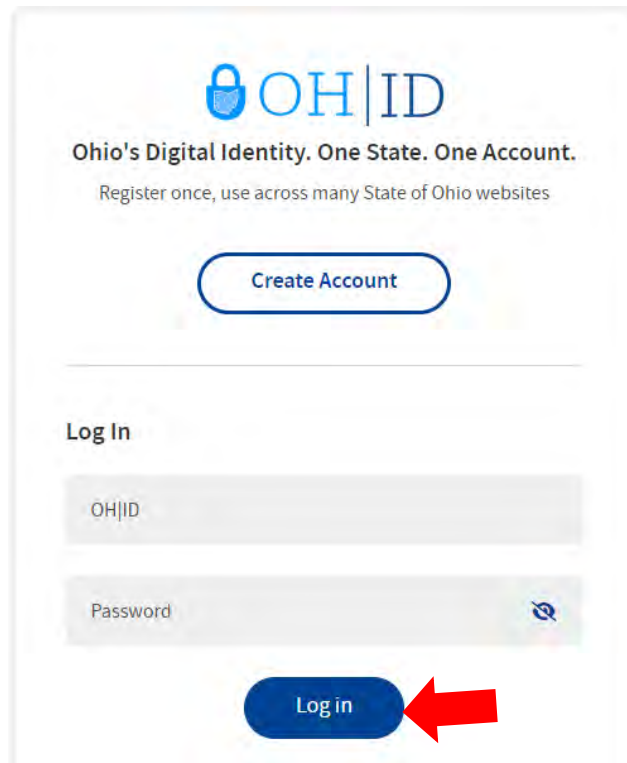
**Latest News**

When creating a new account, you will be required to create an OH|ID.

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.

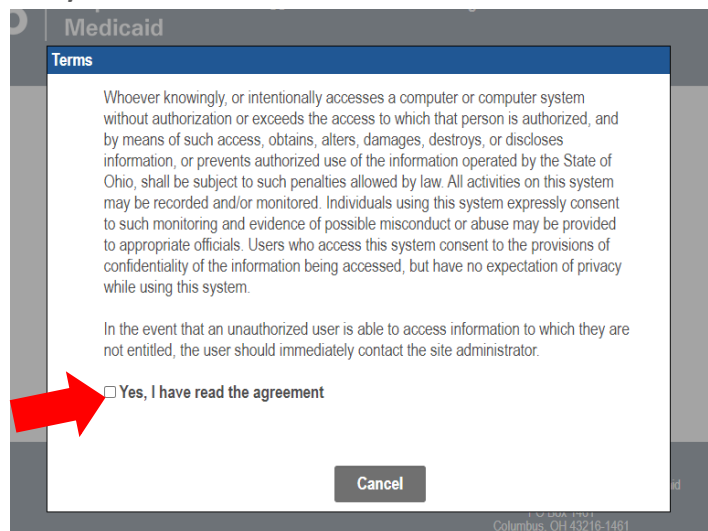
This is the same username you will use for Ohio Shared Services as well as once you become certified to access DODD systems



The image shows the OH|ID login interface. At the top is the OH|ID logo with the tagline "Ohio's Digital Identity. One State. One Account." and the instruction "Register once, use across many State of Ohio websites". Below this is a "Create Account" button. A horizontal line separates the registration section from the login section, which is headed "Log In". There are two input fields: "OH|ID" for the username and "Password" for the password, with an eye icon to toggle visibility. At the bottom of the login section is a blue "Log in" button, which is pointed to by a red arrow.

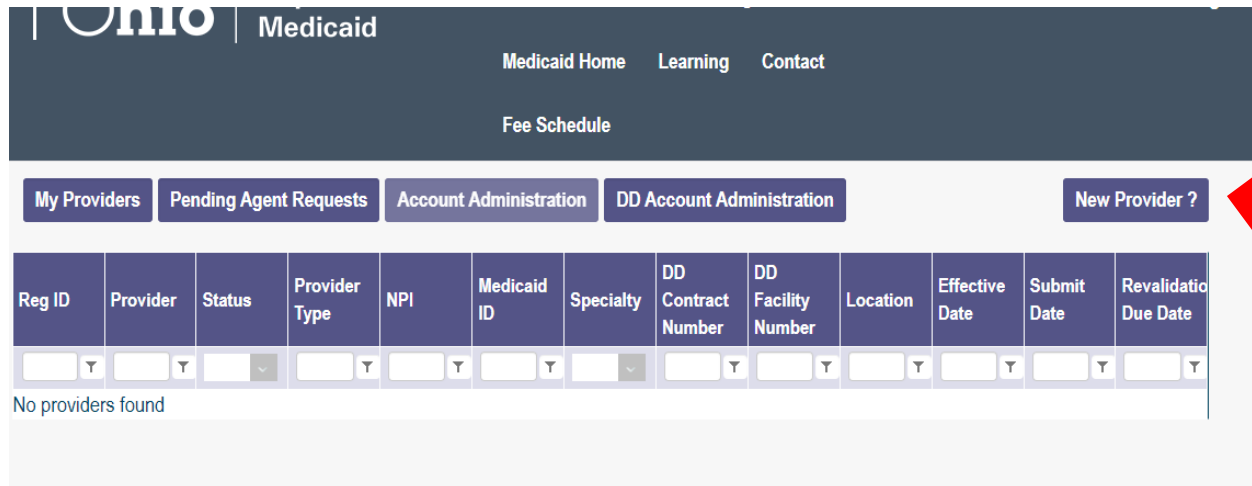
### 4. Click on Yes, I have read the agreement

Make sure that you have reviewed the information



The image shows a "Medicaid Terms" dialog box. It contains a "Terms" section with a paragraph of legal text: "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." Below the text is a checkbox labeled "Yes, I have read the agreement", which is pointed to by a red arrow. At the bottom right of the dialog is a "Cancel" button. The footer of the dialog box includes the text "Columbus, OH 43216-1461".

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



Ohio 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

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

**Fee Schedule**

Application Type:  [Change](#)

Waiver Type:

 **Independent**

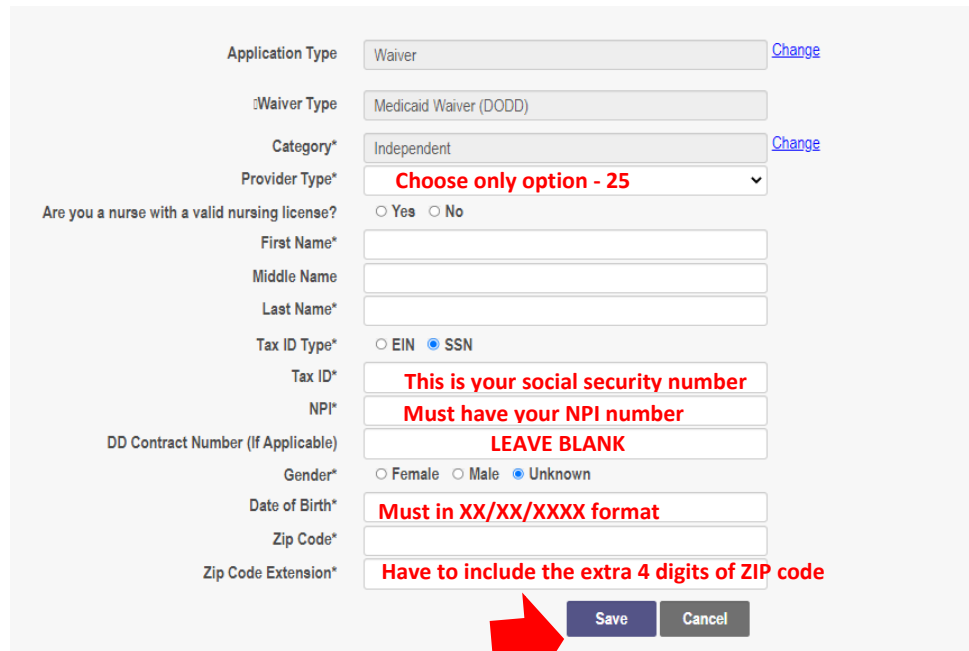
 **Agency**

## 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.*

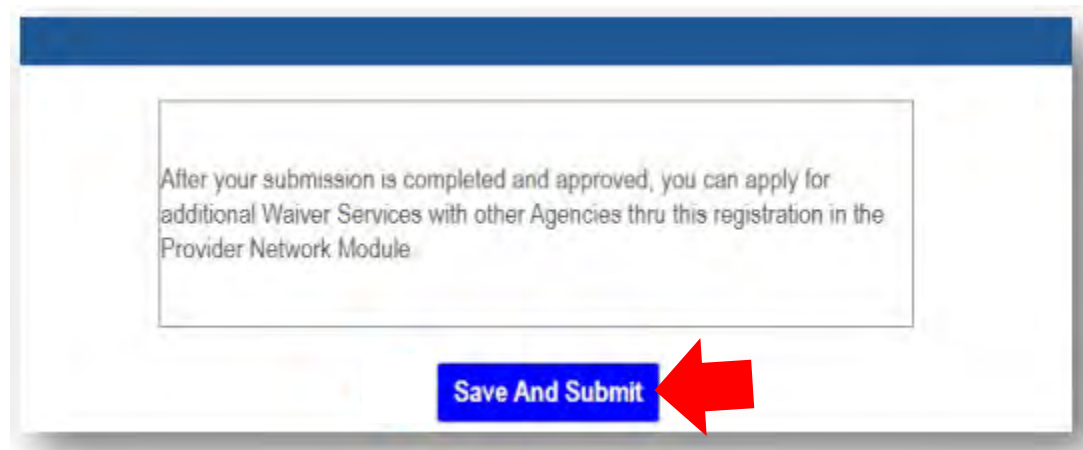


The screenshot shows a registration form with the following fields and labels:

- 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 (text input)
- NPI\*: Must have your NPI number (text input)
- DD Contract Number (If Applicable): LEAVE BLANK (text input)
- Gender\*: ☐ Female ☐ Male ☒ Unknown
- Date of Birth\*: Must in XX/XX/XXXX format (text input)
- Zip Code\*: (text input)
- Zip Code Extension\*: Have to include the extra 4 digits of ZIP code (text input)

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

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



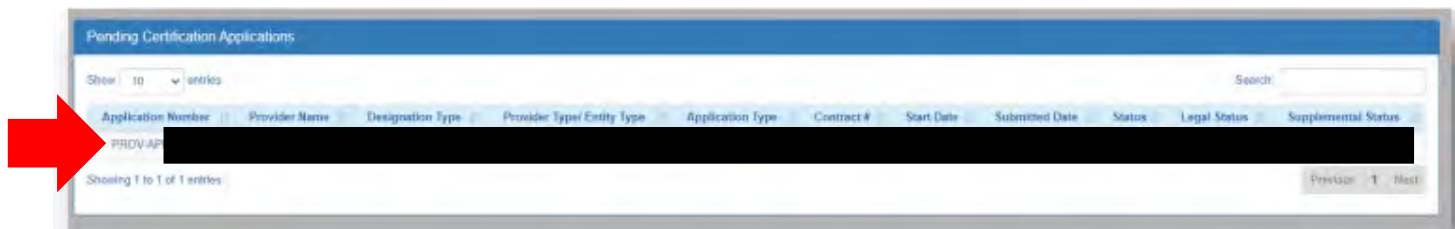
The screenshot shows a confirmation message in a white box with a blue border:

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 labeled **Save And Submit**. A large red arrow points to this button.

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

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

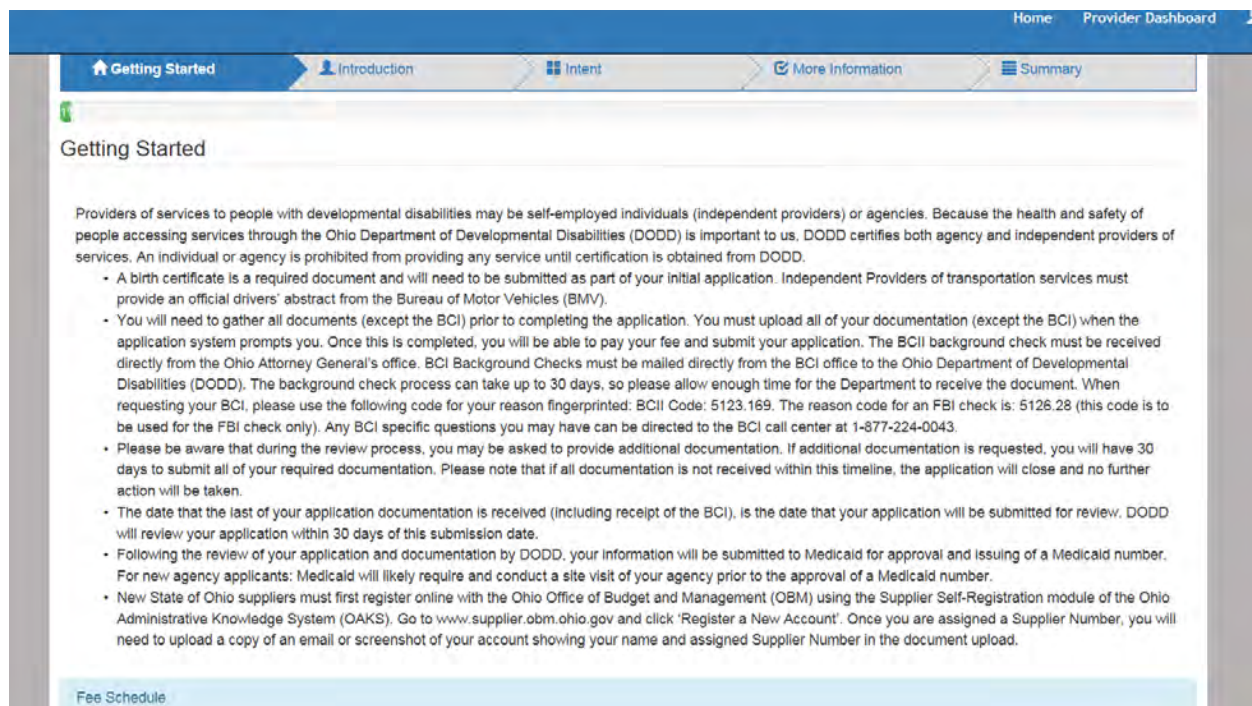


The screenshot shows a web application titled "Pending Certification Applications". It features a table with columns: Application Number, Provider Name, Designation Type, Provider Type/Entity Type, Application Type, Contract #, Start Date, Submitted Date, Status, Legal Status, and Supplemental Status.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

Application Number	Provider Name	Designation Type	Provider Type/Entity Type	Application Type	Contract #	Start Date	Submitted Date	Status	Legal Status	Supplemental Status
PROVAP										

**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 the "Getting Started" page of the DODD application. The page has a navigation bar with tabs: Getting Started, Introduction, Intent, More Information, and Summary. The "Getting Started" tab is active. The page content includes a paragraph about the importance of certification and a list of requirements and instructions for providers. At the bottom, there is a "Fee Schedule" link.

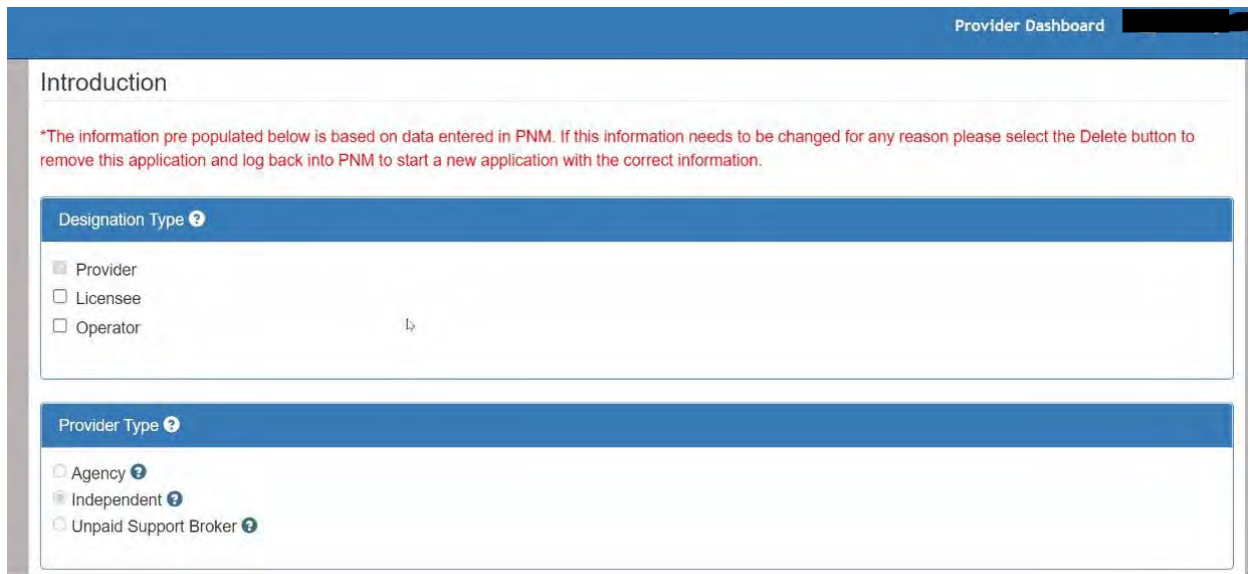
**Getting Started**

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](http://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](#)

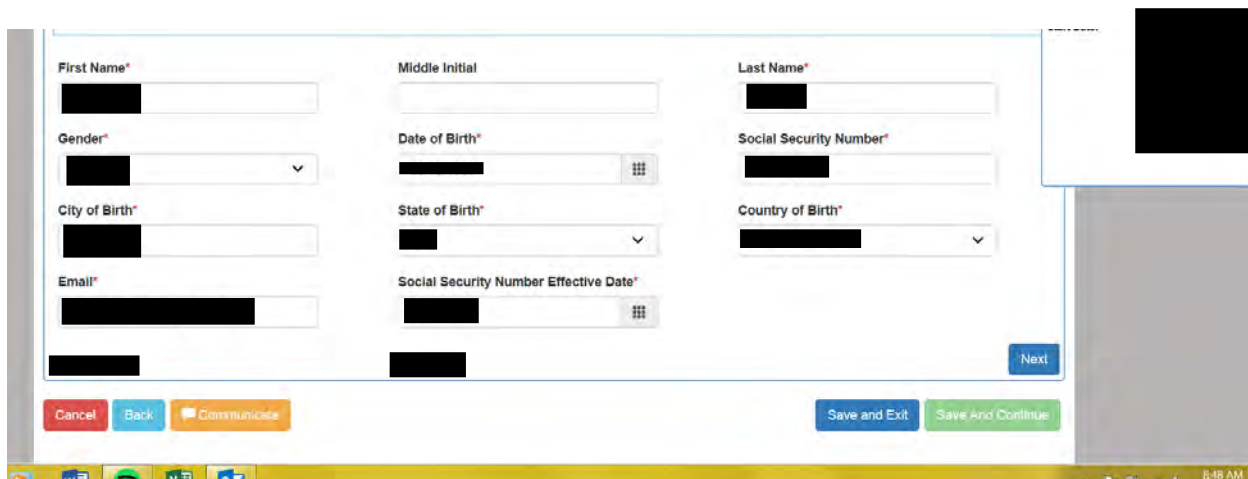
## 14. The introduction page appears. It starts with the auto-populated introduction based off of your PNM application



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

## 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



The screenshot shows a demographic information form with the following fields: First Name\*, Middle Initial, Last Name\*, Gender\* (dropdown), Date of Birth\* (calendar icon), Social Security Number\* (dropdown), City of Birth\*, State of Birth\* (dropdown), Country of Birth\* (dropdown), Email\* (text), and Social Security Number Effective Date\* (calendar icon). A 'Next' button is at the bottom right. At the bottom of the form are buttons for 'Cancel', 'Back', 'Communicate', 'Save and Exit', and 'Save and Continue'. The Windows taskbar is visible at the bottom with the time 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.

A screenshot of a contact information form. The form includes fields for Phone 1\*, Extn, Fax 1, Email\*, Phone 2, Extn, Fax 2, and County\*. Below these fields is a 'Contact Name\*' field. At the bottom, there is a section titled 'Check the below check boxes if the corresponding address is the same as the Primary Address.' with four checkboxes: 'Home Office', 'Billing and Payment', 'Correspondence', and 'Alternative'. The form is partially filled with redacted information.

**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’**

A screenshot of a service selection screen. The screen shows a progress bar at the top with steps: Getting Started, Introduction, Intent, More Information, and Summary. The 'Services' section is active, showing a 'Choose Service Group' dropdown menu. The dropdown menu is open, showing three options: 'Waiver & Non-Waiver Services', 'Opportunities for Ohioans with Disabilities Provider Partner', and 'Non-Waiver services only'. The 'Save and Continue' button is highlighted with a red circle. The 'Summary' panel on the right shows fields for Name, Application Number, Provider Type, Application Type, Status, and Start Date, all of which are redacted.



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 displays a web interface for service selection. At the top, there are four blue buttons with plus icons: 'Respite or Long Term Care Services', 'Adult Day Services', 'Support Brokerage', and 'County Board Services'. Below these is a section titled 'Service Counties' with a sub-header 'Selected Service County (By default, all services are certified for the county of your primary address.)'. This section contains two columns: 'Certified Service' and 'My business operates in the following counties'. The 'Certified Service' column has a button 'Edit' and a row for 'Shared Living'. The 'My business operates in the following counties' column has a row for 'LAKE'. At the bottom right, there are two buttons: 'Save and Exit' and 'Save And Continue', with the latter circled in red. The Windows taskbar at the bottom shows the time as 8:53 AM on 12/4/2017.

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 the 'More Information' page of a web application. 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). A 'Summary' button is located on the right side. The main content area is titled 'More Information' and contains a 'Disclosures' section. This section includes several questions with radio button options for 'Yes' and 'No':  
1. 'Are you a MBE (Minority Business Enterprise) Business?'  
2. 'Are you an EDGE (Encouraging Diversity, Growth, and Equity) business?'  
3. 'Are you currently or have you ever been an employer or employee at an agency serving individuals with developmental disabilities?'  
4. '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.'  
5. 'Do you have a business associate(s), who are or were certified to provide services through the Ohio Department of Developmental Disabilities (DODD)?'  
Below these questions, there are two sections for 'NPI Number' (National Provider Identifier) with input fields and 'Save' buttons. The Windows taskbar at the bottom shows the time as 8:53 AM on 12/4/2017.

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](http://www.supplier.obm.ohio.gov) and click 'Register a New Account'. Once you are assigned a Supplier Number, you will need to upload a copy of an email or screenshot of your account showing your name and assigned Supplier Number in the document upload below.

Summary

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

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](http://www.supplier.obm.ohio.gov) and click 'Register a New Account'. Once you are assigned a Supplier Number, you will need to upload a copy of an email or screenshot of your account showing your name and assigned Supplier Number in the document upload below.

Supplier ID \*

Required

Save

Secondary Contacts

First Name	Last Name	Email	Phone
<div>Add Secondary Contact</div>			

RAPBACK

Pursuant to Administrative Code 5123:2-2-01, Providers must "consent to be enrolled in the Ohio attorney general's retained applicant fingerprint database ('Rapback')."

Rapback is a criminal background check system. By initialing this consent and submitting your application, you are consenting to Rapback enrollment as part of your application processing.

I consent to enrollment by the Ohio Department of Developmental Disabilities in the Ohio attorney general's retained applicant fingerprint database (Rapback).

Independent Provider Initials\*

Agree

Summary

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



### Documents

These documents are required in order to be an Ohio Medicaid Provider, and you cannot become certified until you have submitted these documents to the department. You must scan and upload the documents here to proceed with submitting your application.

BCII Background Checks cannot be uploaded to the Department. They must be mailed directly from the BCII office to the Ohio Department of Developmental Disabilities. This process can take up to 30 days, so please allow enough time for the Department to receive the document. When requesting your BCII, please use the following code for your reason fingerprinted:  
**BCII Code: 5123.169**

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

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

Max file size limit for upload is 75 MB and allowable file types are .doc, .docx, .pdf, .jpeg, .jpg, .tif, .tiff, .gif.

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

☐ 8 hour Initial Certification Training
 ☐ Birth Certificate
 ☐ First Aid
 ☐ Initial Overview
 ☐ Social Security Number
 ☐ W-9
 [Download W9](#)

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

Name:

Application Number:

Provider Type:

Application Type:

Status:

Start Date:

Fee Due :

ODM Fee Due :

Services:

- Shared Living

### Attestations

Each independent provider, each CEO of an agency provider, and each employee, contractor, and employee of a contractor of an agency provider who is engaged in a direct services position must meet the following requirements. Furthermore, by Initialing this page, you indicate your understanding and assurance to comply with the following requirements.

- Applicant has read and understands the requirements of Ohio Administrative Code Chapter 5123.2. These rules can be found at: <http://dodd.ohio.gov/RulesLaws/Pages/RulesInEffect.aspx>
- Applicant will comply with the requirements of Ohio Administrative Code Chapter 5123.2.
- Applicant will comply with the requirements of all relevant state and federal statutes and state and federal rules.
- Applicant confirms that the information provided in this application is complete and accurate. Misrepresentations, false statements, inaccurate statements, or incomplete statements may result in a denial of the application or in the suspension or revocation of a provider's certification.
- In accordance with Executive Order 2011-03K, Applicant confirms: (1) it has reviewed and understands Executive Order 2011-03K, (2) it has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) it will take no action inconsistent with those laws and the Order. Applicant understands that failure to comply with Executive Order 2011-03K is grounds for denial of the application or suspension or revocation of a provider's certification and may result in the loss of other contracts or grants with the State of Ohio.

☒ I accept the terms and conditions mentioned above.\*

Applicant Initials\*

Name:

Application Number:

Provider Type:

Application Type:

Status:

Start Date:

Fee Due :

ODM Fee Due :

Services:

- Shared Living

### Non Disclosure Agreement

I acknowledge that I will be provided access to information, systems, operations, or procedures that are security sensitive or have been identified as confidential by the Ohio Department of Developmental Disabilities (DODD), the State of Ohio, or the United States of America. Each person authorized to access DODD systems holds a position of trust relative to this information and must recognize the necessity to keep this information confidential and secure. As such, I agree to the following:

**Non Disclosure Agreement**

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]

**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 6002 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]

**Agree**

**Save And Continue**

**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 6002 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]

**Agree**

**Save And Continue**

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.

The screenshot shows the 'More Information' step of a registration process. A progress bar at the top indicates 50% completion. The 'More Information' section lists required documents: Required disclosure text, Rapback attestation, 8-hour training, Birth Certificate, CPR, First Aid, High School Diploma/GED, Initial Overview, OSS Verification, Social Security Number, State of Ohio Identification, and W-9. The 'Disclosures' section contains three questions with radio button options: 'Are you a MBE (Minority Business Enterprise) Business?', 'Are you an EDGE (Encouraging Diversity, Growth, and Equity) business?', and 'Are you currently or have you ever been an employer or employee at an agency serving individuals with developmental disabilities?'. The first two questions have 'Yes' selected. The third question has 'Yes, I do have employment history at another DODD certified agency.' selected. A 'Summary' sidebar on the right shows fields for Name, Application Number, Provider Type, Application Type, Status, Start Date, Fee Due, ODM Fee Due, and Services (Shared Living).