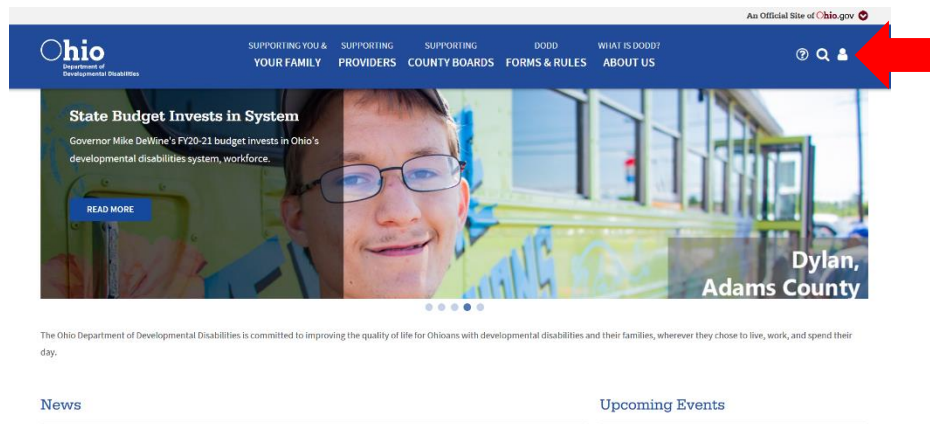


Renewing Your Certification

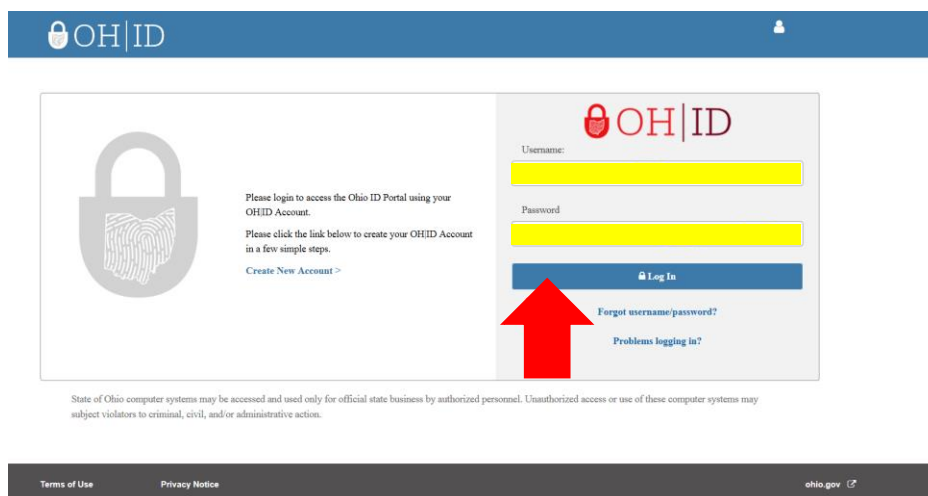
1. Access the DODD website

Go to <http://dodd.ohio.gov/Pages/default.aspx>

2. Click on the Log In icon on the top right of the page

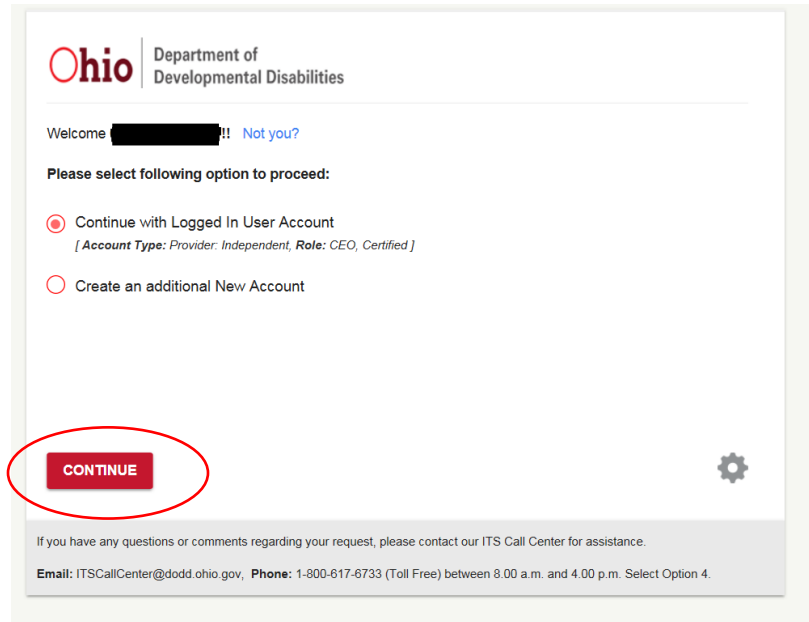


3. Type in your DODD username and password, and click Log In

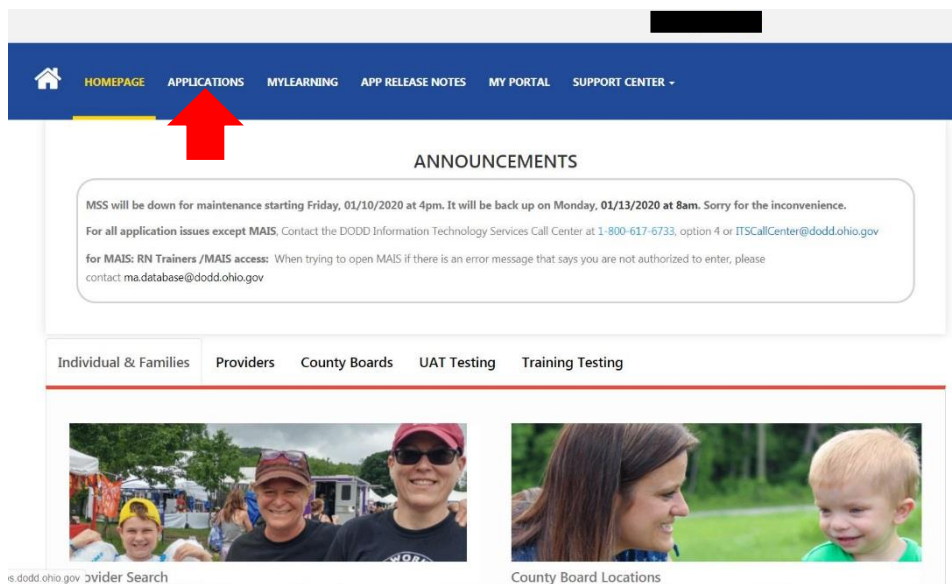


4. Click on Continue when this screen appears

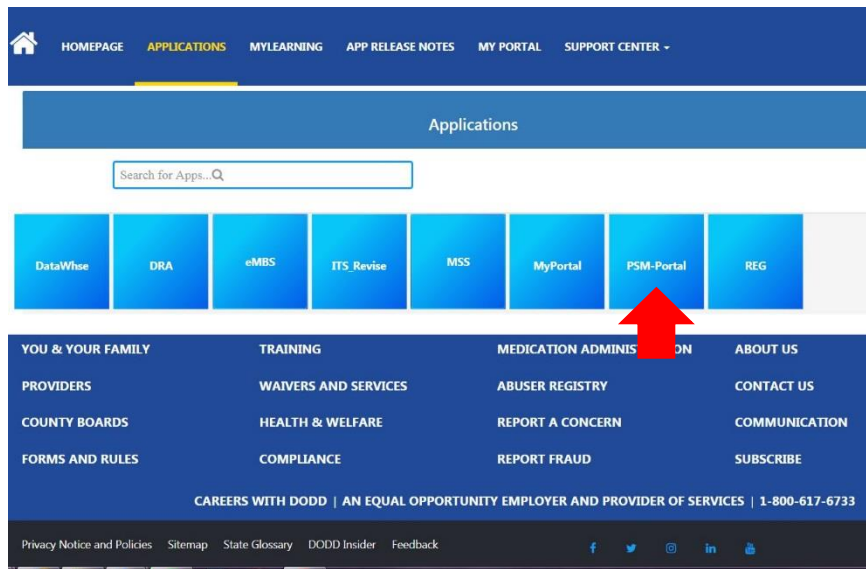
Make sure that the selected information on the screen is correct



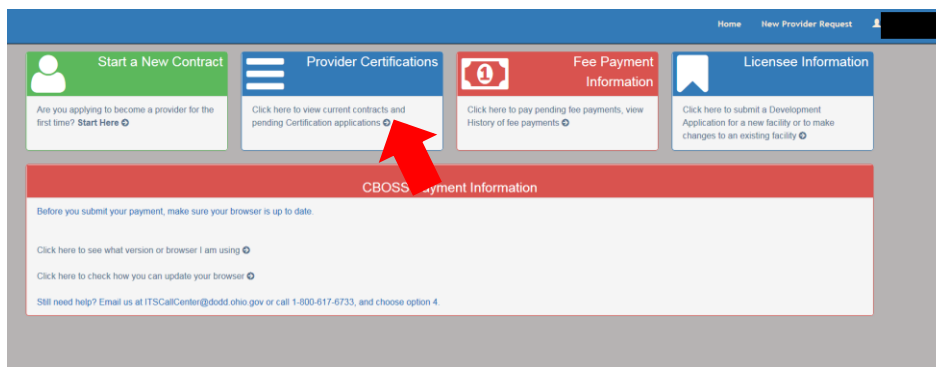
5. Once you are logged in, click on applications



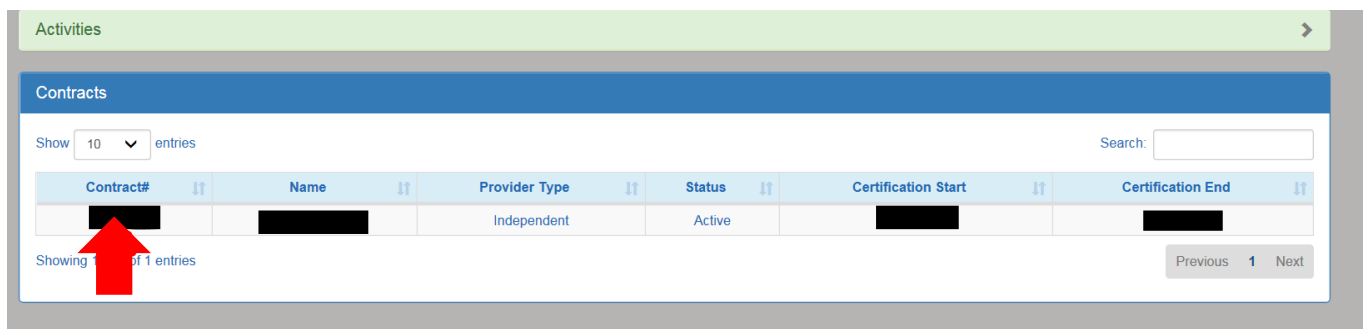
6. From the menu, select PSM-portal



7. Once PSM-portal opens, click the arrow in the first blue box (Provider Certifications)



8. When this table appears, click on your contract number



9. Your provider home page will load, in the middle of the page, you will see this Provider Applications Type box, click on Renewal Certification

The screenshot shows the 'Provider Home' page. On the left is a sidebar with navigation links. The main content area has two sections: 'Provider Demographics' and 'Provider Application Types'. The 'Provider Application Types' section contains a link for 'Renewal Certification' which is circled in red. Below this link is a brief description: 'Create application for renewal of time limited certification as early as 90 days prior to expiration or as late as 364 days after expiration.'

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

The screenshot shows the 'Getting Started' page. At the top is a breadcrumb trail: 'Getting Started' > 'Introduction' > 'Intent' > 'More Information' > 'Summary' > 'Final'. Below the breadcrumb is the 'Getting Started' heading and a paragraph of introductory text. A list of instructions follows, detailing the application process. Below the instructions is a 'Fee Schedule' table.

Application/ Provider Type	Initial (3 Years)	Renewal (3 Years)	Service Change -Add Additional Service
Independent	\$125.00	\$125.00	\$25.00
Agency Small	\$600.00	\$600.00	\$75.00
Agency Large	\$1,600.00	\$1,600.00	\$150.00
County Board Large	\$1,600.00	\$1,600.00	\$150.00
ODM Fee	\$586.00		

At the bottom of the page, there is a 'Back' button on the left and a 'Continue' button on the right, which is circled in red.

Home Provider Dashboard

Getting Started Introduction **Instant** More Information Summary Final

10%

Introduction

Provider Type

Independent
 Unpaid Support Broker

Independent Provider Demographics

Search for Existing Demographic Information

Social Security Number* Date of Birth*

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*

Summary

Name: [REDACTED]
 Application Number: [REDACTED]
 Provider Type: [REDACTED]
 Application Type: [REDACTED]
 Contract Number: [REDACTED]
 Status: [REDACTED]
 Start Date: [REDACTED]
 Services:

- Shared Living
- Waiver Nursing Delegation (WNC)
- Homemaker Personal Care (HPC)
- Transportation
- more...

Home Provider Dashboard

Next

Primary Service Location

First Name* Middle Initial Last Name*
 Building Name
 Address Line 1* Address Line 2
 City* State* Zip* Zip4
 Phone 1* Extn Fax 1 Email*
 Phone 2 Extn Fax 2 County*

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

Home Office Billing Address Mailing Address
 Alternative Address

Home Office

First Name* Middle Initial Last Name*
 Building Name
 Address Line 1* Address Line 2
 City* State* Zip* Zip4

Summary

Name: [REDACTED]
 Application Number: [REDACTED]
 Provider Type: [REDACTED]
 Application Type: [REDACTED]
 Contract Number: [REDACTED]
 Status: [REDACTED]
 Start Date: [REDACTED]
 Services:

- Shared Living
- Waiver Nursing Delegation (WNC)
- Homemaker Personal Care (HPC)
- Transportation
- more...

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*

Extn

Fax 1

Email*

Phone 2

Extn

Fax 2

County*

Alternative Address

First Name

Middle Initial

Last Name

Building Name

Address Line 1

Address Line 2

City

State

Zip

Zip4

Phone 1

Extn

Fax 1

Email

Phone 2

Extn

Fax 2

County

Cancel Back Communicate Save and Exit **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 **Insert** More Information Summary Final

90%

Services

Choose Service Group

Waiver & Non-Waiver Services

Non-Waiver services only

Choose Service Category

Expanded

Employment Services

Transportation Services

- Community Inclusion-Commercial Vehicle (SELF Service)
- Homemaker Personal Care (HPC) Transportation
- Non-Medical Transportation-Commercial Mileage
- Non-Medical Transportation-Commercial Trip
- Non-Medical Transportation-Trip
- Non-Medical Transportation-Mileage
- HPC Transportation (Commercial)

Nutrition and Meal Services

Respite or Long Term Care Services

Support Brokerage

Adaptive Technology and Environmental Modifications

Professional Services

- CTI-Clinical/Therapeutic Interventionist (SELF Service)
- CTI-Senior Level Specialized Clinical/Therapeutic Interventionist (SELF Service)
- CTI-Specialized Clinical/Therapeutic Interventionist (SELF Service)
- DD Waiver 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
- Waiver Nursing Delegation (WNID)

Homemaker and Personal Care Services

- Homemaker Personal Care
- Competency Rate Modification
- Shared Living
- Participant Directed HPC

Adult Day Services

County Board Services

Summary

Name:

Application Number:

Provider Type:

Application Type:

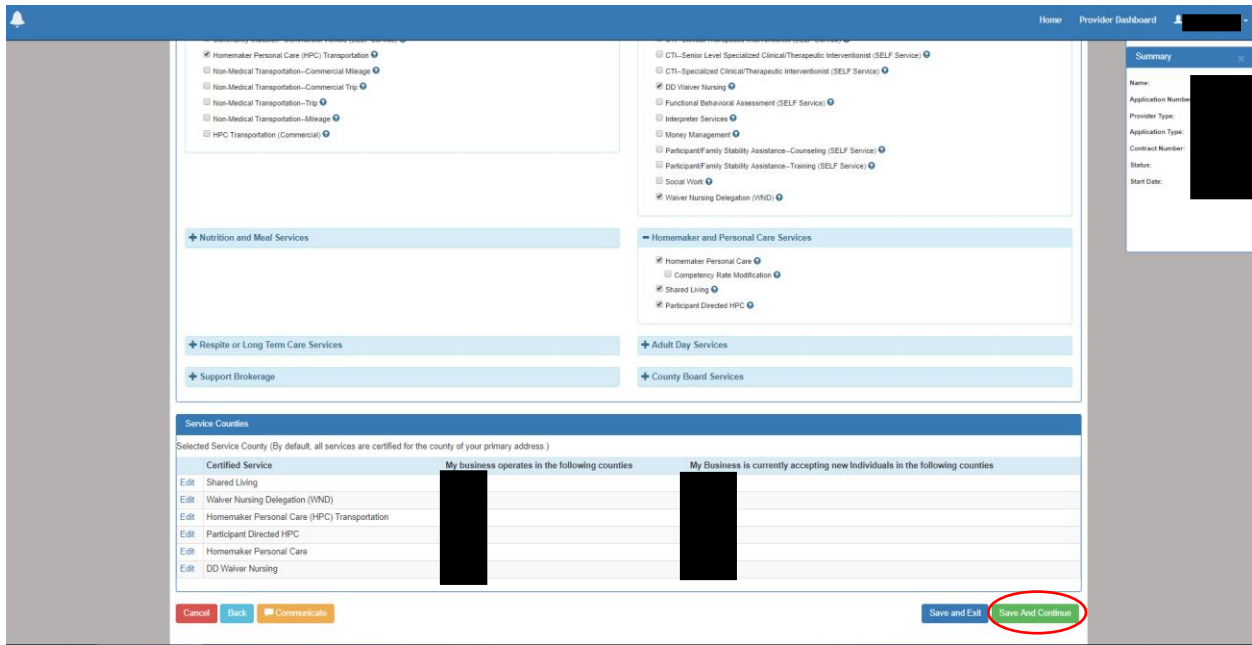
Contract Number:

Status:

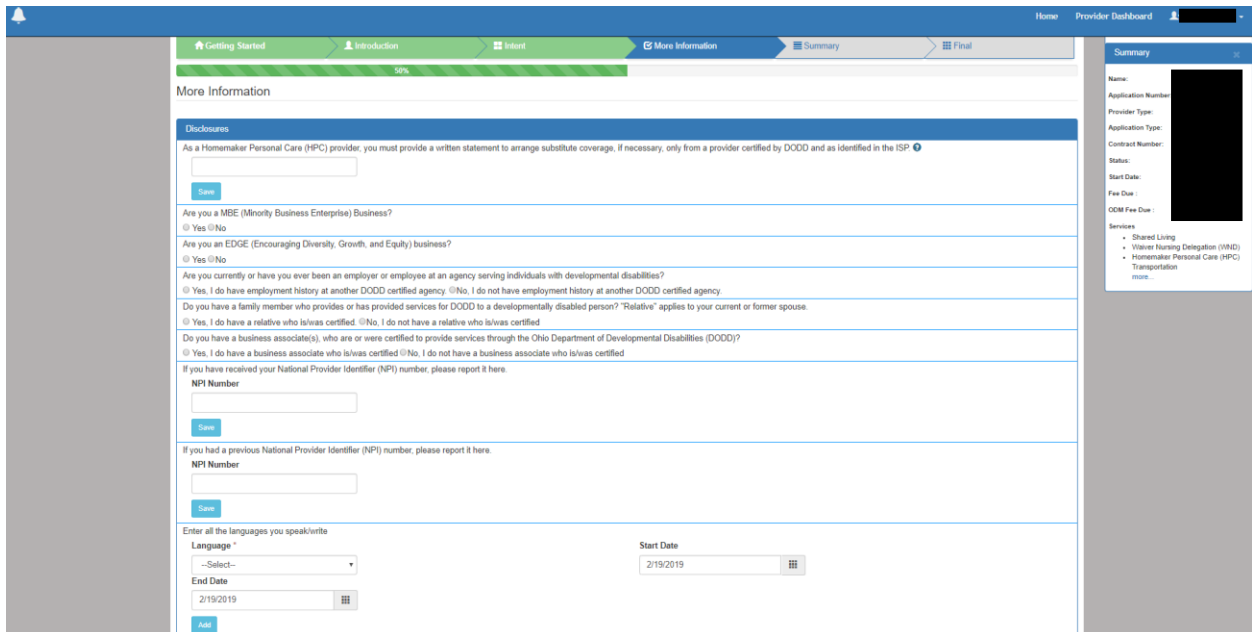
Start Date:

Services

- Shared Living
- Waiver Nursing Delegation (WNID)
- Homemaker Personal Care (HPC)
- Transportation
- more...



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



13. Upload the required documents.

The screenshot shows a web application interface for 'Independent Provider Initials'. At the top, there's a navigation bar with 'Home' and 'Provider Dashboard'. Below the header, a message states 'Your initials has been saved' with a date of 2/19/2019 and an 'Agree' button. The main section is titled 'Documents' and contains instructions for uploading documents. It specifies that BCI Background Checks cannot be uploaded and must be mailed to the Ohio Department of Developmental Disabilities. It provides the department's address: 30 E. Broad Street, 13th Floor, Columbus, Ohio 43215. A file upload section includes a 'Choose File' button and a 'No file chosen' message. Below this is a list of required documents with checkboxes for each: Annual Training, Client Rights Training, Driver's Abstract, First Aid, Proof of auto insurance coverage, W-9, BCI Background Check, CPR, Driver's License, MJJ Training, and State of Ohio Identification. A 'Save' button is located below the list. At the bottom, there is a table with columns 'Required Document' and 'Document Name'. The table lists 'Driver's License', 'CPR', 'First Aid', and 'Client Rights Training' with corresponding 'View' and 'Delete' links. A table with 2 columns: 'Required Document' and 'Document Name'.

Required Document	Document Name
Driver's License	
CPR	
First Aid	
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'