# **Becoming an Independent Provider**

Please note that you must be comfortable using technology, have a current email address and regular access to a computer as most all certification and ongoing provider responsibilities require the use of technology. All communication from DODD is through email. The application process is completely online.

## Review the Steps for Becoming an Independent Provider

https://dodd.ohio.gov/wps/portal/gov/dodd/providers/initial-renewal-certification/1become-an-independent-provider

https://lakebdd.org/become-an-independent-provider/

## Learn About Provider Certification and the Services you will Provide

https://dodd.ohio.gov/wps/portal/gov/dodd/forms-and-rules/rules-in-effect/administrative-rules-list

Rule 5123-2-09: Provider Certification – Independent Providers and rules for all the services available can be found on this page

## Create your OH ID

Reference instructional document for how to create an OH|ID

After signing up, you will need to subscribe to a few different applications (MyDODD and PNM). You will complete the application for certification through PNM. Initial Training is available through MyDODD (accessing Mylearning) and the Supplier ID application is completed through the Supplier Portal or the Shared Services website.

Make sure you WRITE DOWN and/or REMEMBER the email address and password you used to create your account AND your OH ID Username and Password

# **Gather the Required Documentation and Complete Required Training**

	Current BCII (Background Check) Must get an FBI check as well <b>if</b> have not been a resident of Ohio for the previous 5 consecutive years Verification of Age (must be at least 18), COPY OF VALID BIRTH CERTIFICATE Valid government-issued photo identification (ex. Copy of your Driver's License / State ID) High School Diploma / High School Equivalence (an Associate's, BA or MA are also accepted) Valid Social Security Card State of Ohio Supplier ID Number (see below for details) Obtain NPI (National Provider Identifier) Number
☐ <u>IF I</u>	Be able to read, write and understand English at a level sufficient to comply with all requirements  PROVIDING TRANSPORTATION (HPC and/or Non-Medical):
	Proof of valid car insurance Driver's Abstract (can be obtained from local BMV, must be dated within 14 days of submission of application)

Fraining require	MENTS FOR CERTIFICATION:
☐ Initial Train provided cu ○ Over role ethic and univ of th welf ○ Dep ☐ Electronic \	CPR Certification (must be current)  ng for Independent Providers provided by the Department or entity using Department- rriculum including- view of serving individuals including implementation of individual service plans and service outcomes, of an independent provider including "National Alliance for Direct Support Professionals" code of is, Rights of individuals set forth in sections 5123.62 of the Revised Code, Person-centered planning provision of services, facilitating community participation and integration for individuals served, ersal precautions for infection control, service documentation and billing for services, Rule 5123-2-06 is Administrative Code, Rule 5123-17-02 of the Administrative Code including a review of health and are alerts issued by the department fartment provided training in empathy-based care isit Verification (EVV) Training Certificate (only applicable if providing Homemaker Personal pant Directed Homemaker Personal Care and/or IO Waiver Nursing)
EXCEPTIONS to	Required Training
f you are seeking of Clinical/Therapeuti Assessment, Home Services, Participar Following training in Training Pro O Righ O Rule	reptions to the required training based on what service(s) you are seeking certification in.  ertification in Clinical/Therapeutic Intervention (only when a "Senior Level Specialized interventionist" or "Specialized Clinical/Therapeutic Interventionist"), Functional Behavior Delivered Meals, Informal Respite, Interpreter Services, Money Management, Nutrition t/Family Stability Assistance, Social Work and/or Support Brokerage; you only need the tems for certification:  Evided by the Department or by an entity using department-provided curriculum in:  ts of Individuals set forth in section 5123.62 of the Revised Code  5123-17-02 of the Administrative Code including a review of health and welfare alerts and by the department  E-provided training in Empathy-Based Care  CPR/First Aid is not required
and Supplies; you cond Supplies; you condition on the Condition of Rules	ertification in Environmental Accessibility Adaptations and/or Specialized Medical Equipmental Notice of the following training items for certification:  Invided by the Department or by an entity using department-provided curriculum in: ts of Individuals set forth in section 5123.62 of the Revised Code  5123-17-02 of the Administrative Code including a review of health and welfare alerts and by the department  CPR/First Aid is not required

If you are applying for any of the above listed services **AND** other services not listed, then you must complete all required training for certification.

## **Background Check FYI**

All applicants must complete a BCII Background Check. FBI Checks are required if you have lived outside of Ohio in the last 5 years.

Ensure the proper code is being used: BCII – 5123.169, FBI – 5126.28

**Results must be sent directly to DODD.** Do not send the results to the County Board.

DODD Office of Provider Certification 30 E. Broad Street, 13<sup>th</sup> Floor Columbus, Ohio 43215

## State of Ohio Supplier ID Number FYI (Ohio Shared Services)

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 <a href="https://www.supplier.obm.ohio.gov">www.supplier.obm.ohio.gov</a> and click 'Register a New Account'. To complete this process, you need access to a printer as well as a scanner. The registration process will take approximately 15 minutes to complete.

You need your bank account information. You will also be prompted to fill out a W-9 (link provided at the website)

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.

# **Complete the Application**

Application for certification is done through PNM. Login in to PNM using your OH|ID at <a href="https://ohpnm.omes.maximus.com/OH">https://ohpnm.omes.maximus.com/OH</a> PNM PROD/Account/Login.aspx

Once logged in, click on the blue 'New Provider' button to begin the process.

Instructions are available to navigate the PNM application process.

The application is not considered complete until all required documentation is submitted and the application fees have been paid

**HELPFUL HINT:** When you are gathering your documentation, scan and upload them to your computer as PDF files, and name the file what it is (ex. Driver's License, Social Security Card, etc.). It will make uploading the documents easier. Do not scan them as one file, scan each item separately.

## **Application Fees**

The application fee is non-refundable. It must be paid with a credit/debit card or electronic check.

The fee for an independent provider is \$125.

The application fee is waived for applications for exclusively one or more of the following services; Clinical/Therapeutic Intervention, Environmental Accessibility Adaptations, Functional Behavior Assessment, Home-Delivered Meals, Informal Respite, Interpreter Services, Nutrition Services, Participant Directed Homemaker/Personal Care, Participant/Family Stability Assistance, Shared Living, Social Work, Specialized Medical Equipment and Supplies and/or Support Brokerage.

## What happens after the Application is submitted?

Once DODD receives your completed application, application fee, and the background check, your application will be reviewed. Within 30 days, one of three things will happen, you application will be approved, denied, or more information may be requested. If more information is requested, DODD will contact you via email to let you know and give you a timeline to submit what is being asked for. If you fail to submit the needed information within the time line, you application will expire, and you will have to start over again.

Once you are a certified provider, you will receive your certification letter via email.

Contact your county board and let them know you are interested in providing services.

## Additional Training and Ongoing Requirements/Responsibilities

Independent Providers are required to complete training on an annual basis once certified as well as maintain certain documentation and follow certain reporting criteria. It is your responsibility to know of and understand what is required of you. You can find that information within the Provider Certification – Independent Provider Rule as well as the rule(s) specific to the services you provide.

Required annual training may vary based on what services you are certified to provide. You will need to familiarize yourself with what is required of you once you receive your certification. Annual training is tracked by calendar year, meaning each year between January 1 and December 31 training must be completed.

#### For More Information

#### YOU CAN CONTACT:



Lake County Board of DD- Provider Resource Coordinator – SuAnne Gubanyar 8121 Deepwood Blvd, Mentor, OH 44060 (P) 440.350.5204 (E) Suanne.gubanyar@lakebdd.org

DODD- <a href="http://dodd.ohio.gov">http://dodd.ohio.gov</a> - 1.800.617.6733, press 5 for certification questions