Add-On Services

Step 1:	
Go to: https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx Select **Log into with OH|ID**.	

Step 2: Log in using your OH|ID credentials.	
Step 3: Check the box beside yes and **_WAIT_**. **Warning:** Selecting <u>Cancel</u> will begin the entire login process over again.	

Step 4:	
Access the Reg ID # associated to the DODD contract by clicking on the Reg ID or the name field.	

Step 5:	
Expand the enrollment actions section and chose the **Begin DODD Enrollment Profile Update** link.	

Step 6: Upon redirection to PSM, the contract number will display.	Contracts Show 10 entries 	Contract#	Name	Provider Type	Certification Status
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965989	ACME Cartoon Health Care Agency LLC	Agency	Voluntarily Withdrawn	 Showing 1 to 1 of 1 entries
Step 7: Choose the **contract number** to access the contract home page.	Contracts Show 10 entries | Contract#	Name	Provider Type	Certification Status	Sanction Status
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965989	ACME Cartoon Health Care Agency LLC	Agency	Voluntarily Withdrawn	Voluntarily Withdrawn	 Showing 1 to 1 of 1 entries
Step 8: Under the Certification Applications tab, select **Add Services**. If you do not see the "Add Services" option, this means you have an outstanding application. Complete or withdraw the application before attempting to start the Add-on Service application.	Please select the application you wish to begin. Certification Applications Demographic Applications **Certification Applications** **Add Services** Create application to allow active providers to add Services to active certification. **Withdraw Services** This is Admin Configured dynamic description text. **View Fees** View Fees that are owed or history on fees already paid.

Step 9:
 	
Click **Continue** at the bottom of the "Getting Started" page.
	Getting Started Intent More Information Summary Final
	
	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
	    transportation services must provide an official drivers' abstract from the
	
	Delete Back Communicate Continue

Step 10: Click the plus (+) sign next to service category to list all available services. Click the box next to the service(s) you wish to add.	**Choose Service Category** Expand All + Transportation Services + Adult Day Services + Employment Services + Adaptive Technology and Environmental Modifications + Professional Services + Nutrition and Meal Services + Homemaker and Personal Care Services + Respite or Long Term Care Services + Support Brokerage + County Board Services
Step 11: Click **Save and Continue**. (This may take a moment.)	
Step 12: You will need to explain that you are applying for new services in the **Explanation** text box and click **Add**. The date will auto populate.	**Disclosures** Please provide a brief statement on the purpose or reason for the change. Explanation * Date * 3/21/2023 Add

Step 13: Answer all the Yes/No questions in the section. You will need to add your **Payee ID number** to the box below "Payee ID". Click **Save**.	Please provide the Payee ID (10-digit number, including all leading 0's) assigned by Ohio Shared Services Office of Budget and Management. For agency applicants, the Payee ID is assigned using your agency TIN. Independent provider applicants, the Payee ID would be assigned using your SSN. If you already have a State of Ohio Payee ID, please enter it here. Otherwise, new State of Ohio payees must first register online with the Ohio Office of Budget and Management (OBM) using the Payee Self-Registration module of the Ohio Administrative Knowledge System (OAKS). Go to www.supplier.obm.ohio.gov and click 'Register a New Account'. You will receive an OSS registration email which will also include your Payee ID. Once you are assigned a Payee ID, you will need to upload a copy of an email or screenshot of your account showing your name and assigned Payee ID in the document upload field below. **Do NOT enter your TIN or SSN in this requested field. **. Payee ID * 1234567890 Save
Step 14: Navigate to the "Documents" section and check the box next to document you wish to upload.	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 sub Max file size limit for upload is 75 MB and allowable file types are .doc, .docx, .pdf, .jpeg, .jpg, .tig, .png, .txt .tif, .tiff, .gif. Please, ensure that all Required Documents have a corresponding Document Upload except the BCI and FBI, as listed ☐ 24 Months Paid Experience Providing Direct Services ⊘ ☑ Competency-based Training Certificates ⊘ ☐ Electronic Visit Verification (EVV) Training Certificate ⊘ Choose a file to Upload Choose File No file chosen Upload
Step 15: Click **Choose File**, select the first file you wish to upload and click "**Open**".	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 sub Max file size limit for upload is 75 MB and allowable file types are .doc, .docx, .pdf, .jpeg, .jpg,.tig, .png, .txt .tif, .tiff, .gif. Please, ensure that all Required Documents have a corresponding Document Upload except the BCI and FBI, as listed ☑ 24 Months Paid Experience Providing Direct Services ⊘ ☑ Competency-based Training Certificates ⊘ ☐ Electronic Visit Verification (EVV) Training Certificate ⊘ Choose a file to Upload Choose File No file chosen Upload
Step 16: Click Upload. Repeat Steps 14-16 for any remaining required files. All successfully uploaded documents will appear in the table at the bottom of the "Documents" section, and all completed upload types will have a grayed-out checkbox.	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 sub Max file size limit for upload is 75 MB and allowable file types are .doc, .docx, .pdf, .jpeg, .jpg,.tig, .png, .txt .tif, .tiff, .gif. Please, ensure that all Required Documents have a corresponding Document Upload except the BCI and FBI, as listed ☑ 24 Months Paid Experience Providing Direct Services ⊘ ☑ Competency-based Training Certificates ⊘ ☐ Electronic Visit Verification (EVV) Training Certificate ⊘ Choose a file to Upload Choose File No file chosen Upload

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Step 17: Go to the "Attestations" section, check the box next to **I accept the terms and conditions mentioned above**, enter your **first and last initial** in the text box, and click **Agree**.	
Step 18: In the Non-Disclosure Agreement section, enter your initials in the text box next to **Applicant Initials** and click **Agree**.	
Step 19: In the Medicaid Provider Agreement Section, **check the box next to the agreement**, type your **full name** as it is displayed under the text box and click **Agree**.	The Medicaid Agreement has changed since it was last agreed by you. Please read the Agreement text and confirm your acceptance. ☐ I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application, I agree to abide by these terms.* Type your full name as your Electronic Signature. **I accept the terms and conditions** Alfred E. Neuman Agree

Step 20: Click **Save and Continue** at the bottom of the page. If any errors are returned, you will see them listed at the top of the page. Correct all missing or incorrect information and click "Save and Continue" again.	
Step 21: On the Summary page, confirm the information is correct and click **Submit**. There should be no fee required for the Competency Add-On Rate. If you see a fee listed, please use the "Communicate" button at the bottom of the screen to contact the Certification Team. If you add other services, a fee could be associated with adding those services.	
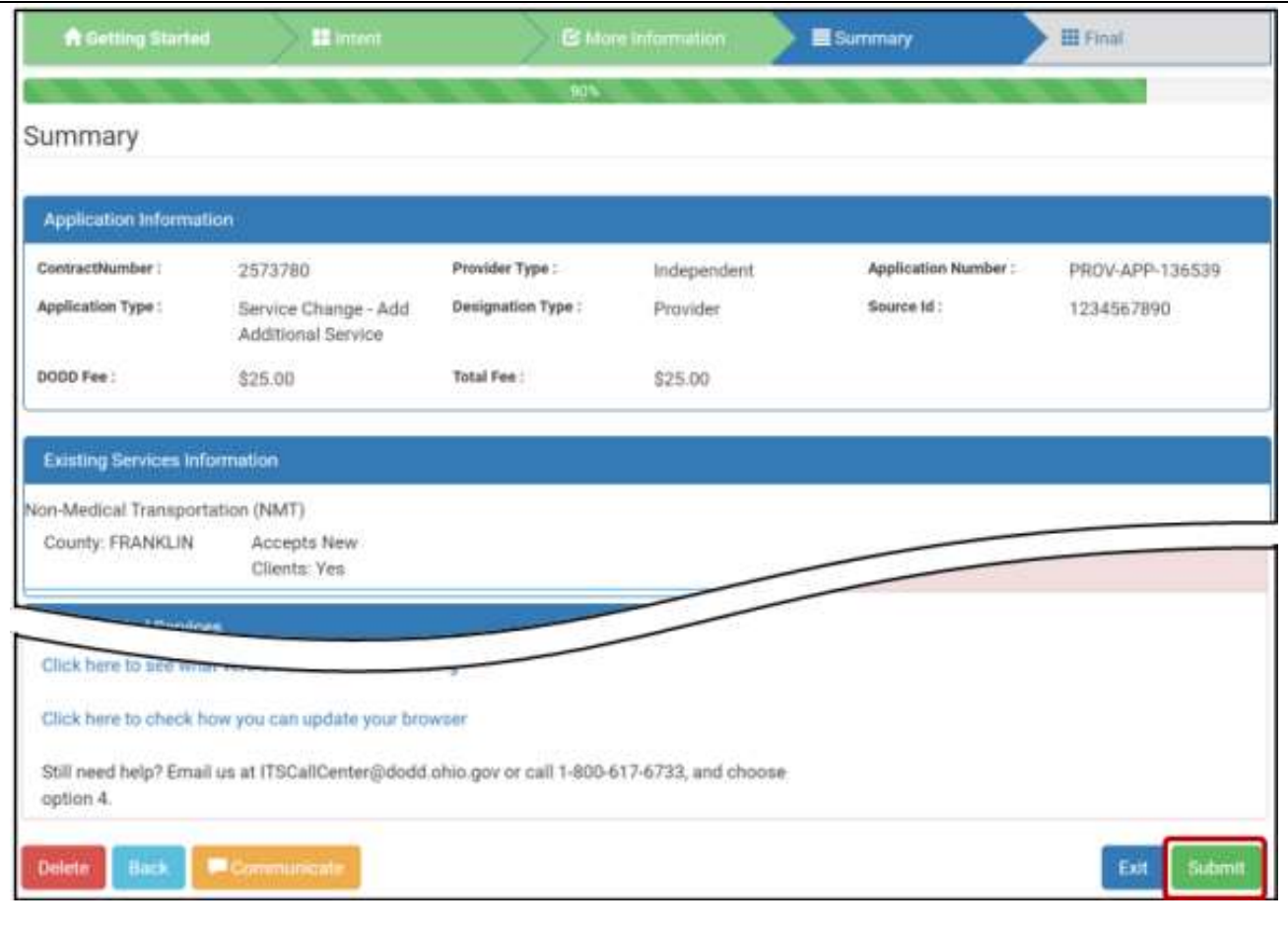
Step 22:

Do you want to submit the application box will display. Click **Yes** to submit the application.

If a fee is associated with adding a service(s), you will directed to make payment and finalize the submission of your application.

Do you want to Submit the application?

Please be advised that you will not be able to make any changes to your application once you proceed past this point. Are you sure you would like to proceed?

No   Yes