

DODD Provider Certification



Employment First Partnership

Certification Process



- ❧ Providers of DODD HCBS services are certified through the Provider Certification Wizard (PCW), which is a web-based tool managed by DODD.
- ❧ Certification is offered at the service level, so providers are able to select which waiver service(s) they wish to offer.
- ❧ DODD HCBS provider certification is time-limited. Currently, initial certification is for a one-year period followed by three-year renewal periods.
- ❧ The service-specific provider qualifications are found in Section 5123:2-9 of the Ohio Administrative Code.

Certification Process



Go to www.dodd.ohio.gov

A screenshot of the Ohio Department of Developmental Disabilities (DODD) website, displayed within a Windows Internet Explorer browser window. The browser's address bar shows the URL <http://dodd.ohio.gov/Pages/default.aspx>. The website features a blue header with the "Ohio.gov | DODD" logo and a navigation menu with links for Home, Contact Us, Health & Safety, Medicaid, Residential, Rules, Training, and Director's Corner. Below the navigation is a banner image of a woman in a wheelchair. The main content area includes a welcome message, social media icons for Facebook, Twitter, and YouTube, and a navigation bar with buttons for Provider Search, Abuser Registry, Report Fraud, and Report Abuse. A sidebar on the left contains logos for "DODD Gateway Services & Support" and "OHIO'S JOBS BUDGET 2.0". The main content area also features a "Welcome" message and a photograph of a young boy and girl smiling.

Certification Process



Click on "Providers"

A screenshot of a Windows Internet Explorer browser window displaying the DODD Ohio.gov website. The browser's address bar shows the URL https://doddportal.dodd.ohio.gov/Pages/default.aspx. The website header includes a search bar and navigation links: Service Definitions, Rules + Laws, Forms, FAQs, Support Center, and Contact Us. The main navigation menu features three items: Individuals & Families, Providers, and County Boards. The 'Providers' link is circled in red. The background of the website features a man with his arms raised in a celebratory gesture against a blue sky with clouds. At the bottom of the page, there is a banner with the text 'Welcome to DODD Gateway' and a 'Glossary' link. The browser's status bar at the bottom indicates 'Internet | Protected Mode: Off' and a zoom level of 100%.

Certification Process



Click on “Create Provider User Account”

A screenshot of a Windows Internet Explorer browser window displaying a web page for provider certification. The browser's address bar shows the URL: https://doddportal.dodd.ohio.gov/PRV/certification/Pages/default.aspx. The page content includes a breadcrumb trail: Home > Individuals & Families > Providers > Certification. A left-hand navigation menu is visible with the following items: Overview, Find it Fast, Certification (expanded), Training, Compliance, and Billing. Under the 'Certification' section, the link 'Create Provider User Account' is highlighted. The main content area features a heading 'What is the Provider Certification Wizard?' followed by a paragraph explaining the tool's purpose and a list of actions: 'Apply for initial certification as an independent provider or agency', 'Add services to existing certification', 'Renew existing certification', 'Make changes to existing certification', and 'Pay for certification and recertification online'. A 'Quick Links' dropdown menu is also present. The browser's status bar at the bottom indicates 'Done' and 'Internet | Protected Mode: Off'.

Certification Process



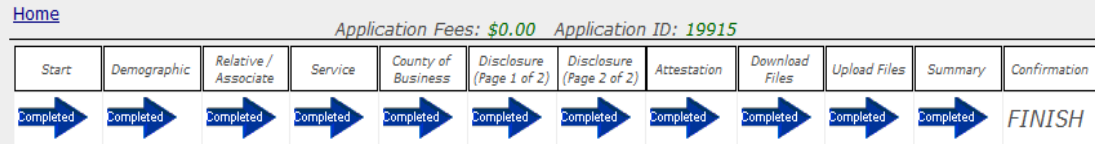
Complete blank fields

The screenshot shows a web browser window titled "DODD-Create Account - Windows Internet Explorer". The address bar displays the URL: <https://dodportal.dodd.ohio.gov/PRV/certification/CreateAccount/Pages/default.aspx>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The Favorites bar shows a link to <http://www.communityincludi...>. The browser's status bar at the bottom indicates "Done" and "Internet | Protected Mode: Off".

The main content area displays a "New Provider User" registration form. The form includes the following fields:

- First Name
- Last Name
- Middle Name
- Phone
- Address1
- City
- State (Dropdown menu, currently set to Ohio)
- Zipcode
- Email
- Confirm Email
- Password
- Confirm Password
- Terms of Service (Text area containing: "This system is for the use of authorized users only. Individuals using this computer system without authority, or in excess of their authority, are subject to having...")

A "Glossary" button is visible in the bottom right corner of the form area.



Save and Continue

Fee Schedule	Initial Certification (1 year)	Renewal Certification (3 years)	Add Service(s) During Term of Certification	Update Demographic Information
Independent / Sole Proprietor	\$50.00	\$100.00	\$15.00	No Fee
Small Agency	\$300.00	\$800.00	\$50.00	No Fee
Large Agency	\$700.00	\$1,600.00	\$100.00	No Fee
ICF/IID (Respite Only) or Unpaid Support Broker or Licensed Facility Only or OOD/RSC Provider Only	No Fee	No Fee	No Fee	No Fee

Provider Type

Please select one
 Independent: I am applying for Independent Provider Certification (i.e., I am a self-employed person who intends to provide services and shall not employ, either directly or through contract, an

Glossary

Select Provider Type

The screenshot shows a web browser window with the URL <https://uatportal.uatapps.dodd.ohio.gov/apps/Pages/default.aspx>. The browser title is "App-PCW - Windows Internet Explorer". The page content includes a navigation bar with "Logout" and a user greeting: "Hello Twila T Swarthout. You have 0 new notifications and 0 new announcements." Below this is a "PCW" logo and a "Select Application" dropdown menu set to "PCW", with a "Load Application" button. The main content area is titled "Provider Type" and contains a form with the following sections:

- OOD/RSC Provider Only**
- Provider Type**
 - Please select one
 - Independent:** I am applying for Independent Provider Certification (i.e., I am a self-employed person who intends to provide services and shall not employ, either directly or through contract, anyone else to provide the services).
 - Independent / Sole Proprietor - (I operate my business under my SSN / Tax ID)
 - Agency:** I am applying for Agency Provider certification (i.e., I am the Chief Executive Officer [CEO] of an entity that employs persons for the purpose of providing services).
 - Small Agency - (i.e., one that serves or plans to serve 50 or fewer individuals)
 - Large Agency - (i.e., one that serves or plans to serve 51 or more individuals)
 - ICF/IID - Intermediate Care Facility
 - Unpaid:** I am applying to become an unpaid provider.
 - Support Broker (Unpaid) - Only
- Application Type**
 - Please select one
 - I am applying for initial certification.
 - I am applying for renewal certification.

At the bottom right, there is a "Glossary" button. The browser status bar shows "Done" and "Local intranet | Protected Mode: Off".

App-PCW - Windows Internet Explorer

https://uatportal.uatapps.dodd.ohio.gov/apps/Pages/default.aspx

File Edit View Favorites Tools Help

★ Favorites | 🌐 QA | 📄 UAT SCS | ➔ UAT Footprints | 📄 TFS | 🗣️ myOhio | 📄 MITS | 🌐 DODD | 🌐 UAT DODD | 📄 Kronos | 🇺🇸 Ohio | 📄 Footprints | 📄 CBoss

App-PCW | FootPrints - Provider Certific... | App-PCW

Unpaid: *I am applying to become an unpaid provider.*

Support Broker (Unpaid) - Only

Application Type

Please select one

- I am applying for initial certification*
- I am applying for renewal certification.*
- I am applying to add additional HCBS waiver service(s) to term of existing certification.*
- I am applying to update my Demographic Information*

Service Type

Please select one

- I am applying for certification to provide HCBS Waiver Services AND Non-Waiver Services.*
- I am applying for certification to provide non-waiver services ONLY.*
- I am currently certified through the Ohio Department of Aging and/or Ohio Department of Job and Family Services and am applying to be a DODD Provider*
- I am applying as an ICF to provide non-waiver services.*
- I am currently providing HCBS Waiver services only in licensed facilities.*
- I am a provider with a current Provider Agreement with Opportunities for Ohioans with Disabilities Agency (OOD), formerly known as the Rehabilitation Services Commission (RSC), and am applying to be a DODD Provider of Supported Employment--Community and/or Integrated Community.*

Glossary

Done | Local intranet | Protected Mode: Off | 100%

Home Application Fees: \$0.00 Application ID: 19915

Start	Demographic	Relative / Associate	Service	County of Business	Disclosure (Page 1 of 2)	Disclosure (Page 2 of 2)	Attestation	Download Files	Upload Files	Summary	Confirmation
Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	FINISH
			Previous	Save	Save and Continue						

Applications for provider certification (except for the following HCBS waiver services which are not subject to an application fee: Adaptive and Assistive Equipment, Environmental Accessibility Adaptations, Functional Behavioral Assessment, Nutritional Services, Home Delivered Meals, Interpreter, Support Brokerage (Unpaid), Personal Emergency System, Specialized Medical Equipment and Supplies, Social Work, CTI - Clinical/Therapeutic Interventionist, CTI - Specialized Clinical/Therapeutic Interventionist, CTI - Senior-Level Clinical/Therapeutic Interventionist, HPC Transportation-Commercial, Non-Medical Transportation-Commercial, Integrated Employment - Coworker, Participant/Family Stability Assistance - Training, Remote Monitoring Equipment, Participant/Family Stability Assistance - Counseling, Community Inclusion - Commercial Vehicle, Support Brokerage (Paid), Adult Day Health Center, TDD Home Delivered Meals, TDD Home Modifications, Out-of-Home Respite, TDD Supplemental Adaptive and Assistive Devices, TDD Personal Emergency Response, Supplemental Transportation, Personal Care Aide, Personal Care Aide CSTO) must include the appropriate application fee. Payment in full is required at the time of application. Applications submitted without payment will not be processed.

Service Selection (Please select the services below in which you would like to be certified)

Service Name	
Adaptive and Assistive Equipment	<input type="checkbox"/>
Nutritional S	<input type="checkbox"/>

Click on a question mark (?) to read descriptions of the services

Glossary

App-PCW - Windows Internet Explorer

https://uatportal.uatapps.dodd.ohio.gov/apps/Pages/default.aspx

File Edit View Favorites Tools Help

Favorites QA UAT SCS UAT Footprints TFS myOhio MITS DODD UAT DODD Kronos Ohio Footprints CBoss

App-PCW FootPrints - Provider Certific... App-PCW

Page Safety Tools

Homemaker Personal Care <input checked="" type="checkbox"/>	Supported Employment - Community <input checked="" type="checkbox"/>
HPC Transportation <input type="checkbox"/>	Supported Employment - Community (CoWorker) <input type="checkbox"/>
HPC Transportation (Commercial) <input type="checkbox"/>	Supported Employment - Enclave <input type="checkbox"/>
Integrated Employment(SELF waiver Only) <input checked="" type="checkbox"/>	Supported Living <input type="checkbox"/>
Integrated Employment--Coworker(SELF waiver Only) <input type="checkbox"/>	TDD Emergency Response(TDD waiver Only) <input type="checkbox"/>
Interpreter <input type="checkbox"/>	TDD Home Delivered Meals(TDD waiver Only) <input type="checkbox"/>
Non-Medical Transportation - Mileage <input type="checkbox"/>	TDD Home Modifications(TDD waiver Only) <input type="checkbox"/>
Non-Medical Transportation - Trip <input type="checkbox"/>	Vocational Habilitation <input type="checkbox"/>
Non-Medical Transportation (Commercial) - Mileage <input type="checkbox"/>	Waiver Nursing <input type="checkbox"/>
Non-Medical Transportation (Commercial) - Trip <input type="checkbox"/>	

Previous Save Save and Continue

Glossary

Done Local intranet | Protected Mode: Off 100%

Logout Hello Twila T Swarthout. You have 0 new notifications and 0 new announcements. View All

PCW Select Application PCW Load Application

Home Application Fees: \$0.00 Application ID: 19915

Start	Demographic	Relative / Associate	Service	County of Business	Disclosure (Page 1 of 2)	Disclosure (Page 2 of 2)	Attestation	Download Files	Upload Files	Summary	Confirmation
Completed	Completed	Completed	Completed	Completed	Completed	Completed	Pending	Pending	Pending	Pending	FINISH

Previous Save and Continue

Providers are certified statewide. We would like to identify the counties that your business operates in (even if you are not accepting new Individuals in those counties).

We would also like for you to identify the counties that you are accepting new Individuals in. This information will be published to our website to help you attract new business.

You will be able to log into our website to update these at any time.

Selected Service-County (By default, a service is certified for the county of your physical address)

	Certified Service	My business operates in the following counties	My business is currently accepting new Individuals in the following counties
Edit	Integrated Employment(SELF waiver Only)	Franklin	Franklin
Edit	Supported Employment - Community	Franklin	Franklin

Click 'Edit' to Add or Remove Service Counties

Previous Save a Glossary

App-PCW - Windows Internet Explorer

https://uatportal.uatapps.dodd.ohio.gov/apps/Pages/default.aspx

File Edit View Favorites Tools Help

[Favorites](#)
[QA](#)
[UAT SCS](#)
[UAT Footprints](#)
[TFS](#)
[myOhio](#)
[MITS](#)
[DODD](#)
[UAT DODD](#)
[Kronos](#)
[Ohio Footprints](#)
[CBoss](#)

[App-PCW](#)
[FootPrints - Provider Certific...](#)
[App-PCW](#)

[Home](#)
[Logout](#)
N Hello Twila T Swarhout. You have 0 new notifications and 0 new announcements.
 [View All](#)

PCW

 Select Application: PCW
[Load Application](#)

[Home](#)

 Application Fees: **\$0.00** Application ID: **19915**

Start	Demographic	Relative / Associate	Service	County of Business	Disclosure (Page 1 of 2)	Disclosure (Page 2 of 2)	Attestation	Download Files	Upload Files	Summary	Confirmation
Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	FINISH

[Previous](#) [Save and Continue](#)

This list of documents is comprehensive of what is required for the services you have selected to provide. You cannot become certified until you have submitted these documents to the department for review. You can scan and upload the documents here, to be submitted with your application; you can fax the documents to 614-728-7836 (please reference your application number);

BCII Background Checks cannot be faxed 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.

You can mail the documents to:

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

You will have 90 days from submission of your application to submit these documents. If the documents are not received within 90 days, we will not process your application and you will need to reapply.

[Glossary](#)

Done Local intranet | Protected Mode: Off 100%

App-PCW - Windows Internet Explorer

https://uatportal.uatapps.dodd.ohio.gov/apps/Pages/default.aspx

File Edit View Favorites Tools Help

Logout Hello Twila T Swarthout. You have 0 new notifications and 0 new announcements. View All

PCW Select Application PCW Load Application

Attention Provider Certification
30 E. Broad Street
13th Floor
Columbus, Ohio 43215

You will have 90 days from submission of your application to submit these documents. If the documents are not received within 90 days, we will not process your application and you will need to reapply.

Required Documents

- Bachelors Degree
- BCII Background Check
- Completed W-9 Form
- High School Diploma/GED
- Management Policies and Procedures
- Medicaid Provider Agreement for Organizations
- Non-Disclosure Agreement
- One year of Full-Time, Paid Work
- OOD(RSC) Provider Agreement
- Policies and procedures for SE Community
- Proof of Age
- Proof of Ohio Residency
- Secretary of State Certificate
- Social Security Number
- State of Ohio Identification
- Tax ID Verification Letter
- Vendor Information Form

Choose File to Upload: Browse... Upload

Glossary

Done Local intranet | Protected Mode: Off 100%

General Requirements



- ❧ Verification of age (18+, official document with date of birth)
- ❧ High School Diploma or GED
- ❧ State ID
- ❧ Social Security Card
- ❧ Current (within one year) report from the Bureau of Criminal Identification and Investigation (BCII) sent directly to DODD from BCII. Must include FBI check if provider has not been a resident of the State of Ohio for the five years immediately prior to the date of the check
- ❧ Provider Certification Attestation (confirming that employees have completed the required training listed above)
- ❧ Nondisclosure Statement
- ❧ W-9
- ❧ Vendor Information Form

Provider Qualifications



- ❧ Each direct services employee must complete eight hours of training that addresses five required topics:
 - ❧ Overview of serving individuals with developmental disabilities
 - ❧ Rights of individuals set forth in sections 5123.62 to 5123.64 of the Ohio Revised Code
 - ❧ Overview of basic principles and requirements for providing HCBS waiver services
 - ❧ Requirements of rule 5123:2-17-02 (Incidents Adversely Health and Safety) of the Ohio Administrative Code
 - ❧ Universal precautions for infection control, including hand washing and the disposal of bodily waste

Provider Qualifications



Integrated Employment and Supported Employment -
Community:

- ☞ Meet the requirements of the Integrated Employment Rule (Ohio Administrative Code 5123:2-9-44)/Supported Employment - Community Rule (OAC 5123:2-9-15)
- ☞ Meet the requirements of the DODD Provider Certification Rule (OAC 5123:2-2-01), including all training requirements therein (hold valid CPR, First Aid, etc.).
- ☞ Hold a valid Medicaid Provider Agreement with the Ohio Department of Medicaid.

Provider Qualifications



Integrated Employment & Supported Employment - Community:

- ❧ Agency must ensure that all staff engaged in direct provision of Integrated Employment, during the first year:
 - ❧ Is assigned and has access to a mentor employed by the agency provider;
 - ❧ Completes on-the-job training specific to the individual the employee serves;
 - ❧ Completes 8 hours of training specific to the provision of Integrated Employment.

Provider Qualifications



Agency must ensure each employee, contractor, and employee of a contractor who provides direct provision of Integrated Employment successfully completes (within 90 days of employment) either:

- The “Ohio Alliance of Direct Support Professionals Professional Advancement Through Training and Education in Human Services (PATHS) Certificate of Initial Proficiency” program; or
- An orientation program of at least 8 hours that covers the following topics:
 - Organizational background of the agency provider;
 - Components of quality care for individuals served;
 - Health and Safety;
 - Positive Behavior Support
 - Crisis Intervention Techniques

Provider Certification Fee Waiver



- Current OOD providers who become a DODD-certified provider may request a waiver of the initial certification fee for Supported Employment-Community and Integrated Employment through the Provider Certification Wizard
- In order for the initial provider certification fee to be waived, providers would need to indicate that they have a current Provider Agreement with OOD.
- In order for the initial provider certification fee to be waived, providers would need to indicate that their staff has successfully completed/will successfully complete all (no cost) Employment First trainings, including:
 - Web-based Orientation to Supported Employment
 - Attend all OOD/DODD in-person Employment First Trainings
- This waiver of provider certification fee is time-limited, and only for initial certification and only through June 30, 2015.
- All other provider qualifications apply

Technical Assistance



❧ Video Tutorials on how to use PCW:

<http://dodd.ohio.gov/Pages/Tutorial.aspx>

❧ The DODD Support Center (1-800-617-6733) can assist with provider certification questions. Hours are 8 am - 4 pm, Monday - Friday.