

## **NOTE to Independent Providers on**

### **Renewing Your Certification**

The State DODD will send you an email listing many documents that you *might* need to provide. That list is not specific to you.

You most likely will not need to have your fingerprints submitted. If you find this is requested (at the end of your application) Licking County Board of DD (LCBDD) will pay for your BCII Report, find out how below.

#### **Is your BCII Report is required?**

Follow the procedures in this packet. After filling in your personal information and answering all of the questions, you will see a list of documents to upload. Among those requested will be your proof of training, CPR and First Aid certification, your driver's license as well as other documents. Each will have a small check box to the left. Do you see FBI Report in that list? If so, call Teresa (740-322-6907).

Do you see BCII Report in that list? If so, that means you must submit your fingerprints. Email [teresa.whipkey@lcountydd.org](mailto:teresa.whipkey@lcountydd.org) to get a form and instructions that will allow LCBDD to pay for your fingerprinting.

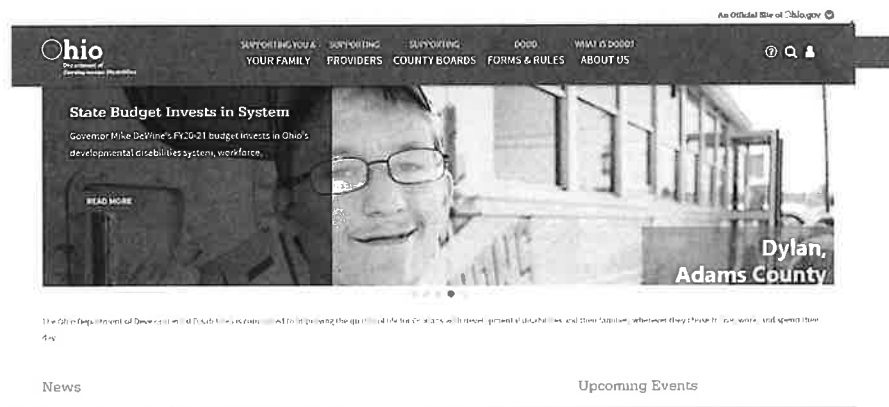
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# Renewing Your Certification

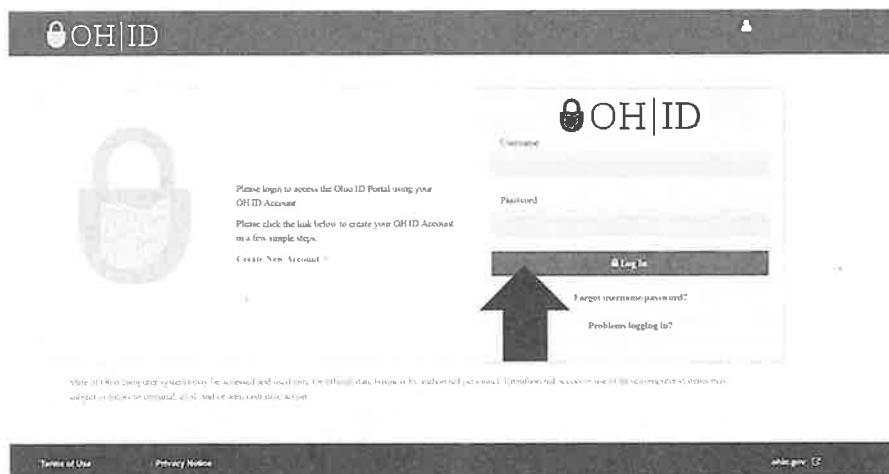
## 1. Access the DODD website

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

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

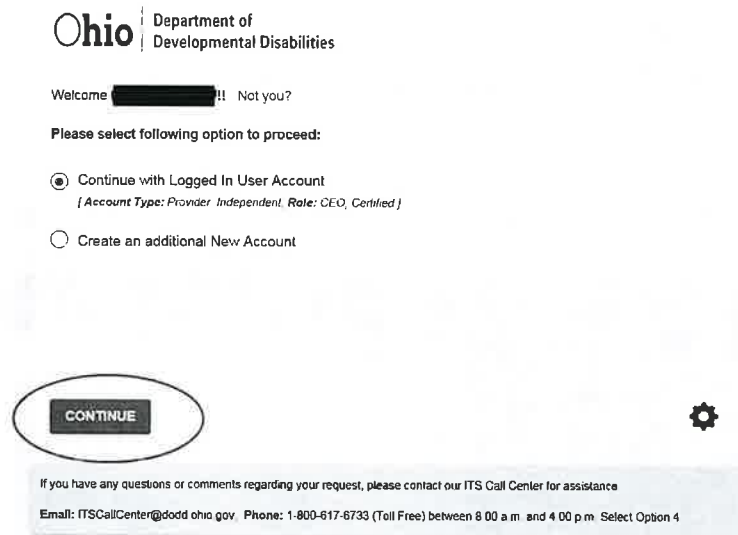


## 3. Type in your DODD username and password, and click Log In

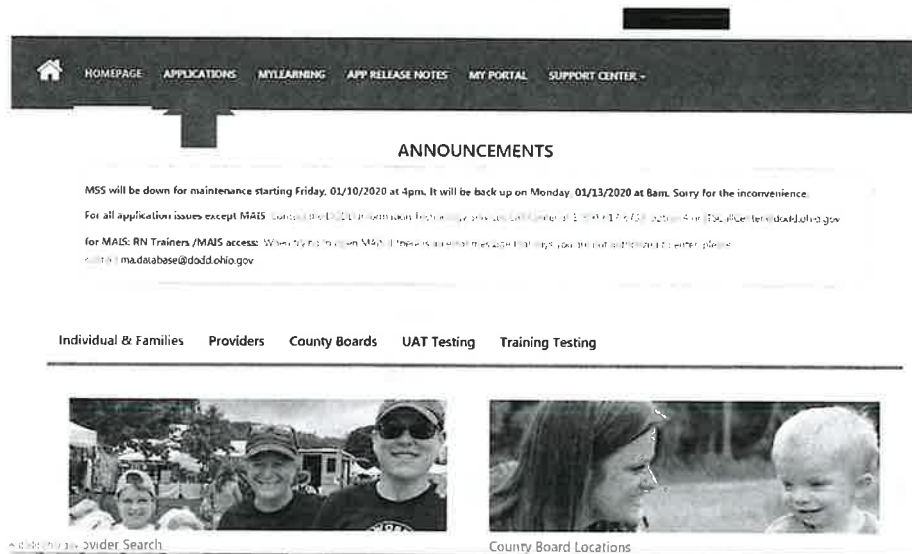


#### 4. Click on Continue when this screen appears

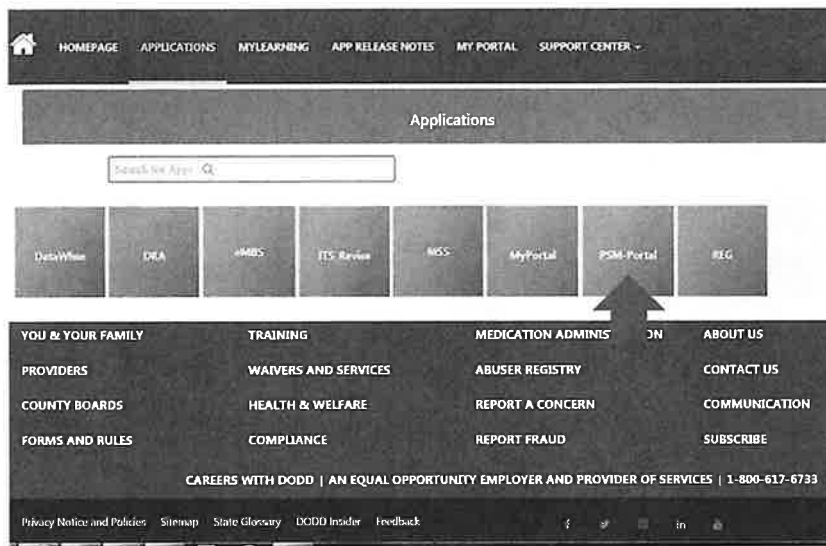
Make sure that the selected information on the screen is correct



#### 5. Once you are logged in, click on applications



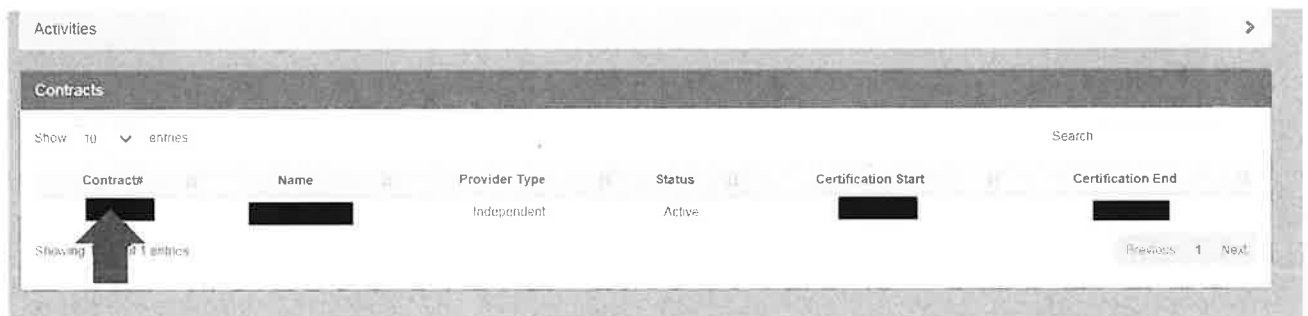
## 6. From the menu, select PSM-portal



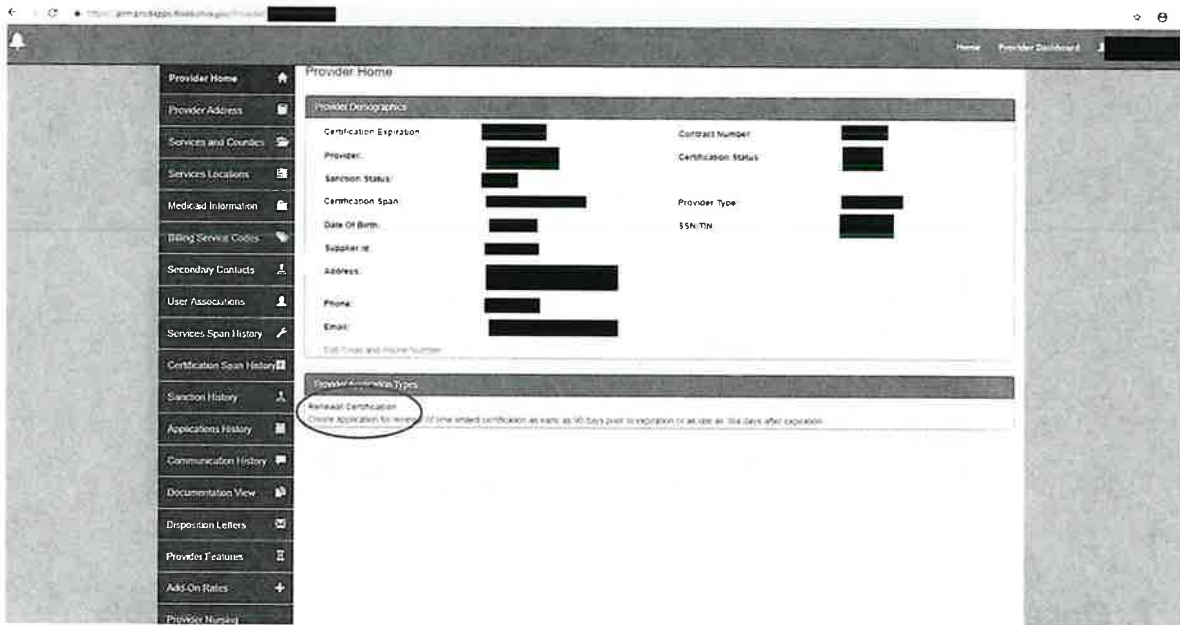
## 7. Once PSM-portal opens, click the arrow in the first blue box (Provider Certifications)



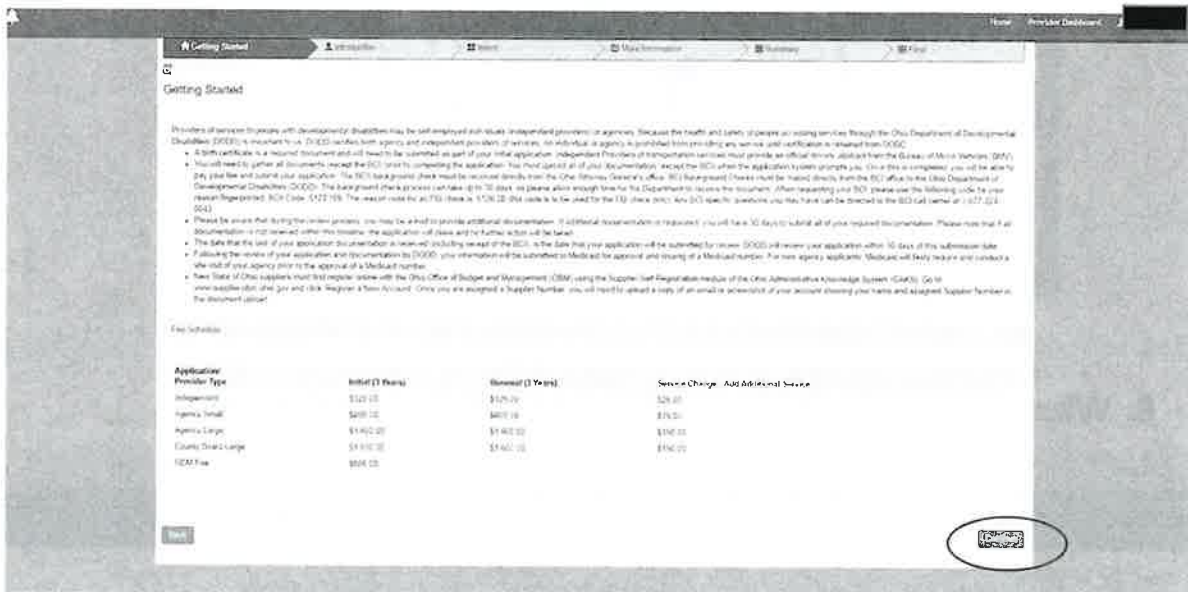
## 8. When this table appears, click on your contract number



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



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



Introduction

Provider Type

- Independent
- Unpaid Subcontractor

Independent Provider Demographics

Search for Existing Demographic Information

Social Security Number: [ ] Date of Birth: [ ] Search

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 (Person Data): [ ]

Buttons: Cancel, Back, Home, Save and Edit, Add New Demographic Information

Primary Service Location

First Name: [ ] Middle Initial: [ ] Last Name: [ ]

Building Name: [ ]

Address Line 1: [ ] Address Line 2: [ ]

City: [ ] State: [ ] Zip: [ ] Zip4: [ ]

Phone 1: [ ] Fax: [ ] Fax 1: [ ] Email: [ ]

Phone 2: [ ] Fax: [ ] Fax 2: [ ] County: [ ]

Check for information boxes if the corresponding address is the same as the Primary Address

Home Office:  Mailing Address:

Home Office

First Name: [ ] Middle Initial: [ ] Last Name: [ ]

Building Name: [ ]

Address Line 1: [ ] Address Line 2: [ ]

City: [ ] State: [ ] Zip: [ ] Zip4: [ ]

*\*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\**

The screenshot shows a web form with two main sections: 'Address' and 'Alternative Address'. Each section contains the following fields:

- Building Name
- Address Line 1
- Address Line 2
- City
- State
- Zip
- Phone 1 (Extn)
- Phone 2 (Extn)
- Fax 1
- Fax 2
- Email
- County

At the bottom right, there are two buttons: 'Save and Exit' and 'Save and Continue', with the latter being circled in red.

**11. Click 'Save and Continue'. On the next screen, it will show all the services you are certified in, Click 'Save and Continue'**

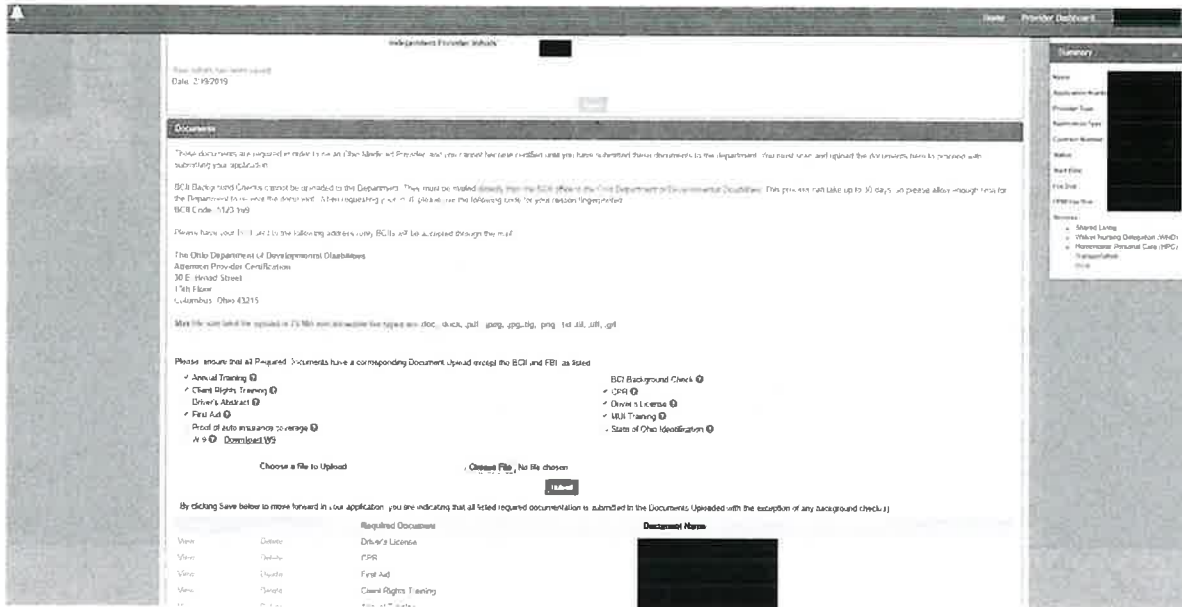
The screenshot displays a 'Services' selection screen with the following categories and options:

- Choose Service(s):**
  - All services & Non-Medical Services
  - Non-Medical services only
- Choose Service Category:**
  - Employment Services**
    - Transportation Services
      - Significantly Reduced Commercial Vehicle Self-Service
      - Non-Medical Transport Care (NMC) Transportation
      - Non-Medical Transportation - Commercial Storage
      - Non-Medical Transportation - Inc
      - Non-Medical Transportation - Large
      - NPC Transportation - Commercial
  - Adaptive Technology and Environmental Modifications**
  - Professional Services**
    - CT-Clinical Therapeutic Interventions (SELF Service)
    - CT-CTC Service (Auto Transportation Clinical/Transportation over extended Self-Service)
    - CT-CTC (Specialized Care in/Transportation Interventions - SELF Service)
    - DO Visual Hearing
    - Paratransit Services (over extended SELF Service)
    - Inspection Services
    - Money Management
    - Paratransit/Fairly Stable Assistance-Cumulative SELF Service
    - Paratransit/Fairly Stable Assistance Training SELF Service
    - Spinal Axis
    - Therapeutic Services (SELF)
  - Homesafety and Personal Care Services**
    - Homesafety Personal Care
    - Competency Self-Monitoring
    - Shared Living
    - Paratransit Directed NPC
  - Adult Day Services**
  - County Dental Services**





### 13. Upload the required documents.



### 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'