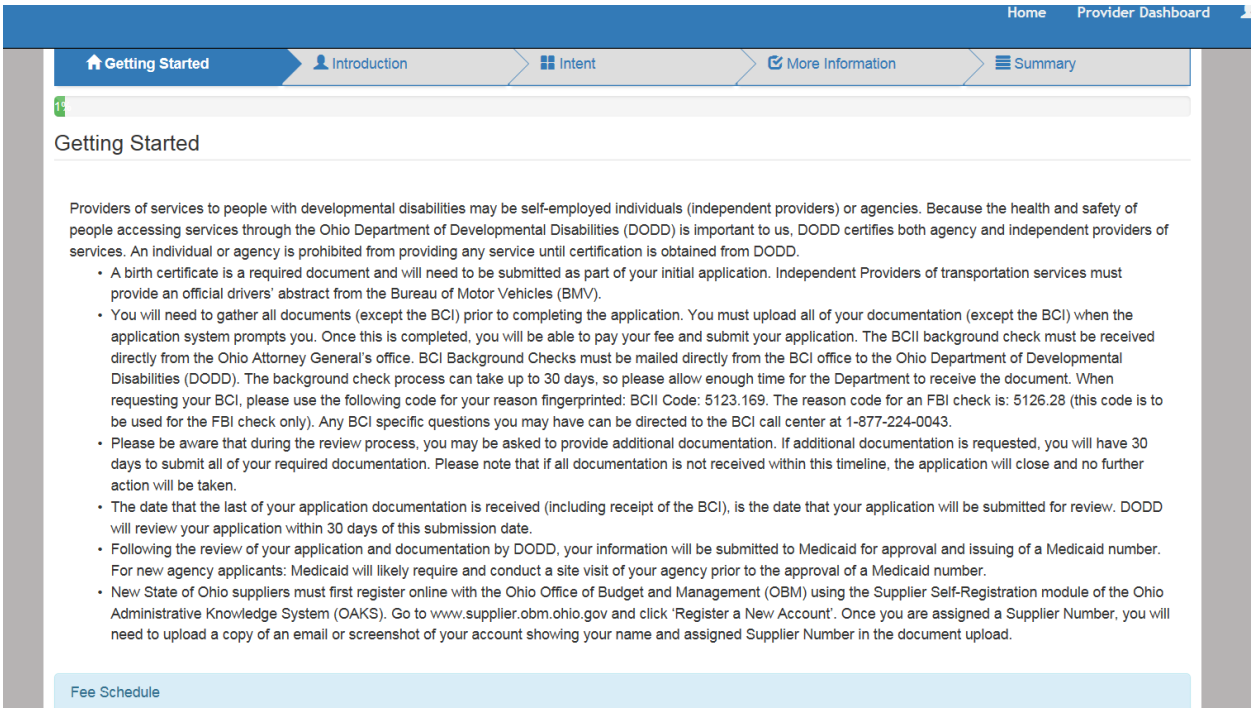
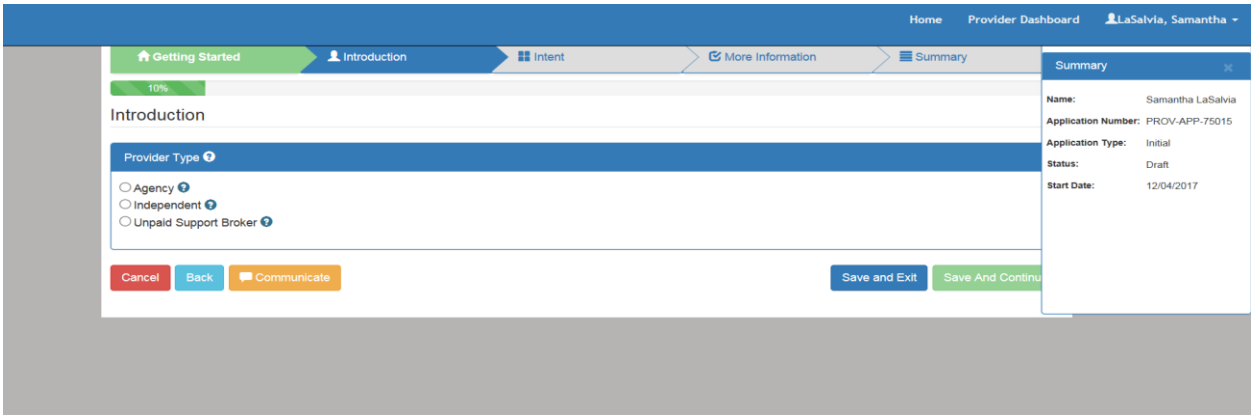
USING PSM AS AN APPLICANT TO BECOME A PROVIDER

Once accessing the PSM-portal, applicant will see the following screen

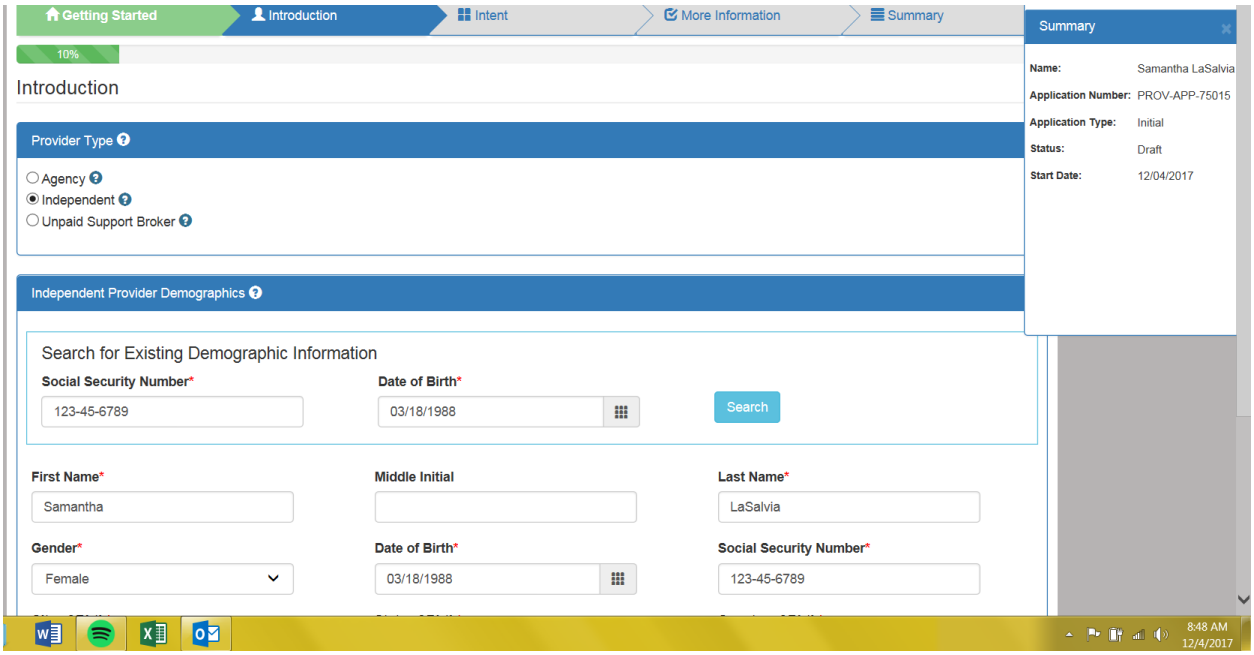
To start a new application, click on “Start a New Contract” and the following screen opens. There is also a list of all the fees. At the bottom click on ‘Continue’ to get to the next page.

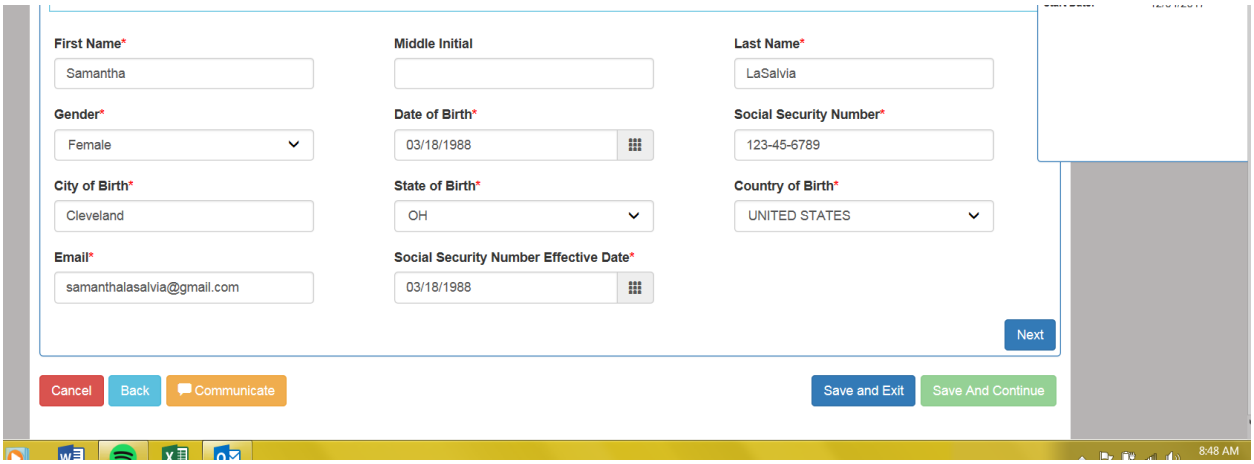


The following appears. Choose which type of provider applying for.

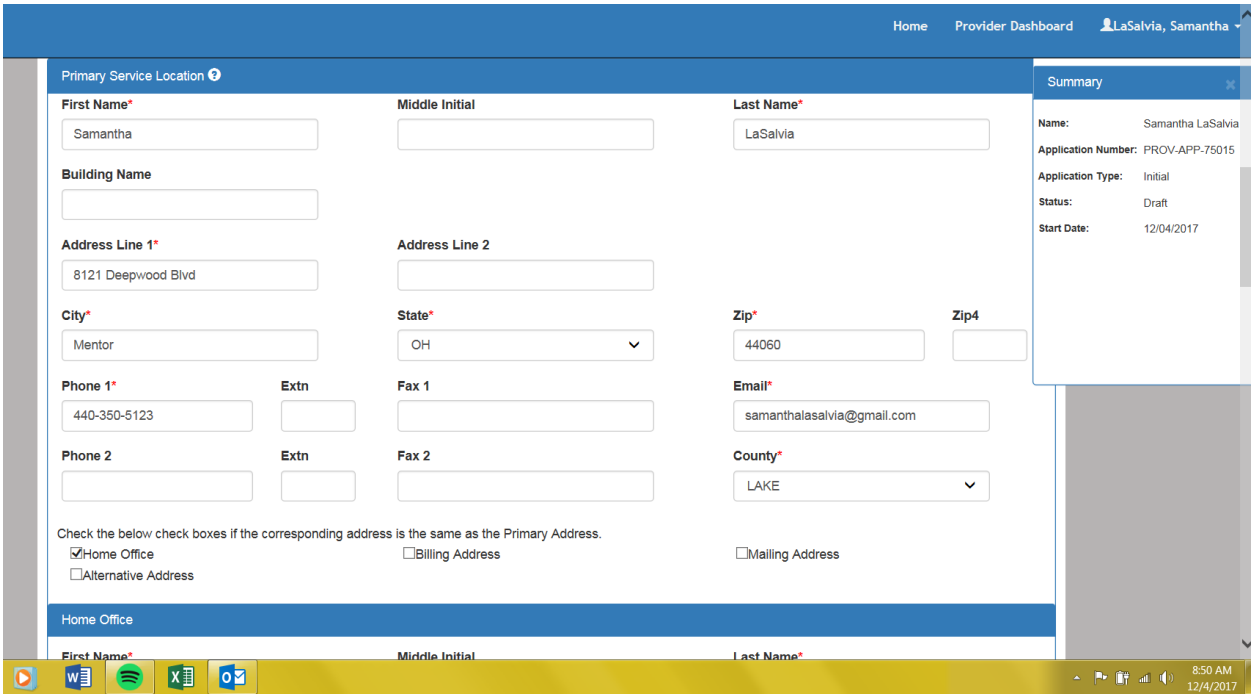


Once selected, demographic information appears to be filled out



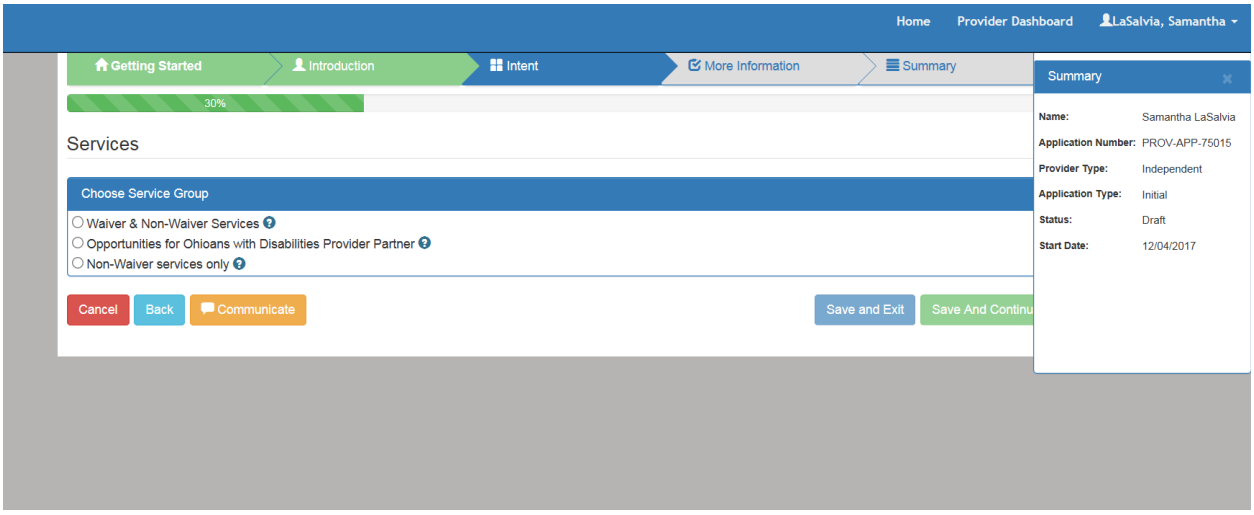


Click Next, and this screen appears.

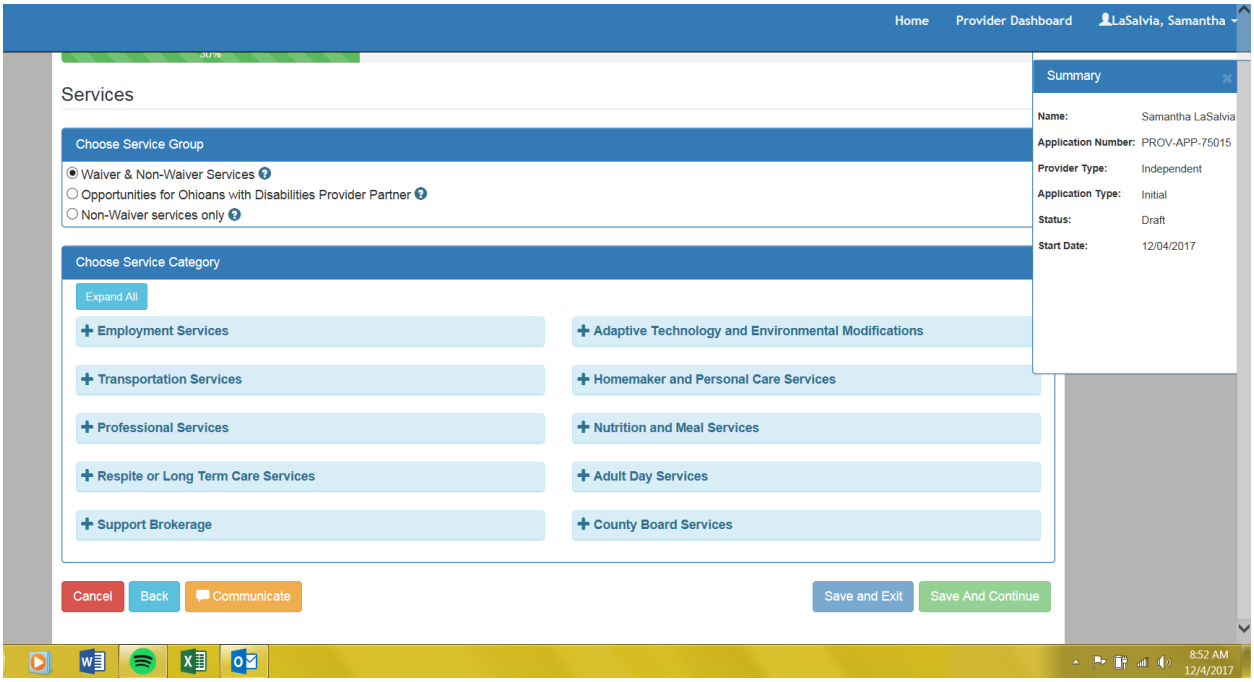


Once that is complete, click ‘Save and Continue’.

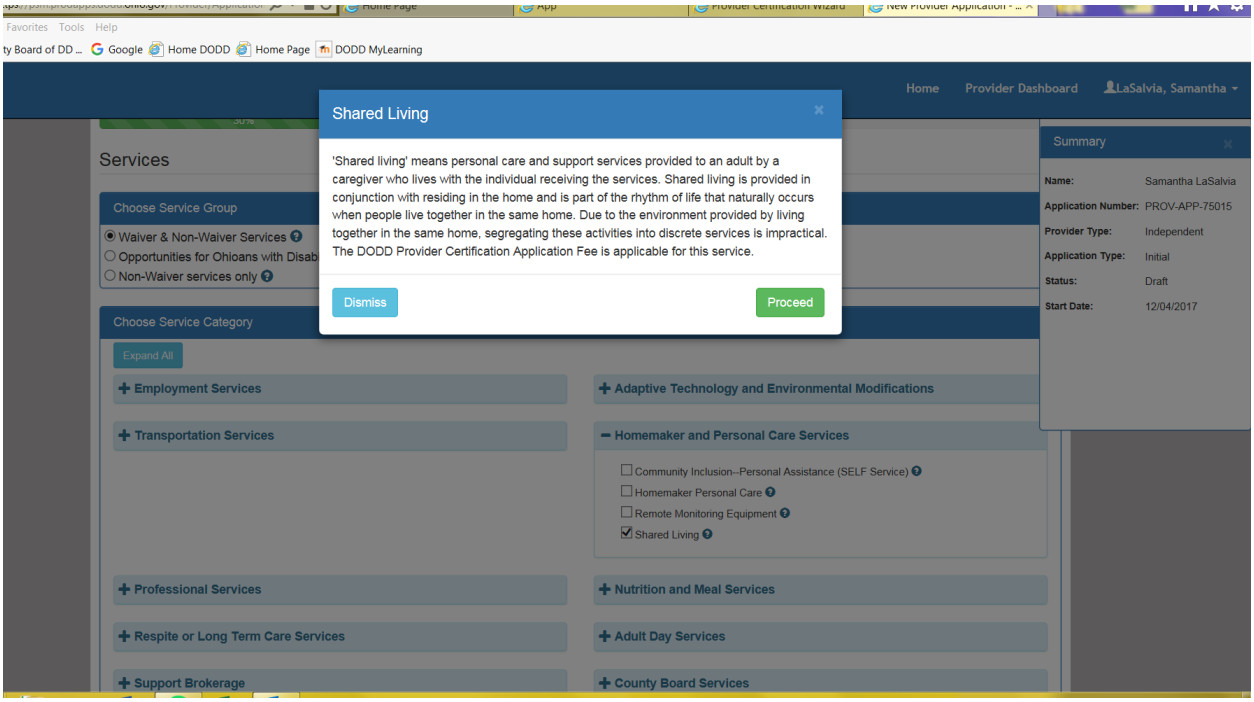
Applicant will choose what service group applies to them.



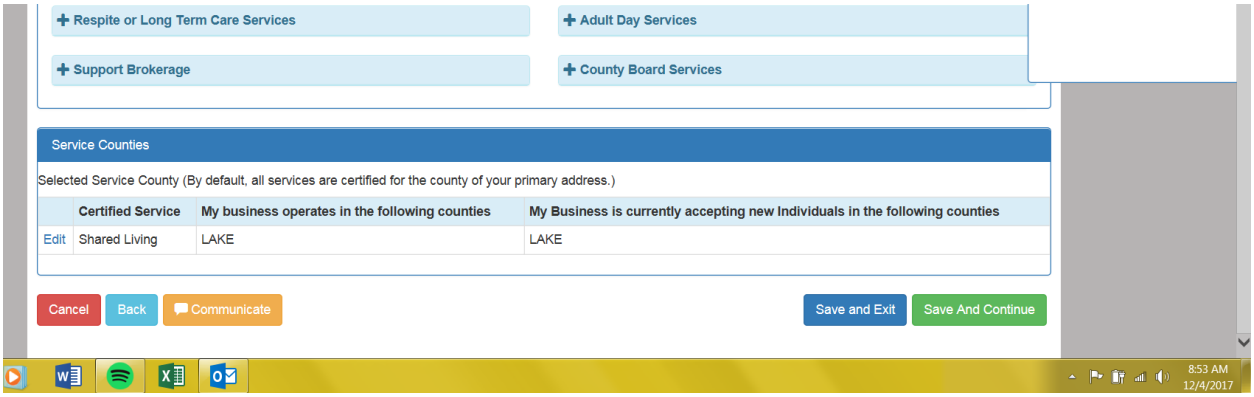
Once a service group is selected, the list of all available services will appear. They are in categories.



The applicant will go through and select each service they want to provide. When clicking on a service, a box will pop up describing the service. The applicant must hit proceed to add it.

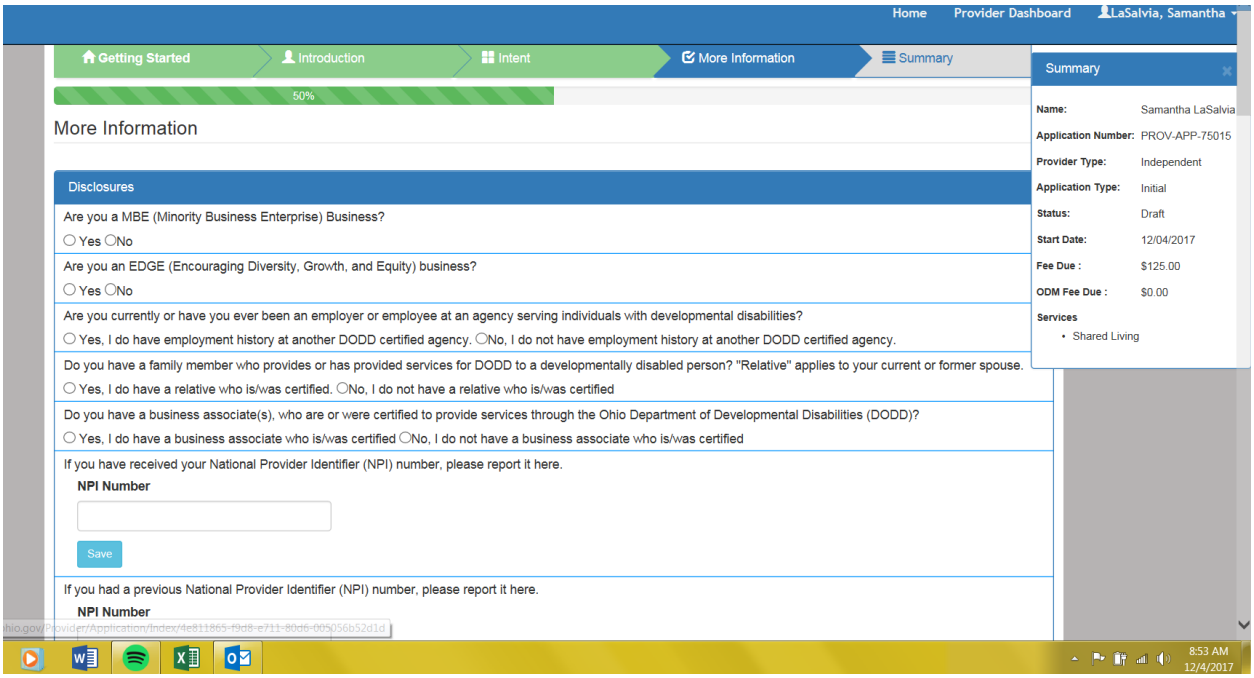


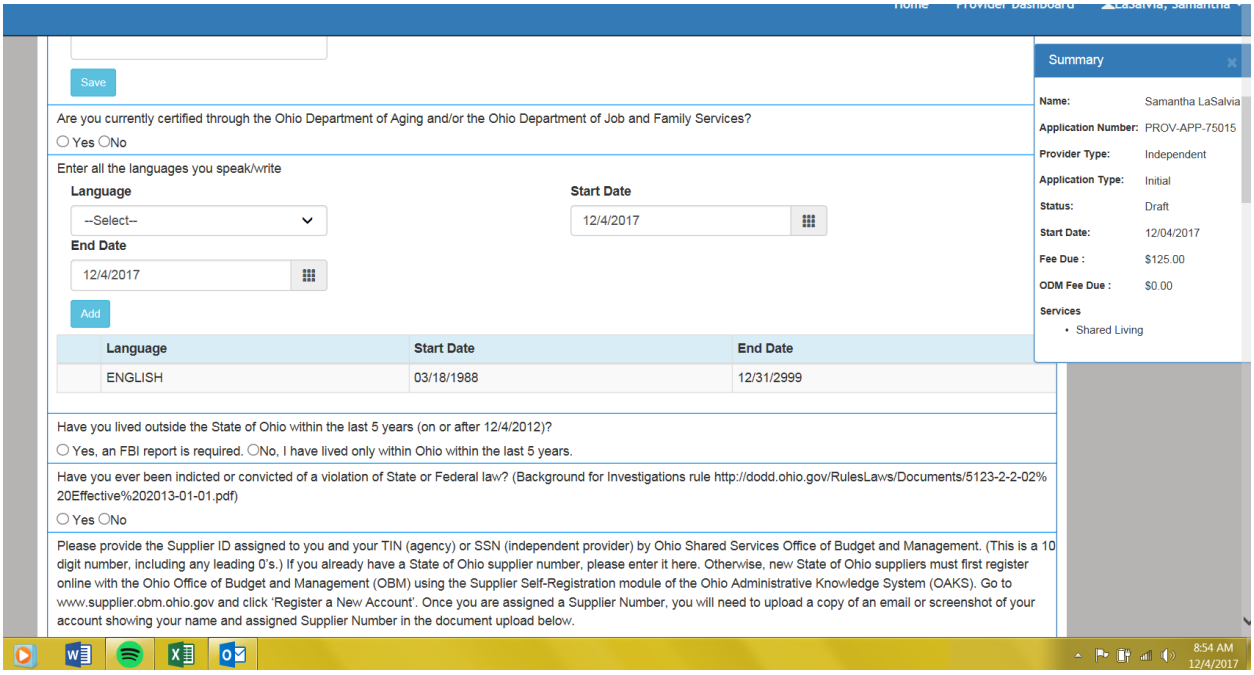
The selected services will be listed below. Once it is complete, hit 'Save and Continue'.

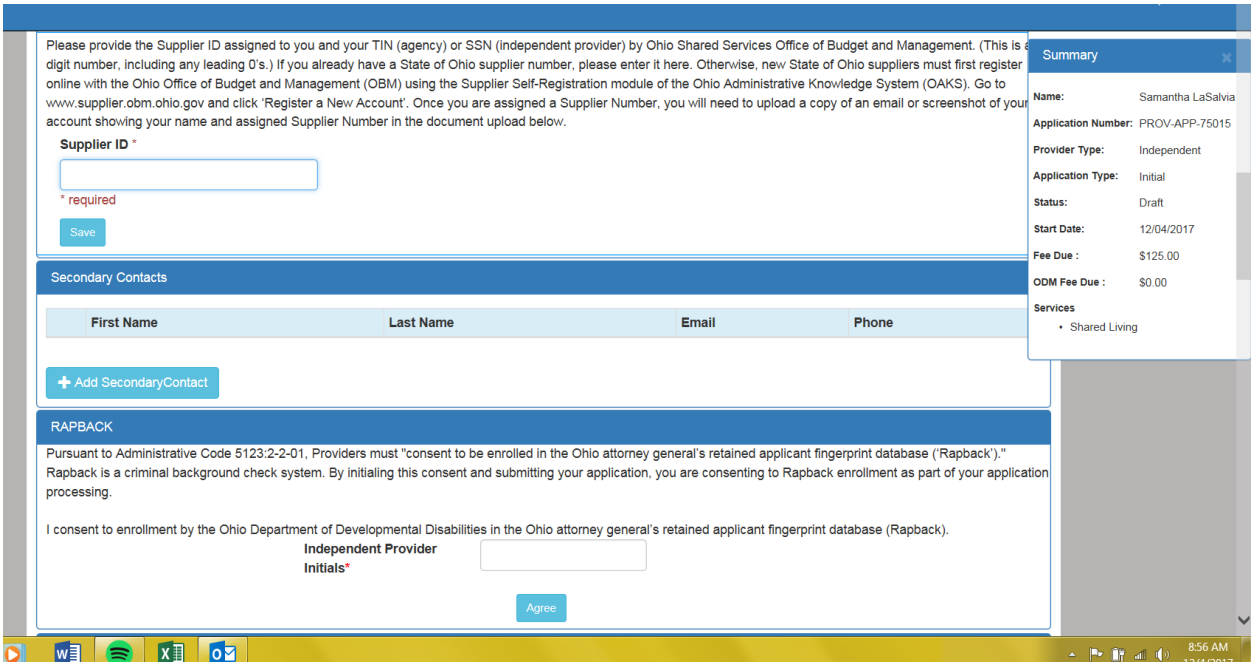


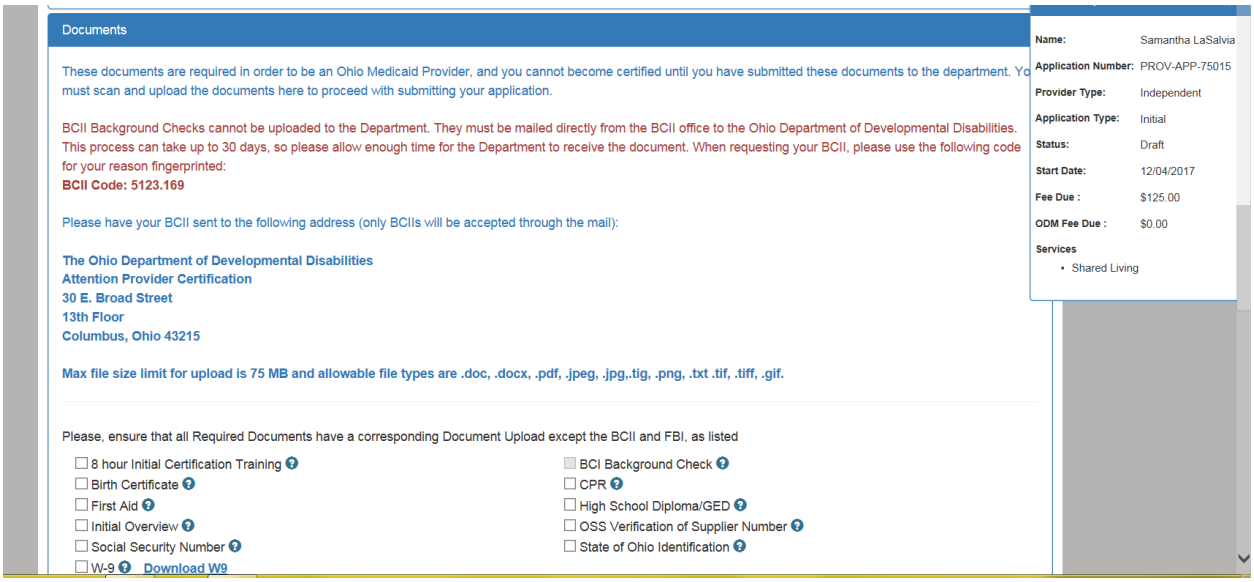
The disclosures appear for the applicant to fill out, as well as the area to upload the documents to and the nondisclosure agreement.

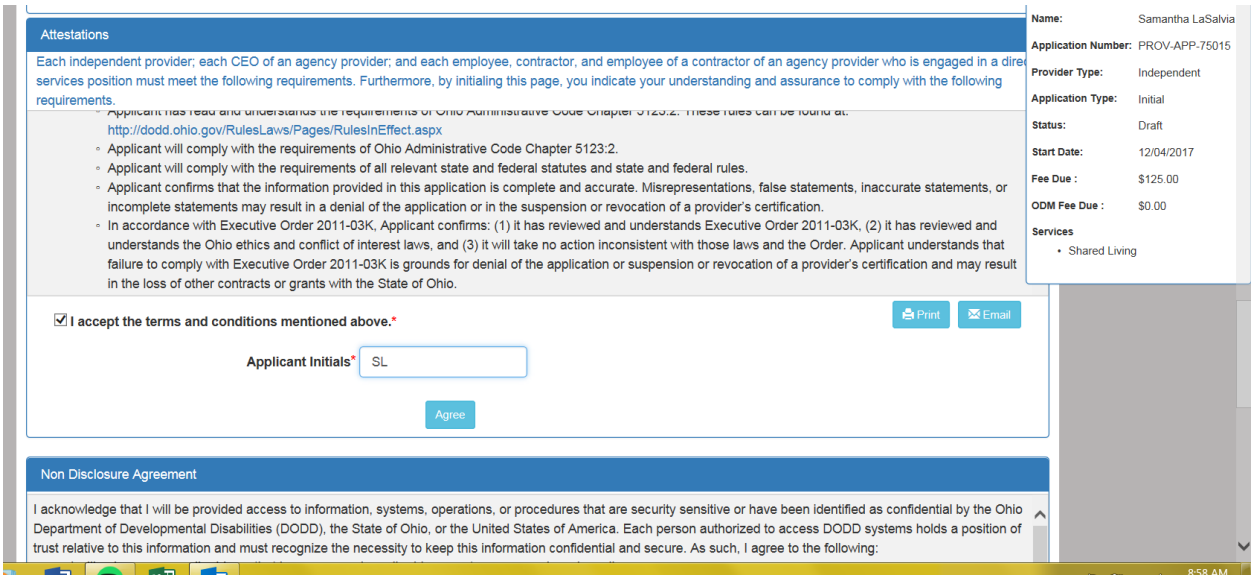
NOTE: Applicants are now required to get their Ohio Supplier ID number BEFORE submitting the application, it is part of the required documentation. See instructions within the application below.

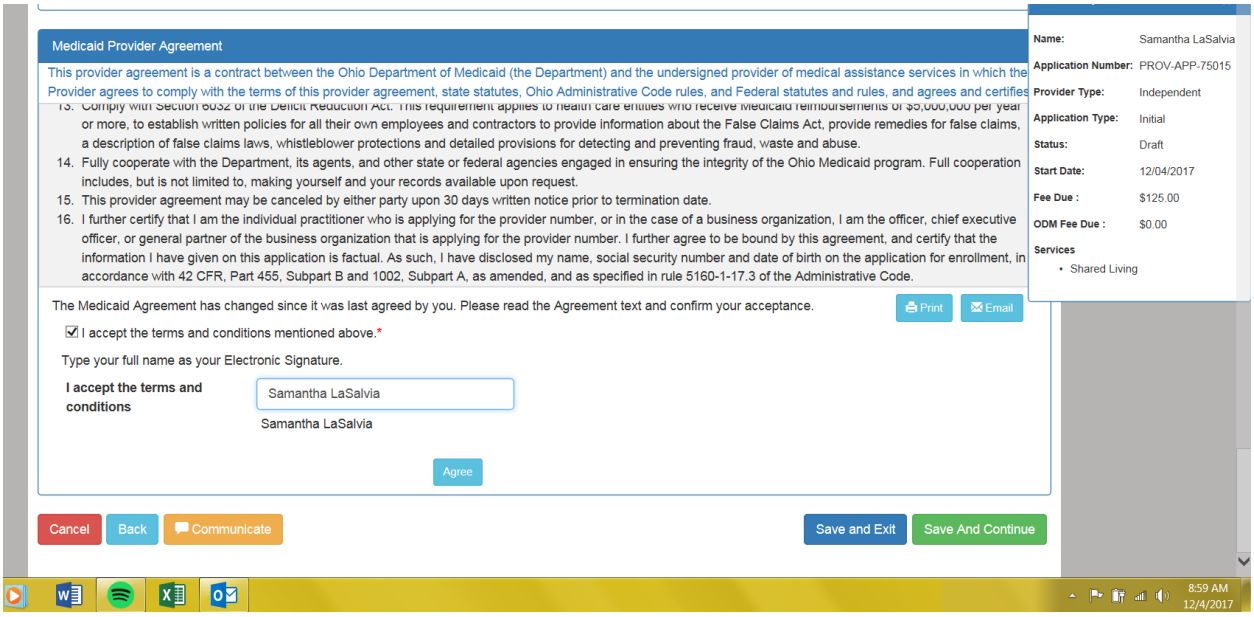



Save
Are you currently certified through the Ohio Department of Aging and/or the Ohio Department of Job and Family Services?
Yes No
Enter all the languages you speak/write
Language
--Select--
Start Date
12/4/2017
End Date
12/4/2017
Add
Language
Start Date
End Date
ENGLISH
03/18/1988
12/31/2999
Have you lived outside the State of Ohio within the last 5 years (on or after 12/4/2012)?
Yes, an FBI report is required. No, I have lived only within Ohio within the last 5 years.
Have you ever been indicted or convicted of a violation of State or Federal law? (Background for Investigations rule http://dodd.ohio.gov/RulesLaws/Documents/5123-2-2-02%20Effective%202013-01-01.pdf)
Yes No
Please provide the Supplier ID assigned to you and your TIN (agency) or SSN (independent provider) by Ohio Shared Services Office of Budget and Management. (This is a 10 digit number, including any leading 0's.) If you already have a State of Ohio supplier number, please enter it here. Otherwise, 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 www.supplier.obm.ohio.gov and click 'Register a New Account'. 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 below.
Summary
Name: Samantha LaSalvia
Application Number: PROV-APP-75015
Provider Type: Independent
Application Type: Initial
Status: Draft
Start Date: 12/04/2017
Fee Due : $125.00
ODM Fee Due : $0.00
Services
Shared Living
8:54 AM
12/4/2017


Please provide the Supplier ID assigned to you and your TIN (agency) or SSN (independent provider) by Ohio Shared Services Office of Budget and Management. (This is a 10 digit number, including any leading 0's.) If you already have a State of Ohio supplier number, please enter it here. Otherwise, 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 www.supplier.obm.ohio.gov and click 'Register a New Account'. 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 below.
Supplier ID *
* required
Save
Secondary Contacts
First Name
Last Name
Email
Phone
Add SecondaryContact
RAPBACK
Pursuant to Administrative Code 5123:2-2-01, Providers must "consent to be enrolled in the Ohio attorney general's retained applicant fingerprint database ('Rapback')." Rapback is a criminal background check system. By initialing this consent and submitting your application, you are consenting to Rapback enrollment as part of your application processing.
I consent to enrollment by the Ohio Department of Developmental Disabilities in the Ohio attorney general's retained applicant fingerprint database (Rapback).
Independent Provider Initials*
Agree
Summary
Name: Samantha LaSalvia
Application Number: PROV-APP-75015
Provider Type: Independent
Application Type: Initial
Status: Draft
Start Date: 12/04/2017
Fee Due : $125.00
ODM Fee Due : $0.00
Services
Shared Living
8:56 AM


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. Yo
must scan and upload the documents here to proceed with submitting your application.
BCII Background Checks cannot be uploaded 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. When requesting your BCII, please use the following code for your reason fingerprinted:
BCII Code: 5123.169
Please have your BCII sent to the following address (only BCIIs will be accepted through the mail):
The Ohio Department of Developmental Disabilities
Attention Provider Certification
30 E. Broad Street
13th Floor
Columbus, Ohio 43215
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 BCII and FBI, as listed
8 hour Initial Certification Training
Birth Certificate
First Aid
Initial Overview
Social Security Number
W-9
Download W9
BCI Background Check
CPR
High School Diploma/GED
OSS Verification of Supplier Number
State of Ohio Identification
Name: Samantha LaSalvia
Application Number: PROV-APP-75015
Provider Type: Independent
Application Type: Initial
Status: Draft
Start Date: 12/04/2017
Fee Due : $125.00
ODM Fee Due : $0.00
Services
• Shared Living


Attestations
Each independent provider; each CEO of an agency provider; and each employee, contractor, and employee of a contractor of an agency provider who is engaged in a direc
services position must meet the following requirements. Furthermore, by initialing this page, you indicate your understanding and assurance to comply with the following
requirements.
http://dodd.ohio.gov/RulesLaws/Pages/RulesInEffect.aspx
Applicant will comply with the requirements of Ohio Administrative Code Chapter 5123:2.
Applicant will comply with the requirements of all relevant state and federal statutes and state and federal rules.
Applicant confirms that the information provided in this application is complete and accurate. Misrepresentations, false statements, inaccurate statements, or incomplete statements may result in a denial of the application or in the suspension or revocation of a provider's certification.
In accordance with Executive Order 2011-03K, Applicant confirms: (1) it has reviewed and understands Executive Order 2011-03K, (2) it has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) it will take no action inconsistent with those laws and the Order. Applicant understands that failure to comply with Executive Order 2011-03K is grounds for denial of the application or suspension or revocation of a provider's certification and may result in the loss of other contracts or grants with the State of Ohio.
I accept the terms and conditions mentioned above.*
Print
Email
Applicant Initials* SL
Agree
Non Disclosure Agreement
I acknowledge that I will be provided access to information, systems, operations, or procedures that are security sensitive or have been identified as confidential by the Ohio Department of Developmental Disabilities (DODD), the State of Ohio, or the United States of America. Each person authorized to access DODD systems holds a position of trust relative to this information and must recognize the necessity to keep this information confidential and secure. As such, I agree to the following:
Name: Samantha LaSalvia
Application Number: PROV-APP-75015
Provider Type: Independent
Application Type: Initial
Status: Draft
Start Date: 12/04/2017
Fee Due : $125.00
ODM Fee Due : $0.00
Services
• Shared Living



Once complete, select ‘Save and Continue’

If information is missing (as is with this application) this screen appears describing what is missing.