Applying for Competency Add-On Rate

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.

Provider Management Home

Registration Information

Provider Name	Medicaid ID	Effective Date	Revalidation Due Date	Term Date
Theodore NoName	123456	06/27/2019	06/26/2024	

DODD Certification Start Date	DODD Certification End Date	DODD Contract Number
03/29/2021	03/28/2024	5150330

Manage Application

Enrollment Actions — Enrollment Action Selections:
Begin ODM Enrollment Profile Update
Begin DODD Enrollment Profile Update
Add ODA Services
Edit Key Provider Identifiers
Request Disenrollment

Programs + Program Selections:

Self Service + Self Service Selections:

My Current and Previous Applications

Reg ID	Enrollment Action	Program	Application Id	PNM Application Status
387		Medicaid	439992	ENROLLED
387	Application Flow - Standard - UPDATE REGISTRATION	DD	607384	NOT PROCESSED

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965989	ACME Cartoon Health Care Agency LLC	Agency	Voluntarily Withdrawn	 Showing 1 to 1 of 1 entries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965989	ACME Cartoon Health Care Agency LLC	Agency	Voluntarily Withdrawn	Voluntarily Withdrawn	 Showing 1 to 1 of 1 entries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 apply for the competency add-on rate.	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

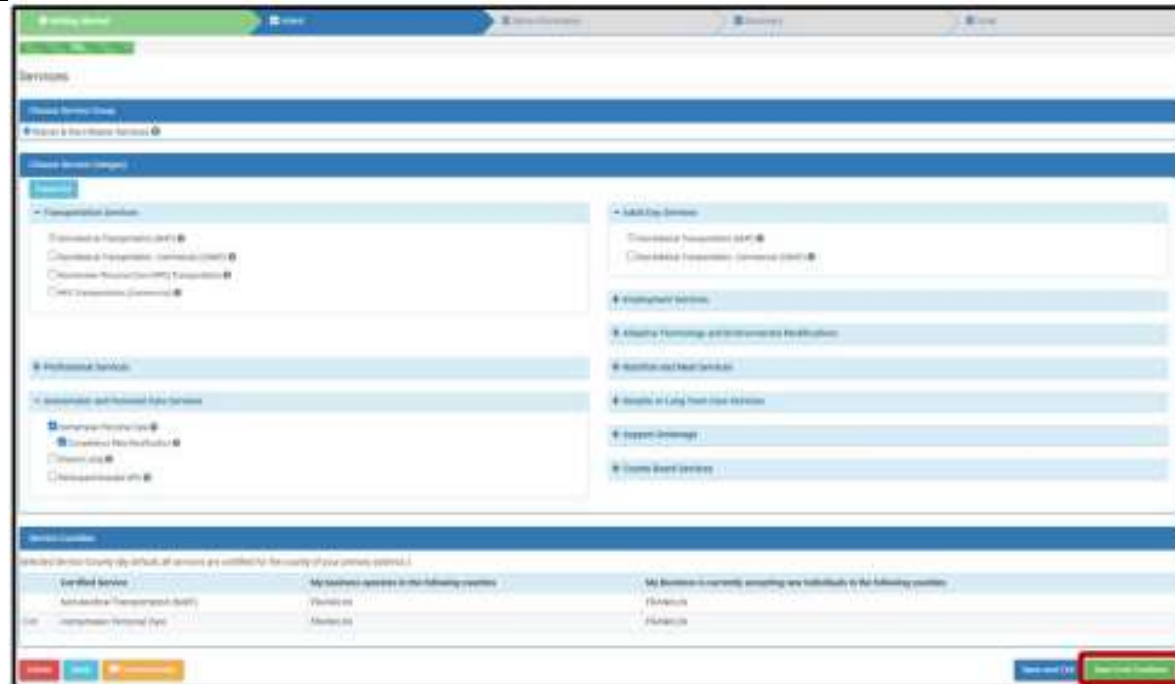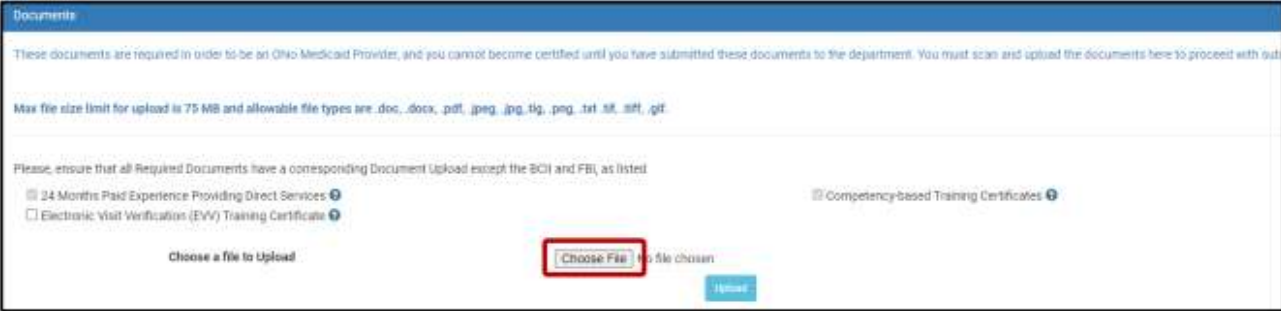|	
Step 10: Click the plus (+) sign next to **Homemaker and Personal Care Services** in the "Choose Service Category" of the "Intent" page and check the box next to **Homemaker Personal Care**. Click "Proceed" to acknowledge the notification prompt, and then check the box next to **Competency Rate Modification**.	
Step 11: Click **Save and Continue**. (This may take a moment.)	

Step 12: You will need to explain that you are applying for the competency-based add-on rate 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 *** [text box] 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 one of the following: **24 Months Paid Experience Providing Direct Services, Electronic Visit Verification (EVV) Training Certification, or Competency-based Training Certificates**.	**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 BCII 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 to demonstrate your 24 months of experience, EVV training, and/or your 60 hours of training, 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 BCII 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.	
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.

Getting Started | **Intent** | **More Information** | **Summary** | **Final**

90%

Summary

Application Information

ContractNumber :	2573780	Provider Type :	Independent	Application Number :	PROV-APP-136539
Application Type :	Service Change - Add Additional Service	Designation Type :	Provider	Source Id :	1234567890
DODD Fee :	$25.00	Total Fee :	$25.00		

Existing Services Information

Non-Medical Transportation (NMT)

County: FRANKLIN   Accepts New Clients: Yes

Click here to see what ...

Click here to check how you can update your browser

Still need help? Email us at ITSCallCenter@dodd.ohio.gov or call 1-800-617-6733, and choose option 4.

Delete   Back   Communicate   Exit   Submit

Step 22:

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