



Local Contact

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State Contact

DODD Provider Support Center
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Option 3 – Certification
Option 4 – Security/Technical Issues

What is an Independent Provider?

- ✓ An independent provider is a self-employed person who provides services to individuals with developmental disabilities.
- ✓ Independent providers must be certified by the Ohio Department of Developmental Disabilities.
- ✓ Independent providers must provide services directly; they cannot employ someone else to provide services on their behalf.
- ✓ Only those services authorized by the Community Contracting Specialist prior to the provision of services are eligible for payment.

Expectations of Independent Providers:

- ✓ Ensure the Health, Safety, and Welfare of the individual and provide services as indicated in the individual’s Person-Centered Plan (PCP), of which includes:
 1. Knowing the person, their medication, their health and care needs
 2. Understanding the person’s communication needs
 3. Knowing the person’s other support needs including physical accommodations
 4. Reading and understanding everything that is in the person’s PCP.
 5. Treat individuals with compassion, dignity, and respect at all times.
 6. Know and support the Rights of individuals at all times.
- ✓ Anticipate, identify, and make active efforts to prevent health, safety and welfare risks of individuals. This may include:
 1. Communicating with the individual’s Individual Consultant (I.C.) any concerns or new developments/information.
 2. Preventive action and notifications about behaviors and/or incidents
 3. Filing UI and MUI reports as required in the Rule.
- ✓ Keep information about your contact information up to date in Provider Certification Wizard (PCW). Ensure all changes in that information is updated with RCBDD at all times.
- ✓ Ethically transition individuals to other providers when a new provider is selected.
- ✓ Ensure community integration as much as possible for/with individuals with disabilities so that they are not only active in their communities, but are engaging with the community enough so that relationships are developed.
- ✓ Keeping timely, accurate service documentation sufficient to support all billed services. Providers are responsible for knowing what must be documented. EVERY service has a list of required documentation elements, these rules can be found on the Ohio Department of Developmental Disabilities website:
<http://dodd.ohio.gov/RulesLaws/Pages/RulesInEffect.aspx> .
- ✓ Failure to have the proper documentation for billed services and/or billing for services not provided is Medicaid fraud.

The Rules & Laws [Ohio Administrative Code] that govern providers:

As a provider, your services are governed by the Ohio Administrative Code [OAC]. OAC provides an outline of the basic rules for providers to follow. The State and County have a system of checks and balances to ensure that Providers are compliant. However, as a provider, QUALITY services transcends the minimum requirements. At a minimum, there are two types of Rules on the DODD website:

1. **Rules in EFFECT** <http://dodd.ohio.gov/RulesLaws/Pages/RulesInEffect.aspx>
 - A. **Chapter 5123:2-2 PROVIDER STANDARDS**
 1. 5123: 2-2-01 **Provider certification**
 2. 5123: 2-2-02 **Background Investigations for Employment / Related Form – Attestation & Agreement to Notify Employer**
 3. 5123: 2-2-03 **Quality assurance**
 4. 5123: 2-2-04 **Compliance reviews of certified providers**
 5. 5123: 2-2-05 **Employment first**
 6. 5123: 2-2-06 **Behavioral support strategies that include restrictive measures**
 - B. **Rules under DEVELOPMENT** <http://dodd.ohio.gov/RulesLaws/Pages/Rules-Under-Development.aspx>.

Getting Started

The following are parameters that you must read prior to the provider application process

[General Criteria]:

- ✓ 18 years old
- ✓ Valid social security number
- ✓ Valid email address
- ✓ GED or high school diploma
- ✓ You must have the ability to read, write and understand English
- ✓ You must not be on the Abuser Registry indicating the Ohio Department of Health has made a determination of abuse, neglect, or misappropriation of property of a resident of a long-term care facility or residential care facility.
- ✓ You must not be on the Nurse Aide Registry
- ✓ When you become certified as an Independent Provider through the State of Ohio, the licensure is valid for **3 Years**.
- ✓ You are responsible for monitoring your **recertification dates**. It is advised that you begin recertification **90 days in advance** of the expiration date in order to afford enough time to process the documentation requested.
- ✓ During the certification period (3 years), you can be certified for additional services through the Provider Certification Wizard (PCW).
- ✓ To become certified as an independent provider, there is a non-refundable cost of **\$125.00** (paid online through the Provider Certification Wizard).

[Before you Begin]:

To complete the electronic certification process in the Provider Certification Wizard, it is essential that you have access to the items listed below. If you do not have access, or do not know how to make a PDF document or upload materials, contact **Heather Nore (Coordinator of Provider Recruitment and Development)**:

- ✓ Computer
- ✓ Printer
- ✓ Scanner (not required, but ideal to have; most printers are also scanners)
- ✓ PDF Reader (not required, but ideal to have), such as "Adobe Acrobat" This reader is used to send and receive PDF files to and from the State and Richland County Board. Download for free at: <https://get.adobe.com/reader/>

[Gather Required Documents]:

- ✓ BCII Background Check (After prints are made, they are electronically submitted to the Ohio Department of Developmental Disabilities from the Attorney General's Office). You are tasked to get the prints, but you do not handle any of the results.
- ✓ FBI Background Check (The prints are sent for an FBI check ONLY if you have lived **outside of Ohio on or after 08/08/11**). Similar to BCII, this is electronically submitted to the Ohio Department of Developmental Disabilities from the Attorney General's Office). You are tasked to get the prints, but you do not handle any of the results.
- ✓ CPR Certificate
- ✓ First Aid Certificate
- ✓ Client Right's Annual Training
- ✓ Driver's License
- ✓ Driver's Abstract (*only requested if you indicate you are providing some type of transportation service. You cannot have more than 6 points on your license*)
- ✓ Proof of Driver's Insurance (*only requested if you indicate you are providing some type of transportation service. You cannot have more than 6 points on your license*)
- ✓ "Major Unusual Incident (MUI)" and "Rights" training
- ✓ Non-Disclosure Agreement
- ✓ Proof of Ohio Residency (*Can be copy of driver's license*)
- ✓ Birth Certificate
- ✓ Attestation (*downloaded, printed off, signed and uploaded at the end prior to paying*)
- ✓ Proof of Independent Provider Orientation (*certificate you printed off after watching the video*)
- ✓ Two tax forms (I-9 and Vendor Forms) can be downloaded from the following website address. You need to complete both of them and upload both with ALL aforementioned documents when you reach the "Required Documents" section of the PCW. ** [<https://doddportal.dodd.ohio.gov/forms/Pages/default.aspx>.]
- 1. I-9 Tax Form
- 2. Vendor Form

[Watch the Independent Provider Orientation Video]: "I want to be an independent provider"

NOTE: Make sure you print off the completion certification at the end

- ✓ Type into your internet browser: DODD.ohio.gov
- ✓ Click on the "Providers" Tab. You will be in the "Providers Homepage."
- ✓ Under "General Information," click on "New Providers"
- ✓ Read information in the section. On the bottom left, under "Become a Provider," click on "I want to be an Independent Provider"
- ✓ At the bottom half of the screen, under "Steps to becoming an Independent Provider," click on the blue, highlighted words, "Initial Overview." This video is an orientation for potential independent providers. It is required to be viewed.
- ✓ At the end of the video, you will be prompted to click on a button that states, "Print Certificate." PRINT OFF this certificate, as it verifies that you completed the orientation. This certificate is part of the set of documents you will need to upload to the State, when you get to the end of completing PCW.

[Background Check]:

NOTE: This takes 30-45 days to process!

All of the checks listed below can be completed in one appointment by Richland Newhope's Human Resources Department. Call the following to set up an appointment:

{ **Richland Newhope Administration**
[Human Resource Department]
314 Cleveland Avenue
Mansfield, OH 44902
Contact: (419) 774-4200 }

✓ **Federal Bureau of Investigation (FBI)**

NOTE: Only required if you have lived outside of Ohio on or after 08/08/11

Completes background check for criminal record across the U.S.A. Fingerprints are electronically sent to the FBI, who in turn sends their results to the Attorney General's Office (AGO). The AGO forwards the results of the fingerprinting to the Ohio Department of Developmental Disabilities (ODDD). You must also consent to be enrolled in AGO's retained applicant fingerprint database information exchange system, "Rapback." You will not get these results! You are not responsible for uploading any of these documents to ODDD.

[NOTE: This check takes 30-45 days to process!]

Cost: \$34.00 (Richland Newhope's price)

✓ **Bureau of Criminal Investigation & Identification (BCII)**

NOTE: This check takes 30-45 days to process!

Completes background check for potential criminal record across the state of Ohio. Fingerprints are electronically sent to the FBI, who in turn sends their results to the Attorney General's Office (AGO). The AGO forwards the results of the fingerprinting to the Ohio Department of Developmental Disabilities (ODDD). You will not get these results! You are not responsible for uploading any of this to ODDD.

Cost: \$32.00 (Richland Newhope's price)

✓ **Driver's Abstract**

NOTE: Only required if you indicate that you want to provide transportation services to Independents [i.e., HPC Transportation, Non-Medical Transportation, etc.]

A 3-year record of all moving violation convictions, accident involvement reports, and other actions that result in license suspensions, revocations, or other disqualifications.

[NOTE: This check can take up to a week]

Cost: \$5.00 (through Newhope)

[Initial 8-hour training]:

- ✓ Go onto the website, [http: www.ceucertificates.com].
- ✓ Click on “Training for DODD Waiver Providers
- ✓ Select the “Required Eight Hour Training for NEW Staff or Providers” (This covers all the areas required for certification)
 1. Major Unusual Incidents (MUI) Annual Training
 2. “Individual Rights” Annual Training
 3. Serving individuals with developmental disabilities
 4. Providing Home and Community-Based Waiver (HCBW) services
 5. Requirements of Rule 5123:2-17-02 (Incidents Adversely Affecting Health & Safety)
 6. Universal Precautions for infection control
- ✓ Print out a certificate of completion at the end
Cost: \$60.00
- ✓ Other resources for training:
 1. Ohio Association of County Boards - OACB (Paste the following link in your browser)
<https://asoft7173.accrisoft.com/oacbdd/index.php?src=qendocs&ref=Training+Center+Home&hurl=n>
 2. Train to Excel (Paste the following link in your browser <http://www.traintoexcel.net/>)

[CPR & First Aid Certification]

- ✓ Click on the link below to find classes
<http://www.redcross.org/phssux/desktop.results.jsp?type=class-type-classroom&type=class-type-online&type=class-type-combo&zipCode=44901&city=Mansfield&state=OH&lat=40.7635118&long=-82.5135945&resultsState=0&initialProgramType=cat50003>
- ✓ Make sure you have verification of class completion (i.e., certificate or card)

[Medication Certification 1: Prescribed Medication & Health-Related Activities]

- ✓ The “Prescribed Medications & Health-Related Activities course is to teach and certify *unlicensed* Developmental Disabilities (DD) staff to meet the essential requirements to provide Medication Administration & Health Related Activities.
- ✓ Medication Certification 1 gives authorization to non-licensed DD personnel so that he/she can do the following with or without a Registered Nurse’s delegation: *prepare, administer and document prescribed medications in accordance with Ohio revised Code and Administrative Code laws and rules*. Having this certification will allow DD personnel to administer medication with and/or without it having to be delegated by a registered nurse.
- ✓ The course is taught in accordance with required DODD curriculum manuals for Category 1 and presented by DODD certified trainer (Jennifer Curry/Registered Nurse).
- ✓ Participants are required to **ATTEND** and **PARTICIPATE** in all of the class and skills sessions. Unlicensed DD personnel will be eligible for certification when all of the following are achieved:
 1. Minimum of 14 hours for Cert. Category 1
 2. Submit an evaluation of this program to the instructor
 3. Successfully demonstrate performance of health-related activities, medication preparation, administration for each route of medication administration and documentation for each route of medication administration presented in the 14 hour course.
 4. Pass a closed book course written exam with a score of 80% or better.
- ✓ Failure to pass the written exam will result in the personnel being required to reschedule and retake the entire 14 hour course.

In Richland County, this class is offered to applicants once a month. It is taught by Registered Nurse, Jennifer Curry. The class is typically for 2 days (8:30 a.m. – 4:30 p.m.).

Call Melissa Nedelkos at (419) 774-4345 to register or to get further information!

Provider Certification Wizard (PCW)

PCW is the application located on Ohio's DODD website. It is the vehicle that ALL providers have to use to get certified or recertified.

[Create a User Account]:

- ✓ Type into your internet browser: DODD.ohio.gov
- ✓ Click on the "Providers" tab a quarter of the way down the page. This takes you into the "Providers Homepage."
- ✓ Under the "Certification & Licensure" category, click on "Create a user account in PCW (Provider Certification Wizard)."
- ✓ Complete New User Account Registration (5 steps of which you will receive 3 different emails).
 1. After completing the new user account registration, you will immediately receive an email from AgencyIDService@ohio.gov that will confirm your temporary PIN #. The email will also provide a link to click on in order to continue the registration process.
 2. When you click on the link and input your temporary Pin #, you should receive a second email welcoming you to the State of Ohio DODD. It will provide a link to click on in order to complete the next step.
 3. When you click on that link, you will be taken to "User Account Registration" where you will put in your temporary pin, and you will create a new password, of which you will have to type in twice.
 4. You will receive a third email telling you that you have successfully created an account. In this email, you will be given a user login name (it is typically your last name and the first two letters of your first name. 'John Smith' will be 'SmithJo').
- ✓ You may NOW use your unique logon name and password to log onto the Provider Certification Wizard (PCW).
- ✓ You should now have a user name and a password.

[Log on to Provider Certification Wizard]:

(Use the new user name and password you set up)

- ✓ Type into your internet browser: DODD.ohio.gov
- ✓ Click on the "Providers" tab a quarter of the way down the page. This takes you into the "Providers Homepage."
- ✓ Go down to the "Resources" section and click on "Provider Certification Wizard."
- ✓ Input your user name and password. This will take you to the application.
- ✓ A "Must Read" section will be in the middle of the page. You must read this first and click "ok" on the bottom right when done.
- ✓ At the bottom of each page, on the right, there is a "save and continue" button.
- ✓ When you log into PCW, there will be **14 sections** to complete, of which are highlighted in the next section; they include:
 1. Start
 2. Demographic
 3. Relative/Associate
 4. Service
 5. County of Business
 6. NPI – You DO NOT have to complete this
 7. Disclosure (Page 1 of 2)
 8. Disclosure (page 2 of 2)
 9. Medicaid Provider Agreement
 10. Attestation
 11. Download Files – In this section, you will be downloading and printing off your signed "nondisclosure statement" that will be included with all of the other documents you have to upload at the end.
 12. Documents required – There will be a checklist of documents that the State requires you to upload prior to paying the \$150 fee. Based on the Services you indicate you want to be certified to provide (#4 above), the list will vary.
 13. Summary
 14. Confirmation
- ✓ In each section, everything marked with a **red asterisk (*)** is required information that must be input before you can proceed to the next section.
- ✓ When you have successfully completed and saved a section, the arrow at the top of the screen related to that particular section will turn blue and say, 'completed.'



“Make sure you have copies of all of your documentation before you proceed (see ‘required documents’ on Page 1)!”

APPLICATION in PCW [Provider Certification Wizard]

In each section, the checkmarks are only highlights of information that will help you. It is not meant to be a step-by-step instruction.

- Section 1/Start:**
 - ✓ Select “Independent/Sole Proprietor”
 - ✓ Select that you are applying for “Initial Certification”
 - ✓ Select “I am applying for certification as a provider for HCBS Waiver Services AND Non-Waiver Services”

- Section 2/Demographic:**
 - ✓ Ownership type – Sole Proprietorship
 - ✓ Leave the following BLANK –
 - a. National Provider Identifier
 - b. Optional Medicare Demographic Information
 - c. Health Care Licensure Information
 - d. Ohio Medicaid Group Provider Number
 - ✓ You must provide an email address that you check frequently!

- Section 3/Relative | Associate:**

Tick (mark) the appropriate circles for “Employment, Related Parties and Business Associates”

- Section 4/Services:**

This is the section where you will tick (mark) the circles of the services you want certified to provide. The blue question mark beside each option gives you further information. At the top of the page, a list of services is outlined, of which no additional fee is charged to you to be certified to provide. Depending on your selection, you may have additional verifications and fees to pay at the end (i.e., Non-Medical Transportation certification requires the provider to get drug tested).

- Section 5/County of Business:**

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 the DODD to help you attract new business. You will be able to log into the DODD website to update these at any time.

- Section 6/National Provider Identifier:**

This is a unique identification number that healthcare workers can apply for. The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers. Providers do not have to apply for this number to be certified.

- ❑ **Section 7/Disclosure Page 1:**
Tick appropriate circle in response to questions 1-4
- ❑ **Section 8/Disclosure Page 2:**
Tick appropriate circle in response to questions 5-6
- ❑ **Section 9/Medicaid Provider Agreement:**
 - ✓ You must read the 16 terms and conditions
 - ✓ Check the box on the bottom left
 - ✓ A signature screen will appear and you will officially type your name in.
- ❑ **Section 10/Attestation (*this is an overview of your responsibilities*):**
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 direct services position must meet the 63 requirements outlined on this page. By initializing this page in two places at the bottom (and pressing on 'accept'), you indicate your understanding and assurance to comply.
- ❑ **Section 11/Download Files:**
Tick (mark) the box in the middle of the page ("Nondisclosure Statement") and select on the right, either 'download' or 'email.' This document needs printed off and signed and dated. It will be included with all the documents to upload at the end of PCW, right before payment is requested at the end. Press on 'continue.'
- ❑ **Section 12/Documents Required:**
 - ✓ The documents listed below 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 listed on this page in order to proceed with application submission.
 - ✓ Once submitted, if there is any missing documentation, DODD will automatically send you an email listing what is still needed. Respond to this email as soon as possible with the requested documentation.
 - ✓ It is typical to receive a missing documentation email from DODD saying that they have not received your background check. In this case, just respond to the email stating when and where you completed the check, and that the results were to be forwarded directly to DODD.
 - ✓ BCII Background Checks cannot be uploaded to the Ohio Department of Developmental Disabilities. They must be mailed directly from the BCII office (Attorney General's Office) to the Ohio Department of Developmental Disabilities. This process can take up to 30 - 45 days.
 - ✓ You will need to gather all documents listed below (except the BCII) prior to completing the rest of the application in the Provider Certification Wizard (PCW).
 - ✓ You must upload all of your documentation (except the BCII) when the application system prompts you (at the "Documents Required" tab in PCW).
 - ✓ Scan all of these documents into ONE PDF File. Upload as ONE PDF file:
 - a. ~~BCII Background Check~~ (this is submitted to the State from the Attorney General's Office)
 - b. ~~FBI Background Check~~ (this is submitted to the State from the Attorney General's Office)
 - c. CPR Certificate
 - d. First Aid Certificate
 - e. Client Right's Annual Training
 - f. Driver's License
 - g. Driver's Abstract (*only requested if you indicate you are providing some type of transportation service. You cannot have more than 6 points on your license*)
 - h. Proof of Driver's Insurance (*only requested if you indicate you are providing some type of transportation service. You cannot have more than 6 points on your license*)
 - i. MUI Annual Training
 - j. Non-Disclosure Agreement
 - k. Proof of Ohio Residency (*Can be copy of driver's license*)
 - l. Birth Certificate
 - m. Attestation (*downloaded, printed off, signed and uploaded at the end prior to paying*)



- n. Proof of Independent Provider Orientation (*certificate you printed off after watching the video*)
- o. The following two tax forms (I-9 and Vendor Forms) can be downloaded from the following website address. You need to complete them and upload with the rest of the aforementioned documents.
*[**<https://doddportal.dodd.ohio.gov/forms/Pages/default.aspx>. These two forms are also required to be completed and uploaded with ALL documents when you reach the "Required Documents" section of the PCW.***
- p. I-9 Tax Form
- q. Vendor Form
- ✓ Once aforementioned sections are completed and documents uploaded , you will be able to pay the non-refundable fee (\$125.00) and electronically submit your application.
- ✓ Please be aware that during the review process, you may be asked to provide additional documentation (for example: if you make the selection to provide "Non-Medical Transportation" as a service, you will be asked to submit a drug screen). If additional documentation is requested, you will have 30 days to submit it. If all documentation is not received within this timeline, the application will close and no further action will be taken.
- ✓ The date that the last of your application documentation is received (including receipt of the BCII), is the date that your application will be submitted for review. DODD will review your application within 30 days of this submission date.
- ✓ Following the review of your application and documentation by DODD, your information will be submitted to Medicaid for approval and issuing of a Medicaid billing number.
- ✓ Once ALL the documents listed below are submitted as one PDF file, the reviewer at the State will ensure everything is accounted for.
- ✓ Once the application and documents are passed on to certification, the State has 30 days to process.
- ✓ Within **60 DAYS** of providing services, the Independent Provider MUST complete training in ***Service Documentation & Billing***.

Time Frames

The 3 steps below is an attempt to outline the timeframe involved in certification, so you can plan accordingly.

#1

Background Check

[Takes **30-45 days**; ODDD must receive results from the Attorney General's Office]



#2

Complete PCW sections; gather & upload DOCUMENTS into one PDF file submit & pay fee

[Reviewer has **30 days** to make sure ALL documents required, have been submitted, including the BCII]

One of two things will happen at this point:

1. If there are any missing documents, an email will be sent to you with request for you to email requested item(s). You have **30 days** to get requested information & upload. The sooner it is uploaded, the sooner it will be processed
2. If there are NO missing documents, an email will be sent to you stating that the application has been submitted to a specialist for final review. This can take **30 days** for approval.



#3

When all documentation has been reviewed and you have been approved as an independent provider, you will receive an email from the Ohio Department of Developmental Disabilities. At this point, you need to do one of two things:

1. Forward the APPROVAL email to Heather Nore at (hnore@rnewehope.org) **OR** Drop a printed copy off to Heather Nore at 220 Home Ave [Richland County Board of Disabilities/ Foundation Hall]. The county board has to retain a copy on file.
2. Call Heather Nore (419) 571-6666 to make an appointment to sign up for a "PROVIDER 101" class, of which gives highlights to the basics of what you need to know as an independent provider [i.e., billing, reporting, service documentation, compliance, recertification, etc.]!
3. Heather Nore will officially put you on the provider **LIST SERVE**, of which is the primary communication tool that the Richland County Board of DD uses to keep you updated about EVERYTHING pertinent to your job. Anything that comes down (or up!) from the State to us, is filtered to you through this listserve. That said, it is **very important that you check your email FREQUENTLY**. Additionally, the listserve is the PRIMARY resource for you to find new individuals who are looking for providers!

****It is CRUCIAL that you check your email and junk email on a regular basis****

Heather Nore

[Coordinator of Provider Recruitment & Development]

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