



Department of Developmental Disabilities
Division of Information Technology Services

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Provider Services Management (PSM)

User Guide for Licensure

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Department of Developmental Disabilities
Division of Information Technology Services
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Table of Contents

About Provider Services Management (PSM).....	2
Accessing PNM.....	2
For First Time Users.....	2
For Returning Users.....	6
Accessing PSM from PNM.....	7
For New Licensees and Operators.....	7
For Returning Users.....	11
Using PSM.....	13
Accessing applications and supplementals.....	13
Provider Dashboard.....	13
Development Applications.....	14
New Facility.....	14
Closure.....	21
View/Pay Fees.....	25
Demographic Applications.....	26
PSM Menu.....	26
Tips for using PNM and PSM.....	27
Logging in.....	27
Switching between PNM and PSM.....	27
DODD links.....	27
Contact Information.....	28
Communicate Button.....	28
Website and Email.....	28

About Provider Services Management (PSM)

In 2022, Provider Services Management (PSM) was updated to create a more streamlined service system for DODD licensees and operators to apply for and manage licensure. While the functionality of PSM is largely the same as before, the layout and how it is organized has changed significantly. This user guide leads you through the process of accessing PSM (by way of PNM) and using the system for licensure.

Accessing PNM

To access the Provider Services Management (PSM) application, you must have a valid OH|ID User ID and be an authorized user of the Ohio Department of Administrative Services (DAS) and the Department of Developmental Disabilities (DODD) services.

For First Time Users

1. To begin, go to the **OH|ID Portal** at ohid.ohio.gov, log in with your OH|ID **User ID** and **Password**, and click **Log In**.

An official State of Ohio site. [Here's how you know](#) Language Translation

OH|ID My Apps App Store Account Settings Security Profile Log In Help

Secure access to State of Ohio services

OH|ID provides users with a more secure and private experience during online interactions with State of Ohio programs.

Create OH|ID Account

User ID

FORGOT YOUR USER ID?

Password

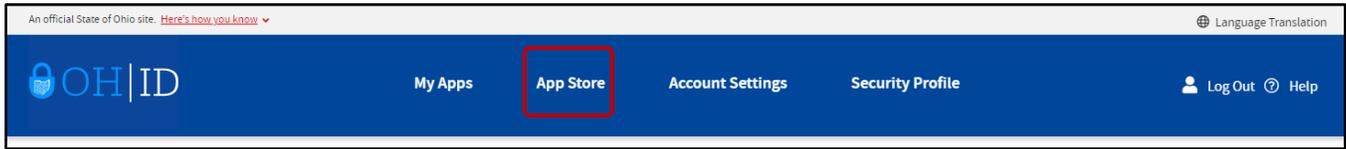
Log In

Get login help

Note

If you do not have an OH|ID User ID, click the **Don't have an Account?** link below the "Next" button. If you can't remember your User ID, use the **Forgot User ID?** link. For more help, please refer to the OH|ID User ID Creation Guide.

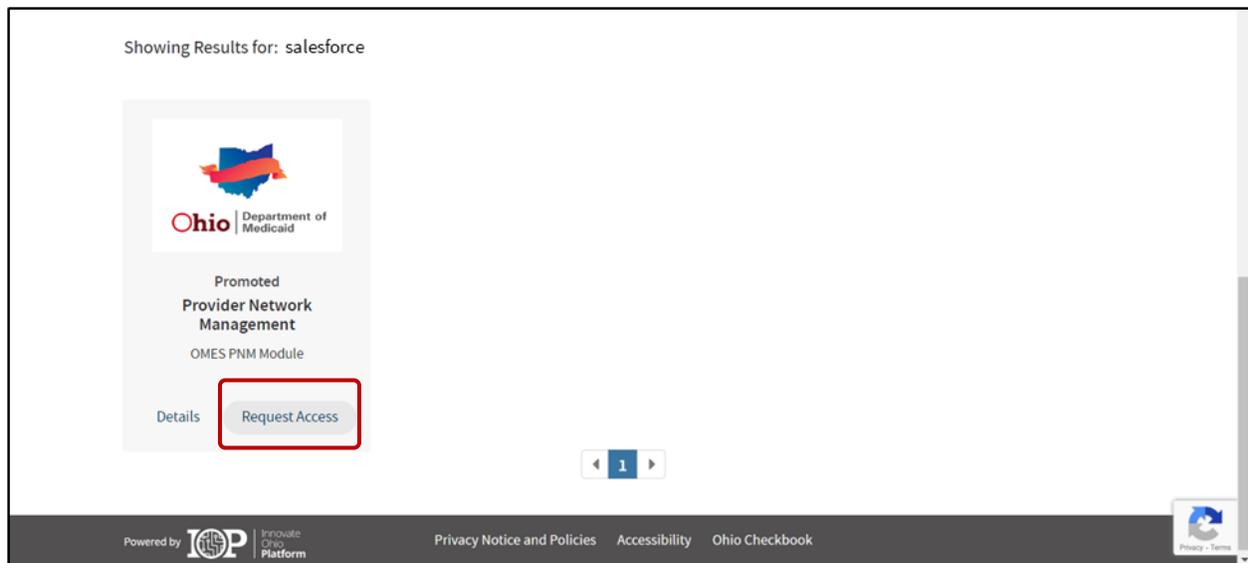
2. Once logged in, click the **APP STORE** tab.



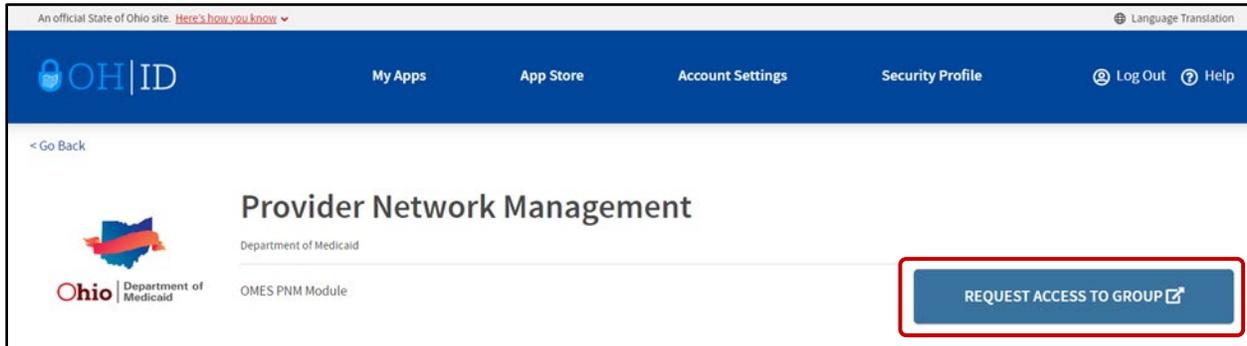
3. Type "**provider**" into the search box and hit **Enter** or click the **Search button** (Q).



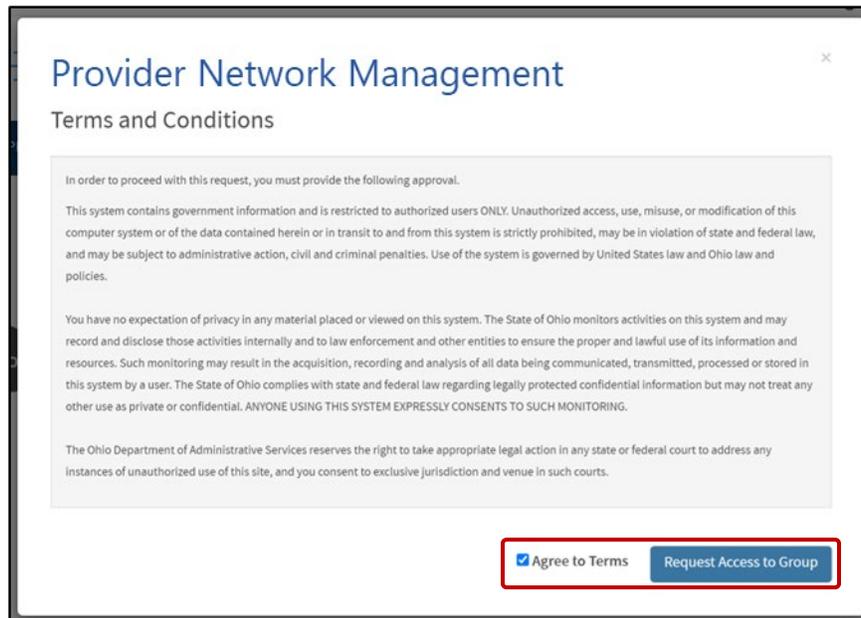
4. Find the **Provider Network Management** tile and click **Request Access**.



5. Click **Request Access to Group**.

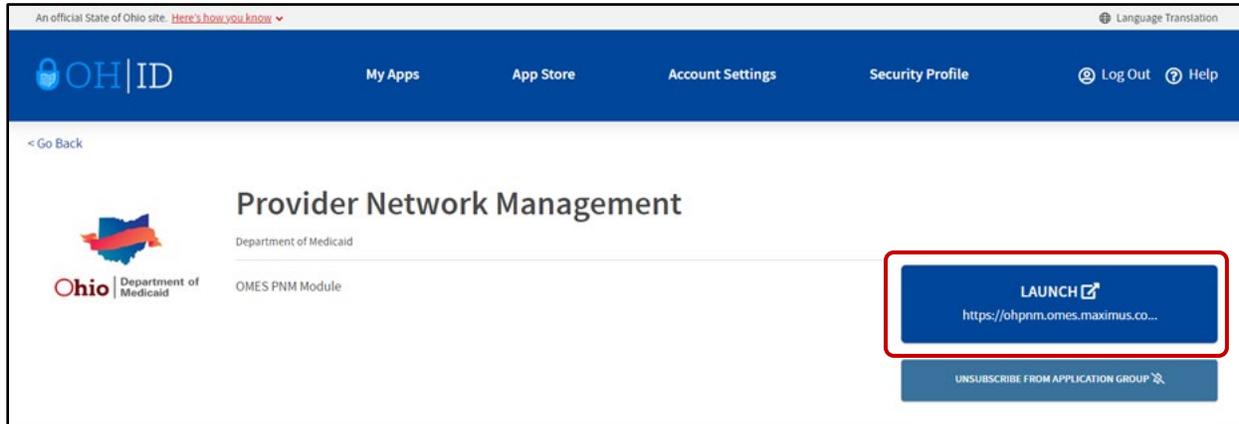


6. A popup will appear. Check the box next to **Agree to Terms** and click **Request Access to Group**.

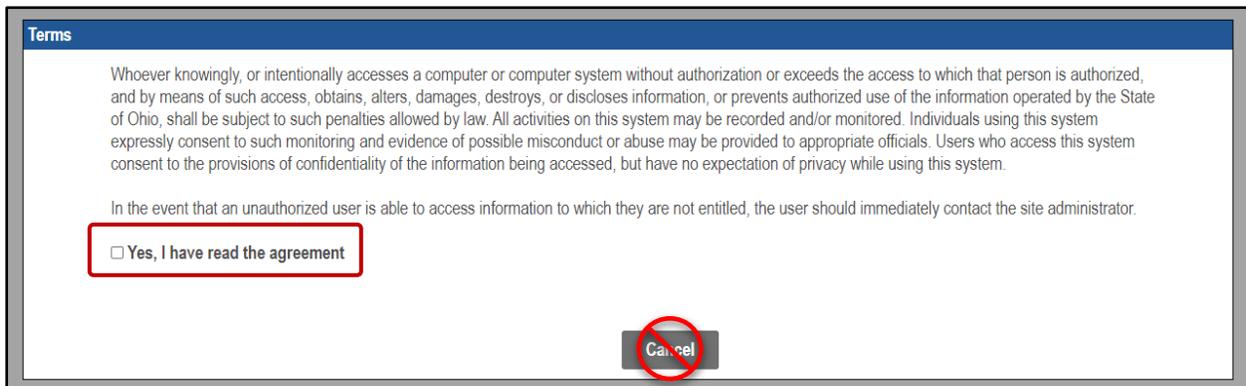


Although access is usually instantaneous, it can sometimes take a little while. Once your request is submitted, you will be notified by email when your request has been processed. **Do not** resubmit your request until you have been notified of the results. Once notified, return to ohid.ohio.gov and log back in again. Go to **MY APPS** and click **Open App** in the Provider Network Management tile to continue.

- If the access request page automatically redirects to the one below, simply click **Launch** to open the application.

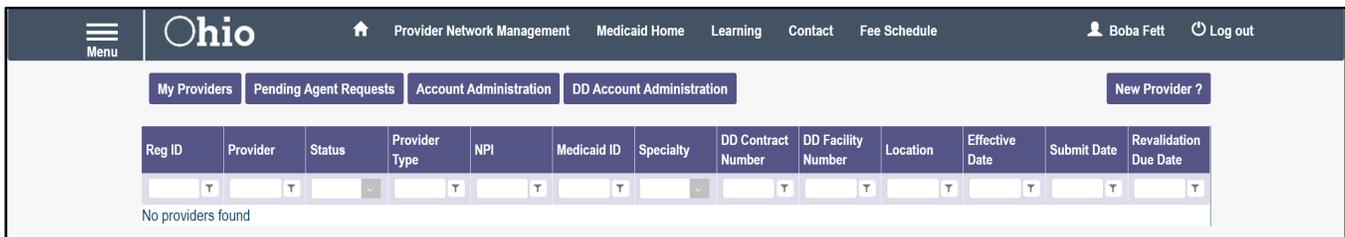


- In the new tab that opens, check the box next to **Yes, I have read the agreement**, and **WAIT**.



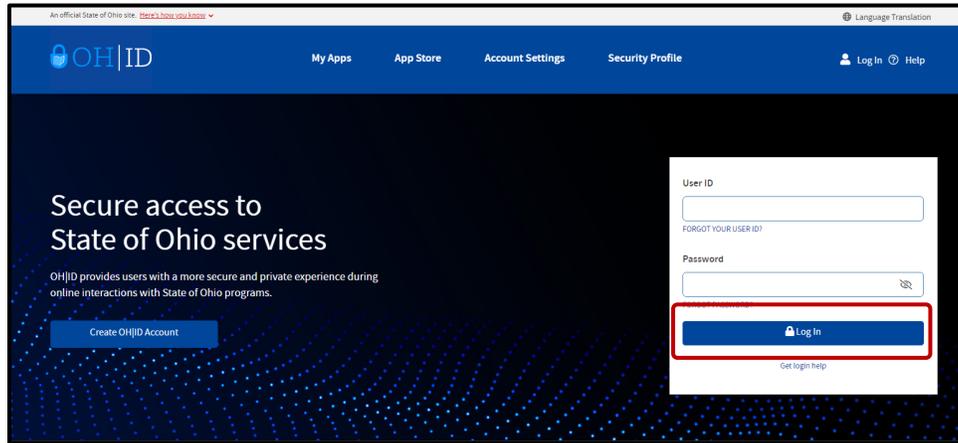
WARNING: DO NOT click the **“Cancel”** button at the bottom of the terms window. This will log you out of PNM/PSM, and you will need to start the login process over from the beginning. Once you have checked the box next to “Yes, I have read the agreement,” you must **WAIT** until PNM loads.

- The PNM landing page will load.

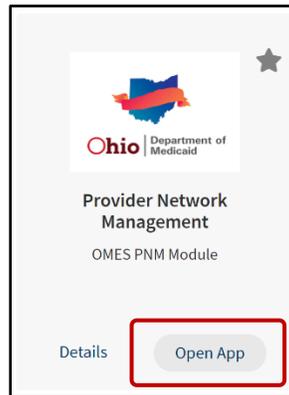


For Returning Users

1. Go to the **OH|ID Portal** at ohid.ohio.gov, log in with your OH|ID **User ID** and **Password**, and click **Log In**.



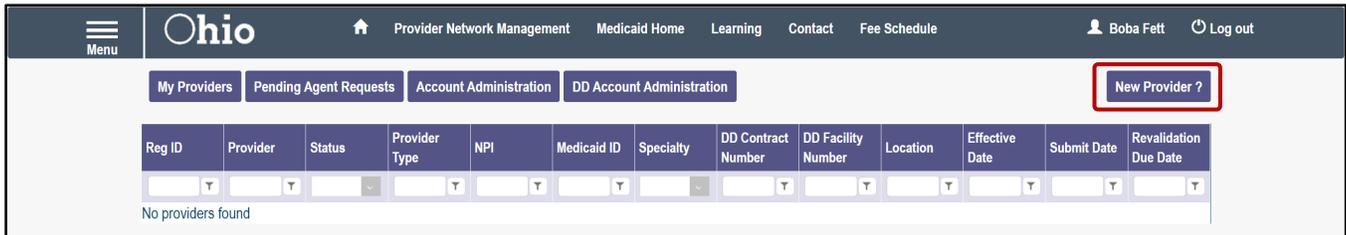
2. Once logged in, go to **MY APPS** and click **Open App** in the **Provider Network Management** tile. The app will open in a new tab.



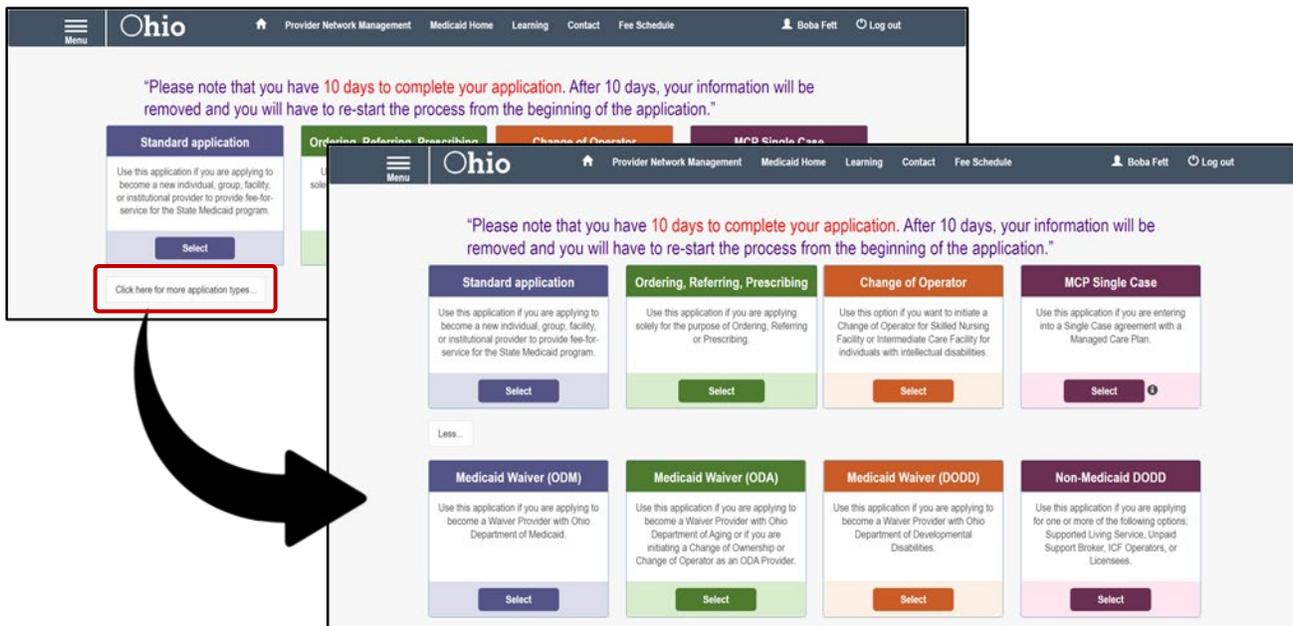
Click the star in the top right corner of the app tile to pin the tile to the top of your app list. This is useful for apps that you access frequently.

Accessing PSM from PNM For New Licensees and Operators

1. From the PNM landing page, click **New Provider?** in the top right-hand corner.



2. Use the **Click here for more application types...** button to show the DODD applications.



Licensees and Operators who have an initial application or a revalidation application open with a sister state agency will be unable to access the DODD links.

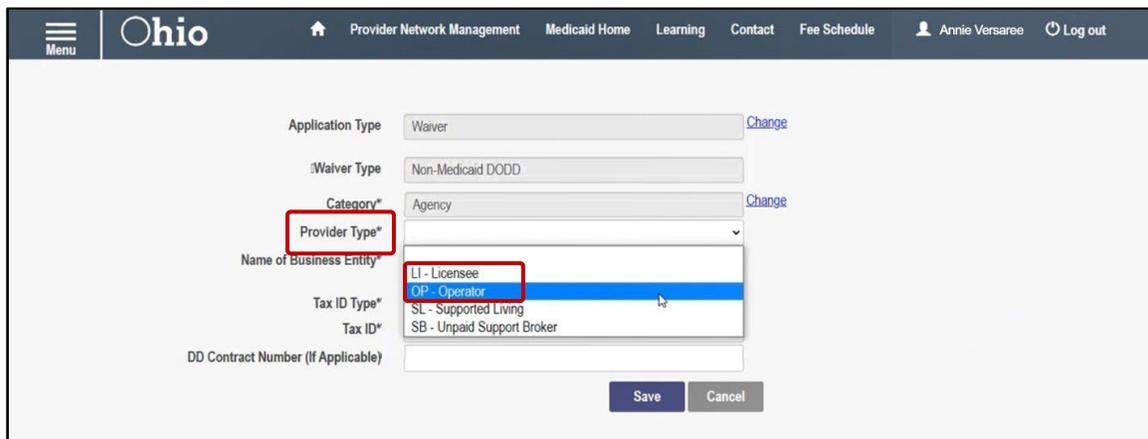
3. Click **Select** at the bottom of the Non-Medicaid DODD tile.



4. Confirm the Application Type and Waiver Type and select **Agency** provider.



5. Choose either Licensee or Operator beside **Provider Type**. The Licensee is the licensed owner who is ultimately responsible for the facility; they own the beds used by the facility and are contracted with DODD. The Operator oversees day-to-day operations. If you do not know whether you are a Licensee or Operator, contact DODD for help.



6. Fill in the **Tax ID Type** and **Tax ID**. Click **Save**.

Application Type: Waiver [Change](#)

Waiver Type: Non-Medicaid DODD

Category*: Agency [Change](#)

Provider Type*

Name of Business Entity*

Tax ID Type*
Tax ID*

DD Contract Number (If Applicable)

[Save](#) [Cancel](#)

7. Click **Save and Submit**.

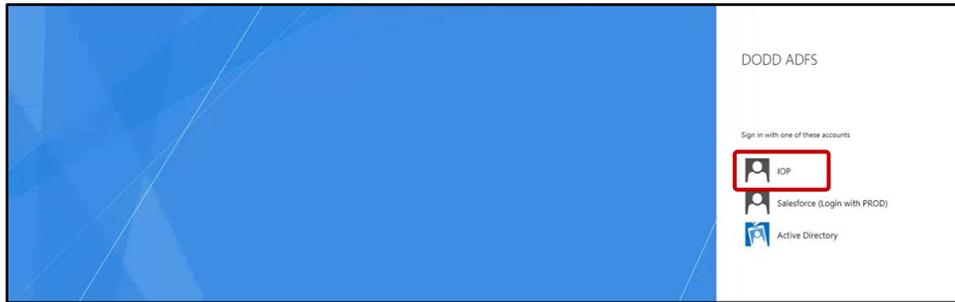
After your submission is completed and approved, you can apply for additional Waiver Services with other Agencies thru this registration in the Provider Network Module.

[Save And Submit](#)

8. A notification will appear. Wait until the connection to PSM is made (this may take a few seconds).

Please wait while your information and session are being transferred to another Ohio Agency in order to complete your application.

9. Select **IOP** (if it appears).



10. You will be redirected to the DODD Apps login system. Wait while the page loads and connects you to PSM. This may take a few seconds.



Once you enter PSM, there's no direct way to return to PNM. For admins who need to frequently switch between the two, it is best to open a second browser tab after accessing PSM and logging in to PNM. When you make updates in PSM, refresh your PNM browser tab to see the changes.

11. The PSM landing page will load. Pending Certification Applications will display.



For Returning Users

1. From the PNM landing page, click the **Reg ID** of the application/profile you wish to access.

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
541274	DAGOBAB, YODA	Complete	38 - NON-AGENCY NURSE - RN OR LPN	1193482118	0109982	PDN/ODM WAIVER REGISTERED NURSE	8190237			07/18/14	07/18/14	02/15/22



When completing a waiver renewal or an ICF closure application, you **MUST** enter the correct Reg ID. Failure to use the correct Reg ID to complete an application may result in delays in licensure.

2. The Provider Management Home screen will appear. Click the **plus (+) sign** next to Enrollment Actions.

Provider Management Home

Registration Information

Provider Name	DAGOBAB, YODA	Medicaid ID	0109982	Effective Date	02/01/2022	Revalidation Due Date	02/01/2027	Term Date	
DODD Certification Start Date	02/01/2022	DODD Certification End Date	12/31/2299	DODD Contract Number	8190237				

Manage Application

Enrollment Actions **+** Enrollment Action Selections:

Programs **+** Program Selections:

Self Service **+** Self Service Selections:

My Current and Previous Applications

Reg ID	Enrollment Action	Program	Application Id	PNM Application Status	Other Agency Application Status	DD Legal Status	Status Date
541274		Medicaid	606300	NOT PROCESSED			02/07/22



The "Programs" option is currently under development and will be available at a later date. The "Self Service" option contains links to useful ODM information.

3. Click **Begin DODD Enrollment Profile Update** (if no current DODD applications are open) or **Continue DODD Enrollment Profile Update** (if at least one DODD application is open) in the expanded options.



Don't see the "Begin/Continue DODD Enrollment Profile Update" option? Make sure that your revalidation date is updated, and confirm that you do not currently have an in-process application. If you do not see an in-process application and there is no cancel option, reach out to the Ohio Department of Medicaid Integrated Help Desk at 800-686-1516 or IHD@medicaid.ohio.gov.

4. The PSM landing page will load. **Contracts** will display at the top, and **Pending Certification Applications** will display below.



Supplementals will now be accessed through a link under the **Supplemental Status** located on the far right-hand side of the application row. Click the link there to access any supplementals.

Using PSM

Accessing applications and supplementals

Once you have logged in through PNM and have accessed PSM, you will be able to use the functions in PSM.

1. To access the application from the beginning of the application, click the **Application Number** directly.
2. To access the application from where you left off when you were last editing the application, click the **Status** of the application.

Application Number	Provider Name	Designation Type	Provider Type/ Entity Type	Application Type	Contract #	Start Date	Submitted Date	Status	Legal Status	Supplemental Status
PROV-APP-123456	Yoda Dagobah, MD, LLP	Provider	Agency	Initial		08/25/2022		Draft		N/A

Provider Dashboard

Once you have accessed your contract in PSM, you will start off on the Provider Dashboard. From here, you can access Certification Applications or Demographic Applications. Use the tabs near the bottom of the page to access either one.

Provider Dashboard | **Provider Home**

Provider Demographics

Provider Name: Licensee User
Contract Number: 10010110
Provider Type: Agency
SSN/TIN: 123121321
Designation Type: Licensee
Address: 123 No Name Dr. Columbus, OH. 90210
Phone: 5558675309
Email: JK@gmail.com

Please select the application you wish to begin.

Development Applications | Demographic Applications

Development Applications

- New Facility**
Create application to open a waiver or ICF facility.
- Closure**
Create an application to close facility.
- View Fees**
View Fees that are owed or history on fees already paid.

Development Applications

In the Provider Dashboard in the PSM menu, click on the **Development Applications** tab to view options for: New Facility, Closure, and View Fees.



IMPORTANT: You must use the correct Reg ID. This is particularly important for ICF closures. Failure to do so may result in a delay in processing.

New Facility

1. To apply to open a waiver or ICF facility, click **New Facility** under the Development Applications tab.

The screenshot shows the 'Provider Home' page. On the left is a sidebar with navigation options: Provider Dashboard, Address, Facility Historical Information, Facilities, Beds On Hold, Sanction History, User Associations, and Provider Features. The main content area is titled 'Provider Demographics' and lists the following information: Provider Name: Licensee User, Contract Number: 10010110, Provider Type: Agency, SSN/TIN: 123121321, Designation Type: Licensee, Address: 123 No Name Dr. Columbus, OH. 90210, Phone: 5558675309, and Email: JK@gmail.com. Below this is a section titled 'Please select the application you wish to begin.' with two tabs: 'Development Applications' (selected) and 'Demographic Applications'. Under 'Development Applications', there are three options: 'New Facility' (highlighted with a red box), 'Closure', and 'View Fees'. The 'New Facility' option includes the text 'Create application to open a waiver or ICF facility.'

2. In the window that opens, click **Continue**.

The screenshot shows the 'New Facility Development Application' form. At the top, it says 'Facility Home / New Facility Development Application'. Below this are four input fields: 'Contract #' (10010100), 'Licensee Name' (Licensee User), 'Application #' (empty), and 'Application Status' (Draft). A progress bar below the fields shows steps: Getting Started (active), Facility Info, Beds, Documents, Operator, Contacts, Summary, and Finalize. The main content area is titled 'Getting Started' and contains the text 'Hello Licensee, Welcome Back.' At the bottom left is a 'Back' button, and at the bottom right is a 'Continue' button, which is highlighted with a red box.

3. Fill out the relevant fields under **Facility Info**.



New facility applications **MUST** be submitted 60 days prior to the proposed effective date.

4. Click **Save and Continue**.

5. Use the dropdown menu to select the source of the beds and enter the number of beds in the appropriate text box. Click the green **Add** button for each source.

Facility Home / New Facility Development Application

Contract # 10110101 Licensee Name Licensee User Application # 2139 Application Status Draft

Getting Started Facility Info Beds Documents Operator Contacts Summary Finalize

30%

Beds

Beds Info

Source of Beds* Purchase Agreement Number of Beds* 0 Add

Delete Back Save and Exit Save and Continue

3. An additional form will appear below. Fill in all the appropriate fields. Conduct a search for the seller of the beds and click **Search**. In the section that opens, click **Select** next to the correct seller. This will link the beds to that provider.

Provider Dashboard Vanessa, Anne

Facility Home / New Facility Development Application

Contract # 10110101 Licensee Name Licensee User Application # Application Status

Getting Started Facility Info Beds Documents Operator Contacts Summary Finalize

30%

Beds

Beds Info

Source of Beds* Purchase Agreement

Purchase Agreement 1

Number of Beds* 4

Seller Name Search Contract Number Search

Address Line 1 Address Line 2 City County State Zip

Search

Provider Contract Provider Name Select

ACME Acres, INC

988789 ACME Acres, INC

Purchase Date Address Line 1 Address Line 2 City County State Zip

Delete Back Save and Exit Save and Continue

4. When finished, click **Save and Continue**.

Provider Dashboard | Versare, Annie

Facility Home | New Facility Development Application

Contract # 10110101 Licensee Name Licensee User Application # 2139 Application Status Draft

Getting Started | Facility Info | **Beds** | Documents | Operator | Contacts | Summary | Finalize

30%

Beds

Beds Info

Source of Beds* Purchase Agreement Number of Beds* 4 Add

Purchase Agreement 1

Number of Beds* 4

Seller Name ACME Acres, INC Search Contract Number Search

Providers

Provider Contract	Provider Name	
	ACME Acres, INC	Select
988789	ACME Acres, INC	Select

Purchase Date

Address Line 1 Address Line 2

City County State Zip

Delete Back Save and Exit **Save and Continue**



Remember to fill in the purchase date before saving and continuing.

5. In the **Document type** dropdown menu, select the type of document to be uploaded. Click **Choose file** and select the file from your device to upload. Click **Upload**. Do this for all necessary documents, and click **Save and Continue** when finished.

Note

In order for this facility to be approved, documents must be submitted either digitally through PSM or on paper. Most documentation is eligible for digital submission; however, some documents (such as for facilities that haven't been built yet) will still need to be submitted in paper form.

6. Under the Operator tab, enter the Provider Name of the Operator for the facility and click **Search**. Click **Select** next to the name of the Operator for the facility. Click **Save and Continue** when finished.

Note

If the Licensee is the same as the Operator, check the **box above Provider Name** and then click **Save and Continue**.

7. Contacts were previously submitted on paper but are now to be submitted digitally through PSM. Choose a contact type through the dropdown menu and click **Add**. Be sure to include contacts for **Local Official**, **Real Estate Owner**, and **Application Contact** (this is the person to be contacted regarding all facility questions). Click **Save and Continue** when finished.

Facility Home > New Facility Development Application

Contract # 1010010 Licensee Name Licensee User Application # 2139 Application Status Draft

Getting Started > Facility Info > Tools > Documents > Operator > **Contacts** > Summary > Finalize

70%

Contacts

Local Official

Contact Type* CityClerk Add

CityClerk

First Name* Last Name*

Address Line1* Address Line2 City*

County* State* Zip*

Select County Select State

Phone #* Email*

Real Estate Owner Add

Application Contact Add

Delete Back Save and Exit Save and Continue

8. Next, a Summary Screen will open. Review all the information for accuracy, and click **Submit** when ready.

Contract #	Licensee Name	Application #	Application Status
2700666	Licensee R Great	2139	Draft

Contract number	Application Number	Facility Name
2700666	2139	Kirstens Place 99

Address Line1	Address Line2	City
99 New York Ave		Westerville

County	State	Zip
FRANKLIN	OH	25423

Phone	Email	Proposed Effective Date
847499131	jk@notmail.com	9/30/2022

Facility Area Type	Length	Width	Total Area
LivingRoom	20.0000000000	20.0000000000	400.0000000000

County	City	Zip
Franklin	Columbus	43093

Entity Name	Address Line1	Address Line2	City
Licensee R Great	850 Deep Dive Dr		Columbus

County	State	Zip
CLERMONT	OH	43090

Phone	Email
614580001	JLK@gmail.com

First Name	Last Name	City
Jared	M	

Phone Number	Email
614580121	jk@notmail.com

9. A pop-up will appear. Click **Yes**.

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

10. Click **OK**.

Contract #	Licensee Name	Application #	Application Status
1010010	Licensee User	2139	Waiting/Order

Thank you for submitting your application requesting provider certification through the Ohio Department of Developmental Disabilities. Your application will be sent to a provider certification specialist for review. You will receive a series of emails from the Provider Certification team indicating the status of your application throughout the review process. If you have any questions or concerns, please contact the DODD Support Center at 1-800-6733, Option 3.

Closure

1. To apply to close a facility, navigate to the Development Application tab in the Provider Dashboard of PSM and click **Closure**.

Provider Dashboard | Provider Home

Provider Demographics

Provider Name: Licensee User
Contract Number: 10010110
Provider Type: Agency
SSN/TIN: 123121321
Designation Type: Licensee
Address: 123 No Name Dr. Columbus, OH. 90210
Phone: 5558675309
Email: JK@gmail.com

Edit Email and Phone Number

Please select the application you wish to begin.

Development Applications | Demographic Applications

Development Applications

New Facility
Create application to open a waiver or ICF facility.

Closure
Create an application to close facility.

View Fees
View Fees that are owed or history on fees already paid.



IMPORTANT: For ICF closures, you MUST enter the correct Reg ID. Failure to do so may result in a delay in processing.

2. Click **Continue**.

Facility Home / Closure Development Application

Application # [input field] Application Status [input field]

Getting Started | Facility Info | Closure Info | Contacts | Summary | Finalize

Getting Started

Hello Licensee,!

Back [button] Continue [button]

3. Type the **Facility Name** in the search box and click **Search**.

Facility Home / Closure Development Application

Application # 2140 Application Status Draft

Getting Started Facility Info ClosureInfo Contacts Summary Finalize

10%

Facility Info

Facility Info

Facility Name Search Facility # Search

MPN # of beds

Address Line 1 Address Line 2

City County State OH Zip

Operator Name Operator Contract

Delete Back Save and Exit Save and Continue

4. Search results will load. Click the **Facility Number** of the correct facility.

Facility Home / Closure Development Application

Application # 2140 Application Status Draft

Getting Started Facility Info ClosureInfo Contacts Summary Finalize

10%

Facility Info

Facility Info

Facility Name Cedar Creek Search Facility # Search

Facility Number	Facility Name
4710097	Cedar Creek Home 1

MPN # of beds

Address Line 1 Address Line 2

City County State OH Zip

Operator Name Operator Contract

Delete Back Save and Exit Save and Continue

5. The information for the facility will auto-populate. Click **Save and Continue**.

The screenshot shows the 'Facility Info' section of the application. At the top, there is a breadcrumb trail: 'Facility Home / Closure Development Application'. Below this, there are two input fields: 'Application #' with the value '2140' and 'Application Status' with the value 'Draft'. A progress bar shows '30%' completion. The navigation menu includes 'Getting Started', 'Facility Info' (highlighted), 'ClosureInfo', 'Contacts', 'Summary', and 'Finalize'. The 'Facility Info' form contains the following fields: 'Facility Name' (Cedar Creek Home 1), 'Facility #' (4710097), 'MPN' (0318919), '# of beds' (8), 'Address Line 1' (1249 East Avenue), 'Address Line 2' (empty), 'City' (elyria), 'County' (LORAIN), 'State' (OH), 'Zip' (44035), 'Operator Name' (Elyria Home Realty, LLC), and 'Operator Contract' (4705279). At the bottom, there are buttons for 'Delete', 'Back', 'Save and Exit', and 'Save and Continue' (highlighted in red).

6. Enter the **Proposed Effective Date** of the closure and an **explanation** of the closure; type in a **signature**.

The screenshot shows the 'Closure Info' section of the application. At the top, there is a breadcrumb trail: 'Facility Home / Closure Development Application'. Below this, there are two input fields: 'Application #' with the value '2140' and 'Application Status' with the value 'Draft'. A progress bar shows '30%' completion. The navigation menu includes 'Getting Started', 'Facility Info', 'ClosureInfo' (highlighted), 'Contacts', 'Summary', and 'Finalize'. The 'Closure Info' form contains the following fields: 'Proposed Effective Date' (1/1/0001 12:00:00 AM), 'Explanation of Closure' (empty), and 'Signature' (empty). Below these fields is the 'Authorized Agent' section with a dropdown menu set to 'No'. The 'Proposed Effective Date', 'Explanation of Closure', and 'Signature' fields are highlighted with red boxes.



IMPORTANT: ICF closures require notification at least 90 days in advance.

7. Scroll down to the bottom of the screen. Fill out the **Authorized Agent** and **Plan for Beds** sections. Click **Save and Continue** when finished.

The screenshot shows a progress bar at the top with steps: Getting Started, Facility Info, ClosureInfo (30%), Contacts, Summary, and Finalize. The main form is titled "Closure Info" and contains the following sections:

- Closure Info:** Includes a "Proposed Effective Date" field with the value "1/1/0001 12:00:00 AM", an "Explanation of Closure" text area, and a "Signature" text area.
- Authorized Agent:** A section with a dropdown menu labeled "Do you have an Authorized Agent?" currently set to "No".
- Plan for Beds:** A section with a "Plan for Beds" dropdown menu set to "Select", and two input fields: "# of Vacant Beds" (value: 0) and "# of Occupied Beds" (value: 0).

At the bottom of the form, there are buttons for "Delete", "Back", "Save and Exit", and "Save and Continue". The "Save and Continue" button is highlighted with a red box.

8. In the Contacts section, enter the contact information and check the box next to each recipient for application notifications. Click **Save and Continue**.

The screenshot shows a progress bar at the top with steps: Getting Started, Facility Info, ClosureInfo (70%), Contacts, Summary, and Finalize. The main form is titled "Contacts" and contains the following sections:

- Application #:** 2140
- Application Status:** Draft
- Contacts:** Includes four input fields: "First Name", "Last Name", "Phone Number", and "Email".
- Send Application Notifications to the following:** A list of checkboxes: "Application Contact", "Licensee", "Operator", and "Administrator".

At the bottom of the form, there are buttons for "Delete", "Back", "Save and Exit", and "Save and Continue". The "Save and Continue" button is highlighted with a red box.

9. The Summary screen will load. Confirm all details and click **Submit**.

View/Pay Fees

To view all licensing fees, click **View Fees** under the Development Application tab in the Provider Dashboard of PSM.

Demographic Applications

Within the Provider Dashboard, click on the Demographic Applications tab, to update your demographic information. Click the links under the Demographic Applications tab to perform the functions listed below.

- **Update your name**
- **Update your address** (billing and payment addresses only; all other addresses must be updated through the Self Service Portal in PNM)
- **Update your CEO (DOO) or CEO Designee (DOOD)**
- **Update ownership** (this application is only for agency providers; it must be completed when there is a change in ownership of the agency)
- **Add a designation** (this is used to add another DODD layer to your Reg ID; for example: a non-Medicaid Waiver Provider adding Medicaid waiver services; a Medicaid Waiver Provider adding a Licensee; or an Operator/Licensee adding a Provider (Medicaid or non-Medicaid waiver services)
- send **notices to DODD** (such as criminal history reports, related parties, professional registrations/certification licensees, and bankruptcy information)
- **View fees**



If it is within 90 days of the recertification span, you will not be able to access Demographic Applications within PSM.

PSM Menu

The remaining tabs in the PSM menu house the following functions:

Provider Name:	Licensee R Great
Contract Number:	2700666
Provider Type:	Agency
SSN/TIN:	684465400
Designation Type:	Licensee
Address:	555 Deep Dive Dr, Columbus, OH , 43050
Phone:	6145550001
Email:	JK@gmail.com

[Edit Email and Phone Number](#)

- **Address:** View your address information (billing and payments only). Click the **Provider Address** and **Secondary Contacts** tabs to view and confirm your address information.
- **Facility Historical Information:** View historical information for your facilities. This includes tabs for both Active and Closed Facilities.
- **Beds on Hold:** View all beds currently on hold.

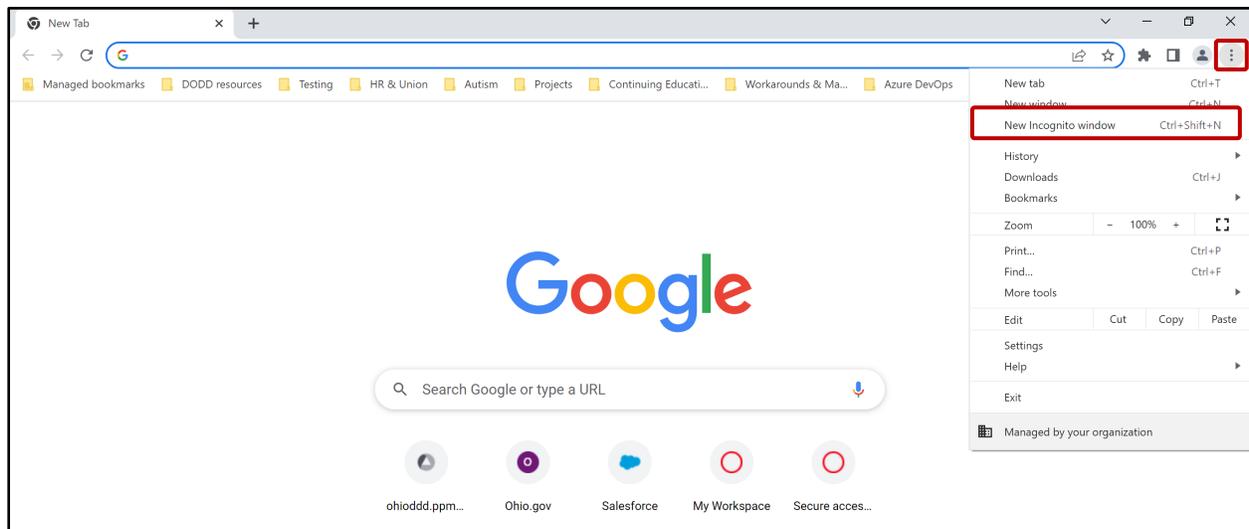
- **Sanction History:** This lists all current and previous sanction information.
- **User Associations:** View any additional contracts linked to the user.
- **Provider Features:** This allows you to apply to update the following: **Features, Agency Contact,** and **Service Description.** Use the links under **Profile Application Types** to start the applications.

Tips for using PNM and PSM

Here are some good points to remember when using PNM and PSM.

Logging in

If you attempt to log in but receive an error, open an Incognito Window in Chrome and log in from the new window that opens.



Switching between PNM and PSM

- Once you enter PSM, there is no direct route (i.e. a link) to go back to PNM. To return to PNM, you must open a new window and log back in to PNM.
- Admins often need to go back and forth between PNM and PSM. To do so, it is best to open a second browser tab after accessing PSM and logging in to PNM. When you make updates in PSM, refresh your PNM browser tab to see the changes.

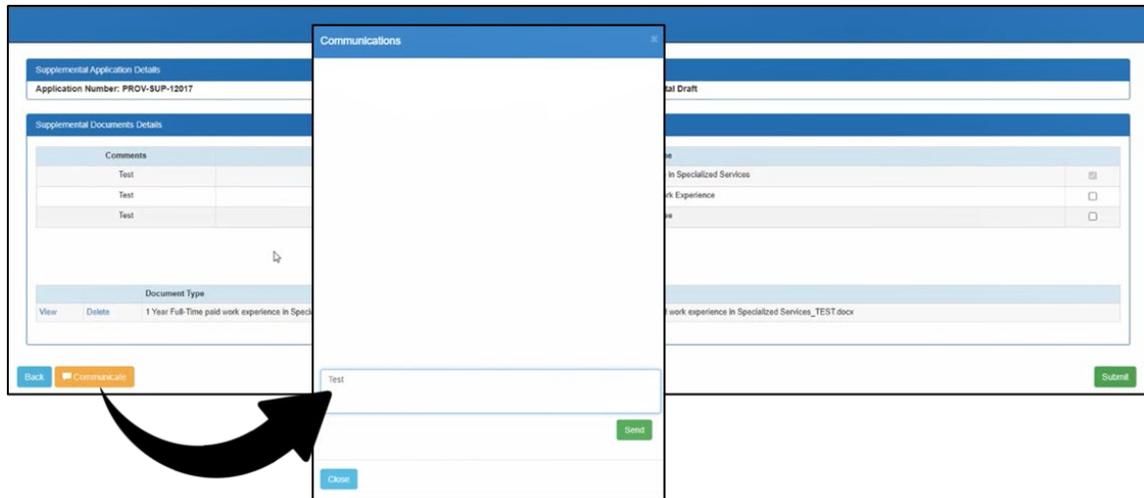
DODD links

Licenses who have an initial application or a revalidation application open with a sister state agency will be unable to access DODD links.

Contact Information

Communicate Button

To communicate with a support person directly at any time, use the **Communicate** button located throughout PSM (example below shows the Communicate button as it appears in the Supplemental Application). Click the button to open a new communication window. Type in your questions, and a support member should contact you soon.



This feature keeps a record of all communications, so you can easily find answers to previous questions you've had. When a support member has responded to your question, you will receive a notification email letting you know that the response has arrived. You will also see a small number on the Communicate button itself, letting you know how many unread responses you have.

Website and Email

For other questions, website and email information for DODD are as follows.

Website: www.dodd.ohio.gov

Email: DODD Licensure Development – licensuredevelopmentapps@dodd.ohio.gov