

Mike DeWine, Governor Kim Hauck, Director

Provider Services Management (PSM)

User Guide for Licensure

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Department of Developmental Disabilities Division of Information Technology Services 30 East Broad Street, 12th Floor Columbus, Ohio 43215



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Ohio

Department of Developmental Disabilities Division of Information Technology Services

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

Note

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



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.

An official State of Ohio site. <u>Here's how you know</u> 🗸					Language Translation
€OH ID	My Apps	App Store	Account Settings	Security Profile	💄 Log Out 🕐 Help

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

Search by Keyword	Filter by State Agencies	
provider	Q All Agencies ×	
		RESET

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

Showing Results for: salesforce		
Ohio Department of Medicaid		
Promoted Provider Network Management OMES PNM Module Details Request Access		
Powered by Composition Provide Platform	Privacy Notice and Policies Accessibility Ohio Checkbook	Privacy - Terms



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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.

In order to	proceed with this request, you must provide the following approval.
This system	contains government information and is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this
computer s	ystem or of the data contained herein or in transit to and from this system is strictly prohibited, may be in violation of state and federal law.
and may be	subject to administrative action, civil and criminal penalties. Use of the system is governed by United States law and Ohio law and
policies.	
You have n	expectation of privacy in any material placed or viewed on this system. The State of Ohio monitors activities on this system and may
record and	disclose those activities internally and to law enforcement and other entities to ensure the proper and lawful use of its information and
resources.	Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in
this system	by a user. The State of Ohio complies with state and federal law regarding legally protected confidential information but may not treat any
other use a	s private or confidential. ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.
The Ohio D	epartment of Administrative Services reserves the right to take appropriate legal action in any state or federal court to address any
instances o	f unauthorized use of this site, and you consent to exclusive jurisdiction and venue in such courts.



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 <u>ohid.ohio.gov</u> and log back in again. Go to **MY APPS** and click **Open App** in the Provider Network Management tile to continue.



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



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

Terms	
	Whoever knowingly, or intentionally accesses a computer or computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated by the State of Ohio, shall be subject to such penalties allowed by law. All activities on this system may be recorded and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this system consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system.
	In the event that an unauthorized user is able to access information to which they are not entitled, the user should immediately contact the site administrator.
	□ Yes, I have read the agreement
	Calvel



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.

9. The PNM landing page will load.

	hio		n Pi	rovider Netv	work Managem	ent Medica	aid Home	Learning C	Contact Fe	e Schedule		💄 Bo	ba Fett 🕚
My Prov	iders Pe	nding Agent R	equests	Account	Administration	DD Accour	nt Administrati	ion				Ν	ew Provider ?
Reg ID	Provide	r Status	Pr Ty	rovider ype	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
	т	т	~	T	Т	T	~	T	T	Т	T	Т	T
No provide	rs found												



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.

O h	io	A	Provider Net	work Managerr	ent Medic	aid Home I	_earning C	Contact Fee	Schedule		💄 Bo	ba Fett Ů I
My Provide	rs Pending	Agent Reques	ts Account	Administration	DD Accou	nt Administrati	on				N	ew Provider ?
Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
T	Т	· ·	Т	Т	T	~	T	Т	T	Т	T	T
No providers	ound											

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.

≡ Ohio	🔒 Pr	ovider Network Management	Medicaid Home	Learning Contact	Fee Schedule	💄 Boba Fett	🖱 Log out
	Application Type	Waiver Medicaid Waiver (DODD)		Chapge			
		Indep	endent	Ager	ncy		

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.

, □	er Network Management Medicaid Home Learning	Contact Fee Schedule 💄 Annie Versaree 🖒 Log out
Application Type	Waiver	Change
Waiver Type	Non-Medicaid DODD	
Category*	Agency	Change
Name of Business Entity*		Ť
Tax ID Type*	OP - Operator	•
Tax ID*	SB - Unpaid Support Broker	
DD Contract Number (if Applicable)	Sava	nel
	Save can	



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

, ⊖hio + Provid	er Network Management Medicaid Home Learning	Contact Fee Schedule	L Annie Versaree 🖒 Log out
Application Type	Waiver	Change	
(Waiver Type	Non-Medicaid DODD		
Category*	Agency	Change	
Provider Type*		~	
Name of Business Entity*	LI - Licensee		
Tax ID Type*	OP - Operator		
Tax ID*	SB - Unpaid Support Broker		
DD Contract Number (If Applicable)			
	Save	ancel	

7. Click Save and Submit.

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

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





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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.

Ohio	Department of Developmental Disabilities	
Welcome Wilson	Jessica !!	
	Please wait while we connect to your account(s)	



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.

s 41	Supplemental Status	Search:									
s (1	Supplemental Status										Show 10 v entries
		Legal Status II	Status 🔝	Submitted Date	Start Date 👔 Sul	Contract # []	Application Type	Provider Type/ Entity Type	Designation Type	Provider Name	Application Number
	N/A		Draft		08/25/2022		Initial	Agency	Provider	Yoda Dagobah, MD, LLP	PROV-APP-123456
lext	Previous 1 Next										Showing 1 to 1 of 1 entries
				NC .	onvicos		a Tochno	fInformatio	Division c	r	
						nuuv s	I LECHING			L	
				.5							



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For Returning Users

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

C	hio		*	Prov	ider Network Ma	anagen	nent Medicaid Hon	ne Learning C	ontact Fee S	chedu	de						💄 Bobal	Fett	🖱 Log out		
1	My Providen	s S	elect Provider	Pen	nding Agent Req	uests	Account Administr	ation DD Account	Administration											1	New Provider
R	Reg ID		Provider		Status		Provider Type	NPI	Medicaid ID		Specialty		DD Contract Numb	er DD Facility Number	Location		Effective Date	3	Submit Date	Re	validation Due le
1		т	C	т	Al		T	т		T	Al	1	T	т		т		T		1	۲
C	<u>541274</u>		DAGOBA YODA	H,	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 Network Manage	ment Medicaid Home	Learning Contact Fe	e Schedule		L Boba Fett OLog out
Provider Manageme	ent Home					
Registration Information						
Provider Name		Medicaid ID	Effective Date	Revalidation Due Date	Term Date	
DAGOBAH, YODA		0109982	02/01/2022	02/01/2027		
DODD Certification Start Dat	e DODD Certification End Date	DODD Contract Number				
02/01/2022	12/31/2299	8190237				
Enrollment Actions	+ Enrollment Action	a Selections:				
Enrollment Actions Programs	+ Enrollment Action + Program Selection	n Selections: ns:				
Enrollment Actions Programs Self Service	+ Enrollment Action + Program Selectio + Self Service Selection	n Selections: ns: ctions:				
Enrollment Actions Programs Self Service My Current and Previous App	+ Enrollment Action + Program Selectio + Self Service Selection	s Selections: ns: ctions:				
Enrollment Actions Programs Self Service My Current and Previous App Reg ID Enrollmer	+ Enrollment Action + Program Selectio + Self Service Selections It Action Program	n Selections: ns: ctions: Application Id	PNM Applicati	se Status C	Nher Agency Application Status	DD Legal Status Status Date



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.

Menu		Provider Network Manage	ment Medicaid Home	Learning Contact Fee Schedul	•		1	Bobs Fett O Log o
	Provider Managemen Registration Information	t Home						
	Provider Name DAGOBAH, YODA		Medicaid ID 0109982	Effective Date Rev 0201/2022 02	validation Due Date	Term Date		
	DODD Certification Start Date 02/01/2022	DODD Certification End Date 12/31/2299	DODD Contract Number 8190237					
	Manage Application							
	Enrollment Actions	Begin DODD Enr	oliment Profile Update					
	Programs	+ Program Select	ions:					
Provider Manager Registration Information	Self Service	+ Self Service Sel	ections:					
Provider Name	My Current and Previous Applic	cations						
Provider Name DAGOBAH, YODA	Ny Current and Previous Applic Reg ID Enrolment /	cations	n Application Id	PNM Application Status		Other Agency Application Status	DO Legal St	tatus S
Provider Name DAGOBAH, YODA D0DD Certification Start 02/01/2022	My Current and Previous Applic Reg ID Enrolment J 541274	ations Action Program Medica	n Application M id 608300	PNM Application Status NOT PROCESSED		Other Agency Application Status	DO Legal St	tatus St
Provider Name DAGOBAH, YODA DODD Centification Start 0201/2022 Manage Application	Ny Current and Previous Applic Reg ID Encolment / 541274	koton Program Medica	n Application M ed 608300	PNM Application Status NOT PROCESSED		Other Agency Application Status	00 Legal S	tatus Si
Provider Name DAGOBAH, YODA DODD Certification Start (2012022 Manage Application Enrollment Actions	My Current and Previous Apple Reg 10 Enrolment / 541274	ation Program Medica Bit Update	n Application M ed 606300	PNM Application Status NOT PROCESSED		Other Agency Application Status	DO Legal Si	tatus Si
Provider Name DAGOBAH, YODA DODO Certification Start (2013/22) Manage Application Enrollment Actions Programs	Wy Cerrent and Previous Applie Reg D Excellence / 541274 Contract descent functioner / Contract DOOD Excellence / Program Selectioner.	satione Program Medica Bie Lipdate	n Application M ed 606300	PNM Application Status NOT PROCESSED		Other Agency Application Status	DD Legal St	atus S
Provider Name DAGOBAH, YODA D000 Cetthastion Start (2001/332) Manager Application Enrollment Actions Programs Self Service	Ny Comet and Par-loca Applie ling (D) 541274 Content of Action of Action of Action Content DOOD Environment Pro- Program Selections: + Self Environ Selections:	sation Program Intern Medice Re Lindere	n Application M	PNR Application Storus NOT PROCESSED		Other Agency Application Status	00 Legal S	tatus 56
Provider Name DAGOBAN, VODA D000 Cettitasten Start (2001/322) Managa Application Errollment Actions Programs Self Service My Cerrent and Previous Application	Ny Comet and Previous Applie Reg (0) 511274 Contract DOOD Final Interfere Program Selections: + Self Service Selections: 4	cations Metion Program Medical Bit Linders	Application M	PNI Application Stewart		Oller Agency Application Balles	00 Logal S	tatus St 0
Provider Name DAGOBAN, VODA D000 Certification Start (2001/322) Managa Application Enrollment Actions Self Service By Current and Previous Application Reg D Extilhees Action	Ny Camet ad Paricea Apple lag 0 51274 Contract Description Program Selections: a Program	Application I/ Program	n Application M d 000000	PNH Application Sterus NOT PROCESSED	on Status	Other Agency Application Status 00 Legal Status	00 i agal S Rafus Date	tation 54 0

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.





Note

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.



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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.

Pending Certification	Applications									
Show 10 v entrie	95								Search:	
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	2	Draft		N/A
Showing 1 to 1 of 1 entrie	15									Previous 1 Next

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.

Address ■ Facility Historical Information ■ Facilities ■ Facilities ■ Beds On Hold ■ Sanction History ⊥ User Associations ▲ Provider Features ₹ Provider Features ₹ Please select the application you wish to begin. Development Applications			Provider Home	Provider Dashboard
Facility Historical Information ■ Facilities ■ Beds On Hold ■ Sanction History ▲ User Associations ▲ Provider Features E Enail: JK@gmail.com Edit Email and Phone Number JK@gmail.com Edit Email and Phone Number Design.com	· · · · · ·		Provider Demographics	Address
Facilities Contract Number: 1001010 Facilities Provider Type: Agency Beds On Hold Image: Contract Number: 123121321 Designation Type: Licensee Address: 123 No Name Dr. Columbus, OH. 90210 Phone: Provider Features Phone: Edit Email and Phone Number JK@gmail.com Edit Email and Phone Number Please select the application you wish to begin. Development Applications Demographic Applications		Licensee User	Provider Name:	Facility Historical Information
Facilities Provider Type: Agency Beds On Hold ■ 123121321 Designation Type: Licensee Address: 123 No Name Dr. Columbus, OH. 90210 Provider Features Δ Provider Features Δ Please select the application you wish to begin. Development Applications Demographic Applications		10010110	Contract Number:	
Beds On Hold ■ Sanction History ▲ User Associations ▲ Provider Features ☑ Email: JK@gmail.com Edit Email and Phone Number Please select the application you wish to begin. Development Applications Demographic Applications		Agency	Provider Type:	Facilities
Sanction History ▲ User Associations ▲ Provider Features ▲ Email: JK@gmail.com Edit Email and Phone Number ■ Please select the application you wish to begin. ■ Development Applications Demographic Applications		123121321	SSN/TIN:	Beds On Hold
Sanction History ▲ User Associations ▲ Provider Features ▲ Email: JK@gmail.com Edit Email and Phone Number ■ Please select the application you wish to begin. ■ Development Applications Demographic Applications		Licensee	Designation Type:	
User Associations ▲ Provider Features ▲ Email: JK@gmail.com Edit Email and Phone Number Please select the application you wish to begin. Development Applications Demographic Applications		123 No Name Dr. Columbus, OH. 90210	Address:	Sanction History
Provider Features Email: JK@gmail.com Edit Email and Phone Number Edit Email and Phone Number Please select the application you wish to begin. Development Applications Development Applications Demographic Applications		5558675309	Phone:	User Associations
Edit Email and Phone Number Please select the application you wish to begin. Development Applications Demographic Applications		JK@gmail.com	Email:	Provider Features
Please select the application you wish to begin. Development Applications Demographic Applications			Edit Email and Phone Number	
Development Applications Demographic Applications		you wish to begin.	Please select the application	
		ographic Applications	Development Applications Dem	
Development Applications			Development Applications	
New Facility Create application to open a waiver or ICF facility. Closure Create an application to close facility. View Fees		r or ICF facility. ity.	New Facility Create application to open a waive Closure Create an application to close facili View Fees	



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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.

Provider Dashboard	♠ Provider Home	
Address	Provider Demographics	
Facility Historical	Provider Name:	Licensee User
	Contract Number:	10010110
Facilities	Provider Type:	Agency
Beds On Hold	SSN/TIN:	123121321
	Designation Type:	Licensee
Sanction History	Address:	123 No Name Dr. Columbus, OH. 90210
User Associations	Phone:	5558675309
Provider Features	X Email:	JK@gmail.com
	Edit Email and Phone Num	ber
	Please select the applicat	ion you wish to begin.
	Development Applications	Demographic Applications
	Development Applications	
	New Facility	
	Create application to open a v	vaiver or ICF facility.
	Create an application to close	facility.
	View Fees	
	View Fees that are owed or hi	story on tees already paid.

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

10010100		Licensee User		Application #		Draft	
Getting Started	Facility Info	Beds	Documents		Contacts		Finalize
ting Started							
o Licensee, Welcome	Back.						



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3. Fill out the relevant fields under Facility Info.

Facility Home / New Facility Development /	Application						
Contract #	Licensee Nan		Application #	(1)		Application Status	
10110101	Licensee Us	61	2139			Draft	
A Getting Started	Beds	Documents) # Co	ntacts	Summary	Finalize
10%	-						-
Facility Info							
Facility Demographics 0							
Address Line1							
Address Line2							
City	County		State			Zip	
	Select Count	у ~	ОН		~		
Phone	Email						
Funding Source'	Total # of Beds	for New Facility*	Proposed Eff	lective Date"			
Select Funding Source 👻	0		1/1/0001 12	00:00 AM			
an secondo a dinase							
Facility Specs	Turne of Living	4.000					
crang Area (min. aq. rt is av per person)	type or civing	Sele	ct Living Area Type	×	Add		
Kitchen/Eating Area (min. Sq. Ft is 15 per perso	on)"		by			•	
Sleeping Area (Min. Sq. Ft is 80 for 1 Person, 6	0 for 2)*	# of Bedrooms					
Are you on public water & sewage?		Select	÷				
What type of structure is this?		Select	v				
Are there two means of exit/egress remote from each floor?	m each other on	Select	~				
Will there be more than 1 licensed facility on th	te same	Select	~	C	\$		
Description of Neighborhood:							
Administrator Into O							
Administrator First Name'		Administrator Last Nam	e				
Phone #		Administrator Email*					



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

4. Click Save and Continue.

Description of Neighborhood:		
Administrator Info 0		
Administrator First Name*	Administrator Last Name*	
Phone #	Administrator Email*	
Delete Back		Save and Exit Save and Continu



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.

Contract #	Licensee Name		Application #	Application Status
10110101	Licensee User	r i i i i i i i i i i i i i i i i i i i	2139	Draft
A Getting Started	cility Info 🔰 🚍 Beds	Documents	Operator Operator	ntacts
			/ /	/ /
30%	1 1 1 1 1 1 1 1			
30% IS				
30% Is				
30% IS ds info 🚱 👝				

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.

Contract #	Licensee Name	Ag	oplication #	AD	plication Status	
10110101	Licensee User	Providers				
A Getting Started	ary into 🗮 Dects	Provider Contract		Provider Name		
		-		ACME Acres, INC		Select
leds		968789		ACME Acres, INC		
The set O		Purchase Date				
Source of Beds'	Purchase Agreement	Address Line 1	ш D	Address Line 2		
hundrage Agreement 4						
urchase Agreement 1		City	County		State	Zip
Number of Beds'						
	<u> </u>					
Seller Name	Search	intract Number	Search			
Particular Data						
Address Line 1		idress Line 2				
	in the second seco					



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4. When finished, click Save and Continue.

Contract #		Licensee Na	me	Application #		Application Status	
10110101		Licensee U	her	2139		Draft	
A Getting Started	E Facility Info	Beds	Documents		Contacts	Summary	> III Finaliz
2.0.0.0	244	1 1 1					
Beds							
Beds into O							
Source of Beds'	Purchase	Agreement	v Number o	of Beds"	4		Add
Durchase Agreem	ant 1						_
Curcillase Agreeting	pin, i						
Number of Beds'							
4							
Seller Name		1000	Contract Number				
ACME Acres, INC		Search			search		
Providers							
Provider Contract			Provider Name				
			1			Select	
			ACME Acres, INC				
988789			ACME Acres, INC			Select	1
Purchase Date							
Address Line A	II	Þ	Address Line B				
Accress Line 1			Abdress Line 2				
		County		State		Zip	

Note

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



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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.

CONTRACT #		Licensee Name		Application #		Application Status	
1010100		Licensee User	r	2139		Draft	
A Getting Started	Facility tells	a tes	Documents	1 Operator	Contacts	Summary	Finalize
		175 1 1 1 1	and the second second				-
scuments U							
countent Type	Select Doct	ument Type	*	_			

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.

Documents 10p	Contacto	1	1
		 > monormacy) III Finalize

Note

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



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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.

1010010	Licensee Name	e M	Application # 2139		Application Statu Draft	•
A Cetting Started 1 Facility Into	>= bea	Documents	> ± openant	Contacts	E Summary	HI Prodes
ntacts		778				
cal Differed D	_					
ontact Type" CityClark	[A01				
lyClerk						
irst Name'		Last Name*				
1			1			
ddress Line1*		Address Line2		City*		
county"		State'		Zip*		
Select County 👻		Select State	~			
'hone #'		Email				
leat Estate Owner						



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



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



10. Click **OK**.

intract #		Licensee Name		Application #		Application Status	
010010		Licensee User		2139		WaitingOnSeller	
Getting Started	L Facility Info	- Ritects	Documents	L Operator	Contacts	■ Summary	Breater
				-			



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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	
Address 🗐	Provider Demographics	
Facility Historical	Provider Name:	Licensee User
	Contract Number:	10010110
Facilities 💼	Provider Type:	Agency
Beds On Hold 💼	SSN/TIN:	123121321
	Designation Type:	Licensee
Sanction History	Address:	123 No Name Dr. Columbus, OH. 90210
User Associations	Phone:	5558675309
Provider Features Z	Email:	JK@gmail.com
	Edit Email and Phone Number	
	Please select the application you Development Applications Demogr	i wish to begin. aphic Applications
	Development Applications	
	Create application to open a waiver or Closure Create an application to close facility. View Fees View Fees that are owed or history on	ICF facility.



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**.

		Application #		Application Statu	5	
♠ Getting Started	L Facility Info	ClosureInfo	Contacts	Summary	Finalize	
tting Started						



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

		Application #		Application St	atus
		2140		Draft	
A Getting Started	L Facility Info	ClosureInfo	Contacts	Summary	Finalize
10%					
acility Info					
Facility Info 9					
Facility Name		Search	Facil	lity #	Search
MPN		# of beds			
Address Line 1		Address Line 2			
			State		Zip
City	County				
City	County		OH		
City	County		OH		

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

		Application #		Application Stat	us	1
A Getting Started	L Facility Info	ClosureInfo	Contacts	Summary	Finalize	8
10%						
cility Info						
acility Info 🕤	0	Search	Facility #			Search
Facility Number			Facility Name			
4710097			Cedar Creek Home 1			
MPN		# of beds				
Address Line 1		Address Line 2				
City	County		State		Zip	
			OH			
Operator Name		Operator Contract				



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

		Application #			Application Stat	tus	
		2140			Draft		
A Getting Started	Facility Info	ClosureInfo	Contact	5	Summary	Finalize	
30%	2223						
cility Info							
Casilibu lafa 🗛							
Facility Name		Cooreb		Facility #	4710007		oreb
Cedal Creek Home		Search			4/1009/	36	aicii
MPN		# of beds					
0318919		8					
		Address Line 2					
Address Line 1							
Address Line 1 1249 East Avenue							
Address Line 1 1249 East Avenue City	County		State			Zip	
Address Line 1 1249 East Avenue Nty elvria	County		State			Zip	
Address Line 1 1249 East Avenue City elyria	LORAIN		State OH			Zip 44035	
Address Line 1 1249 East Avenue City elyria Operator Name	County	Operator Contract	State			Zip 44035	

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

		Application # 2140		Application Status Draft		
♠ Getting Started	Facility Info	ClosureInfo	Contacts	Summary	Finalize	
osure Info	30%					
losure Info 🕄						
oposed Effective Date						
1/1/0001 12:00:00 AM						
planation of Closure						
	le					
onature						
uthorized Agent 🕄			b			
o you have an Authorize	d Agent?					
No	¥					
IMPORT		sures require n	otification at l	east 90 days in	advance	
	- ···		.	с ·		
	Divis	ion of Informati	on Technology	Services		
	Divis IT	sion of Informati IS Call Center 80	on Technology)0.617.6733 opt	Services ion 4		Denc 2



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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.

f Getting Started	🔪 💄 Facility Info	ClosureInfo	III Contacts	Summary	Finalize
3	30%				
Closure Info					
Closure Info 3					
Proposed Effective Date					
1/1/0001 12:00:00 AM					
Explanation of Closure					
Cimpatura	lò				
Signature					
Do you have an Authorized	Agent?				
No	~				
		6			
Plan for Beds 3					
Plan for Beds					
Select	~				
# of Vacant Beds		# of Occupied Beds			
0		0			
Delete Back					Save and Exit Save and Continue

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

		Application #		Application Statu	5	
		2140		Draft		
f Getting Started	L Facility Info	ClosureInfo	Contacts	III Summary	Finalize	
	EREE	70%	EBBBB	A A A		
ontacts						
Contacts 🔋						
First Name		Last Name				
Phone Number		Email				
Send Application Notifica	tions to the following:					
Application Contact						
Licensee						
Operator						



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

		Application # 2140		Application Status Draft	
A Getting Started	Facility Info	Ciosureinfo	Contacts	Summary	III Finalize
		90	8		
ummary					
Facility Info					
Facility Name:	Cedar Creek Home 1		MPN:	0318919	
Facility #:	4710097		Number of Beds:	8	
Address Line1:	1249 East Avenue		Address Line2:		
City:	elyria		County:	LORAIN	
State:	OH		ZipCode:	44035	
Operator Name:			Operator Contract:	4705279	
Closure Info					
Proposed Effective Date:	1/1/0001		Explanation for Closure	0	
~					
			ecclipled Bed	S:	0
Contacts					
First Name:	Jim		Last Name:	E	
Phone Number.	6145505012		Email:	jkl@notmail.com	
Send Application Notification	ns to the following:				
Application Contact					
Licensee					
Constator					
operator					

View/Pay Fees

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

Provider Dashboard 🔒 🔒	Provider Home		
Address	Provider Demographics		*
Facility Historical	Provider Name:	Licensee User	
	Contract Number:	10010110	
Facilities 🚞	Provider Type:	Agency	
Beds On Hold	SSN/TIN:	123121321	
	Designation Type:	Licensee	
Sanction History	Address:	123 No Name Dr. Columbus, OH. 90210	
User Associations	Phone:	5558675309	
Provider Features	Email:	JK@gmail.com	
	Edit Email and Phone Number		
	Please select the application	ז you wish to begin.	
	Development Applications De	emographic Applications	
	Development Applications		
	New Facility Create application to open a waiv	ver or ICF facility.	
	Closure		
	View Fees	ciinty.	
	view nees that are owed or histor	iry on fees already paid.	

Ohio

Department of Developmental Disabilities Division of InformationTechnology Services

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 Dashboard	A	Provider Home	
Address		Provider Demographics	· · · · · · · · · · · · · · · · · · ·
Facility Historical	~	Provider Name:	Licensee R Great
Information	_	Contract Number:	2700666
Facilities	•	Provider Type:	Agency
Beds On Hold	-	SSN/TIN:	684465400
		Designation Type:	Licensee
Sanction History	<u> </u>	Address:	555 Deep Dive Dr, Columbus, OH , 43050
User Associations	*	Phone:	6145550001
Provider Features	R	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.

S New Tab X +	~ - Ø ×
\leftrightarrow \rightarrow G (G	🖻 🖈 🖬 🚢 🗄
📕 Managed bookmarks 📕 DODD resources 📮 Testing 📮 HR & Union 📑 Autism 📑 Projects 📮 Continuing Educati 📑 Workarounds & Ma 📑 Azure DevOps	New tab Ctrl+T New window Ctrl+N
	New Incognito window Ctrl+Shift+N
	History Downloads Ctrl+J Bookmarks
	Zoom - 100% +
Google	Print Ctrl+P Find Ctrl+F More tools ▶
	Edit Cut Copy Paste
	Settings Help
Q Search Google or type a URL	Exit
	Managed by your organization
ohioddd.ppm Ohio.gov Salesforce My Workspace Secure acces	

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

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



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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.

Supplemental Application Details			
Application Number: PROV-SUP-12017		tal Draft	
Supplemental Documents Details			
Comments		10 No.	
Test		In Specialized Services	8
Test		rk Experience	0
Test		10 E	0
Document Type View Delete 1 Year Full-Time pair	t work experience in Speci	I work experience in Specialized Services_TEST docx	
x Communicate	Test		
	Test	Sent	

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