

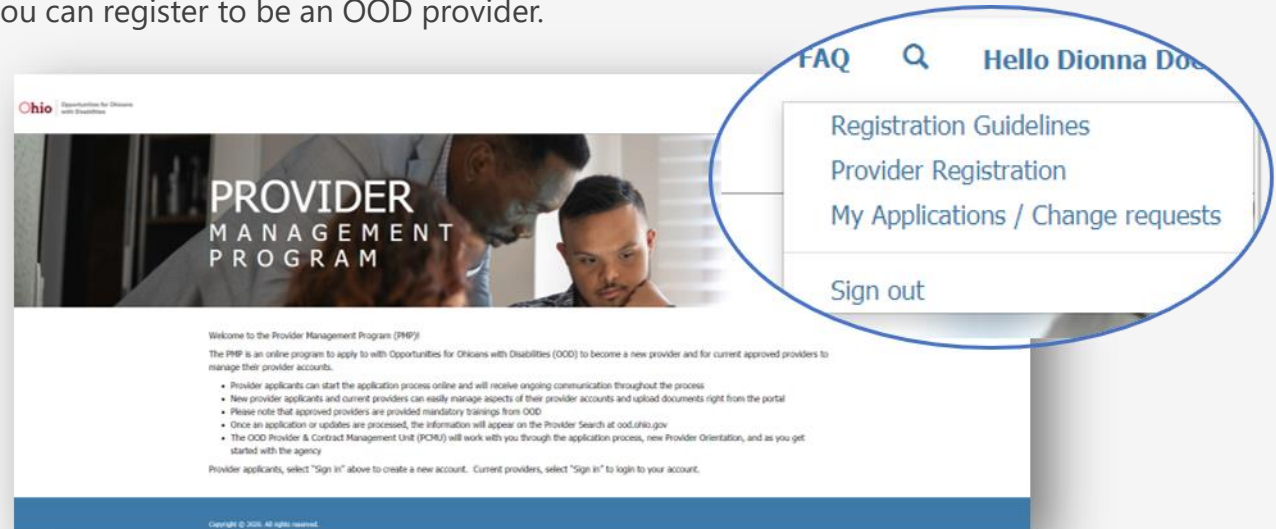
Provider Management Program

Registering in the PMP system to be an OOD Provider

Provider Registration – Registering to be an OOD Provider

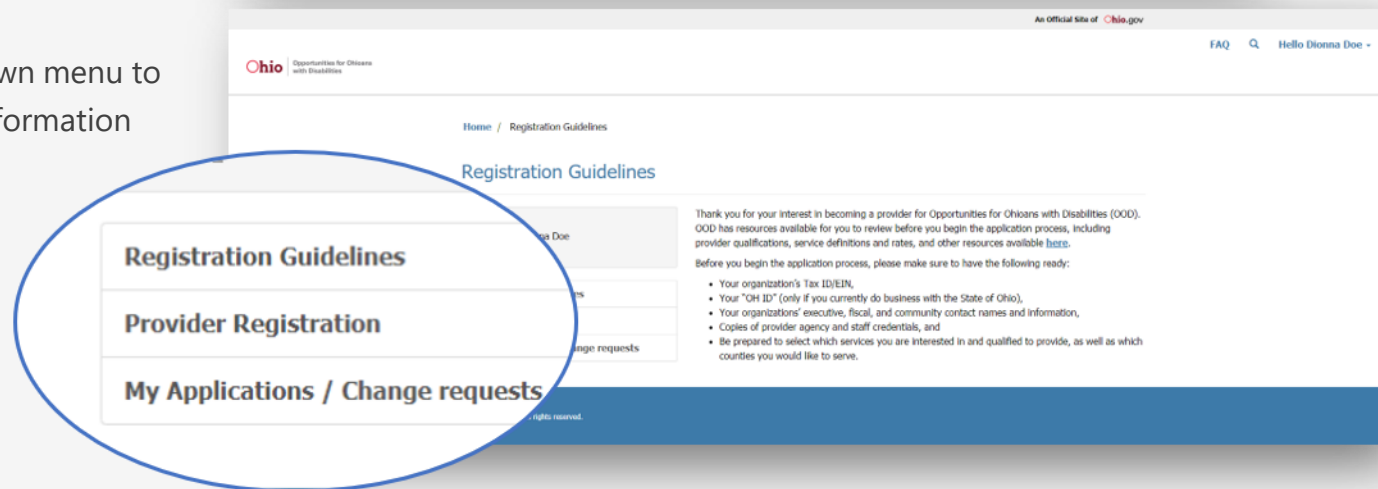
Once you have OH|ID credentials and are logged in to the PMP system, you can register to be an OOD provider.

1 Click on **your name** in the top right corner of the PMP welcome screen. A dropdown menu will appear.



2 Select **Registration Guidelines** from the dropdown menu to review the guidelines provided and gather the information needed to complete your registration.

Then click **Provider Registration**.



1. Provider Details – Adding Provider Information

3 In the **Provider Details** tab, type your **Provider Information** in the fields provided.

(All fields marked with a red asterisk* are required to be filled out.)

Then click **Next**.

The screenshot shows a web form titled "Provider Information" with the following fields and values:

- Provider Name *: PMP Provider
- SSN ® TaxID/EIN: (selected)
- SSN or TaxID/EIN *: 12-3456789
- Address 1 *: 1234 OOD PMP Lane
- Address 2: (empty)
- City *: Columbus
- State *: Ohio (dropdown menu)
- Zip Code + Ext *: 43232
- County *: Franklin (dropdown menu)
- Email *: dionnae01@yahoo.com
- Phone *: (614) 555-1234
- Fax: (empty)
- Website: (empty)

A blue circle highlights the "Next" button at the bottom of the form.

2. Contacts – Adding Contacts

4 In the **Contacts** tab, click **Add Contacts**.

The screenshot shows a multi-step process bar at the top with steps 1 through 9. Step 2, 'Contacts', is highlighted. Below the bar, the 'Contacts' section has a 'Provider Name *' field with 'PMP Provider' entered. A search bar with a magnifying glass icon and an 'Add Contacts' button (circled in blue) is to the right. Below the search bar is a table with columns: Full Name ↑, Title, Phone, Email, and Contact Type. The table is empty, with a yellow message box stating 'There are no records to display.' At the bottom, there are 'Previous' and 'Next' buttons.

5 Check the appropriate box(es) for **Contact Type**, enter required information, and click **Submit**.

The screenshot shows two side-by-side 'Contact Information' forms. The left form has 'Participant' and 'Fiscal' checked under 'Contact Type *'. The right form has 'Executive' checked. Both forms have fields for First Name, Middle Name, Last Name, Title, Email, and Phone. The 'Submit' button at the bottom of the right form is circled in blue.



You must have at least one **Fiscal** AND one **Participant** contact. This contact can be the same or different people. (Other contact types are not required.)

2. Contacts – Updating or Deleting Contacts

- 6 Expand the caret (to the right of the [Contact Type](#)) to **Update** or **Delete** existing contacts, as needed. Then click **Next**.

Contacts

Provider Name *
PMP Provider

Search

Full Name ↑	Title	Phone	Email	Contact Type
Dionna Doe		(614) 555-1234	dionnadoe01@yahoo.com	Participant, Fiscal
John Doe		(614) 555-4321	johndoe@yahoo.com	Executive

Update
Delete

Previous

3. Additional Locations – Adding Additional Contacts to New Location

When an additional location is added, the Additional Contacts screen will appear. Multiple contacts can be added, but at least one is required for each location.

9 If you've added an additional location, click on **Add Contact** to create a contact for that location. Then enter all required contact information and click **Submit**. (Repeat, as needed, to add all additional contacts.)

10 Once all additional locations and their additional contacts have been added, click **Next**.

Home / Registration Guidelines / Provider Registration / Additional Contacts

Additional Contacts

Full Name ↑	Title	Phone	Email
There are no records to display.			

Submit Cancel

Contact Information

Contact Type *

Participant
 VR Manager

First Name *
Jane

Middle Name

Last Name *
Doe

Title

Email *
janedoe@yahoo.com

Phone *
(614) 555-7894

Submit

Additional Locations

Provider Name *
PMP Provider

Search [] [] Add Location

Address 1 ↑	Address 2	City	Phone
4321 Provider Blvd.		Etna	(740) 555-1236

Previous Next

4. Subcontractors – Adding a Subcontractor

11 In the **Subcontractors** tab, click **Add Subcontractor** to add any subcontractors, if applicable. Then enter all required information and click **Submit**. (Repeat, as needed, to add all subcontractors.)

1. Provider Details ✓ 2. Contacts ✓ 3. Additional Locations ✓ 4. Subcontractors 5. Services Selection 6. Background Attestation
7. Acknowledgement 8. Details Review 9. Upload Documents

Subcontractors

Provider Name *
PMP Provider

Full Name	Approve/Deny
There are no records to display.	

Previous Next

First Name *
Olivia

Middle Name

Last Name *
Doe

Address *
5432 Standby Lane

City *
Dublin

State *
Ohio

Zip Code + Ext *
43017

Email *
oliviadoe@gmail.com

Phone *
(614) 555-9874

Submit

Add Subcontractor

12 Once all subcontractors have been added, click **Next**. (This section is not required if you do not have subcontractors.)

Subcontractors

Provider Name *
PMP Provider

Search

Full Name	Approve/Deny	Email ↑	Phone	
Olivia Doe	Deny	oliviadoe@gmail.com	(614) 555-9874	⌵

Previous Next

5. Services – Selecting Services to Add

13 In the **Services** tab, click **Add Service/County**.

14 From the **Service Selection** screen, click the **dropdown caret** next to the **Service Lookup** field to expand a list of services and select a service.

The screenshot shows a progress bar at the top with steps 1 through 9. Step 5, 'Services Selection', is highlighted. Below the progress bar, the 'Services' section contains a table with columns for 'Service', 'Service County', 'Approve/Deny', and 'Required Form'. A yellow message box states 'There are no records to display.' A blue button labeled 'Add Service/County' is circled in blue. At the bottom, there are 'Previous' and 'Next' buttons.

The screenshot shows the 'Service Selection' screen with the 'Service Lookup' dropdown menu open. The dropdown menu lists various services such as 'Activities of Daily Living Training (Credential)', 'Activities of Daily Living Training (Non-Credential)', 'Career Exploration', 'Clinical Low Vision Services', 'Community Based Assessment', 'Counseling on Post Secondary', 'Criminal Record Check', 'Drivers Training Services', 'Instruction in Self-Advocacy', 'Intake', 'Interpreting - American Sign Language', 'Interpreting - CART / C-Print', 'Interpreting - Deaf / Blind', 'Interpreting - Foreign Language', 'Interpreting - Signed Exact English', 'Interpreting - Video Remote Interpreting', and 'Job Development - Performance Based'. The 'Service County' dropdown is also visible, showing a list of counties including 'Other', 'Adams', 'Allen', 'Ashland', 'Ashtabula', 'Athens', and 'Auglaize'. 'Submit' and 'Cancel' buttons are at the bottom.

5. Services – Selecting Services County

- 15 From the [Service Selection](#) screen, click the service to be added and then click **Select**. The service selected will appear in the [Service Lookup](#) field.

* Credential Request Form is required

Service Lookup *

Activities of Daily Living Training (Credential) Service Descriptions

Service County *

- Defiance
- Delaware
- Erie
- Fairfield
- Fayette
- Franklin
- Fulton

Submit Cancel

- 16 Under [Service County](#), click to add appropriate counties. (You can add multiple counties at once. Then click **Submit**).

Home / Registration Guidelines / Provider Registration / Service Selection

Service Selection

Service Lookup *

Activities of Daily Living Training (Credential) x Q

Service County *

- Erie
- Fairfield
- Fayette
- Franklin
- Fulton
- Gallia
- Geauga
- Greene

Submit Cancel



If a service is selected that requires an additional form, you will see the name of the form next to an *asterisk. In this example, a Credential Request Form is required.

5. Services – Selecting Services Provided Remotely

* Addendum Form is required

Service Lookup *
Criminal Record Check Service Descriptions

Service County *
 Warren
 Washington
 Wayne
 Williams
 Wood
 Wyandot
 Remote

Services Provided Remotely

Submit Cancel

17 Repeat steps 13 – 16, as needed, until all services are added. Then click **Next**.

Services Add Service/County

Service	Service County ↑	Approve/Deny	Required Form	
Activities of Daily Living Training (Credential)	Franklin	Deny	Credential Request Form	<input checked="" type="checkbox"/>
Criminal Record Check	Remote	Deny	Addendum Form	<input checked="" type="checkbox"/>

Previous **Next**



When a service is selected that can be provide remotely, the **Services Provided Remotely** check box option will automatically appear. When selected, the **Remote** checkbox in the **Service County** options will be defaulted. Select **Other** only when services provided are outside the Ohio county selection options.

6. Background Attestation – Answering Attestation Questions

18

From the [Background Attestation](#) tab, click the [Update](#) caret next to each question and provide responses to the questions in the [Comments](#) field provided. Click [Submit](#) to advance to the next question. After ALL questions are answered, click [Next](#).

*Please click each drop-down arrow to provide responses to the questions.

Attestation Questions ↑	Response	Comments
1) What is your agency's Mission Statement?		<input type="checkbox"/> Update
2) Please provide a summary of your agency's experience working with individuals with disabilities in obtaining competitive integrated employment.		<input type="checkbox"/>
3) Has the agency, owner, or members of management ever had a license or certification that has had disciplinary action taken or has been revoked or suspended?		<input type="checkbox"/>
4) Have you, any managers or supervisors of the agency, or any staff members ever been indicted or convicted of a violation of State or Federal law?		<input type="checkbox"/>
5) Have you, any managers or supervisors of the agency, or any staff members lost a professional license or certification, or had any findings, actions or status revocations through any State agencies, licensing boards, or review bodies?		<input type="checkbox"/>

Previous **Next**

1) What is your agency's Mission Statement?

Comments

Empowering Ohioans with disabilities through employment, disability determinations, and independence.

Submit

7. Acknowledgement – Acknowledging Provider Registration

- 19 From the [Acknowledgement](#) tab, carefully read the entire acknowledgement, scrolling down to see all text. Then, to signify your agreement, type your initials (2-3 characters) in the [Initials](#) field and click [Next](#).

The screenshot shows a multi-step registration process. At the top, a progress bar contains nine steps: 1. Provider Details ✓, 2. Contacts ✓, 3. Additional Locations ✓, 4. Subcontractors ✓, 5. Services Selection ✓, 6. Background Attestation ✓, 7. Acknowledgement (highlighted in blue), 8. Details Review, and 9. Upload Documents. Below the progress bar, the heading "Acknowledgement" is displayed. A text area contains two paragraphs of text about the Ohio Opportunities for Ohioans with Disabilities (OOD) agency. Below the text area is a label "Initials: *" and a text input field containing "DLD". At the bottom of the form, there are two buttons: "Previous" and "Next", with the "Next" button circled in blue.

1. Provider Details ✓ 2. Contacts ✓ 3. Additional Locations ✓ 4. Subcontractors ✓ 5. Services Selection ✓ 6. Background Attestation ✓

7. Acknowledgement 8. Details Review 9. Upload Documents

Acknowledgement

Opportunities for Ohioans with Disabilities (OOD) is the State of Ohio agency that serves Ohioans with disabilities to achieve quality employment and independence. Ohio Law allows OOD to use community rehabilitation providers to work directly with individuals throughout the vocational rehabilitation process to work toward this shared goal. To become a provider, the interested party must submit an application through the Provider Management Portal (PMP) to be considered and approved for services.

OOD partners with community rehabilitation providers to support individuals with disabilities. To provide the best services, OOD will monitor and enforce relevant rules and regulations set forth by State Law and the Ohio Administrative Code. When situations arise, OOD supports providers to comply with State Law and OOD requirements. OOD may support providers through required trainings, regional meetings, provider reviews, technical guidance, alternate billing.

Initials: *

DLD

Previous Next

8. Details Review – Reviewing your Provider Registration

20

From the **Details Review** tab, carefully review all the information entered. If changes are needed, click the **Previous** button to return to the screen and make the necessary updates. Once all information is correct, click **Next**.

1. Provider Details ✓ 2. Contacts ✓ 3. Additional Locations ✓ 4. Subcontractors ✓ 5. Services Selection ✓ 6. Background Attestation ✓
7. Acknowledgement ✓ 8. Details Review 9. Upload Documents

Provider Information

Provider Name *
PMP Provider

SSN TaxID/EIN

SSN or TaxID/EIN *
12-3456789

Address 1 *
1234 OOD PMP Lane

Address 2
—

City *
Columbus

State *
Ohio

Zip Code + Ext *
43232

County *
Franklin

Email *
dionnae01@yahoo.com

Contacts

Full Name ↑
Dionna Doe
John Doe

Subcontractors

Full Name
Olivia Doe

Additional Locations

Address 1 ↑
4321 Provider Bl

Services

Service
Activities of Daily Living T (Credential)
Criminal Record Check

Background Attestation

Attestation Questions ↑	Response	Comments
1) What is your agency's Mission Statement?		Empowering Ohioans with disabilities through employment, disability determinations, and independence. <input type="checkbox"/>
2) Please provide a summary of your agency's experience working with individuals with disabilities in obtaining competitive integrated employment.		In striving for excellence in service, we will: Listen first Act with a sense of urgency Honor diversity Foster inclusiveness Value collaboration Inspire innovation Be transparent Be accountable Celebrate Success <input type="checkbox"/>

Acknowledgement

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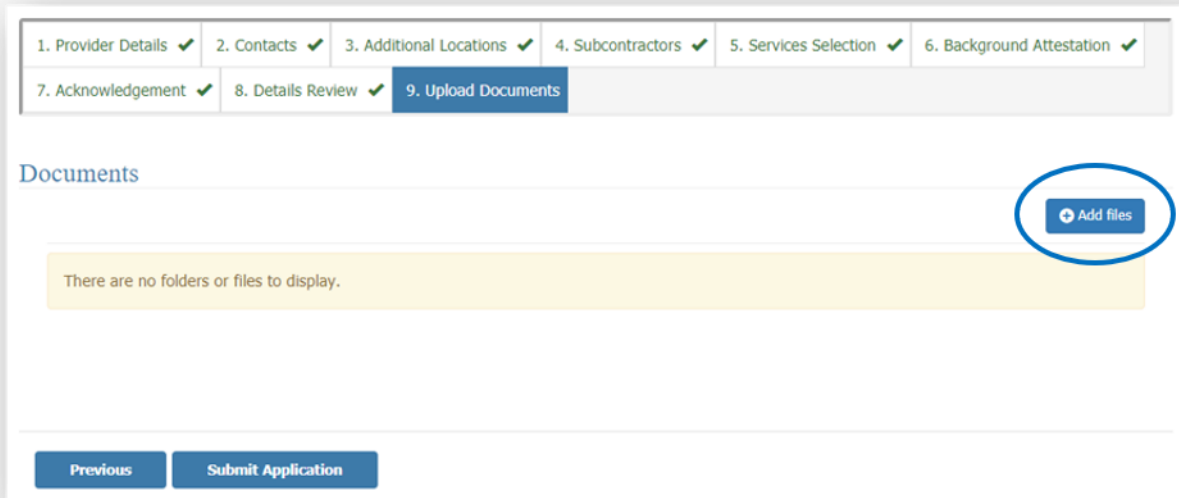
Initials: *
DLD

Previous **Next**

9. Upload Documents – Adding Files

Supporting documentation can be added to your registration, if applicable. Multiple files can be added by repeating steps 20 – 21 for each document.

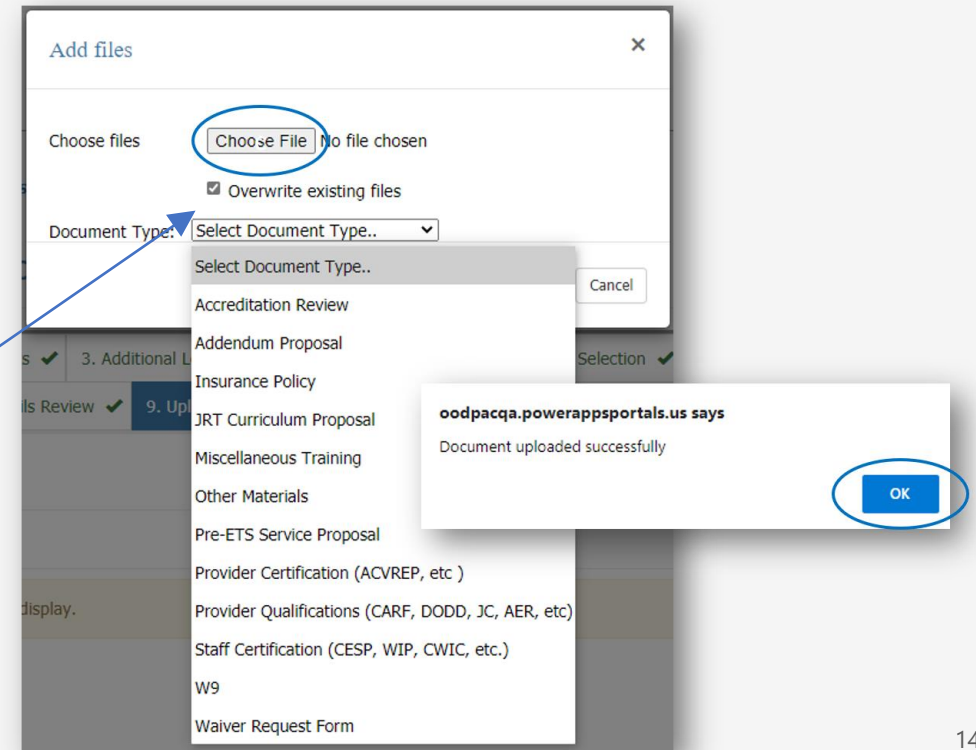
21 From the **Required Documents** tab, click **Add files**.



The **Overwrite existing files** checkbox will automatically be selected, which means if the file name selected is the same as a previously added document, the most recent version will automatically overwrite the original. (The previous version will not be lost.)

22 Click **Choose File** to select a document from your files. Click the **Select Document Type** arrow to choose a type from the dropdown menu and click **Add**.

Click **OK** on the message confirming your document uploaded successfully.



Submitting your Provider Registration

23 From the [Upload Documents](#) tab, after all details have been reviewed and documents added, click **Submit Application** to complete your registration application.

1. Provider Details ✓ 2. Contacts ✓ 3. Additional Locations ✓ 4. Subcontractors ✓ 5. Services Selection ✓ 6. Background Attestation ✓

7. Acknowledgement ✓ 8. Details Review ✓ 9. Upload Documents

Documents

[Add files](#)

Name ↑	Modified
VR Addendum 08-2020.docx (51 KB)	2/17/2021 2:59 PM

[Previous](#) [Submit Application](#)

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Once your initial application has been submitted, the [Provider Registration](#) link will no longer be active. Change requests can only be submitted once your initial application has been fully processed. Until then, the [My Applications / Change Requests](#) links will be disabled.

Checking your Application Status

After submitting your application, you can check your application status. You can **NOT** submit change requests until your Provider Registration has been fully processed. Then the links on the [My Applications / Change Requests](#) will be enabled.

Home / [Registration Guidelines](#) / My Applications / Change Requests

My Applications / Change Requests

Search

Ticket #	Application Type	Created On ↓	Status Reason
2020	Provider Registration	2/17/2021 12:59 PM	Submitted

- Update Provider Accreditation Information**
 - Accreditation Certification Renewal
 - Demographic Change Request
- Required Forms**
- Upload/View Documents**
- Services and County Change Request
- Subcontractor Change Request



The **Required Forms** link will only be enabled when you select a service that requires a form. Otherwise, the **Required Forms** link will be disabled. Once your registration has been processed, the **Required Forms** link will be disabled. Once your registration has been submitted, you can upload documents at any time using the **Upload/View Documents** link.

Change Requests – Making changes after your application is processed

After submitting your application, you can upload additional documents at any time.

- ✓ From the [My Applications / Change Requests](#) screen, click **Upload Documents**. Then follow steps 20 – 21 to add documents.

Upload/View Documents

1. Upload/View Documents 2. Acknowledgement 3. Details Review

Documents

[Add files](#)

Name ↑	Modified
VR Addendum 08-2020.docx (51 KB)	2/17/2021 2:59 PM

[Next](#)

2020 Miscellaneous Training Form.docx (41 KB) 2/17/2021 3:09 PM

VR Addendum 08-2020.docx (51 KB) 2/17/2021 2:59 PM

[Next](#)

- ✓ You will be asked to read and initial the [Acknowledgement](#) again. When you're finished reading, type your [Initials](#) and click **Next**.

Acknowledgement

Opportunities for Ohioans with Disabilities (OOD) is the State of Ohio agency that serves Ohioans with disabilities to achieve quality employment and independence. Ohio Law allows OOD to use community rehabilitation providers to work directly with individuals throughout the vocational rehabilitation process to work toward this shared goal. To become a provider, the interested party must submit an application through the Provider Management Portal (PMP) to be considered and approved for services. OOD partners with community rehabilitation providers to support individuals with disabilities. To provide the best services, OOD will monitor and enforce relevant rules and regulations set forth by State Law and the Ohio Administrative Code. When situations arise, OOD supports providers to comply with State Law and OOD requirements. OOD may support providers through required trainings, regional meetings, provider reviews, technical guidance, alternate billing.

Initials: *

DLD

[Previous](#) [Next](#)

- ✓ Sign out when you're all finished.

FAQ Hello Dionna Doe ▾

- Registration Guidelines
- Provider Registration
- My Applications / Change Requests
- [Sign out](#)

Contact

Opportunities for Ohioans with Disabilities



pcmu@ood.ohio.gov