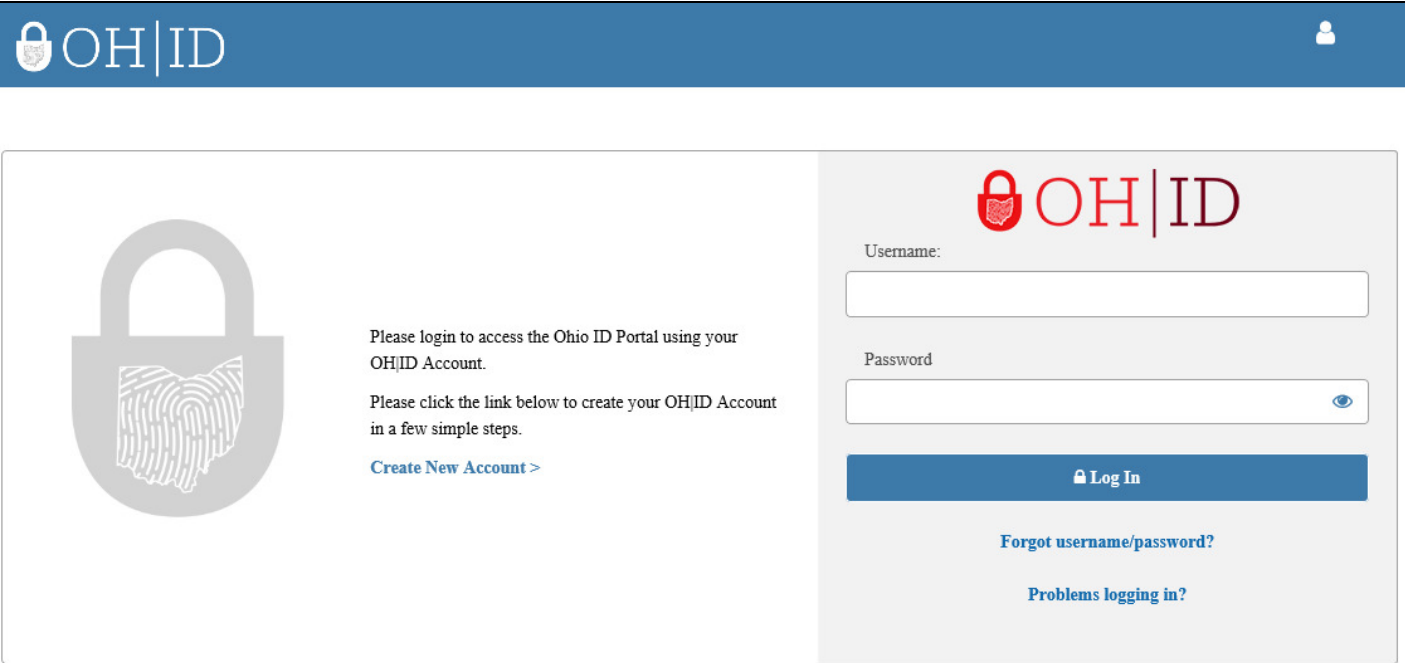


## How to Create an Additional Account

The Department of Developmental Disabilities (DODD) supports our provider application database on their server. Using the steps below you may begin creating your provider application for the Ohio Department of Aging using the following link here: [OH|ID](#).


Please note: For best experience of creating an account it is recommended to use a personal computer (PC).

<p><b>1.</b> Log into the system using your existing user name and password.</p>	 <p>State of Ohio computer systems may be accessed and used only for official state business by authorized personnel. Unauthorized access or use of these computer systems may subject violators to criminal, civil, and/or administrative action.</p>
--	---


2. Select **My DODD**.

## My Apps


You are currently subscribed to the apps below - clicking the "X" on the app tile will unsubscribe you from the app and reinstating your subscription may require additional approval.



**My DODD**  
Access DODD applications



## Available Apps

Search... 



**The Ohio Business Gateway**  
Ohio Business Gateway Back-Office Portal

3. Select **Create an additional New Account.**

4. Select **Continue.** You should be driven to the screen on the next page.

Welcome [Not you?](#)

Please select following option to proceed:

Continue with Logged In User Account  
*[ Account Type: UnKnown, Role: Pending ]*

Continue with Another Existing Account

Switch to one of your other accounts ▾

Create an additional New Account



**CONTINUE**



If you have any questions or comments regarding your request, please contact our ITS Call Center for assistance.

Email: [ITSCallCenter@dodd.ohio.gov](mailto:ITSCallCenter@dodd.ohio.gov), Phone: 1-800-617-6733 (Toll Free) between 8.00 a.m. and 4.00 p.m. Select Option 4.

5. Select **I want to be a certified provider with Ohio Department of Aging (ODA)**.

6. Select **Next**. You should be driven to the screen on the next page.



Department of  
Developmental Disabilities

Welcome [!! Not you?](#)

**Please choose your account type:**


- I want to be a Provider
- I want to be a Certified Billing Agent
- I want to be a County Board Worker
- I want to be a subrecipient of early intervention grant dollars and need access to EIGS
- I want to be certified provider with Ohio Department of Aging (ODA)
- I am associated with Opportunities for Ohioans with Disabilities (OOD)
- I work for the Ohio Department of Developmental Disabilities
- I work for an Ohio Council of Governments (COG)
- I work for the Ohio Department of Health
- I need access to the Early Intervention Data System (EIDS)
- I work for Ohio Developmental Centers (DCs)

**NEXT**

If you have any questions or comments regarding your request, please contact our ITS Call Center for assistance.

**Email:** [ITSCallCenter@dodd.ohio.gov](mailto:ITSCallCenter@dodd.ohio.gov), **Phone:** 1-800-617-6733 (Toll Free) between 8.00 a.m. and 4.00 p.m. Select Option 4.

7. You will need to select and enter a temporary PIN number in the space provided. Please be sure to write the number down as you will be asked to enter it again, later in the process.
8. Select the box **I hereby acknowledge and accept.**
9. Select **Submit**. You should be driven to the screen on the next page.



---

Welcome [!! Not you?](#)

You informed us that you **provider with Ohio Department of Aging**

You selected an affiliation as, **Ohio-Dept-of-Aging:State\_Operated\_Systems\_and\_Supports**

You selected primary job function as **State\_Operated\_Systems\_and\_Supports**

**Temporary PIN**

Create your own 5-digit numeric PIN for account verification. You will need this later in the verification process.

Please read the information carefully before you submit,


**Important Note:** Ohio Department of Aging Data Security and Confidentiality Agreement

This system is for the use of authorized users only. Individuals using this computer system without authority, or in excess of their authority, are subject to having their activities on this system monitored and recorded by system personnel. This system may be monitored at any time to ensure the system is being used for permitted activities. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

I hereby acknowledge and accept

BACK SUBMIT

If you have any questions or comments regarding your request, please contact our ITS Call Center for assistance.

Email: [ITSCallCenter@dodd.ohio.gov](mailto:ITSCallCenter@dodd.ohio.gov), Phone: 1-800-617-6733  (Toll Free) between 8.00 a.m. and 4.00 p.m. Select Option 4.

- 10. This screen displays after the account is submitted for registration.
- 11. Your registration is now complete. Select **Home** and proceed to your email for next steps.

Welcome [!! Not you?](#)

Thank you for submitting your account to register with us. You will receive an email shortly that will guide you through the next step. If this process requires an approval you would be notified.

You informed us that you **provider with Ohio Department of Aging**  
You selected an affiliation as **Ohio-Dept-of-Aging:State\_Operated\_Systems\_and\_Supports**  
You selected primary job function as **State\_Operated\_Systems\_and\_Supports**  
You created temporary PIN as **12354**

If you do not see the email in your inbox, please check your spam or junk folder as it may have found its way there in error. If you find it please be sure to identify the email as "not junk" non-spam email. You'll also want to add our email address to your safe sender list.

[HOME](#)

[DODD PORTAL](#)

If you have any questions or comments regarding your request, please contact our ITS Call Center for assistance.

Email: [ITSCallCenter@dodd.ohio.gov](mailto:ITSCallCenter@dodd.ohio.gov), Phone: 1-800-617-6733 (Toll Free) between 8.00 a.m. and 4.00 p.m. Select Option 4.

12. An email will be sent to your email address and contain the temporary PIN you created.

13. To proceed, you must select **Click Here** to continue. You should be driven to the screen on the next page.

Mail    Contacts    Calendar    Tasks    Preferences    **Verify your ema** ✕

Close    Reply    Reply to All    Forward    Delete    Spam          Actions ▾

**Verify your email address** )

From: [agencyIDService@ohio.gov](mailto:agencyIDService@ohio.gov)

To:

**State of Ohio: Department of Aging (ODA)**

Your Temporary PIN is 12354.

Your account has been approved. In order to complete the next step, Please [Click here](#).

Please do not reply to [AgencyIDService@ohio.gov](mailto:AgencyIDService@ohio.gov) email. This is an unmonitored address, and replies to this email cannot be responded to or read.

If you have any questions or comments regarding your request, please contact our support center for assistance.

**Email:** [ODA\\_ISD\\_HelpDesk@age.ohio.gov](mailto:ODA_ISD_HelpDesk@age.ohio.gov)

- 14. You are required to verify your email address.
- 15. Enter the **temporary PIN number** you created earlier.
- 16. Select **Continue**. You should be driven to the screen on the next page.

**Ohio** | Department of Aging

### Verify Email Address

This page is an essential step in verifying your account request. Here, you are validating the email address of your account request.

We **ample !!** [Not you?](#)

To initiate the approval phase for your account, please enter the Temporary PIN that you selected during registration. Be sure to maintain this PIN for future use as well. After your account is approved or denied, the temporary PIN is no longer needed.

**Temporary PIN**

**CONTINUE**

If you have any questions or comments regarding your request, please contact our support center for assistance.

**By email:** [ITSCallCenter@dodd.ohio.gov](mailto:ITSCallCenter@dodd.ohio.gov)

**Phone:** 1-800-617-6733 (Toll Free) between 8.00 a.m. and 4.00 p.m. Select Option 4 for Security Support.

[Home](#) [Contact Us](#) [Privacy Statement](#)



17. This screen identifies you have successfully verified your email address.

**IMPORTANT:**

We recommend waiting a minimum of 2 hours before attempting to log into your account for it to be completely set up. If you log in too soon, you could lock the account and be unable to access it.



**Success!**

Thank you for verifying your email.

If this account requires an approval, you will receive notification when your designated approver has taken action. If this account does not require approval you will receive notification shortly.

If you have any questions or comments regarding your request, please contact our support center for assistance.

**By email:** [ITSCallCenter@dodd.ohio.gov](mailto:ITSCallCenter@dodd.ohio.gov)

**Phone:** 1-800-617-6733 (Toll Free) between 8.00 a.m. and 4.00 p.m.  
Select Option 4 for Security Support.


To begin your application, return to this screen (follow this link: [OH|ID](#) )

18. Enter your **Username** and **Password**.

19. Select **Log In**. You should be driven to the screen on the next page.

20. Select **My DODD**.

- 21. Select **Continue with Another Existing Account**.
- 22. From the drop down menu, select the ODA provider account
- 23. Select **Continue**. You should be driven to the screen on the next page.

 Ohio | Department of Developmental Disabilities


---


Welcome !! [Not you?](#)

**Please select following option to proceed:**

- Continue with Logged In User Account  
*[ Account Type: UnKnown, Role: Pending ]*
- Continue with Another Existing Account  

Switch to one of your other accounts ▼


- Create an additional New Account

CONTINUE 

If you have any questions or comments regarding your request, please contact our ITS Call Center for assistance.  
Email: [ITSCallCenter@dodd.ohio.gov](mailto:ITSCallCenter@dodd.ohio.gov), Phone: 1-800-617-6733 (Toll Free) between 8.00 a.m. and 4.00 p.m. Select Option 4.

**24. Congratulations! You have successfully logged in to your account!**

You may begin completing your application.

Home [Go to UDS](#) [Logout](#)

Application ID:

Start	Demographic	Disclosure <small>(Page 1 of 2)</small>	Disclosure <small>(Page 2 of 2)</small>	Medicaid Provider Agreement	Attestation	Download Files	Upload Files	Summary	Confirmation
Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	FINISH

Fee Schedule	
ODM Fee Information	\$586.00
Credit Card Transaction Fee(As Applicable)	\$14.65

**Provider Type**

*Please select one*

**Independent:** *I am applying for Individual Provider Certification (i.e. a person who is the employee of the consumer, that a consumer directly supervises)*

Choices Home Care Attendant  
 Consumer-Directed Personal Care Provider

**Agency:** *I am applying to be a Long-Term Care Agency Provider (i.e. legally-organized entity that employs staff)*

Long Term care Agency Provider

**AssistedLiving:** *I am applying to be an Assisted Living Waiver Service Provider (i.e. licensed residential care facility)*

Assisted Living Provider

**Non-Agency:** *I am applying to be a Long-Term Care Non-Agency Provider (i.e., legally-organized entity that is owned and controlled by one person, that does not employ a staff)*

Long Term care Non-Agency Provider  
 Home Care Attendant Non-Agency Provider  
 Waiver Nursing Non-Agency Provider

**Application Type**

*Please select one*

I am applying for initial certification.  
 I am applying for renewal certification.  
 I am applying to update my Demographic Information.