

Independent Provider Guide

As an Independent Provider, **YOU** are required to maintain your certification and meet the rule requirements based on the services you provide. This guide contains an overview of the key responsibilities you have as an Independent Provider.



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Individual Service Plans

- You will need to be trained on the ISP (Individual Service Plan) by the SSA (Service and Support Administrator), and sign in agreement to the ISP services before you can start providing services. A start date for you will be confirmed by the SSA. You will also need to participate in team planning meetings and sign in agreement of the services prior to the ISP start date each year/with revisions as requested.
- The ISP is an authorizing document, meaning that it tells you what you are being paid to provide. The services you provide an individual, and the frequency of these services, must line up with the individual's ISP, and therefor reflect what is important to and for them.
- You must keep a copy of the current ISP with your records. You should receive an emailed copy of the ISP at least 15 days prior to the plan start date, as well as with any revisions. All ISPs will be sent by email, and you are required to open them and review. These emails are encrypted for confidentiality reasons, so you will need to follow the steps in the email to set up an account to open the ISP attachments. If you have not received a copy of the ISP prior to the individual's start of their plan year, you will need to contact the individual's SSA to follow-up.
- When you receive the ISP, to remain in compliance you must promptly update your service documentation to reflect any changes to the services you are responsible for and documenting on.
- You are an important ISP team member and you have valuable input to share in the planning process. If something in the ISP is not accurate you need to let the SSA know.

Service Documentation

- For any service you provide, you must have documentation for that service. **THIS IS A REQUIREMENT. THE SSA CAN ASK TO REVIEW YOUR DOCUMENTATION AT ANY TIME.**
- Each service has its own documentation requirements, which can be found within the rules for each service. The rules can be found at: <http://dodd.ohio.gov/RulesLaws/Pages/RulesInEffect.aspx>
- Your Service documentation form can appear any way you want it to but **MUST** contain all the required elements. ALL Service documentation for homemaker personal care shall include each of the following to validate payment for Medicaid services: (1) Type of service. (2) Date of service. (3) Place of service. (4) Name of individual receiving service. (5) Medicaid identification number of individual receiving service. (6) Name of provider. (7) Provider identifier/contract number. (8) Written or electronic signature of the person delivering the service or initials of the person delivering the service if a signature and corresponding initials are on file with the provider. (9) Group size in which the service was provided. (10) **Description and details of the services delivered directly relate to the services specified in the approved individual service plan as the services to be provided.** (11) Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided. (12) Times the delivered service started and stopped.
- Behavior Support Explanation & Documentation: The Independent Provider should be in communication with their SSA team. The Behavior Support Documentation should be reviewed and agreed upon prior to implementation. The focus of a behavioral support strategy is the proactive creation of supportive environments that enhance an individual's quality of life by understanding and respecting the individual's needs and expanding opportunities for the individual to communicate and exercise choice and control through identification and implementation of positive measures such as: Emphasizing alternative ways for the individual to communicate needs and to have needs met. Adjusting the physical or social environment. Addressing sensory stimuli. Adjusting schedules. Establishing trusting relationships. A behavioral support strategy that includes restrictive measures requires: The behavior **MUST** pose risk of harm or likelihood of legal sanction or the individual's engagement in a precisely defined pattern of behavior that is very likely to result in risk of harm. There **MUST** be Documentation that demonstrates that positive measures have been tried and have been determined ineffective. This documentation along with the Individuals OISP, assessments, etc. must be submitted to The Human Rights Committee (HRC) for approval. Behavior Tracking Forms are usually created on a case-by-case basis however, it is highly recommended if an individual is having behavioral incidents, staff/family members, etc. immediately start tracking them on an ABC Chart or at least make notes of dates/times and what was happening before, during and after for all involved in the incident.
- Your service documentation needs to include all the things the ISP states you are responsible for. It must also include how often each service is expected to happen and you must make sure you are meeting that expectation. If you cannot complete a task as it is written, make a note of the circumstances on your doc sheet. If you think updates/changes are needed in the ISP, you must contact the SSA so they can follow up and make any needed revisions.
- Medication Administration must be included in the plan if it is an expectation. This includes family delegation and **MUST** be included in the service documentation.
- Invoices submitted for payment or billing records are **NOT** considered service documentation.

- **All Medicaid services require documentation that serves as evidence that the service was provided.**
You may be subject to repayment to Medicaid if you are unable to provide documentation for billed services. It is considered Medicaid fraud to knowingly bill for services you did not provide. We have had local providers lose their certifications, and face potential criminal investigation, because of this issue.
- You must keep your documentation records for at least 6 years and must be able to present them upon request to a County Board, DODD, or Medicaid reviewer.
- Documentation form templates for HPC, HPC Transportation, and Shared Living, can be found on our Provider Supports page on our website, www.greenedd.org.

Important Numbers

NPI Number		Username + Password
OH ID ID Number		OH ID Username + Password
Ohio Pays/OSS Verification of Payee #		
DODD Certification Number		
Reg ID Number		
Medicaid Number		

Incident Reporting

- You are required to report any unusual incidents to the assigned SSA. To report the incident, you will need to complete an **Unusual Incident Report (UIR)**. You can find a copy of the UIR on our website in the Providers link under “incident reporting”. Your annual training on Major Unusual Incidents (MUI), and Incident reporting will give you details of when and what you are required to report. The next page of this handbook summarizes your reporting requirements and reporting timelines as well.
- The MUI rule can be found at:
<http://dodd.ohio.gov/RulesLaws/Pages/RulesInEffect.aspx>
- For tracking of Unusual Incidents, you need to maintain an **Unusual Incident log** for each month. Even if there are no incidents to report, you will need to have a log completed to show you are mindful of the tracking. **The County Board may request a sample of logs once per year to ensure they are compliant.** You can find a UIR log template on our website in the Provider link under “incident reporting”.
- If you have questions, email report@greenedd.org.

Incident Report Notifications

Required Notifications: must be made the same day ☐ Guardian, advocate, or person identified ☐ SSA for individual ☐ Licensed or certified residential provider ☐ Staff or family in the home		MUI Reporting: report@greenedd.org During business hours, and after hours: (937) 562-6500
MUI = Major Unusual Incident (Protocol)	MUI = Major Unusual Incident (Non-Protocol)	UI = Unusual Incident
Report to GCBDD within 4 hours and Report immediately to Law Enforcement or Children Services in cases of suspected child abuse (up to age 22): - Physical Abuse - Verbal Abuse - Sexual Abuse - Peer to Peer Acts - Prohibited Sexual Relations - Neglect - Exploitation - Misappropriation - Suspicious or accidental death - Media inquiries	Report to GCBDD the same day : - Attempted Suicide - Death (not suspicious or accidental) - Significant Injury - Law Enforcement - Medical Emergency - Missing Individual - Unapproved Behavioral Support - Failure to Report - Unanticipated Hospitalization - Rights Code Violation	Report to GCBDD by 3p.m. the next working day : - Dental injuries - Falls - Injury that is not "significant" - Medication errors - Overnight relocation due to fire, natural disaster, or mechanical failure - Peer to peer (not MUI) - Emergency Room or Urgent Care visits - Program Implementation Incidents

Medication Administration

- If you administer medication to an individual who lives with their family, the responsible family member will need to complete a family delegation form with the SSA stating that they will provide training to you on how they would like you to administer the medication. If you have questions about this, contact the individual's SSA.
- DODD approved medication administration training is required if you administer medication to an individual not residing with family.
- If you have questions about medication administration, please contact our QARN, Melissa Green, at providers@greenedd.org or (937)562-6534.
- Medication Administration MUST be included in the (Individual Service Plan) OhioISP; if there is an expectation (including family delegation) and must be included on their service documentation.

Training

Within 60 days of first providing services, you must meet with a County Board representative for an orientation session. In Greene County, this representative is Susan Collar, our Provider Development Coordinator. Susan will provide you with an overview of your ongoing responsibilities, including billing and service documentation. These responsibilities are outlined in this Guide.

Per the Certification Rule, you must complete on annual basis:

*** (1) Two hours of training provided by the department or by an entity using department-provided curriculum in topics relevant to the independent provider's duties including: (a) Empathy-based care (b) "National Alliance for Direct Support Professionals" code of ethics (c) Rights of individuals set forth in section 5123.62 of the Revised Code (d) Rule 5123-17-02 of the Administrative Code including a review of health and welfare alerts issued by the department since previous year's training**

***(2) Six hours of training in topics selected by the independent provider from the following list that are relevant to the services provided and individuals served by the independent provider: (a) Components of quality care (examples include but are not limited to: interpersonal relationships and trust; cultural competency; effective communication; person-centered philosophy, planning, and practice; implementing individual service plans; trauma-informed care; or empathy-based care) (b) Health and safety (examples include but are not limited to: signs and symptoms of illness or injury and procedure for response; or transportation safety) (c) Positive behavioral support (examples include but are not limited to: creating a positive culture; general requirements for intervention and behavioral support strategies and role of independent provider including documentation; or crisis intervention techniques)**

***You must maintain your CPR and First Aid Certifications. DODD will require in-person skills check ▪ For HPC and Shared Living providers, you must also complete annual training in Behavior Support**

There may be additional requirements for training based on the specific service you provide. Those requirements can be found in those service rules. Please email providers@greenedd.org if you have any questions about the training requirements for the services you provide.

YOU are responsible for tracking and maintaining your training requirements, you could be audited locally or by DODD at any time.

We offer FREE in-person annual training for providers who are actively serving individuals in Greene County. We also offer FREE CPR/First Aid training for our active providers every month. Check out our Provider Support page on our Board website, www.greenedd.org, for more information about the courses offered and registration instructions.

Record Keeping

Service Documentation

- Make sure your documentation is always up to date
- Document your services as soon as possible
- Stay organized – keep a file for each individual you serve, with your current documentation and the corresponding ISP, as well as last year’s documentation and ISP

UI/MUI

- Copies of all the UIRs you complete
- Monthly logs for UIRs
- *See the Incident Reporting Requirements in rule for more details.*

Proof of Training

- Keep records of all the training you complete and all certificates you receive
- It is your responsibility to ensure that you are in compliance with all your training requirements, and have the documentation/certificates to prove you have completed the requirements

Demographic Updates

- It is your responsibility to make sure that your demographics records are kept current. Provider Network Management (PNM) portal has stated that this as a requirement for information to be updated! Demographic Information updates are done in a minimum of 5 places: **Ohio Pays, DODD, PNM, NPI, and the County Board of Developmental Disabilities.** *Also, GT if applicable.
- Step by step tutorial on how to update demographic information as a DODD provider can be found on this link. [Updating Demographic Info as a DODD Provider.pdf](#)

Compliance Reviews

- At least once every certification span (3 years) you will undergo a compliance review. Most providers have one within their first year of providing services.
- You can find the compliance resources + review protocol here:
<https://dodd.ohio.gov/compliance/Office+of+Compliance/Provider-Resources>
- Timeline for a review:
 - 90 days prior -You will receive an email notification that a review is needed. The email will give you instructions on steps you need to complete to initiate the review. You have 14 days to respond to your initial 90-day notification. Contact Cindy Nava for compliance questions and assistance to prep for compliance reviews. Email her at: cnava@greenedd.org or phone (937)562-6526.
 - 45-60 days prior - the reviewer will contact you to schedule the review date. They will also include instructions for you to access the required documents list and the individual review sample.
 - Review Date – meet with reviewer to complete review
- After the review:
 - If you have no citations, you will receive an email letting you know that the review is complete and no citations were given
 - If you did receive citations, you will receive an email instructing you on how to submit a Plan of Correction (POC). You must submit the POC within 14 days of receiving this email.
 - If the POC is approved, you will receive a POC approval letter
 - If the POC is not approved, you will receive an email asking you for additional information, and to resubmit the POC based on this feedback
 - Within 90 days of your POC being approved, the reviewer will contact you to verify that the POC has been implemented as planned.

Recertification

- You are responsible for knowing your certification expiration date and for the renewal of your certification every 3 years.
- To avoid having a lapse in your certification and/or billing, DODD is asking that you submit your application and supporting documentation **90 days prior to your expiration date**.
- DODD will send you an email 90 days prior to your expiration date to remind you to start the process.
- Information about recertification can be found here on DODD's website:
<https://dodd.ohio.gov/providers/initial-renewal-certification/renewing-provider-certification>
- The following are required for recertification:
 - Current Background check (unless you are enrolled in RAPBACK).
 - Proof of CPR/First Aid certification
 - Proof of completion of annual training requirements (see training section of handbook)
 - If providing HPC or NMT transportation you will need proof of auto insurance, a driver's abstract that is 14 days old or less, and a current driver's License.
- If you have questions about the recertification process, contact Susan Collar at providers@greenedd.org or (937)562-6542.

Billing

- You can only bill for services that **you** have provided, and that are identified in the individual's ISP, and that you have documented.
- You are responsible for the accuracy of your billing.
- You can submit claims at any time; however, the deadline for processing for any given week is at noon on Wednesday. Claims submitted past the noon deadline may not be picked up for processing until the following week.
 - On Friday of the same week, the billed reports are available in EMBS under 'provider weekly reports'.
 - Claims are then sent to Ohio Department of Medicaid for processing. The invoice report, which indicates what will be paid, comes out the second Monday after the Wednesday production date.
 - The entire process takes 16-21 days, although payment is typically mailed out 16 days after the claims have been picked up for processing.
- Information on how to bill can be found on our Provider Supports page on our website, www.greenedd.org
- For a cost, you may choose to contract with a billing agency rather than to submit your own claims. As a provider, you would still be responsible for the accuracy and completeness of all claims. An agreement between DODD and the billing company would need to be completed to start this process.
- For questions about billing, contact Susan Collar at providers@greenedd.org, or (937)562-6542.

Electronic Visit Verification

Newly certified Independent Providers who have already completed their required EVV training and need to start using EVV for services, please use the links below.

Please go to Ohio Department of Medicaid EVV Provider page at:

<https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/electronic-visit-verification>

EVV Resource Quick Guides are located at:

https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/Providers/EVV/EVV_Resource_Guide_05012025.pdf

- If you have any difficulty with these steps, please contact Sandata at **1-855-805-3505** or ODMCustomerCareEmail@Sandata.com
- Daily virtual EVV office hours are currently available for assistance with setup. Register here: https://link.edgepilot.com/s/aebf989c/gREsjHFnP0_HnM_-1Bqwgg?u=https://sandata.zoom.us/meeting/register/tZ0qfuirrDwvHNIG_XqEO9AUdUqkfEBBUk9?utm_medium=email%26utm_source=govdelivery%23/registration

Revision: 9/25/25

Rep Payee and Personal Funds

- **Payee:** According to the Social Security Administration, a representative payee is a person or organization appointed to receive and assume responsibility for the Social Security or SSI benefits for anyone who can't manage their own benefits. Payees must meet specific requirements for tracking and maintaining these funds for the individual.
- **Personal Funds:** means any financial resources, including but not limited to, earned income, unearned income, bank accounts, investment accounts, and monies distributed from a trust fund or inheritance.
- **Personal Funds Rule: 5123-2-07** https://dodd.ohio.gov/wps/wcm/connect/gov/91af7ef9-b221-4e46-b011-294ffe252632/5123-2-07+Effective+2022-12-01.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_JQ
- **Personal Funds of the individual Ledger:**
https://dodd.ohio.gov/compliance/Office%20of%20Compliance/compliance-resources/Personal_Funds_Ledger_Example

This is an example of a personal funds ledger that may be used to track individual's personal funds.

CLIENT'S NAME						0			February-24		
				HOME CASH ACCOUNT			BANK ACCOUNT				
DATE	STAFF INTL.	P.C. SLIP #	TRANSACTION DESCRIPTION	DEPOSIT	AMOUNT W/D	CASH BAL.	DEPOSIT	AMOUNT W/D	BANK BAL.		
Balance Forward						\$0.00			\$0.00		
						\$0.00			\$0.00		
						\$0.00			\$0.00		
						\$0.00			\$0.00		
						\$0.00			\$0.00		
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						\$0.00			\$0.00		
ENDING BALANCE						\$0.00			\$0.00		
Prepared by:							Date:				
Reviewed/Reconciled by:							Date:				
Reviewed/Reconciled by:							Date:				

Definitions of Commonly Used Terms

- **Abuser Registry:** The Abuser Registry lists individuals who have committed abuse, neglect, misappropriation of funds, a failure to report an incident, or who have engaged in improper sexual relations with an individual who has a developmental disability.
- **Adult Day Supports:** These are non-work related day services that consist of supports and services provided at centers and throughout the community. Adult Day Support includes support and supervision to individuals in the area of personal care, communication, mobility which ensures an individual's ability to experience and participate in community life.
- **Advocacy:** Activities in support of people with developmental disabilities including rights protection, legal and services assistance, and system or policy changes.
- **Agency Provider:** This term refers to an organization that provides services to persons with developmental disabilities. The provider of record is the agency, and the direct service can be provided by any member of their organization.
- **Behavior Support Strategies:** Services included in Individual Service Plans (ISPs) that help an individual by reducing risk of harm to themselves or to others.
- **Community Integration:** Opportunities for individuals with developmental disabilities to live, work, and spend time in their communities. People with developmental disabilities should live as valued members of our communities while receiving the services and supports they need to fully develop their potential.
- **Compliance Review:** The process that is required every three years for providers of waiver services to make sure they are following the rule requirements for the services they provide, and to provide technical assistance. A DODD reviewer or County Board reviewer may complete a compliance review with you.
- **County Board:** County Boards of Developmental Disabilities are the 'front door' to services to people with disabilities, and are located in each of the 88 counties in Ohio. Powers and duties of County Boards are defined in Law - ORC 5126.05.
- **DODD:** The acronym used for the Ohio Department of Developmental Disabilities. DODD oversees, and provides resources to, Providers and County Board services to make sure they are following their rule requirements.
- **DSP:** Direct Support Professional – **YOU** – Independent Providers and agency staff that are paid to support individuals with developmental disabilities.
- **Family Delegation:** Family delegation: When a person lives with a family member and the provider of services is not employed by an agency but is an independent provider, the family can delegate medication administration and health care tasks if they meet the requirements in the family delegation rule.
- When a person lives with a family member, the family member is authorized to administer medication without a requirement for Medication Administration Certification. Learn more about [medication administration by family members](#).

- **Free Choice of Provider:** Individuals can choose any DODD certified provider to work with them. They can choose a different certified provider at any time if they are not happy with their current provider. They can also have multiple providers for their services.
- **HPC: Homemaker/Personal Care** - A variety of services, supports, and supervision necessary to ensure the health, safety, and wellbeing of an individual who lives in the community. Homemaker/personal care helps individuals become more independent within their home and community, and helps them meet their daily living needs personal (ex. hygiene, dressing and eating). HPC transportation is the service that pays for travel needed to complete these services.
- **IA: Investigative Agent**- Each of the 88 County Boards contract with or employ an IA. The IA is required to investigate all reported MUIs. These investigations include the identification of causes and contributing factors, as well as prevention plans to help reduce the likelihood of the incident happening again. IAs are certified through DODD and are required to attend Civil and Criminal Investigatory Practices training and obtain credit hours to maintain their certification.
- **Independent Provider:** A Direct Support Professional (DSP) who is independently employed. They cannot sub-contract or send someone else to provide service in their place.
- **IO: Individuals Options** – <https://dodd.ohio.gov/waivers-and-services/waivers/0-io-waiver>
- **ISP: Individual Service Plan** - Developed to identify specific services and supports needed and desired by an individual. The ISP describes all services and supports necessary, regardless of payment source, for a particular individual to maintain health and safety.. The ISP should explain how each support service is intended to meet a need, as indicated in the most recent assessment of the individual's functioning levels. The ISP tells providers what services they are being paid to provide the individual.
- **LV1: Level 1 Waiver**– <https://dodd.ohio.gov/waivers-and-services/waivers/2-level-one-waiver>
- **Medicaid:** A health care program that typically helps low-income individuals in paying for their healthcare needs. Individuals' waiver services are funded through their Medicaid eligibility. Medicaid involves federal and state funding, and it is run at the state level through Ohio Department of Job and Family Services (ODJFS). Each county has an ODJFS office where eligibility is determined and maintained for individuals in that community.
- **MUI: Major Unusual Incident** – The reporting system mandated by Ohio law that sets procedures to review and report allegations of abuse, neglect and other potentially serious incidents that occur in the Developmental Disabilities system. You will learn about MUIs in depth through your annually required training on the topic.
- **NMT: Non-Medical Transportation** – This refers to the type of transportation provided to someone to and from their day array or community employment activity.
- **Outcome:** An "outcome" on an OHISP (Ohio Individualized Support Plan) refers to a specific, measurable goal or desired result that an individual with developmental disabilities is expected

to achieve through the services outlined in their plan; it describes the positive change or improvement that is aimed for in a particular area of their life, like communication, independent living skills, or social interaction, and should be clearly defined with specific criteria for measuring progress towards achieving

- **Paid Service & Supports:** Paid Services and Supports: **A paid service or support on an OhioISP (Ohio Individual Service Plan) refers to a specific type of assistance, like personal care, transportation, vocational habilitation, or respite care, that is provided by a qualified professional and funded through a Medicaid waiver,** allowing an individual with developmental disabilities to access necessary support while living in their home or community, with the cost covered by the state program.
- **Payee:** According to the Social Security Administration, a representative payee is a person or organization appointed to receive and assume responsibility for the Social Security or SSI benefits for anyone who can't manage their own benefits. Payees must meet specific requirements for tracking and maintaining these funds for the individual.
- **Personal Funds:** means any financial resources, including but not limited to, earned income, unearned income, bank accounts, investment accounts, and monies distributed from a trust fund or inheritance.
- **Personal Funds Rule: 5123-2-07_** https://dodd.ohio.gov/wps/wcm/connect/gov/91af7ef9-b221-4e46-b011-294ffe252632/5123-2-07+Effective+2022-12-01.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_JQ
- **Personal Funds of the individual Ledger:** https://dodd.ohio.gov/compliance/Office%20of%20Compliance/compliance-resources/Personal_Funds_Ledger_Example
- **Person-Centered Planning:** An individual focused approach to planning that empowers individuals with developmental disabilities to set the direction and actively shape their own future.
- **POC: Plan of Correction** – If during a compliance, or quality assurance review, it is determined that you are not meeting a rule requirement, you will be asked to submit a POC to the reviewer that states how you plan on fixing the problem. Your reviewer will confirm that your plan is good—to meet requirements including a timeline/date the concern will be addressed. Additional training may be required as a component of the POC. Reviewer will connect with the provider to ensure ongoing implementation is occurring as it aligns to the POC.
- **QARN: Quality Assessment Registered Nurse** – Completes quality assessment reviews that are required at least once every 3 years for sites with individuals that get help with health-related activities (HRA) or medication from their providers.

- **Rep Payee:** is an Independent Provider identified in the individual service plan of an individual served by the provider which indicates that this named provider is responsible for managing the individual's personal funds.
- **Self-Advocacy:** People with developmental disabilities, either individually or in groups, speaking up or acting for themselves, or on behalf of issues that affect people with disabilities.
- **Self Determination:** Self-Determination gives people with disabilities the freedom to decide how they will live, work, and participate in the community. It is the authority to decide how their funds will be spent; the supports that allow them to lead the life they choose; the responsibility to make sure the money they are using is spent in a useful and appropriate manner; and inclusion in the process of making life decisions.
- **SELF Waiver:** <https://dodd.ohio.gov/waivers-and-services/waivers/1-self-waiver>
- **Service Documentation:** Information that you have to complete and maintain for each person you are working with, for each service you are paid for, based on the rules for that service.
- **Shared Living:** Personal care and support services provided to an adult by a caregiver/provider who lives with the individual receiving the services. This service is only available through the IO waiver.
- **SSA: Service and Support Administrator** –Works with individuals and providers of services to develop the individual's ISP, coordinate services, and monitor progress of those services.
- **UIR: Unusual Incident Report** - An event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care or individual service plan, but is not a major unusual incident. *You will learn about this in depth through your annual required MUI training.*
- **Waiver:** The waiver is the funding that pays for DSPs to provide individuals with the care they require based upon their assessed needs as identified in their ISP.

If you have questions about any of the responsibilities and requirements included in this handbook, please contact:

Susan Collar, Provider Development Coordinator

Greene County Board of DD

(937)562-6542

providers@greenedd.org

For questions related to your user account with DODD, or applications on DODD's website, please contact:

DODD Support Center

1-800-617-6733

Opt.3-Provider Certification

Opt.4-Security (user account issues, password resets)

To connect with other Greene County Board of DD employees:

(937)562-6500