

CCBDD Provider Search Tool

Instructions for Providers



Updated 2/7/2022

Cuyahoga DD's PST!

- Used for referral search/response ONLY
 - Families will be encouraged to use Provider Guide Plus to get information ABOUT agency providers. Providers will only need to update information in ONE place
- New PST features designed with provider feedback in mind:
 - Easier to read format
 - Referral icons to allow you to sort for important needs
 - Providers receive automated message to let them know their response was received
 - Providers can see which referrals they have responded to

Getting Started

- You will access the new site at this web address:
<https://providersearchtool.cuyahogabdd.org>
 - **IF** you don't have an account click the "**Register**" button
 - New providers will need to attend an orientation before gaining access
 - Orientation is held 1x per month
 - After attending, your PST account will be created
- Once your new account is registered and approved, you will be able to:
 - Access your user account settings, **except** your email address
 - **IF** you change your email address please contact Provider Support, with updated email information
 - Update/Add your default name and phone number
 - Update email to receive all ISP's and CPT's
 - Respond to referrals

Logging In

You will **always** login with your email address. If you forgot your password, click the link to reset.



Email:

Password:

[Forgot Password](#)

or [Register](#)

[Message from Cuyahoga County BDD:](#)

Welcome to the Cuyahoga County Board of Developmental Disabilities Provider Search Tool!

This site allows certified providers to view and respond to referrals for individuals in Cuyahoga County who need services.

In order to access this information, you must be interested in providing services in Cuyahoga County AND certified by the Ohio Department of Developmental Disabilities (DODD) as a waiver provider whose certification is in good standing. To obtain a username and password, please click the Register link.

Individuals and families searching for information about certified providers are directed to DODD's official provider listing at <http://dodd.ohio.gov/Pages/default.aspx> and to the Provider Guide Plus website <https://providerguideplus.com>.

For assistance with the Provider Search Tool, please contact

Viewing Referrals

- Click the “Open Referrals” Link. The referrals will display with an option to filter by first name, service and provider type.

The screenshot shows the 'PROVIDER SEARCH TOOL' interface. At the top left is the logo for CUYAHOGA COUNTY Board of Developmental Disabilities. Below the logo, there are two navigation links: 'Open Referrals' (circled in red) and 'My Account'. On the right side, there is a welcome message 'Welcome Provider Support!' and a 'Logout' link. The main content area is divided into a left sidebar and a right main panel. The sidebar contains three filter sections: 'Filter by First Name:' with an empty text input field; 'Filter by Service:' with an empty text input field; and 'Filter by Provider Type:' with a dropdown menu set to 'All Provider Types' and a refresh icon. Below the filters, it says 'Referrals: 97'. At the bottom of the sidebar, there is a note: 'Referrals outlined in red require services immediately due to a health or safety risk. The individual's Support Administrator will be notified of provider responses immediately. For assistance, please contact Provider.Support@cuyahogabdd.org'. The main panel displays a list of six referrals, each in a white box with a red border. Each referral entry includes the provider's name (BRAD M. or BRIDGET M. or DOMINIQUE P. or GEORGE C.), the service type (ADULT DAY SUPPORT), the provider type (Agency), and a 'Respond by:' date (09/07/2018). To the right of each entry is a purple envelope icon with a checkmark.

CUYAHOGA COUNTY
Board of Developmental Disabilities
PROVIDER SEARCH TOOL

Open Referrals My Account

Welcome Provider Support!
Logout

Filter by First Name:

Filter by Service:

Filter by Provider Type:
All Provider Types

Referrals: 97

Referrals outlined in red require services immediately due to a health or safety risk. The individual's Support Administrator will be notified of provider responses immediately.
For assistance, please contact Provider.Support@cuyahogabdd.org

BRAD M. ADULT DAY SUPPORT Provider Type: Agency	Respond by: <u>09/07/2018</u>	
BRAD M. ADULT DAY SUPPORT Provider Type: Agency	Respond by: <u>09/07/2018</u>	
BRAD M. ADULT DAY SUPPORT Provider Type: Agency	Respond by: <u>09/07/2018</u>	
BRIDGET M. ADULT DAY SUPPORT Provider Type: Agency	Respond by: <u>09/07/2018</u>	
DOMINIQUE P. ADULT DAY SUPPORT Provider Type: Agency	Respond by: <u>09/07/2018</u>	
GEORGE C. ADULT DAY SUPPORT Provider Type: Agency	Respond by: <u>09/07/2018</u>	

Red Highlight

Referrals shaded RED indicate that services are needed immediately to address a health/safety risk. Please review/respond ASAP.

JOAN D.

GROUP EMPLOYMENT SUPPORT

Provider Type: Agency

Respond by: 07/19/2018



MICHAEL P.

INDIVIDUAL EMPLOYMENT SUPPORT

Provider Type: Agency

Respond by: 07/19/2018



IRENE F.

HPC/SHARED LIVING/HPC

TRANSPORTATION

Provider Type: Agency

Respond by: 07/16/2018



STEVE P.

NON-MEDICAL TRANSPORTATION

Provider Type: Agency

Respond by: 07/16/2018



Phone: 12345 | Fax: 12345

Icons: A closer look



The icon indicates that the person seeking services has accessibility requirements.



The house icon indicates the person is looking for a new living arrangement.



The bubble icon indicates special communication needs (ASL, speaks a language other than English, communication device, etc.)



The bus/car icon indicates the person will need a modified vehicle.



The graduation cap icon indicates that the person is a transition student - currently in high school and planning to graduate within the next year

Items to Note

Respond by Dates (referrals posted for 10 days). Referrals are posted on the website with NEWEST referrals on top

Service Type: Each referral is only for one service type

Provider Type: Agency, Independent, No Preference

The screenshot displays two referral cards. The top card, for JOAN D., lists 'GROUP EMPLOYMENT SUPPORT' and 'Provider Type: Agency'. The bottom card, for MICHAEL P., lists 'INDIVIDUAL EMPLOYMENT SUPPORT' and 'Provider Type: Agency'. Both cards include a 'Respond by: 07/19/2018' deadline. Red circles highlight the names and the response dates. A red arrow points to the name MICHAEL P.

- To open a referral, simply click on the person's name
- Ensure pop-ups are enabled

The Referral

Provider Referral

Form Revision: 1

[Print](#)

Referral ID

3529481

Posted By

:t

Date of Request

07/24/2018

Is this referral for a group of individuals? *

Yes No

Individual Information

Name

ADRIAN J

City

CLEVELAND

Zip

44119

Age:

28

Current Funding:

LEVEL 1 WAIVER

Is waiver enrollment pending or is there a waiver change pending? *

NO

Type of provider being requested: *

AGENCY

Service Sought: *

ADULT DAY SUPPORT

[Seeking a provider to develop community connections and adult daily living skills](#)

The referral will open in a new window.

Referrals will look slightly different based on the service being requested.

If Interested....

PST - Referral - 7/24/2018 ADRIAN J - Google Chrome

Secure | https://providersearchtool.cuyahogabdd.org/AppNet/docpop/FormPop.aspx

Provider Referral

Form Revision: 1

[Print](#)

Referral ID: 3529481

Posted By: []

Date of Request: 07/24/2018

Is this referral for a group of individuals? *

Yes No

Individual Information

Name: ADRIAN J

City: CLEVELAND

Zip: 44119

Age: 28

Current Funding: LEVEL 1 WAIVER

Is waiver enrollment pending or is there a waiver change pending? *

NO

Type of provider being requested: *

AGENCY

Service Sought: *

ADULT DAY SUPPORT

[Seeking a provider to develop community connections and adult daily living skills](#)

To respond to a referral, you must first close the referral window by clicking the "X"

This will allow you to return to the main referral display page.

If Interested....

- The referral you viewed last will be highlighted in yellow. Click on the envelope icon to respond to the person's referral:

ADRIAN J. ADULT DAY SUPPORT Provider Type: Agency	Respond by: <u>08/03/2018</u>	
MELISSA S. MONEY MANAGEMENT Provider Type: Agency	Respond by: <u>08/03/2018</u> 	
AARON H. COMMUNITY RESPITE Provider Type: Agency	Respond by: <u>08/02/2018</u>	

Provider Response Form

Provider Response

Referral ID

3580179

Name

Provider Support

Email

Provider.Support@cuyahogabdd.org

Provider

CUYAHOGA BD. OF DD

PG+ Link (agencies only)

If any of the information in this section needs to be updated, please see the "My Account" page of the Provider Search Tool or contact Provider.Support@cuyahogabdd.org

Contact number

Default contact number:

216-321-6549

Contact number (if different from default or no default specified):

Contact Name

Default contact name:

Provider Support

Contact name (if different from default or no default specified):

How soon can you provide services? *

If you are responding because you have availability in a specific location/program, please provide the address here:

Comments: *

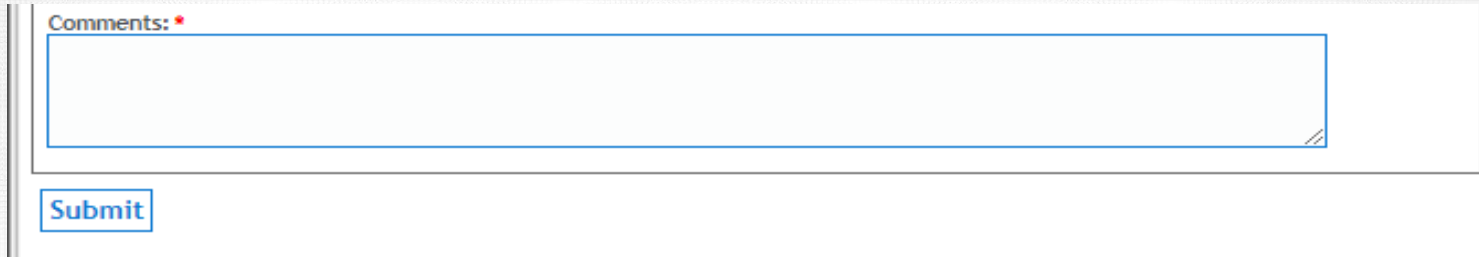
Submit

When you click the envelope icon on the referral, the **provider response form** will open in a new window.

You will complete the required information and click **Submit**.

Fields with a red asterisk are required.

Provider Response Form - Comments

A screenshot of a web form. At the top left, the text 'Comments:' is followed by a small red asterisk. Below this is a large, empty rectangular text input field with a blue border. At the bottom left of the form, there is a blue rectangular button with the word 'Submit' written in white text.

The “comments” section of the response form is the BEST PLACE for you to provide **specific information** that will be shared with the individual about YOU and the SERVICES you can provide.

Please use this section to mention specific things in the person’s referral that **make you think you can serve him/her**. For Example: “We noticed that Sue wants to work with animals. We have a program that trains individuals in basic pet grooming tasks and helps them learn skills for future employment in the pet care industry.”

Generic comments are not helpful and individuals notice when providers take time to personalize information. **Also, please do NOT send Support Administrators additional information about you/your agency outside of the PST as they will not be able to share this with individuals seeking services.**

Response Received

- After submitting your response, the following message will display:

Your response has been submitted!

Please close this window to continue using the Provider Search Tool. Refresh the referral page to see which referrals you have responded to.

After Responding


- When you return to the Open Referrals page, you will need to click the “refresh” icon. This will allow a green check mark to appear next to the referrals to which you responded.

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PROVIDER SEARCH TOOL

Open Referrals My Account





Welcome Provider Support!
[Logout](#)

Filter by Service:

Filter by Provider Type:
All Provider Types 

Referrals: 14

Referrals outlined in red require services immediately due to a health or safety risk.
For assistance, please contact

CHRISTOPHER B. CAREER PLANNING- BENEFITS EDUCATION AND ANALYSIS Provider Type: Agency	Respond by: 07/21/2018	
LUKE S. HOME DELIVERED MEALS Provider Type: Agency	Respond by: 07/21/2018	
JOHN A. MONEY MANAGEMENT Provider Type: Agency	Respond by: 07/21/2018	
RYAN T. TRAVEL TRAINING Provider Type: Agency	Respond by: 07/21/2018	

Responses to Referrals

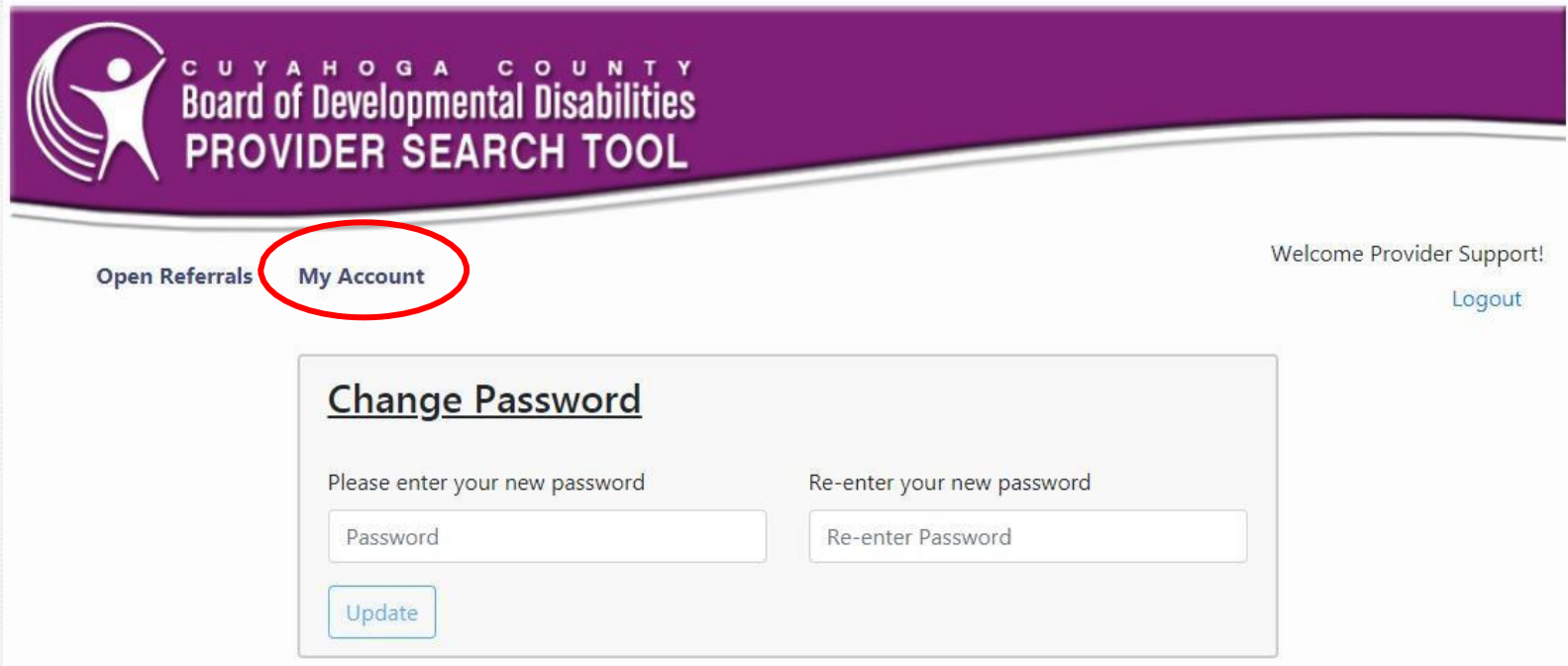
- Responses are forwarded to the Support Administrator to share with the person.
- Please do not contact the Support Administrator separately to inquire about your response.
- Responses will include (based largely on family feedback):
 - Provider contact name/phone number – allows person/family to contact easily if interview is requested
 - How soon you can provide services
 - Link to the Provider Guide Plus website for agencies Specific program or service location, if applicable
 - The location/specific program where you can serve this person (if applicable). This is especially helpful when you have several locations.
 - Other comments, written by provider – THIS Is a place to include specific information about the referral and WHY you think you can support the person. We are repeatedly told by families this is helpful!

Responses to Referrals

- The person will decide which provider(s) they want to interview. Providers will be contacted by the SA or person/family directly. If you were not selected for an interview, you will not be contacted by the SA.
- **It's critical that agency providers make sure to update their page in Provider Guide Plus! This is the best resource for individuals and families to get information about your agency!**

My Account

- Under the “My Account” link, you will be able to update password, name, and default contact information.
- **If you change your email address you must contact provider support.**



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Board of Developmental Disabilities
PROVIDER SEARCH TOOL

Open Referrals **My Account**

Welcome Provider Support!
[Logout](#)

Change Password

Please enter your new password

Re-enter your new password

[Update](#)

My Account

Update Account Information

Name

ProviderGuidePlus link

The following fields will be entered into your referral responses by default. These can be changed on the response form before submitting it

Default contact number:

Default contact name:

[Update](#)

Provider Email Addresses

The following email addresses are the addresses on file for your provider to which an individual's documents will be sent

Individual's Service Plans (ISP):

Cost Projection Tools (CPT)

To update any of the above email addresses, please complete the following form:

[Update Provider Email Form](#)

The My Account page allows you to assign a “default” contact name and number that will appear on your referral responses so you do not have to enter them each time.

You can also update contact email addresses for CPT edit access and ISP plan delivery. We need the address for each independent or agency provider to be accurate.

My Account

To update your provider's email addresses for ISP and CPT ONLY, navigate to My Account > Provider Email Addresses and click the "Update Provider Email Form" link at the bottom.

Provider Email Addresses

The following email addresses are the addresses on file for your provider to which an individual's documents will be sent

Individual's Service Plans (ISP):

ISP@email.com

Cost Projection Tools (CPT)

CPT@email.com

To update any of the above email addresses, please complete the following form:

[Update Provider Email Form](#)

My Account

The “Update Provider Email Form” will open in a new window. Select “Yes” for any emails that you wish to update and enter the new email in the field that appears

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Provider Update Email Form

Provider

CUYAHOGA BD. OF DD

Requestor Email Address

vorisek.scott@cuyahogabdd.org

Update Email Addresses

Current Email Address for ISPs:

ISP@email.com

Update? *

Yes

New Email Address for ISPs: *

Current Email Address for CPTs:

CPT@email.com

Update? *

Yes

New Email Address for CPTs: *

Submit



My Account

After submitting the form, you will receive this message. You can now close the window to continue using the Provider Search Tool.

Thank you for updating your provider contact information

Please allow up to two business days for the request to be processed. If you have any questions in the meantime, please contact Provider.Support@cuyahogabdd.org

Need Help?

If you have questions or need help
with the Cuyahoga Provider Search Tool,
please contact provider support at 216-931-7474 OR
providersupport@cuyahogabdd.org
Provider.search@cuyahogabdd.org