

# CCBDD Provider Search Tool

## Instructions for Providers



Updated 10/3/19

# CCBDD PST

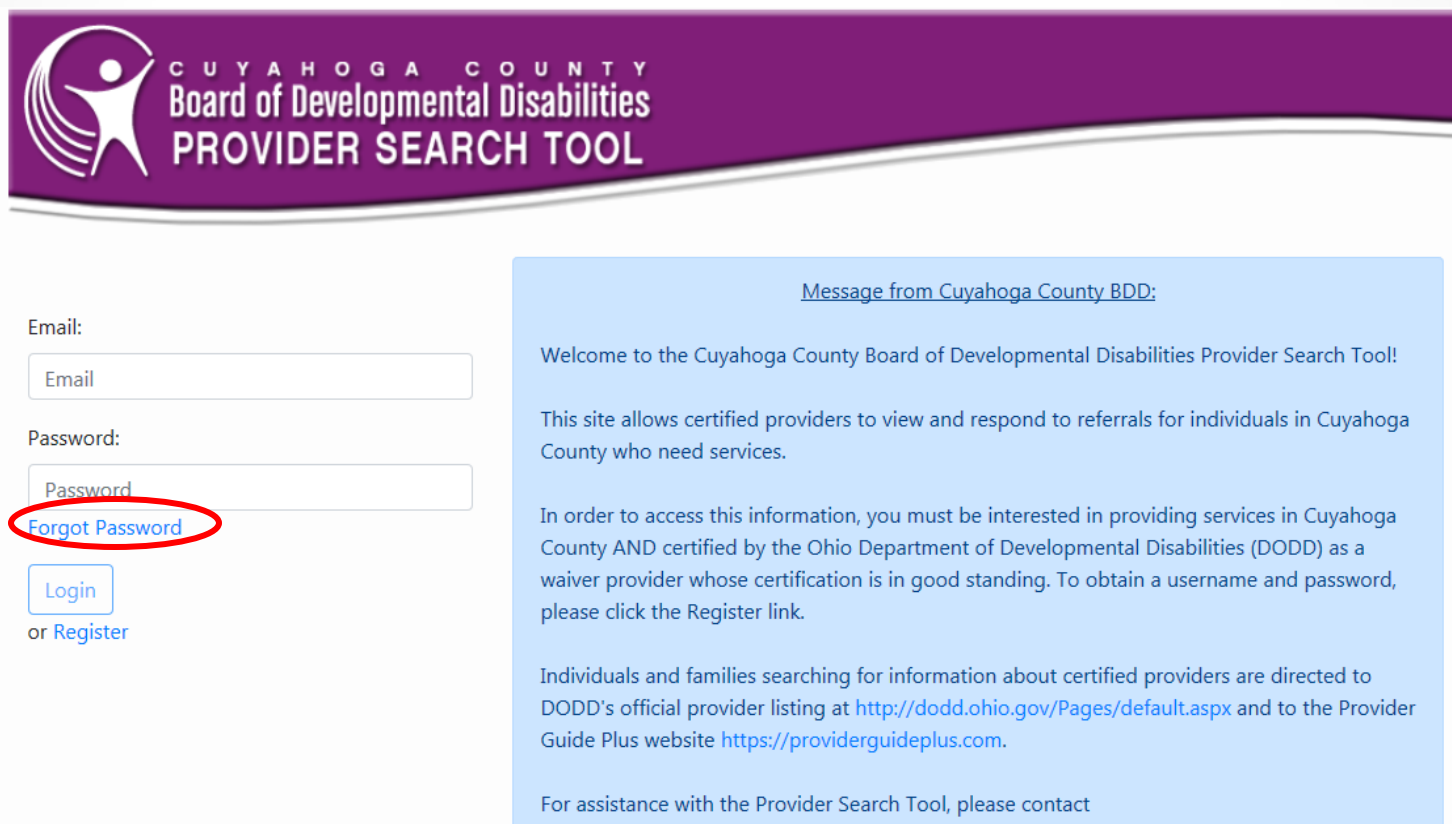
- Used for referral search/response ONLY
  - Families will be encouraged to use Provider Guide Plus to get information ABOUT providers. Providers will only need to update information in ONE place
- PST features designed with provider feedback in mind:
  - Easier to read format
  - Referral icons to allow 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 PST site at this web address:  
<https://providersearchtool.cuyahogabdd.org>
  - ***IF*** you don't have an account click the “**Register**” button
  - New accounts will be approved within 2 business days
  - The email will include a link to the new PST where you will create your password; ***a temporary password is assigned***
  - The link will expire **24 hours** after being sent
  - If you do not have a password visit the PST main page and click “forgot password” to reset this process
- Once your new account is registered and approved, you will be able to:
  - Access/edit your user account settings, **except** your email address
  - ***IF*** you change your email address, you will need to register for a new account
  - Update email to receive all eISP'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.



The screenshot shows the login interface for the Cuyahoga County Board of Developmental Disabilities Provider Search Tool. The header is a purple banner with the organization's logo and name. Below the header, there are input fields for 'Email' and 'Password'. A red circle highlights the 'Forgot Password' link located below the password field. To the right of the login fields is a light blue box containing a welcome message and instructions for providers. At the bottom of the login section, there is a 'Login' button and a link to 'Register'.

**CUYAHOGA COUNTY**  
**Board of Developmental Disabilities**  
**PROVIDER SEARCH TOOL**

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.

**CUYAHOGA COUNTY**  
**Board of Developmental Disabilities**  
**PROVIDER SEARCH TOOL**

Open Referrals   Service Plans   My Account

Filter by First Name:

Filter by Service:

Filter by Provider Type:

**Referrals: 208**

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](mailto:Provider.Support@cuyahogabdd.org)

# 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



# 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 a list of referrals. The first referral is for **JOAN D.** with the service type **GROUP EMPLOYMENT SUPPORT** and provider type **Agency**. The second referral is for **MICHAEL P.** with the service type **INDIVIDUAL EMPLOYMENT SUPPORT** and provider type **Agency**. Both referrals have a response deadline of **07/19/2018**. A red circle highlights the name and service type of the first referral. A red circle highlights the response date for the first referral. A red arrow points to the name of the second referral.

Name	Service Type	Provider Type	Respond by
JOAN D.	GROUP EMPLOYMENT SUPPORT	Agency	07/19/2018
MICHAEL P.	INDIVIDUAL EMPLOYMENT SUPPORT	Agency	07/19/2018

To open a referral, simply click on the person's name



# The Referral

## Provider Referral

Form Revision: 1

[Print](#)

Referral ID

3529481

Posted By

Vorisek, Scott

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 the referral doesn't open, make sure pop-ups are enabled.

# 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:

<b>ADRIAN J.</b> ADULT DAY SUPPORT Provider Type: Agency	Respond by: <a href="#">08/03/2018</a>	
<b>MELISSA S.</b> MONEY MANAGEMENT Provider Type: Agency	Respond by: <a href="#">08/03/2018</a> 	
<b>AARON H.</b> COMMUNITY RESPITE Provider Type: Agency	Respond by: <a href="#">08/02/2018</a>	

# 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 <a href="mailto:Provider.Support@cuyahogabdd.org">Provider.Support@cuyahogabdd.org</a>		

<b>Contact number</b> Default contact number: 216-321-6549 Contact number (if different from default or no default specified): 	<b>Contact Name</b> 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: * 	

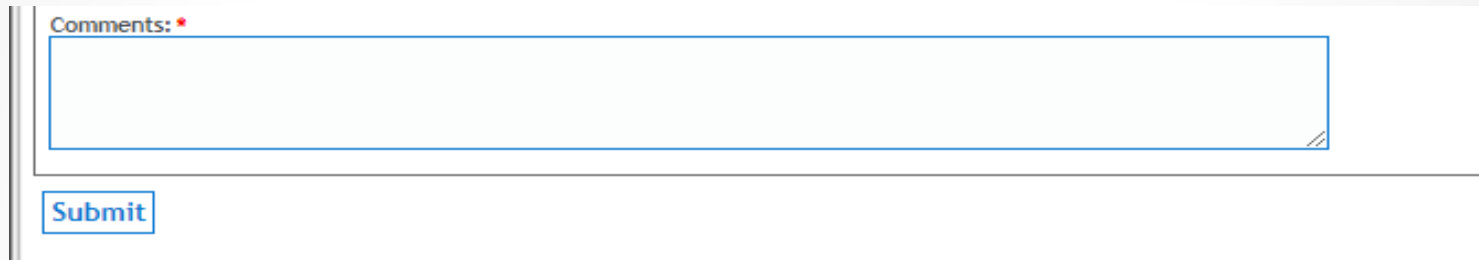
Submit

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



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.




[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

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

# 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:
  - 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
  - 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!**

# Accessing ISPs

Log in to the PST and Click on Service Plans

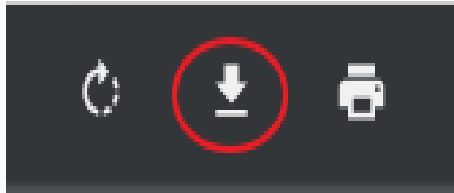


Click on the plan you would like to download to open it

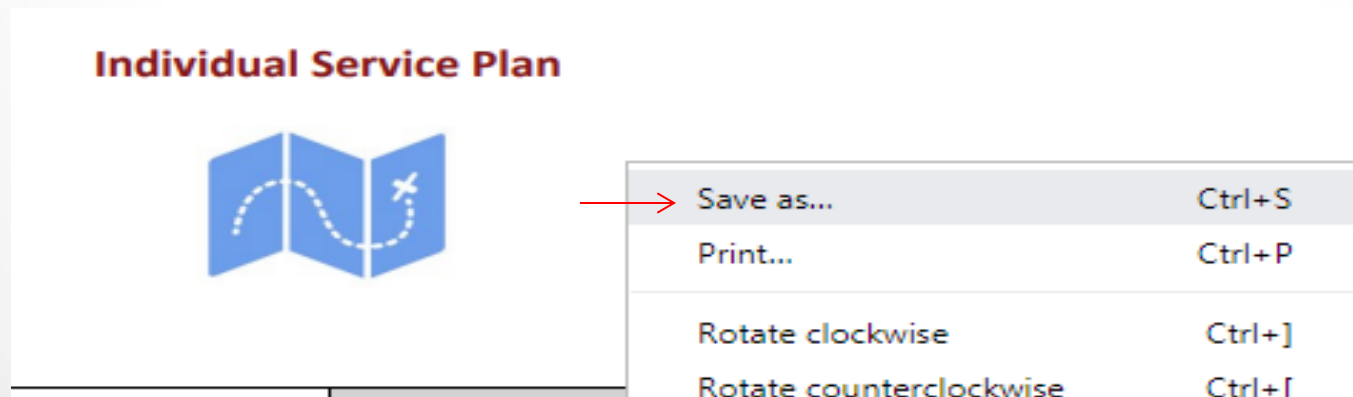
Name	Version	Posted	Effective	Span Start
<div>Redacted</div>	1.0	03/18/2019	04/20/2019	04/20/2019
	2.4	08/06/2019	07/18/2019	11/20/2018
	2.0	07/19/2019	08/25/2019	08/25/2019
	2.0	06/25/2019	07/17/2019	07/17/2019
	2.0	05/15/2019	06/18/2019	06/18/2019

# Accessing ISPs

- Save the plan as a pdf document:
  - The download icon in the top right corner

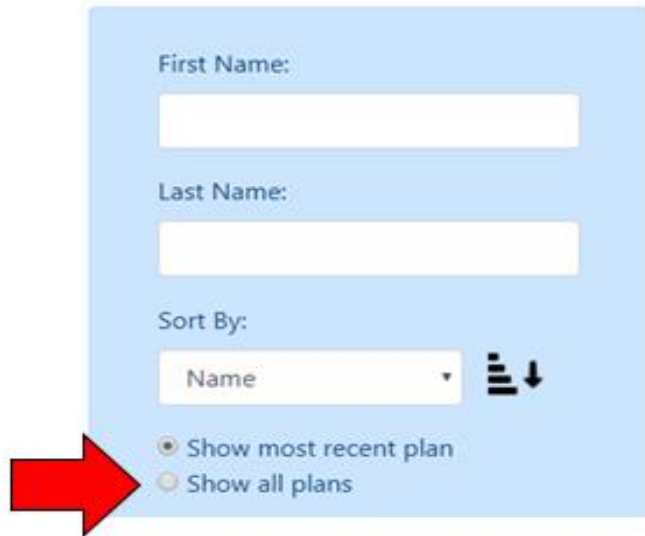


- Right Click > Save as



# Accessing ISPs


- Note: When you first click on the Service Plans, will you will see the most recently posted plan for everyone you serve. Clicking the “Show all plans” button will bring up every plan currently posted for the people you serve.
- \*\*If someone has multiple plans that were posted on the same date, you will see all of those plans.



First Name:

Last Name:

Sort By:

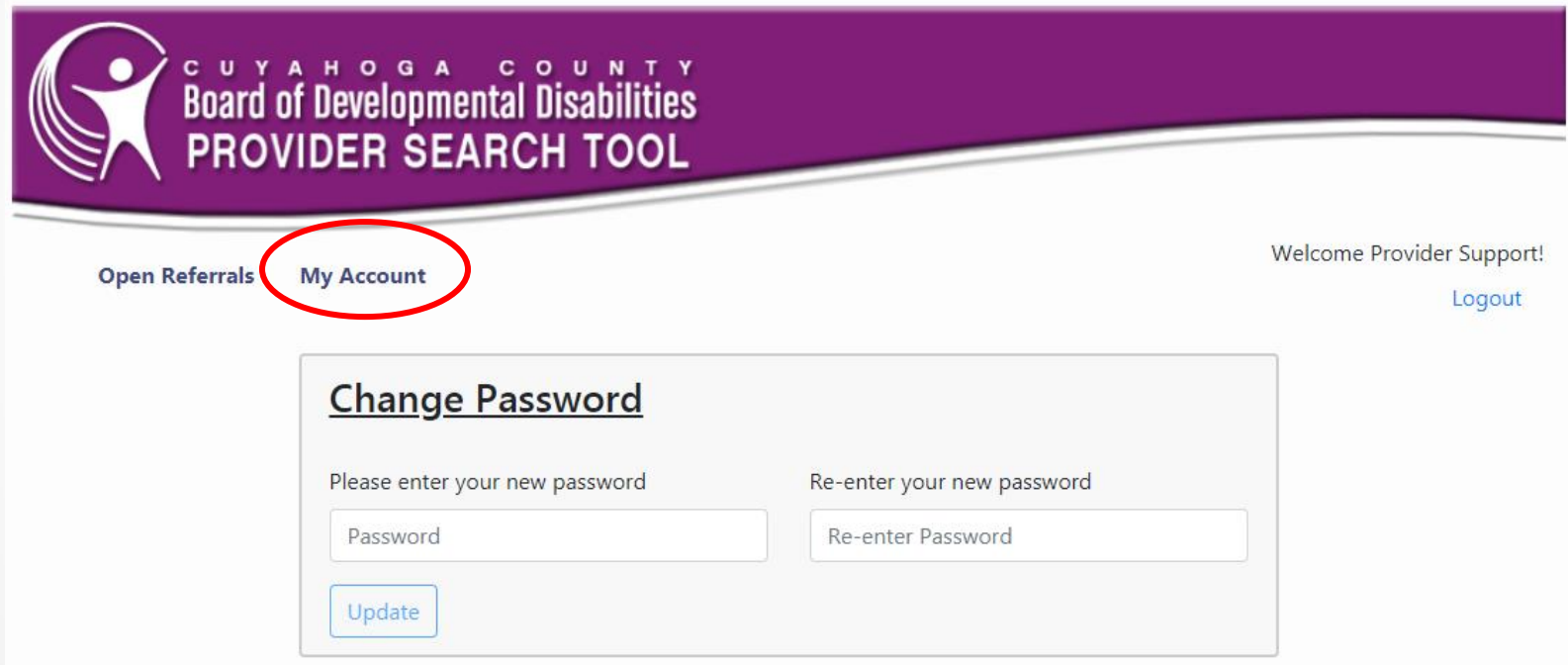
Name ▾ 

☒ Show most recent plan

☐ Show all plans

# My Account

- Under the “My Account” link, you will be able to update your password, and name.
- If you change your email address you must register a new account.



CUYAHOGA COUNTY  
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

Provider Support

ProviderGuidePlus link

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:

216-321-6549

Default contact name:

Provider Support

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):

Thisisanewemail@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](#)

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 **must** also have a 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 agency 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

## 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](mailto: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](mailto:providersupport@cuyahogabdd.org)