

Peer Recovery Support 101



A Manual of Peer Recovery Support Basics



Peer recovery services (PRS) are community-based services for individuals with a mental illness or substance use disorder, and consist of activities that promote recovery, self-determination, self-advocacy, well-being, and independence. Peer recovery services are individualized, recovery-focused, and based on a relationship that supports a person's ability to promote their own recovery. Peer recovery services promote self-directed recovery by assisting an individual and promoting trauma informed care and diversity competence, encouraging self-direction, and advocating for informed choice.

PRS have become a foundational part of a recovery-oriented continuum of care (Chinman et al., 2014). Numerous studies have been conducted to determine the effectiveness of PRS services with varying outcomes (Chinman et al., 2014). Each study has conclusively found that PRS services are, at minimum, as effective as traditional clinical treatment services (Chinman et al., 2014). Other studies have demonstrated that PRS services have decreased psychiatric hospital recidivism (Clarke, Herinckx, Kinney, Paulson, Cutler, Lewis, & Oxman, 2000; Sledge, Lawless, Sells, Wieland, O'Connell, & Davidson, 2011) and reduced length of hospitalization (Min et al., 2007; Sledge et al., 2011). Clinicians in an inpatient psychiatric unit were interviewed and shared that PRS increased client engagement, elevated individual moods, and provided support for individuals, and that because of their increase in wellness were unable to spend as much time with clinicians (Slade, 2009).

PRS provides employment opportunities for individuals in recovery (Slade, 2009) and the opportunity to develop a connection with clients in a unique way; a way that clinicians are not able to do (Bellamy, C., Schmutte, T, & Davidson, L. (2017). PRS help people connect in pro-social activities (Min, Whitecraft, Rothbard, & Salzer, 2007). Individuals participating in PRS services have identified the high level of empathy, authenticity, and respect to be among the most beneficial gains (Rusnova et al., 2013). Individuals also indicated that they believed the PRS treated them as an equal and as a worthwhile person (Rusnova et al., 2013) and fostered an increased level of trust (Chinman, Lucksted, Gresen, Davis, Losonczy, Sussner, & Martone, 2008).

Traditional treatment teams benefit from PRS, as these professionals can assist teams with developing and implementing a person-driven approach to services (Chinman et al., 2008). PRS provides opportunities for equity, advocacy for person-driven care, and a focus on whole health (O'Hagan, McKee, & Priest, 2009). Quality PRS is facilitated in a way that benefits the individual, the PRS, and the multi-disciplinary team (O'Hagan et al., 2009).

In Ohio, peer recovery supporters become certified by taking an in-person PRS training or by having three years' work or volunteer experience as a peer navigator, peer specialist, peer supporter, or peer recovery coach. Regardless of the pathway to certification, individuals must also have completed 16 hours of on-line E-Based Academy courses, which includes topics such as ethics, human trafficking, and trauma informed care, pass the OhioMHAS PRS exam consisting of 116 questions, sign and agree to the OhioMHAS PRS Code of Ethics, and pass a Bureau of Criminal Investigations Background check.

Peer recovery services may include:

- (1)** Ongoing exploration of recovery needs;
- (2)** Supporting individuals in achieving personal independence
- (3)** Encouraging hope;
- (4)** Supporting the development of life skills;
- (5)** Developing and working toward achievement of personal recovery goals;
- (6)** Modeling personal responsibility for recovery;
- (7)** Teaching skills to effectively navigate the health care delivery system;
- (8)** Providing group facilitation that addresses symptoms or behaviors, thought processes that assist an individual in eliminating barriers to seeking or maintaining recovery, employment, education, or housing;
- (9)** Assisting with accessing and developing natural support systems in the community;
- (10)** Promoting coordination and linkage among similar providers;
- (11)** Coordinating or assistance in crisis interventions and stabilization as needed;
- (12)** Conducting outreach;
- (13)** Attending and participating in treatment team; or,
- (14)** Assisting individuals in the development of empowerment skills through self-advocacy and activities that reduce discrimination and inspire hope.



OhioMHAS 40 Hour in-person Peer Recovery Supporter Training

Individuals in recovery with a direct lived experience of mental health and/or substance use disorders who are interested in taking the OhioMHAS Peer Services Training may submit a training application, references, and proof of the E-Based Academy coursework completion to peerservices@mha.ohio.gov. OhioMHAS staff review and approve training applications and coordinate trainings for Mental Health and Recovery Boards, Consumer Operated Services, and Behavioral Health Providers.

Successful completion of the 40 hour in-person training includes completion of all training hours, facilitator recommendation to take the OhioMHAS peer recovery supporter exam, and earning a minimum score of 70% on the exam.

Certified Peer Recovery Supporter Definition

A “certified peer recovery supporter” is an individual, with a direct lived experience, who has self-identified as being in recovery from a mental illness health or substance use disorder, and has been certified by OhioMHAS.

Scope of Practice

Certified peer recovery supporters may have an identified specialty of mental health and/or substance use disorder based upon their personal recovery experience. This lived experience defines the individual’s scope of practice. If an individual has a co-occurring mental health and substance use disorder, they will have the broadest scope of practice of being able to assist individuals with a mental health, or substance use disorder. Specific places of employment may require additional lived experiences such as the Veterans’ Administration which also requires a lived experience as a veteran of the United States Armed Forces

Supervision Requirements

OhioMHAS certified peer recovery supporters must be supervised by a qualified individuals. They must be supervised by an individual who either:

(1) Has been delivering peer services for five years as a peer navigator, peer supporter, peer specialist, peer recovery coach, or peer recovery supporter; have completed the sixteen-hour on-line e-based academy courses offered through the Ohio Department of Mental Health and Addiction Services, and have completed the four hour in-person supervising peers training by Ohio Department of Mental Health and Addiction Services recovery support staff; or,

(2) Is at least a bachelor's level behavioral health clinician with one of the following licenses:

- (a)** Licensed social worker;
- (b)** Licensed independent social worker;
- (c)** Licensed professional counselor;
- (d)** Licensed chemical dependency counselor II;
- (e)** Licensed chemical dependency counselor III;
- (f)** Licensed professional clinical counselor;
- (g)** Licensed independent chemical dependency counselor;
- (h)** Licensed marriage and family therapist;
- (i)** Licensed independent marriage and family therapist
- (j)** Psychologist; or,
- (k)** Psychiatrist.

The behavioral health clinician has completed the sixteen-hour on-line E-Based Academy courses and the four hour in-person supervising peers training offered by OhioMHAS recovery support staff or their designee.

Sixteen hours of required E-Based Academy courses for supervisors includes:

- (1)** Introduction to Peer Recovery Support
- (2)** History of Addiction for Peer Recovery Supporters
- (3)** Ethics and Boundaries for Peer Recovery Supporters
- (4)** History of the CSX Movement for Peer Recovery Supporters
- (5)** Helpful Tips for Peer Recovery Supporters Entering the Workforce
- (6)** Health and Wellness in Peer Recovery Support
- (7)** Cultural Competence in Mental Health and Addiction Recovery
- (8)** Human Trafficking Training for Peer Recovery Supporters
- (9)** Supervision for Peer Recovery Supporters
- (10)** Trauma Informed Care in Peer Recovery Support
- (11)** Ohio S-BIRT: An Introduction to S-BIRT and Motivational Interviewing

The E-Based Academy may be accessed at <http://www.ebasedacademy.org/lms/>. E-Based Academy courses are free of charge.

The peer recovery supporter certification is not an independent credential. Certified Peer Recovery Supporters must be directly supervised by a qualified individual. Please refer to supervisory requirements for OhioMHAS certified peer recovery supporters.

OhioMHAS Certification Process for Individuals

OhioMHAS began certifying peer recovery supporters on July 1, 2016. Peer Recovery Supporters is an all-inclusive term consisting of peer specialists, recovery coaches, and peer supporters. In order to have a formal certification, individuals delivering peer services needed to have one title for consistency. Peer Recovery Supporter was chosen as it represents the three largest sections of the current peer workforce. A list of certified peer recovery supports may be located at: <http://workforce.mha.ohio.gov/Workforce-Development/Job-Seekers/Peer-SupporterCertification#44810-ohiomhas-public-database>

Peer recovery supporter certification requires the completion of the following requirements:

(1) Sixteen hour on-line e-based academy administered by the department;

- (1)** Introduction to Peer Recovery Support
- (2)** History of Addiction for Peer Recovery Supporters
- (3)** Ethics and Boundaries for Peer Recovery Supporters
- (4)** History of the CSX Movement for Peer Recovery Supporters
- (5)** Helpful Tips for Peer Recovery Supporters Entering the Workforce
- (6)** Health and Wellness in Peer Recovery Support
- (7)** Cultural Competence in Mental Health and Addiction Recovery
- (8)** Human Trafficking Training for Peer Recovery Supporters
- (9)** Supervision for Peer Recovery Supporters
- (10)** Trauma Informed Care in Peer Recovery Support
- (11)** Ohio S-BIRT: An Introduction to S-BIRT and Motivational Interviewing

Individuals who have completed the Integrated Peer Supporter training have already completed 12 hours of E-Based Academy Courses and **ONLY** need to complete the Ethics and Boundaries and Supervision for Peer Recovery Supporters modules. The E-Based Academy may be accessed at <http://www.ebasedacademy.org/lms/>. E-Based Academy courses are free of charge.

(2) Submission of proof of a minimum of forty hours of approved peer service delivery training or three equivalent years formal experience in peer service delivery as a peer navigator, peer supporter, peer specialist, or peer recovery coach;

Approved forty hour trainings include:

- (1) Appalachian Consulting
- (2) OhioMHAS Peer Supporter Training
- (3) Connecticut Community for Addiction Recovery (CCAR)
- (4) InterNational Association of Peer Specialists (INAPS)
- (5) Pennsylvania Office of Mental Health and Substance Abuse Services
- (6) Certified Peer Specialist training
- (7) Michigan Department of Community Health Peer Support Specialist Training
- (8) North Carolina Peer Support Specialists training
- (9) Arizona Peer Specialist Training
- (10) Depression Bipolar Support Alliance (DBSA) 40 hour training

(3) Passing the department peer recovery supporter exam;

(4) Submission of a signed certified peer recovery supporter code of ethics established by the department;

(5) The submission of a completed application; and,

(6) The submission with the completed application, the results of a bureau of criminal identification and investigation criminal records check conducted within thirty days prior to submission. Individuals must have met all requirements of supervision; parole, probation, community control, transitional release, etc., in order to apply for OhioMHAS certification.

Certification with Work Experience

Individuals with a direct lived experience of a mental health or substance use disorder who have at least 3 years verifiable work experience in a position titled peer specialist, peer supporter, peer recovery coach, or peer navigator, completed 16 hours of required E-Based Academy courses, and passed the OhioMHAS Peer Recovery Supporter exam can complete the below forms and e-mail them to

ohiopeercertification@mha.ohio.gov:

- OhioMHAS Peer Recovery Supporter Certification Application
- OhioMHAS Disqualifying Offense Waiver [5122-29-15.1](#)
- Employer completed Work Verification Form
- Bureau of Criminal Investigations (BCI) background check
- Federal Bureau of Investigations (FBI) background check, only if you have also lived outside of Ohio
- The OhioMHAS Peer Recovery Supporter Certification is valid for two years. In order to apply for re-certification, individuals must complete 30 hours of continuing

education hours including diversity competence, trauma informed care, human trafficking, and work incentive or benefit planning. Re-Certification applications should be submitted within 60 days of certification expiration.

Certification with Training

Individuals with a direct lived experience of a mental health or substance use disorder who have completed an OhioMHAS approved 40 hour in-person peer training, 16 hours of required E-Based Academy courses, and passed the OhioMHAS Peer Recovery Supporter exam can complete the below forms and e-mail them to ohiopeercertification@mha.ohio.gov:

- OhioMHAS Peer Recovery Supporter Certification Application
- OhioMHAS Disqualifying Offense Waiver [5122-29-15.1](#)
- Bureau of Criminal Investigations (BCI) background check
- Federal Bureau of Investigations (FBI) background check, only if you have also lived outside of Ohio
- The OhioMHAS Peer Recovery Supporter Certification is valid for two years. In order to apply for re-certification, individuals must complete 30 hours of continuing education hours including diversity competence, trauma informed care, human trafficking, and work incentive or benefit planning. Re-Certification applications should be submitted within 60 days of certification expiration.

OhioMHAS Individual Re-Certification

The OhioMHAS Peer Recovery Certification is valid for a period of two years. During those two years, certified individuals need to earn a total of 30 continuing education credits including diversity competence, trauma informed care, ethics, human trafficking, and work incentive or benefit planning. Re-Certification applications should be submitted within 60 days of certification expiration. To apply for re-certification, please:

- (1)** Complete the attached Ohio Peer Recovery Supporter Re-Certification application, including the names and hours of the 30 continuing education courses completed over the past 2 years.
- (2)** Submit a new Bureau of Criminal Identification and investigation criminal records check, or any other state or federal agency designated by the Director, conducted within thirty days prior to application submission. Please visit the following link to find a location in your community to obtain a BCI: <http://www.ohioattorneygeneral.gov/backgroundcheck>
- (3)** Completed applications and BCI, and when appropriate FBI, background checks

should be e-mailed to recertification@mha.ohio.gov.

Please maintain copies of any continuing education course certificates completed as OhioMHAS Bureau of Recovery Supports will audit 10% of re-certification applicants. Individuals who are audited will be asked to submit copies of documents that demonstrate completion of continuing education courses within 30 days of the request. Thank you again for your commitment to recovery. If you have any questions about the re-certification process, please e-mail: recertification@mha.ohio.gov.

Training

Individuals interested in training to become or to supervise peer recovery supports can assess information about training and professional development.

[Peer Recovery Supporter Training Application](#)

[Reference Form for Peer Recovery Supporter Applicants](#)

[56 Hour OhioMHAS Integrated Peer Recovery Supporter Training](#)

56 Hour OhioMHAS Integrated Peer Recovery Supporter Training

OhioMHAS supports and coordinates the OhioMHAS Integrated Peer Support Training which offers 16 hours of on-line E-Based Academy courses, 40 hours on in-person peer support training, and an exam for individuals with a direct person lived experience of mental health and/or substance use disorders who are actively in recovery. The 56-hour training helps individuals build the foundation of hard and soft skills needed to offer quality peer support services. This training meets training requirements for the OhioMHAS Peer Recovery Supporter Certification. E-Based Academy course may be accessed at <http://www.ebasedacademy.org/lms/>

Each training applicant must submit two personal references with their training application. Reference forms can be given directly to the individual who is providing a reference. The reference can send the form directly to peerservices@mha.ohio.gov.

OhioMHAS coordinates in-person trainings with Mental Health and Recovery Boards, Peer Run Organizations, and Behavioral Health Providers. We work with OhioMHAS trained facilitators who facilitate trainings based on the region of the state in which they live. If you are interested in applying or scheduling a training, please e-mail peerservices@mha.ohio.gov. Available in-person peer support trainings can be found at: [Peer Support Training Calendar](#).

Certified Peer Recovery Supporters must be supervised by individuals who have completed the same 16 hours of E-Based Academy courses as well as the 4 hour in-person OhioMHAS Supervising Peers training. If you are interested in taking the 4 hour in-person training, please visit <https://www.eventbrite.com/> or e-mail peerservices@mha.ohio.gov. Individuals qualified to supervise certified peer recovery supports must be one of the following: Certified peer recovery supporters must be supervised by an individual who is a Licensed social worker, licensed independent social worker, licensed professional counselor, licensed chemical dependency counselor II; licensed chemical dependency counselor III; licensed professional clinical counselor; licensed independent chemical dependency counselor; licensed marital/family therapist; licensed independent marital and family therapist, Psychologist; Psychiatrist OR a peer recovery supporter who has been delivering peer services for five years, as a peer navigator, peer supporter, peer specialist, peer recovery coach, or peer recovery supporter.

Certification Application Denial and Revocation

Peer recovery supporter certification may be denied, not renewed, or revoked for any of the following:

- (1)** A failure to provide peer recovery supporter services in accordance with the standards set forth in this rule.
- (2)** A failure to submit a complete certification or renewal application.
- (3)** A failure to complete any of the requirements for certification or renewal.
- (4)** The department determines that the certified peer recovery supporter pledge has been violated.
- (5)** The individual is included in one of the following databases:
 - (a)** The sex offender and child-victim offender database established pursuant to division (A)(11) of section 2950.13 of the Revised Code (available at <http://www.icrimewatch.net/index.php?AgencyID=55149&disc=>);
 - (b)** The database of incarcerated and supervised offenders established pursuant to section 5120.66 of the Revised Code (available at <http://www.drc.ohio.gov/OffenderSearch/Search.aspx>).
- (6)** The individual shall have a criminal records check that is free from any convictions, excluding minor traffic violations, and has been released from all sanctions, for three years prior to application. Except that individuals with a disqualifying offense shall be permanently excluded from certification and shall not be eligible for a waiver.
- (7)** The individual has a negative finding from the department conflict of interest review committee.
- (8)** The denial of an application for certification or renewal, or the revocation of

certification is subject to appeal under Chapter 119 of the Revised Code.

(9) Any individual who has been denied certification or had their certification revoked pursuant to this rule shall not be eligible to apply to the department for certification for at least three years from the date of revocation without the written consent of the department.

***OhioMHAS Peer Recovery Supporter Certification Disqualifying Offenses
(sections of the Revised Code)****

- (1) 2903.01 (aggravated murder);
- (2) 2903.15 (permitting child abuse);
- (3) 2903.16 (failing to provide for a functionally impaired person);
- (4) 2903.21 (aggravated menacing);
- (5) 2905.32 (human trafficking);
- (6) 2905.33 (unlawful conduct with respect to documents);
- (7) 2903.34 (patient abuse and neglect);
- (8) 2903.341 (patient endangerment);
- (9) 2905.04 (child stealing) as it existed prior to July 1, 1996;
- (10) 2905.05 (criminal child enticement);
- (11) 2907.02 (rape);
- (12) 2907.03 (sexual battery);
- (13) 2907.04 (unlawful sexual conduct with a minor, formerly corruption of a minor);
- (14) 2907.05 (gross sexual imposition);
- (15) 2907.06 (sexual imposition);
- (16) 2907.07 (importuning);
- (17) 2907.08(voyeurism);
- (18) 2907.12 (felonious sexual penetration);
- (19) 2907.21 (compelling prostitution);
- (20) 2907.22 (promoting prostitution);
- (21) 2907.31 (disseminating matter harmful to juveniles);
- (22) 2907.32 (pandering obscenity);
- (23) 2907.321 (pandering obscenity involving a minor);
- (24) 2907.322 (pandering sexually-oriented matter involving a minor);
- (25) 2907.323 (illegal use of minor in nudity-oriented material or performance);
- (26) 2907.33 (deception to obtain matter harmful to juveniles);
- (27) 2909.22 (soliciting/providing support for act of terrorism);
- (28) 2909.23 (making terrorist threat);
- (29) 2909.24 (terrorism);
- (30) 2913.40 (Medicaid fraud);

- (31) 2919.22 (endangering children);
- (32) 2925.02 (corrupting another with drugs);
- (33) 2925.23 (illegal processing of drug documents);
- (34) 2925.24 (tampering with drugs);
- (35) 2925.36 (illegal processing of drug samples);
- (36) 3716.11 (placing harmful objects in food or confection);

Medicaid is different. Please see Medicaid Section.

Adhering to Professional Standards

For certified peer recovery supporters, there is a formal Conflict of Interest process. Either supervisors of certified peer recovery supporters or individuals they are partnering with for services may file a Conflict of Interest Form.

Depending on the complexity of the Conflict of Interest, the overall process may take a few months. Your patience is appreciated during this process. The OhioMHAS Conflict of Interest Review Committee will consist of four OhioMHAS staff members. All recommendations will be presented to the OhioMHAS Deputy Director of Treatment and Recovery for final determination.

If you are a supervisor or a partnered individual and you suspect a certified peer recovery supporter of violating the OhioMHAS code of ethics, please complete the statement of conflict of interest form and submit to:

Community Recovery Initiatives Administrator
The State of Ohio Department of Mental Health and Addiction Services
30 East Broad Street, 36th Floor
Columbus, OH 43215
Telephone (614) 466-2596; Fax (614) 644-1502

Mandated Reporting and Duty to Warn Requirements

Certified peer recovery supporters are required, by the OhioMHAS code of ethics, to abide by Ohio Mandated Reporting and Duty to Warn Requirements. Mandated reporting includes informing a direct supervisor and the local child/adult protective agency if there is suspicion or a reason to believe that a child, individual over the age of 62, or individual with a developmental disability been abused or neglected or if I have knowledge of, or observe a child being subjected to, conditions that would reasonably result in harm to the child. Mandated reporting is a required part of social service professionals' roles and responsibilities. It is not the role of the peer recovery supporter to attempt to substantiate abuse or neglect. It is the role of a certified peer

recovery supporter to report suspicion to their supervisor and the local child/adult protective service agency in your community.

Duty to Warn includes informing your direct supervisor immediately if an individual you are working with has a risk of physically harming themselves or someone else. Certified recovery supporters are considered behavioral health professionals; and as such if you have reason to believe that an individual you are working with has the intent and ability to carry out an explicit threat of inflicting imminent and serious physical harm to or causing the death of a clearly identifiable potential victim or victims and who is either an immediate family member of the client or patient or an individual who otherwise personally knows the individual.

Duty to Warn and Mandated Reporting are two instances where a behavioral health professional can breach client confidentiality. Normally, ethical guidelines require that individuals keep information revealed during interactions confidential; however, if someone is at risk of suspected abuse or neglect or a potential danger to themselves or another person, it is expected that peer recovery supporters report concerns to their immediate supervisor and to follow agency specific policies and procedures.

Community Behavioral Health Agencies and Peer Run Organizations

Agencies including community behavioral health agencies and Peer Run Organizations who receive funding from County Behavioral Health Authorities for peer services shall be certified for PRS through the OhioMHAS Bureau of Licensure and Certification and shall hire OhioMHAS certified peer recovery supporters. A “certified peer recovery supporter” is an individual, with a direct lived experience, who has self-identified as being in recovery from a mental illness health or substance use disorder, and has been certified through OhioMHAS. A list of certified peer recovery supporters may be found at <http://workforce.mha.ohio.gov/Workforce-Development/Job-Seekers/Peer-SupporterCertification#44810-ohiomhas-public-database>

Licensure and Certification for Agencies

Community behavioral health agencies require certification by the Ohio Department of Mental Health & Addiction Services (OhioMHAS) when they provide behavioral health services that are funded by a county behavioral health authority or when they are subject to department licensure of a residential facility according to section [5119.22](#) of the Revised Code. Community behavioral health agencies may also voluntarily request certification. Agencies are certified every three years. [Ohio Administrative Code 5122-29](#) describes the services for which a provider agency may,

but is not required to, obtain accreditation. Other than a provider of acute hospital (inpatient) services, which must obtain accreditation, a provider agency is not required to obtain accreditation prior to applying for certification for the services specified in the rule.

Accreditation does not replace certification. An accredited agency must apply for certification by OhioMHAS for each program or service for which it is seeking certification, and for each site at which it provides certified services. The accredited agency should submit an "Application for Certification and Deemed Status." Deemed status essentially means "evidence of compliance". When OhioMHAS grants deemed status to an agency, it is accepting the agency's appropriate behavioral health accreditation as evidence of compliance with the OhioMHAS certification standards. [Ohio Administrative Code Rule 5122-26-13](#) "Incident Reporting and Risk Management" is not exempt from deemed status, i.e. a provider granted deemed status must continue to report incidents to OhioMHAS as specified by the rule.



For OhioMHAS to grant deemed status, a provider agency must obtain all available corresponding accreditation for the services in which the provider is seeking certification, by undergoing an on-site accrediting body survey that includes the review of clinical records. For a provider seeking certification for both mental health and addiction treatment services, this includes having the accrediting body review the provision of both mental health and addiction treatment services.

For additional information on applying for certification through the Bureau of Licensure and Certification, please visit <http://mha.ohio.gov/Regulation/Licensure-Certification/Behavioral-Health-Agencies>

Funding for Peer Recovery Support Services

Peer recovery support services may be funded through a variety of sources including County Behavioral Health Authorities; non-profit or for-profit organizations; federal, state or local grants; mental health or substance abuse, prevention and treatment block grants; Medicaid; and managed care. Peer recovery support services funded through Medicaid or county behavioral health authorities must be provided by an agency certified by the OhioMHAS Bureau of Licensure and Certification to offer peer services, be delivered by certified OhioMHAS peer recovery supporters, and supervised by appropriate personnel as defined by [Ohio Administrative Code 5122-29-15.1](#).

Frequently Asked Questions

Do I need a personal lived experience with a mental health and/or substance use disorder to be a peer recovery supporter?

Yes, individuals eligible to become a peer recovery supporter have a direct lived experience with a mental health and/or substance use disorder.

How do I apply to be a certified peer recovery supporter?

Individuals with a personal lived experience may apply because they have either completed an approved 40 hour in-person training OR have 3 years of work/volunteer experience as a peer supporter, peer specialist, peer navigator, or peer recovery coach and:

- Have signed the OhioMHAS Peer Recovery Support Code of Ethics
- Completed the required 16 hours of E-Based Academy Courses
- Passed the OhioMHAS Peer Recovery Supporter exam
- Submitted a BCI check dated within 30 days of the certification
- Forwarded a complete certification application packet to ohiopeercertification@mha.ohio.gov

How do I apply for re-certification?

To apply for re-certification, please complete a certification application, including 30 hours of continuing education credits, along with a BCI ran within 30 days of application submission to recertification@mha.ohio.gov

What counts as continuing education for re-certification?

Any trainings or workshops that help with professional development of a peer recovery supporter. Required courses include diversity competence, human trafficking, work incentive or benefit planning, and ethics and boundaries. OhioMHAS will accept certificates of attendance, certificates of completion, or CEUs from other behavioral health credentialing boards.

I am a OhioMHAS certified peer recovery supporter, can I work as an independent provider?

OhioMHAS certified peer recovery supporter is not an independent credential. Certified peer recovery supporters must be supervised in accordance with 5122-29-15.1.

Who at OhioMHAS should I send questions to regarding the 40 hour in-person peer training?

peerservices@mha.ohio.gov

Who at OhioMHAS should I send questions to regarding becoming certified as an individual?

ohiopeercertification@mha.ohio.gov

Who at OhioMHAS should I send questions to about becoming a certified community provider for peer recovery support services?

LicCert@mha.ohio.gov

How do I know if someone is certified?

A list of Certified Peer Recovery Supporters can be found at:

<http://workforce.mha.ohio.gov/Workforce-Development/Job-Seekers/Peer-SupporterCertification>

What happens if someone violates the code of ethics?

If an individual violates the OhioMHAS Peer Recovery Supporter Certification Code of Ethics, a formal investigation will occur per the Conflict of Interest Process.

How long does my certification last?

The certification is good for 2 years. Individuals need to earn 30 hours of continuing education credits within the 2 years to apply for re-certification.

Who can supervise Certified Peer Recovery Supporters?

Two groups of individuals can supervise peers; individuals with 5 years' experience as a peer specialist, peer navigator, peer specialist, peer recovery coach, or peer recovery supporter OR Licensed social worker; Licensed independent social worker; Licensed professional counselor; Licensed chemical dependency counselor II; Licensed chemical dependency counselor III; Psychologist; or, Psychiatrist. Supervisors must have attended the required OhioMHAS Supervising Peers training and have completed the 16 hours of E-Based Academy Courses.

Peer Recovery Support Staff



Name: Meghan Arnold

Title: Mental Health Administrator

Email: Meghan.Arnold@mha.ohio.gov

Biography:

Meghan Arnold coordinates work with local Mental Health and Recovery Boards as well as other agencies to schedule the Peer Recovery Supporter Trainings throughout the State. In addition to scheduling trainings, securing funding for trainings, and assigning facilitators she is also able to assist with questions regarding the on-line Peer Recovery Supporter Exam through Exam Professor. Meghan provides leadership and technical assistance; identifies needs, disparities and support strategies to improve peer recovery support. Meghan also provides strategic oversight, develops guidelines, provides technical assistance, training and support strategies that improve access and understanding of peer recovery support, peer run organizations, advocacy, wellness, and recovery.

Peer Recovery Support Staff



Name: Sharon Fitzpatrick

Title: Mental Health Administrator

Email: Sharon.Fitzpatrick@mha.ohio.gov

Biography:

Sharon Fitzpatrick coordinates work with peer run organizations, advocacy groups, and wellness organizations. She is the primary OhioMHAS contact for the Peer Recovery Supporter Certification and Re-Certification, Statewide Wellness and Advocacy grants, Community Family Partnership Team. Sharon hosts the monthly peer support for peer support calls and provides customer service and technical support over the phone and through e-mail.

Peer Recovery Support Staff



Name: Melissa Jackson

Title: Management Analyst

Email: Melissa.Jackson@mha.ohio.gov

Biography:

Melissa Jackson assists with the Ohio Peer Recovery Certification and Re-Certification application processes. She is responsible for receiving and reviewing Certification and Re-Certification applications. Melissa generates certificates, updates and maintains internal databases, and provides customer services and technical support over the phone and through e-mail.

Peer Recovery Support Staff



Name: Francine Roman

Title: Administrative Professional

Email: Francine.Roman@mha.ohio.gov

Biography:

Francine Roman assists with the Ohio Peer Support Training application process. Her responsibilities are to process the applications and enter them into the OhioMHAS database. Francine calls references and reviews applications for approval. She also collects all pre-coursework certificates for the applicant and assign them to scheduled trainings. Once the trainings are completed, Francine documents information in the OhioMHAS database and prints out the certificates for those who have completed the 16 hours of pre-coursework, completed the 40 hour trainings, and passed the final exam. She also provides customer services over the phone and through email.

Medicaid

Ohio's peer recovery support service (PRS) and Ohio Medicaid coverage effective January 1, 2018

On January 1, 2018, Ohio Medicaid implemented a redesigned community behavioral health (BH) benefit that can be provided by Ohio Medicaid participating Ohio Department of Mental Health and Addiction Services (OhioMHAS) certified behavioral health service providers and programs. Ohio's Medicaid program now includes coverage of peer recovery support (PRS) services for individuals with mental health disorders (MHDs) and/or substance use disorders (SUDs). In this document, when the term BH is used, it is referencing both MHDs and SUDs.

Ohio Medicaid PRS Coverage Information – Effective January 1, 2018

Ohio Medicaid covers PRS through the redesigned community BH benefit in three ways:

- (1)** For persons with MHDs who are receiving care from an Assertive Community Treatment (ACT) team.
- (2)** For persons with SUDs who are receiving SUD treatment services at an American Society of Addiction Medicine (ASAM) outpatient level of care 1 or 2.
- (3)** For persons with SUDs who are receiving SUD residential treatment services at a residential level of care 3.

NOTE: PRS is also available to Ohio Medicaid enrollees who have attained Medicaid eligibility under the specialized recovery services (SRS) program. The SRS program was implemented on August 1, 2016. Since this document is addressing PRS coverage that became available January 1, 2018, the SRS program is not being addressed except to the extent that PRS may also now be available to SRS Medicaid eligible persons under the redesigned community BH benefit.

For the three coverage policies described above PRS is covered in a clinical context. That means the person is diagnosed with either a MHD or an SUD or both and is receiving clinical treatment services for their BH disorder(s) from an OhioMHAS certified entity. Additionally, the person providing the PRS must be an OhioMHAS certified peer recovery supporter (OCPRS) and they must be working with/for either a clinical ACT team or with/for an SUD outpatient or residential treatment program. The PRS service will need to be documented in the patient's medical record; including on individualized treatment plan(s) and in progress notes. Additionally, OhioMHAS certified peer recovery supporters must be appropriately supervised in accordance with OhioMHAS and Ohio Department of Medicaid regulations.

Generally Supervised OhioMHAS certified peer recovery supporters

OhioMHAS certified peer recovery supporters providing peer recovery support services as an assertive community treatment team member or as a substance use disorder treatment service at the American Society of Addiction Medicine (ASAM) levels of care 1, 2, or 3 must provide PRS under the general supervision of one of the following practitioners: a physician, a physician assistant, a certified nurse practitioner, a clinical nurse specialist, a psychologist, a board licensed school psychologist, a licensed independent social worker, a licensed professional clinical counselor, a licensed independent marriage and family therapist, or a licensed independent chemical dependency counselor. This requirement is found in paragraph (6)(b) of [Ohio Administrative Code 5160-27-01](#). Additionally, the requirements located in paragraph (D)(2)(b) of [Ohio Administrative Code 5160-8-05](#) must also be followed. Please see the overlap table below.

Directly Supervised OhioMHAS certified peer recovery supporters

OhioMHAS certified peer recovery supporters providing peer recovery support services as an assertive community treatment team member or as a substance use disorder treatment service at the American Society of Addiction Medicine (ASAM) levels of care 1, 2, or 3 may provide PRS under the direct supervision of one of the following practitioners: a physician, a physician assistant, a certified nurse practitioner, a clinical nurse specialist, a psychologist, a board licensed school psychologist, a licensed independent social worker, a licensed professional clinical counselor, a licensed independent marriage and family therapist, or a licensed independent chemical dependency counselor. Additionally, the requirements located in paragraph (D)(2)(b) of [Ohio Administrative Code 5160-8-05](#) must also be followed. Please see the overlap table below.

Supervising Practitioner with appropriate training	Authorized by Ohio Medicaid	Authorized by OhioMHAS
Physician	X	X-Psychiatrist only
Physician Assistant	X	
Certified Nurse Practitioner	X	
Clinical Nurse Specialist	X	
Psychologist	X	X
Board Licensed School Psychologist	X	
Licensed Independent Social Worker	X	X
Licensed Social Worker		X
Licensed Professional Clinical Counselor	X	X
Licensed Professional Counselor		X
Licensed Independent Marriage and Family Therapist	X	X
Licensed Marriage and Family Therapist		X
Licensed Independent Chemical Dependency Counselor	X	X
Licensed Chemical Dependency Counselor III		X
Licensed Chemical Dependency Counselor II		X

Practitioners in **orange font** with appropriate training may supervise peer recovery supporters who are working with Medicaid patients.

Are there any limitations to providing peer recovery support under Medicaid?

(1) For persons with MHDs who are receiving care from an Assertive Community Treatment (ACT) team, no. One caveat here is that although there is no limitation, the ACT billing construct only recognizes and pays up to two PRS “encounters” per month if the agency uses PRS services for billing.

(2) For persons with SUDs who are receiving SUD treatment services at an American Society of Addiction Medicine (ASAM) outpatient level of care 1 or 2, yes. Each person receiving PRS at either of these ASAM levels of care can receive up to four hours per day. This limitation is found in the paragraph (C)(3) of [Ohio Administrative Code 5160-27-02](#).

(3) For persons with SUDs who are receiving SUD residential treatment services at a residential level of care 3, no.

#2 can be exceeded by prior authorization

I have heard that the disqualifying offenses for OhioMHAS certified peer recovery supporters and the Ohio Medicaid disqualifying offenses are different. Is that true?

Yes. Please see the Ohio Department of Medicaid compared to the Ohio Department of Mental Health and Addiction Services criminal records checks requirements exclusion periods in the following table (table 2).

ORC/Offense	ODM Exclusion Period*					OhioMHAS PRS Exclusion Period*		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2903.01 Aggravated murder	X					X		
2903.21 Aggravated menacing			X			X		
2905.05 Child enticement		X				X		
2905.04 Child stealing		X				X		
2907.21 Compelling prostitution		X				X		
2925.02 Corrupting another with drugs		X				X		
2907.33 Deception to obtain matter harmful to juveniles				X		X		
2907.31 Disseminating matter harmful to juveniles	X					X		
2919.22 Endangering children			X			X		
2903.16 Failing to provide for a functionally impaired person	X					X		
2907.12 Felonious sexual penetration, as it existed prior to 9/3/96	X					X		

ORC/Offense	ODM Exclusion Period*					OhioMHAS PRS Exclusion Period*		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2907.05 Gross sexual imposition	X					X		
2905.32 Human trafficking	X					X		
2925.36 Illegal dispensing of drug samples				X		X		
2925.23 Illegal processing of drug documents				X		X		
2907.323 Illegal use of a minor in nudity oriented material or performance	X					X		
2907.07 Importuning	X					X		
2909.23 Making terroristic threats	X					X		
2913.4 Medicaid fraud	X					X		
2907.32 Pandering obscenity	X					X		
2907.321 Pandering obscenity involving a minor	X					X		
2907.322 Pandering sexually oriented matter involving a minor	X					X		
2903.34 Patient abuse or neglect	X					X		
2903.341 Patient endangerment	X					X		

ORC/Offense	ODM Exclusion Period*					OhioMHAS PRS Exclusion Period*		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2903.15 Permitting child abuse	X					X		
3716.11 Placing harmful or hazardous objects in food or confection		X				X		
2907.22 Promoting prostitution		X				X		
2907.02 Rape	X					X		
2907.03 Sexual battery	X					X		
2907.06 Sexual imposition	X					X		
2909.22 Soliciting or providing support for act of terrorism	X					X		
2925.24 Tampering with drugs			X			X		
2909.24 Terrorism	X					X		
2905.33 Unlawful conduct with respect to documents	X					X		
2907.04 Unlawful sexual conduct with a minor, formerly corruption of a minor	X					X		
2907.08 Voyeurism	X					X		
2905.02 Abduction	X						X	

ORC/Offense	ODM Exclusion Period*					OhioMHAS PRS Exclusion Period*		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2909.02 Aggravated arson		X					X	
2903.12 Aggravated assault			X				X	
2911.11 Aggravated burglary		X					X	
2917.02 Aggravated riot		X					X	
2911.01 Aggravated robbery		X					X	
2921.35 Aiding escape or resistance to lawful authority			X				X	
2909.03 Arson		X					X	
2903.13 Assault				X			X	
2921.321 Assaulting or harassing a police dog, horse or service animal				X			X	
2911.13 Breaking and entering				X			X	
2911.12 Burglary			X				X	
2923.12 Carrying concealed weapons		X					X	
2905.12 Coercion			X				X	
2921.21 Compounding a crime				X			X	

ORC/Offense	ODM Exclusion Period*					OhioMHAS PRS Exclusion Period*		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2919.24 Contributing to the unruliness or delinquency of a child				X			X	
2913.32 Criminal simulation				X			X	
959.13 Cruelty to animals			X				X	
2925.22 Deception to obtain a dangerous drug				X			X	
2913.41 Defrauding a rental agency or hostelry				X			X	
2913.45 Defrauding creditors				X			X	
2923.162 Discharge of firearm on or near prohibited premises		X					X	
2921.24 Disclosure of confidential information				X			X	
2909.04 Disrupting public services			X				X	
2919.25 Domestic violence			X				X	
2925.11 Drug possession, other than a minor drug possession offense				X			X	
2925.11 Drug possession, that is a minor drug possession offense					X		X	

ORC/Offense	ODM Exclusion Period*					OhioMHAS PRS Exclusion Period*		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2923.32 Engaging in a pattern of corrupt activity		X					X	
2907.23 Enticement or solicitation to patronize a prostitute; procurement of a prostitute for another		X					X	
2921.34 Escape			X				X	
2927.12 Ethnic intimidation			X				X	
2905.11 Extortion		X					X	
2921.13 Falsification, falsification in a theft offense, falsification to purchase a firearm, or falsification to obtain a concealed handgun license			X				X	
2903.11 Felonious assault	X						X	
2913.31 Forgery, forging identification cards or selling or distributing forged identification cards				X			X	
2925.05 Funding, aggravated funding of drug or marijuana trafficking			X				X	
2923.13 Having weapons while under a disability		X					X	

ORC/Offense	ODM Exclusion Period*					OhioMHAS PRS Exclusion Period*		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2913.49 Identity fraud		X					X	
2925.06 Illegal administration or distribution of anabolic steroids			X				X	
2925.041 Illegal assembly or possession of chemicals for the manufacture of drugs		X					X	
2921.36 Illegal conveyance of weapons, drugs or other prohibited items onto the grounds of a detention facility or institution			X				X	
2923.122 Illegal conveyance or possession of a deadly weapon or danger ordnance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone		X					X	
2923.123 Illegal conveyance, possession or control of deadly weapon or ordnance into courthouse		X					X	
2925.04 Illegal manufacture of drugs - illegal cultivation of marijuana - methamphetamine offenses		X					X	

ORC/Offense	ODM Exclusion Period*					OhioMHAS PRS Exclusion Period*		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2913.46 Illegal use of food stamps or WIC program benefits		X					X	
2925.14 Illegal use or possession of drug paraphernalia					X		X	
2925.141 Illegal use or possession or marijuana drug paraphernalia					X		X	
2921.51 Impersonation of a peace officer				X			X	
2923.161 Improperly discharging a firearm at or into a habitation or school		X					X	
2923.21 Improperly furnishing firearms to a minor		X					X	
2917.01 Inciting to violence			X				X	
2917.31 Inducing panic			X				X	
2913.47 Insurance fraud			X				X	
2919.23 Interference with custody				X			X	
2921.03 Intimidation			X				X	
2903.04 Involuntary manslaughter		X					X	
2905.01 Kidnapping	X						X	

ORC/Offense	ODM Exclusion Period*					OhioMHAS PRS Exclusion Period*		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2903.211 Menacing by stalking			X				X	
2903.22 Menacing by stalking				X			X	
2913.21 Misuse of credit cards				X			X	
2903.02 Murder	X						X	
2919.21 Non-support/ contributing to non- support of dependents					X		X	
2921.32 Obstructing justice				X			X	
2923.42 Participating in a criminal gang		X					X	
2913.11 Passing bad checks				X			X	
2921.11 Perjury			X				X	
2925.13 Permitting drug abuse				X			X	
2913.44 Impersonating an officer				X			X	
959.131 Prohibitions concerning companion animals			X				X	
2907.25 Prostitution				X			X	
2907.09 Public indecenty				X			X	

ORC/Offense	ODM Exclusion Period*					OhioMHAS PRS Exclusion Period*		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2913.51 Receiving stolen property				X			X	
2903.041 Reckless homicide		X					X	
2917.03 Riot			X				X	
2911.02 Robbery			X				X	
2913.43 Securing writings by deception				X			X	
2907.24 Soliciting or providing support for act of terrorism				X			X	
2913.42 Tampering with records				X			X	
2921.12 Tampering with evidence				X			X	
2913.05 Telecommunications fraud				X			X	
2913.02 Theft				X			X	
2925.03 Trafficking, aggravated trafficking in drugs		X					X	
2925.09 Unapproved drugs-dangerous drug offenses involving livestock				X			X	
2913.03 Unauthorized use of a vehicle				X			X	

ORC/Offense	ODM Exclusion Period*					OhioMHAS PRS Exclusion Period*		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2913.04 Unauthorized use of computer, cable or telecommunication property				X			X	
2919.12 Unlawful abortion				X			X	
2919.121 Unlawful abortion upon a minor				X			X	
2913.441 Unlawful display of law enforcement emblem				X			X	
2919.123 Unlawful distribution of an abortion-inducing drug				X			X	
2925.55 Unlawful purchase of pseudophedrine product				X			X	
2925.56 Unlawful sale of pseudophedrine product				X			X	
2903.03 Voluntary manslaughter	X						X	
2913.48 Workers' compensation fraud		X					X	

*Both ODM and OhioMHAS use the date the individual has been released from all sanctions/fully discharged from all imprisonment, probation or parole as the starting date for calculating the exclusion period.

OhioMHAS certified peer recovery supporter enrolling in MITS as an individual paraprofessional practitioner

MITS Enrollment portal is accessed at the following URL: <https://portal.ohmits.com/Public/Providers/Enrollment/tabId/44/Default.aspx>

- Click on “I need to enroll as a provider to bill Ohio Medicaid” radio button near the top of the page.
- Make note of the date and time information in the upper right-hand corner.

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Ohio Department of Medicaid

Thursday 04/19/2018 3:47:35 PM

Instructions ?

Welcome to the online Provider Enrollment/Revalidation process.

I need to enroll as a provider to bill Ohio Medicaid

I need to revalidate my current Medicaid provider number

I need to enroll for the sole purpose of Ordering, Referring, or Prescribing (ORP Provider)

I need to enroll as a Comprehensive Primary Care (CPC) Provider

- Click on “new application” button at the bottom right side of the page.
- Make note of the amount of time you have to complete the application. If you do not meet the submission deadline, your application will be purged and you will need to start over.



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Ohio Department of Medicaid

Instructions ?

Welcome to the online Provider Enrollment/Revalidation process.

I need to enroll as a provider to bill Ohio Medicaid

I need to revalidate my current Medicaid provider number

I need to enroll for the sole purpose of Ordering, Referring, or Prescribing (ORP Provider)

I need to enroll as a Comprehensive Primary Care (CPC) Provider

Please complete each of the steps in the enrollment process. When you have completed all the steps, please click on the "submit" button to submit the application for processing.

Please click the [Checklist](#) link prior to starting the enrollment application in order to select the checklist for your provider type.

For instructions on completing the enrollment application please click on the question mark (?) in the title bar.

Please click the "new application" button to start a new Provider Enrollment application or click the "continue application" button to continue with an existing application.

If you are a provider currently rendering Medicaid services to consumers and wish to make changes to your name, address, email, etc., please login to the secured portal and select the Demographic Maintenance Tab.

Please click the [Forms Central](#) link to access a comprehensive listing of forms and publications. To view documents regarding the administration and compliance of programs and services, please click the [eManuals](#) link.

Your application will be saved until 12:00 EST Midnight in 3 days. At 12:00 EST Midnight in 3 days, your application will be deleted from the system if your application has not been submitted.

[FAQ for Provider Enrollment](#)

IMPORTANT - An Application Tracking Number (ATN) will be assigned to you. This number is necessary for accessing the status of submitted applications and for continuing an application that was not finished. Please write the number down and keep it for your records **PRIOR TO EXITING**.

[new application](#) [continue application](#)

- Select "INDIVIDUAL PRACTITIONER" from the "Enrollment Type" drop down Menu.
- Select "INITIAL ENROLLMENT" form the "Action Request" drop down Menu.
- Select "96 – PARA-PROFESSIONALS" from the "Provider Type" drop down Menu.
- Select the "Yes" radio button for the question "Are you a provider new to Ohio Medicaid?".
- Click the "Next" button at the bottom of the page to continue.

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[Ohio Department of Medicaid](#)

Instructions

Request Type

*Enrollment Type

*Action Request

*Provider Type

*Are you a Provider new to Ohio Medicaid? Yes No

The selection of Provider Type 96 will require you to affiliate with your employing agency. Please have the Medicaid provider number available for your employing agency, as it is necessary to complete and submit the application.

- Click the “No” radio button after the question “Are you interested in contracting with any of the Ohio Medicaid Managed Care Plans?”
- Click the “Next” button at the bottom of the page to continue.

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Ohio Department of Medicaid

Instructions > Request Type

Managed Care Interest for Participation

Are you interested in contracting with any of the Ohio Medicaid Managed Care Plans?

Yes No

From the list below, indicate your interest in possible participation with one or more Ohio Medicaid Managed Care Plans

Managed Care Plans	Available Managed Care Plans	Selected Managed Care Plans
	AETNA BETTER HEALTH OF OHIO BUCKEYE COMMUNITY HEALTH PLAN CARESOURCE MOLINA HEALTHCARE OF OHIO PARAMOUNT ADVANTAGE UNITEDHEALTHCARE COMM. PLAN OF OHIO	

Please note: This indication does not ensure a contract with the Ohio Medicaid Managed Care Plans. Providers must still go through the plans' contracting and/or credentialing process, if applicable

[previous](#) [next](#) [exit](#)

- Complete the required fields with asterisks (*) in the “Identifying Information” section.
- Click the “Next” button to continue.
- **NOTE:** A system message window will appear on this screen for you to take note of your assigned “ATN Number” (Application Tracking Number) for reference purposes.

 Search

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Ohio Department of Medicaid

Instructions > Request Type > Managed Care Interest for Participation

Identifying Information

*Individual Last Name

*First, MI

Medicare Type

Medicare Provider Number

Previous Medicaid Provider Number

Certification Number

*Ownership Type

Title/Degree (As appears on license)

*SSN This must be your personal SSN even if you are enrolling or revalidating.

*Gender

*Date of Birth

Place of Birth

*Country

*City

*State (enter NA if not applicable)

NPI Associated with SSN

NPI Verified? Yes No

License Number

License Type

License Issue Date

License Expiration Date

previous next exit

- Complete the required "IRS Tax ID" field with asterisk (*) in the "Tax ID - 1099 Information" section.

- Click the "Next" button to continue.



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The following messages were generated:
Click next to continue

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Tax ID - 1099 Information	
*IRS Tax Type	SSN
*IRS Tax ID	012345678
Name	
Address 1	
Address 2	
City	
Zip	
IRS Effective Date	
IRS End Date	
Tax ID Exempt?	
W9 Form?	
Form 147?	
State	
Phone	

- Click the "Next" button to continue.



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DEA	
*** No rows found ***	
Select row above to update -or- click Add button below.	
<input type="button" value="delete"/>	<input type="button" value="add"/>

- Complete the required fields with asterisks (*) in the “Address Information” section.
- Click the “Next” button to continue.



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Address Information						
Address Type	Address 1	City	State	Zip	E-Mail Address	Phone 1
PRACTICE LOCATION	123 EMAIN ST	COLUMBUS	OH	43215	CONTACT@EMAILADDRESS.COM	(614)012-3456

Type data below for new record.

*Address Type	PRACTICE LOCATION	
*Address 1	123 EMAIN ST	
Address 2		
*City	COLUMBUS	
*County	FRANKLIN	
*State	OH	
*Zip	43215	
*E-Mail Address	CONTACT@EMAILADDRESS.COM	

*Contact Name	CONTACT NAME	
*Phone 1	(614)012-3456	OFFICE
Phone 2		CELL PHONE
Fax 1		
Fax 2		
TDD		

Peer Recovery Support 101

- Select “963 - PEER RECOVERY SUPPORTER” from the “Specialty” drop down menu.
- Check the “Primary Specialty” radio button.
- Enter “175T00000X” in the “Primary Taxonomy Code” field.
- Click the “Next” button to continue.



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Type and Specialty		
Specialty Desc	Primary?	Primary Taxonomy Code
963-PEER RECOVERY SUPPORTER	Yes	

You may choose additional specialties from the list that you are licensed and/or authorized to provide.

Provider Type: PARA-PROFESSIONALS
*Specialty: 963-PEER RECOVERY SUPPORTER
Primary Specialty?

Primary Taxonomy Code: [Search]
Ancillary Taxonomy Code: [Search]
Ancillary Taxonomy Code: [Search]
Ancillary Taxonomy Code: [Search]

The selection of this specialty will require you to affiliate with your employing agency. Please have the Medicaid provider number available for your employing agency, as it is necessary to complete and submit the application.

- Click the "Next" button to continue.

 Search

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Language		?
*** No rows found ***		
Select row above to update -or- click Add button below.		
delete	add	
previous	next	exit

- Enter your "Group ID" number in the "Group Affiliations" section.
- Enter the desired date in the "Effective Date" field. Enter "12/31/2299" in the "End Date" field.
- Click the "Next" button to continue.

 Search

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Group Affiliations					?
Group ID	Group Type	Group Name	Effective Date	End Date	
2034882	MCD	DEPT ALC & DRUG ADDICTION SRVS	01/01/2018	12/31/2299	
Type data below for new record.					
Are you affiliated with a group practice or practices? If so, complete the fields below for each group affiliated.					
delete	add				
*Group ID	2034882	*Effective Date	01/01/2018		
Group Name	DEPT ALC & DRUG ADDICTION SRVS	*End Date	12/31/2299		
previous	next				exit

- Select the “No” radio button to the question in the “Criminal Offense I” section.
- Click the “Next” button to continue.



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Criminal Offense I

Answer	Name	Role	Offense	Disposition	Date of Offense	SSN/FEIN
No						

Type data below for new record.

*Have you or any individuals or organizations having a direct or indirect ownership or controlling interest of 5 percent or more in the professional association or practice been indicted or convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?

Yes No

Name

Offense

Type

SSN/FEIN

Role

Disposition

Date of Offense

- Select the “No” radio button to the question in the “Criminal Offense II” section.
- Click the “Next” button to continue.



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Criminal Offense II

Answer	Name	Role	Offense	Disposition	Date of Offense	SSN/FEIN
--------	------	------	---------	-------------	-----------------	----------

Type data below for new record.

*Have you or any of the employees of your professional association or practice ever been indicted or convicted of a criminal offense related to the involvement in such programs established by Titles XVIII, XIX, or XX? Click here for Role Definitions Yes No

Name

Offense

Type

SSN/FEIN

Role

Disposition

Date of Offense

- Select the “No” radio button to the question in the “Violations of State and Federal Law” section.
- Click the “Next” button to continue.



Ohio Department of Medicaid

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Violations of State or Federal Law

Answer	Name	Offense	Disposition	Date of Offense
No				

Type data below for new record.

*Have you as the Provider, or any Owner, Authorized Agent, Associate, Manager, Employee, Directors, or Officers of the Institution, Agency, Organization, or Practice ever been indicted or convicted of a violation of State or Federal Law? Yes No

Name

Offense

Disposition

Date of Offense

- Select the “No” radio button to the question in the “Previously Participated” section.
- Click the “Next” button to continue.



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Ohio Department of Medicaid

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Previously Participated		?
Answer	Previous Provider ID	
No		
Type data below for new record.		
<input type="button" value="delete"/>	<input type="button" value="add"/>	
*Have you ever been issued an Ohio Medicaid 7-digit Provider ID? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Previous Provider ID	<input type="text"/>	
<input type="button" value="previous"/>	<input type="button" value="next"/>	<input type="button" value="exit"/>

- Complete the required fields with asterisks (*) in the “Certification” section.
- Select the “I accept the terms and conditions” radio button for “Executive Order 2007-015 Agreement.”



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Ohio Department of Medicaid

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Certification

*Legal Entity Name
Legal Entity Name must match the Legal Entity Name as it appears on IRS documentation such as the W-9, IRS 147 or IRS CP578

*Individual Last Name
First, MI

Click this printable [Enrollment Checklist](#) link to ensure a complete provider enrollment request.

Legal Provider Primary Practice Address:

*Address 1
Address 2
*City
*State
*Zip
E-Mail Address
*Preferred Contact Method

All Providers must read the statements below and agree to the terms

Executive Order 2007-015 Agreement

In accordance with Executive Order 2007-01S, Vendor or Grantee, by signature on this document, certifies: (1) it has reviewed and understands Executive Order 2007-01S, (2) has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) will take no action inconsistent with those laws and this order. The Vendor or Grantee understands that failure to comply with Executive Order 2007-01S is, in itself, grounds for termination of this contract or grant and may result in the loss of other contracts or grants with the State of Ohio.

I do not accept the terms and conditions
 I accept the terms and conditions

A copy of the Executive Order can be found on our website at <http://medicaid.ohio.gov/PROVIDERS/EnrollmentandSupport/ProviderEnrollment.aspx>

DIRECTIONS FOR THE “CERTIFICATION” SCREEN CONTINUE ON THE NEXT PAGE

- Select the “No” radio button to the question in the “Medicare Sanctions” section.
- Click the “Next” button to continue.



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Medicare Sanctions					
Answer	Name	Date Occurred	From Date	To Date	SSN/FEIN
NO					
Type data below for new record.					
<input type="button" value="delete"/> <input type="button" value="add"/>					
*Have you the Provider, or any Owner, Authorized Agent, Associate, Manager, Employee, Directors, or Officers of the Institution, Agency, Organization, Entity or Practice ever been sanctioned by the Medicare Program?					
<input type="radio"/> YES <input checked="" type="radio"/> NO					
Name <input type="text"/>					
Type <input type="text"/>					
SSN/FEIN <input type="text"/>					
Date Occurred <input type="text"/>					
Sanction From Date <input type="text"/>					
Sanction To Date <input type="text"/>					
<input type="button" value="previous"/> <input type="button" value="next"/> <input type="button" value="exit"/>					

- Select the “I accept the terms and conditions” radio button for “Executive Order 2007-015 Agreement.”
- Select the “I accept the terms and conditions” radio button for “False Statement Agreement.”
- Select the “I accept the terms and conditions” radio button for “Ohio Medicaid 5-Year Time Limited Provider Agreement.”
- Select the two radio buttons for “ProvisionCheck.”
- Enter your first and last name and today’s date.
- Click the “Next” button to continue.

False Statement Agreement

Whoever knowingly and willfully makes, or causes to be made, a false statement or representation on this statement, may be prosecuted under applicable federal or state laws. In addition, if a person knowingly and willfully fails to fully and accurately disclose the information requested Ohio Department of Medicaid may deny the request to participate or, if the entity already participates, may terminate the agreement or contract as appropriate.

I do not accept the terms and conditions
 I accept the terms and conditions

Ohio Medicaid 5-Year Time Limited Provider Agreement

information about the False Claims Act, provide remedies for false claims, a description of false claims laws, whistleblower protections and detailed provisions for detecting and preventing fraud, waste and abuse.

15. Fully cooperate with the Department, its agents, and other state or federal agencies engaged in ensuring the integrity of the Ohio Medicaid program. Full cooperation includes, but is not limited to, making yourself and your records available upon request.

16. This provider agreement may be canceled by either party upon 30 days written notice prior to termination date.

17. I further certify that I am the individual practitioner who is applying for the provider number, or in the case of a business organization, I am the officer, chief executive officer, or general partner of the business organization that is applying for the provider number. I further agree to be bound by this agreement, and certify that the information I have given on this application is factual. As such, I have disclosed my name, social security number and date of birth on the application for enrollment, in accordance with 42 CFR, Part 455, Subpart B and 1002, Subpart A, as amended, and as specified in rule 5160-1-17.3 of the Administrative Code.

I do not accept the terms and conditions
 I accept the terms and conditions

Agreement Date 04/20/2018

Certain provider agreements may be retroactive (up to 12 months) to encompass dates on which the provider furnished covered services to a Medicaid consumer and the service has not been billed to Medicaid.

ProvisionCheck If you meet this provision, please check the box

A failure to check this box shall be taken by ODM to mean that you waive your rights to a retroactive period of months prior to the date ODM approves your application. This agreement is limited to 5 years from the effective date.

I have read the contents of this application, and the information contained herein is true, correct and complete. I agree to notify Ohio Medicaid of any future changes to the information contained in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to Ohio Medicaid will be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of Ohio Medicaid identification number(s), and/or the imposition of fines, civil damages, and/or imprisonment. My electronic signature legally and financially binds this provider to the laws, regulations, and program instructions of the Ohio Medicaid program. By selecting the signature checkbox and submitting the application, I agree to abide by these terms.

*Type Full Name Here | IRENE WEAVER | 04/20/2018

previous next exit

- Select the “U - Upload” option from the “Document Submission Type” drop down menu.
- Click the “Submit” button to complete the application.

Ohio
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Ohio Department of Medicaid

Instructions > Request Type > Managed Care Interest for Participation > Identifying Information > Tax ID - 1099 Information > DEA > Address Information > Type and Specialty > Language > Group Affiliations > Criminal Offense I > Criminal Offense II > Violations of State or Federal Law > Previously Participated > Medicare Sanctions > Certification

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Document Submission Type and Notes

As part of submitting your application, you will be required to submit supporting documents. Please identify the method: mailing or uploading, for submitting your documents.

*Document Submission Type U - Upload ▼

Please enter any other additional information that you believe should be considered in reviewing your application. Do not enter questions here. Notes are limited to 5000 characters. If you desire to ask additional questions, please click on the Contact Us link and follow the directions.

Click the submit button below to submit your enrollment application for review.

previous submit exit

• **IMPORTANT NOTE:** You will be required to provide scanned and uploaded copies of the following application documentation below. See the “Confirmation of Receipt” section for details.

344121	WEAVER ILENE	COMBINED - USE THIS SELECTION IF YOU SUBMIT MULTIPLE "TYPES OF DOCUMENT" IN ONE FILE	NOT RECEIVED
344121	WEAVER ILENE	DOCUMENTATION OF TRAINING/CERTIFICATION	NOT RECEIVED
344121	WEAVER ILENE	HIGH SCHOOL DIPLOMA OR GED	NOT RECEIVED
344121	WEAVER ILENE	INDIVIDUAL PEER SUPPORT PROGRAM CERTIFICATION	NOT RECEIVED
344121	WEAVER ILENE	PROOF OF EMPLOYMENT	NOT RECEIVED
344121	WEAVER ILENE	IRS FORM W-9	NOT RECEIVED
344121	WEAVER ILENE	OTHER - USE THIS SELECTION IF YOU ATTACH A DOCUMENT NOT LISTED	NOT RECEIVED

• Remember to upload your application documentation using the “Upload required documents” link at the bottom of the page.

• You may print a copy of the application for your records by clicking the “Print Application” link.



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Ohio Department of Medicaid

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Confirmation of Receipt ?

Your enrollment application for WEAVER has been submitted.

Tracking Number: 344121

IMPORTANT - This Application Tracking Number (ATN) is necessary for accessing the status of submitted applications and for editing an application that was returned for additional information. Please write this number down and keep it for your records PRIOR TO EXITING.

Status: Application has been submitted and is in process.

*** Please retain the tracking number for your records. The tracking number will be used as the key for tracking the status of the application. ***

Please remember to submit the following required documents.

COMBINED - USE THIS SELECTION IF YOU SUBMIT MULTIPLE "TYPES OF DOCUMENT" IN ONE FILE
DOCUMENTATION OF TRAINING/CERTIFICATION
HIGH SCHOOL DIPLOMA OR GED
IRS FORM W-9
INDIVIDUAL PEER SUPPORT PROGRAM CERTIFICATION
OTHER - USE THIS SELECTION IF YOU ATTACH A DOCUMENT NOT LISTED
PROOF OF EMPLOYMENT

WHAT'S NEXT?

- [Upload required documents.](#)
- Additional required documents can be mailed or uploaded.
- A cover page is required for documents that are sent by mail. [Print Cover Page.](#)
- Print a copy of the application for your records [Print Application](#)

For attachments submitted via mail, not electronically attached, please send to the appropriate address below.

Ohio Department of Job and Family Services
Provider Network Management Section
PO Box 1461
Columbus, Ohio 43216-1461

You can check the status of an application from the [Check Application status link](#) on the Enrollment Page.
If you have questions regarding your enrollment or on any message(s) received on this enrollment, please call 1-800-686-1516 (Provider Enrollment).

- After completing and submitting your enrollment application, you may check the receipt status of your uploaded documentation by visiting the Ohio Department of Medicaid enrollment website at:

<https://portal.ohmits.com/Public/Providers/Enrollment/tabId/44/Default.aspx>

- Select the “I need to enroll as a provider to bill Ohio Medicaid” option and then select the “continue application” button at the bottom right side of the page.



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 Search

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[Ohio Department of Medicaid](#)

Instructions

Welcome to the online Provider Enrollment/Revalidation process.

I need to enroll as a provider to bill Ohio Medicaid

I need to revalidate my current Medicaid provider number

I need to enroll for the sole purpose of Ordering, Referring, or Prescribing (ORP Provider)

I need to enroll as a Comprehensive Primary Care (CPC) Provider

Please complete each of the steps in the enrollment process. When you have completed all the steps, please click on the "submit" button to submit the application for processing.

Please click the [Checklist](#) link prior to starting the enrollment application in order to select the checklist for your provider type.

For instructions on completing the enrollment application please click on the question mark (?) in the title bar.

Please click the "new application" button to start a new Provider Enrollment application or click the "continue application" button to continue with an existing application.

If you are a provider currently rendering Medicaid services to consumers and wish to make changes to your name, address, email, etc., please login to the secured portal and select the Demographic Maintenance Tab.

Please click the [Forms Central](#) link to access a comprehensive listing of forms and publications. To view documents regarding the administration and compliance of programs and services, please click the [eManuals](#) link.

Your application will be saved until 12:00 EST Midnight in 3 days. At 12:00 EST Midnight in 3 days, your application will be deleted from the system if your application has not been submitted.

[FAQ for Provider Enrollment](#)

IMPORTANT - An Application Tracking Number (ATN) will be assigned to you. This number is necessary for accessing the status of submitted applications and for continuing an application that was not finished. Please write the number down and keep it for your records PRIOR TO EXITING.

[new application](#) [continue application](#)

- Enter your Application Tracking Number (“ATN”) and Business or Last Name and click the “Search” button to view “Search Results” in the “Enrollment Tracking Search” section.
- If you need to find forms to submit with an enrollment please select the click here link.



Ohio Department of Medicaid

Enrollment Tracking Search ? ↕

*ATN

*Business OR Last Name

If you need to find forms to submit with an enrollment please [click here](#)

Search Results				
ATN	Name	Document	Date Received	Status
344121	WEAVER ILENE	ONLINE ENROLLMENT APPLICATION	04/20/2018	SUBMIT
344121	WEAVER ILENE	COMBINED - USE THIS SELECTION IF YOU SUBMIT MULTIPLE "TYPES OF DOCUMENT" IN ONE FILE		NOT RECEIVED
344121	WEAVER ILENE	DOCUMENTATION OF TRAINING/CERTIFICATION		NOT RECEIVED
344121	WEAVER ILENE	HIGH SCHOOL DIPLOMA OR GED		NOT RECEIVED
344121	WEAVER ILENE	INDIVIDUAL PEER SUPPORT PROGRAM CERTIFICATION		NOT RECEIVED
344121	WEAVER ILENE	PROOF OF EMPLOYMENT		NOT RECEIVED
344121	WEAVER ILENE	IRS FORM W-9		NOT RECEIVED
344121	WEAVER ILENE	OTHER - USE THIS SELECTION IF YOU ATTACH A DOCUMENT NOT LISTED		NOT RECEIVED

- Print a copy of the application for your records. [Print Application](#)
- Required documents can be mailed or uploaded:
 - [Enrollment forms](#) are available on this site.
 - A cover page is required for documents that are sent by mail. [Print Cover Page](#).
 - [Upload required documents](#).

After MITS Enrollment

You will need to be employed or contracted with an OhioMHAS certified treatment services provider/program that is certified for the following:

- (1) If your scope of practice is for individuals with MHDs, the provider/program will need to be certified for ACT.
- (2) If your scope of practice is for individuals with SUDs, the provider/program will need to be certified for:
 - a. The PRS service; or
 - b. Certified by OhioMHAS for SUD residential, withdrawal management, and inpatient substance use disorder services.

Instructions for becoming affiliated with the OhioMHAS certified treatment services provider/program in MITS.

Affiliating Medicaid Enrolled OhioMHAS certified Peer Recovery Support Paraprofessionals with a Behavioral Health Agency in the Medicaid Information Technology System (MITS)

Once an OhioMHAS certified peer recovery supporter is enrolled with Ohio Medicaid, they **must be affiliated with their employing or contracted agency(ies)**. Affiliation must be performed in the Ohio Department of Medicaid's MITS portal by the behavior health agency's MITS administrator OR a MITS enrolled OhioMHAS certified peer recovery supporter may also use MITS to affiliate themselves with their employing/contracting agency(ies). MITS enrolled OhioMHAS certified peer recovery supporters employed by or contracted with more than one provider agency must affiliate with each one of their employing or contracted agencies.

Affiliating and un-affiliating instructions for the employing/contracting agency

An employing/contracting agency can affiliate OhioMHAS certified peer recovery supporters that are enrolled in MITS:

- (1) Log into the MITS secure provider portal using your agency administrator account: <https://www.ohmits.com/prosecure/authtam/login?HOSTNAME=portal.ohmits.com>
- (2) Click on the "Providers" option from the menu at the top of the page and then select "group members" from the additional menu options.
- (3) Scroll down to the "Group Member" panel.
- (4) The "Group Member" panel will display all practitioners affiliated with the agency.

(5) Click on the “add” button.

(6) Enter the OhioMHAS certified peer recovery supporters 7-digit Medicaid identification (ID) number or the OhioMHAS certified peer recovery supporters 10-digit National Provider Identifier (NPI) number in the “Group Member ID/NPI” field.

(7) Click on the “[Search]” hyperlink next to where you entered the OhioMHAS certified peer recovery supporters 7-digit Medicaid identification (ID) number or the OhioMHAS certified peer recovery supporters 10-digit National Provider Identifier (NPI) number. If the OhioMHAS certified peer recovery supporter is enrolled with Ohio Medicaid and they are eligible to be affiliated, MITS will pre-populate the panel with the OhioMHAS certified peer recovery supporter’s information.

(8) Enter the “Effective Date” and “End Date” for the affiliation. Effective Date should be the OhioMHAS certified peer recovery supporter’s hire date or January 1, 2018, whichever date is later. “End Date” should be 12/31/2299.

(9) Click “save” to finalize the affiliation with the group (agency).

An employing/contracting agency can un-affiliate OhioMHAS certified peer recovery supporters that are enrolled in MITS and affiliated with the employing/contracting agency:

(1) Log into the MITS secure provider portal using your agency administrator account: <https://www.ohmits.com/prosecure/autham/login?HOSTNAME=portal.ohmits.com>

(2) Click on the “Providers” option from the menu at the top of the page and then select “group members” from the additional menu options.

(3) Scroll down to the “Group Member” panel.

(4) The “Group Member” panel will display all practitioners affiliated with the provider agency.

(5) Click on the line of the OhioMHAS certified peer recovery supporters to be un-affiliated. The line for the OhioMHAS certified peer recovery supporter should now be highlighted in blue.

(6) Change the “End Date” to reflect the date the un-affiliation is to be effective. This can be back dated to be retroactively effective or set to a future date to be prospectively effective.

(7) Click “save” to finalize the un-affiliation with the group (agency).

Affiliating and un-affiliating instructions for an OhioMHAS certified peer recovery supporter who is enrolled in MITS:

An OhioMHAS certified peer recovery supporter who is enrolled in MITS can affiliate themselves with an agency (group) in MITS:

(1) Log into the MITS secure provider portal using your individual user

identification and password: <https://www.ohmits.com/prosecure/authtam/login?HOSTNAME=portal.ohmits.com>

- (2)** Click on the “Providers” option from the menu at the top of the page and then select “group affiliation” from the additional menu options. (If visible, DO NOT click on the “group member” link. If you do, an error message will display.)
- (3)** Enter the 7-digit Medicaid identification (ID) number or the 10-digit National Provider Identifier (NPI) number for the group (agency) you want to be affiliated with in the “Group Member ID/NPI” field.
- (4)** In the “Effective Date” field, enter the date (mm/dd/yyyy) you would like the affiliation to be effective. NOTE: If PRS services can or will be billed under your NPI (i.e., you are an ACT team member or are providing services at the ASAM level of care 1 or 2), then the effective date should be the date you were employed/contracted with the agency or January 1, 2018, whichever is LATER. The “End Date” field should default to 12/31/2299.
- (5)** Click on the “save” button to finalize your affiliation with the group (agency).
- (6)** Repeat steps 1 through 5 for all groups (agencies) you need to affiliate with.

How an OhioMHAS certified peer recovery supporter un-affiliates themselves with an agency (group) in MITS:

- (1)** Log into the MITS secure provider portal using your individual user identification and password: <https://www.ohmits.com/prosecure/authtam/login?HOSTNAME=portal.ohmits.com>
- (2)** Click on the “Providers” option from the menu at the top of the page and then select “group affiliation” from the additional menu options. (If visible, DO NOT click on the “group member” link. If you do, an error message will display.)
- (3)** Enter the 7-digit Medicaid identification (ID) number or the 10-digit National Provider Identifier (NPI) number for the group (agency) you want to be affiliated with in the “Group Member ID/NPI” field.
- (4)** Click the “delete” button to un-affiliate yourself with the group (agency).
- (5)** Repeat steps 1 through 4 for all groups (agencies) you need to un-affiliate with.

Ohio Department of Medicaid affiliating and un-affiliating instructions with MITS screen shots is available here:

<http://www.medicaid.ohio.gov/Portals/0/Providers/Enrollment%20and%20Support/Grp-Link-Instruct.pdf>