

The LOC Application for ICF Evaluators, *Dashboard to Consent Form*

Abbeyville House

Individuals

Individual	DOB	DODD#	Medicaid #	SSN
Ann Example	06/23/1997	7654321	987654321321	555-75-7575
Joe Sample	12/25/1954	6543217	876543211233	222-88-2828
Mark Fake-Person	01/01/1968	5432176	766432198777	333-44-3434
Anthony Test	2/14/1997	4321123	654321987654	111-22-1212

Showing 1 to 6 of 6 entries

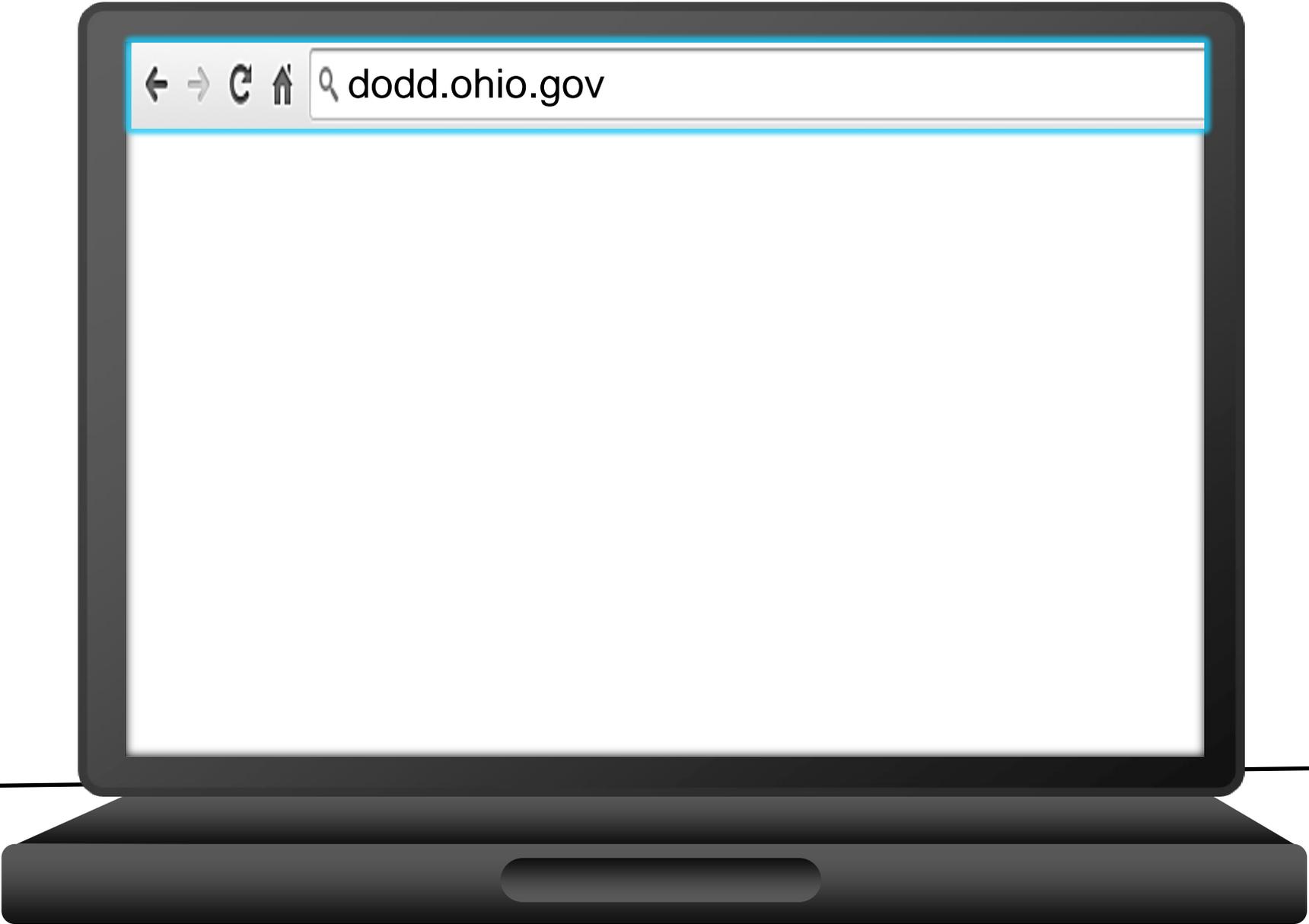
Create new Consent

Consents

First Name	Last Name	DOB	DODD#	SSN
Joe	Sample	12/25/1954	6543217	222-88-2828

Showing 1 to 2 of 2 entries

Go to dodd.ohio.gov



← → ↻ ⬆ 🔍 dodd.ohio.gov

Click **Login**.

The screenshot shows the Ohio Department of Developmental Disabilities website. At the top, there is a dark red navigation bar with links for "Provider Search", "Abuser Registry", "Report Fraud", "Report Abuse", "Ohio.gov", "State Agencies", and "Online Services". Below this is a white header area with the "Ohio" logo, the text "Department of Developmental Disabilities", a search bar, and a "Login" button highlighted with a green box and a hand cursor. A secondary navigation bar contains links for "Glossary", "Forms", "Rules & Laws", "FAQs", and "Newsroom". A third navigation bar includes "Contact Us", "Residential Services", "Medicaid", "Health & Welfare", and "Training". A fourth navigation bar features "HOME", "INDIVIDUALS & FAMILIES", "PROVIDERS", "COUNTY BOARDS", and "MY DODD". The main content area features a large banner with the text "Our Future" in yellow and "A Brighter Future for All Ohioans" in black. Below the banner is a link for "FY2016-2017 Budget". A blue banner below the main content reads "Welcome to the Ohio Department of Developmental Disabilities". A light blue notification bar states "The DODD portal and applications will be unavailable 5:00 p.m. June 25 through June 28." At the bottom, there are four circular icons representing "My DODD", "Individuals & Families", "County Boards", and "Providers", each with a brief description of the services or resources available.

Type in your User name and Password



Login for County Boards, Providers, and DODD Central Office

Please do not bookmark this page or add this page to your favorites. This page will not work as a bookmark or a favorite.

Type your user name and password.

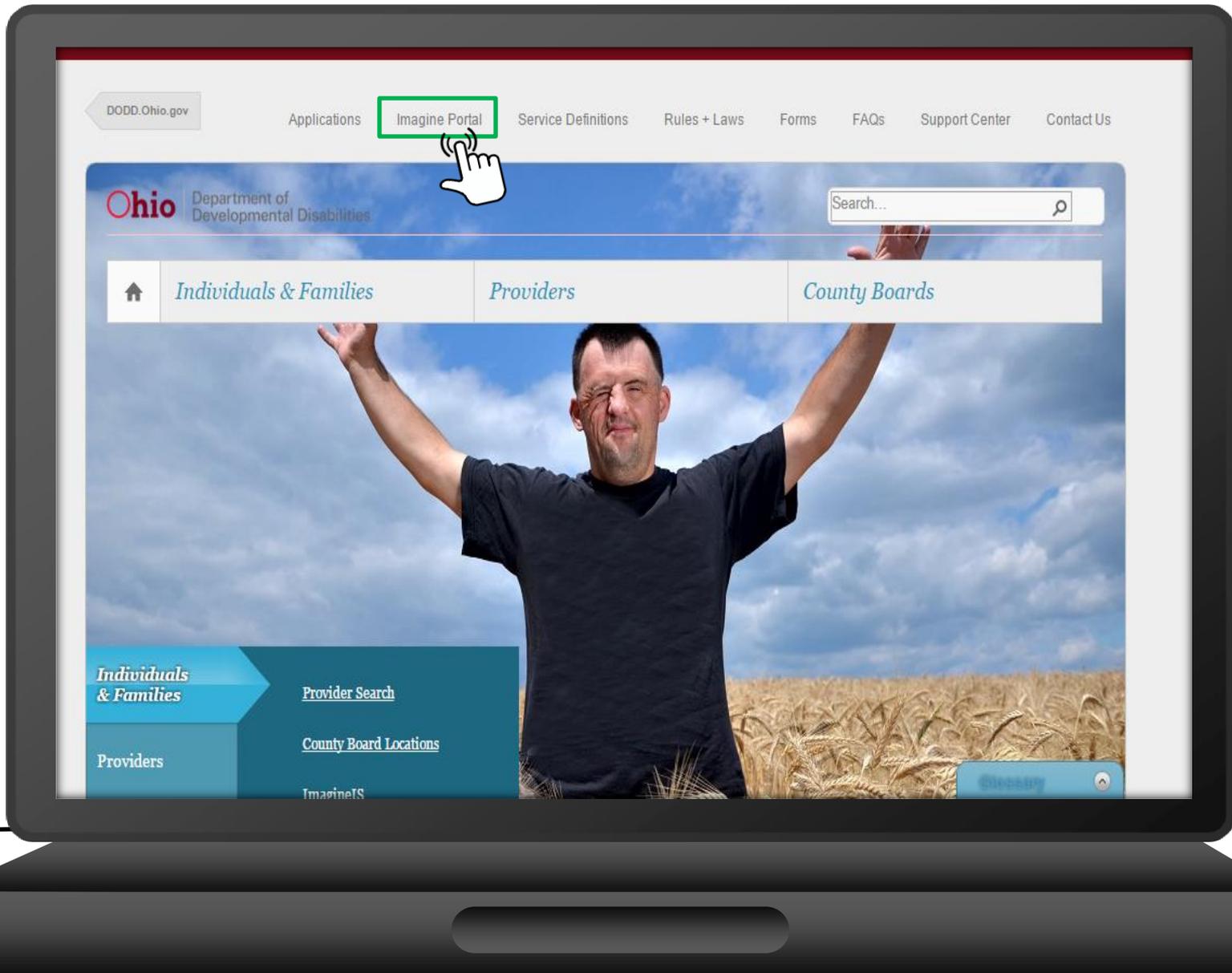
User name:

Password:

[Back to Portal](#)

[Forgot Password](#)

You will see this screen. Click **Imagine Portal**.



Click **Single SignOn**.



Ohio | Department of
Developmental Disabilities

Have access to an invitation code? Redeem it [here](#).

Sign in with an identity provider

Single SignOn



You will see this screen. This is your **Evaluator Dashboard**. From here, you can view all of the **Facilities** you are assigned to as an **Evaluator**.

Dashboard for Your Name

Assigned Facilities

Facility Name	Facility #	Facility Type	ICF MPN
Abbeyville House	5210186	ICF	919797
Applewood House	5210177	ICF	900001
Champaign County Resident Home #2	1110041	ICF	583793
Champaign County/Hill Street Home	1110256	ICF	870008
Columbus Developmental Center	2514097	DC	2438080
Ganyard House	5210202	ICF	967922

Showing 1 to 6 of 6 entries

◀ Previous Next ▶

My Alerts

SUBJECT	Message	Individual	Regarding	CreatedOn
NICS Admission Request is Accepted	NICS Admission Request by the facility: CHAMPAIGN COUNTY RESIDENT HOME #2 for the individual Jerry Sprinkle is Accepted.	Jerry Sprinkle	Jerry Sprinkle	6/17/2015 2:17:15 PM

Showing 1 to 1 of 1 entries

◀ Previous Next ▶

Incomplete LOCs

There are no Incomplete Level of Care assessments have been found.

From your dashboard, click the **Facility** you wish to work on.

Dashboard for Your Name

Assigned Facilities

Facility Name	Facility #	Facility Type	ICF MPN
Abbeyville House	5210186	ICF	919797
Applewood House	5210177	ICF	900001
Champaign County Resident Home #2	1110041	ICF	583793
Champaign County Mill Street Home	1110256	ICF	870008
Columbus Developmental Center	2514097	DC	2438080
Ganyard House	5210202	ICF	967922

Showing 1 to 6 of 6 entries

◀ Previous Next ▶

My Alerts

SUBJECT	Message	Individual	Regarding	CreatedOn
NICS Admission Request is Accepted	NICS Admission Request by the facility: CHAMPAIGN COUNTY RESIDENT HOME #2 for the individual Jerry Sprinkle is Accepted.	Jerry Sprinkle	Jerry Sprinkle	6/17/2015 2:17:15 PM

Showing 1 to 1 of 1 entries

◀ Previous Next ▶

Incomplete LOCs

There are no Incomplete Level of Care assessments have been found.

You will see the **Facility Dashboard**. This dashboard lists all of the **Individuals** and all **Consents** for that facility.

 **Abbeyville House** 919797

[Individuals](#) | [NICS](#) | [Redets](#)

Individuals

Search:

Individual ▲	DOB ▼	DODD# ▼	Medicaid # ▼	SSN ▼
Ann Example 👁	06/23/1997	7654321	987654321321	555-75-7575
Joe Sample	12/25/1954	6543217	876543211233	222-88-2828
Mark Fake-Person	01/01/1968	5432176	766432198777	333-44-3434
Anthony Test	2/14/1997	4321123	654321987654	111-22-1212

Showing 1 to 6 of 6 entries ◀ Previous Next ▶

Consents

[Create new Consent](#)

Search:

First Name	Last Name	DOB	DODD#	SSN
Joe	Sample	12/25/1954	6543217	222-88-2828

Showing 1 to 2 of 2 entries ◀ Previous Next ▶

From here, you can access the **Notification of Individual's Change in Status** or **NICS**, and **Redeterminations**.

Abbeyville House 919797

[Individuals](#) [NICS](#) [Redets](#)

Individuals



Search:

Individual ▲	DOB ▼	DODD# ▼	Medicaid # ▼	SSN ▼
Ann Example	06/23/1997	9988584	987654321321	555-75-7890
Joe Sample	12/25/1954	6543217	876543211233	222-88-2828
Mark Fake-Person	01/01/1968	5432176	766432198777	333-44-3434
Anthony Test	2/14/1997	4321123	654321987654	111-22-1212

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◀ Previous Next ▶

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Joe	Sample	12/25/1954	6543217	222-88-2828

Showing 1 to 2 of 2 entries

◀ Previous Next ▶

You can search for an individual by typing in the search bar.
Or select an individual listed and click on their name.

 **Abbeyville House** 919797

[Individuals](#) [NICS](#) [Redets](#)

Individuals

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Individual ▲	DOB ▼	DODD# ▼	Medicaid # ▼	SSN ▼
Ann Example 	06/23/1997	9988584	987654321321	555-75-7890
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Mark Fake-Person	01/01/1968	5432176	766432198777	333-44-3434
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Consents [Create new Consent](#)

Search:

First Name	Last Name	DOB	DODD#	SSN
Joe	Sample	12/25/1954	6543217	222-88-2828

Showing 1 to 2 of 2 entries ◀ Previous Next ▶

This icon  indicates that the facility has **read-only** access to this individual's information.

 **Abbeyville House** 919797

[Individuals](#) [NICS](#) [Redets](#)

Individuals

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Individual 	DOB 	DODD# 	Medicaid # 	SSN 
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[Previous](#) [Next](#)

Consents

[Create new Consent](#)

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First Name	Last Name	DOB	DODD#	SSN
Joe	Sample	12/25/1954	6543217	222-88-2828

Showing 1 to 2 of 2 entries

[Previous](#) [Next](#)

Read-only access may mean that an individual is not yet associated with the facility, or that a consent form has not yet been submitted for this person.

 **Abbeyville House** 919797

[Individuals](#) [NICS](#) [Redets](#)

Individuals

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◀ Previous Next ▶

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Showing 1 to 2 of 2 entries

◀ Previous Next ▶

To admit an individual to a facility, submit an Individual Consent form to DODD. Access this form by clicking **Create new Consent**.

 **Abbeyville House** 919797

[Individuals](#) [NICS](#) [Redets](#)

Individuals

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Showing 1 to 6 of 6 entries ◀ Previous Next ▶

Consents [Create new Consent](#)

Search:

First Name	Last Name	DOB	DODD#	SSN
Joe	Sample	12/25/1954	6543217	222-88-2828

Showing 1 to 2 of 2 entries ◀ Previous Next ▶

You will see this screen. Click on the PDF icon  to download the **template Consent form** to your computer.



to download the

The screenshot shows a web application interface with a blue header bar containing 'Home' and 'Eligibility Management' links. The main heading is 'Consent (Individual's Consent Form for access to Level of Care)'. On the left, there is a 'General' section with five input fields: 'First Name', 'Last Name', 'Date of Birth', 'SSN', 'DODD#', and 'Medicaid ID'. On the right, there is a yellow callout box with a PDF icon and a hand cursor pointing to it, containing text about downloading a template. Below this is an 'Upload a consent document' section with a 'Choose File' button and the text 'No file chosen'.

Home Eligibility Management

Consent (Individual's Consent Form for access to Level of Care)

General

First Name

DODD#

Last Name

Medicaid ID

Date of Birth

SSN

 Here is the template for Consent form to be submitted on behalf of the individual. Please fill in the details and get it signed by the Individual who is submitting Admission.

Upload a consent document

No file chosen

Fill in all of the information on the consent form, then print the form to obtain the required signatures. Scan and save the document to your computer.



Department of
Developmental Disabilities

John Kasich, Governor
John L. Martin, Director

**AUTHORIZATION FOR THE USE AND DISCLOSURE OF INDIVIDUALLY
IDENTIFIABLE HEALTH INFORMATION**

First Name: Anne Last Name: Sample

Social Security #: 555-75-7575 Date of Birth: 06/23/1997

Address: Abbeyville House

City: 30 East Broad St State: OH Zip Code: 43215

Guardian's Name (If applicable): _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY YES NO
ADMISSION Admission Date: _____ Proposed Admission Date: _____

AUTHORIZATION: I _____ (Name) hereby authorize

The Ohio Department of Developmental Disabilities ("DODD") to use and/or disclose my health information to

Intermediate Care Facility (ICF-IID) Name: _____ Licensure Facility#: _____

Name of Evaluator: _____ Phone #: _____

This authorization applies to all relevant information that maybe used /disclosed for the purpose of determining my developmental disabilities level of care as defined by section 5123: 2-8-01 of the Ohio Administrative Code, which is the level of care required for admission to an intermediate care facility or enrollment in a home and community based waiver administered by DODD. This information will include the current level of care assessment, related clinician's verification form(s), and other assessments supporting the most recent level of care determination.

I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment, receive payment, obtain enrollment in a program, or eligibility for benefits.

I understand that the information I authorize to be disclosed to a person or entity may be re-disclosed by that person or entity and no longer protected by federal regulations.

I understand that I may revoke this authorization in writing at any time except to the extent that DODD has already taken action on



Now, on the **Consent** screen, click **Choose File** to upload the signed consent form from your computer.

The screenshot shows a web application interface with a blue header bar containing navigation links for 'Home' and 'Eligibility Management'. The main content area is titled 'Consent (Individual's Consent Form for access to Level of Care)'. On the left, there is a 'General' section with several input fields: 'First Name', 'Last Name', 'Date of Birth', and 'SSN' on the left column; and 'DODD#' and 'Medicaid ID' on the right column. On the right side, there is a yellow informational box with a PDF icon and text explaining that it is a template for the consent form. Below this box is the section 'Upload a consent document', which features a 'Choose File' button and the text 'No file chosen'. A hand cursor icon is pointing at the 'Choose File' button.

[Home](#) [Eligibility Management](#)

Consent (Individual's Consent Form for access to Level of Care)

General

First Name

DODD#

Last Name

Medicaid ID

Date of Birth

SSN



Here is the template for Consent form to be submitted on behalf of the individual. Please fill in the details and get it signed by the Individual who is seeking for Admission.

Upload a consent document

Choose File No file chosen



When the file is uploaded, you will see it listed on your screen.

[Home](#) [Eligibility Management](#)

Consent (Individual's Consent Form for access to Level of Care)

General

First Name

DODD#

Last Name

Medicaid ID

Date of Birth

SSN



Here is the template for Consent form to be submitted on behalf of the individual. Please fill in the details and get it signed by the Individual who is seeking for Admission.

Upload a consent document

Choose File

Anne's Consent Form.pdf



Enter required information on this screen and click **Submit** to submit this consent form to DODD for review.

[Home](#) [Eligibility Management](#)

Consent (Individual's Consent Form for access to Level of Care)

General

First Name

Anne

DODD#

Last Name

Example

Medicaid ID

Date of Birth

06/23/1974

SSN

555-77-7575



Here is the template for Consent form to be submitted on behalf of the individual. Please fill in the details and get it signed by the Individual who is seeking for Admission.

Upload a consent document

Choose File

Anne's Consent Form.pdf

Submit



Clicking **Submit** takes you back to the **Facility Dashboard**. Here, you can see all **Consents** previously submitted.

 **Abbeyville House** 919797

[Individuals](#) [NICS](#) [Redets](#)

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Showing 1 to 6 of 6 entries

◀ Previous Next ▶

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Showing 1 to 2 of 2 entries

◀ Previous Next ▶

Once DODD receives the consent form and links the form to the individual's record, edits are unlocked and the read-only  icon is removed.

 **Abbeyville House** 919797

[Individuals](#) [NICS](#) [Redets](#)

Individuals Search:

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Showing 1 to 2 of 2 entries ◀ Previous Next ▶

With the read-only icon removed, you can begin a new eligibility process for this person.

 **Abbeyville House** 919797

[Individuals](#) [NICS](#) [Redets](#)

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◀ Previous Next ▶

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◀ Previous Next ▶