

# **Cuyahoga DD**

## **Provider Search Tool**

### Instructions for Providers

Updated December 2025



# Welcome to Cuyahoga DD's PST!

We are excited about your decision to provide care and support to individuals in Cuyahoga County. The PST is available to DODD Waiver Providers that are active and in good standing.

## ***Features include:***

- Easy to read format
- Referral icons to allow you to sort for important needs
- Providers will receive an automated message to let them know their response was received
- Providers can see which referrals they have responded to



# Getting Started

**Email your DODD Contract # to**

[provider.search@cuyahogadd.org](mailto:provider.search@cuyahogadd.org) so your name can be added to the system. New users will need to complete the orientation process before gaining access.

Once your account is set up, click on

<https://providersearchtool.cuyahogabdd.org/pst/#/login>

Next, click **Login** to access the portal.

- **PST Users are able to:**

- Access your user account settings, **except** your email address
- Update/Add your default name and phone number
- Update email to receive all ISP's and CPT's
- Respond to referrals
- **IF you change your email address**, please email [provider.search@cuyahogadd.org](mailto:provider.search@cuyahogadd.org) for assistance



# If you already have an account:

Please click here:

<https://providersearchtool.cuyahogabdd.org/pst/#/login>

Next, click **Login** to access to the portal.

If you forgot or need to reset your password because you have not logged in recently click the link above. **Next, click Forgot/Reset password.**

## **A Special note to Agency Staff:**

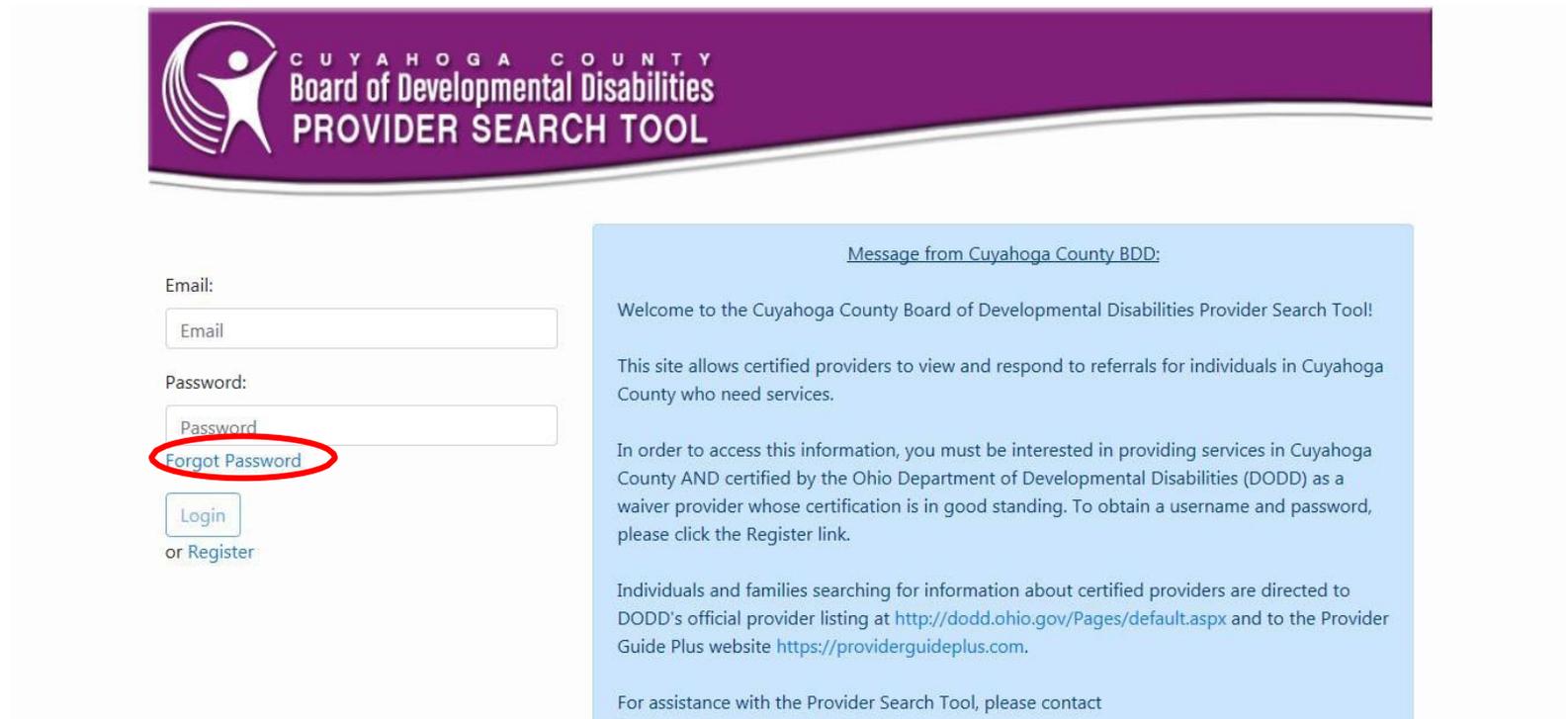
*Please check with your CEO/DOO prior to requesting an account. Your agency may already have an account in the system. They are responsible for staff training and access to the portal. If your agency is new, please follow the steps for **new users** to register for an account.*



# Log In

You will always login with the same email address submitted for your registration.

If you forget your password, click **Forgot/Reset Password**.



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

Email:

Password:  
  
[Forgot Password](#)

or Register

Message from Cuyahoga County BDD:

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

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

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

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

For assistance with the Provider Search Tool, please contact



# Viewing Referrals

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

[Open Referrals](#) [Service Plans](#) [My Account](#) [Admin Controls](#) [Manage Users](#) [Create New User](#)

Filter by First Name:

Filter by Service:

Filter by Provider Type:

**Referrals: 146**

Referrals outlined in red require services immediately due to a health or safety risk. The individual's Support Administrator will be notified of provider responses immediately.

For assistance, please contact

<b>TERRENCE T.</b> ADULT DAY SUPPORT Provider Type: Agency	Respond by: <a href="#">10/27/2025</a>	
<b>LESHAY T.</b> HPC/SHARED LIVING/HPC TRANSPORTATION Provider Type: No preference	Respond by: <a href="#">10/27/2025</a> 	
<b>ADAM F.</b> NON-MEDICAL TRANSPORTATION Provider Type: No preference ↳ Pick up: 44139   Drop off: 44124	Respond by: <a href="#">10/27/2025</a>	
<b>DELICINA L.</b> NON-MEDICAL TRANSPORTATION Provider Type: No preference ↳ Pick up: 44121   Drop off: 44123	Respond by: <a href="#">10/27/2025</a>	
<b>JAYLA G.</b>	Respond by: <a href="#">10/27/2025</a>	



# Red Highlight

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

Open Referrals   Service Plans   My Account   Admin Controls   Manage Users   Create New User

Filter by First Name:

Filter by Service:

Filter by Provider Type:  
Any 

**Referrals: 146**

Referrals outlined in red require services immediately due to a health or safety risk. The individual's Support Administrator will be notified of provider responses immediately.

For assistance, please contact

<b>TERRENCE T.</b> ADULT DAY SUPPORT Provider Type: Agency	Respond by: <a href="#">10/27/2025</a>	
<b>LESHAY T.</b> HPC/SHARED LIVING/HPC TRANSPORTATION Provider Type: No preference	Respond by: <a href="#">10/27/2025</a>	
<b>ADAM F.</b> NON-MEDICAL TRANSPORTATION Provider Type: No preference • Pick up: 44139   Drop off: 44124	Respond by: <a href="#">10/27/2025</a>	
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<b>JAYLA G.</b>	Respond by: <a href="#">10/27/2025</a>	



# Icons: A closer look



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



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



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



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



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



# Items to Note

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

## ***Service Type***

Each referral is only for one service type

## ***Provider Type***

Agency, Independent, No Preference

## ***Opening a Referral***

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

## ***Pop Ups***

Ensure pop-ups are enabled



# Items to Note

## Respond Date, Service Type, Provider Type:

**LARY R.**

NON-MEDICAL TRANSPORTATION

Provider Type: No preference

▸ Pick up: 44107 | Drop off: 44109

Respond by: [10/17/2025](#)



**ELIJAH F.**

RESIDENTIAL RESPITE

Provider Type: Agency

Respond by: [10/17/2025](#)



**MAURICEA B.**

RESIDENTIAL RESPITE

Provider Type: No preference

Respond by: [10/17/2025](#)



**ROBERT S.**

VOCATIONAL HABILITATION

Provider Type: No preference

Respond by: [10/17/2025](#)



# The Referral

## Provider Referral

Form Revision: 5

[Print](#)

[Referral](#)

Referral ID

8989607

Posted By

Date of Request

10/07/2025

Is this referral for a group of individuals? \*

Yes  No

Is this referral the result of a 30 day notice from a provider? \*

Yes  No

### Individual Information

Name

SHAMARI B

City

CLEVELAND

Zip

44128

Age:

27

Current Funding:

LEVEL 1 WAIVER

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

NO

Type of provider being requested: \*

NO PREFERENCE

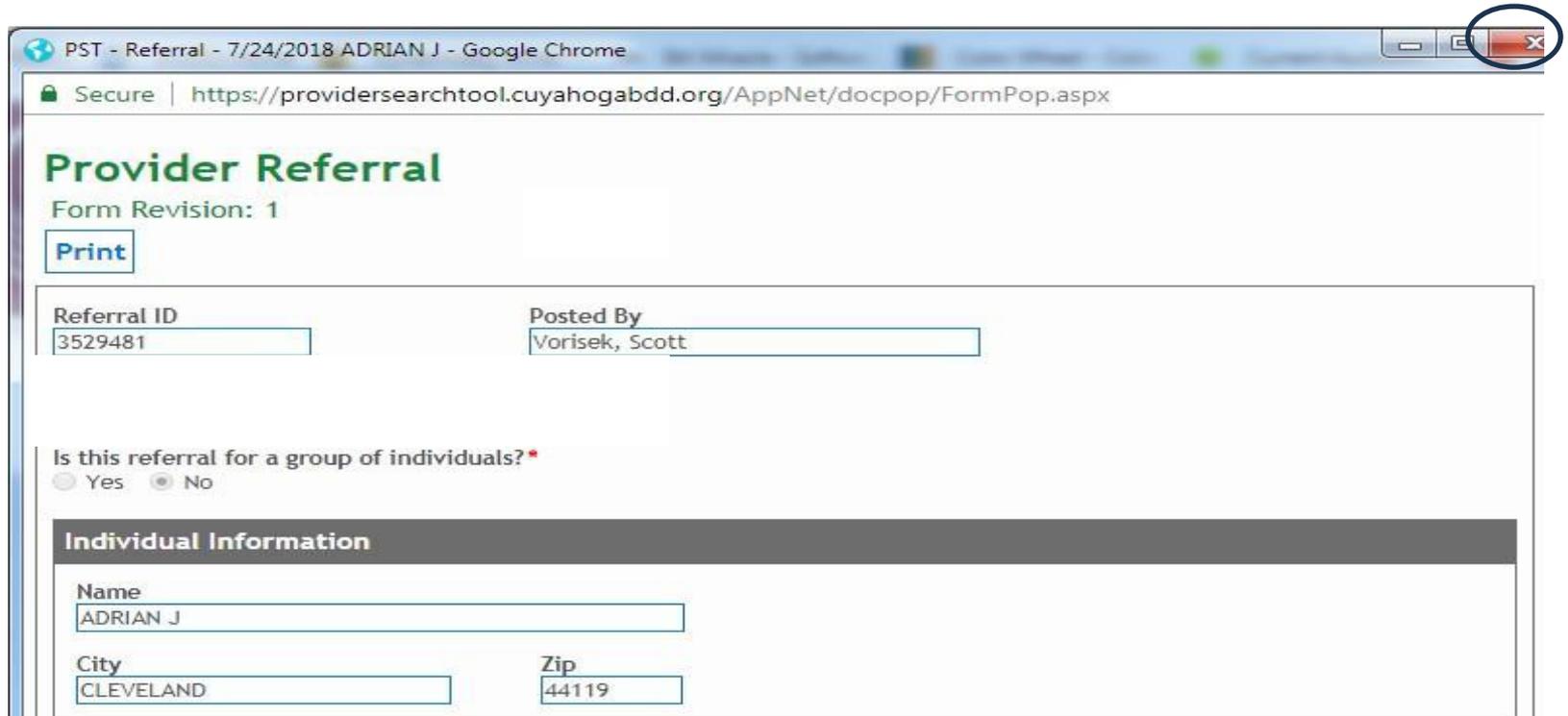
- The referral will open in a new window.
- Referrals will look slightly different based on the service being requested.



# If Interested....

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

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



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

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

## Provider Referral

Form Revision: 1

[Print](#)

Referral ID	Posted By
3529481	Vorisek, Scott

Is this referral for a group of individuals? \*

Yes  No

### Individual Information

Name	ADRIAN J	
City	CLEVELAND	Zip
		44119



# If Interested....

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

**SHAMARI B.**

HPC/SHARED LIVING/HPC  
TRANSPORTATION  
Provider Type: No preference

Respond by: [10/17/2025](#)



**EDWARD M.**

NON-MEDICAL TRANSPORTATION  
Provider Type: No preference  
▸ Pick up: 44105 | Drop off: 44130

Respond by: [10/17/2025](#)



**LARY R.**

NON-MEDICAL TRANSPORTATION  
Provider Type: No preference  
▸ Pick up: 44107 | Drop off: 44109

Respond by: [10/17/2025](#)



**ELIJAH F.**

RESIDENTIAL RESPITE  
Provider Type: Agency

Respond by: [10/17/2025](#)



# Provider Response Form

**Provider Response**

Referral ID  
3580179

Name: Provider Support      Email: Provider.Support@cuyahogabdd.org      Provider: CUYAHOGA BD. OF DD

PG+ Link (agencies only)

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

**Contact number**  
Default contact number: 216-321-6549  
Contact number (if different from default or no default specified):

**Contact Name**  
Default contact name: Provider Support  
Contact name (if different from default or no default specified):

How soon can you provide services? \*

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

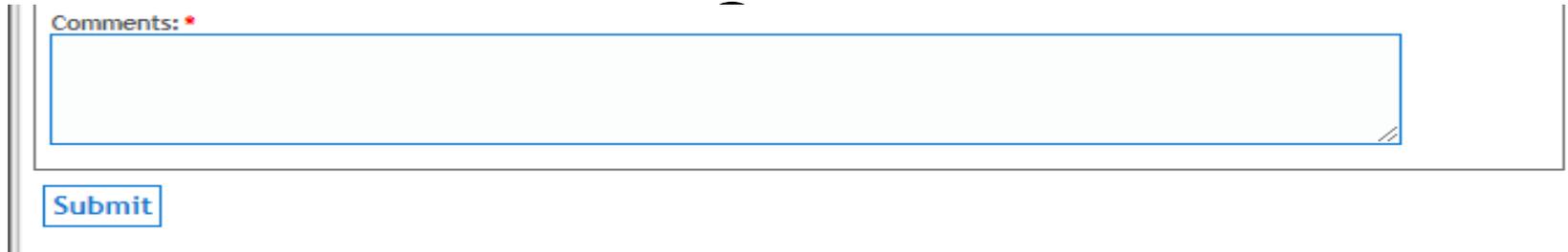
Comments: \*

**Submit**

When you click the envelope icon on the referral, the **provider response form** will open in a new window. You will complete the required information and click Submit. Fields with a **red asterisk** are required.



# Provider Response Form



The screenshot shows a web form with a label 'Comments:' followed by a large, empty text input field. Below the input field is a blue 'Submit' button. The form is enclosed in a light gray border.

The “comments” section of the response form is the BEST PLACE for you to provide specific information that will be shared with the individual about your experience , specialized training, personality traits, and the services you can provide.

Please use this section to mention specific things in the person’s referral that make you think you can serve him/her

For Example: “We noticed that Sue wants to work with animals. We have a program that provides training on basic pet grooming tasks and helps individuals learn skills for future employment in the pet care industry.”



# Provider Response Form

## Helpful Reminders:

Empty or generic comments are not helpful and individuals notice when providers take time to personalize information.

**It is prohibited to contact Support Administrators directly outside of the PST and violates our PST policy.**

Provider should never respond to a referral to provide services that they are not certified to provide. If you are not sure of the services you are certified for, check your DoDD PSM Account.

Do not cut and paste the same response to several referrals; this leads to erroneous responses.



# Response Received

After submitting your response, the following message will display:

**Your response has been submitted!**

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



# After Responding

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

The screenshot shows a web browser window with the URL <https://providersearchtool.cuyahogabdd.org/pst/#/referral>. The page header includes the Cuyahoga County Board of Developmental Disabilities logo and the text "PROVIDER SEARCH TOOL". A navigation bar contains "Open Referrals", "Service Plans", and "My Account". The user is logged in as "WILL POFFENBERGER!".

On the left side, there are filter options: "Filter by First Name:", "Filter by Service:", and "Filter by Provider Type:" (set to "Any"). Below these filters, it says "Referrals: 118". A note states: "Referrals outlined in red require services immediately due to a health or safety risk. The individual's Support Administrator will be notified of provider responses immediately. For assistance, please contact [Provider.Search@cuyahogabdd.org](mailto:Provider.Search@cuyahogabdd.org)".

The main content area displays a list of referrals:

Name	Services	Response Status	Response Due	Provider Type
AMBER L.	HPC/SHARED LIVING/HPC TRANSPORTATION	Responded (Green Checkmark)	12/20/2025	Agency
ANN G.	HPC/SHARED LIVING/HPC TRANSPORTATION	Responded (Green Checkmark)	12/20/2025	Agency
BRIDGET S.	HPC/SHARED LIVING/HPC TRANSPORTATION	Not Responded (Envelope icon)	12/20/2025	No preference
ERIKA R.	HPC/SHARED LIVING/HPC TRANSPORTATION	Not Responded (Envelope icon)	12/20/2025	No preference
JULLIAN H.	HPC/SHARED LIVING/HPC TRANSPORTATION	Not Responded (Envelope icon)	12/20/2025	Agency
MUSIC M.	HPC/SHARED LIVING/HPC TRANSPORTATION	Not Responded (Envelope icon)	12/20/2025	No preference
STIX J.	HPC/SHARED LIVING/HPC	Not Responded (Envelope icon)	12/20/2025	No preference



# Responses to Referrals

- Responses are forwarded to the Support Administrator to share with the person.
- Responses include a summary of:
  - Provider names and contact information for all the providers who responded to the search
  - Information from each providers comments, including how soon they can provide services
  - The location/specific program where you can serve this person (if applicable). This is especially helpful when you have several locations.



# Responses to Referrals

PLEASE DO NOT FORGET TO FILL IN THE COMMENTS!!!!

Families consistently express appreciation for providers who offer detailed feedback regarding their specialized training, professional experience, personal attributes, and approach to supporting individuals. This information is highly valued and plays a meaningful role in the decision-making process.

- The person will decide which provider(s) they want to interview. Providers will be contacted by the SA or the person/family/guardian directly. If you were not selected for an interview, you will not be contacted by the SA.
- Per the Free Choice of Provider Rule, the search process may start and stop at anytime. *Providers that respond to referrals may not receive a response. This happens frequently during the search process.*



# My Account

- Under the “My Account” link, you will be able set up your access to the OhioISP. In addition, you can update your password, name, and default contact information **for your OhioISP & CPT access only.**
- If you need to update the email used for the Provider Search tool, go to the blue login page to submit a new PST registration request. Make sure to enter your new email on the registration. You can also email [provider.search@cuyahogadd.org](mailto:provider.search@cuyahogadd.org)



 CUYAHOGA COUNTY  
Board of Developmental Disabilities  
PROVIDER SEARCH TOOL

Open Referrals **My Account**

Welcome Provider Support!  
Logout

Change Password

Please enter your new password

Re-enter your new password

Password

Re-enter Password

Update



# My Account

## Update Account Information

Name

Provider Support

ProviderGuidePlus link

ProviderGuidePlus Link

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

Default contact number:

216-321-6549

Default contact name:

Provider Support

[Update](#)

## Provider Email Addresses

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

Individual's Service Plans (ISP):

Thisisanewemail@email.com

Cost Projection Tools (CPT)

CPT@email.com

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

[Update Provider Email Form](#)

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

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



# My Account

To update your provider's email addresses for ISP and CPT ONLY, navigate to My Account > Provider Email Addresses and click the "Update Provider Email Form" link at the bottom. Please note, this email should match the email used to register for your PST Account.

## Provider Email Addresses

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

Individual's Service Plans (ISP):

ISP@email.com

Cost Projection Tools (CPT)

CPT@email.com

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

[Update Provider Email Form](#)



# My Account

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

## Provider Update Email Form

**Provider**

CUYAHOGA.BD. OF DD

**Requestor Email Address**

vorisek.scott@cuyahogabdd.org

### Update Email Addresses

**Current Email Address for ISPs:**

ISP@email.com

**Update? \***

Yes

**New Email Address for ISPs: \***

**Current Email Address for CPTs:**

CPT@email.com

**Update? \***

Yes

**New Email Address for CPTs: \***

Submit



# My Account

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

*“Thank you for updating your provider contact information. Please allow up to two business days for the request to be processed. If you have any questions in the meantime, please contact [provider.support@cuyahogadd.org](mailto:provider.support@cuyahogadd.org) “*



# Quick Recap

- The PST is available to active DODD Waiver Providers that are in good standing
- New Users will need to complete Orientation Prior to getting access to the portal
- Agency staff should check with their CEO/DOO for training and access prior to reaching out to the Provider Support Team
- It is very common for providers not to receive feedback during the search process



# Quick Recap

- Taking note of the icons will help you determine your capacity to be a good match for providing services
- Providers that share details about how they can assist the person, their experience, special certifications & availability are more likely to receive a response
- You should do what you can to market yourself outside of the PST i.e. social media.
- Marketing and Networking are great ways to find out about opportunities to provide services.



# Need Help?

If you have questions or need help with the Cuyahoga Provider Search Tool, please contact provider support at 216-931-7474

OR

[providersupport@cuyahogadd.org](mailto:providersupport@cuyahogadd.org)

[Provider.search@cuyahogadd.org](mailto:Provider.search@cuyahogadd.org)

