



Step-By-Step Onboarding, Login and Troubleshooting Guide

Why access matters: S-AGE replaces DDE for PASSPORT/Assisted Living Waiver billing, payment activities and service referrals. Each staff member who needs access must complete the onboarding requirements below.

Before You Begin

- Use an individual business email address. Do not use a shared or group mailbox.
- Each staff member requiring access to S-AGE must have their own Business OH|ID and submit their own access request.
- Have your provider's legal name, Medicaid ID, location ID, phone number and requested S-AGE role available.

Access Steps

- Create or confirm your Business OH|ID**
 Go to the [OH|ID website](#) and create or confirm an active Business OH|ID account. **Record the OH|ID number, not the username.** For most providers, the number is typically eight digits and begins with 7. **See example image on page 3.**
- Complete the Code of Responsibility form**
 Complete and sign the [Ohio Department of Aging Code of Responsibility form](#). **See instructions on page 3.** If you are the agency owner, the supervisor line may be left blank when instructed by COA. Email the completed form to provider_services@help4seniors.org.
- Watch for the training email**
 Monitor your Inbox, Junk, Spam, Quarantine and Deleted folders for training-related messages from ecmsupport@esserver.com.
- Complete all assigned eLearning**
 Finish every assigned training module. **Portal access is not activated until required training is complete. Each user must complete training.**
- Sign in to the S-AGE production portal**
 After you've completed training, you will receive a message from ecmsupport@esserver.com with a link to sign in to the [S-AGE Provider Portal](#) using your OH|ID username.
- Confirm your access and role**
 Verify that you can open the functions needed for your work, such as referrals or billing. If a function is missing, document which role or module is unavailable and submit a ticket within the S-AGE Provider Portal Help Desk.

Troubleshooting in S-AGE

Quick Links

- [Get started with OH|ID](#)
- [S-AGE Provider Portal sign-in](#)
- [Ohio Department of Aging modernization information](#)

If You Cannot Access S-AGE

- ☐ Confirm your Business OH|ID is active and that you are entering the OH|ID number, not the username.
- ☐ Search all email folders for ecmsupport@esserver.com.
- ☐ Confirm all assigned eLearning is complete. This must be done for EACH unique S-AGE user at your organization.
- ☐ Confirm you are using the [production portal link](#), not a test or training link.
- ☐ Capture the exact error message and a screenshot with all protected health information removed and submit this information through the S-AGE Provider Portal Help Desk.
- ☐ Ask whether another authorized user at your agency can access the missing function.

Information to Include When Requesting Help

- ✓ Provider agency name
- ✓ Date and time of the failed attempt
- ✓ Medicaid ID and provider location ID
- ✓ Exact error message and screenshot with PHI removed
- ✓ User's full name, title, business email, and callback number
- ✓ Whether eLearning was completed
- ✓ OH|ID number, sent only through the approved process
- ✓ Explain the business impact (e.g., inability to bill or respond to a referral)

Support Contacts

Council on Aging Provider Services: provider_services@help4seniors.org.

OHID Example:

The screenshot shows a user profile interface. At the top, a blue header bar contains the text "Welcome, John Smith" and a small upward-pointing arrow. Below this is a dark blue section titled "User Information" with a person icon. The main area is a white card with a list of user details: Name (John Smith), Email (jsmith@help4seniors.org), Agency ID (123), Agency Name (Council on Aging), Agency PAA (PAA 1), and OHID (71111111). The OHID row is highlighted in yellow. At the bottom of the card is a "View Roles" link with a downward-pointing arrow.

Welcome, John Smith ^	
User Information	
Name:	John Smith
Email:	jsmith@help4seniors.org
Agency ID:	123
Agency Name:	Council on Aging
Agency PAA:	PAA 1
OHID:	71111111
View Roles v	

Ohio Department of Aging Instructions - Completing the Code of Responsibility Form

- **Name:** Insert the name of the user requesting access
- **Agency/Company:** Insert the name of the Provider Agency/ Company.
- **Division:** Insert the name of the PAA with who the provider is doing business (can include multiple PAAs)
- **Supervisor:** Insert the name of the provider supervisor at the Provider Agency/ Company
- **Address:** Insert physical address of the Provider Agency/ Company
- **Agency type:** Select "contract employee"
- **Access requested:** Select "other"
- **S-AGE Access requested:** Select "provider portal"