

Weekly Billing Cycle Listing

*could adj with holiday

Cycle	Week Start	Week End	Submission	Payment
Jan21A	12/20/2020	12/26/2020	12/30/2020	1/14/2021
Jan21B	12/27/2020	1/2/2021	1/6/2021	1/21/2021
Jan21C	1/3/2021	1/9/2021	1/13/2021	1/28/2021
Jan21D	1/10/2021	1/16/2021	1/20/2021	2/4/2021
Feb21A	1/17/2021	1/23/2021	1/27/2021	2/11/2021
Feb21B	1/24/2021	1/30/2021	2/3/2021	2/18/2021
Feb21C	1/31/2021	2/6/2021	2/10/2021	2/25/2021
Feb21D	2/7/2021	2/13/2021	2/17/2021	3/4/2021
Mar21A	2/14/2021	2/20/2021	2/24/2021	3/11/2021
Mar21B	2/21/2021	2/27/2021	3/3/2021	3/18/2021
Mar21C	2/28/2021	3/6/2021	3/10/2021	3/25/2021
Mar21D	3/7/2021	3/13/2021	3/17/2021	4/1/2021
Mar21E	3/14/2021	3/20/2021	3/24/2021	4/8/2021
Apr21A	3/21/2021	3/27/2021	3/31/2021	4/15/2021
Apr21B	3/28/2021	4/3/2021	4/7/2021	4/22/2021
Apr21C	4/4/2021	4/10/2021	4/14/2021	4/29/2021
Apr21D	4/11/2021	4/17/2021	4/21/2021	5/6/2021
May21A	4/18/2021	4/24/2021	4/28/2021	5/13/2021
May21B	4/25/2021	5/1/2021	5/5/2021	5/20/2021
May21C	5/2/2021	5/8/2021	5/12/2021	5/27/2021
May21D	5/9/2021	5/15/2021	5/19/2021	6/3/2021
Jun21A	5/16/2021	5/22/2021	5/26/2021	6/10/2021
Jun21B	5/23/2021	5/29/2021	6/2/2021	6/17/2021
Jun21C	5/30/2021	6/5/2021	6/9/2021	6/24/2021
Jun21D	6/6/2021	6/12/2021	6/16/2021	7/1/2021
Jun21E	6/13/2021	6/19/2021	6/23/2021	7/8/2021
Jul21A	6/20/2021	6/26/2021	6/30/2021	7/15/2021
Jul21B	6/27/2021	7/3/2021	7/7/2021	7/22/2021
Jul21C	7/4/2021	7/10/2021	7/14/2021	7/29/2021
Jul21D	7/11/2021	7/17/2021	7/21/2021	8/5/2021
Aug21A	7/18/2021	7/24/2021	7/28/2021	8/12/2021
Aug21B	7/25/2021	7/31/2021	8/4/2021	8/19/2021
Aug21C	8/1/2021	8/7/2021	8/11/2021	8/26/2021
Aug21D	8/8/2021	8/14/2021	8/18/2021	9/2/2021
Sep21A	8/15/2021	8/21/2021	8/25/2021	9/9/2021
Sep21B	8/22/2021	8/28/2021	9/1/2021	9/16/2021
Sep21C	8/29/2021	9/4/2021	9/8/2021	9/23/2021
Sep21D	9/5/2021	9/11/2021	9/15/2021	9/30/2021
Sep21E	9/12/2021	9/18/2021	9/22/2021	10/7/2021
Oct21A	9/19/2021	9/25/2021	9/29/2021	10/14/2021
Oct21B	9/26/2021	10/2/2021	10/6/2021	10/21/2021
Oct21C	10/3/2021	10/9/2021	10/13/2021	10/28/2021
Oct21D	10/10/2021	10/16/2021	10/20/2021	11/4/2021
Nov21A	10/17/2021	10/23/2021	10/27/2021	11/11/2021
Nov21B	10/24/2021	10/30/2021	11/3/2021	11/18/2021
Nov21C	10/31/2021	11/6/2021	11/10/2021	11/25/2021
Nov21D	11/7/2021	11/13/2021	11/17/2021	12/2/2021
Dec21A	11/14/2021	11/20/2021	11/24/2021	12/9/2021
Dec21B	11/21/2021	11/27/2021	12/1/2021	12/16/2021
Dec21C	11/28/2021	12/4/2021	12/8/2021	12/23/2021
Dec21D	12/5/2021	12/11/2021	12/15/2021	12/30/2021
Dec21E	12/12/2021	12/18/2021	12/22/2021	1/6/2022
Jan22A	12/19/2021	12/25/2021	12/29/2021	1/13/2022

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APPENDIX A

BILLING UNITS, SERVICE CODES, AND PAYMENT RATES
FOR HOMEMAKER/PERSONAL CARE

Homemaker/Personal Care (Routine) - Independent Provider

Billing Unit: Fifteen minutes

Service Codes:	Individual Options Waiver	APC
	Level One Waiver	FPC

Payment Rates: Listed below. Based on cost-of-doing-business (CODB) category and number of individuals receiving services. To obtain the per person rate when two or more individuals receive services simultaneously, the base rate in the appropriate group category is divided by the number of individuals in the group.

Independent Provider Base Rates

CODB Category	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 or More Individuals
1	\$4.98	\$5.34	\$5.82	\$6.52
2	\$5.04	\$5.40	\$5.88	\$6.56
3	\$5.09	\$5.44	\$5.94	\$6.64
4	\$5.14	\$5.50	\$6.00	\$6.68
5	\$5.18	\$5.54	\$6.06	\$6.76
6	\$5.23	\$5.60	\$6.12	\$6.80
7	\$5.28	\$5.64	\$6.18	\$6.88
8	\$5.34	\$5.70	\$6.24	\$6.92

Homemaker/Personal Care (Routine) - Agency Provider

Billing Unit: Fifteen minutes

Service Codes: Listed below. Based on number of staff providing services.

1 Staff	Individual Options Waiver	APC
	Level One Waiver	FPC
2 Staff	Individual Options Waiver	AMW
	Level One Waiver	FMW
3 Staff	Individual Options Waiver	AMX
	Level One Waiver	FMX
4 Staff	Individual Options Waiver	AMY
	Level One Waiver	FMY
5 Staff	Individual Options Waiver	AMZ
	Level One Waiver	FMZ

Payment Rates: Listed below. Based on cost-of-doing-business (CODB) category, number of individuals receiving services, and number of staff providing services. To obtain the per person rate when two or more individuals receive services simultaneously, the base rate in the appropriate group category is divided by the number of individuals in the group.

Agency Provider Base Rates Per One Staff

CODB Category	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 or More Individuals
1	\$5.64	\$6.06	\$6.63	\$7.36
2	\$5.70	\$6.12	\$6.69	\$7.44
3	\$5.76	\$6.18	\$6.75	\$7.52
4	\$5.82	\$6.24	\$6.81	\$7.56
5	\$5.86	\$6.28	\$6.87	\$7.64
6	\$5.92	\$6.34	\$6.93	\$7.68
7	\$5.98	\$6.40	\$6.99	\$7.76
8	\$6.04	\$6.46	\$7.05	\$7.84

Homemaker/Personal Care (Routine) Behavioral Support Rate Modification

Billing Unit: Fifteen minutes

Rate Modification Amount: \$0.63

Instructions: Applicable to Homemaker/Personal Care (Routine) rate. Indicate modification on the cost projection and payment authorization.

Homemaker/Personal Care (Routine) Complex Care Rate Modification

Billing Unit: Fifteen minutes

Rate Modification Amount: \$0.63

Instructions: Applicable to Homemaker/Personal Care (Routine) rate. Indicate modification on the cost projection and payment authorization.

Homemaker/Personal Care (Routine) Medical Assistance Rate Modification

Billing Unit: Fifteen minutes

Rate Modification Amount: \$0.12

Instructions: Applicable to Homemaker/Personal Care (Routine) rate. Indicate modification on the cost projection and payment authorization.

Homemaker/Personal Care (Routine) Staff Competency Rate Modification

Billing Unit: Fifteen minutes

Rate Modification Amount: \$0.39

Instructions: Applicable to Homemaker/Personal Care (Routine) rate.

Multi-staff Codes: Staff size indicator on claim is used to indicate the number of staff providing the service that are eligible for the staff competency rate modification.

Competency-based Codes:

1 Staff	Individual Options Waiver	AQC
	Level One Waiver	FQC
2 Staff	Individual Options Waiver	AQW
	Level One Waiver	FQW
3 Staff	Individual Options Waiver	AQX
	Level One Waiver	FQX
4 Staff	Individual Options Waiver	AQY
	Level One Waiver	FQY
5 Staff	Individual Options Waiver	AQZ
	Level One Waiver	FQZ

Homemaker/Personal Care (On-Site/On-Call) - Independent Provider

Billing Unit: Fifteen minutes

Service Codes:	Individual Options Waiver	AOC
	Level One Waiver	FOC

Payment Rates: Listed below. Based on cost-of-doing-business (CODB) category and number of individuals receiving services. To obtain the per person rate when two or more individuals receive services simultaneously, the base rate in the appropriate group category is divided by the number of individuals in the group.

Independent Provider Base Rates

CODB Category	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 or More Individuals
1	\$2.92	\$3.14	\$3.42	\$3.76
2	\$2.95	\$3.16	\$3.45	\$3.80
3	\$2.98	\$3.20	\$3.48	\$3.84
4	\$3.01	\$3.22	\$3.51	\$3.88
5	\$3.03	\$3.26	\$3.57	\$3.96
6	\$3.06	\$3.28	\$3.60	\$4.00
7	\$3.09	\$3.32	\$3.63	\$4.04
8	\$3.12	\$3.34	\$3.66	\$4.08

Homemaker/Personal Care (On-Site/On-Call) - Agency Provider

Billing Unit: Fifteen minutes

Service Codes: Listed below. Based on number of staff providing services.

1 Staff	Individual Options Waiver	AOC
	Level One Waiver	FOC
2 Staff	Individual Options Waiver	AOW
	Level One Waiver	FOW
3 Staff	Individual Options Waiver	AOX
	Level One Waiver	FOX
4 Staff	Individual Options Waiver	AOY
	Level One Waiver	FOY
5 Staff	Individual Options Waiver	AOZ
	Level One Waiver	FOZ

Payment Rates: Listed below. Based on cost-of-doing-business (CODB) category, number of individuals receiving services, and number of staff providing services. To obtain the per person rate when two or more individuals receive services simultaneously, the base rate in the appropriate group category is divided by the number of individuals in the group.

Agency Provider Base Rates Per One Staff

CODB Category	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 or More Individuals
1	\$3.86	\$4.14	\$4.53	\$5.04
2	\$3.90	\$4.18	\$4.59	\$5.08
3	\$3.94	\$4.22	\$4.62	\$5.12
4	\$3.98	\$4.26	\$4.65	\$5.16
5	\$4.00	\$4.30	\$4.71	\$5.24
6	\$4.04	\$4.34	\$4.74	\$5.28
7	\$4.08	\$4.38	\$4.77	\$5.32
8	\$4.12	\$4.42	\$4.83	\$5.36

**BILLING UNIT, SERVICE CODES, AND PAYMENT RATES
FOR PARTICIPANT-DIRECTED HOMEMAKER/PERSONAL CARE**

Participant-Directed Homemaker/Personal Care (Routine) - Common Law Employee

Billing Unit: Fifteen minutes

Service Codes: Individual Options Waiver ADC
Level One Waiver FDC
Self-Empowered Life Funding Waiver SDD

Payment Rates: Negotiable from the equivalent of minimum wage to the maximum rate of \$5.34. When rate modifications apply, the payment rate is negotiable from the equivalent of minimum wage to the maximum rate of \$5.34 plus applicable rate modifications. Payment for a group size of two shall be at seventy-five per cent of the rate for each individual. Payment for a group size of three shall be at seventy-five per cent of the rate for each individual.

Participant-Directed Homemaker/Personal Care (Routine) - Agency With Choice

Billing Unit: Fifteen minutes

Service Code: Self-Empowered Life Funding Waiver SDC

Payment Rates: Listed below.

Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals
\$6.04	\$4.53	\$4.53

Participant-Directed Homemaker/Personal Care (Routine) Behavioral Support
Rate Modification

Billing Unit: Fifteen minutes

Rate Modification Amount: \$0.63

Instructions: Applicable to Participant-Directed Homemaker/Personal Care (Routine) rate. Indicate modification on the cost projection and payment authorization.

Participant-Directed Homemaker/Personal Care (Routine) Medical Assistance
Rate Modification

Billing Unit: Fifteen minutes

Rate Modification Amount: \$0.12

Instructions: Applicable to Participant-Directed Homemaker/Personal Care (Routine) rate. Indicate modification on the cost projection and payment authorization.

Participant-Directed Homemaker/Personal Care (Routine) Complex Care
Rate Modification

Billing Unit: Fifteen minutes

Rate Modification Amount: \$0.63

Instructions: Applicable to Participant-Directed Homemaker/Personal Care (Routine) rate provided to individuals enrolled in the Individual Options Waiver. Indicate modification on the cost projection and payment authorization.

Participant-Directed Homemaker/Personal Care (On-Site/On-Call) - Common Law Employee

Billing Unit: Fifteen minutes

Service Codes: Individual Options Waiver AZC
 Level One Waiver FZC
 Self-Empowered Life Funding Waiver SZD

Payment Rates: Listed below.

Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals
\$3.02	\$2.27	\$2.27

Participant-Directed Homemaker/Personal Care (On-Site/On-Call) - Agency With Choice

Billing Unit: Fifteen minutes

Service Code: Self-Empowered Life Funding Waiver SZC

Payment Rates: Listed below.

Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals
\$3.99	\$2.99	\$2.99

CLAIMS REJECTED AS ERRORS

Claims identified on an Error Report must be corrected and resubmitted to the Department of Developmental Disabilities [DODD] before the claims can be submitted to the Ohio Department of Medicaid for payment approval. Error reports can be viewed online in the Medicaid Billing System [eMBS] under 'Provider Weekly Reports'.

For further assistance, please contact the DODD Provider Support Center at 800.617.6733 or DODD.support@dodd.ohio.gov

- (1) DATE OF SERVICE IS MISSING OR INVALID.** The date of service was not formatted correctly or was omitted.
- (2) DATE OF SERVICE EXCEEDS PROCESSING DATE.** The date of service was later than the date MBS processed the claim.
- (3) DATE OF SERVICE PRECEEDS START-UP DATE.** The date of service entered was prior to the date the service code went into effect.
- (4) CLAIM SUBMITTED PAST THE ALLOWED SUBMISSION DATE.** Claims must be submitted within 350 days of the date of service.
- (5) SERVICE AVAILABILITY HAS EXPIRED.** Services may only be available through a specific date, or may be replaced by a different service.
- (6) INVOICE DATE IS MISSING OR INVALID.** The Invoice Date was either missing or incorrectly formatted. The correct format is MMDDYY. Please note that if you are using Single Claim Entry the invoice date is entered for you.
- (7) INVOICE DATE EXCEEDS PROCESSING DATE.** The invoice date cannot be later than the date the claim was processed. Please note that if you are using Single Claim Entry the invoice date is entered for you.
- (8) SVC DATE NOT FOUND IN CERTIFICATION SPAN.** Failure to renew certification prior to the expiration date found in the Provider Certification Wizard will result in periods where payment may be delayed and/or denied.
- (9) CLAIM DOES NOT MATCH USEABLE PAWS RECORD.** Claims submitted to DODD must be authorized by the county board of developmental disabilities through the Payment Authorization for Waiver Services [PAWS] system. Providers have 'Read-Only' access to PAWS, where they can view what has been authorized. This error can mean:
 - A PAWS plan has not been entered by the county board;
 - The provider is using an incorrect service code;
 - The service date entered is not within the authorized PAWS span.
- (10) RECIPIENT NUMBER IS MISSING OR INVALID.** The recipient's Medicaid Recipient Number contained non-numeric data or was omitted. To correct, review the submitted information and re-enter the correct data.

(11) MEDICAID RECIPIENT NUMBER ENTERED IS INVALID. The Medicaid Recipient Number entered was not a valid number. Check the recipient's Medicaid card for the correct number.

(12) PAWS DAILY UNIT LIMIT IS EXCEEDED. This error indicates that the claim submitted is in excess of the daily unit limit authorized in PAWS.

(13) CAFS DATA NOT AVAILABLE. No longer used.

(14) TCM SERVICE IS INAPPROPRIATE. Individual is not eligible for TCM.
[Note: County board services only.]

(15) RECIPIENT LAST NAME IS MISSING. The recipient's last name is missing. To correct insert the last name in the field (First 5 letters of the recipient's last name).

(16) RECIPIENT LAST NAME IS INVALID. The recipient's Last Name contained non-alpha data (such as dashes or apostrophes) or was not entered.

(17) RECIPIENT INITIAL IS MISSING OR INVALID. The recipient's Initial contained non-alpha data (such as dashes or apostrophes) or was not entered.

(18) HOMEMAKER/PERSONAL CARE EXCEEDS 24 HOURS IN A DAY. HPC services cannot exceed a total of 24 hours (96 units) per day, whether billed by one or by several providers.

(19) CONTRACT NUMBER IS MISSING OR INVALID. Contract number submitted on flat file is missing or is formatted incorrectly.

(20) DIFFERENT HOMEMAKER/PERSONAL CARE SERVICES ON SAME DAY. HPC service shall not be based on a day billing unit when the eligible individual receives this service from more than one waiver service provider on the same day.

(21) CONTRACT NUMBER CHECK DIGIT IS INVALID. Contract number submitted on flat file is missing or is formatted incorrectly.

(22) PAWS TOTAL UNIT LIMIT IS EXCEEDED. This error indicates that the claim submitted is in excess of the total number of units authorized by the County Board.

(23) SERVICE CODE IS MISSING OR INVALID. The Service Code was not entered correctly or was left blank.

(24) UNITS DELIVERED ARE MISSING OR INVALID. The Units of Service Delivered were not entered or the information entered could not be processed. Check this field; make the necessary corrections and resubmit.

(25) PAWS TOTAL COST LIMIT IS EXCEEDED. This error indicates that the claim submitted is in excess of the total cost limit authorized by the County Board.

(26) UNITS DELIVERED ARE EXCESSIVE. Claims for any Service Code with quarter-hour (15 minutes) units are restricted to 96 units per day. Claims for any Service Code with hourly units are restricted to 24 units per day. Daily rate codes are restricted to one (1) unit per day.

(27) OTHER SOURCE OF PAYMENT IS INVALID. You should only use the Other Source Code field in eMBS if you are reporting patient liability [1] or third-party liability [S]. Otherwise, this field should be left blank.

(28) SERVICE DUPLICATED FOR RECIPIENT AND DATE. If a provider enters two or more claims in the same billing cycle for the same recipient, service code, and service date, MBS will process the first claim entered and error any subsequent duplicates. An example would be a provider billing APC [homemaker/personal care] with a group size of '1' for 24 units, and then entering the same claim for 36 units. The second claim would error.

(29) OTHER SOURCE CODE AND PAYMENT AMOUNT DISAGREE. If you enter a '1' into the Other Source Code field in eMBS, indicating that you are reporting patient liability, then the Other Source Amount field cannot be left blank.

(30) PAWS MONTH UNIT LIMIT IS EXCEEDED. This error indicates that the claim submitted is in excess of the monthly unit limit authorized in PAWS.

(31) SERVICE IS LIMITED TO ONE PROVIDER PER DAY. Services such as Shared living, which is a daily unit, cannot be billed by more than one provider per day. This error indicates another provider has billed for this service. If you believe the other provider billed in error, please see your local County Board for assistance in coordinating the billing.

(32) SERVICE IS IDENTICAL TO PRIOR BILLING. The claim entered duplicates a claim that was paid in a previous billing cycle.

(33) OVERTIME CANNOT BE BILLED ON SUNDAY. Overtime can only be billed if more than 40 hours of service is delivered during the work-week, which for independent providers is Sunday, 12:00 a.m. to Saturday, 11:59 p.m.

(34) PAWS WEEK UNIT LIMIT IS EXCEEDED. This error indicates that the claim submitted is in excess of the weekly unit limit authorized in PAWS.

(35) LAST NAME DIFFERS FROM RECIPIENT FILE. The information entered in the Recipient Last Name field in eMBS must match the name associated with the Medicaid Recipient Number as it appears on the individual's Medicaid card. The name associated with the Medicaid Recipient Number appears along with this error.

(36) INITIAL DIFFERS FROM RECIPIENT FILE. The information entered in the Recipient First Initial field in eMBS must match the name associated with the Medicaid Recipient Number as it appears on the Ohio Department of Medicaid recipient file. The name associated with the Medicaid Recipient Number appears along with this error.

(37) RECIPIENT NOT FOUND ON RECIPIENT FILE. The Medicaid Recipient Number entered into eMBS is not on the Ohio Department of Medicaid recipient file. Please check the individual's Medicaid card to ensure you have entered the correct number, or contact your local county board of developmental disabilities for assistance.

(38) WAIVER RECIPIENT INELIGIBLE FOR CAFS SERVICES. No longer used.

(39) LEVEL ONE SERVICE EXCEEDS WAIVER SPAN LIMIT. Homemaker/Personal Care, Respite, and Transportation services are limited to \$5,325 per waiver year on the Level 1 waiver.

(40) LEVEL ONE SERVICE EXCEEDS WAIVER SPAN LIMIT. Under the level one waiver, payment for environmental accessibility adaptations, home-delivered meals, personal emergency response systems, remote monitoring, remote monitoring equipment, and specialized medical equipment and supplies, alone or in combination, shall not exceed \$7,500 within a three-year period. Emergency services shall not exceed \$8,520 within a three-year period.

(41) GROUP SIZE IS MISSING OR INVALID. This error occurs when the group size is missing or zero has been placed into this field.

(42) ICD-9 CODE IS MISSING (837 FORMAT). No longer used.

(43) SERVICE DATE NOT FOUND IN ELIGIBILITY SPAN No longer used.

(44) SERVICE COUNTY IS MISSING OR INVALID. The Service County was not entered or was incorrectly formatted.

(45) STAFF SIZE IS MISSING OR INVALID. Staff size is missing or was entered as zero.

(46) STAFF SIZE AND SERVICE CODE DISAGREE. The staff size entered must match the service code as applicable.

(47) STAFF SIZE EXCEEDS MAXIMUM ALLOWED. Staff size cannot be more than 5.

(48) INPUT RATE IS MISSING OR INVALID. The Usual Customary Rate is missing or non-numeric data was entered into this field.

(49) SERVICE DATE EXCEEDS ALLOWED ADJUSTMENT SPAN. Adjustments that are submitted more than two years beyond the service date cannot be processed through the Medicaid Information Technology System [MITS].

(50) INDIVIDUAL AGE INAPPROPRIATE FOR FOSTER CARE. An Individual receiving shared living services must be 18 years of age or older.

(51) SERVICE CODE AND PROVIDER TYPE DISAGREE. Contact the DODD Provider Support Center at 800.617.6733 or at DODD.support@dodd.ohio.gov.

(52) HOMEMAKER/PERSONAL CARE AND SHARED LIVING CONFLICT. An individual may not receive homemaker/personal care services on the same day as shared living services. In the event of simultaneous submissions, shared living services will receive precedent. Is this correct?

(53) HIPAA BILLING CODE RECEIVED IS INVALID. No longer used.

(54) NET CLAIM AMOUNT IS LESS THAN ZERO. Other source amount entered exceeds the amount billed for the individual claim. Resubmit, making certain the amount entered in the other source amount field is equal to or less than the total claim. If necessary, report the remainder of the patient liability on the following day(s) claim.

(55) DBU CLAIM OVER CEILING REJECTED BY DODD. No longer used.

(56) CLAIM NOT MATCHED WITH ACUITY TABLE. The claim did not match against the current acuity table, and the billing rate could not be calculated without an acuity value. Contact your local County Board for assistance.

(57) INDIV SUSPENDED FROM PAWS ON THIS DATE. The individual's PAWS was suspended on the date of service. Please contact your local County Board for assistance.

(58) INVALID # OF UNITS FOR COMMUNITY RESPITE SERVICES. The community respite daily billing code [ARN] must be used if more than 7 hours [28 units] of service is provided, and the individual stays overnight at the service delivery location. The partial day billing code [ARD] must be used when between five and seven hours [20- 28 units] are of service is provided, and the individual does not stay overnight at the service delivery location. The 15-minute unit code [ARF] must be used for all other scenarios.

(59) MAXIMUM # OF UNITS FOR RESPITE SERVICES EXCEEDED. Community respite is limited to sixty calendar days of service per waiver span, and residential respite is limited to ninety calendar days per waiver span.

(60) CLAIM NOT ELIGIBLE FOR ADJUSTMENT AT THIS TIME. No longer used.

(61) CLAIM IS OVER MEDICAID MAX. Non-medical transportation claims [ATT, FTT, STT] are limited to \$100 per unit. If the actual cost of the claim is over \$100, the PAWS plan will have to authorize two or more units per span. Please contact your CBDD for assistance.

(62) ON-SITE/ON-CALL LIMITED TO 8 HOURS PER DAY. [AOC/FOC] claims are limited to 32 units [8 hours] of service per individual per day, whether billed by one provider or by multiple providers.

(63) ADULT DAY SERVICES 15 MIN/DAY UNIT CONFLICT. When a single agency provider provides less than 5 hours or more than seven hours of adult day services during 1 calendar day to the same individual, the provider shall use 15-minute units. You cannot bill a daily unit and 15-minute unites on the same day.

(64) ADULT DAY SERVICES DAILY UNIT CONFLICT. When a single agency provider provides less than 5 hours or more than seven hours of adult day services during 1 calendar day to the same individual, the provider shall use 15-minute units. You cannot bill 2 daily units on the same day.

(65) INACTIVE OR INVALID MEDICAID PROVIDER NUMBER. The provider's Medicaid number has been made inactive in the Medicaid Information Technology System [MITS].

For further assistance, please contact the DODD Provider Support Center at 800.617.6733 or at DODD.support@dodd.ohio.gov.

How to look at PAWS in MSS:

Less is more... type last name in search bar and choose appropriate county.

Once you find the self-advocate, click on the "individual No." link.

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Services System (MSS) - Search by Person

Welcome Kristi Black - MSS_PROVIDER SUPPORT | PRINT

Search By Person:

First Name: DODD Number:
Last Name: County:
Medicaid Billing Number: Search by:
SSN:

Showing 1 - 3 of 3 records First Prev Next Last

Filter:

Select Site	CODB County	Individual No.	Last Name	First Name	DOB	Medicaid No.
Eric	MONTGOMERY	[REDACTED]		Eric	07/27/XXXX	XXXXXXXX3703
[REDACTED] Apt. C	MONTGOMERY	[REDACTED]		Eric	07/27/XXXX	XXXXXXXX3703
[REDACTED] Apt. A	MONTGOMERY	[REDACTED]		Eric	07/27/XXXX	XXXXXXXX3703

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Services System (MSS) - Paws Individual

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PAWS Individual Plan Information

Individual Name: Individual Number: DHS Medicaid#:

Plan Info | Comments | Suspension Info | Waiver Management Info

Version	Waiver Type	County	Match Source	Plan Begin Date	Plan End Date	Approval	Approval Date
2	I/O	MONTGOMERY	SAIO	08/14/2020	08/13/2021	Enrolled	09/25/2020
12	I/O	MONTGOMERY	SAIO	08/14/2019	08/13/2020	Enrolled	07/31/2020
8	I/O	MONTGOMERY	SAIO	08/14/2018	08/13/2019	Enrolled	04/01/2020
9	I/O	MONTGOMERY	SAIO	08/14/2017	08/13/2018	Enrolled	10/04/2018
10	I/O	MONTGOMERY	SAIO	08/14/2016	08/13/2017	Enrolled	07/07/2017
7	I/O	MONTGOMERY	SAIO	08/14/2015	08/13/2016	Enrolled	06/06/2017

Name: Eric, Waiver Type: I/O Residence County: MONT Match Source: SAIO
 Individual#: DHS Medicaid#: Prior Auth. Max: \$0
 AAI Group: A DDP Funding Level: 4 DDP Funding Range: \$65,874.00 - \$85,152.00
 PAWS Status: Enrolled Plan Begin Date: 8/14/2020 Plan End Date: 8/13/2021 Version#: 2

View: [All](#) | [PAWS Plan Information](#) | [Enrollment Info](#) | [Fiscal Planning](#) | [Compare Plans](#) | [IndependentProviderOTReport](#)

PAWS Plan Information

Plan Type	Match Source	PAWS Status	Plan Version #	Plan BeginDate	Plan EndDate	PAWS Approval Date	PAWS Submitted By
Redetermination SAIO	SAIO	Enrolled	2	8/14/2020	8/13/2021	9/25/2020	Carrie L Car

Plan Comments

Comments History:

Service Items - Current Version - 2

Service Code	Begin Date	End Date	Contract#	Contract Name	Service Title	Units Per FP	Frequency	Addon	2021 Total Units	2021 Total Costs	2022 Total Units	2022 Total Costs
A22	8/14/2020	6/30/2021			HPC - IO	7835	SPAN		7835	\$24,286.90	0	\$0.00
A22	7/1/2021	8/13/2021			HPC - IO	1075	SPAN		0	\$0.00	1075	\$3,375.5
AMR	8/14/2020	8/23/2020	21		REMOTE SUPPORT WITH PAID BACKUP	184	SPAN		184	\$942.08	0	\$0.00
AMR	8/24/2020	6/30/2021	2		REMOTE SUPPORT WITH PAID BACKUP	5687	SPAN		5687	\$29,117.44	0	\$0.00
AMR	7/1/2021	8/13/2021	2		REMOTE SUPPORT WITH PAID BACKUP	805	SPAN		0	\$0.00	805	\$4,121.6
ATN	8/14/2020	6/30/2021			HPC TRANSPORTATION	4748	SPAN		4748	\$2,141.94	0	\$0.00
ATN	7/1/2021	8/13/2021	2		HPC TRANSPORTATION	652	SPAN		0	\$0.00	652	\$294.06
ATQ	8/14/2020	6/30/2021	3		ASSISTIVE TECHNOLOGY EQUIPMENT - IO	1	MONTH		11	\$687.28	0	\$0.00
ATQ	7/1/2021	8/13/2021	3		ASSISTIVE TECHNOLOGY EQUIPMENT - IO	1	MONTH		0	\$0.00	2	\$124.96

How to look up suspensions:

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
Medicaid Services System (MSS) - Search by Person
 Welcome Kristi Black - MSS_PROVIDER SUPPORT | PRINT

Home
 Search for Site by Site Name
 Search by Person
 Search for Site by Provider

SPA
 PA
 PAWS
 CB Consent

Search By Person:

First Name: _____ DODD Number: _____
 Last Name: _____ County: MONTGOMERY
 Medicaid Billing Number: _____ Search by: Site by PAWS
 SSN: _____

Search

Showing 1 - 3 of 3 records First Prev Next Last

Filter: _____

Select Site	CODB County	Individual No.	Last Name	First Name	DOB	Medicaid No.
s_Eric	MONTGOMERY	XXXXXXXXXX		Eric	07/27/XXXX	XXXXXXXXX3703
Art.C	MONTGOMERY	XXXXXXXXXX		Eric	07/27/XXXX	XXXXXXXXX3703
Art.A	MONTGOMERY	XXXXXXXXXX		Eric	07/27/XXXX	XXXXXXXXX3703

click

Then go here.

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Medicaid Services System (MSS) - Paws Individual
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 Search for Site by Site Name
 Search by Person
 Search for Site by Provider

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 PA
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PAWS Individual Plan Information

Individual Name: Eric, Individual Number: _____ DHS Medicaid# _____

Plan Info | Comments | **Suspension Info** | Waiver Management Info

Version	Waiver Type	County	Match Source	Plan Begin Date	Plan End Date	Approval	Approval Date
1	V/O	MONTGOMERY	SAIC	08/14/2019	08/13/2020	Enrolled	11/08/2019
5	V/O	MONTGOMERY	SAIC	08/14/2016	08/13/2019	Enrolled	08/29/2019
9	V/O	MONTGOMERY	SAIC	08/14/2017	08/13/2018	Enrolled	10/04/2018
10	V/O	MONTGOMERY	SAIC	08/14/2016	08/13/2017	Enrolled	07/07/2017
2	V/O	MONTGOMERY	SAIC	08/14/2012	08/13/2016	Enrolled	06/06/2017

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
Medicaid Services System (MSS) - Paws Individual
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Home
 Search for Site by Site Name
 Search by Person
 Search for Site by Provider

SPA
 PA
 PAWS
 CB Consent

PAWS Individual Plan Information

Individual Name: Eric, Individual Number: _____ DHS Medicaid# _____

Plan Info | Comments | **Suspension Info** | Waiver Management Info

Suspension and Disenrollment Information

Last Date of Service	Service Restart Date	Reason	Notes	Created By	Create By Date	Last Update By	Last Update Date
No data available.							

19 Services-PAWS Confirmation Process

- 1) To run PAWS Confirmation Report
 - a. Log into DODD and go to DataWarehouse
 - b. Click on “provider”
 - c. Click on “PAWS”
 - d. Click on “PAWS Confirmation Report”
 - e. Enter provider #, click search
 - f. Click “insert”
 - g. Click “Finish” (at bottom of screen)
 - h. Scroll through to find and print PAWS report for the person you are looking for

19 Services-Utilization

- 1) To run Utilization Report
 - a. Log into DODD and go to Datawarehouse
 - b. Click on "Provider"
 - c. Click on "PAWS Utilization"
 - d. Click on "PAWS Utilization Report for Providers"
 - e. Enter provider #, click on search
 - f. "Insert"
 - g. Fiscal year – 2021
 - h. Click Finish
 - i. Top right corner, click "HTML" icon and pull down to view in excel 2007 Data Format.
 - j. Open Excel sheet
 - k. Review each person to see amounts of funding remaining

19 Services-Run Non-Denied Report

- 1) Log into DODD
 - a. Go to applications
 - b. Datawarehouse
 - c. Provider
 - d. Claims
 - e. Non-Denied
 - f. Enter provider # - Search
 - g. click – insert
 - h. Enter service date range (ie. 01/01/20- current)
 - i. Click finish
 - j. Wait for report to run
 - k. Open excel Doc
 - J. Recommend to apply filters and review by person/service/date