

**TECHNICAL GUIDE
FOR THE
SELF-EMPOWERED
LIFE FUNDING
(SELF) WAIVER**

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I. INTRODUCTION

The **Self-Empowered Life Funding, or SELF, Waiver** is a 1915c Medicaid waiver operated by the Ohio Department of Developmental Disabilities (DODD) that allows for participant-direction, meaning that individuals with developmental disabilities can direct where and how they receive the services that are available under this waiver. *Effective as of July 2012, the SELF Waiver is the first waiver operated by DODD that offers participant direction for individuals with developmental disabilities. The waiver was named by self-advocates who attended the Ohio Self Determination Association conference on September 20, 2010.

The following Technical Guide has been created to assist County Boards of Developmental Disabilities and potential providers of SELF Waiver Services in understanding the changes that have been made to DODD's current processes and Information Technology systems. Below is a synopsis of the SELF Waiver's major components. For additional information on the SELF waiver, please refer to the SELF Waiver Handbook, which can be found online at DODD's website (www.dodd.ohio.gov).

Eligibility for the SELF Waiver

The SELF Waiver is for people with developmental disabilities who:

- Are Medicaid eligible
- Have Intermediate Care Facility ICF Level of Care
- Must be willing and able to perform the duties associated with participant direction themselves or with the assistance of a representative. (*This will be determined as part of the Pre-Screen and Participant Direction Tool for the SELF Waiver.*)

Participant-Direction

Participant-Direction means the individual has authority to make decisions about some or all of his or her waiver services, and accepts responsibility for taking a direct role in managing the services. Individuals can self-direct where and how services are provided. The annual cost caps for the SELF Waiver are up to \$25,000 for children and up to \$40,000 for adults, with some service-specific limitations built into the waiver.

Waiver Capacity

Waiver capacity is up to 500 individuals the first year, accumulating to 1,000 by the second year and 2,000 by the third year. Part of the aforementioned waiver capacity includes 100 children with intensive behavioral needs who will receive a state-funded waiver. The 100 children with intensive behavioral needs must meet the criteria outlined on the Children with Intensive Behavioral Needs Checklist in order to receive one of the state-funded waivers.

Employment First Policy

In support of Governor Kasich's Executive Order 2012-05K, the SELF Waiver institutes an Employment First policy, meaning that an explanation must be provided when an individual chooses an Adult Day Waiver Service that is not an employment service (i.e., Adult Day Support or Vocational Habilitation). An Employment First form is available on DODD's website for use in documenting the justification for an individual who has decided not to choose an employment service under the SELF waiver.

Participant Direction: Budget Authority and Employer Authority

Everyone on this waiver will be required to engage in participant direction. Two components of participant direction are offered on the waiver: Budget Authority and Employer Authority.

- **Budget Authority** allows the individual to allocate their budget to waiver services however they choose (within the specified cost limitations), and to manage their budget accordingly. An

individual must choose budget authority for at least one of the applicable services they select in order to be on the SELF Waiver.

- **Employer Authority** allows the individual to hire, fire, direct, manage, etc., their workers. The individual can either serve directly as the employer of record or enter into an arrangement whereby a 3rd party (e.g., a provider agency) is the employer of record and directs the worker on behalf of the individual.

Two New Waiver Entities: Support Brokerage and Financial Management Services

Both new entities exist to assist an individual in directing their own services and budget:

A **Support Broker** provides representation, advice and assistance for coordination of day-to-day services, as well as helping the individual understand responsibilities related to acting as an employer of those providing services. The Support Broker will also help individuals to select providers and negotiate rates within a range for applicable services. Training and qualification standards are required in order to serve as a Support Broker.

Financial Management Services (FMS) entities have experience providing assistance with meeting financial obligations that come with employing someone to provide services, such as state and federal taxes. The FMS allows the individual to focus on services by assisting with managing budgets and taking out the necessary taxes/withholding to ensure the employment meets state and federal requirements.

**II. INFORMATION
FOR COUNTY
BOARDS OF
DEVELOPMENTAL
DISABILITIES**

**A. INDIVIDUAL DATA
SYSTEM (IDS)/WAITING
LIST**

IDS Updates

Ability to select SELF as a waiver type when creating a record

Priority codes are waiver specific

Waiting Lists Detail Screen

| chk | WL Type | County CB | WL Date | Priority Code | Status |
|--------------------------|---------|-----------|-----------------------|---------------|----------|
| <input type="checkbox"/> | SELF | FRAN CB | 4/16/2012 12:00:00 AM | CIBN | Enrolled |

Waiting List date is earliest date of request for any DODD Waiver

A person can request to be on the waiting list for SELF in multiple counties

The county needs to review the individual's records to determine the earliest date of request for any waiver in cases where the Waiting list application does not have a Waiting List date. This date can always be updated to an earlier date should documentation be found that establishes an earlier date of request.

Submit Acuity Screen

The screenshot shows the 'Submit Acuity' screen in the App-IDS application. The page title is 'Lastdemotest4, Firstdemotest4 (6644806) [FRAN/FRAN] SSN... Med...838383 DoB: 4/1/... [IDS,WL,DDP...]'. The main content area contains a table with the following data:

| or | Eff. Date | End Date | Ratio | Flag | Creation Time | By |
|----|-----------|--|-------|------|-------------------------|----------|
| x | 1/1/2012 | open <input type="button" value="Delete"/> | B | S | 04/16/2012 13:28:33:160 | F SLFJen |

Legend for Flag column: S for submission and O for override

Score draft acuity before submission

Submit draft acuity with effective date of . If this is not correct, please change effective date on the draft acuity before submission. [Date must be between 1/1/2012 and 6/16/2012]

The Acuity Assessment Instrument still needs to be completed for anyone on the SELF Waiver who chooses Adult Day Waiver Services (i.e., Adult Day Support, Vocational Habilitation, and/or Supported Employment-Enclave).

If you have any further questions or concerns, contact:

DODD Call Center

1-800-617-6733

Waitinglist.Support@list.dodd.ohio.gov

IDS.Support@dodd.ohio.gov

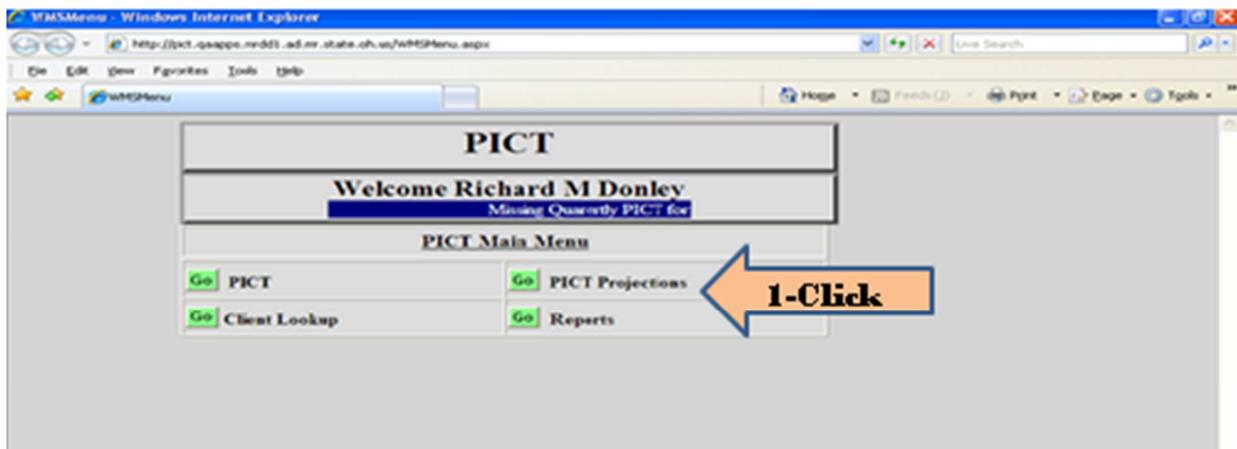
**B. PRELIMINARY
IMPLEMENTATION
COMPONENT TOOL
(PICT)**

PICT User Information—SELF Waiver

The procedure for requesting SELF Waiver capacity for individuals using the **Preliminary Implementation Component Tool (PICT)** is essentially the same as for those on other waivers. The application enables counties to request a SELF Waiver and to assign it to an individual thus allowing process of waiver enrollment to begin. DODD also uses this tool to determine the need for waivers and uses the information to obtain the appropriate number of waiver requests from the Centers for Medicare and Medicaid (CMS) - the organization responsible for administering the Home and Community Based Services (HCBS) waiver program at the national level.

Initial SELF Waiver Enrollment plan

All PICT requests for the SELF Waiver (other than those identified as part of the 100 state-funded waivers for Children with Intensive Behavioral Needs, or CIBN) will use a SELF code. Counties will submit regular SELF Waiver allocation requests using the SELF code for all waivers that are funded by the County Board. With all PICT allocation requests, counties will need to indicate the quarter they project that the waiver will be needed. As with other waivers, once an allocation has been awarded to an individual, the county will have 90 days to submit an application for the waiver. Counties are required to first enter their SELF Waiver projection(s) onto the PICT Projections screen (see below). For enrollment consideration it will be important that counties identify the individual from their waiting list.



Each county in Ohio will be asked to enroll a child with intensive behavioral needs (CIBN) on a SELF Waiver that will be funded by the state. State-funded SELF Waivers will be limited to 100 children and will be coded in the PICT as CIBN. For enrollment consideration it will be important that counties identify the individual from their Waiting List and further screen the individual using the Children with Intensive Behavioral Needs Checklist available online. In order to award the CIBN allocation fairly, DODD has identified December 31, 2012 as the date by which requests for additional state-funded SELF waivers must be received in order to be considered. Each county will be allowed one state-funded waiver allocation and the remaining twelve (12) will be given to the counties with the greatest need for waiver funding assistance based on tax equity.

PICT Menu

Individual Options Waiver
Individual Options Waiver
Level One Waiver
Self Empowered Life Funding

Calendar Year: 2012

ADAMS COUNTY

Record Locked

Projected Capacity

Entered 0 characters and 2000 characters available for comments

Reset Projection

Save Projection

| County | Waiver | Begin Date | End Date | Projected Capacity | Record Date |
|--------|--------|------------|----------|--------------------|-------------|
|--------|--------|------------|----------|--------------------|-------------|

The image shows a software interface for a 'PICT Menu'. It features a dropdown menu for selecting a waiver type, a 'Calendar Year' dropdown set to 2012, and a dropdown for 'ADAMS COUNTY'. A 'Record Locked' checkbox is present. Below these is a 'Projected Capacity' input field. A text area for comments shows 'Entered 0 characters and 2000 characters available for comments'. At the bottom, there are 'Reset Projection' and 'Save Projection' buttons. A table with columns for 'County', 'Waiver', 'Begin Date', 'End Date', 'Projected Capacity', and 'Record Date' is visible at the very bottom. Three orange callout arrows with black outlines point to specific elements: '2-Click' points to the waiver dropdown, '3-Click' points to the projected capacity input, and '4-Click' points to the 'Save Projection' button.

**C. WAIVER
MANAGEMENT SYSTEM
(WMS)**

Waiver Management System (WMS)

The WMS system will be utilized for the SELF Waiver and function in a similar method as it does for the Level One and Individual Options Waivers. There are, however, certain components within WMS that are new and exclusive to the SELF Waiver.

Child and Adult Classification

At the time of initial application, the individual will be enrolled on the SELF Waiver as either a “Child” or “Adult” as indicated by the County Board on the initial application. This classification will be entered into the WMS system by DODD.

Annually, when the County Board completes the Level of Care attestation to re-determine the waiver, they will also verify the appropriate classification for the individual. Should that classification need to change at the time of their redetermination, the County Board will select the appropriate classification of “Child” or “Adult” within the WMS Redetermination Report screen.

Should the Child/Adult Classification change during the middle of the individual’s waiver span, the County Board will have the option of submitting a Level of Care Date Change Request Form to the Department, indicating the end of the waiver span as a “Child” and the beginning of the span with a new LOC date change as an “Adult”.

Support Broker

An individual enrolled on the SELF waiver should have an identified Support Broker to assist with providing the individual with representation, advocacy, advice and assistance related to the day-to-day coordination of services (particularly those associated with participant direction) in accordance with the ISP.

The Support Broker assists the individual with the individual’s responsibilities around participant direction, including understanding Employer Authority and Budget Authority, and keeping the focus of the services and support delivery on the individual and his/her desired outcomes. Other duties of the Support Broker include: Negotiating rates; helping select providers; communication and coordination with individual, SSA, Financial Management Services (FMS).

The Support Broker will be identified within the “Reports” tab in WMS. This information will be maintained and entered by the County Board. The County Board must assure the Support Broker and their effective dates are accurate. Should there be changes with the Support Broker, those changes will be reflected in WMS. There cannot be overlapping dates, as there should only be one “Active” Support Broker at any given time.

Notifications

Notifications regarding an individual’s waiver status are sent to individuals and their guardians by The Ohio Department of Developmental Disabilities. County Boards access these notifications through WMS Document Search. When notifications are completed for individuals enrolled on the SELF Waiver, the County Board will be responsible for disseminating this information to the team, including the Support Broker.

The Financial Management Services' (FMS) purpose is to assist the individual with managing their budget and to take out the necessary taxes/withholding to ensure that the employment meets State and Federal requirements. They will receive notifications on an individual's waiver status through communication sent daily by DODD.

Enrollment and Disenrollment from the SELF Waiver

Individuals who are changing waivers from a current DODD-administered waiver, and enrolling onto the SELF waiver, will have **180** days from their initial enrollment date on the SELF Waiver to assure the waiver is meeting their needs.

The Waiver Enrollee must choose to either remain on the SELF Waiver, or disenroll from the SELF returning to their original funding source no later than **180** days from the initial SELF enrollment date. At the 180 day mark, the County Board will then begin the 90 day replacement capacity for the vacated waiver, indicating the name of the individual who was previously on the waiver and the name of the individual who the County Board will be enrolling (replacing) as well as updating the **Preliminary Implementation Component Tool (PICT)**. This replacement request is submitted to Waivercapacitysupport@list.dodd.ohio.gov

Counties enrolling an individual on a state-funded waiver as a Child with Intensive Behavioral Needs (CIBN) will not have replacement capacity for that allocation should the individual disenroll from the waiver.

Upon initial enrollment on the SELF Waiver, the County Board must complete the Pre-screen and Participant Direction Tool with the applicant as part of determining eligibility. The potential SELF waiver enrollee or their representative must be willing and able to perform the duties associated with participant direction (i.e., exercise budget authority or employer authority for at least one waiver service).

D. INDIVIDUAL SERVICE PLAN (ISP)

As part of the SELF waiver, a few things will change regarding the development and implementation of the Individual Service Plan.

Prior to an individual becoming enrolled on the SELF Waiver, the Service and Support Administrator must complete the Pre-Screen and Participant Direction tool (found at dodd.ohio.gov). The purpose of this tool is to ensure that individuals understand the participant-direction responsibilities associated with the SELF Waiver and that the waiver can meet the individual's health and welfare needs within the waiver's cost limitations. This form also contains a series of questions related to Employer Authority to assist the individual in determining if Employer Authority is an option they want to select. Once completed, this form is kept in the individual's file at the County Board.

In addition to the Pre-Screen and Participant Direction tool for all enrollees on the SELF Waiver, potential recipients of one of the 100 state-funded waivers for Children with Intensive Behavioral Needs must also be assessed using the Children with Intensive Behavioral Needs Checklist found at DODD's website. The child must exhibit two of the IO identified intensive behaviors to be considered eligible for a state-funded CIBN waiver. This form is completed by the SSA and is also kept in the individual's file at the County Board.

The first item of note is that the new entity known as the Support Broker should be included as a part of the planning process. The Support Broker may be paid or unpaid, or the individual may choose to be their own Support Broker. In the circumstances where the Support Broker is paid as a waiver service, the County Board Service and Support Administrator (SSA) will work with the individual to establish an Interim Service Plan (to be in effect for 30 days after the individual is enrolled on the SELF waiver) that will be used solely for the purpose of authorizing the certified Support Broker to begin working with the individual in the creation of the more encompassing Individual Service Plan. As part of their duties in creating the Individual Service Plan (ISP), the Support Broker will assist the individual in determining his/her waiver services (including the budget amount for those services, where applicable), and assisting with the selection of providers as well as negotiating rates (within the approved range) for independent providers of certain services as applicable.

Once the SSA, Support Broker, individual, and ISP team have drafted an ISP and corresponding individual budget, the SSA will review and, once reviewed, will recommend the ISP and individual budget for approval. Upon acceptance by the SSA, the County Board will create the Payment Authorization for Waiver Services (see next section) and will submit a summary of the ISP and Individual Budget, where applicable, to the Financial Management Services entity.

The SELF waiver has two overall cost limitations: up to \$25,000 per year for children (under 22 years of age); and up to \$40,000 per year for adults (ages 22 and over, or with a formal exit from the school system). Additional details on other cost limitations within the SELF waiver can be found on the following pages.

Participant-Direction is required for an individual to be enrolled on the SELF Waiver. That means that an individual or their representative must either choose Budget Authority and/or Employer Authority for one of the applicable services. Budget Authority means that the individual assigns a dollar amount to one or more services while still remaining inside any cost limitations.

The individual can also, if they choose, engage in Employer Authority, whereby they employ, and subsequently direct, their worker. Employer Authority allows the individual to hire, fire, direct, manage, etc., his or her staff. There are two Employer Authority options:

- **Common Law Employer**, where the individual is the Employer of Record (meaning the individual holds the liability for wrongful termination lawsuits and ensuring taxes, unemployment, and workers'

compensation, etc. are deducted; however, it is the Financial Management Services entity that deducts the necessary taxes and withholding on behalf of the individual).

- **Co-Employer**, where the individual enters into an arrangement whereby a third party is the Employer of Record on the individual's behalf. [*This is also known as the 'Agency with Choice' Model.*]

The Employer Authority option is not mandatory for an individual to choose unless they are using an Independent Provider of Support Brokerage, Community Inclusion, Integrated Employment, Participant/Family Stability Assistance, or Participant-Directed Goods and Services.

Individuals who enroll on the SELF waiver and are residing in an institution for at least 90 days prior to enrollment may also be eligible to receive some of the services available from the Ohio Department of Job and Family Services' program known as Helping Ohioans Move, Expanding (HOME) Choice. More information about the HOME Choice program can be found here: <http://jfs.ohio.gov/OHP/consumers/HOMEChoice.stm>

As mentioned in the Introduction of this Technical Guide, the SELF Waiver has an Employment First requirement, whereby an individual who chooses Adult Day Support or Vocational Habilitation instead of the employment services of the Integrated Employment or Supported Employment-Enclave must provide a justification as to why the non-employment service was chosen. DODD has created an Employment First form to assist with this requirement, which can be found online. Also as a means of providing assistance with the SELF Waiver services, DODD has created a single-page document that lists the criteria that must be met in order to use the Participant-Directed Goods and Services waiver service.

SELF WAIVER COST LIMITATIONS

Children: up to \$25,000/year Individual Cost Limitation

Within the \$25,000/year cost cap, the service-specific cost limitations are as follows:

Annual Service Limitation of \$8,000

- *Support Brokerage*

Annual Service Limitation of \$1,500

- *Functional Behavioral Assessment*

Annual Service Limitation of \$5,000

- *Remote Monitoring Equipment*

Remaining Services with no annual service limitations (other than the \$25,000/year Cost Cap)

- *Community Inclusion*
- *Residential Respite*
- *Community Respite*
- *Remote Monitoring*
- *Clinical/Therapeutic Intervention*
- *Participant/Family Stability Assistance*
- *Participant-Directed Goods and Services*

Adults: up to \$40,000/year Individual Cost Limitation

Within the \$40,000/year cap, the service-specific cost limitations are as follows:

Annual Service Limitation of \$8,000

- *Support Brokerage*

Annual Service Limitation of \$1,500

- *Functional Behavioral Assessment*

Annual Service Limitation of \$5,000

- *Remote Monitoring Equipment*

Any combination of the 4 services below may not exceed \$25,000 annually

- *Community Inclusion*
- *Residential Respite*
- *Community Respite*
- *Remote Monitoring*

Remaining Services available to Adults under the SELF Waiver with no annual service limitations (other than the \$40,000 Cost Cap and the Adult Day Waiver Services' cost limitations established by the Acuity Assessment Instrument and Cost of Doing Business categories)

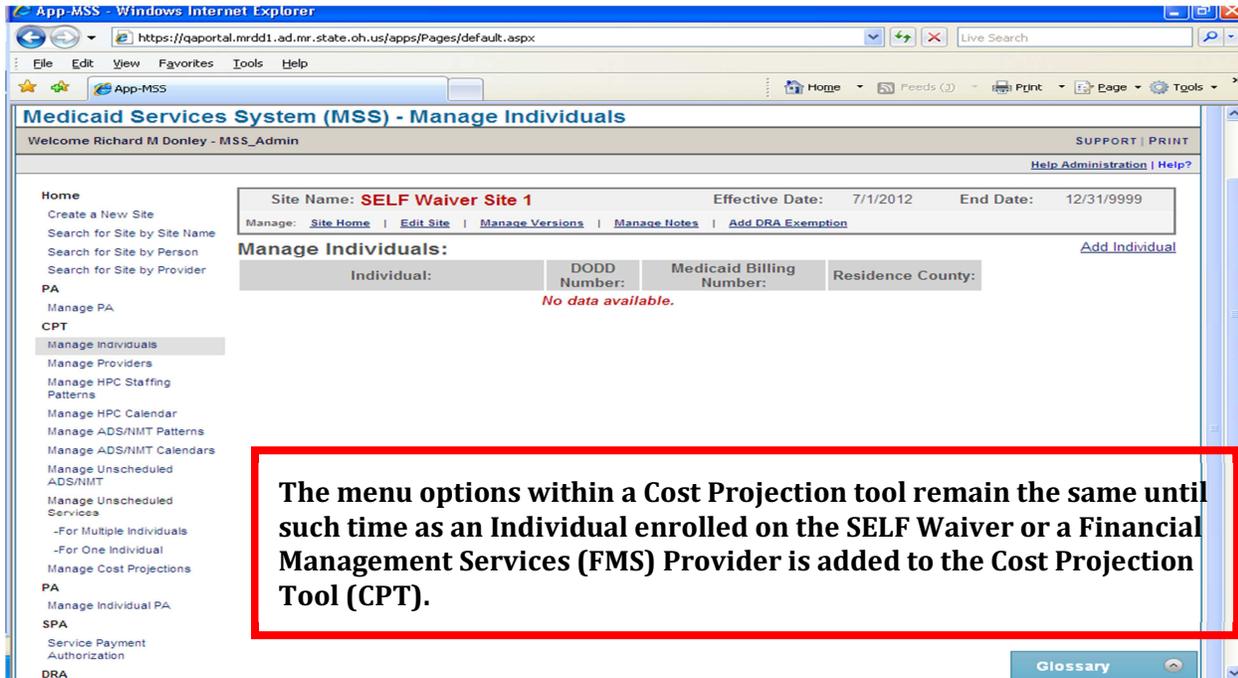
- *Integrated Employment*
- *Clinical/Therapeutic Intervention*
- *Participant/Family Stability Assistance*
- *Participant-Directed Goods and Services*
- *Adult Day Support*
- *Vocational Habilitation*
- *Supported Employment - Enclave*
- *Non-Medical Transportation*

Waivers Operated by the Ohio Department of Developmental Disabilities

| <p align="center"><u>SELF Waiver</u> <i>(Effective July 1, 2012)</i></p> | <p align="center"><u>Level One Waiver</u></p> | <p align="center"><u>Individual Options Waiver</u></p> |
|--|--|--|
| <ul style="list-style-type: none"> • Community Inclusion (Personal Assistance, Transportation) • Integrated Employment • Support Brokerage • Functional Behavioral Assessment • Clinical/Therapeutic Intervention • Community Respite • Residential Respite • Remote Monitoring • Remote Monitoring Equipment • Participant/Family Stability Assistance • Participant-Directed Goods and Services • Adult Day Support • Vocational Habilitation • Supported Employment – Enclave • Non-Medical Transportation | <ul style="list-style-type: none"> • Homemaker/Personal Care • Institutional Respite • Informal Respite • Environmental Accessibility Adaptations • Transportation • Specialized Medical Equipment • Adult Day Support • Vocational Habilitation • Supported Employment – Enclave • Supported Employment – Community • Non-Medical Transportation | <ul style="list-style-type: none"> • Homemaker/Personal Care • Residential Respite • Environmental Accessibility Adaptations • Transportation • Adaptive and Assistive Equipment • Adult Day Support • Vocational Habilitation • Supported Employment – Enclave • Supported Employment – Community • Non-Medical Transportation • Adult Foster Care • Adult Family Living • Remote Monitoring • Remote Monitoring Equipment • Community Respite • Social Work • Home Delivered Meals • Interpreter |

**E. MEDICAID
SERVICES SYSTEM
(MSS)**

- Add Individuals / Providers
- Manage Budget
- Cost Projection and how it is different from regular site
- Authorization
- Manage version on Save, Finalization, & Authorization
- Service Payment Authorization (SPA)
- Reports



App-MSS - Windows Internet Explorer
 https://qportal.mrdd1.ad.mr.state.oh.us/apps/Pages/default.aspx

Medicaid Services System (MSS) - Manage Individuals

Welcome Richard M Donley - MSS_Admin

Site Name: **SELF Waiver Site 1** Effective Date: 7/1/2012 End Date: 12/31/9999

Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#) | [Add DRA Exemption](#)

Manage Individuals: [Add Individual](#)

| Individual: | DODD Number: | Medicaid Billing Number: | Residence County: |
|---------------------------|--------------|--------------------------|-------------------|
| <i>No data available.</i> | | | |

The menu options within a Cost Projection tool remain the same until such time as an Individual enrolled on the SELF Waiver or a Financial Management Services (FMS) Provider is added to the Cost Projection Tool (CPT).

Glossary

App-MSS - Windows Internet Explorer
 https://qaportal.mrdd1.ad.nr.state.oh.us/apps/Pages/default.aspx

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
Medicaid Services System (MSS) - Add an Individual to the Site

Welcome Richard M Donley - MSS_Admin

Home
 Create a New Site
 Search for Site by Site Name
 Search for Site by Person
 Search for Site by Provider

PA
 Manage PA

CPT
 Manage Individuals
 Manage Providers
 Manage Budget
 Manage Cost Projections

SPA
 Service Payment Authorization

REPORTS

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999
 Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)

Add Individual to Site: Search for Individual

First Name: FirstDemoTest1 DODD Number:
 Last Name: LastDemoTest1 County: FRANKLIN
 Medicaid Billing Number: Search

Select Individuals to Add to the Site: [Back to Individuals Manager](#)

[Add Dates To Individuals](#)

| First Name: | Last Name: | DODD Number: | Medicaid Billing Number: | Residence County: |
|--|---------------|--------------|--------------------------|-------------------|
| <input checked="" type="checkbox"/> FirstDemoTest1 | LastDemoTest1 | 6644803 | 74928 | FRANKLIN |

Once a SELF Waiver recipient is added to a Cost Projection Tool, the menu options will change along the left-hand side of the CPT. Notice that the menu options under CPT now only include: Manage Individuals, Manage Providers, Manage Budgets, and Manage Cost Projections.

App-MSS - Windows Internet Explorer
 https://qaportal.mrdd1.ad.nr.state.oh.us/apps/Pages/default.aspx

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
Medicaid Services System (MSS) - Manage Individuals

Welcome Richard M Donley - MSS_Admin

Home
 Create a New Site
 Search for Site by Site Name
 Search for Site by Person
 Search for Site by Provider

PA
 Manage PA

CPT
 Manage Individuals
 Manage Providers
 Manage Budget
 Manage Cost Projections

SPA
 Service Payment Authorization

REPORTS

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999
 Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)

Manage Individuals: [Add Individual](#)

| Individual: | DODD Number: | Medicaid Billing Number: | Residence County: |
|------------------------------|--------------|--------------------------|-------------------|
| FirstDemoTest1 LastDemoTest1 | 6644803 | 74928 | FRANKLIN |

[View Info](#) | [Individual Spans](#) | [Add-Ons](#) | [Remove](#)

Adding an individual enrolled on a SELF Waiver is completed in the same manner as adding an individual to a non SELF Waiver CPT site.

App-MSS THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Services System (MSS) - Manage Individuals

Welcome Richard M Donley - MSS_Admin

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999

Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)

Manage Individuals: [Add Individual](#)

| Individual: | DODD Number: | Medicaid Billing Number: | Residence County: |
|------------------------------|--------------|--------------------------|-------------------|
| FirstDemoTest1 LastDemoTest1 | 6644803 | 74928 | FRANKLIN |

[View Info](#) | [Individual Spans](#) | [Add-Ons](#) | [Remove](#)

Individual Add-On Spans

FirstDemoTest1 LastDemoTest1 DODD #: 6644803 Medicaid #: xxxxxxx74928

Date of Birth: 03/01/1997 Residence County: FRANKLIN Reporting County: FRANKLIN

Waiver: 01/01/2012 - 12/31/2012 [Change](#) Type: SELF CHILD Status: ENRL [Add New Span](#)

Add-On Type: Start Date: End Date:

Add Add-On Span

Add-On Type: Start Date: End Date:

Behavioral or Medical Add-On spans need to be taken into consideration when setting budget spans in the Manage Budget portion of the individual's CPT. Behavioral/Medical Add-Ons only apply to the following service under the SELF Waiver: Community Respite. In order to ensure that the provider is able to be reimbursed at a rate which would include the appropriate add-on, the Budget span must match the appropriate Add-On span (i.e. if an individual has a behavioral add-on for 07/01/12-12/31/12, and is receiving Community Respite during that same period of time, then a budget span would need to be created for 07/01/12-12/31/12).

App-MSS THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Services System (MSS) - Add a Provider to the Site

Welcome Richard M Donley - MSS_Admin

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999

Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)

Add a Provider to the Site

MBS Contract Number:

Provider Type: Individual Agency

Agency Name:

Select Providers to Add to the Site: [Back to Manage Site Providers](#)

| <input type="checkbox"/> | Contract Number: | Provider Name: | First Name: | Last Name: |
|--------------------------|------------------|---------------------|-------------|------------|
| <input type="checkbox"/> | 9500025 FMS | JEVS Human Services | | |

The only provider that can be added under the Manage Provider portion of MSS is the Financial Management Service (FMS) provider. Currently JEVS is the only approved (FMS) provider.

File Edit View Favorites Tools Help

App-MSS

Home Feeds (1) Print Page Tools

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Services System (MSS) - Add a Provider to the Site: Dates

Welcome Richard M Donley - MSS_Admin

SUPPORT | PRINT

Home Administration | Help?

Home

Create a New Site

Search for Site by Site Name

Search for Site by Person

Search for Site by Provider

PA

Manage PA

CPT

Manage Individuals

Manage Providers

Manage Budget

Manage Cost Projections

SPA

Service Payment

Authorization

REPORTS

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999

Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)

Input Provider Dates

[Back to Site Provider Manager](#)

[Save Provider and Spans](#)

| MBS Contract Number: | First Name: | Last Name: | Provider Name: | Provider Start Date: | End Date: |
|----------------------|-------------|------------|---------------------|----------------------|------------|
| 9500025 | | | JEVS Human Services | 7/1/2012 | 12/31/9999 |

When adding a FMS provider, the provider span dates will default to 07/01/2012 in MSS.

File Edit View Favorites Tools Help

App-MSS

Home Feeds (1) Print Page Tools

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Services System (MSS) - View a Self Provider Spans in the Site

Welcome Richard M Donley - MSS_Admin

SUPPORT | PRINT

Home Administration | Help?

Home

Create a New Site

Search for Site by Site Name

Search for Site by Person

Search for Site by Provider

PA

Manage PA

CPT

Manage Individuals

Manage Providers

Manage Budget

Manage Cost Projections

SPA

Service Payment

Authorization

REPORTS

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999

Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)

Provider Manager | **Manage SELF Provider spans**

Manage SELF Provider Spans in the Site:

| | MBS Contract Number: | Provider Name: | Start Date: | End Date: |
|----------------------------------|----------------------|---------------------|-------------|------------|
| Prov.Span Update | 9500025 | JEVS Human Services | 7/1/2012 | 12/31/9999 |

Glossary

The Manage Provider screen will allow the user to modify provider span dates in the same manner as editing the provider span in a non SELF Waiver CPT site.

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999

Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)

FirstDemoTest1 LastDemoTest1 DODD #: 6644803 Medicaid #: xxxxxxx74928

Waiver: 1/1/2012 - 12/31/2012 [Change](#) Type: SELF CHILD Status: ENRL

Manage SELF Budget:

Start Date: [] End Date: [] Amount: []

PAWS RollUp Code: [S25-Adult Day/Voc Hab/Sup Empl] MBS Contract Number: [9500025] Provider Name: JEVS Human Services

[Add] [Cancel]

All other providers chosen by the individual to deliver SELF Waiver Services will be added under the Manage Budget portion of MSS.

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999

Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)

FirstDemoTest1 LastDemoTest1 DODD #: 6644803 Medicaid #: xxxxxxx74928

Waiver: 1/1/2012 - 12/31/2012 [Change](#) Type: SELF CHILD Status: ENRL

Manage SELF Budget:

Start Date: [07/01/2012] End Date: [12/31/2012] Amount: [1500]

PAWS RollUp Code: [S25-Adult Day/Voc Hab/Sup Empl] MBS Contract Number: [1100114] Provider Name: JEVS Human Services

[Add] [Cancel]

Total Cost: \$0.00
Total Max Budget Limit: \$25,000.00

Providers are added by (1) selecting the start/end period for which they will be authorized to deliver the service, (2) entering the dollar amount allocated for the service (there are several cost caps that need to be taken into consideration, e.g. Paid Support Brokerage \$8000/waiver span, Functional Behavior Assessment \$1500/year, Remote Monitoring Equipment \$5000/year), (3) select the appropriate PAWS rollup code, and (4) entering the provider's MBS Contract Number.

App-MSS

Home

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999

Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)

FirstDemoTest1 LastDemoTest1 DODD #: 6644803 Medicaid #: xxxxxxx74928

Change Waiver: 1/1/2012 - 12/31/2012 [Change](#) Type: SELF CHILD Status: ENRL

Manage SELF Budget:

Start Date: End Date: Amount:

PAWS RollUp Code: MBS Contract Number: Provider Name:

S25-Adult Day/Voc Hab/Sup Empl JEVs Human Services

| | FY: | Provider: | PAWS RollUp Code: | Start Date: | End Date: | Total Costs: |
|---|------|--------------------------------------|--------------------------------------|-------------|------------|--------------|
| Edit Remove | 2012 | CHAMPAIGN RESIDENTIAL SERVICES, INC. | SFB-Functional Behavioral Assessment | 7/1/2012 | 12/31/2012 | 1500.00 |

Total Cost: \$1,500.00
Total Max Budget Limit: \$25,000.00

After this information has been entered, clicking on the Add button will save that Provider/Service/Dollar amount to the Manage Budget page.

App-MSS

Home

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999

Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)

FirstDemoTest1 LastDemoTest1 DODD #: 6644803 Medicaid #: xxxxxxx74928

Change Waiver: 1/1/2012 - 12/31/2012 [Change](#) Type: SELF CHILD Status: ENRL

Manage SELF Budget:

Start Date: End Date: Amount:

PAWS RollUp Code: MBS Contract Number: Provider Name:

S25-Adult Day/Voc Hab/Sup Empl JEVs Human Services

| | FY: | Provider: | PAWS RollUp Code: | Start Date: | End Date: | Total Costs: |
|---|------|--------------------------------------|--|-------------|------------|--------------|
| Edit Remove | 2012 | CHAMPAIGN RESIDENTIAL SERVICES, INC. | SFB-Functional Behavioral Assessment | 7/1/2012 | 12/31/2012 | 1500.00 |
| Edit Remove | 2012 | OSU NISONGER CENTER | S55-Interventionist/Int Empl/Stab Asst | 7/1/2012 | 9/30/2012 | 6000.00 |
| Edit Remove | 2012 | Creative Foundations Inc | SSB-Support Brokerage (Agency) | 7/1/2012 | 12/31/2012 | 8000.00 |
| Edit Remove | 2012 | CHAMPAIGN RESIDENTIAL SERVICES, INC. | S45-Inclusion/Respite/Rem Mntn Srv | 7/1/2012 | 12/31/2012 | 7000.00 |
| Edit Remove | 2012 | JEVS Human Services | S55-Interventionist/Int Empl/Stab Asst | 10/1/2012 | 12/31/2012 | 3500.00 |

Total Cost: \$25,000.00
Total Max Budget Limit: \$25,000.00

Under the Manage Budget screen, the individual's total dollars can be divided into as many or few budget periods as desired. There are two restrictions: (1) add-on span(s) must match any budget span in which the individual is receiving Community Respite; and (2) budget spans will require to be broken by fiscal year (e.g. 01/01/2012-06/30/2012 and 07/01/2012-12/31/2012).

App-MSS

Home

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999

Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)

FirstDemoTest1 LastDemoTest1 DODD #: 6644803 Medicaid #: xxxxxxx74928

Change Waiver: 1/1/2012 - 12/31/2012 [Change](#) Type: SELF CHILD Status: ENRL

Manage SELF Budget:

Start Date: End Date: Amount:

PAWS RollUp Code: MBS Contract Number: Provider Name:

S25-Adult Day/Voc Hab/Sup Empl 9500025 JEVS Human Services

Add Cancel

| | FY: | Provider: | PAWS RollUp Code: | Start Date: | End Date: | Total Costs: |
|---|------|--------------------------------------|--|-------------|------------|--------------|
| Edit Remove | 2012 | CHAMPAIGN RESIDENTIAL SERVICES, INC. | SFB-Functional Behavioral Assessment | 7/1/2012 | 12/31/2012 | 1500.00 |
| Edit Remove | 2012 | OSU NISONGER CENTER | S55-Interventionist/Int Empl/Stab Asst | 7/1/2012 | 9/30/2012 | 5000.00 |
| Edit Remove | 2012 | Creative Foundations Inc | S5B-Support Brokerage (Agency) | 7/1/2012 | 12/31/2012 | 8000.00 |
| Edit Remove | 2012 | CHAMPAIGN RESIDENTIAL SERVICES, INC. | S45-Inclusion/Respite/Rem Mntn Srv | 7/1/2012 | 12/31/2012 | 7000.00 |
| Edit Remove | 2012 | JEVS Human Services | S55-Interventionist/Int Empl/Stab Asst | 10/1/2012 | 12/31/2012 | 3500.00 |

Total Cost: \$25,000.00
Total Max Budget Limit: \$25,000.00

The total number of dollars identified from each budget period during the course of an individual's SELF waiver span cannot exceed the SELF Waiver Span cost cap (e.g. Children \$25,000 per waiver year, and Adults \$40,000 per waiver year).

App-MSS

MSS

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Services System (MSS) - Manage Cost Projections

Welcome Richard M Donley - MSS_Admin

Home

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999

Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)

FirstDemoTest1 LastDemoTest1 DODD #: 6644803 Medicaid #: xxxxxxx74928

Change Waiver: 1/1/2012 - 12/31/2012 [Change](#) Type: SELF CHILD Status: ENRL

Cost Projection Details [Get Cost Projection Details](#)

Waiver Span: 1/1/2012 - 12/31/2012 Waiver Type: SELF SELF Funding Level: None AAI Group: --

[Click to Finalize Cost Projection](#)

The Cost Projection portion of a SELF Waiver CPT Site operates in the same manner as a non SELF Waiver CPT site.

App-MSS THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
Medicaid Services System (MSS) - Manage Cost Projections
 Welcome Richard M Donley - MSS_Admin SUPPORT | PRINT
[Help Administration](#) | [Help?](#)

Home
 Create a New Site
 Search for Site by Site Name
 Search for Site by Person
 Search for Site by Provider

CPT
 Manage Individuals
 Manage Providers
 Manage Budget
 Manage Cost Projections

SPA
 Service Payment Authorization

REPORTS

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999
 Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)
FirstDemoTest1 LastDemoTest1 DODD #: 0644803 Medicaid #: xxxxxxx74928
[Change](#)
 Waiver: 1/1/2012 - 12/31/2012 [Change](#) Type: SELF CHILD Status: ENRL

Cost Projection Details [Get Cost Projection Details](#)

Waiver Span: 1/1/2012 - 12/31/2012 Waiver Type: SELF DDP Funding Level: -- AAI Group: -- SELF Funding Level: CHILD
[Click to Finalize Cost Projection](#)

[Collapse](#) Budget Type: **SELF** Projected Cost: \$25,000.00 Budget Max: \$25,000.00 Remaining Amt: \$0.00

| SpanDates | PAWSRollUpCode | PAWSRollUpDesc | ProviderName | Freq | PAWSUnits | TotalCost |
|--------------------------|----------------|------------------------------------|--------------------------------------|--------|-----------|-----------|
| - 7/1/2012 - 9/30/2012 | S55 | Interventionist/Int Empl/Stab Asst | OSU NISONGER CENTER | SPAN 1 | 5000.00 | |
| - 7/1/2012 - 12/31/2012 | SFB | Functional Behavioral Assessment | CHAMPAIGN RESIDENTIAL SERVICES, INC. | SPAN 1 | 1500.00 | |
| - 7/1/2012 - 12/31/2012 | SSB | Support Brokerage (Agency) | Creative Foundations Inc | SPAN 1 | 8000.00 | |
| - 7/1/2012 - 12/31/2012 | S45 | Inclusion/Respite/Rem Mntr Srv | CHAMPAIGN RESIDENTIAL SERVICES, INC. | SPAN 1 | 7000.00 | |
| - 10/1/2012 - 12/31/2012 | S55 | Interventionist/Int Empl/Stab Asst | JEVS Human Services | SPAN 1 | 3500.00 | |

[Glossary](#)

The Get Cost Projection Details button will retrieve cost projections in a manner that is formatted similar to any other CPT. Cost projections details for SELF Waiver span(s) splits only up to the PAWS roll-up level. Since only the total number of dollars allocated for a specific SELF Waiver service are identified under the Manage Budget portion of the CPT those are the only details displayed under the Cost Projection portion of the application.

App-MSS THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
Medicaid Services System (MSS) - Manage Cost Projections
 Welcome Richard M Donley - MSS_Admin SUPPORT | PRINT
[Help Administration](#) | [Help?](#)

Home
 Create a New Site
 Search for Site by Site Name
 Search for Site by Person
 Search for Site by Provider

PA
 Manage PA

CPT
 Manage Individuals
 Manage Providers
 Manage Budget
 Manage Cost Projections

SPA
 Service Payment Authorization

REPORTS

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999
 Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#)
FirstDemoTest1 LastDemoTest1 DODD #: 0644803 Medicaid #: xxxxxxx74928
[Change](#)
 Waiver: 1/1/2012 - 12/31/2012 [Change](#) Type: SELF CHILD Status: ENRL

Cost Projection Details [Get Cost Projection Details](#)

Waiver Span: 1/1/2012 - 12/31/2012 Waiver Type: SELF SELF Funding Level: None AAI Group: --

[Collapse](#) Budget Type: **SELF** Projected Cost: \$25,000.00 Budget Max: \$25,000.00 Remaining Amt: \$0.00

| SpanDates | PAWSRollUpCode | PAWSRollUpDesc | ProviderName | Freq | PAWSUnits | TotalCost |
|--------------------------|----------------|----------------|--------------|------|-----------|-----------|
| + 7/1/2012 - 10/30/2012 | S | | | | 12500.00 | |
| + 11/1/2012 - 12/31/2012 | S | | | | 12500.00 | |

Services Finalization Finalization Success.

The CPT Finalization link will finalize the budget in a manner that is similar to a non SELF Waiver CPT site.

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
Medicaid Services System (MSS) - Manage Individuals
 Welcome Richard M Donley - MSS_Admin

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999

Version Manager:
[Return to previous page](#)

Versions:

[Save New Version](#) [All](#) | [Saved](#) | [Finalized](#) | [Authorized](#) | Include Hidden

| Name: | Status: | Status Date: | DDP Cost: | Waiver Span: | User: |
|---|------------|--------------|-----------|-------------------------|----------------------------------|
| View FirstDemoTest1 | Authorized | 4/16/2012 | \$0.00 | 01/01/2012 - 12/31/2012 | Richard M Donley |
| Read Only LastDemoTest1 | | | | | |
| Activate 4/16/2012 1:17:07 PM | | | | | |
| and Edit Notes... | | | | | |
| Hide | | | | | |

There is still the ability to view a previously saved/finalized/or authorized version in a SELF Waiver CPT site from the Manage Versions portion of the application.

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
Medicaid Services System (MSS) - SPA
 Welcome Richard M Donley - MSS_Admin

Site Name: **SELF Waiver Site** Effective Date: 7/1/2012 End Date: 12/31/9999

CountyBoard: FRANKLIN

Pending Authorization: FirstDemoTest1 LastDemoTest1

Cost Projection Spans: 1/1/2012 - 12/31/2012 - SELF - ENRL

[Disapprove Finalization](#) [Authorize Costs](#)

Budget Type: **SELF** Projected Cost: \$25,000.00 Budget Max: \$25,000.00 Remaining Amt: \$0.00

| SpanDates | PAWSRollUpCode | PAWSRollUpDesc | ProviderName | Freq | PAWSUnits | TotalCost |
|--------------------------|----------------|----------------------|---------------------|------|-----------|-----------|
| + 7/1/2012 - 10/30/2012 | S22 | SELF Waiver Services | JEVS Human Services | SPAN | 0 | 12500.00 |
| + 11/1/2012 - 12/31/2012 | S22 | SELF Waiver Services | JEVS Human Services | SPAN | 0 | 12500.00 |

County Boards will still need to authorize finalized costs in the Service Payment Authorization portion of the application for individuals enrolled on the SELF Waiver.

The screenshot shows the MSS Reports page for a SELF Waiver Site. The site name is "SELF Waiver Site", the effective date is 7/1/2012, and the end date is 12/31/9999. The page includes a navigation menu on the left with categories like Home, PA, CPT, and SPA. A red arrow points to the "Cost Projection Details" report in the list.

County Boards will still have the ability to run cost projection reports to display SELF Waiver costs. Since there are no staffing patterns, ADS details or HPC details in a SELF Waiver CPT site, the only report available is Cost Projection.

The screenshot shows the "View Report 2" page in the MSS system. The page includes a "Select a person:" dropdown menu with "FirstDemoTest1 LastDemoTest1" selected, a "Waiver Span" dropdown menu with "1/1/2012 - 12/31/2012" selected, and a "View Report" button. A red box highlights the text explaining that Cost Projection Detail reports are generated in the same manner as a non SELF Waiver CPT site.

Cost Projection Detail reports are generated in the same manner as a non SELF Waiver CPT site. The County Board will select the individual and the SELF Waiver span for which the County Board wishes to run a report.

http://mss.qaapps.mrdd1.ad.mr.state.oh.us/CPT/Reports/ViewReport2.aspx?ItemPath=%2fReports%2fMS ...

Select a person: FirstDemoTest1 LastDemoTest1 Waiver Span: 1/1/2012 - 12/31/2012 View Report

1 of 1 Page Width Find | Next Select a format Export

THE OHIO DEPARTMENT OF DEVELOPMENT DISABILITIES
Cost Projection Report

Site Name: SELF Waiver Site Client #: 6644803 Medicaid #: 382928374928
 Individual: FirstDemoTest1 LastDemoTest1 Type: SELF Status: ENRL
 Waiver Span: 1/1/2012 - 12/31/2012 DDP Funding Level: 0 AAI Group:
 Is Authorized: Yes

| PAWS Roll-Up Code | Service Code | Provider Contract Number | Provider Name | Service Begin Date | Service End Date | FP | Max Units per FP | Staff Size | Group Size | Base d Service Rate | Total Authorized Units | Total Authorized Cost |
|------------------------------|--------------|--------------------------|--------------------------------------|--------------------|------------------|----|------------------|------------|------------|---------------------|------------------------|-----------------------|
| <input type="checkbox"/> S45 | | 1100114 | CHAMPAIGN RESIDENTIAL SERVICES, INC. | 7/1/2012 | 12/31/2012 | | | | | | 1 | \$7,000.00 |
| <input type="checkbox"/> S55 | | 2510257 | OSU NISONGER CENTER | 7/1/2012 | 3/30/2012 | | | | | | 1 | \$5,000.00 |
| <input type="checkbox"/> S55 | | 5500025 | JEV'S Human Services | 10/1/2012 | 12/31/2012 | | | | | | 1 | \$3,500.00 |
| <input type="checkbox"/> SFB | | 1100114 | CHAMPAIGN RESIDENTIAL SERVICES, INC. | 7/1/2012 | 12/31/2012 | | | | | | 1 | \$1,500.00 |
| <input type="checkbox"/> S5B | | 2515031 | Creative Foundations Inc | 7/1/2012 | 12/31/2012 | | | | | | 1 | \$8,000.00 |
| Total | | | | | | | | | | | | \$25,000.00 |

Report RunTime: 5/18/2012 12:08:00 PM Page: 1 of 1

Done

Cost Projection Detail reports will display SELF waiver costs and will be exportable in a variety of document formats (i.e. XML, Acrobat, Excel, TIFF file).

If you have any further questions or concerns, email MSSSupport@dodd.ohio.gov.

**F. PAYMENT
AUTHORIZATION FOR
WAIVER SERVICES
(PAWS)**

The County Boards of DD are responsible for entering the PAWS plans for individuals enrolled on the SELF Waiver. Individuals must have an enrolled Level of Care for the SELF waiver listed in the Waiver Tracking Information section of PAWS prior to the creation and enrollment of a PAWS plan.

Home | Back | Search | User Doc | Apps List | LogOut user: Richard M Donley

WTS Individual **DODD**
Ohio Department of Developmental Disabilities

Individual Name: Firstdemotest2 Lastdemotest2

TOP | PAWS Comments | Plans | Suspension | Tracking Records

Individual No. [] SSN []
DHS Medicaid # 9838383838-38

PAWS Comment

PAWS Plan Information

| Waiver Type | County | Match Source | Plan Begin Date | Plan End Date | Approval | Approval Date | Version | Comment | NON-COMPARE |
|-------------|--------|--------------|-----------------|---------------|----------|---------------|---------|---------|-------------|
|-------------|--------|--------------|-----------------|---------------|----------|---------------|---------|---------|-------------|

Suspension and Disenrollment Information

| Last Date of Service | Service Restart Date | Reason | Notes |
|----------------------|----------------------|--------|-------|
|----------------------|----------------------|--------|-------|

Waiver Tracking Information

| LOC | LOC Eff. Date | Enroll Begin Date | Enroll End Date | Status | Waiver Type | Comment | #Elig Determined |
|-----|---------------|-------------------|-----------------|-----------------|-------------|-------------|------------------|
| MR | 1/1/2012 | 01/01/2012 | 12/31/2012 | ENRL - Enrolled | SELF | WTS comment | 1 |

Trusted sites 100%

Example 2 – Switching from an I/O Waiver to SELF Waiver

Home | Back | Search | User Doc | Apps List | LogOut user: Richard M Donley

WTS Individual **DODD**
Ohio Department of Developmental Disabilities

Individual Name: Beans2 Beans2

TOP | PAWS Comments | Plans | Suspension | Tracking Records

PAWS Comment

PAWS Plan Information

| Waiver Type | County | Match Source | Plan Begin Date | Plan End Date | Approval | Approval Date | Version | Comment | NON-COMPARE |
|-------------|-----------------|--------------|-----------------|---------------|----------|---------------|---------|---------|-------------|
| SELF | Franklin County | SELF | 04/01/2012 | 12/31/2012 | Enrolled | 04/02/2012 | 2 | Comment | Non-Compare |
| I/O | Franklin County | COMM | 01/01/2012 | 03/31/2012 | Enrolled | 04/02/2012 | 2 | Comment | Non-Compare |

Suspension and Disenrollment Information

| Last Date of Service | Service Restart Date | Reason | Notes |
|----------------------|----------------------|--------|-------|
|----------------------|----------------------|--------|-------|

Waiver Tracking Information

| LOC | LOC Eff. Date | Enroll Begin Date | Enroll End Date | Status | Waiver Type | Comment | #Elig Determined |
|-----|---------------|-------------------|-----------------|---------------------------|-------------|-------------|------------------|
| MR | 4/1/2012 | 04/01/2012 | 12/31/2012 | ENRL - Enrolled | SELF | WTS comment | 1 |
| MR | 1/1/2012 | 01/01/2012 | 03/31/2012 | DISE - Person disenrolled | I/O | WTS comment | 1 |

Trusted sites 100%

The maximum amount that may be authorized per waiver year in PAWS is \$25,000 for SELF Waiver enrollees designated in WMS as Children and \$40,000 for those designated as Adults.

EMPLOYER AUTHORITY

The details of the PAWS plan will be driven by the Individual Service Plan (ISP) and the level of detail will be determined by the types of services, types of providers, and/or the employer authority model the individual chooses.

The following services are subject to Employer Authority:

- Support Brokerage
- Community Inclusion
- Participant/Family Stability Assistance
- Integrated Employment
- Participant-Directed Goods and Services

Participants May Choose to:

- Exercise Common Law Employer Authority over one or more of the above listed services
- Exercise Co-Employer Employer Authority over one or more of the above listed services with JEVS serving as the co-employer
- Exercise Co-employer Employer Authority (Agency with Choice) over one or more of the above listed services using a certified DODD agency provider serving as the co-employer
- Exercise no Employer Authority

If the individual chooses Common Law employer authority or chooses Co-Employer employer authority and selects JEVS to serve as the co-employer:

- JEVS will be listed as the provider on the PAWS for any Participant-Directed Goods and Services. County Boards of DD will provide JEVS with provider-specific, service-specific payment authorization for claims processing purposes.
- Independent providers will be listed as the provider on the PAWS for any of the eligible services over which the participant has chosen to exercise employer authority. County Boards of DD will provide JEVS with provider-specific, service-specific payment authorization for claims processing purposes.
- All agency providers of all services, as well as independent providers of services that do not fall under the Employer Authority umbrella, will be listed separately on the PAWS along with the dollar amounts authorized for reimbursement.
- Services will be rolled-up based on the various dollar limitations within the waiver.

If the individual chooses Co-Employer employer authority and selects a DODD certified Agency to serve as the co-employer or chooses to exercise no employer authority:

- JEVS will be listed as the provider on the PAWS for any Participant-Directed Goods and Services. County Boards of DD will provide JEVS with provider-specific, service-specific payment authorization for claims processing purposes.
- All agency providers of all services, as well as independent providers of services that do not fall under the Employer Authority umbrella, will be listed separately on the PAWS along with the dollar amounts authorized for reimbursement.
- Services will be rolled-up based on the various dollar limitations within the waiver.

PAWS ROLL-UP CODES

There are eight (8) PAWS Roll-up Codes for the SELF Waiver:

- **SSB** – Support Brokerage – Agency Provider
- **SSU** – Support Brokerage – Independent Provider
- **SFB** – Functional Behavioral Assessment
- **SML** – Remote Monitoring Equipment
- **S25** – Adult Day Supports, Vocational Habilitation, and Supported Employment-Enclave
- **S35** – Non-Medical Transportation
- **S45** – Community Inclusion, Remote Monitoring Services, Community Respite, and Residential Respite
- **S55** – Participant-Directed Goods & Services, Clinical/Therapeutic Intervention, Participant/Family Stability Assistance, and Integrated Employment

The number of units for each service line will be one (1) due to the “rolled-up” nature of the authorizations.

The Frequency Period should be Span (S) for all services, again, due the “rolled-up” nature of the authorizations.

RATE ADD-ONS FOR COMMUNITY RESPITE

Medicaid maximum reimbursement rates for Community Respite services are impacted by Medical and Behavioral Add-ons. Individual cost caps (\$25K/Child & \$40K/Adult) do not change if an individual qualifies for one or both rate add-ons.

The appropriate add-on check boxes must be selected in the PAWS plan in order for Community Respite providers to be properly reimbursed for services rendered. Once the appropriate add-ons have been selected, the PAWS entries will reflect them as shown below.

The screenshot shows a web application interface with a table of service items. At the top left, there is an 'Enroll' button. Below it is the heading 'Service Items' and a link for 'New Service'. The table has several rows with colored headers: 'Previous Service Changed (PSC)' in yellow, 'Field Value Change' in orange, and 'No Match Found (NMF)' in green. The main table has columns for 'Del', 'Details', 'Code', 'Begin Date', 'End Date', 'Units', 'FF', 'Rate', 'Contract #', 'Contractor', 'Service Title', and '2013 To'. The first row is for SSB (Support Brokerage - Agency Provider). The second row is for S45 (Community Inclusion, Remote Monitoring Services, Community Respite, and Residential Respite) and includes a 'Beh Med' checkbox in the 'Rate' column, which is highlighted by a red arrow. The third and fourth rows are for S55 (Participant-Directed Goods & Services, Clinical/Therapeutic Intervention, Participant/Family Stability Assistance, and Integrated Employment).

| Del | Details | Code | Begin Date | End Date | Units | FF | Rate | Contract # | Contractor | Service Title | 2013 To |
|--------------------------|-------------------------|------|------------|------------|-------|----|--|------------|--------------------------------|-------------------------------------|---------|
| <input type="checkbox"/> | Details | SSB | 07/01/2012 | 06/30/2013 | 1 | S | 0.00 | 0901546 | REVA SUPPORTS, LLC | SUPPORT BROKERAGE (AGENCY) | |
| <input type="checkbox"/> | Details | S45 | 07/01/2012 | 06/30/2013 | 1 | S | 0.00 <input type="checkbox"/> Beh <input type="checkbox"/> Med | 1100114 | CHAMPAIGN RESIDENTIAL SERVICES | + INCLUSION/RESPITE/REM MNTR SRV | |
| <input type="checkbox"/> | Details | S55 | 07/01/2012 | 06/30/2013 | 1 | S | 0.00 | 2540647 | ACCESS OHIO, LLC | THERA INT/INT EMPL/STABIL/GOODS&SVC | |
| <input type="checkbox"/> | Details | S55 | 07/01/2012 | 06/30/2013 | 1 | S | 0.00 | 9500025 | JEVS HUMAN SERVICES, INC | THERA INT/INT EMPL/STABIL/GOODS&SVC | |

If you have additional questions or concerns:

County Boards:

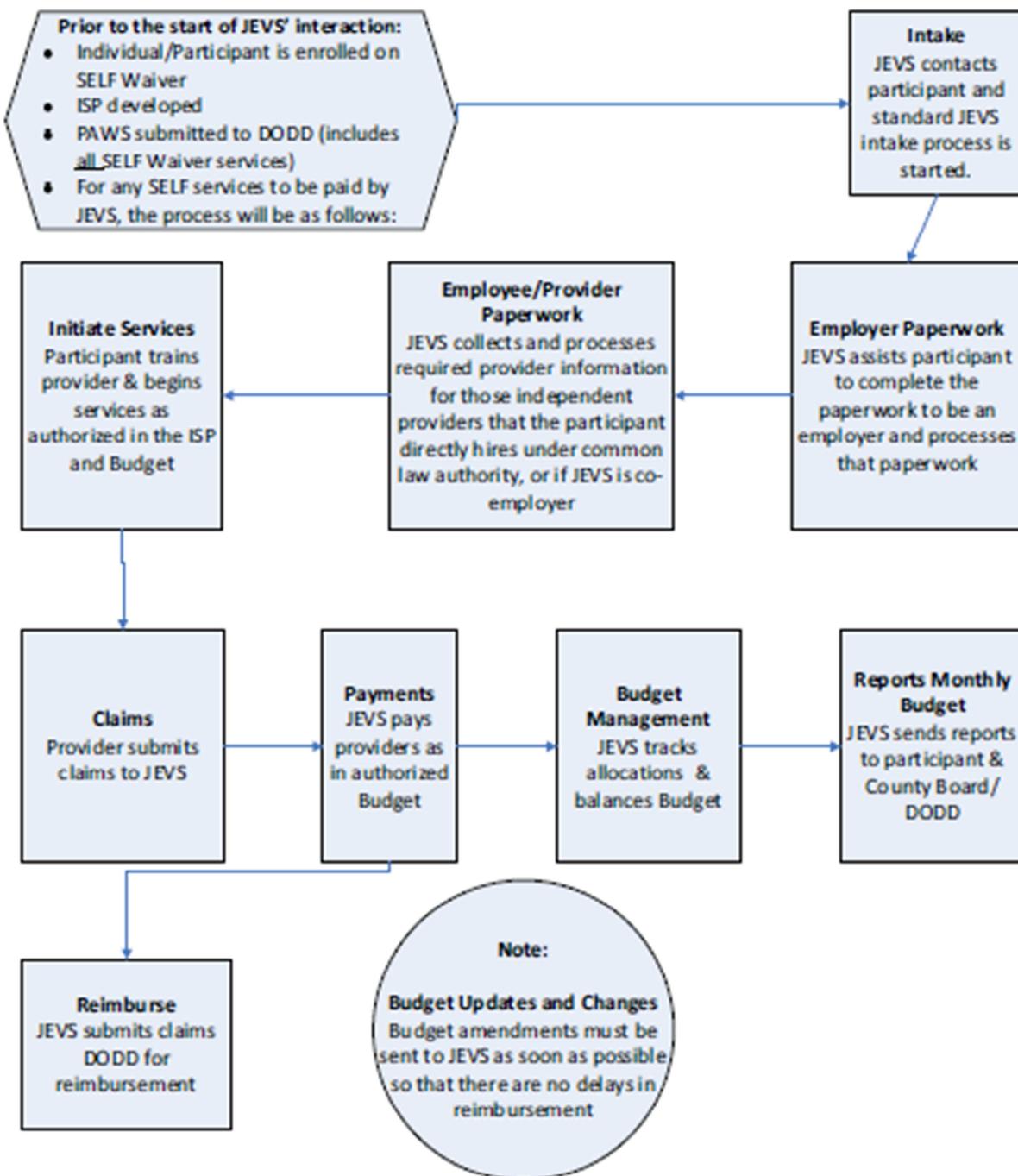
Please contact the DODD PAWS Specialist assigned to your county.

Providers

Please call the DODD Support Center at 1.800.617.6733 or email Application.Support@dodd.ohio.gov

Flowchart: FMS Services for DODD & JEVS

Only applicable to: Independent Providers of Community Inclusion, Integrated Employment, Participant/Family Stability Assistance, and Support Brokerage.



*Participant-Directed Goods and Services will have a different process.

G. INCIDENT TRACKING SYSTEM (ITS)

Health and Welfare is a priority for the SELF Waiver as it is for all waivers in Ohio. In order for a waiver to be approved by CMS there has to be assurances related to protecting the health and welfare of participants. As a result, participants will receive a handbook outlining Ohio's system focusing on Major Unusual Incident reporting. Reporting will occur just as it does today for any other waiver. The incident Tracking System (ITS) has been updated to include the selection of SELF Waiver when entering the incident. It should be noted that Support Brokers and FMS personnel are considered mandated reporters and will be instrumental in assuring that incidents are reported as required.

ITS Home Page

The screenshot shows the Incident Tracking System (ITS) home page in a Windows Internet Explorer browser. The browser's address bar shows the URL: <http://its.qaapps.mrd1.ad.mr.state.oh.us/Default.aspx?showheaders=false>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The browser's toolbar shows various icons for navigation and utility. The browser's address bar shows the URL: <http://its.qaapps.mrd1.ad.mr.state.oh.us/Default.aspx?showheaders=false>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The browser's toolbar shows various icons for navigation and utility. The browser's address bar shows the URL: <http://its.qaapps.mrd1.ad.mr.state.oh.us/Default.aspx?showheaders=false>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The browser's toolbar shows various icons for navigation and utility.

The page content includes a navigation menu on the left with the following items: Home, Application, Find, Tools, Documentation, and Administration. The main content area displays the following information:

- User Logged On:** F SLF-Jen
- Group:** Central Office Group
- Access Privileges:** Administrator
- Abuser Registry Admin**
- Email:** jenny.miller@dodd.ohio.gov

There is a logo for "ADOT" with a rainbow and a tree. Below the user information, there is a "Quick Links" section with three buttons:

- Flagged MUIs (last 180 days)
- Assigned Tasks (last 180 days)
- Any Task Due 120 Days Ago/Forward

The browser's status bar at the bottom shows "Last refresh 4/27/2012 9:48 AM", "Trusted sites | Protected Mode: Off", and "100%".

New MUI

Incident Tracking System

Home

- Application
 - New MUI**
 - Schedule Leave
 - Abuser Registry
- Find
- Tools
- Documentation
- Administration

Incident Number: 2012-001-XXXX **UNSAVED**

Owner: Franklin County

Year:

Version: 0 of 0
Go To Version

MUI Saved
As Suspended
Save MUI

Email: -- Email Reason --
Email MUI

MUI | Data Info | Consumer | Prov | Others | Inves | Sum | Notice | Actions | Review | Email

Dates

Incident: Discovery: Fax:

Final Due:
Ext. Until:
Days Due: days

Creation Date
4/27/2012 9:52:43 AM

Reporter: Status: Open with Information Pending

Root MUI: Referring MUI

New Values in Drop Downs for the Reporter: FMS and Support Broker

Incident Tracking System - Windows Internet Explorer

http://its.qaapps.mrd1.ad.mr.state.oh.us/Display_MUI.aspx

Incident Tracking System

Find

Tools

Documentation

Administration

Email: -- Email Reason --
Email MUI

MUI | Data Info | Consumer | Prov | Others | Inves | Sum | Notice | Actions | Review | Email

Dates

Incident: Discovery: Fax:

Final Due:
Ext. Until:
Days Due: days

Creation Date
4/27/2012 9:52:43 AM

Reporter: Status: Open with Information Pending

Root MUI:

Allegation

Category

Decided Category

Reporter: -- Select Type --
-- Select Type --
Consumer
FMS/JEVS
Guardian
Hotline
Payee
Relative
Staff
Support Broker
Other

- Allegation -
- Allegation 3 -
- Allegation 5 -
- Decided 3 -

Last refresh 4/27/2012 9:52 AM

Trusted sites | Protected Mode: Off

9:54 AM
4/27/2012

Example MUI for SELF

Incident Tracking System

Home

- Application
 - New MUI
 - Schedule Leave
 - Abuser Registry
- Find
- Tools
- Documentation
- Administration

Incident Number: 2012-025-XXXX **UNSAVED**

Owner: Franklin County

Year:

Version: 0 of 0
Go To Version

MUI Saved As Suspended
Save MUI

Email: -- Email Reason --
Email MUI

MUI | Data Info | Consumer | Prov | Others | Inves | Sum | Notice | Actions | Review | Email

Dates

| | | | | | |
|-------------|---------------------------|------------|-----------|------|----------------------|
| Incident: | 4/27/2012 | Discovery: | 4/27/2012 | Fax: | <input type="text"/> |
| Final Due: | 6/11/2012 | | | | Creation Date |
| Ext. Until: | <input type="text"/> | | | | 4/27/2012 10:05:35 A |
| Days Due: | <input type="text"/> days | | | | |

Reporter: JEVSS
FMS/JEVS

Status: Open with Information Pending

Root MUI: Referring MUI

Allegation Category

Example Incident -continued

Incident Tracking System

Root MUI: Referring MUI

Allegation Category

| | | |
|----------------------------|-----------------------|-------------|
| Alleged Abuse - PHYSICAL | Staff | Direct Care |
| - Investigative Findings - | - Additional Factor - | . |

Decided Category

| | | |
|---------------|-------------------|---------------|
| - Category - | - Category Type - | - Decided 3 - |
| - Decided 4 - | - Decided 5 - | . |

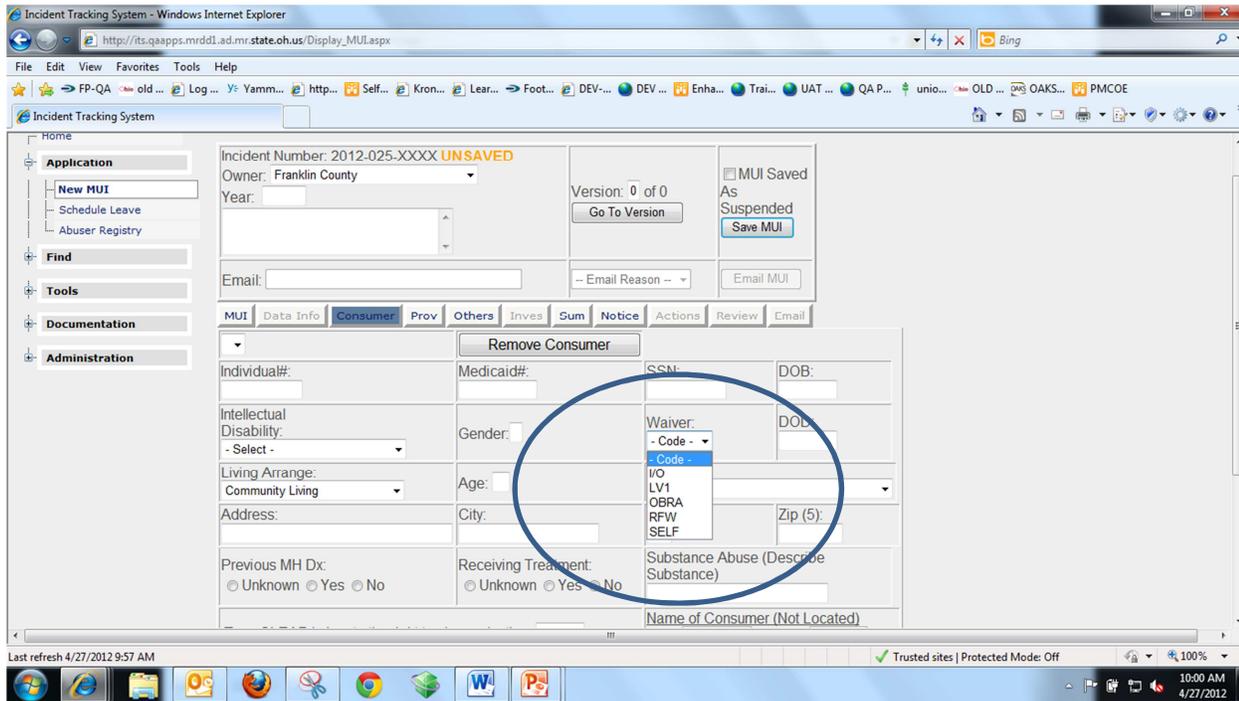
Injuries

| | |
|-----------|------------------|
| Serious | Alleged Abuse |
| Bruise(s) | Fingers/Hand/Arm |

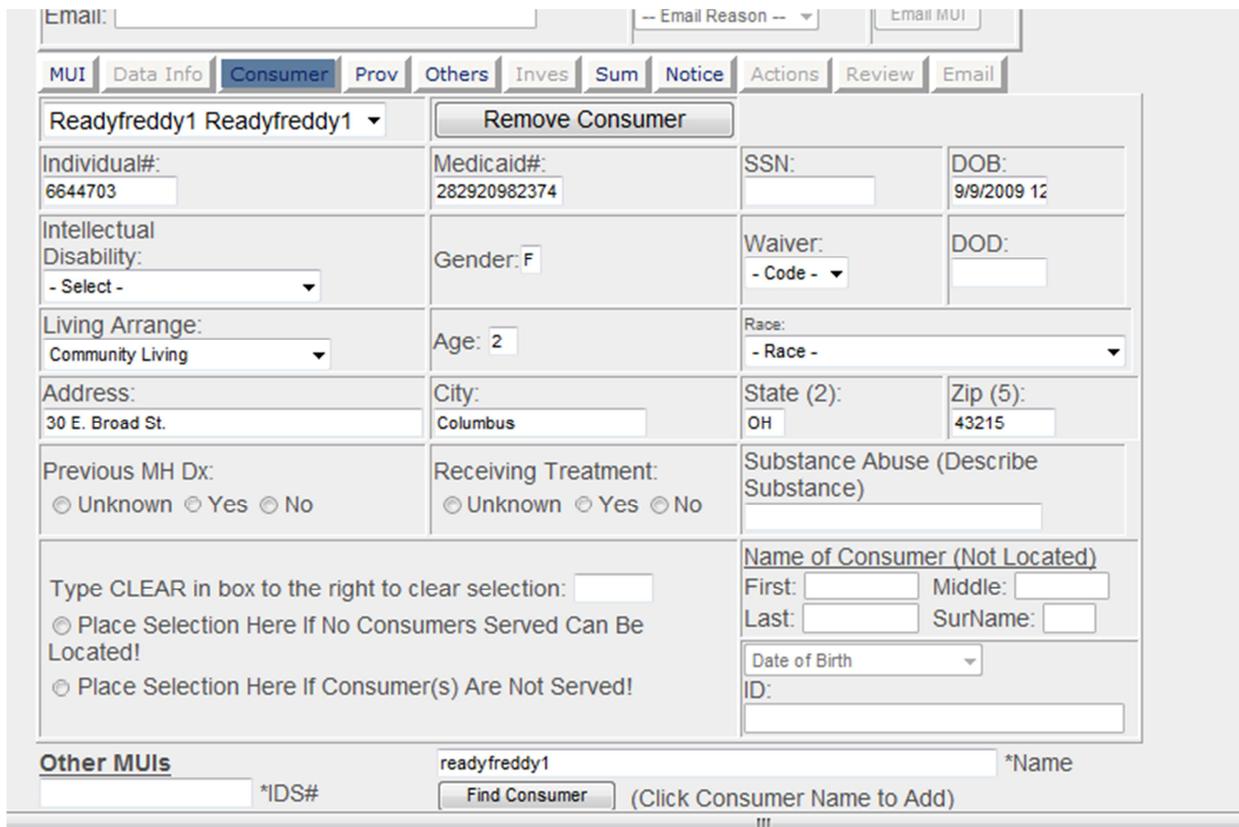
Location

| | | |
|-----------------|-----------------------------|-----------|
| Franklin County | Non-County Operated Program | Residence |
| Family Home | Living Room | |

Consumer search for SELF Individual



SELF Individual data populates



Search for Provider

Incident Number: 2012-025-0026 **ACTIVE**
 Owner: Franklin County
 Year:
 Ind: Readyfreddy1 Readyfreddy1
 Version: 1 of 1
 Go To Version Save MUI
 Email: -- Email Reason -- Email MUI

MUI Data Info Consumer **Prov** Others Inves Sum Notice Actions Review Email

Provider at time of incident (Find must be clicked to Search Again)
 Name: - Provider Type - Find

Residential Provider (Find must be clicked to Search Again)
 Name: - Provider Type - Find **From a list of certified and licensed providers**

Workshop (Find must be clicked to Search Again)
 Name: Find

Add Provider (Click to Add)
 Order By: Provider Name

Current Provider
 (Check and Click Button to Remove)

[Redacted] [Incident: 2676] [7]
 [Redacted] [Resident: 2676] [7]

Remove Checked Providers

Others Tab has new dropdown values for SELF: FMS and Support Broker

Incident Tracking System - Windows Internet Explorer
 http://its.qaapps.mrd1.ad.mr.state.oh.us/Display_MUI.aspx?IncidentID=215127&News=True

File Edit View Favorites Tools Help

Incident Tracking System

Home
 Application
 New MUI
 Schedule Leave
 Abuser Registry
 Find
 Tools
 Documentation
 Administration

Incident Number: 2012-025-0026 **ACTIVE**
 Owner: Franklin County
 Year:
 Ind: Readyfreddy1 Readyfreddy1
 Version: 1 of 1
 Go To Version Save MUI
 Email: -- Email Reason -- Email MUI

MUI Data Info Consumer **Prov** **Others** Inves Sum Notice Actions Review Email

Other Identification
 First Name: Middle: Last: SurName:
 - Other Type - Administrative Staff
 Identifying Informant: Date of Birth: Add Other

List of Others
 PPI
 Maintain Others
 Guardian
 Individual with MR/DD
 Nursing Staff
 Payee
 Personal Aide Staff
 Physician
 Support Broker
 Transportation Staff
 Volunteer Staff
 Other
 No Relationship

Comment:
 Complete SAVE REVIEW

Last refresh 4/27/2012 10:43 AM
 Trusted sites | Protected Mode: Off
 10:43 AM
 4/27/2012

Support Broker is Primary Person Involved (PPI)

| | | |
|--|--------------------|-----------|
| Incident Number: 2012-025-0026 ACTIVE | Version: 1 of 1 | |
| Owner: Franklin County | Go To Version | Save MUI |
| Year: <input type="text"/> | | |
| Ind: Readyfreddy1 Readyfreddy1 | | |
| Email: <input type="text"/> | -- Email Reason -- | Email MUI |

MUI | Data Info | Consumer | Prov | **Others** | Inves | Sum | Notice | Actions | Review | Email

Other Identification

First Name: Wfirst Middle: Last: Wlast SurName:

PPI Support Broker

Identifying Information: Wlast Last Name Add Other

List of Others

PPI

Unsaved Others

This is the sample Summary tab

| | | |
|---|--------------------|---|
| Incident Number: 2012-025-XXXX UNSAVED | Version: 0 of 0 | <input type="checkbox"/> MUI Saved As Suspended |
| Owner: Franklin County | Go To Version | Save MUI |
| Year: <input type="text"/> | | |
| | | |
| Email: <input type="text"/> | -- Email Reason -- | Email MUI |

MUI | Data Info | Consumer | Prov | Others | Inves | **Sum** | Notice | Actions | Review | Email

New Comment

Initial Report Response:

-- Comment Tracking --

Initial Allegation

This is a test example for SELF. This is the Initial Allegation description.

Immediate Action

This is a test example for SELF. This is the Immediate Action description.

Notifications Tab has new boxes for FMS and Support Broker

A provider of type - Resident: was added!

Home

Application

- New MUI
- Schedule Leave
- Abuser Registry

Find

Tools

Documentation

Administration

Incident Number: 2012-025-XXXX **UNSAVED**

Owner: Franklin County

Year:

Version: 0 of 0

Go To Version

MUI Saved As Suspended

Save MUI

Email:

-- Email Reason --

Email MUI

MUI | Data Info | Consumer | Prov | Others | Inves | Sum | **Notice** | Actions | Review | Email

Notifications

| | | | | | |
|---------------------------------|----------------------|---------------------|----------------------|-------------------------|----------------------|
| | | Law Enforcement: | <input type="text"/> | Guardian: | <input type="text"/> |
| Public Service Children Agency: | <input type="text"/> | Family: | <input type="text"/> | SSA: | <input type="text"/> |
| Licensed Certified Provider: | <input type="text"/> | County by Provider: | <input type="text"/> | Other: Describe: | <input type="text"/> |
| Support Broker: | <input type="text"/> | FMS/JEVS: | <input type="text"/> | | |



Completed Example of Notices

A provider of type - Resident: was added!

Home

Application

- New MUI
- Schedule Leave
- Abuser Registry

Find

Tools

Documentation

Administration

Incident Number: 2012-025-XXXX **UNSAVED**

Owner: Franklin County

Year:

Version: 0 of 0

Go To Version

MUI Saved As Suspended

Save MUI

Email:

-- Email Reason --

Email MUI

MUI | Data Info | Consumer | Prov | Others | Inves | Sum | **Notice** | Actions | Review | Email

Notifications

| | | | | | |
|---------------------------------|----------------------|---------------------|----------------------|-------------------------|----------------------|
| | | Law Enforcement: | 4/27/2012 | Guardian: | 4/27/2012 |
| Public Service Children Agency: | <input type="text"/> | Family: | <input type="text"/> | SSA: | <input type="text"/> |
| Licensed Certified Provider: | <input type="text"/> | County by Provider: | 4/27/2012 | Other: Describe: | <input type="text"/> |
| Support Broker: | 4/27/2012 | FMS/JEVS: | 4/27/2012 | | |



Added Investigative Agent for SELF Example

Schedule Leave
Abuser Registry

Find

Ind: Readyfreddy1 Readyfreddy1

Email: -- Email Reason --

Tools

MUI | Data Info | Consumer | Prov | Others | Inves | Sum | Notice | Actions | Review | Email

-- Investigator -- Name: Entity: Franklin County Group

Documentation

Administration

| Add Investigator (Click To Add) | | | Current Investigators (Click to Remove) | | |
|------------------------------------|------------|-----------|--|------------|-----------|
| Group | First Name | Last Name | Group | First Name | Last Name |
| Franklin County Group | Lee | Childs | | | |
| Franklin County Group | Jacqueline | Hood | | | |
| Franklin County Group | Jennifer | Johansson | | | |
| Franklin County Group | Carleen | Mortimer | | | |
| Franklin County Group | Toby | Paine | | | |
| Franklin County Group | Heather | Russell | | | |
| Franklin County Group | Cameron | Underdown | | | |
| Franklin County Group | Cameron | Underdown | | | |
| | | | Franklin County Group | Cindy | Ashmore |

If SLFJen certify that I have reviewed this MUI!

Comment: Trend:

Saved MUI

Incident Number: 2012-025-0026 **ACTIVE**

Owner: Franklin County

Year:

Version: 1 of 1

Ind: Readyfreddy1 Readyfreddy1

Email: -- Email Reason --

MUI | Data Info | **Consumer** | Prov | Others | Inves | Sum | Notice | Actions | Review | Email

Readyfreddy1 Readyfreddy1

| | | | |
|--|---|--------------------------------------|---------------------------|
| Individual#: 6644703 | Medicaid#: 282920982374 | SSN: <input type="text"/> | DOB: 9/9/2009 1: |
| Intellectual Disability: - Select - | Gender: F | Waiver: SELF | DOD: <input type="text"/> |
| Living Arrange: Community Living | Age: 2 | Race: - Race - | |
| Address: 30 E. Broad St. | City: Columbus | State (2): OH | Zip (5): 43215 |
| Previous MH Dx: <input type="radio"/> Unknown <input type="radio"/> Yes <input type="radio"/> No | Receiving Treatment: <input type="radio"/> Unknown <input type="radio"/> Yes <input type="radio"/> No | Substance Abuse (Describe Substance) | |

Name of Consumer (Not Located)

**III. INFORMATION
FOR PROVIDERS OF
SELF WAIVER
SERVICES**

**A. PROVIDER
CERTIFICATION WIZARD
(PCW)**

SELF Waiver updates to the Provider Certification Wizard

All providers are now required to use the online certification tool, the Provider Certification Wizard (PCW), in order to apply for initial, renewal, or add-on certifications for the DODD-administered Medicaid waivers. There are several services that will be applicable under the SELF waiver that currently exist as part of the Individual Options (IO) waiver and/or the Level One waiver. Additionally, there are a number of new services that are specific to the SELF waiver. Below is a comprehensive list of services under the SELF, Level One, and IO waivers.

Service Crosswalk for DODD Waivers

| | SELF Waiver Agency | SELF Waiver Independent | Level One Waiver Agency | Level One Waiver Independent | IO Waiver Agency | IO Waiver Independent |
|---|--------------------|-------------------------|-------------------------|------------------------------|------------------|-----------------------|
| Adaptive & Assistive Equipment | | | | | X | X |
| Adult Family Living | | | | | X | X |
| Adult Foster Care | | | | | X | X |
| Adult Day Support | X | | X | | X | |
| Community Inclusion-Personal Assistance | X | X | | | | |
| Community Inclusion-Transportation | X | X | | | | |
| Community Inclusion-Transportation Commercial Vehicle | X | | | | | |
| Community Respite | X | | | | X | |
| CTI-Senior Level Specialized Clinical/Therapeutic Interventionist | X | X | | | | |
| CTI-Senior Level Specialized Clinical/Therapeutic Interventionist | X | X | | | | |
| CTI-Clinical/Therapeutic Interventionist | X | X | | | | |
| Environmental Accessibility Adaptations | | | X | X | X | X |
| Functional Behavioral Assessment | X | X | | | | |

| | | | | | | |
|--|---|---|---|---|---|---|
| Integrated Employment-Agency | x | x | | | | |
| Integrated Employment-Independent Provider | x | x | | | | |
| Integrated Employment-Co-Worker | x | x | | | | |
| Home Delivered Meals | | | | | x | X |
| Homemaker Personal Care | | | x | x | x | X |
| Informal Respite | | | | x | | |
| Institutional Respite | | | x | | | |
| Interpreter Services | | | | | x | x |
| Non-Medical Transportation | x | x | x | x | x | x |
| Nutrition Services | | | | | x | x |
| Participant/Family Stability Assistance-Counseling | x | x | | | | |
| Participant/Family Stability Assistance-Training | x | x | | | | |
| Personal Emergency Response | | | x | x | x | x |
| Remote Monitoring | x | x | | | x | x |
| Remote Monitoring Equipment | x | x | | | x | x |
| Residential Respite | x | | | | x | |
| Social Work | | | | | x | x |
| Specialized Medical Equipment | | | x | x | | |
| Support Brokerage | x | x | | | | |
| Support Brokerage Unpaid | x | x | | | | |
| Supported Employment Community | | | x | x | x | x |
| Supported Employment Enclave | x | x | x | x | x | x |
| Transportation | | | x | x | x | x |
| Vocational Habilitation | x | | x | | x | |

Grandfathered Services

Providers who are currently certified for IO and/or Level One services that are also applicable for the SELF waiver (i.e. Adult Day Support, Voc ational Habilitation, etc.) will be grandfathered to provide those services under the SELF Waiver effective 7/1/2012. A provider's certification for the SELF waiver will expire on the same date as their existing IO and/or Level One services.

Providers will have the ability under the Update Profile Section of the PCW system to indicate whether they would like to be listed, through the Provider Search Tool, as providing SELF Services. In order to access this feature in PCW, providers will need to login to PCW (see tutorials at <http://dodd.ohio.gov/Pages/Tutorial.aspx>) and select Update Profile. From this page, the provider will need to select Payment Options. On this screen, the provider can indicate whether they are willing to provide services for IO, Level One, and/or SELF waiver recipients.

Adding the new SELF waiver services to existing certification

If a provider wishes to add any of the new SELF waiver services that are not currently grandfathered and the provider is currently certified to provide IO and/or Level One waiver services, they will need to enter the PCW system and add the services desired. All providers will need to login and authenticate themselves to their existing contract number in order to add services. A tutorial for how to do this is viewable at <http://dodd.ohio.gov/Pages/Tutorial.aspx>.

Once the provider has authenticated themselves and initiated an application, they can proceed through the certification wizard and add services. Fees for SELF services that are not considered as grandfathered services (see above) will be due at the time of application. These fees are indicated as part of the application process depending on the provider type and applicable services.

Support Brokerage

Support Brokerage means a person who is responsible, on a continuing basis, for providing an individual with representation, advocacy, advice, and assistance related to the day-to-day coordination of services (particularly those associated with participant direction). Under the SELF waiver, if a provider chooses to provide this service (paid or unpaid), they are not eligible to provide any other SELF waiver services. Any services the provider is currently certified to provide under SELF will be end-dated. If the provider were to later decide that they no longer wish to provide Support Brokerage, but want to provide other SELF waiver services, he/she will be required to drop the Support Brokerage service and add on any additional services. Fees may be applicable for this.

Unpaid Support Brokers must still go through the PCW system, even though they are not certified. The limited demographic information captured in the certification system will allow future correspondences from the County Boards. Unpaid Support Brokers are not certified; they are however required to assure compliance of the requirements to provide the service.

Agency with Choice

Agency with Choice means an agency provider that acts as a co-employer with an individual who is interested in the Employer Authority option. Under this arrangement, the individual acts as the "managing employer" and is responsible for hiring, managing, and dismissing staff. The Agency with Choice enables the individual to exercise choice and control over services while relieving him or her of the burden of carrying out financial

matters and other legal responsibilities associated with the employment of workers. The Agency with Choice is considered the employer of record for staff selected, hired, and trained by the individual, and assumes responsibility for:

- (a) Employing and paying staff selected by the individual;
- (b) Reimbursing allowable services;
- (c) Withholding, filing, and paying federal, state, and local income and employment taxes; and
- (d) Providing other supports to the individual as described in the individual service plan.

Agencies will be able to indicate whether they are Agencies with Choice through PCW. This feature is available to the providers under the Update Profile Section of the PCW system. In order to access this feature, providers will need to login to PCW (see tutorials at <http://dodd.ohio.gov/Pages/Tutorial.aspx>) and select Update Profile. From here, the provider will be able to select Agency with Choice where they can indicate whether they are an Agency with Choice, and if so, whether they are willing to hire family members related to the individuals receiving services.

**B. PAYMENT
AUTHORIZATION
FOR WAIVER SERVICES
(PAWS)**

The County Boards of DD are responsible for entering the PAWS plans for individuals enrolled on the SELF Waiver.

PAWS ROLL-UP CODES

All SELF Waiver services will be authorized on PAWS plans using one of the eight (8) PAWS Roll-up codes listed below:

- **SSB** – Support Brokerage – Agency Provider
- **SSU** – Support Brokerage – Independent Provider
- **SFB** – Functional Behavioral Assessment
- **SML** – Remote Monitoring Equipment
- **S25** – Adult Day Supports, Vocational Habilitation, and Supported Employment-Enclave
- **S35** – Non-Medical Transportation
- **S45** – Community Inclusion, Remote Monitoring Services, Community Respite, and Residential Respite
- **S55** – Participant-Directed Goods & Services, Clinical/Therapeutic Intervention, Participant/Family Stability Assistance, and Integrated Employment

AGENCY PROVIDERS

Agency providers for all SELF Waiver services will be listed separately on the PAWS plan along with the dollar amounts authorized for reimbursement.

The number of units for each service line will be one (1) due to the “rolled-up” nature of the authorizations.

INDEPENDENT PROVIDERS

Support Brokerage, Community Inclusion, Integrated Employment, and Participant/Family Stability Assistance may be self-directed by the waiver enrollee using one of the available Employer Authority models. If an individual chooses an independent provider for any of these services, the individual must exercise an employer authority model for those services.

If the waiver enrollee chooses to utilize and self-direct independent providers for any of the above referenced services, and exercises the Common Law employer model or the Co-employer model with JEVS serving as the co-employer, the independent provider will be listed separately on the PAWS plan along with the dollar amounts authorized for reimbursement. It is important to note, however, that the independent provider must submit claims directly to JEVS for reimbursement and not to DODD.

If the waiver enrollee chooses to utilize and self-direct independent providers for any of the above referenced services, and exercises the Co-employer model with a DODD agency provider as the co-employer, the agency provider will be listed on the PAWS plan along with the dollar amounts authorized for reimbursement. The independent provider will not be listed separately on the PAWS plans in these situations.

Independent providers for SELF Waiver services that do not fall under the Employer Authority umbrella will be listed separately on the PAWS plan along with the dollar amounts authorized for reimbursement. Independent providers will submit claims to DODD for reimbursement for these services.

The number of units for each service line will be one (1) due to the “rolled-up” nature of the authorizations.

PARTICIPANT-DIRECTED GOODS AND SERVICES

JEVS will be listed as the provider on the PAWS for any Participant-Directed Goods and Services. County Boards of DD will provide JEVS with provider-specific, service-specific payment authorization for claims processing purposes. All claims for Participant-Directed Goods and Services must be submitted directly to JEVS for reimbursement.

RATE ADD-ON FOR COMMUNITY RESPITE

Community Respite is the only SELF Waiver service that includes Medical and/or Behavioral rate add-ons for individuals who meet the established criteria. Individual cost caps (\$25K/Child & \$40K/Adult) do not change if an individual qualifies for one or both rate add-ons.

The appropriate add-on check boxes must be selected in the PAWS plan in order for Community Respite providers to be properly reimbursed for services rendered. Once the appropriate add-ons have been selected, the PAWS entries will reflect them as shown below. Community Respite providers should be sure to check the PAWS plan to ensure that the appropriate add-ons are indicated for eligible individuals being served.

Enroll

Service Items

[New Service](#)

Previous Service Changed (PSC) Field Value Change

No Match Found (NMF) Previous Version

| Del | Details | Code | Begin Date | End Date | Units | FP | Rate | Beh Med | Contract # | Contractor | Service Title | 2013 To |
|--------------------------|-------------------------|------|------------|------------|-------|----|------|---------|------------|--------------------------------|-------------------------------------|---------|
| <input type="checkbox"/> | Details | SSB | 07/01/2012 | 06/30/2013 | 1 | S | 0.00 | | 0901546 | REVA SUPPORTS, LLC | SUPPORT BROKERAGE (AGENCY) | |
| <input type="checkbox"/> | Details | S45 | 07/01/2012 | 06/30/2013 | 1 | S | 0.00 | | 1100114 | CHAMPAIGN RESIDENTIAL SERVICES | + INCLUSION/RESPITE/REM MNTR SRV | |
| <input type="checkbox"/> | Details | S55 | 07/01/2012 | 06/30/2013 | 1 | S | 0.00 | | 2540647 | ACCESS OHIO, LLC | THERA INT/INT EMPL/STABIL/GOODS&SVC | |
| <input type="checkbox"/> | Details | S55 | 07/01/2012 | 06/30/2013 | 1 | S | 0.00 | | 9500025 | JEVS HUMAN SERVICES, INC | THERA INT/INT EMPL/STABIL/GOODS&SVC | |

Delete Selected Services

**C. MEDICAID
BILLING SYSTEM
(MBS)**

SELF Waiver services must be identified in an approved Individual Service Plan (ISP) and authorized by the County Board for reimbursement through the PAWS system in order to be eligible for reimbursement.

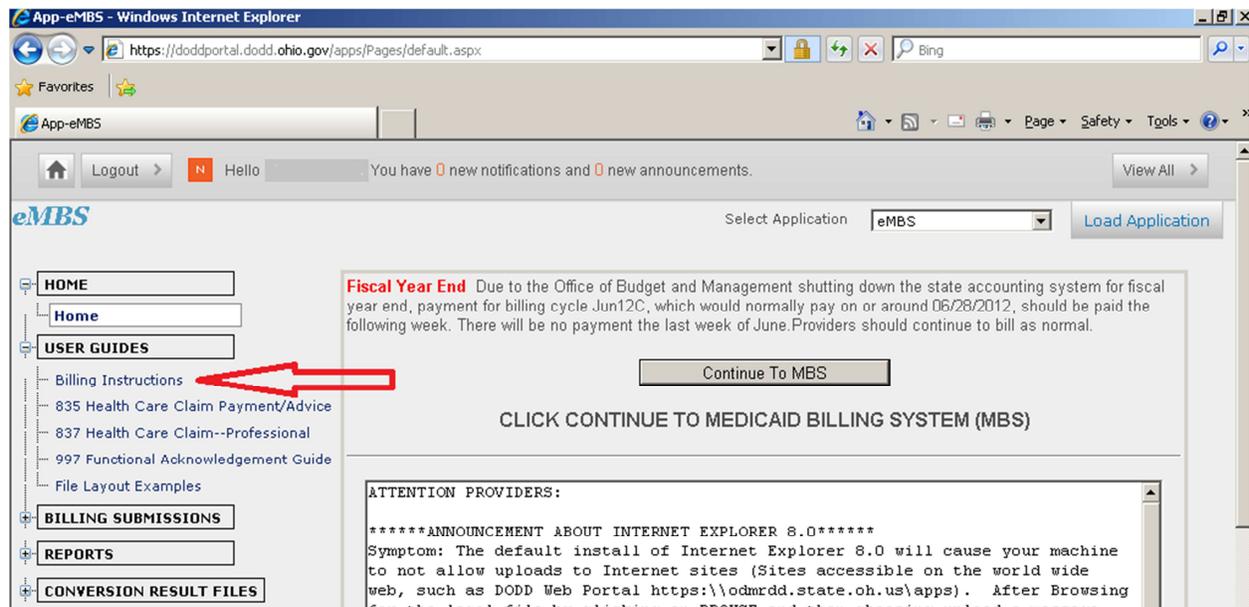
SELF Waiver claims fall into one of the four (4) categories listed below:

- Claims from DODD-certified agency providers (*submitted to DODD*)
- Claims from DODD-certified independent providers for services that do not fall under the Employer Authority umbrella (*submitted to DODD*)
- Claims from DODD-certified independent providers for services that do fall under the Employer Authority umbrella (*submitted to JEVS*)
- Claims for Participant-Directed Goods and Services (*submitted to JEVS*)

CLAIMS SUBMITTED TO DODD

Claims from DODD-certified agency providers and claims from DODD-certified independent providers for services that do not fall under the Employer Authority umbrella are submitted directly to DODD electronically through eMBS using the Single Line Entry feature or through the upload of properly formatted flat files.

DODD claims submission requirements and procedures for the SELF Waiver are the same as those that currently exist for the Individual Options Waiver and Level 1 Waiver. Flat file format requirements are available in the Billing Instructions located on the eMBS website under the User Guides section.



The weekly claims submission deadline is Wednesdays at noon. It typically takes 16-21 days from submission to payment. Billing reports and error reports for claims submitted directly to DODD will be posted to the eMBS website in the format used for Individual Options Waiver and/or Level One Waiver Services.

Questions regarding claims submitted directly to DODD should be directed to the DODD Support Center at 1-800-617-6733.

CLAIMS SUBMITTED TO JEVS

Claims from DODD-certified independent providers for services that do fall under the Employer Authority umbrella, and all claims for Participant-Directed Goods and Services are submitted to JEVS in their prescribed format and not directly to DODD. JEVS Human Services will pay providers for services rendered in accordance with the Individual Service Plan (ISP) and individual budget approved by the County Board of DD.

DODD has been working with JEVS Human Services to ensure that SELF Waiver claims submission requirements are very much like those already in place for the IO and Level 1 Waivers. Additional information from JEVS Human Services will be shared explaining in detail how to submit SELF Waiver claims to them and what providers can expect in the way of turnaround time and access to paid claims information.

Additional information is available at JEVS's website, <http://sfi.jevs.org>. Questions regarding claims that are under the Employer Authority umbrella submitted directly to JEVS should be directed to the following:

- Main Number: 1-267-298-1300
- Toll Free: 1-800-610-7910
- TTY: 1-267-298-1399
- Email: supports@jevs.org

SERVICE CODES

The chart below lists each of the SELF Waiver services, along with the associated PAWS Roll-up Code for authorization purposes; the associated Service Code for billing purposes; the associated value of a unit; and, indicates where claims are to be submitted.

The chart also includes the Ohio Administrative Code (OAC) Sections for direct reference regarding the Medicaid maximum rates established for each service.

| OAC Section | SELF Waiver Service Title | DODD Service Code | PAWS Roll-up Code | Service Unit | Claims Submitted to: | |
|-------------|---|-------------------|-------------------|--------------|----------------------|------|
| 5123:2-9-42 | Community Inclusion – Personal Assistance (Agency) | SPA | S45 | Hour | DODD | |
| | Community Inclusion – Personal Assistance (Independent) | SPN | S45 | Hour | | JEVS |
| | Community Inclusion – Transportation (Agency) | STA | S45 | Service | DODD | |
| | Community Inclusion – Transportation (Independent) | STI | S45 | Service | | JEVS |
| 5123:2-9-43 | Functional Behavioral Assessment | SFB | SFB | Item | DODD | |
| 5123:2-9-41 | Clinical/Therapeutic Interventionist (Agency) | SCT | S55 | Hour | DODD | |
| | Clinical/Therapeutic Interventionist (Independent) | SCI | S55 | Hour | DODD | |
| | Clinical/Therapeutic Interventionist - Specialized (Agency) | SPT | S55 | Hour | DODD | |
| | Clinical/Therapeutic Interventionist - Specialized (Independent) | SPI | S55 | Hour | DODD | |
| | Clinical/Therapeutic Interventionist - Senior Level (Agency) | SLA | S55 | Hour | DODD | |
| | Clinical/Therapeutic Interventionist - Senior Level (Independent) | SLC | S55 | Hour | DODD | |
| 5123:2-9-45 | Participant-Directed Goods and Services | SGS | S55 | Item | | JEVS |
| 5123:2-9-46 | Participant/Family Stability Assistance (Agency) | SPF | S55 | Item | DODD | |
| | Participant/Family Stability Assistance (Independent) | SPS | S55 | Item | | JEVS |
| 5123:2-9-47 | Support Brokerage (Agency) | SSB | SSB | Hour | DODD | |
| | Support Brokerage (Independent) | SSU | SSU | Hour | | JEVS |
| 5123:2-9-35 | Remote Monitoring Service | SMS | S45 | Hour | DODD | |
| | Remote Monitoring Service w/Responder | SMR | S45 | Hour | DODD | |
| | Remote Monitoring Equipment | SML | SML | Item | DODD | |
| 5123:2-9-34 | Community Respite - Daily Unit | SRD | S45 | Partial Day | DODD | |
| | Community Respite - 15 Minute Unit | SRF | S45 | 15 minute | DODD | |
| | Community Respite - Overnight Unit | SRN | S45 | Full Day | DODD | |
| | Residential Respite - ICF/MR | SLI | S45 | Day | DODD | |
| | Residential Respite - Agency | SLR | S45 | Day | DODD | |
| | Residential Respite - Licensed Facility | SLN | S45 | Day | DODD | |
| 5123:2-9-44 | Integrated Employment - Initial (Agency) | SIA | S55 | Hour | DODD | |
| | Integrated Employment - Initial (Independent) | SIE | S55 | Hour | | JEVS |
| | Integrated Employment - Retention (Agency) | SIR | S55 | Hour | DODD | |
| | Integrated Employment - Retention (Independent) | SIP | S55 | Hour | | JEVS |
| 5123:2-9-16 | Supported Employment - Enclave - 15 minute unit | SNF | S25 | 15 minute | DODD | |
| | Supported Employment - Enclave - Daily unit | SND | S25 | Day | DODD | |
| 5123:2-9-16 | Supported Employment - Enclave - 15 minute unit | SNF | S25 | 15 minute | DODD | |
| | Supported Employment - Enclave - Daily unit | SND | S25 | Day | DODD | |
| 5123:2-9-17 | Adult Day Support - 15 minute unit | SDF | S25 | 15 minute | DODD | |
| | Adult Day Support - Daily unit | SDS | S25 | Day | DODD | |
| | Contracted Adult Day Support - 15 minute unit | SGF | S25 | 15 minute | DODD | |
| | Contracted Adult Day Support - Daily unit | SGD | S25 | Day | DODD | |
| 5123:2-9-14 | Vocational Habilitation - 15 minute unit | SVF | S25 | 15 minute | DODD | |
| | Vocational Habilitation - Daily unit | SVD | S25 | Day | DODD | |
| 5123:2-9-14 | Adult Day/Voc Hab Combo - 15 minute unit | SXF | S25 | 15 minute | DODD | |
| 5123:2-9-17 | Adult Day/Voc Hab Combo - Daily unit | SXD | S25 | Day | DODD | |
| 5123:2-9-18 | Non-Medical Transportation - Mileage - 1 person | STW | S35 | Mile | DODD | |
| | Non-Medical Transportation - One-way trip - Eligible vehicle | STB | S35 | Trip | DODD | |
| | Non-Medical Transportation - One-way trip - Taxi/Livery/Bus | STT | S35 | Trip | DODD | |

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| | Clinical/Therapeutic Interventionist - Specialized (Independent) | SPI | S55 | Hour | DODD | |
| | Clinical/Therapeutic Interventionist - Senior Level (Agency) | SLA | S55 | Hour | DODD | |
| | Clinical/Therapeutic Interventionist - Senior Level (Independent) | SLC | S55 | Hour | DODD | |
| | 5123:2-9-45 | Participant-Directed Goods and Services | SGS | S55 | Item | |
| 5123:2-9-46 | Participant/Family Stability Assistance (Agency) | SPF | S55 | Item | DODD | |
| | Participant/Family Stability Assistance (Independent) | SPS | S55 | Item | | JEVS |
| 5123:2-9-47 | Support Brokerage (Agency) | SSB | SSB | Hour | DODD | |
| | Support Brokerage (Independent) | SSU | SSU | Hour | | JEVS |
| 5123:2-9-35 | Remote Monitoring Service | SMS | S45 | Hour | DODD | |
| | Remote Monitoring Service w/Responder | SMR | S45 | Hour | DODD | |
| | Remote Monitoring Equipment | SML | SML | Item | DODD | |
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| | Community Respite - 15 Minute Unit | SRF | S45 | 15 minute | DODD | |
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| | Residential Respite - ICF/MR | SLI | S45 | Day | DODD | |
| | Residential Respite - Agency | SLR | S45 | Day | DODD | |
| | Residential Respite - Licensed Facility | SLN | S45 | Day | DODD | |
| | 5123:2-9-44 | Integrated Employment - Initial (Agency) | SIA | S55 | Hour | DODD |
| 5123:2-9-16 | Integrated Employment - Initial (Independent) | SIE | S55 | Hour | | JEVS |
| | Integrated Employment - Retention (Agency) | SIR | S55 | Hour | DODD | |
| | Integrated Employment - Retention (Independent) | SIP | S55 | Hour | | JEVS |
| 5123:2-9-17 | Supported Employment - Enclave - 15 minute unit | SNF | S25 | 15 minute | DODD | |
| | Supported Employment - Enclave - Daily unit | SND | S25 | Day | DODD | |
| 5123:2-9-14 | Adult Day Support - 15 minute unit | SDF | S25 | 15 minute | DODD | |
| | Adult Day Support - Daily unit | SDS | S25 | Day | DODD | |
| | Contracted Adult Day Support - 15 minute unit | SGF | S25 | 15 minute | DODD | |
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| 5123:2-9-14 | Vocational Habilitation - 15 minute unit | SVF | S25 | 15 minute | DODD | |
| | Vocational Habilitation - Daily unit | SVD | S25 | Day | DODD | |
| 5123:2-9-14 | Adult Day/Voc Hab Combo - 15 minute unit | SXF | S25 | 15 minute | DODD | |
| 5123:2-9-17 | Adult Day/Voc Hab Combo - Daily unit | SXD | S25 | Day | DODD | |
| 5123:2-9-18 | Non-Medical Transportation - Mileage - 1 person | STW | S35 | Mile | DODD | |
| | Non-Medical Transportation - One-way trip - Eligible vehicle | STB | S35 | Trip | DODD | |
| | Non-Medical Transportation - One-way trip - Taxi/Livery/Bus | STT | S35 | Trip | DODD | |