

Payment Authorization for Waiver Services

- The Payment Authorization for Waiver Services system (PAWS) is the system by which County Boards authorize DODD to reimburse providers for services rendered to individuals on a waiver.
- Any claim submitted by a provider must be matched to an approved PAWS record in order for the claim to be paid.
- **You can only submit claims for services you have performed.**
- Providers have 'read access' to the PAWS system, to verify what is authorized on the PAWS and the enrollment status of the PAWS for an individual on the waiver.
- Providers with questions should contact the County Board Service and Support Administrator (SSA) for the individual.

PAWS are specific to waiver recipients, not providers. Providers do not have PAWS plans.

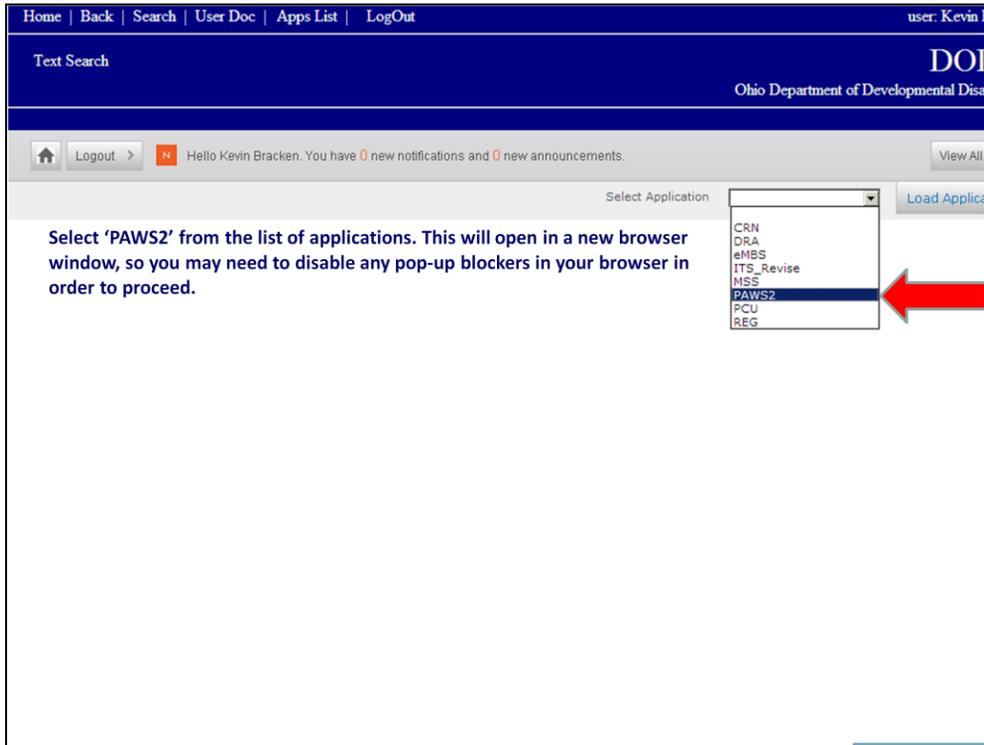
PAWS plans indicate the amount of funds budgeted and authorized by the county boards

for the care of an individual. The funds are not owned by the individual, nor are they owed

to the provider.

PAWS confirmations do get emailed, but it is still the provider's responsibility to check the PAWS. Remember, emails will go to whatever address DODD has on record.

County boards have sole responsibility to enter and update a PAWS. Enrollment may take up to 10 business days.



PAWS is one of DODD older applications and therefore has more stringent requirements than all other DODD Applications.

It will only work in Internet Explorer 7 – 9, and Internet Explorer 10+ in compatibility mode

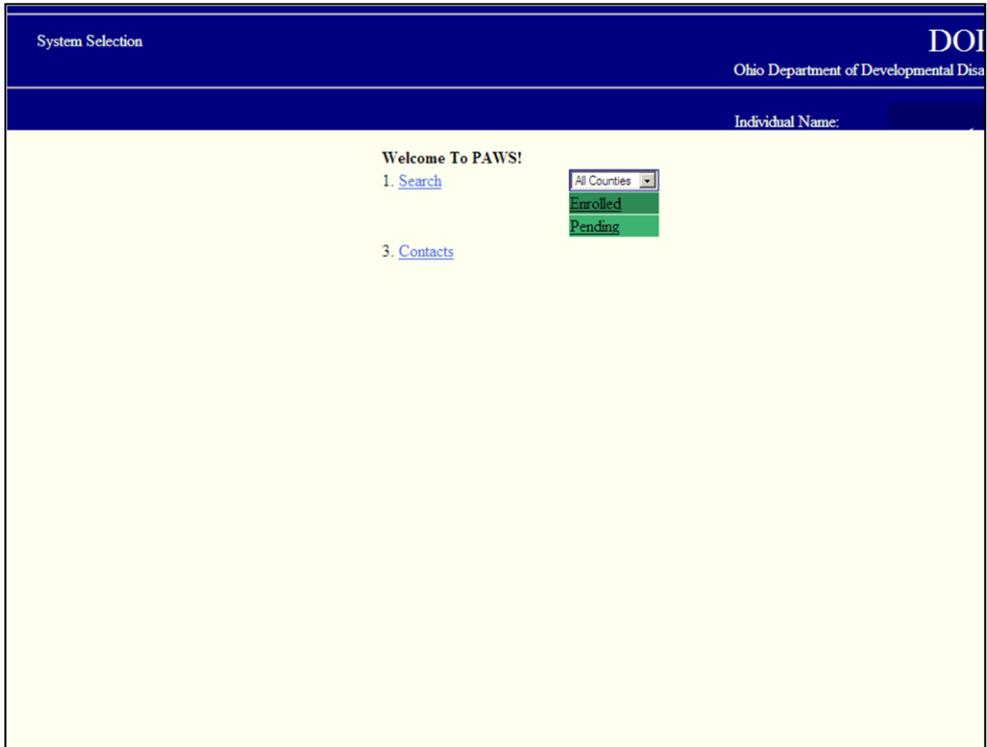
It will not work in any other Internet Browser (such as Chrome, Firefox, Safari, Opera, etc...)

To get PAWS to run in Internet Explorer 10+ Please run your browser in Compatibility Mode by doing the following:

Fix site display problems with Compatibility View

To turn on Compatibility View in Internet Explorer 11

- 1) On the top right of your Internet Browser there should be an icon that resembles a GEAR (or SPOKE), Click on that link and then select Compatibility View
- 2) Once in Compatibility View Make sure that you have state.oh.us and then click the ADD Button to add this site to your compatibility View
- 3) Repeat step 2 and add dodd.ohio.gov and click ADD Button to add this site as well



You can search for a specific individuals PAWS, or you can view all the 'Enrolled' or 'Pending' PAWS plans you are associated with.

Text Search DODD
Ohio Department of Developmental Disabilities

[Text Search](#)

Search Field	Search Text	AND
Individual No. ▾	Equals ▾	<input type="text"/> AND ▾
Last Name	Equals ▾	<input type="text"/> AND ▾
First Name	Equals ▾	<input type="text"/> AND ▾
SSN	Equals ▾	<input type="text"/> AND ▾
Medicaid No.	Equals ▾	<input type="text"/> Individual Search
Case No.	Equals ▾	<input type="text"/>
Individual No.	Equals ▾	<input type="text"/>
DB ID	Equals ▾	<input type="text"/>

You can search for a PAWS using multiple criteria.

Select how you want to search in the 'Search Field' box, and enter the appropriate information in the 'Search Text' box.

Even if a PAWS is in pending status, you should be able to view it if your contract number is associated with it.

Text Search

DOI

Ohio Department of Developmental Disa

Individual Name:

[New Search](#)

1 through 1 of 1

Individual No.	Last Name	First Name	Middle Name	SSN	DOB	Medicaid No.	Creation Date
294592				XXX-XX-XXXX	12/31/1992		6/22/2012 8:36:00 AM

This screen will show you the individual's DODD number, name, Date of Birth, Medicaid number, and creation date of the PAWS. The Social Security Number will be redacted for privacy. Click on any of the blue lines to continue.

Home | Back | Search | User Doc | Apps List | LogOut user: Kevin Bracken

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

TOP | PAWS Comments | Plans | Suspension | Tracking Records Individual Name: |

Individual Name:
 Individual No. SSN
 DHS Medicaid #:

PAWS Comment

This page will show you what PAWS plans have been entered, the approval status of the PAWS plan, if the plan has been or is currently suspended, and general waiver information.

PAWS Plan Information

Waiver Type	County	Match Source	Plan Begin Date	Plan End Date	Approval	Approval Date	Version	Comment
LV1	Cuyahoga County	LONE	04/20/2012	04/19/2013	Enrolled	06/22/2012	2	Comment
LV1	Cuyahoga County	LONE	04/20/2011	04/19/2012	Enrolled	08/26/2011	2	

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	4/20/2012	04/20/2012	04/19/2013	ENRL - Enrolled	LV1	WTS comment	2
MR	4/20/2011	04/20/2011	04/19/2012	ENRL - Enrolled	LV1	WTS comment	1

If a PAWS span is not highlighted, you are not associated with it.

PAWS Plan

DOI

Ohio Department of Developmental Disa

WTS Individual | TOP | Plan Information | Fiscal Planning | Service Items

Individual Name:

First Prev Next Last Compare

PAWS Plan Type	Revision	Plan Revision Number	0
Match Source	LONE	This Plan Version No.	2 of 2
Paws Status	Enrolled	PAWS Plan Begin Date	04/20/2012
Reason For Revision	M - PAWS Plan Revised	PAWS Plan End Date	04/19/2013
PAWS Approval Sign On	Jamey R. Karhoff	PAWS Enrolled Date	06/22/2012

This area tells you when the PAWS plan begins and ends, the version, and when it was enrolled. Be certain you are viewing the most recent version.

SUPPORT BROKER INFORMATION

Contract# Name Start End Status

This area only applies to individuals on the SELF waiver

Fiscal Planning

2012 Waiver Costs	1,247.00	2012 Match Funds Needed	447.05
2013 Waiver Costs	2,494.00	2013 Match Funds Needed	894.10
Total Plan Costs	3,741.00	Total Plan Costs - DayHab/Sup Emp.	3,741.00
Total DDP Associated Costs	0.00	Total DayHab/SupEmp Costs	0.00
2012 Match Needed Costs	1,247.00	Total No Match Needed Costs	-10,080.00
2013 Match Needed Costs	2,494.00	Total Adult Day Costs	0.00
Adult Foster Care Agency	0.00	Non-Medical Transport Costs	0.00
Adult Foster Care Individual	0.00		

The county board uses this area planning the individual's budget

County Review Comments

[View Comments](#)

PAWS Plan DODD
Ohio Department of Developmental Disabilities

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Contract# | Name | Start | End | Status

Fiscal Planning

2012 Waiver Costs	1,247.00	2012 Match Funds Needed	447.05
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Total DDP Associated Costs	0.00	Total DayHab/SupEmp Costs	0.00
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2013 Match Needed Costs	2,494.00	Total Adult Day Costs	0.00
Adult Foster Care Agency	0.00	Non-Medical Transport Costs	0.00
Adult Foster Care Individual	0.00		

County Review Comments

[View Comments](#)

Service Items

tails	Code	Begin Date	End Date	Units	FP	Rate	Adds	Contract #	Contractor	Service Title	2012 Total Units	2012 Total Cost	2013 Total Units
tails	F22	04/20/2012	06/30/2012	200	S	0.00				HOMEMAKER/PERSC LV1	200	822.00	
tails	F22	07/01/2012	04/19/2013	400	S	0.00				HOMEMAKER/PERSC LV1	0	0.00	
tails	F44	04/20/2012	06/30/2012	100	S	0.00				HOMEMAKER/PERSC ONSITE LV1	100	225.00	
tails	F44	07/01/2012	04/19/2013	200	S	0.00				HOMEMAKER/PERSC ONSITE LV1	0	0.00	
tails	FTN	04/20/2012	06/30/2012	500	S	0.00				TRANSPORTATION	500	200.00	
tails	FTN	07/01/2012	04/19/2013	1000	D	0.00				TRANSPORTATION	0	0.00	293.00

PAWS plans will not cross over the fiscal year end of 30 June.

Code	Begin Date	End Date	Units	FP	Rate	Adds	Contract #	Contractor	Service Title	2012 Total Units	2012 Total Costs	2013 Total Units	2013 Total Costs
A22	01/01/12	06/30/12	1400	S	0.00				HOMEMAKER/PERSC I/O	1400	5,754.00		
A22	07/01/12	12/31/12	1600	S	0.00				HOMEMAKER/PERSC I/O	0	0.00	1600	6,576.00
ATN	01/01/12	06/30/12	400	M	0.00				TRANSPORTATION	2400	960.00		
ATN	07/01/12	12/31/12	400	M	0.00				TRANSPORTATION	0	0.00	2400	960.00

Code: Authorizes the type of service.

This is an authorization code and is not necessarily what you will submit for billing

Begin & End date: The date span services are authorized

Units: Indicates the number of units authorized for the date span

Units can be 15 minute or daily units for Homemaker/Personal Care services, or it can indicate mileage or number of trips for transportation

FP: The frequency period. This can be 'S' for span, 'M' for monthly, 'W' for weekly, or 'D' for daily.

Rate: This is no longer used

Adds: Indicates whether the county board has authorized a behavioral or medical add-on

Contract #, Contractor: Individual or agency authorized to provide service

Service Title: Title of service being authorized

Total Units: Total number of units authorized for the span

Total Cost: Total dollars authorized for the span

10

First line indicates that for the span 01/01/12-06/30/12 1400 units of HPC have been authorized

FY12 costs are \$5,754.00

Second line indicates that for the span 7/1/12-12/31/12 1600 units of HPC have been authorized

FY13 costs are \$6,576.00

Third line indicates that for the span 01/01/12-6/30/12, 400 units **per month** of transportation have been authorized

FY12 total units are 2400 FY12 total costs is \$960.00

Fourth line indicates that for the span 7/1/12-12/31/12, 400 units **per month** of transportation have been authorized

FY13 total units are 2400 FY13 total costs is \$960.00

Payment Authorization For Services (PAS) Original Faxed XML 9/3/10 Page 1 of 1

Changes Only

County: Franklin Hamilton Montgomery Warren Other (Specify) _____ Medicaid Agency Billing Number (if applicable) _____ **001** Expiration Date: **08/03/2010**

Funding Source: **W/O** Plan Type: Initial Redetermination Revision (#2) Social Security Number: _____ Plan Year Period: **3/1/2010 to 4/30/2011**

A #	Service Title	Service Beh Code	Mod	Mod	Begin	End	Max Units	Freq	Rate	Vendor #	Vendor Name	FY 1 Amount	FY 2 Amount
X 1	Homemaker/Personal Care	ADL			07/01/10	04/30/11	177	S		680111	AWS	\$0.00	\$0.00
A 2	Specialized Medical Equip	AAE			07/01/10	04/30/11	1	S	\$1,650.00	0500261	Parsons	\$0.00	**\$1,650.00
A 3	Homemaker/Personal Care	ADL			07/01/10	04/30/11	177	S		680111	AWS	\$0.00	\$89,515.84

Posted in Year: 2010

Cost Summary			Contact Information	
Current FY Cost	Next FY Cost	Projections	Contact Email (Pat, Ppl, Mails)	Revel Address
\$0.00	\$91,165.84	\$94,566.18		
Vendor Designated for Patient Liability			Date	Telephone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No			Pin Number	Contract Number
<small>* By Signing, I am verifying that there is an ISP in place to support the services authorized on this PAS form.</small>			<small>ODMRDD Use Only</small>	Date
<small>By Signing, I am verifying that there is an ISP in place to support the services authorized on this PAS form.</small>			<small>COMM</small>	Date

P. 003/003
 FAX No. 513-867-5015
 SEP 20 2010 09:23 AM
 Email Address: meachamber@outstatec.org
 Match Source: ODMRDD Authorized States

Some county boards give providers a copy of a Payment Authorization for Services (PAS), which is form that is generated by their own internal software systems.

This is not the same thing as a Payment Authorization for Waiver Services (PAWS), and does not mean that the service authorization is in place and billing can begin.

Providers should check the actual PAWS system that can be accessed through DODD's application portal to view their waiver recipient's PAWS plans and ensure that services have been properly authorized before submitting claims for services delivered.

Provider Support

Ohio Department of Developmental Disabilities

Phone: (800) 617-6733

Fax: (614) 466-7359

Email: dodd.support@dodd.ohio.gov