PAYMENT AUTHORIZATION FOR WAIVER SERVICES (PAWS)

Ohio Department of Mental Retardation/Developmental Disabilities
Division of Fiscal Administration
Office of Medicaid Payment and Support

Effective March 2, 2006

What's Changed

ODMRDD has made changes to the Payment Authorization for Waiver Services (PAWS) system, which will be implemented effective March 2, 2006. These changes have been made largely as a result of a proposal submitted by the OACBMRDD and OPRA in an effort to facilitate the successful implementation of the waiver reimbursement methodology described in OAC 5123:2-9-06.

These changes are being implemented in an effort to eliminate the need for a specific PAWS entry for each potential service ratio (Appendix A of OAC 5123:2-9-06, Waiver Reimbursement) that an individual might be authorized to receive as the system moves into the new waiver reimbursement arena. The information required on a PAWS will not change for individuals whose services continue to be paid through the current negotiated rate reimbursement structure. As individuals transition to the new fee for service (statewide rates) reimbursement structure, required information will change as outlined below.

The following changes have been made to the PAWS system:

Changes in Service Codes for Homemaker/Personal Care and Supported Employment

The three services that currently include service codes to represent service provision by multiple staff are being modified *for PAWS purposes only*. The Service Codes for Homemaker/Personal Care – Routine, Homemaker/Personal Care – On-site/On Call, and Supported Employment to be utilized on the PAWS are listed below, and also in Appendix "A" to these instructions. It will be important that providers understand that these service codes are only for service authorization purposes and NOT for billing purposes. Providers will continue to bill utilizing the service codes found in OAC 5123:2-9-06. The new codes are as follows:

A22 – Homemaker/Personal Care – Routine – Individual Options Waiver
F22 – Homemaker/Personal Care – Routine – Level One Waiver – Non-Emergency
E22 – Homemaker/Personal Care – Routine – Level One Waiver – Emergency

A44 – Homemaker/Personal Care – On Site/On Call – Individual Options Waiver
F44 – Homemaker/Personal Care – On Site/On Call – Level One Waiver – Non-Emergency
E44 – Homemaker/Personal Care – On Site/On Call – Level One Waiver – Emergency

A88 – Supported Employment - Individual Options Waiver
F88 – Supported Employment – Level One Waiver – Non-Emergency

These codes replace the previously published codes for all staff sizes.

Elimination of the group size field from the PAWS

Providers will continue to include group size on their claims. However, it is no longer necessary to authorize services for various group sizes. The service codes listed above encompass all group sizes.

Elimination of the service location field from the PAWS

Providers will continue to include service location on their claims. However, it is no longer necessary to authorize services for various service locations. The service codes listed above encompass all service locations.

Elimination of the requirement to include the service rate for services for individuals who have transitioned to the new waiver reimbursement methodology

Providers will be required to include their usual and customary rate for the service, including any medical and/or behavioral add-ons, on each claim submitted for reimbursement. MBS will reimburse the claim at the rate identified on the claim or at the rate established in 5123:2-9-06, whichever is lower. MBS will utilize the service code, staff size, group size, and service location data on the claim, in conjunction with medical and behavioral rate modification indicators on the PAWS, to determine the appropriate rule rate for reimbursement of each

claim. Service rates will continue to be required on PAWS if the services are paid through the current negotiated rate reimbursement structure.

The addition of two dollar values per PAWS line item that will specify a maximum reimbursement amount for each fiscal year represented by the specified time period

The ODMRDD Medicaid Billing System (MBS) will utilize the *Maximum Number of Units per Frequency Period* in conjunction with the *FY 1 and FY 2 Amounts* as claims are processed for payment. The *Maximum Number of Units per Frequency Period* shall continue to be monitored by MBS at the specified *Frequency Period* just as it has been in the past. It is important to note that the *FY 1 and FY 2 Amounts* will be monitored by MBS over the period covered from the *Service Period Begin Date* through the *Service Period End Date* entered for that line and NOT at the *Frequency Period* level. These fields are applicable only to individuals who have transitioned to the new waiver reimbursement methodology.

The following example illustrates how an authorization will be utilized by MBS for claims processing purposes:

It is anticipated that an individual will utilize 100 units of service each month for a total cost of $1,000 per month from January 1, 2006 through June 30, 2006, the PAWS could be submitted as follows:

Provider Billing Number	Service Period Begin Date	Service Period End Date	Service Code	Service Title	Units Per Freq Period	Freq Period	FY 1 Amount	FY 2 Amount
1234756	01/01/06	06/30/06	A22	HPC Routine	100	Month	$6,000	$0.00

MBS will pay up to 100 units of routine homemaker/personal care service per month from January 1, 2006 through June 30, 2006, so long as no more than $6,000 has been expended for that time period. This allows fluctuations in dollars spent on a monthly basis up to the $6,000 maximum limit for the six-month period. In this example, depending on the service delivery patterns (ratios), there could be $1,500 spent for services in January, $1,200 spent for services in February, etc. until such time that the $6,000 limit is reached.

Elimination of the DDP Funding Range fields from the PAWS

The DDP Funding Range is no longer required to be included on the PAWS.

Submission Requirements:

All required information on the PAWS form must be provided. Incomplete submissions will be returned.

PAWS forms containing errors will not be processed until the error has been corrected. The PAWS submitter will be notified of any such errors.

PAWS forms must be signed and dated.

PAWS Forms should be faxed to:
(614) 466-7359

or mailed to:
Ohio Department of MR/DD
Office of Medicaid Payment and Support
30 E Broad Street
13th Floor
Columbus, OH 43215

PAWS forms may also be emailed to the Fiscal Specialist assigned to your county. Please contact the Fiscal Specialist directly if you are interested in emailing PAWS forms.

Questions regarding the completion or submission of the PAWS forms should be addressed to the Fiscal Specialist within the Division of Fiscal Administration assigned to your county.

PAYMENT AUTHORIZATION FOR WAIVER SERVICES (PAWS)

COMPLETION INSTRUCTIONS

PAGE ____ OF _____ (Upper right hand corner)
The current page number in the total number of pages of the PAWS document submitted for an individual. For example, if two pages were submitted, they would be identified as 1 of 2, and 2 of 2.

COUNTY
Enter the first four letters of the county in which the individual is enrolled for services on the waiver.

If an individual moves from one county to another, when the case is formally transferred, the county the individual moves **to** must submit a PAWS document authorizing waiver services. The county the individual moves **from** must submit a PAWS document to end date services. The effective dates on which waiver services are terminated by the former county, and authorized by the new county, should be mutually agreed upon to ensure that there are no gaps or overlaps in service periods. The county receiving the individual must send a letter to the Division of Fiscal Administration, ODMR/DD, accepting administration of the individual's waiver, and identifying the date of the transfer.

RESIDENT NUMBER
Enter the seven (7)-digit number assigned to the individual by ODMR/DD through the IIF system.

NAME
Enter the individual's full name (last, first, middle) exactly as it appears on their Ohio Medicaid Card.

MEDICAID RECIPIENT BILLING NUMBER
Enter the twelve (12)-digit Medicaid Recipient Billing Number. The number can be found in the first column on the individual's Ohio Medicaid Card. (NOTE – This number **must** also be entered in the IIF system in order for claims to be paid.)

COMPLETION DATE
Enter the date the specific PAWS document that is being submitted is completed. A PAWS document should be submitted to the Office of Medicaid Payment and Support at least fourteen (14) days prior to the earliest service period begin date of any services being added or changed.

WAIVER TYPE
I/O – Individual Options Waiver
LV1 – Level One Waiver
RFW – Residential Facility Waiver (plan years and services must end on or before 6/30/05)

PLAN TYPE
Indicate the appropriate plan type:

INITIAL – This plan type should be used to identify a PAWS document for an individual who has not previously been enrolled on an MR/DD administered HCBS waiver, or one who was previously enrolled then disenrolled, and subsequently re-enrolled.

REDETERMINATION – This plan type should be used to identify a PAWS document for an individual who is currently undergoing annual redetermination of eligibility for an MR/DD administered HCBS waiver.

REVISION (#) – This plan type should be used to identify a PAWS document which reflects a change of HCBS waiver services on an Individual Service Plan (ISP), which would also be a change to a line of service authorized from a previously submitted PAWS document. Each new PAWS document submitted to change a line of service from the initial or redetermination PAWS should have a new sequential number beginning with Revision #1.

SOCIAL SECURITY # (Optional)
Enter the individual's Social Security number.

WAIVER YEAR PLAN PERIOD (SPAN)
Enter the dates that identify the full year waiver span of the individual, with the following exceptions:

Relocation to a different county: When an individual moves to a different county, the waiver span will be "split" between the two counties. The county from which the individual moves should submit a PAWS ending services in that county. The county should also enter the last date of residence as the end date of the waiver year plan period. The county to which the individual moves should submit a PAWS authorizing services in that county. The county should enter the first date of residence as the begin date of the waiver year plan period, and the end date of the individual's waiver span as the end date of the waiver year plan period. The effective dates on which waiver services are terminated by the former county, and authorized by the new county, should be mutually agreed upon to ensure that there are no gaps or overlaps in service periods. **Movement from one county to another does not change the individual's waiver span.**

EXAMPLE: An individual with a waiver span of 4/1/05 – 3/31/06 moves from "A" county to "B" county, with the last date of service in "A" county being 7/14. The waiver year plan periods will be:

County "A": 4/1/05 – 7/14/05
County "B": 7/15/05 – 3/31/06

When County "B" submits their redetermination PAWS for the following year, they will use 4/1/06 – 3/31/07 as the waiver year plan period.

Conversion to new reimbursement codes and rates: When a county begins to utilize the service codes and rates contained in OAC rule 5123:2-9-06 ("HCBS waivers – waiver reimbursement methodology"), a county should submit a PAWS ending the authorization of the "old" service codes. The county should also enter the last date of the utilization of the "old" codes as the end date of the waiver year plan period. The county should submit a second PAWS, authorizing the "new" service codes and rates, with the first date of the utilization of these codes as the state date of the waiver year plan period. **Conversion to the "new" service codes and rates does not change the individual's waiver span.**

EXAMPLE: An individual with a waiver span of 6/3/05 – 6/2/06 converts to the "new" codes effective 5/8/06. The waiver year plan periods will be:

"Old" codes: 6/3/05 – 5/7/06
"New" codes: 5/8/05 – 6/2/06

When the county submits the redetermination PAWS for the following year, they will use 6/3/06 – 6/2/07 as the waiver year plan period.

Change in DDP Funding Range: When the DDP funding range for an individual changes, the county should submit two PAWS. The first PAWS will end services effective with the last date to which the previous DDP funding range was applicable. The county should also enter that date as the end date of the waiver year plan period. The second PAWS will begin services effective with the first date to which the new DDP funding range is applicable. The county should also enter that date as the state date of

the waiver year plan period. Note that this procedure should be followed even if the change in funding range does not result in any change in services authorized on the PAWS. **A change in DDP funding range does not change the individual's waiver span.**

EXAMPLE: An individual with a waiver span of 10/18/05 – 10/17/06 receives a new DDP funding range effective 8/1/06. The waiver year plan periods will be:

Previous funding range: 10/18/05 – 7/31/06
New funding range: 8/1/06 – 10/17/06

When the county submits the redetermination PAWS for the following year, they will use 10/18/06 – 10/17/07 as the waiver year plan period.

ACTION

Enter one of the two following action codes:

A = Add a line of service
X = Cancel (or delete) a line of service

Enter **"A"** to add a line of service that has not been authorized by a previously submitted PAWS document.

Enter **"X"** to cancel (delete) a line of service that was authorized by a previously submitted PAWS document. **NOTE:** A line of service cannot be cancelled if claims have been paid based on the authorization *unless* a line of service is **added** for the dates of service, service code, rate, and number of units that have been billed.

To change a line of service, use the action code **"X"** to cancel the line of service, then use the action code **"A"** to re-enter the part of the service that is to remain. Remember to add back services that have already been billed.

EXAMPLE: A line of service from a previously authorized PAWS document allows provider Jane Smith to bill 20 units per day for the individual's entire waiver year plan period (span) of February 1, 2005 through January 31, 2006. The individual goes on vacation with her family for the month of June, and will not need the services of Ms. Smith until he returns. The correct entries to change the PAWS are as follows:

Action Code	Service Code	Service Period Begin/End	Max. Units per Freq. Period	Frequency Period	Contractor Name
X	ATN	02/01/05 – 01/31/06	20	D	Jane Smith
A	ATN	02/01/05 – 05/31/05	20	D	Jane Smith
A	ATN	07/01/05 – 01/31/06	20	D	Jane Smith

NOTE: For this example, not all fields in the PAWS service item section are shown.

ITEM #

Number each line of service consecutively.

SERVICE TITLE

Enter the appropriate service title from Appendix A.

SERVICE CODE

Enter the appropriate service code from Appendix A. Note that the set of service codes to be used for individuals who have not transitioned to the new reimbursement system is different than the set of service codes to be used for those individuals who have converted.

A service code can only be entered once for any given contractor for a given service period. Service periods for the same service code, for the same contractor, cannot overlap one another.

BEH. MOD.
Place a checkmark or "X" in this field if the payment rate is to be modified to reflect the need for behavior support (see OAC 5123:2-9-06(D)(8) through 5123:2-9-06(D)(10)). **NOTE:** The payment rate modification is applicable **only** to routine homemaker/personal care (H/PC) services. The field **must** be checked for each line of H/PC service to which it applies.

MED. MOD.
Place a checkmark or "X" in this field if the payment rate is to be modified to reflect the need for medical assistance (see OAC 5123:2-9-06(D)(8) through 5123:2-9-06(D)(10)). **NOTE:** The payment rate modification is applicable **only** to routine homemaker/personal care (H/PC) services. The field **must** be checked for each line of H/PC service to which it applies.

SERVICE PERIOD
Begin Date – Enter the date the service is to begin.
End Date – Enter the date the service is to end.

These dates must fall within the waiver year plan period noted on the PAWS.

MAX. UNITS PER FREQ. PERIOD
Enter the maximum number of service units authorized for the given frequency period.

FREQ. PERIOD
"D" = Daily
"W" = Weekly (defined as Sunday through Saturday)
"M" = Monthly (defined as a calendar month)
"S" = Span (from service period begin date to service period end date; **the service period cannot cross the end of the state fiscal year, 6/30)**

Payment of claims for waiver services will be based on the frequency period established. Payment will not be made for services billed in excess of the established maximum per frequency period. The number of units authorized should be consistent with the amount of service identified on the individual's ISP.

> **EXAMPLE 1:** A provider is authorized to bill up to thirty-two (32) units of HPC daily, as indicated on the PAWS with Maximum Units per Frequency Period of 32, and Frequency Period of **D.** ODMR/DD's Medicaid Billing System (MBS) will reject any claims over 32 units on any given day.
>
> **EXAMPLE 2:** A provider is authorized to bill up to one hundred sixty (160) units of HCP weekly, as indicated on the PAWS with Maximum Units per Frequency Period of 160, and Frequency Period of **W.** MBS will allow any number of units to be billed on any given day during the week, up to a maximum of ninety-six (96), but will reject any claims that would cause total units paid to exceed one hundred sixty (160) per week.

SERVICE RATE
Enter the rate to be paid for the authorized line of service.

NOTE: This field is to be completed only when authorizing services for an individual who **has not transitioned to the new reimbursement system**. Any information entered into this field for an individual whose PAWS utilizes the services codes under the new reimbursement system will be disregarded.

See the note on Day Habilitation and Level One Supported Employment at the end of these instructions.

ODMR/DD PROVIDER BILLING NUMBER
Enter the seven (7)-digit number assigned by ODMR/DD to the provider selected to deliver the waiver service. **NOTE:** A PAWS cannot be entered in the system if the begin date of the service is earlier than the date the provider was certified to provide that service.

PROVIDER NAME
Enter the name of the contractor selected to deliver the waiver service.

FY 1 AMOUNT
Enter the maximum authorized dollar value for the first state fiscal year (July 1 through June 30) represented by the service period. The total dollar value of provider claims for this service cannot exceed this amount. This dollar value will in most cases be determined as part of the Individual Service Plan (ISP) process.

NOTE: This field is to be completed only when authorizing services for an individual who **has transitioned to the new reimbursement system**. Any information entered into this field for an individual whose PAWS utilizes the services codes under the old reimbursement system will be disregarded.

See the note on Day Habilitation and Level One Supported Employment at the end of these instructions.

FY 2 AMOUNT
Enter the maximum authorized dollar value for the second state fiscal year (July 1 through June 30) represented by the service period. The total dollar value of provider claims for this service cannot exceed this amount. This dollar value will in most cases be determined as part of the Individual Service Plan (ISP) process.

NOTE: This field is to be completed only when authorizing services for an individual who **has transitioned to the new reimbursement system**. Any information entered into this field for an individual whose PAWS utilizes the services codes under the old reimbursement system will be disregarded.

See the note on Day Habilitation and Level One Supported Employment at the end of these instructions.

WAIVER CONTACT INFORMATION
Enter all information in the appropriate fields. The PAWS form **must** be signed and dated.

Special Instructions for Day Habilitation and Level One Supported Employment: Day Habilitation and Level One Supported employment service codes may be utilized on PAWS both for individuals who **have not** transitioned to the new reimbursement system, and individuals who **have** transitioned to the new reimbursement system. Regardless of the status of the individual, the **service rate should not be entered on the PAWS**. Rather, the **FY1 and FY2 Amounts** should be utilized when completing the PAWS.

Ohio Department of Mental Retardation and Developmental Disabilities

Payment Authorization for Waiver Services (PAWS)

County	Resident Number	Name (Last, First, Middle)	Medicaid Recipient Billing Number	Completion Date

Waiver Type	Plan Type	Social Security #	Waiver Year Plan Period (Span)
	☐Initial ☐Redetermination ☐Revision (#)		From: To:

Action	Item #	Service Title	Service Code	Beh. Mod	Med. Mod	Service Period		Max. Units per Freq. Period	Freq. Period	Unit Rate (if required)	ODMR/DD Provider Billing Number	Provider Name	FY 1 Amount (if required)	FY 2 Amount (if required)
						Begin Date	End Date							

Waiver Contact Information			
Waiver Contact Name (Please print)		Street Address	
City	State	Zip Code	Telephone No.
Fax No.	Signature		Date
Email Address			

ODMR/DD Use Only		
Match Source	ODMR/DD Authorized Signature	Date

DMR-1116 (03/06)

SAMPLE – Individual **has not** transitioned to new reimbursement system

Ohio Department of Mental Retardation and Developmental Disabilities

Payment Authorization for Waiver Services (PAWS)

County	Resident Number	Name (Last, First, Middle)	Medicaid Recipient Billing Number	Completion Date
BLAC	1234567	Smith, Mary Jane	123456789012	8/1/06

Waiver Type	Plan Type	Social Security #	Waiver Year Plan Period (Span)
I/O	☐ Initial X Redetermination ☐ Revision (#)	123-45-4321	From: 8/15/06 To: 8/14/07

Action	Item #	Service Title	Service Code	Beh. Mod	Med. Mod	Service Period Begin Date	Service Period End Date	Max. Units per Freq. Period	Freq. Period	Unit Rate	ODMR/DD Provider Number	Provider Name	FY 1 Amount	FY 2 Amount
A	1	Homemaker/Pers. Care	AHC			8/15/06	12/31/06	50	M	$16.25	9090909	My Services		
A	2	Homemaker/Pers. Care	AHC			1/1/07	8/14/07	20	W	$16.25	9090909	My Services		
A	3	Transportation	ATR			8/15/06	8/14/07	150	M	$0.38	9090909	My Services		
A	4	Day Habilitation	AHA			8/15/06	6/30/07	300	S		9000011	Black CB MR/DD	$27,000.00	
A	5	Day Habilitation	AHA			7/1/07	8/14/07	45	S		9000011	Black CB MR/DD		$4,050.00

Waiver Contact Information

Waiver Contact Name (Please print)			Street Address
City	State	Zip Code	Telephone No.
Fax No.	Signature		Date
Email Address			

ODMR/DD Use Only

Match Source	ODMR/DD Authorized Signature	Date

DMR-1116 (03/06)

SAMPLE – Individual **has** transitioned to new reimbursement system

Ohio Department of Mental Retardation and Developmental Disabilities

Payment Authorization for Waiver Services (PAWS)

County	Resident Number	Name (Last, First, Middle)	Medicaid Recipient Billing Number	Completion Date
BLAC	98765432	Jones, Harry F.	121314151617	5/20/06

Waiver Type	Plan Type	Social Security #	Waiver Year Plan Period (Span)
I/O	☐ Initial X Redetermination ☐ Revision (#)	333-33-3344	From: 6/15/06 To: 6/14/07

Action	Item #	Service Title	Service Code	Beh. Mod	Med. Mod	Service Period		Max. Units per Freq. Period	Freq. Period	Unit Rate	ODMR/DD Provider Number	Provider Name	FY 1 Amount	FY 2 Amount
						Begin Date	End Date							
A	1	Homemaker/Pers. Care	A22	x		6/15/06	6/30/06	120	S		9090909	My Services	$475.00	
A	2	Homemaker/Pers. Care	A22	x		7/1/06	6/14/07	50	M		9090909	My Services		$30,000.00
A	3	Transportation	ATN			6/15/06	6/14/07	100	M		9090909	My Services	$20.00	$450.00
A	4	HPC – On-site on-call	A44			6/15/06	6/30/06	50	S		9090909	My Services	$100.00	
A	5	Day Habilitation	AHA			6/15/06	6/30/06	15	S		9000011	Black CB MR/DD	$1,350.00	

Waiver Contact Information

Waiver Contact Name (Please print)			Street Address
City	State	Zip Code	Telephone No.
Fax No.	Signature		Date
Email Address			

ODMR/DD Use Only

Match Source	ODMR/DD Authorized Signature	Date

DMR-1116 (03/06)

Sample PAWS Confirmation Report

County	Resident Number	Name	Medicaid Number	Plan Type	Version	Waiver Type	Match Source	Plan Period Begin Date	Plan Period End Date
COUNTY NAME	1111111	Example, Mary	123456789123	RED	4	IO	COMM	10/01/2004	09/30/2005

Svc #	Svc Code	Service Description	Service Unit	Contractor Number	Contractor Name	Service Begin Date	Service End Date	Frequency Period	Max Units per FP	Service Rate	FY 2005 Units	FY 2005 Cost	FY 2006 Units	FY 2006 Cost
1	ACF	HOMEMAKER/PERSONAL CARE/RESERVE	QTRH	8900123	PROVIDER SERVICES, INC.	5/16/2005	6/30/2005	SPAN	454	4.56	454	2,070.24	0	0.00
2	ACF	HOMEMAKER/PERSONAL CARE/RESERVE	QTRH	8900123	PROVIDER SERVICES, INC.	7/1/2005	9/30/2005	SPAN	909	4.56	0	0.00	909	4,145.04
3	ADR	HOMEMAKER/PERSONAL CARE	DAY	8900123	PROVIDER SERVICES, INC.	10/1/2004	1/30/2005	DAILY	1	82.98	122	10,123.56	0	0.00
4	ADR	HOMEMAKER/PERSONAL CARE	DAY	8900123	PROVIDER SERVICES, INC.	1/31/2005	2/7/2005	DAILY	1	149.54	8	1,196.32	0	0.00
5	ADR	HOMEMAKER/PERSONAL CARE	DAY	8900123	PROVIDER SERVICES, INC.	2/8/2005	5/15/2005	DAILY	1	82.98	97	8,049.06	0	0.00
6	AHP	HOMEMAKER/PERSONAL CARE	QTRH	8900123	PROVIDER SERVICES, INC.	5/16/2005	9/30/2005	WEEKLY	116	3.97	763	3,029.11	1,525	6,054.25
7	ATR	TRANSPORTATION	MILE	8900123	PROVIDER SERVICES, INC.	10/1/2004	6/30/2005	SPAN	4,275	0.18	4,275	769.50	0	0.00
8	ATR	TRANSPORTATION	MILE	8900123	PROVIDER SERVICES, INC.	7/1/2005	9/30/2005	SPAN	1,965	0.18	0	0.00	1,965	353.70

PAWS Approval Action Date: 3/2/2006

FY 2005 /Waiver Service Plan Cost: $25,237.79

FY 2006 /Waiver Service Plan Cost: $10,552.99

Total Waiver Service Plan Cost: $35,790.78

Projected Balance of FY 2006: $31,562.57

Approved By: Fiscal Specialist

NOTE: This is a sample confirmation and may not include all fields on an actual PAWS confirmation

PAYMENT AUTHORIZATION FOR WAIVER SERVICES (PAWS)

HOW THE PAWS SYSTEM CALCULATES

The following is a summary of how the PAWS system calculates the total number of units for a line of service. Examples of the calculation for daily, weekly, monthly, and spanned service are provided.

When the service period for a line of service falls within two fiscal years, the calculation of units and cost (if applicable) for each fiscal year is done separately. Once the separate fiscal year cost and units are calculated, they can be added together to obtain the total cost of services for the individual's Waiver Year Plan Period (span).

NOTE: For this example, not all fields in the PAWS service item section are shown.

Service Code	Service Period Begin/End	Max. Units per Freq. Period	Frequency Period	Service Rate
AHP	06/01/05 – 10/06/05	20	D	$4.52
AHP	09/01/05 – 09/30/05	180	W	$4.52
AHP	07/01/05 – 10/06/05	600	M	$4.52
AHP	07/01/05 – 10/06/05	2,000	S	$4.52

Daily - Example:

Total Units = (Units per Day) multiplied by (Number of Service Days)
20 units per day * 30 (# of days in FY 05 from 6/1 – 6/30) = 600 units
20 units per day * 98 (# of days in FY 06 from 7/1 – 10/6) = 1,960 units

600 units * $4.52 = $2,712.00 (FY 05 cost of line of service)
1,960 units * $4.52 = $8,859.20 (FY 06 cost of line of service)

$11,571.20 (Total cost of line of service)

Weekly - Example:

Total Units = (Units per Week) multiplied by (Number of Service Days/7)
180 units per week * (30 / 7) = 771.4 rounded up = 772 units

772 units * $4.52 = $3,489.44 (FY 06 cost of line of service)

Monthly -

Full Month Units = (Units per Month) multiplied by (Number of full months)
Partial Month Units = (Units per Month) multiplied by
(Number of days in partial month/Number of Total Days in Month)
Total Units = Full Month Units plus Partial Month Units

Example:

Full Month Units (Jul, Aug, Sep) = 3 * 600 = 1,800 units
Partial Month Units = (6 / 31) * 600 = 117 units
Total Units = 1,917 units

1,917 units * $4.52 = $8,664.84 (Total cost of line of service)

IMPORTANT: For services authorized on a weekly or monthly basis, the **PAWS system** calculates the total number of units by prorating when there is a partial week or month (as noted in the "Monthly" example). The **Medicaid Billing System (MBS), which processes provider claims, does NOT limit the number of billable units within a partial week or month to the prorated amount.**

For instance, in the "Monthly" example above, the PAWS system recognizes that only a portion of the month of October is included in the service period, and the total number of units includes only a prorated

portion for October. However, a provider would be able to bill up to 300 units for dates of service in October, as long as **total** units billed for the service period did not exceed 1,917.

Span - Total Units = Units in Span
Example: 2,000 * $4.52 = $9,040.00 (Total cost of line of service)

This example demonstrates the calculation of total units and total costs, which is done by the PAWS system for those services that require inclusion of the payment rate on the PAWS. For services that require inclusion of the FY1 Amount and FY2 Amount on the PAWS, but do not require inclusion of the rate, total units are calculated as in the example, but no calculation of total cost is performed.