



Nursing Services for the Individual Options Waiver

Donna Patterson, RN

Medicaid Development and Administration



Waiver Nursing Services

- Services provided to an individual that require the skill of an RN or an LPN, who works at the direction of an RN
- 



Waiver Nursing Does Not Include:

- RN Assessments
 - RN Consultations
 - Delegated Nursing
 - Health Care Coordination
 - Supervisory Visits
- 



IO Waiver Nursing Providers

- Medicare Certified Agencies – Type 60
- Other Accredited Agencies – Type 16
- DODD Certified Agencies – Type 45
- Non-agency/Independent Providers – Type 38

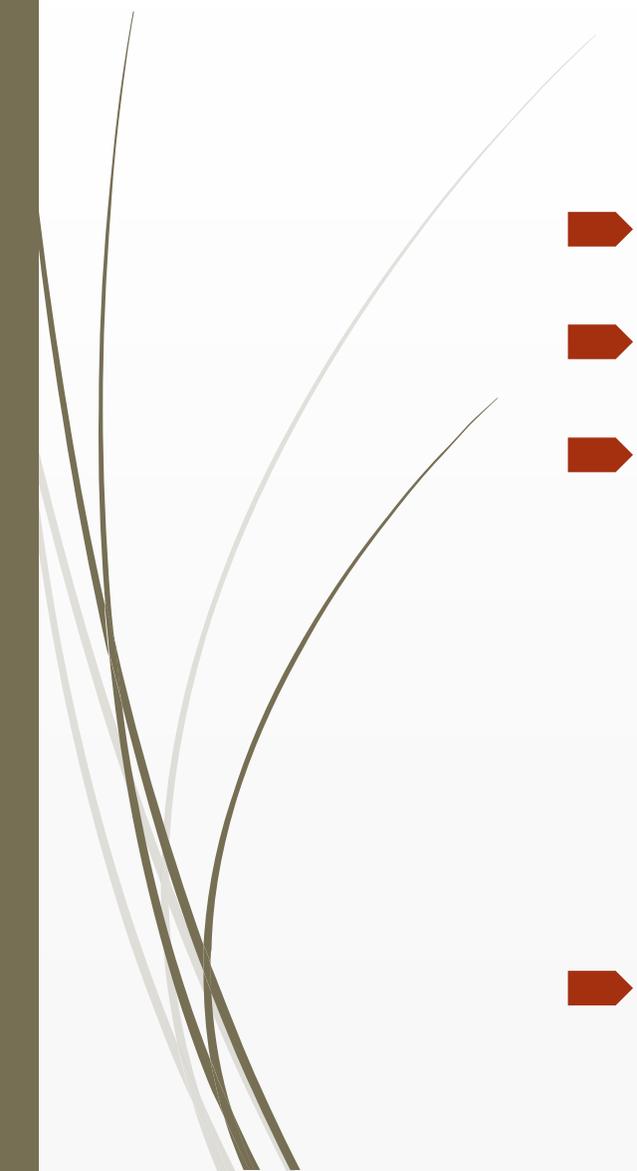
Providers must have Medicaid provider agreements with the Ohio Department of Medicaid who are, or employ RNs or LPNs, working at the direction of the RN

Unlike the TDD Waiver Nursing, parents of minor children will not be permitted to be the paid nursing care provider – as neither an agency, nor non-agency, provider.



Authorizations

Payer Sequencing

- Medication Certification
 - Nursing Delegation
 - State Plan Services
 - State Plan Home Health Services
 - State Plan Home Health- HealthChek
 - State Plan Post-Hospital Services
 - State Plan Private Duty Nursing
 - Waiver Nursing
- 



Authorizations

- IO Waiver nursing will be funded and authorized by DODD
- Only authorized when an individual's needs cannot be met through:
 - Natural supports
 - Other Payer Sources: Private Insurance, Medicare
 - State Plan services & Healthchek
 - Medication administration and HPC (staff with appropriate DODD certification)
 - Delegated nursing

Medication Certification



- To administer prescribed medications, perform health-related activities, administer food or prescribed medication via stable labeled gastrostomy/jejunostomy tube or administer subcutaneous insulin injection for individuals, DD personnel shall obtain ***the certificate or certificates*** required by the department and issued under ORC 5123.45 and OAC 5123:2-6-06. DD personnel shall administer prescribed medication, perform health-related activities, and perform tube feedings only as authorized by the certificate or certificates held.



Medication Certifications

- ✓ Level I- give oral or apply topical prescribed medication and perform health-related activities
- ✓ Level II - provide prescribed medication administration or feeding via stable, labeled gastrostomy tube or stable, labeled jejunostomy tube feeding
- ✓ Level III – administer subcutaneous insulin injections



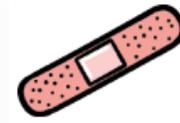
Nursing Delegation

- ▶ “Delegable nursing task” means a nursing task, which a licensed nurse has determined meets the provisions listed in Chapter 4723-13 of the Administrative Code.
- ▶ "Nursing delegation" means the process established in rules adopted by the board of nursing pursuant to Chapter 4723. of the Revised Code under which a registered nurse or licensed practical nurse acting at the direction of a registered nurse transfers the performance of a particular nursing activity or task to another person who is not otherwise authorized to perform the activity or task.

Health Related Tasks Allowed



- ▶ Taking vital signs
- ▶ Application of clean dressings that do not require health assessment
- ▶ Basic measurement of bodily intake and output
- ▶ Oral suctioning



- ▶ Collection of specimens by noninvasive means
- ▶ Emptying and replacing colostomy ostomy bags
- ▶ External urinary catheter care
- ▶ Use of glucometers





Statute Changes

- Expanded health-related tasks within Certification 1 curriculum
 - Pulse oximetry reading
 - Use of C-PAP or BiPAP for Sleep Apnea
 - Application of percussion vests
 - Use of cough assist devices and insufflators
 - Applications of prescribed compression hosiery
 - Emptying and replacing colostomy/ostomy bags



Statute Changes

- ▶ Ability for staff with appropriate training to perform additional tasks without delegation and without certification:
 - ▶ Activate vagal nerve stimulator
 - ▶ Use epi-pen to treat anaphylaxis
 - ▶ Administer topical over-the-counter medications for cleaning, protecting, or comforting skin, hair, nails, teeth or oral surfaces

Nursing Delegation

List of Nursing Tasks that Can be Delegated





State Plan Services



State Plan Services

State Plan Home Health (including **HealthChek, Post-Hospital, Increased State Plan Services-adults**) can only be provided by a Medicare-certified Agency

State Plan Private Duty Nursing (including **Post-Hospital** benefits) can be provided by Medicare-certified agency, other accredited agency, and/or non-agency provider



PDN Authorization



- ▶ As of 04/17/16- For those transferring from the TDD Waiver to the I/O Waiver, the PDN Referral Form will not be sent to Ohio Department of Medicaid (ODM) for individuals requiring ongoing nursing care.
- ▶ The Nursing Task Assessment Form will be utilized to explain services required of the individual and the resources for care that have been explored. Service hour needs (hours/days) will identified by the county board.
- ▶ The Nursing Task Assessment form will be reviewed by DODD to determine the authorization of PDN services and service hours.



PDN Authorization



- ▶ If DODD denies the PDN services, or authorizes services that are less than requested by the county board, Hearing Rights will be issued by DODD.
- ▶ If the county board determines that nursing needs of the individual could be met through alternate means, other than continuous nursing, then the responsibility for due process falls to the county board.
- ▶ Expectation that county boards explore all potential options for meeting service needs for all individuals, including Natural Support, Nursing Delegation, Homemaker/Personal Care, and State Plan Home Health nursing services.



State Plan Services

- ▶ Services-At-A-Glance
 - ▶ On Website
 - ▶ Explains Requirements of State Plan Services
 - ▶ Explains Restrictions of State Plan Services
 - ▶ Explains Service Hours/Length of Service Authorization Limitation
 - ▶ Please utilize if in doubt of restrictions as service hours will not be reimbursed to the providers if allocated incorrectly

Waiver Nursing Services





Waiver Nursing

- A direct nursing service provided by LPN/RN, not for delegation or health services coordination
- Will be funded and authorized by DODD
- Only authorized when needs cannot be met by other resources
 - Unpaid supports
 - Other payer sources: Private Insurance, Medicare
 - Delegated nursing
 - Staff with appropriate DODD certification
 - State Plan Services



Waiver Nursing

- A county board, or its contracted agent, shall complete and submit a service authorization request for waiver nursing services to the department for review and approval *at least annually* and *upon identification of a significant change that affects a service authorization*. Each service authorization request shall include:
 - (a) An assessment of resources available to address each skilled nursing task ordered by a physician; and
 - (b) A proposed weekly schedule with corresponding budget.



Waiver Nursing

- The department shall review a service authorization request to determine whether the requested services are medically necessary.
- The department may approve a service authorization request in its entirety or may partially approve a service authorization request if it determines that the services are medically necessary.
- Within 30 days of submission to DODD, the request will be reviewed to determine whether the services are medically necessary



Requirements for Service Delivery

- Waiver nursing services shall be provided pursuant to an individual service plan (ISP)
- Waiver nursing services shall not be provided to an individual during the same time the individual is receiving adult day support, adult family living, adult foster care, residential respite being provided at an intermediate care facility.
- A provider of waiver nursing services shall be identified as the provider and have specified in the individual service plan the number of hours for which the provider is authorized to furnish waiver nursing services.

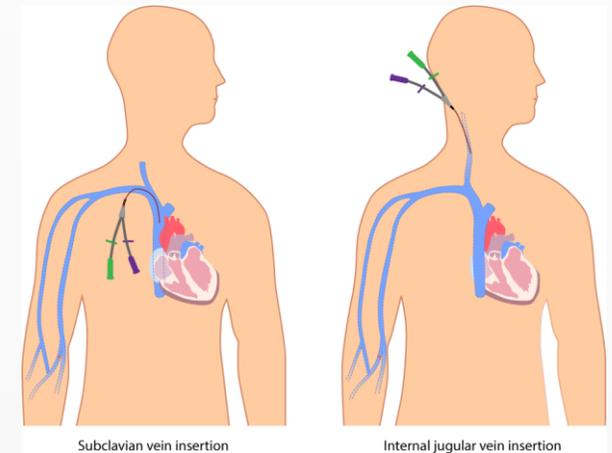


Requirements for Service Delivery

- A provider of waiver nursing services who is a licensed practical nurse working at the direction of a registered nurse shall *conduct a face-to-face visit with the individual and the directing registered nurse **prior to initiating services and at least once every one hundred twenty days*** for the purpose of evaluating the provision of waiver nursing services, the individual's satisfaction with care delivery and performance of the licensed practical nurse, and to ensure that waiver nursing services are being provided in accordance with the approved plan of care.

Nursing tasks performed ONLY by an RN include but are not limited to:

- IV insertion, removal, or discontinuation
- IV medication administration
- Pump programming to deliver meds including but not limited to, epidural, subcutaneous, and IV (except routine doses of insulin through a programmed pump)
- Insertion or initiation of infusion therapies
- Central line dressing changes; and
- Blood product administration



Subclavian vein insertion

Internal jugular vein insertion



Plan of Care

- ▶ A copy of the initial and all subsequent plans of care, specifying the type, frequency, scope, and duration of the waiver nursing services being performed. When waiver nursing services are performed by a licensed practical nurse working at the direction of a registered nurse, the record shall include documentation that the registered nurse has reviewed the plan of care with the licensed practical nurse. *The plan of care shall be certified by the treating physician initially and recertified at least annually thereafter, or more frequently if there is a significant change in the individual's condition.*



IO Waiver Nursing Rate Structure

- ▶ **Base rate** = the amount paid for the first thirty-five to sixty minutes of service delivered
- ▶ **Unit rate** = the amount paid for each fifteen minutes of service delivered when the visit is greater than sixty minutes in length or less than or equal to thirty-four minutes in length
- ▶ The provider shall be paid a maximum of one unit if the service is equal to or less than fifteen minutes in length and a maximum of two units if the service is sixteen to thirty-four minutes in length



Waiver Nursing Pay Structure

Provider

- ▶ Independent Provider - Registered Nurse
- ▶ Independent Provider - Licensed Practical Nurse
Working at the Direction of a Registered Nurse

Pay Rate

- ▶ T1002 Base = \$38.60
- ▶ T1002 Unit = \$ 6.96
- ▶ T1003 Base = \$31.65
- ▶ T1003 Unit = \$ 5.57



Waiver Nursing Pay Structure

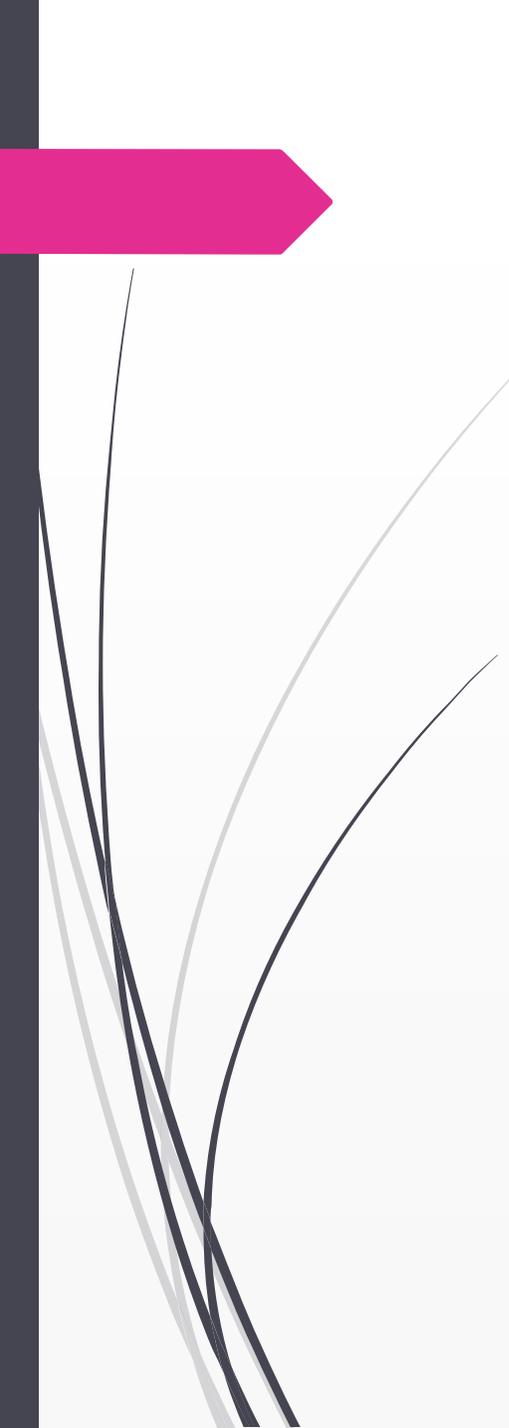
Provider

- Employee of Agency Provider Who is a Registered Nurse
- Employee of Agency Provider Who is a Licensed Practical Nurse

Pay Rate

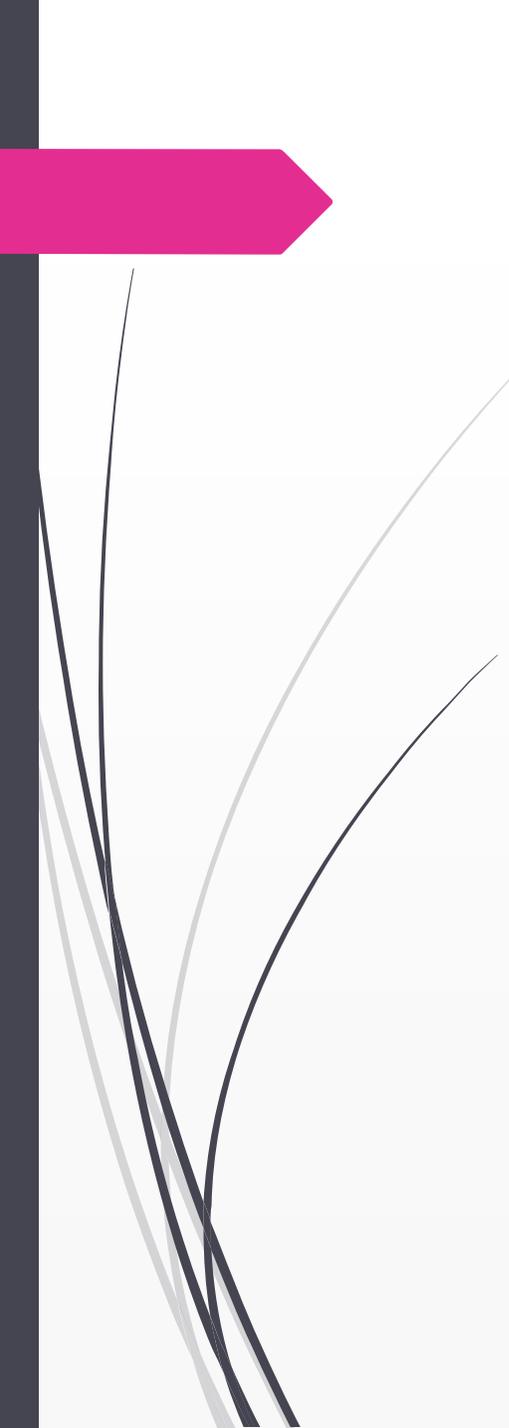
- T1002 Base = \$45.40
- T1002 Unit = \$ 8.32

- T1003 Base = \$37.90
- T1003 Unit = \$ 6.82



Waiver Nursing Budget Process

- ▶ Budget requests will be submitted to DODD through MSS
- ▶ Assessment tool must be submitted with all initial budget requests and budget adjustments in which waiver nursing authorization will be increased or decreased – in other words: when care needs change based on change in the individual's status.
- ▶ Assessment tool may not be needed if change in the provider type or typical schedules change.



Waiver Nursing Budget Process

- ▶ Will have same rate structure as other Medicaid-funded nursing services
- ▶ Claims to be submitted directly through MITS, not eMBS
- ▶ Reporting to be available through data warehouse, including state plan services delivered to people receiving IO Nursing

I may need to extend
my lunch break into
not working here
anymore.



someecards

Need a Break??



Nursing Task Assessment Form



Nursing Task Assessment Form

A county board, or its contracted agent, shall complete and submit a service authorization request for waiver nursing services to the department for review and approval at least annually and upon identification of a significant change that affects a service authorization. Each service authorization request shall include:

- (a) An assessment of resources available to address each skilled nursing task ordered by a physician; and
- (b) A proposed weekly schedule with corresponding budget.



Requesting Nursing Services



Skill Task Assessment Tool:

- Identifies the skilled services ordered by a physician
- Identifies what resources are available to perform those services (a) who is providing this service currently and (b) will I/O waiver Nursing be requested
- **Classification 1:** IO nursing could be authorized if paid supports are needed
- **Classification 2:** IO nursing authorized *only* in extenuating circumstances – explanation will be required



Requesting Nursing Services

- Budget requests will be submitted to DODD through MSS
- Assessment tool must be submitted with all initial budget requests and budget adjustments in which waiver nursing authorization will be increased or decreased – in other words: when care needs change based on change in the individual's status.
- EM will be sent to DODD mailbox (TDD Budget Box/Inbox) explaining that Annual or Budget Adjustment has submitted. The EM will also indicate if an Emergency and will describe situation surrounding request to explain if an Assessment Tool is submitted or not.
- Assessment tool may not be needed if change in the provider type or typical schedules change.



Ohio Department of Developmental Disabilities Nursing Task Assessment Form

Individual: _____

Name of assessor: _____

Name(s) of informants: _____

Evidence of the individual's special circumstances must be submitted to DODD along with the skilled needs assessment form. IO nursing will only be authorized when the individual's needs cannot be met through unpaid supports, unlicensed personnel with medication administration certification, unlicensed personnel under RN delegation, or state plan nursing.

Instructions:

Classification: 1. If paid support is required for this task, IO nursing could be authorized. 2. IO Nursing only authorized if extenuation circumstances exist, such as; a. unstable medical condition b. no available provider c. other (explain)

For any task for which nursing is needed (whether it's met or needed), the assessor must indicate in the "comments/notes" section the times of day to perform each task as well as indicate the proposed nursing schedule and total authorization needed.

"Licensed RN" - Tasks performed only by a registered nurse or licensed practical nurse acting within the scope of his/her practice.

"Licensed LPN" - Tasks performed only by a registered nurse or licensed practical nurse acting within the scope of his/her practice.

"RN delegation" - Tasks delegated by an RN in accordance with chapter 5123:2-6 of the Ohio Administrative Code

"Non-licensed with family delegation" - Tasks delegated to independent providers who DO NOT possess a nursing license. Tasks are delegated by family members who live with the individual in accordance with ORC 5123.47.

"Non-licensed with certification" - Tasks performed without nursing delegation by staff who have completed the medication administration curriculum outlined in chapter 5123:2-6 of the Ohio Administrative Code.

"Non-licensed" - Tasks that may be performed by paid staff without additional certification, RN delegation, and/or family delegation.

"Unpaid natural support" - Tasks performed by unpaid personnel who are appropriately trained to do so by medical professionals managing the individual's care

Ohio Department of Developmental Disabilities Nursing Task Assessment Form

Care Required	Classifications	How are current needs being met now?	IO Waiver Nursing Requested?
1. Applying tracheostomy mist collar	2		
2. Applying heat moisture exchanger (HME)	1		
Oxygen Administration			
1. Applying oxygen cannula/mask	2		
2. Flow rate			
a. Setting flow rate	2		
b. Adjusting flow rate intermittently within clearly defined and documented parameters	2		
c. Adjusting flow rate intermittently based upon clinical assessment	1		
Pulse Oximetry			
1. Monitoring/recording oxygen saturation levels	2		
2. Checking skin (probe site) for any signs of skin irritation or breakdown	2		
3. Changing pulse oximeter probe	2		

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Conditional Formatting Format as Table Styles

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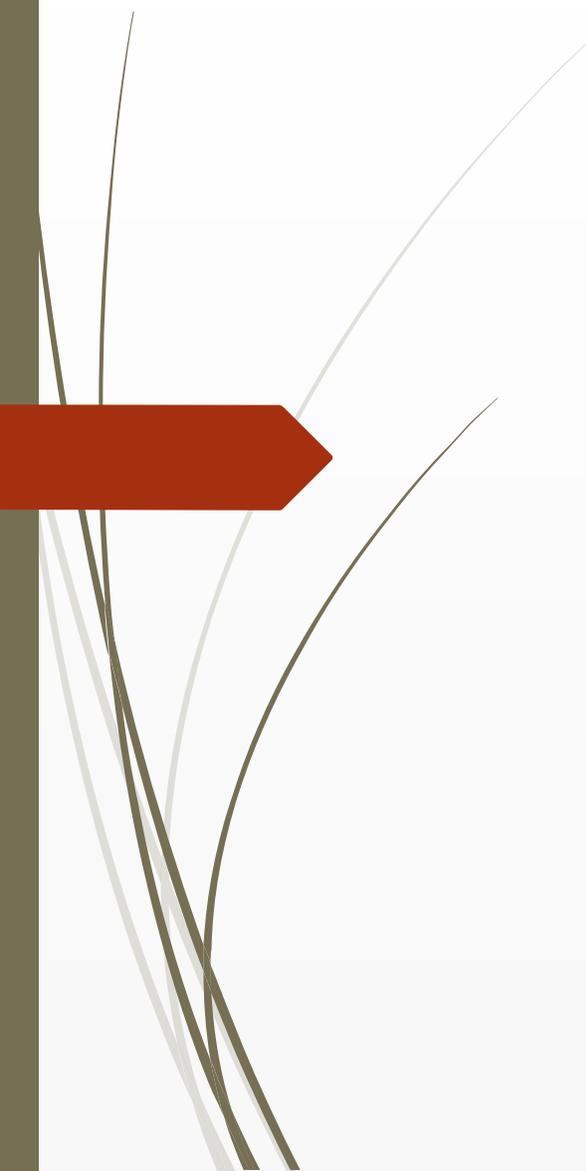
Ohio Department of Developmental Disabilities Nursing Task Assessment Form

Care Required	Classifications	How are current needs being met now?	IO Waiver Nursing Requested?	If classif
1. Applying tracheostomy mist collar	2			
2. Applying heat moisture exchanger (HME)	1			
Oxygen Administration		RN LPN RN Delegation Unpaid Natural Support		
1. Applying oxygen cannula/mask	2			
2. Flow rate				
a. Setting flow rate	2			
b. Adjusting flow rate intermittently within clearly defined and documented parameters	2			
c. Adjusting flow rate intermittently based upon clinical assessment	1			
Pulse Oximetry				
1. Monitoring/recording oxygen saturation levels	2			
2. Checking skin (probe site) for any signs of skin irritation or breakdown	2			
3. Changing pulse oximeter probe	2			
Suctioning (other than tracheostomy suctioning)				



Nursing Task Assessment Form

- **Remember:** This is not an assessment that the Service/Support Administrator performs, but is only an assignment of the tasks that are ordered for the individual as to who is currently providing, who will be providing in the future, a review of all potential providers that can provide the service(s) and a scheduling of these tasks to be performed, based upon the need of the individual and natural supports available.



Review of the Actual Nursing Task Assessment Form



Cost Projection and MSS

No More Cost Calculator Tools

EXCEPT

TDD Individuals Until Transfer to Alternate DD Waiver

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

Welcome prasuna pesala - MSS_Admin

SUPPORT | PRINT

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Waiver Provider State Plan Provider

Add a Provider to the Site

MBS Contract Number:

Provider Type: Individual Agency

First Name:

Last Name:

Select Providers to Add to the Site:

[Back to Manage Site Providers](#)

	Contract Number:	Provider Name:	First Name:	Last Name:
<input type="checkbox"/>	7800919	MUNNO, PAT J.	PAT	MUNNO

Add Waiver Provider: Enter First Name and Last name or MBS Contract Number then click on the "Search" button.

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

Welcome prasuna pesala - MSS_Admin

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Waiver Provider State Plan Provider

Add a Provider to the Site

MBS Contract Number:

Provider Type: Individual Agency

First Name:

Last Name:

Select Providers to Add to the Site:

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	Contract Number:	Provider Name:	First Name:	Last Name:
<input checked="" type="checkbox"/>	7800919	MUNNO, PAT J.	PAT	MUNNO

Select check box next to the Contract Number then click on the "Add Spans to Selected Providers" button.

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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:
7800919	PAT	MUNNO	MUNNO, PAT J.	01/01/2016	12/31/9999

Enter Provider Start Date and click on "Save Provider and Spans" button.

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Provider Manager		Manage Provider And DRA Provider spans			
Manage Providers in the Site:					Add Provider
	Allow Provider Edit :	MBS Contract Number:	Provider Name:	First Name:	Last Name:
Remove Provider	<input type="checkbox"/>	1202648	Tracy's Creative Solutions, LLC	Tracy	Gould
Remove Provider	<input type="checkbox"/>	1203012	Guardian Friends, LTD	Michele	Burton
Remove Provider	<input type="checkbox"/>	1200775	Self-Reliance, Inc.	Jay	Crawford
Remove Provider	<input type="checkbox"/>	7800919	PAT MUNNO	PAT	MUNNO
					Update Provider Edit Access
Manage State Plan Providers in the Site:					
	Provider Type:	Provider Name:	Agency Name:	Vendor Number:	
<i>No data available.</i>					

Provider details are saved on the "Manage Provider" section of the Cost Projection Tool.

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Waiver Provider

State Plan Provider

Add a State Plan Provider to the Site

Provider Type:	Non Agency
First Name:	John
Last Name:	Lavazza
Span Start Date:	01/01/2016
Span End Date:	12/31/9999
Vendor Number(optional):	

Save

Add State Plan Provider: Select Provider Type from Drop Down list: Enter First Name, Last Name, Span Start Date, and then click on the "Save" button.

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Provider Manager Manage Provider And DRA Provider spans

Manage Providers in the Site:

[Add Provider](#)

	Allow Provider Edit :	MBS Contract Number:	Provider Name:	First Name:	Last Name:
Remove Provider	<input type="checkbox"/>	1202648	Tracy's Creative Solutions, LLC	Tracy	Gould
Remove Provider	<input type="checkbox"/>	1203012	Guardian Friends, LTD	Michele	Burton
Remove Provider	<input type="checkbox"/>	1200775	Self-Reliance, Inc.	Jay	Crawford
Remove Provider	<input type="checkbox"/>	7800919	PAT MUNNO	PAT	MUNNO

[Update Provider Edit Access](#)

Manage State Plan Providers in the Site:

	Provider Type:	Provider Name:	Agency Name:	Vendor Number:
Edit Remove Provider	Non Agency - 38	John Lavazza		

State Plan Provider details are saved under the "Manage Provider" portion of the Cost Projection Tool: Manage State Plan Providers in the Site.

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- Manage Unscheduled ADS/NMT

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Manage Nursing Patterns:

[Add Nursing Pattern](#)



Name:

No data available.



Manage Nursing Patterns: Click on the “Add Nursing Pattern” link.

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Nursing Pattern:

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Enter Nursing Patter name and then click on "Save" button.

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Nursing Pattern: **Nursing 101** [Edit](#)

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Services:

[Check All](#) | [Uncheck All](#)

[Add Waiver Nursing Detail](#) | [Add State Plan Nursing Detail](#)

Provider Type	Provider	Service	# Visits	# Base Hours	# Subsequent 15minutes
		None			

[Remove Selected](#) | [Edit Selected](#)

Click on "Add Waiver Nursing Details" link.

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Nursing Pattern: **Nursing 101** [Edit](#)

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Services:

[Check All](#) | [Uncheck All](#)

[Add Waiver Nursing Detail](#) | [Add State Plan Nursing Detail](#)

Provider Type	Provider	Service	# Visits	# Base Hours	# Subsequent 15minutes
---------------	----------	---------	----------	--------------	------------------------

None

[Remove Selected](#) | [Edit Selected](#)

Add Waiver Nursing Detail ✕

Provider: PAT MUNNO

Service: Waiver Nursing -LPN

of Visits:

Duration of Visit: :

Select Provider, Service. Enter # of Visits, and Duration of Visits (hours + minutes). Click on the "Add" button.

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- Manage ADS/NMT Patterns

Site Name: **639 E Grand Ave**

Effective Date: 8/15/2011 End Date: 12/31/9999

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Nursing Pattern: **Nursing 101** [Edit](#)

[Return to Nursing Pattern Manager](#)

Services:

[Check All](#) | [Uncheck All](#)

[Add Waiver Nursing Detail](#) | [Add State Plan Nursing Detail](#)

	Provider Type	Provider	Service	# Visits	# Base Hours	# Subsequent 15minutes
<input type="checkbox"/>	Non Agency	PAT MUNNO	Waiver Nursing -LPN	1	1	12

[Remove Selected](#) | [Edit Selected](#)

Provider service details are added to the Nursing Pattern.

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

Welcome prasuna pesala - MSS_Admin

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Site Name: **639 Grand Avenue**

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Waiver Provider

State Plan Provider

Add a State Plan Provider to the Site

Provider Type: Non Agency

First Name: George

Last Name: Gavalia

Span Start Date: 01/01/2016

Span End Date: 12/31/9999

Vendor Number(optional):

Save

Add State Plan provider to a Cost Projection Tool: Select a provider Type: Non Agency: Enter-First Name, Last Name, Span Start Date. Click on the "Save" button.

Site Name: **639 E Grand Ave**

Effective Date: 8/15/2011

End Date: 12/31/9999

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Provider Manager

Manage Provider And DRA Provider spans

Manage Providers in the Site:

[Add Provider](#)

	Allow Provider Edit :	MBS Contract Number:	Provider Name:	First Name:	Last Name:
Remove Provider	<input type="checkbox"/>	1202648	Tracy's Creative Solutions, LLC	Tracy	Gould
Remove Provider	<input type="checkbox"/>	1203012	Guardian Friends, LTD	Michele	Burton
Remove Provider	<input type="checkbox"/>	1200775	Self-Reliance, Inc.	Jay	Crawford
Remove Provider	<input type="checkbox"/>	7800919	PAT MUNNO	PAT	MUNNO

[Update Provider Edit Access](#)

Manage State Plan Providers in the Site:

	Provider Type:	Provider Name:	Agency Name:	Vendor Number:
Edit Remove Provider	Non Agency - 38	John Lavazza		
Edit Remove Provider	Non Agency - 38	George Gavalia		

State Plan Provider is added under the Manage State Plan Providers in the Manage Provider portion of the Cost Projection Tool.

Medicaid Services System (MSS) - Add Nursing Pattern

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Site Name: **639 E Grand Ave** Effective Date: 8/15/2011 End Date: 12/31/9999

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Nursing Pattern: **State Plan Services - Sunday** [Edit](#)

[Return to Nursing Pattern Manager](#)

Services:

[Check All](#) | [Uncheck All](#)

[Add Waiver Nursing Detail](#) | [Add State Plan Nursing Detail](#)

Provider Type	Provider	Service	# Visits	# Base Hours	# Subsequent 15minutes
None					

[Remove Selected](#) | [Edit Selected](#)

Add State Plan Nursing Detail ✕

Provider Type:

Provider:

Service:

of Visits:

Duration of Visit: :

Adding State Plan Provider to a Pattern: Click on "Add State Plan Nursing Details" link. Select the values from drop down list for: Provider Type, Provider, Service. Enter values for: # of Visits, Duration of Visit. Click on the "Add" button.

Site Name: **639 E Grand Ave**

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Nursing Pattern: **State Plan Services - Sunday** [Edit](#)

[Return to Nursing Pattern Manager](#)

Services:

[Check All](#) | [Uncheck All](#)

[Add Waiver Nursing Detail](#) | [Add State Plan Nursing Detail](#)

	Provider Type	Provider	Service	# Visits	# Base Hours	# Subsequent 15minutes
<input type="checkbox"/>	Non Agency	George Gavalia	State Plan Nursing -PDNRN	1	1	12

[Remove Selected](#) | [Edit Selected](#)

After clicking on the "Add" button, details are added to the pattern.

Medicaid Services System (MSS) - Manage Nursing Calendar for Individual

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Michael Conley [Change](#)

DODD #: 6449199

Medicaid #: xxxxxxxx11499

Waiver: 8/15/2015 - 8/14/2016 [Change](#)

Type: I/O

Status: ENRL

[Budget Summary](#)

Nursing Calendar: April 2016

Instructions:

Click on a blank day to apply an Nursing pattern to.
Click on an Nursing pattern to view the details.



[Apply Nursing Pattern to Calendar Days](#) | [Remove Nursing Patterns](#)

Navigation: < > today

4-April 2016 change

month

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4 Nursing 101[x]	5	6	7	8	9
10	11 Nursing 101[x]	12	13	14	15	16
17	18 Nursing 101[x]	19	20	21	22	23
24	25 Nursing 101[x]	26	27	28	29	30



Applying Pattern to a Calendar: Click on "Manage Nursing Calendars" link under CPT Section. Click on "Apply Nursing Pattern to Calendar Days" link on the top of the calendar.

Site Name: 639 E Grand Ave		Effective Date: 8/15/2011	End Date: 12/31/9999
Manage: Site Home Edit Site Manage Versions Manage Notes Add Non-Waiver Spans Add DRA Exemption			
Michael Conley Change		DODD #: 6449199	Medicaid #: xxxxxxxx11499
Waiver: 8/15/2015 - 8/14/2016 Change		Type: I/O	Status: ENRL Budget Summary

Associate Nursing Pattern To Multiple Days:

[Back to Nursing Calendar Manager](#)

Nursing Pattern Name:

Weekdays: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
State Plan Services - Sunday						

Add Date's to associate with the Weekly Staffing Pattern:

Start Date	End Date	Replace Existing Nursing Patterns	
04/01/2016	04/30/2016	<input checked="" type="checkbox"/> Replace	<input type="button" value="Apply to Calendar"/>

Select "Nursing Pattern name" from the drop down list, select week day(s) check box, then click on "Apply to Schedule" button. Add dates to associate with the weekly Staffing Pattern, and then click on "Apply to Calendar" button.

Michael Conley [Change](#)

DODD #: 6449199

Medicaid #: xxxxxxxx11499

Waiver: 8/15/2015 - 8/14/2016 [Change](#)

Type: I/O

Status: ENRL

[Budget Summary](#)

Nursing Calendar: **April 2016**

Instructions:

Click on a blank day to apply an Nursing pattern to.
Click on an Nursing pattern to view the details.

[Apply Nursing Pattern to Calendar Days](#) | [Remove Nursing Patterns](#)

Navigation: ◀ ▶ today 4-April ▼ 2016 ▼ change month

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3 State Plan Services - Sunday[x]	4 Nursing 101[x]	5	6	7	8	9
10 State Plan Services - Sunday[x]	11 Nursing 101[x]	12	13	14	15	16
17 State Plan Services - Sunday[x]	18 Nursing 101[x]	19	20	21	22	23
24 State Plan Services - Sunday[x]	25 Nursing 101[x]	26	27	28	29	30

Pattern is added to the calendar.

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Medicaid Services System (MSS) -

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John Smith DOD # : 1234567 Medicaid #: xxxxxxx11499

Waiver: 8/15/2015 - 8/14/2016 [Change](#) Type: I/O Status: ENRL [Budget Summary](#)

Manage Waiver Service

Service Frequency:	Start Date:	End Date:
Month <input type="text" value="▼"/>	04/01/2016 <input type="text" value="📅"/>	04/30/2016 <input type="text" value="📅"/>
Provider:	Guardian Friends, LTD <input type="text" value="▼"/>	
Service:	Waiver Nursing -LPN <input type="text" value="▼"/>	
No of Visits:	2 <input type="text" value=""/> <input type="checkbox"/> No Base Units 	
Duration of Visit:	Hours: 4 <input type="text" value=""/> Minutes: <input style="border: 1px solid #ccc;" type="text" value="Select"/>	
Selected Service:		
Total # Visits:	0	
Total # Units:	Base Units: Subsequent Units:	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		

Add Unscheduled Services. When extending visits beyond what is routinely schedule, will check "No Base Units" and then enter hours and/or minutes.

Medicaid Services System (MSS) - Manage Cost Projections

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John Smith

[Change](#)

DODD #: 1234567

Medicaid #: xxxxxxxx11400

Waiver: 8/15/2015 - 8/14/2016 [Change](#)

Type: I/O

Status: ENRL

[Budget Summary](#)

Waiver Span: 8/15/2015 - 8/14/2016 Waiver Type: I/O DDP Funding Level: 1 AAI Group: B

Waiver Cost Projection Details

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Cost Projection Services for Waiver Year.

Waiver Cost Projection Details

[Get Waiver Cost Projection Details](#)

[Finalize Waiver Cost Projection](#)

Expand	Budget Type: DDP	Projected Cost: \$0.00	Budget Max: \$114,889.00	Remaining Amt: \$114,889.00
Expand	Budget Type: ADS	Projected Cost: \$0.00	Budget Max: --	Remaining Amt: \$0.00
Expand	Budget Type: NMT	Projected Cost: \$0.00	Budget Max: \$9,178.00	Remaining Amt: \$9,178.00



Nursing Cost Projection Details

[Finalize Nursing Cost Projection](#)

Collapse	Budget Type: Waiver Services	Projected Cost: \$408.90					
	Month	Sites	TotalCost				
-	January 2016	Grieshop	297.50				
	ProviderName	ContractNumber	Service	TotalCost			
-	PAT MUNNO	7800919	Waiver Nursing -LPN	297.50			
	BaseUnits	BaseRate	BaseTotal	SubUnits	SubRate	SubTotal	TotalCost
	5	31.65	158.25	25	5.57	139.25	297.50
	Month	Sites	TotalCost				
+	April 2016	Grieshop	111.40				
	Month	Sites	TotalCost				
+	May 2016	Grieshop	0.00				
Collapse	Budget Type: State Plan Services	Projected Cost: \$196.25					
	Month	Sites	TotalCost				
+	March 2016	Grieshop	157.00				
	Month	Sites	TotalCost				
+	April 2016	Grieshop	39.25				



Cost Projection Details.

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Medicaid #: xxxxxxxx20999

Status: ENRL [Budget Summary](#)

Level: 5 AAI Group: B

[Cost Projection Details](#) [Finalize Waiver Cost Projection](#)

00	Budget Max:	\$75,360.00	Remaining Amt:	\$75,360.00
50	Budget Max:	\$17,400.00	Remaining Amt:	\$17,327.50
8.24	Budget Max:	\$9,178.00	Remaining Amt:	\$9,139.76

Nursing Services Changes for Finalization

State Plan Only/No Waiver Nursing Change

Initial Waiver Services setup

Increase/Decrease Waiver Nursing Services

Changed Waiver Nursing Providers

Changed Waiver Nursing Schedule

Nursing Costs in Multiple Sites

Nursing Assessment Sent to DODD? Yes No

Explanation of Change:
 No Waiver Services added in this Cost Projection

[Continue](#) [Cancel](#)

Nursing Cost Projection Details [Finalize Nursing Cost Projection](#)

Expand	Budget Type:	Waiver Services	Projected Cost:	\$0.00
Expand	Budget Type:	State Plan Services	Projected Cost:	\$635.49

Cost Projection: State Plan Only/No Waiver Nursing Changes. Required to check Nursing Assessment sent to DODD, and complete the "Explanation of Change" field.

Site Name: **639 Grand Avenue** Effective Date: 2/15/2012 End Date: 12/31/9999

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John Smith [Change](#) DODD #: **1234567** Medicaid #: xxxxxxxx20999

Waiver: 2/1/2016 - 1/31/2017 [Change](#) Type: I/O Status: ENRL [Budget Summary](#)

Waiver Span: 2/1/2016 - 1/31/2017 Waiver Type: I/O DDP Funding Level: 5 AAI Group: B

Waiver Cost Projection Details

[Expand](#) Budget Type: **DDP** Projected Cost: **\$258.16**

[Expand](#) Budget Type: **ADS** Projected Cost: **\$258.16**

[Expand](#) Budget Type: **NMT** Projected Cost: **\$258.16**

Nursing Cost Projection Details

[Collapse](#) Budget Type: **State Plan Services** Projected Cost: **\$258.16**

Month	Sites	TotalCost
+ February 2016	639 Grand Avenue	258.16
+ March 2016	639 Grand Avenue	258.16
+ April 2016	639 Grand Avenue	258.16
+ May 2016	639 Grand Avenue	258.16

[Collapse](#) Budget Type: **State Plan Services** Projected Cost: **\$258.16**

Month	Sites	TotalCost
- April 2016	639 Grand Avenue	258.16

ProviderName	ContractNumber	Service	TotalCost
+ MUNNO, PAT J.	7800919	State Plan Nursing -PDNRN	258.16

Nursing Services Changes for Finalization

State Plan Only/No Waiver Nursing Change

Initial Waiver Services setup

Increase/Decrease Waiver Nursing Services

Changed Waiver Nursing Providers

Changed Waiver Nursing Schedule

Nursing Costs in Multiple Sites

Nursing Assessment Sent to DODD? Yes No

Explanation of Change:

[Continue](#) [Cancel](#)

Cost Projection: Initial Waiver Services Setup. Required to check Nursing Assessment sent to DODD, and complete the "Explanation of Change" field.

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Nursing Services Changes for Finalization

State Plan Only/No Waiver Nursing Change
 Initial Waiver Services setup
 Increase/Decrease Waiver Nursing Services

- Changed Waiver Nursing Providers
- Changed Waiver Nursing Schedule
- Increased/Decreased Service
- Changed Waiver Nursing Providers
- Changed Waiver Nursing Schedule

Nursing Costs in Multiple Sites

Nursing Assessment Sent to DODD? Yes No

Explanation of Change:
 Removed services for the month of February

Continue Cancel

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Medicaid #: xxxxxxxx20999

Status: ENRL

Level: 5 AAI Group: B

Cost Projection Details Finalize Waiver Cost Projection

00	Budget Max:	\$75,360.00	Remaining Amt:	\$75,360.00
.50	Budget Max:	\$17,400.00	Remaining Amt:	\$17,327.50
8.24	Budget Max:	\$9,178.00	Remaining Amt:	\$9,139.76

Nursing Cost Projection

Month	Sites	TotalCost
+ March 2016	639 Grand Avenue	787.92
+ April 2016	639 Grand Avenue	650.70
+ May 2016	639 Grand Avenue	94.95
State Plan Services		Projected Cost: \$1,533.57
Budget Type: State Plan Services		Projected Cost: \$258.16
Month	Sites	TotalCost
+ April 2016	639 Grand Avenue	258.16

Cost Projection: Increased/Decreased Waiver Nursing Services. Required to check Nursing Assessment sent to DODD, and complete the "Explanation of Change" field.

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Level: 5 AAI Group: B

Cost Projection Details Finalize Waiver Cost Projection

00	Budget Max:	\$75,360.00	Remaining Amt:	\$75,360.00
.50	Budget Max:	\$17,400.00	Remaining Amt:	\$17,327.50
8.24	Budget Max:	\$9,178.00	Remaining Amt:	\$9,139.76

Nursing Services Changes for Finalization [X]

State Plan Only/No Waiver Nursing Change

Initial Waiver Services setup

Increase/Decrease Waiver Nursing Services

Changed Waiver Nursing Providers

Changed Waiver Nursing Schedule

Nursing Costs in Multiple Sites

Nursing Assessment Sent to DODD? Yes No

Explanation of Change:
 Changed Nursing Provider in March and April

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Nursing Cost Projection Details Finalize Nursing Cost Projection

Collapse		Budget Type:	Waiver Services	Projected Cost:	\$1,533.57
Month	Sites			TotalCost	
+ March 2016	639 Grand Avenue			787.92	
+ April 2016	639 Grand Avenue			650.70	
+ May 2016	639 Grand Avenue			94.95	

Collapse		Budget Type:	State Plan Services	Projected Cost:	\$258.16
Month	Sites			TotalCost	
+ April 2016	639 Grand Avenue			258.16	

Cost Projection: Changed Waiver Nursing Providers. Required to check Nursing Assessment sent to DODD, and complete the "Explanation of Change" field.

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Level: 5 AAI Group: B

Cost Projection Details Finalize Waiver Cost Projection

00	Budget Max:	\$75,360.00	Remaining Amt:	\$75,360.00
50	Budget Max:	\$17,400.00	Remaining Amt:	\$17,327.50
8.24	Budget Max:	\$9,178.00	Remaining Amt:	\$9,139.76

Nursing Services Changes for Finalization

State Plan Only/No Waiver Nursing Change

Initial Waiver Services setup

Increase/Decrease Waiver Nursing Services

Changed Waiver Nursing Providers

Changed Waiver Nursing Schedule

Nursing Costs in Multiple Sites

Nursing Assessment Sent to DODD? Yes No

Explanation of Change:
 Changed Nursing Schedule in March added Wednesdays and Fridays

Continue Cancel

Nursing Cost Projection Details Finalize Nursing Cost Projection

Collapse	Budget Type:	Waiver Services	Projected Cost:	\$1,533.57
	Month	Sites	TotalCost	
+ March 2016	639 Grand Avenue		787.92	
	Month	Sites	TotalCost	
+ April 2016	639 Grand Avenue		650.70	
	Month	Sites	TotalCost	
+ May 2016	639 Grand Avenue		94.95	

Collapse	Budget Type:	State Plan Services	Projected Cost:	\$258.16
	Month	Sites	TotalCost	
+ April 2016	639 Grand Avenue		258.16	

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Cost Projection: Changed Waiver Nursing Schedule. Required to check Nursing Assessment sent to DODD, and complete the "Explanation of Change" field.

Nursing Services Changes for Finalization

State Plan Only/No Waiver Nursing Change

Initial Waiver Services setup

Increase/Decrease Waiver Nursing Services

Changed Waiver Nursing Providers

Changed Waiver Nursing Schedule

Nursing Costs in Multiple Sites

Costs for Partial Span

Costs for Full Span

Nursing Assessment Sent to DODD? Yes No

Explanation of Change:
 Individual moved out on 5/31/2016. These costs are for partial waiver year.

Continue Cancel

Effective Date: 2/15/2012 End Date: 12/31/9999

Medicaid #: xxxxxxxx20999

Status: ENRL

Cost Projection Details Finalize Waiver Cost Projection

Month	Sites	TotalCost
+ March 2016	639 Grand Avenue	787.92
+ April 2016	639 Grand Avenue	650.70
+ May 2016	639 Grand Avenue	94.95
Budget Type: State Plan Services		Projected Cost: \$258.16
+ April 2016	639 Grand Avenue	258.16

Cost Projection: Nursing Costs in Multiple Sites: Costs for Partial Waiver Span. Required to check Nursing Assessment sent to DODD, and complete the "Explanation of Change" field.

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Medicaid #: xxxxxxxx20999

Status: ENRL

Level: 5 AAI Group: B

Cost Projection Details Finalize Waiver Cost Projection

Budget Max: \$75,360.00 Remaining Amt: \$75,360.00

Budget Max: \$17,400.00 Remaining Amt: \$17,327.50

Budget Max: \$9,178.00 Remaining Amt: \$9,139.76

Nursing Cost Projection

State Plan Services Projected Cost: \$1,533.57

Month	Sites	TotalCost
+ March 2016	639 Grand Avenue	787.92
+ April 2016	639 Grand Avenue	650.70
+ May 2016	639 Grand Avenue	94.95

Collapse Budget Type: State Plan Services Projected Cost: \$258.16

Month	Sites	TotalCost
+ April 2016	639 Grand Avenue	258.16

Nursing Services Changes for Finalization

State Plan Only/No Waiver Nursing Change

Initial Waiver Services setup

Increase/Decrease Waiver Nursing Services

Changed Waiver Nursing Providers

Changed Waiver Nursing Schedule

Nursing Costs in Multiple Sites

Costs for Partial Span

Costs for Full Span

Nursing Assessment Sent to DODD? Yes No

Explanation of Change:
Individual moved within waiver county. Costs are from Multiple sites

Continue Cancel

Cost Projection: Nursing Costs in Multiple Site: Costs for Full Waiver Span. Required to check Nursing Assessment sent to DODD, and complete the "Explanation of Change" field.

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Site Name: **639 Altona** Effective Date: 4/15/2011 End Date: 12/31/9999

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

John Smith [Change](#) DODD #: 1234567 Medicaid #: xxxxxxx29299

Waiver: 4/15/2016 - 4/14/2017 [Change](#) Type: I/O Status: ENRL [Budget Summary](#)

Messages: [Close](#)

Warning Messages (1)

- Duration of Visit must be greater than 4hrs or less than or equal to 12hrs for PDNRN and PDNLPN services.

Manage Waiver Services: [Add a Waiver Service](#)

	Start Date:	End Date:	Provider Name:	Service:	Visits:	# Units:	Total Visits:	Total Units:
No data available.								

Manage State Plan Services: [Add a State Plan Service](#)

	Start Date:	End Date:	Provider Name:	Service:	Visits:	# Units:	Total Visits:	Total Units:
Edit Details Remove	04/15/2016	04/29/2016	ADAMS GLORIA S	State Plan Nursing -PDNLPN	1	3:30 / WEEK	2	Base Units:2 Subsequent Units:20

PDN RN and PDN LPN service validation message. Will not prevent submission to Department.

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Site Name: **639 Altona** Effective Date: 4/15/2011 End Date: 12/31/9999

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

Messages: [Close](#)

Warning Messages (1)

- Duration of Visit must be less than or equal to 4 hrs for SRN, SLPN, HHA, OT, ST, PT services.

Nursing Pattern: HHA Services [Edit](#)

[Return to Nursing Pattern Manager](#)

Services:

[Check All](#) | [Uncheck All](#)

[Add Waiver Nursing Detail](#) | [Add State Plan Nursing Detail](#)

	Provider Type	Provider	Service	# Visits	# Base Hours	# Subsequent 15minutes
<input type="checkbox"/>	Medicare Agency	Buckeye Medical Services	State Plan Nursing -HHA	1	1	16

[Remove Selected](#) | [Edit Selected](#)

SRN, SLPN, HHA, OT, ST, PT Service validation message. Will not prevent submission to Department.

Medicaid Services System (MSS) - SPA Nursing

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Nursing Services Payment Authorization:

County Board

ALLEN

Pending Authorization Individuals

Smith, John

Cost Projection Spans

1/1/2016 - 12/31/2016 - I/O - ENRL

Authorization

Authorization Notes:

- Approve
- Deny
- Incomplete

[Process Nursing Costs](#)

[Compare Current And Previous](#)

Finalized By: [prasuna pesala](#)

Finalization Comment:

Initial Waiver Services setup;Nursing Assessment Sent to DODD;

Expand	Budget Type:	Waiver Nursing	Projected Cost:	468.4
Expand	Budget Type:	State Plan Nursing	Projected Cost:	0

Nursing Services Payment Authorization page.

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Current

January 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4 V1,M135,B1	5 V1,M135,B1	6	7	8	9
10	11 V1,M135,B1	12 V1,M135,B1	13	14	15	16
17	18 V1,M135,B1	19	20	21	22	23
24	25 V1,M135,B1	26	27	28	29	30
31	1	2	3	4	5	6

Previous

January 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4 V1,M135,B1 V1,M135,B1	5 V1,M135,B1 V1,M135,B1	6	7	8	9
10	11 V1,M135,B1 V1,M135,B1	12 V1,M135,B1	13	14	15	16
17	18 V1,M135,B1 V1,M135,B1	19	20	21	22	23
24	25 V1,M135,B1 V1,M135,B1	26	27	28	29	30

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Cost Projection Spans
1/1/2016 - 12/31/2016 - I/O - ENRL

Process Nursing Costs
Compare Current And Previous

Compare latest finalized and latest authorized schedules from authorization page by clicking on the "Compare Current And Previous" button.

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Current

January 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4 V1,M135,B1	5 V1,M135,B1	6	7	8	9
						16
						23
						30
						6

V1,M135,B1,S5

Start: 2016-01-05
End: 2016-01-05

Service is Scheduled
 Waiver Provider Name: MUNNO, PAT J.
 Service Code: Waiver Nursing -LPN
 Visits: 1
 Minutes: 135
 Base Units: 1
 Subsequent Units: 5

Previous

January 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4 V1,M135,B1 V1,M135,B1	5 V1,M135,B1 V1,M135,B1	6	7	8	9
10	11 V1,M135,B1 V1,M135,B1	12 V1,M135,B1	13	14	15	16
17	18 V1,M135,B1 V1,M135,B1	19	20	21	22	23
24	25 V1,M135,B1 V1,M135,B1	26	27	28	29	30

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Cost Projection Spans

1/1/2016 - 12/31/2016 - I/O - ENRL

Process Nursing Costs

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View schedule details of a day.

Medicaid Services System (MSS) - Nursing Versions

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- Manage Unscheduled ADS/NMT

Site Name: **Grieshop** Effective Date: 4/14/2011 End Date: 12/31/9999

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Nursing Version Manager:

[All](#) | [Finalized](#) | [Approved](#)

Show 10 entries

Search:

	Name:	Status:	Status Date:	Waiver Cost:	State Plan Cost:	Waiver Span:	User:
View Details	John Smith Notes... Finalization Comment : Initial Waiver Services setup;Nursing Assessment Sent to DODD;	Finalization Pending	4/13/2016 10:18:09 AM	\$468.40	\$0.00	1/1/2016 - 12/31/2016	prasuna pesala
View Details	John Smith Notes...	Approved	4/12/2016 4:30:54 PM	\$714.00	\$0.00	1/1/2017 - 12/31/2017	prasuna pesala
View Details	John Smith Notes...	Finalized - OverwrittenFinalization	4/12/2016 4:30:35 PM	\$357.00	\$0.00	1/1/2016 - 12/31/2016	Praveen Pandi

Nursing Version Manager page.

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
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Nursing Finalization Details

Cost Projection Details:
 Collapse Budget Type: **Waiver Nursing** Projected Cost: 468.4

Month	Sites	TotalCost
January2016	Grieshop	357.00
April2016	Grieshop	111.40

Expand Budget Type: **State Plan Nursing** Projected Cost: 0

Schedule Details:
 January 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
	V1,M135,B1,S5	V1,M135,B1,S5				
10					15	16
	V1,M135,B1,S5					
17					22	23
24	25	26	27	28	29	30
	V1,M135,B1,S5					

V1,M135,B1,S5
 Start: 2016-01-04
 End: 2016-01-04

Service is Scheduled
 Waiver Provider Name: MUNNO, PAT J.
 Service Code: Waiver Nursing -LPN
 Visits: 1
 Minutes: 135
 Base Units: 1
 Subsequent Units: 5

Nursing Version page: Click on "View Details" link to view Cost Projection, and schedule details.



Questions?



