



IO Waiver Nursing in the Medicaid Services System (MSS)

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Medicaid Development and Administration

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. Providers must also be certified by DODD to deliver IO nursing service.

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

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 be 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.

Waiver Nursing Services



Waiver Nursing

- The department shall review a service authorization request to determine whether the requested 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.

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

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 Richard M Donley - MSS_Admin

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Waiver Provider State Plan Provider

Add a Provider to the Site

MBS Contract Number:

Provider Type: Individual Agency

Agency Name:

Select Providers to Add to the Site:

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Waiver Provider(s): These include DODD certified providers (Type 45) for all IO and Level One waiver services including Waiver Nursing. Additionally, state plan providers who are also DODD certified providers should be added to the Cost Projection Tool (CPT) under the Waiver provider tab.

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

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Waiver Provider State Plan Provider ←

Add a State Plan Provider to the Site

Provider Type:	Medicare Agency ▼
Agency Name:	Angels Care
Span Start Date:	01/01/2016
Span End Date:	12/31/9999
Vendor Number(optional):	

Save

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State Plan Provider(s): These include state plan providers who are not DODD certified providers. This is not a search function, instead the User is "creating" the provider's information in order to add that state plan provider to the CPT. State plan services providers include: OT, PT, Speech, Home Health Nursing, Home Health Aide, and Private Duty Nursing (PDN).

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

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Add a State Plan Provider to the Site

Provider Type: Medicare Agency

Agency Name: Angels Care

Span Start Date: 01/01/2016

Span End Date: 12/31/9999

Vendor Number(optional):

State Plan Provider(s): Information includes:

Provider Type: Medicare Agency (Type 60), Non Agency (i.e. Independent Provider)(Type 38)), or Other Accredited Agency (Type 16).

Agency Name: Actual Name

Span Start Date: Initial date: start date the provider would be expected to begin services.

Span End Date: End date: the last date the provider would be expected to deliver services. This date will automatically default to 12/31/9999.

Vendor Number (optional): For those county boards who utilize Gatekeeper.

Medicaid Services System (MSS) - Manage Providers

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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"/>	1100114	CHAMPAIGN RESIDENTIAL SERVICES, INC.	Than	Johnson
Remove Provider	<input type="checkbox"/>	1820775	BUCKEYE HOMECARE SERVICES INC		
Remove Provider	<input type="checkbox"/>	8302438	Elves Among Us, LLC	Kent	Sheeler
Remove Provider	<input type="checkbox"/>	2304563	Julie Baker	Julie	Baker

[Update Provider Edit Access](#)

Manage State Plan Providers in the Site:

	Provider Type:	Provider Name:	Agency Name:	Vendor Number:
Edit Remove Provider	Medicare Agency - 60		Angels Care	
Edit Remove Provider	Non Agency - 38	Lucy Green		
Edit Remove Provider	Other Accredited Agency - 16		Rainbow Care	1234567

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Under the Manager Provider portion of CPT Waiver Providers will be displayed separately from State Plan Providers.

Medicaid Services System (MSS) - Manage Nursing Pattern

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Manage Nursing Patterns:

[Add Nursing Pattern](#)

Name:

No data available.

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Manage Nursing Patterns: Will be used for creating patterns for nursing services that are routinely provided to the individual (i.e. daily, weekly, monthly, etc.). The User needs to remember the hierarchy of services as defined OAC: State Plan Home Health, PDN, and Waiver Nursing.

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Nursing Pattern: **State Plan** [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](#)

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When creating a nursing pattern State Plan Nursing details are added separately from Waiver Nursing Details. A nursing pattern may include State Plan Nursing, PDN, and/or Waiver Nursing. A nursing pattern may include all provider types (45, 60, 16, and 38). Provider Type 45 (DODD certified provider) cannot be assigned a state plan service.

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

[Return to Nursing Pattern Manager](#)

Services:

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

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

	Provider Type	Provider	Service	# Visits	# Base Hours	# Subsequent 15minutes
<input checked="" type="checkbox"/>	Agency	BUCKEYE HOMECARE SERVICES INC	State Plan Nursing -SRN	1	1	4

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

Edit Waiver Nursing Detail ✕

Provider Type: Medicare Agency - 60 ▼

Provider: BUCKEYE HOMECARE SERVICES INC ▼

Service: State Plan Nursing -SRN ▼

of Visits:

Duration of Visit: : ▼



In the above example, since the agency is providing a 2 hour visit, the first 60 minutes of that hour constitutes one (1) base, and the second hour constitutes four (4) fifteen minute periods called subsequent(s). It is important to remember that for any visit under 35 minutes, the User will enter a zero (0) under hour portion of duration, and select 15 minutes or 30 minutes under minutes portion of duration.

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Nursing Pattern: **Waiver Nursing** [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 checked="" type="checkbox"/>	Non Agency	Baker, Julie A.	Waiver Nursing -RN	2	2	0

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

Edit Waiver Nursing Detail ✕

Provider:

Service:

of Visits:

Duration of Visit: :

Notice that even when a zero (0) is entered under the hour portion of duration, and 45 minutes is selected under the minutes portion of duration that the provider is assigned a base for each visit. For any visit greater than 35 minutes a full base will be assigned as opposed to just units.

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Red Car [Change](#)

DODD #: 7000253

Medicaid #: None

Waiver: 1/1/2016 - 12/31/2016 [Change](#)

Type: I/O

Status: ENRL

[Budget Summary](#)

Nursing Calendar: June 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](#)

◀ ▶ today

7-July ▼ 2016 ▼ change

month

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18

The Nursing Calendar should be used for any nursing service that will be routinely provided (i.e. daily, weekly, monthly, etc.). The Nursing Calendar is person specific. Each individual in the CPT will have their own Nursing Calendar.

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Red Car [Change](#) DODD #: 7000253 Medicaid #: None

Waiver: 1/1/2016 - 12/31/2016 [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
PDN	State Plan	Waiver Nursing	State Plan	Waiver Nursing	State Plan	PDN

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

Start Date	End Date	Replace Existing Nursing Patterns	
<input type="text" value="07/01/2016"/>	<input type="text" value="12/31/2016"/>	<input checked="" type="checkbox"/> Replace	<input type="button" value="Apply to Calendar"/>

Nursing patterns are applied to the Nursing Calendar in the same manner that HPC Staffing patterns are applied to the HPC Calendar.

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Red Car [Change](#) DODD #: 7000253 Medicaid #: None

Waiver: 1/1/2016 - 12/31/2016 [Change](#) Type: I/O Status: ENRL [Budget Summary](#)

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

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



Unscheduled Nursing Services should be used for any nursing service that will be intermittently provided (i.e. monthly, etc.) or to extend a visit already assigned. Typically reasons: (1) to account for a waiver service if the individual is not receiving any other waiver service in that month, (2) intermittent school/day program breaks, and (3) a change in treatment that may cause a visit to be extended.

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- Manage Cost Projections

Site Name: IO Waiver Nursing	Effective Date: 1/1/2016	End Date: 12/31/9999
Manage: Site Home Edit Site Manage Versions Manage Notes Add Non-Waiver Spans Add DRA Exemption		
Red Car	DODD #: 7000253	Medicaid #: None
Waiver: 1/1/2016 - 12/31/2016 Change	Type: I/O	Status: ENRL Budget Summary

Manage Waiver Service

Service Frequency:	Start Date:	End Date:
Month <input type="text"/>	07/01/2016 <input type="text"/>	12/31/2016 <input type="text"/>
Provider:	Julie Baker <input type="text"/>	
Service:	Waiver Nursing -RN <input type="text"/>	
No of Visits:	0 <input type="text"/>	<input checked="" type="checkbox"/> No Base Units 
Duration of Visit:	Hours: 3 <input type="text"/>	Minutes: 00 <input type="text"/>
Selected Service:		
Total # Visits:	0	
Total # Units:	Base Units: 0 Subsequent Units: 72	
<input type="button" value="Update"/> <input type="button" value="Cancel"/>		

In the above example, the provider, whose routine visit is 45 minutes, is being authorized an additional 45 minutes per visit up to 4 times in the month to address unstable blood sugar levels. When extending visits beyond what is routinely schedule, the User will check "No Base Units" and then enter hours and/or minutes.

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Manage Individual PA

SPA

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Red Car [Change](#)

DODD #: 7000253

Medicaid #: None

Waiver: 1/1/2016 - 12/31/2016 [Change](#)

Type: I/O

Status: ENRL

[Budget Summary](#)

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.

Manage Waiver Services:

[Add a Waiver Service](#)

	Start Date:	End Date:	Provider Name:	Service:	Visits:	# Units:	Total Visits:	Total Units:
Edit Details Remove	07/01/2016	12/31/2016	Baker, Julie A.	Waiver Nursing -RN	0	3:0 / MO	0	Base Units:0 Subsequent Units:72

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	07/01/2016	12/31/2016	BUCKEYE HOMECARE SERVICES INC	State Plan Nursing -OT	1	5:0 / MO	6	Base Units:6 Subsequent Units:96

State plan service validation message. This will not prevent finalization or submission to Department.

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Site Name: IO Waiver Nursing	Effective Date: 1/1/2016	End Date: 12/31/9999
Manage: Site Home Edit Site Manage Versions Manage Notes Add Non-Waiver Spans Add DRA Exemption		
Blue Fish Change	DODD #: 7000254	Medicaid #: None
Waiver: 1/1/2016 - 12/31/2016 Change	Type: I/O	Status: ENRL Budget Summary

Waiver Span: 1/1/2016 - 12/31/2016 Waiver Type: I/O DDP Funding Level: 3 AAI Group: A

Waiver Cost Projection Details

[Get Waiver Cost Projection Details](#)

[Finalize Waiver Cost Projection](#)



Expand	Budget Type: DDP	Projected Cost: \$12,363.24	Budget Max: \$51,145.00	Remaining Amt: \$38,781.76
Expand	Budget Type: ADS	Projected Cost: \$4,075.00	Budget Max: \$9,780.00	Remaining Amt: \$5,705.00
Expand	Budget Type: NMT	Projected Cost: \$1,506.18	Budget Max: \$9,269.00	Remaining Amt: \$7,762.82

Nursing Cost Projection Details

[Finalize Nursing Cost Projection](#)



Expand	Budget Type: Waiver Services	Projected Cost: \$11,566.88
Expand	Budget Type: State Plan Services	Projected Cost: \$41,005.76

Under Manage Cost Projection Finalization for Nursing Costs is separate from finalization of Waiver Services Costs. Additionally, Nursing costs are separated by Waiver Nursing services versus State Plan Services.

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DRA

Site Name: IO Waiver Nursing **Effective Date:** 1/1/2016 **End Date:** 12/31/9999

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Blue Fish [Change](#) DODD #: 7000254 Medicaid #: None

Waiver: 1/1/2016 - 12/31/2016 [Change](#) Type: I/O Status: ENRL [Budget Summary](#)

Waiver Span: 1/1/2016 - 12/31/2016 Waiver Type: I/O DDP Funding Level: 3 AAI Group: A

Waiver Cost Projection Details

[Get Waiver Cost Projection Details](#)

[Finalize Waiver Cost Projection](#)

[Collapse](#) **Budget Type: DDP** **Projected Cost:** \$12,363.24 **Budget Max:** \$51,145.00 **Remaining Amt:** \$38,781.76

SiteName							
- IO Waiver Nursing							
SpanDates	PAWSRollUpCode	PAWSRollupDesc	ProviderName	Freq	PAWSUnits	TotalCost	
+ 7/1/2016 - 12/31/2016	A22	HPC - IO	CHAMPAIGN RESIDENTIAL SERVICES, INC.	SPAN	3892	10391.64	
+ 7/1/2016 - 12/31/2016	A44	OSOC - IO	CHAMPAIGN RESIDENTIAL SERVICES, INC.	SPAN	1272	1971.60	

[Expand](#) **Budget Type: ADS** **Projected Cost:** \$4,075.00 **Budget Max:** \$9,780.00 **Remaining Amt:** \$5,705.00

[Expand](#) **Budget Type: NMT** **Projected Cost:** \$1,506.18 **Budget Max:** \$9,269.00 **Remaining Amt:** \$7,762.82

Nursing Cost Projection Details

[Finalize Nursing Cost Projection](#)

[Collapse](#) **Budget Type: Waiver Services** **Projected Cost:** \$11,566.88

Month	Sites	TotalCost
July 2016	IO Waiver Nursing	1779.52

ProviderName	ContractNumber	Service	TotalCost
+ Baker, Julie A.	2304563	Waiver Nursing -RN	617.60
+ BUCKEYE HOMECARE SERVICES INC	1820775	Waiver Nursing -RN	1161.92

Cost Projection Details under Nursing Services can be expanded in the same manner as under Waiver Cost Projection. Note that Nursing Costs are broken down by month as opposed to by span under Waiver Cost Projection.

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Site Name: **IO Waiver Nursing** Effective Date:

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Blue Fish [Change](#) DODD #: 7000254

Waiver: 1/1/2016 - 12/31/2016 [Change](#) Type: I/O Status: ENR

Waiver Span: 1/1/2016 - 12/31/2016 Waiver Type: I/O DDP Funding Level: 3 AAI Group: A

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

[Expand](#) Budget Type: **DDP** Projected Cost: \$12,363.24 Budget Max:

[Expand](#) Budget Type: **ADS** Projected Cost: \$4,075.00 Budget Max:

[Expand](#) Budget Type: **NMT** Projected Cost: \$1,506.18 Budget Max:

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

[Collapse](#) Budget Type: **Waiver Services**

Month	Sites
- July 2016	IO Waiver Nursing

ProviderName	ContractNumber	Service	TotalCost
+ Baker, Julie A.	2304563	Waiver Nursing -LPN	506.40
+ BUCKEYE HOMECARE SERVICES INC	1820775	Waiver Nursing -RN	1161.92

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:
Initial Waiver Service finalization.

At Finalization of Nursing Costs, the User will need to complete the following items: (1) Reason for the finalization, (2) Nursing Assessment sent to DODD, and (3) Explanation of Change. After completing these items, the User will click on the "Continue" button to complete the Finalization process.

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 Manage Nursing Calendar
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Site Name: IO Waiver Nursing **Effective Date:**

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Red Car [Change](#) DODD #: 7000253

Waiver: 1/1/2016 - 12/31/2016 [Change](#) Type: I/O Status: ENRL

Waiver Span: 1/1/2016 - 12/31/2016 Waiver Type: I/O DDP Funding Level: 3 AAI Group:

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

Expand	Budget Type: DDP	Projected Cost: \$12,363.24	Budget Max: \$
Expand	Budget Type: ADS	Projected Cost: \$7,325.00	Budget Max: \$
Expand	Budget Type: NMT	Projected Cost: \$1,506.18	Budget Max: \$

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

Expand	Budget Type: Waiver Services
Expand	Budget Type: State Plan Services

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:
 Increase in waiver nursing services due to unstable blood sugar levels.

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

In the above example, an increase in waiver nursing services is required due to the individual's diabetic condition becoming unstable. The User checks the "Increase Waiver Nursing services" checkbox, checks the "Yes" button regarding the Nursing Assessment Sent to DODD, and identifies the reason for the increase in waiver nursing services in the "Explanation of Change" box.

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Site Name: **IO Waiver Nursing** Effective Date:

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Red Car [Change](#) DODD #: 7000253

Waiver: 1/1/2016 - 12/31/2016 [Change](#) Type: I/O Status: ENRL

Waiver Span: 1/1/2016 - 12/31/2016 Waiver Type: I/O DDP Funding Level: 3 AAI Group: B

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

Expand	Budget Type: DDP	Projected Cost: \$12,363.24	Budget Max: \$
Expand	Budget Type: ADS	Projected Cost: \$7,325.00	Budget Max: \$
Expand	Budget Type: NMT	Projected Cost: \$1,506.18	Budget Max: \$

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

Expand	Budget Type: Waiver Services
Expand	Budget Type: State Plan Services

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:
Buckeye Homecare Services Inc. was replaced by Rainbow Care.

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

In the above example, a change in Waiver Provider occurred. The User checks the "Changed Waiver Nursing Providers" checkbox, checks the "No" button regarding the Nursing Assessment Sent to DODD, and identifies the reason for the change in Waiver Nursing Providers in the "Explanation of Change" box.

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Site Name: IO Waiver Nursing Effective Date:

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

Red Car [Change](#) DODD #: 7000253

Waiver: 1/1/2016 - 12/31/2016 [Change](#) Type: I/O Status: ENRL

Waiver Span: 1/1/2016 - 12/31/2016 Waiver Type: I/O DDP Funding Level: 3 AAI Group: B

Waiver Cost Projection Details Get Waiver Cost Projection Details

Expand	Budget Type: DDP	Projected Cost: \$12,363.24	Budget Max:
Expand	Budget Type: ADS	Projected Cost: \$7,325.00	Budget Max:
Expand	Budget Type: NMT	Projected Cost: \$1,506.18	Budget Max:

Nursing Cost Projection Details Finalize Nursing Cost Projection

Expand	Budget Type: Waiver Services
Expand	Budget Type: State Plan Services

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:

Red Car moved out on 09/30/2016 to his own apartment.

In the above example, Red Car has moved out to live in his own apartment. The User checks the "Nursing Costs in Multiple Site" checkbox. Checks the "Costs for Partial Span" button so that the Department will know when reviewing this submission that these costs are only for a portion of the individual's waiver year. Checks the "No" button regarding the Nursing Assessment Sent to DODD, and identifies the reason for the nursing costs in multiple sites in the "Explanation of Change" box.

Medicaid Services System (MSS) - SPA

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Service Payment Authorization:

CountyBoard

ALL COUNTIES ▾

Plan Status

Pending Authorization

Cost Projection Spans

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Authorization of Waiver Services (excluding Waiver Nursing) will remain the same and be completed in the Service Payment Authorization (SPA) portion of the Medicaid Services System (MSS) application.

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Nursing Services Payment Authorization:

[Authorizations not uploaded to CRM](#)

County Board

FAIRFIELD

Pending Authorization Individuals

Fish, Blue

Cost Projection Spans

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

[Return to Site](#)

Authorization

Authorization Notes:

Text input field for authorization notes.

- Approve
- Deny
- Incomplete

Process Nursing Costs

Compare Current And Previous

Finalized By: [Richard Donley](#)

Finalization Comment:

Initial Waiver Services setup;Nursing Assessment Sent to DODD;Initial Waiver Service finalization.

Expand	Budget Type:	Waiver Nursing	Projected Cost:	10844.08
Expand	Budget Type:	State Plan Nursing	Projected Cost:	41005.76



Nursing Authorization under SPA will only be accessible to department staff. This includes authorization of Waiver Nursing, and State Plan PDN for those individuals transferring from TDD to an IO Waiver. The User is still responsible for including State Plan Home Health details in CPT in order to account for the individual's monthly costs.

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Pending Authorization Individuals

Fish, Blue

Cost Projection Spans

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

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Authorization

Authorization Notes:

Reviewed completed and all documents and details provided.

- Approve
- Deny
- Incomplete

Process Nursing Costs

Compare Current And Previous

Finalized By: [Richard Donley](#)

Finalization Comment:

Initial Waiver Services setup;Nursing Assessment Sent to DODD;Initial Waiver Service finalization.

Expand	Budget Type:	Waiver Nursing	Projected Cost:	10844.08
Expand	Budget Type:	State Plan Nursing	Projected Cost:	41005.76

Department Staff will review the request, and depending on the outcome of the review will either: (1) Approve, (2) Deny, or determine that the request is (3) Incomplete.



3

Nursing Services Payment Authorization: [Authorizations not uploaded to CRM](#)

County Board: FAIRFIELD Pending Authorization Individuals: Fish, Blue Cost Projection Spans: 1/1/2016 - 12/31/2016 - I/O - ENRL

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Authorization

Authorization Notes:
Reviewed completed and all documents and details provided.

Finalized By: **Richard Donley**

Finalization Comment:
Initial Waiver Services setup;Nursing Assessment Set finalization.

Expand	Budget Type:	Waiver Nursing	Projected Cost:	10844.08
Expand	Budget Type:	State Plan Nursing	Projected Cost:	41005.76

Outgoing Email: Waiver Nursing Authorization for - Fish, Blue

To: Donley, Richard

Subject: Waiver Nursing Authorization for - Fish, Blue

Rik Donley
Medicaid Field Consultant
Division of Medicaid Development & Administration
Ohio Department of Developmental Disabilities
richard.donley@dodd.ohio.gov
(614) 752 -0037

Unable to log in to: SharePoint.

The outcome of the review will be emailed to the individual having completed the finalization. If there are questions regarding the Waiver Nursing/PDN request, those questions will be emailed to the individual having completed the finalization.

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Site Name: **IO Waiver Nursi**

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End Date: 12/31/9999

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Search:

	Name:	Status:	Status Date:	DDP Cost:	Waiver Span:	User:
View ReadOnly Activate and Edit Hide	Red Car 6/4/2016 11:23:24 AM Notes...	Finalized	6/4/2016 11:23:23 AM	\$12,363.24	01/01/2016 - 12/31/2016	Richard M Donley
View ReadOnly Activate and Edit Hide	Blue Fish 6/4/2016 10:56:08 AM Notes...	Finalized	6/4/2016 10:56:06 AM	\$12,363.24	01/01/2016 - 12/31/2016	Richard M Donley

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Versions created from the Finalization of Nursing Services will be accessed under the "Manage Versions" link located in the horizontal menu. After clicking on the "Manage Versions" link, the page will refresh, and the "Nursing Versions" link will populate.

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End Date: 12/31/9999

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Search:

	Name:	Status:	Status Date:	Waiver Cost:	State Plan Cost:	Waiver Span:	User:
View Details Disable Finalization	Red Car	Finalized - WaitingForAuthorization	6/4/2016 11:31:24 AM	\$11,245.12	\$41,857.40	1/1/2016 - 12/31/2016	Richard Donley
View Details Disable Finalization	Blue Fish	Finalized - WaitingForAuthorization	6/4/2016 11:19:23 AM	\$10,844.08	\$41,005.76	1/1/2016 - 12/31/2016	Richard Donley

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After clicking on the "Nursing Versions" link, the page will refresh displaying all Nursing services versions created at finalization.

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View Details Disable Finalization	Blue Fish	Finalized - WaitingForAuthoriz

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Nursing Finalization Details

Cost Projection Details:

Expand	Budget Type: Waiver Nursing	Projected Cost: 11245.12
Expand	Budget Type: State Plan Nursing	Projected Cost: 41857.4

Schedule Details:

July 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	1	2
					OT,V1,B6,S96 LPN,V0,B0,S72 PDRNR,V1,B1,S SRN,V1,B1,S4	PDRNR,V1,B1,S1 PDRNR,V1,B1,S2
3	4	5	6	7	8	9
OT,V1,B6,S96 LPN,V0,B0,S72						
PDRNR,V1,B1,S PDRNR,V1,B1,S	PDRNR,V1,B1,S SRN,V1,B1,S4	RN,V1,B1,S12 LPN,V2,B2,S0	PDRNR,V1,B1,S SRN,V1,B1,S4	RN,V1,B1,S12 LPN,V2,B2,S0	PDRNR,V1,B1,S SRN,V1,B1,S4	PDRNR,V1,B1,S1 PDRNR,V1,B1,S2
10	11	12	13	14	15	16
OT,V1,B6,S96 LPN,V0,B0,S72						
PDRNR,V1,B1,S PDRNR,V1,B1,S	PDRNR,V1,B1,S SRN,V1,B1,S4	RN,V1,B1,S12 LPN,V2,B2,S0	PDRNR,V1,B1,S SRN,V1,B1,S4	RN,V1,B1,S12 LPN,V2,B2,S0	PDRNR,V1,B1,S SRN,V1,B1,S4	PDRNR,V1,B1,S1 PDRNR,V1,B1,S2
17	18	19	20	21	22	23
OT,V1,B6,S96 LPN,V0,B0,S72						
PDRNR,V1,B1,S PDRNR,V1,B1,S	PDRNR,V1,B1,S SRN,V1,B1,S4	RN,V1,B1,S12 LPN,V2,B2,S0	PDRNR,V1,B1,S SRN,V1,B1,S4	RN,V1,B1,S12 LPN,V2,B2,S0	PDRNR,V1,B1,S SRN,V1,B1,S4	PDRNR,V1,B1,S1 PDRNR,V1,B1,S2
24	25	26	27	28	29	30
OT,V1,B6,S96 LPN,V0,B0,S72						
PDRNR,V1,B1,S PDRNR,V1,B1,S	PDRNR,V1,B1,S SRN,V1,B1,S4	RN,V1,B1,S12 LPN,V2,B2,S0	PDRNR,V1,B1,S SRN,V1,B1,S4	RN,V1,B1,S12 LPN,V2,B2,S0	PDRNR,V1,B1,S SRN,V1,B1,S4	PDRNR,V1,B1,S1 PDRNR,V1,B1,S2

Clicking on the "View Details" link cause a separate pop up box to display that will allow the User to review the details of that particular version. This does not result in changing the details of what is currently in the Active environment of that CPT.

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PDNRN,V1,B1,S16 PDNRN,V1,B1,S20

Start: 2016-07-03
End: 2016-07-03

Service is Scheduled
 State Plan Provider Name:Rainbow Care
 Service Code: State Plan Nursing -PDNRN
 Visits: 1
 Duration: 5Hrs 0Min
 Base Units: 1
 Subsequent Units: 16

Service is Scheduled
 State Plan Provider Name:Rainbow Care
 Service Code: State Plan Nursing -PDNRN
 Visits: 1
 Duration: 6Hrs 0Min
 Base Units: 1
 Subsequent Units: 20

Nursing Finalization Details

Cost Projection Details:

Expand	Budget Type: Waiver Nursing	Projected Cost: 11245.12
Expand	Budget Type: State Plan Nursing	Projected Cost: 41857.4

Schedule Details:

July 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			28	29	30	1
						OT,V1,B6,S96 LPN,V0,B0,S72
						PDNRN,V1,B1,S SRN,V1,B1,S4
			5	6	7	8
						PDNRN,V1,B1,S1 PDNRN,V1,B1,S2
			12	13	14	15
						PDNRN,V1,B1,S SRN,V1,B1,S4
						PDNRN,V1,B1,S PDNRN,V1,B1,S2
			19	20	21	22
						PDNRN,V1,B1,S SRN,V1,B1,S4
						PDNRN,V1,B1,S PDNRN,V1,B1,S2
			26	27	28	29
						OT,V1,B6,S96 LPN,V0,B0,S72
						PDNRN,V1,B1,S SRN,V1,B1,S4
						PDNRN,V1,B1,S SRN,V1,B1,S4
			31	1	2	3
						OT,V1,B6,S96 LPN,V0,B0,S72
						PDNRN,V1,B1,S SRN,V1,B1,S4
						PDNRN,V1,B1,S SRN,V1,B1,S4
						PDNRN,V1,B1,S PDNRN,V1,B1,S2

The User can access Schedule details simply by clicking on the "pattern" on any calendar day.

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- Manage ADS/NMT Calendars
- Manage Nursing Patterns
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- Manage Unscheduled Nursing Services
- Manage Cost Projections

PA

- Manage Individual PA

SPA

- Service Payment Authorization
- Nursing Authorization

DRA

REPORTS

Site Name: **IO Waiver Nursing**

Effective Date: 1/1/2016

End Date: 12/31/9999

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

Select a Waiver report below:

- Cost Projection Details
- Staffing Pattern Details
- ADS Calendar
- HPC Scheduled vs Unscheduled
- ICF Addon
- Nursing Cost Projection Details



Under the Reports portion of MSS, Nursing Costs Projection Details can be generated. Nursing Cost Projection Detail Reports can be generated in the same manner as Cost Projection Detail reports.

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https://mss.uatapps.dodd.ohio.gov/CPT/Reports/ViewReport2.aspx?ItemPath=%2fReports%2fMSS%2fCPT% - Internet Explorer
 https://mss.uatapps.dodd.ohio.gov/CPT/Reports/ViewReport2.aspx?ItemPath=%2fReports%2fMSS%2fCPT%2fNursingCostProjectionDetails&h=480&w=854

Select a Person WaiverSpan

1 of 2 100% Find | Next Select a format Export

Site Name: IO Waiver Nursing **Client #:** 7000253 **Medi**
Individual: Red Car **Type:** I/O
Waiver Span: 1/1/2016 - 12/31/2016 **Status:** ENRL

Nursing Cost Projection Details:

Waiver Services

Month	Sites
☐ July 2016	IO Waiver Nursing
Month	Sites
☐ August 2016	IO Waiver Nursing
Month	Sites
☐ September 2016	IO Waiver Nursing

120%

Nursing Cost Projection Details reports can be exported in the same formats (e.g. XML, PDF, Excel, Word, etc.) and process used to export Cost Projection Detail reports.



Questions?



Resources

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- MSSSupport@dodd.ohio.gov
- TDDinbox@dodd.ohio.gov for all Nursing task assessment forms (include name of individual, county board, and DODD number, Emergency (if applicable) in the subject line.