

Payment Authorization For Services (PAS)

Morrow County

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S-19-08

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Changes Only

County MORR	Resident Number	Name (Last, First, Middle)	Medical Recipient Billing Number (if applicable)	Completion Date 05/19/2008
Funding Source I/O	Plan Type	Initial <input type="checkbox"/> Redetermination <input checked="" type="checkbox"/> Revision (#)	Social Security Number	Plan Year Period 6/1/2008 to 5/31/2009

A #	Service Title	Code	Mod	Mod	Begin	End	Max Units	Freq	Rate	Vendor #	Vendor Name	FY 1 Amount	FY 2 Amount
A 1	ADSVH Combo - 15 Mini	A25			06/01/08	06/30/08	525	S	\$0.00		Morrow County Board of N	\$1,522.50	\$0.00
A 2	ADSVH Combo - 15 Mini	A25			07/01/08	05/31/09	5475	S	\$0.00		Morrow County Board of N	\$0.00	\$15,877.50
A 3	Non-Medical Transportati	A35			06/01/08	06/30/08	42	S	\$0.00		Morrow County Board of N	\$803.04	\$0.00
A 4	Non-Medical Transportati	A35			07/01/08	05/31/09	438	S	\$0.00		Morrow County Board of N	\$0.00	\$8,374.56
A 5	Homemaker/Personal Cal	ADL			06/01/08	06/30/08	30	S			T/R Residential Care Facil	\$5,954.10	\$0.00
A 6	Homemaker/Personal Cal	ADL			07/01/08	05/31/09	335	S			T/R Residential Care Facil	\$0.00	\$66,497.50
A 7	Transportation	ATN			06/01/08	05/31/09	168	M			T/R Residential Care Facil	\$53.20	\$585.20

Cost Summary		Contact Information	
Current FY Cost	Next FY Cost	Contact Name (Last, First, Middle)	Street Address
\$8,332.84	\$91,334.76	Thorbahn, Michelle	235 N. Toussaint South Road
Projections		City	State
\$8,191.87		Oak Harbor	OH
Vendor Designated for Patient Liability		Zip Code	Telephone Number
		43449-	(419) 898-8264
Patient Liability?	Vendor Number	Contact Signature	Date
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			5/19/2008

* By Signing, I am verifying that there is an ISP in place to support the services authorized on this PAS form.

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