



Ohio Department of MR/DD PAWS Confirmation Report

County	Resident Number	Name	Medical Number	Plan Type	Version	Waiver Type	Match Source	Plan Period Begin Date	Plan Period End Date						
MORROW					1	I/O	COMM	6/1/2008	5/31/2009						
Service Code	Service Description	Behavior Add-on	Medical Add-on	Service Unit	Provider Number	Provider Name	Service Begin Date	Service End Date	FP	Max Units per FP	Service Rate	FY 2008 Units	FY 2008 Amount	FY 2009 Units	FY 2009 Amount
A25	ADULT DAY ARRAY I/O	N	N	QTRH		MORROW CO BD MRDD	6/1/2008	6/30/2008	5	525	\$0.00	525	\$1522.50	0	\$0.00
A25	ADULT DAY ARRAY I/O	N	N	QTRH		MORROW CO BD MRDD	7/1/2008	5/31/2009	5	5475	\$0.00	0	\$0.00	5475	\$15877.50
A35	* ADULT DAY ARRAY TRANSPORT I/O	N	N	MILE		MORROW CO BD MRDD	6/1/2008	6/30/2008	5	42	\$0.00	42	\$803.04	0	\$0.00
A35	* ADULT DAY ARRAY TRANSPORT I/O	N	N	MILE		MORROW CO BD MRDD	7/1/2008	5/31/2009	5	438	\$0.00	0	\$0.00	438	\$8374.56
ADL	DAILY BILLING (AGENCY)	N	N	DAY		T R RESIDENTIAL CARE FACILITIE	6/1/2008	6/30/2008	5	30	\$0.00	30	\$5954.10	0	\$0.00
ADL	DAILY BILLING (AGENCY)	N	N	DAY		T R RESIDENTIAL CARE FACILITIE	7/1/2008	5/31/2009	5	335	\$0.00	0	\$0.00	335	\$66497.50
ATN	TRANSPORTATION	N	N	MILE		T R RESIDENTIAL CARE FACILITIE	6/1/2008	5/31/2009	M	168	\$0.00	168	\$53.20	1848	\$585.20

Total Day Hab Cost: \$0.00
Total No Match Cost: \$0.00

FY 2008 Waiver Service Plan Cost: \$8332.84
FY 2009 Waiver Service Plan Cost: \$91334.75
Total Waiver Service Plan Cost: \$99,667.50

Approved By: Pamela A Wheeler
PAWS Approval Action Date: 5/23/2008

MAILED TO:
CONSUMER

6-2-08