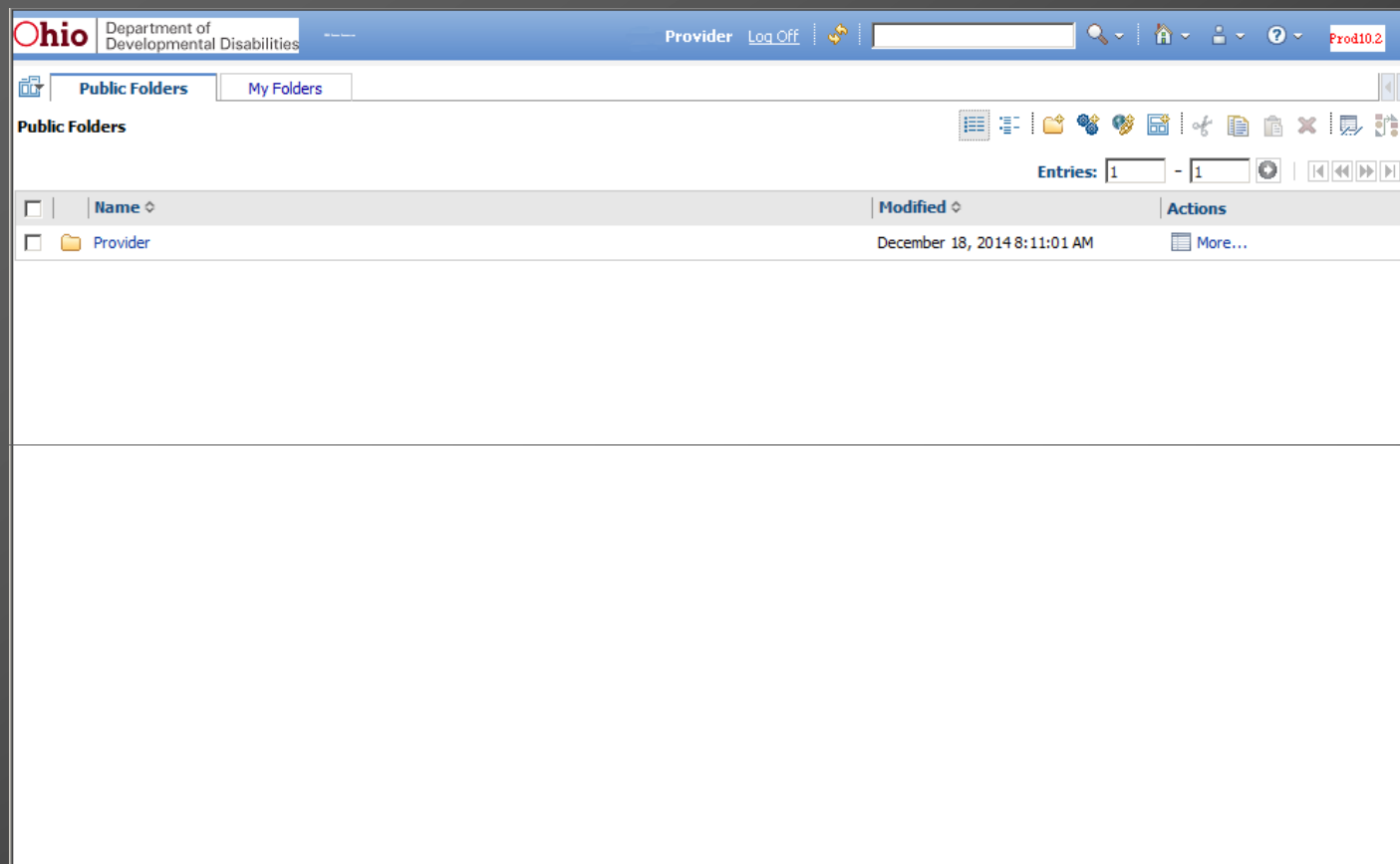
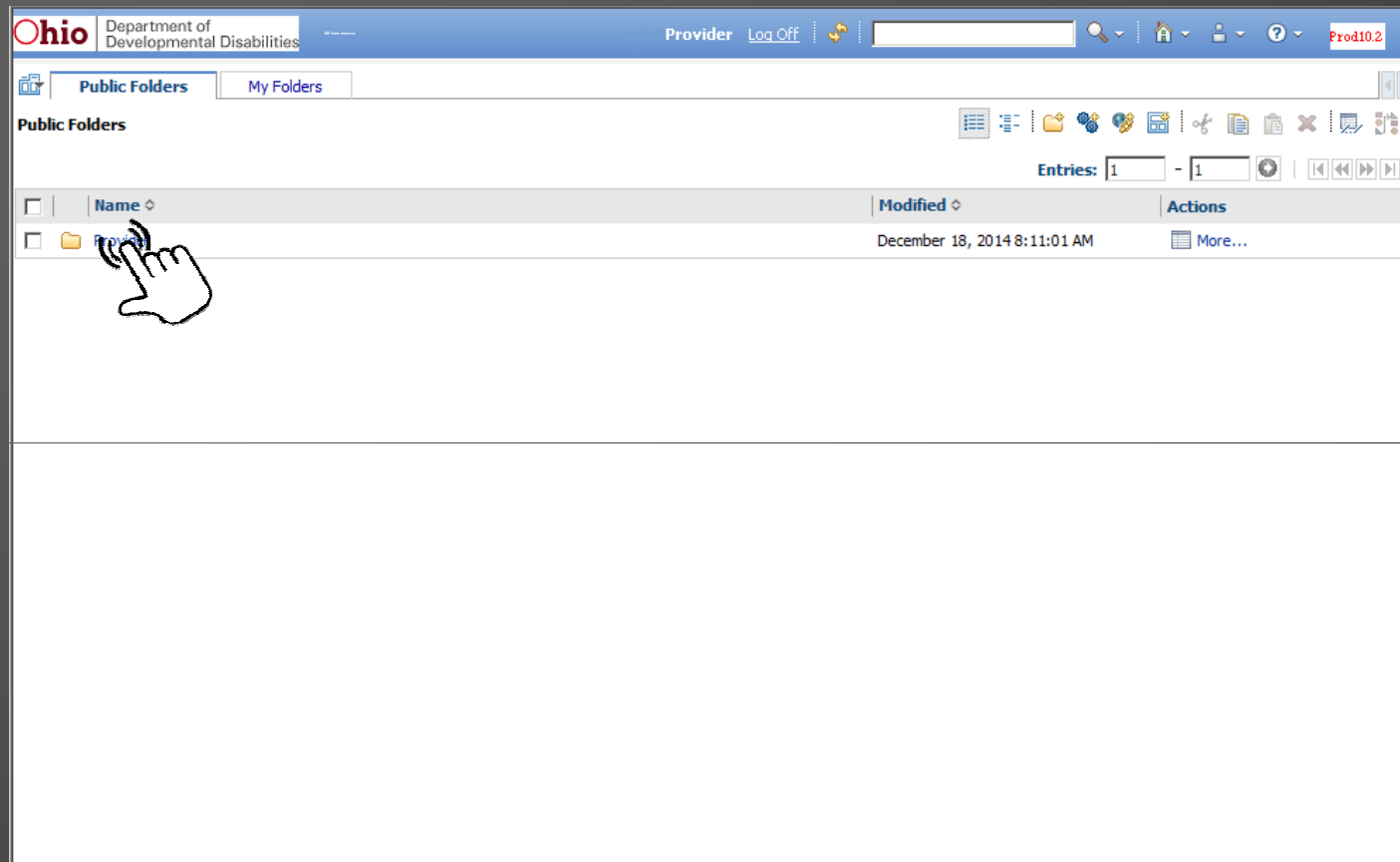


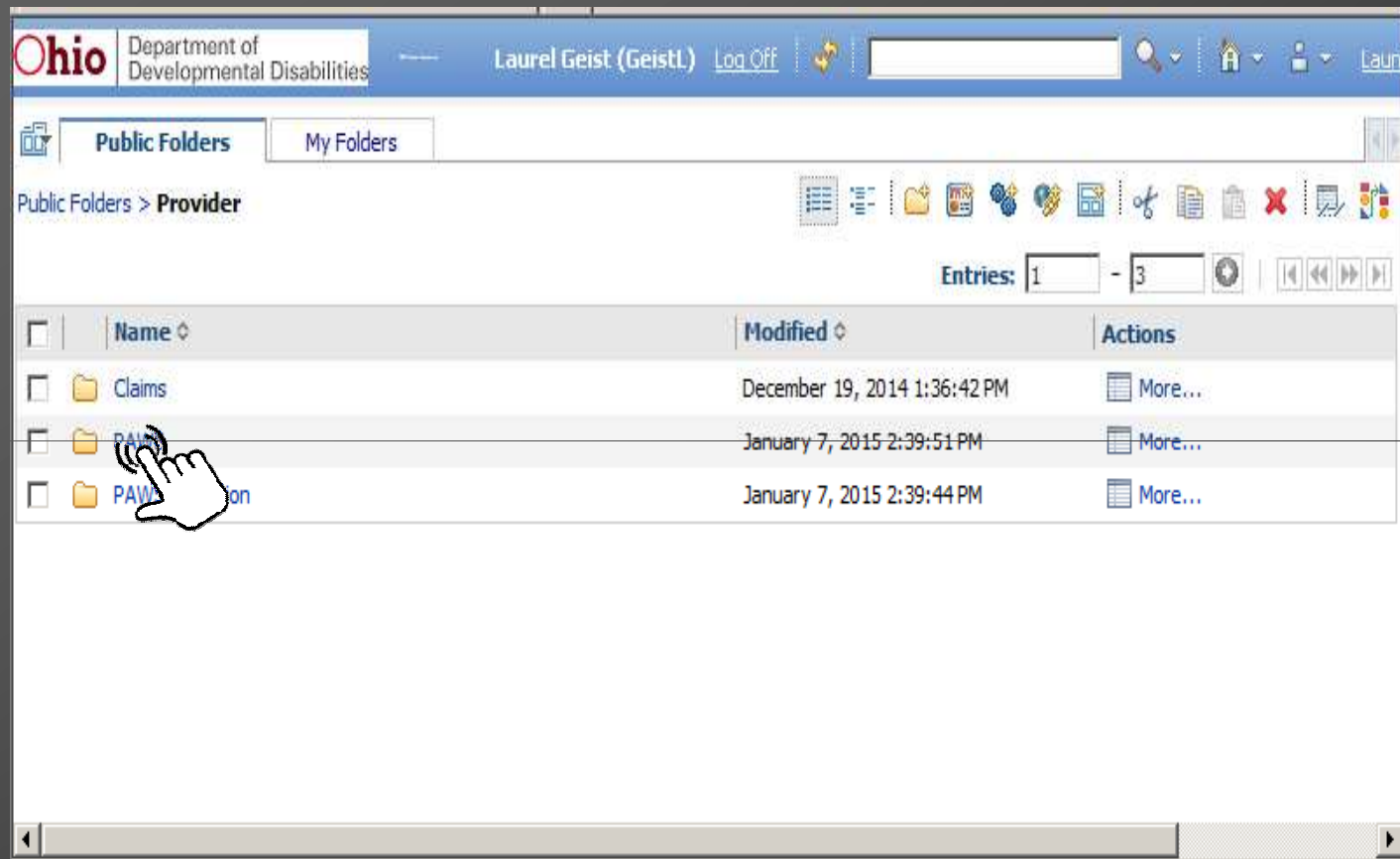
Start on the Public Folders page



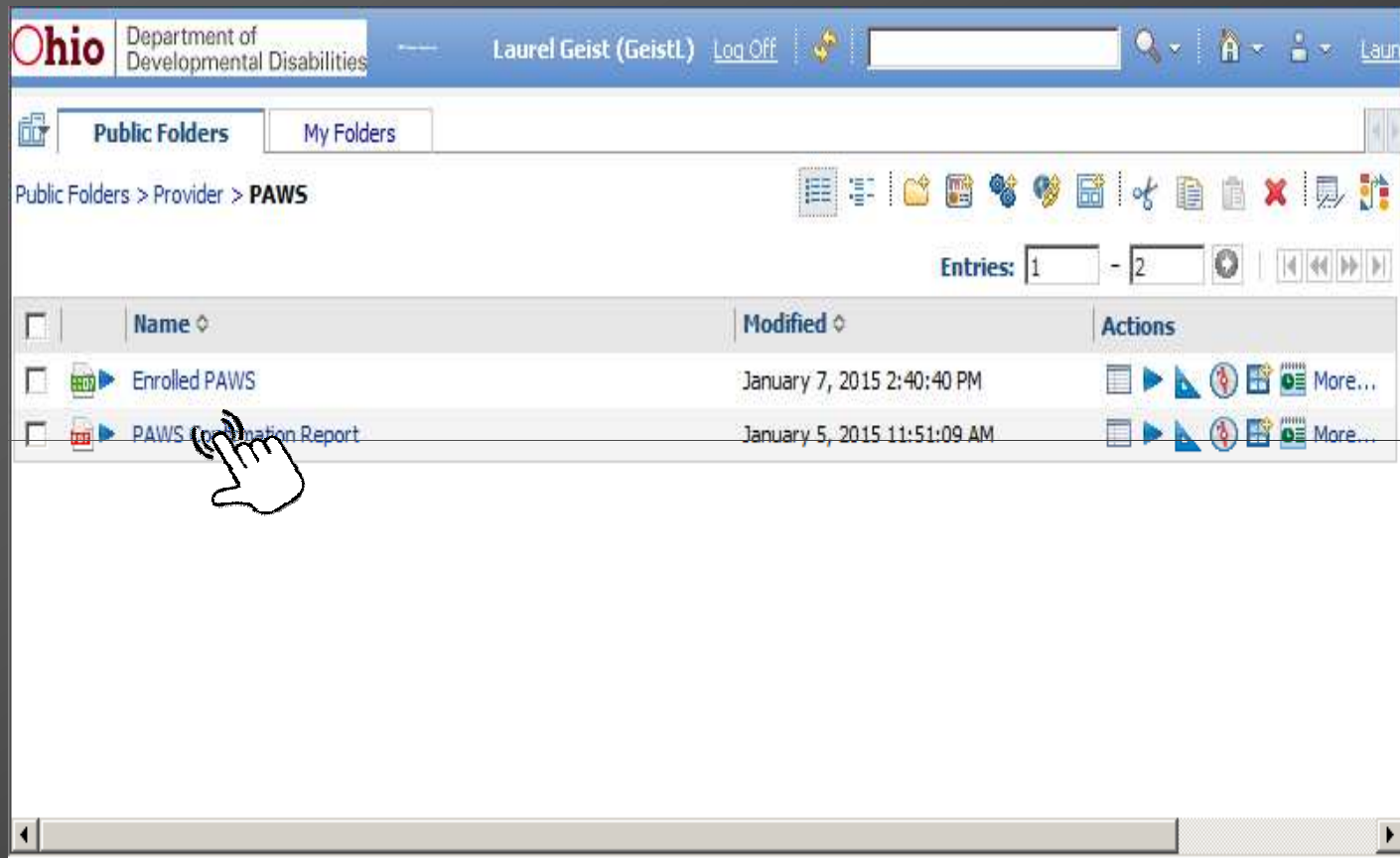
Click Provider folder name to open it



Click PAWS folder name to open it



Click PAWS Confirmation Report name to run the report



This is the report prompt page.

## PAWS Confirmation Prompt Page


### Report for Providers

Fields with a star \* are required for the report.

**Contract #**

Keywords:

Type one or more keywords separated by spaces.

Search 

[Options](#) ▾

Results:

Insert ➡

⬅ Remove

\* Choice:

[Select all](#) [Deselect all](#)

[Select all](#) [Deselect all](#)

**Medicaid Number**

**DODD Number**

Enter your contract number and click SEARCH

**PAWS Confirmation Prompt Page**

---

**Report for Providers**

**Fields with a star \* are required for the report.**

**Contract #**

**Keywords:**  
Type one or more keywords separated by spaces.

8500018

[Options](#) ▾

**Results:**

[Select all](#) [Deselect all](#)

**Medicaid Number**

**DODD Number**



Click on your contract number and click INSERT

## PAWS Confirmation Prompt Page

### Report for Providers


Fields with a star \* are required for the report.

**Contract #**

Keywords:

Type one or more keywords separated by spaces.

8500018

Search 

[Options](#) ▾

Results:

8500018

Insert ➔

⬅ Remove

\* Choice:

8500018

[Select all](#) [Deselect all](#)

[Select all](#) [Deselect all](#)

**Medicaid Number**

**DODD Number**

Scroll down

**PAWS Confirmation Prompt Page**

**Report for Provider**

Fields with a star \* are required for the report.

**Contract #**

Keywords:  
Type one or more keywords separated by spaces.

[Options](#) ▾

**Results:**

**\* Choice:**

[Select all](#) [Deselect all](#) [Select all](#) [Deselect all](#)

**Medicaid Number**

**DODD Number**

To scroll, click on the side bar and drag down.



Enter a date range- usually a week or month.

Medicaid Number

DODD Number

PAWS Approval Date

From:

☐ Jan 1, 2015

☒ Earliest date

To:

☐ Jan 26, 2015

☒ Latest date

Next >

FINISH

Make sure you entered a contract number before you click FINISH

## This is the PAWS Confirmation Report example

**Ohio** Department of Developmental Disabilities

Log Off Home About Prod10.2

Keep this version Add this report

### PAWS Confirmation Report

PAWS County Name	DODD Number	Individual Name	Medicaid Number	PAWS Plan Type Description	PAWS Version Number	Waiver Type	Match Source Code	PAWS Plan Approved by User Name	PAWS Approval Date
Allen				Initial	3	I/O	COMM		12/24/2014

**Plan Begin Date: 05/15/2014** **Plan End Date: 05/14/2015**

Service Code	Service Code Description	PAWS Add On Type	Billable Unit Type	Contract Number	Entity Name	Service Begin Date	Service End Date	Service Frequency Period Description	Max Units Per Frequency	First Fiscal Year Units	First Fiscal Year Cost	Second Fiscal Year Units	Second Fiscal Year Cost
ADL	Daily Billing (Agency)	None	DAY			05/15/2014	06/30/2014	Span	47	0	\$0.00	0	\$0.00
ADL	Daily Billing (Agency)	None	DAY			07/01/2014	06/30/2014	Span	318	0	\$0.00	0	\$0.00
ATN	Transportation	None	MILE			07/01/2014	06/30/2014	Span	189	1 0	\$0.00	0	\$0.00
ATN	Transportation	None	MILE			07/01/2014	06/30/2014	Span	1,311	0	\$0.00	0	\$0.00
<b>Overall - Total</b>													

Total Cost: \$0.00

11.00 x 8.50 in

- 1 -

Done Local intranet | Protected Mode: Off 100%

This close-up screen has a larger screen size.

The screenshot displays a web application titled "PAWS Confirmation Report" from the Ohio Department of Developmental Disabilities. The interface includes a header with navigation links (Log Off, Home, About) and a version number (Pro430.2). Below the title, a summary table provides key information about the PAWS plan. This is followed by two date ranges: "Plan Begin Date: 05/15/2014" and "Plan End Date: 05/14/2015". A detailed table lists services (ADL, ATN) with their respective costs for the first and second fiscal years. An "Overall - Total" row summarizes the costs, and a "Total Cost" box shows the final amount. The bottom of the screen features a status bar with a "Done" button, a "Local intranet | Protected Mode: Off" indicator, and a zoom level of 100%.

**PAWS Confirmation Report**

PAWS County Name	DODD Number	Individual Name	Medicaid Number	PAWS Plan Type Description	Paws Version Number	Waiver Type	Match Source Code	PAWS Plan Approved by User Name	Paws Approval Date
County	0000000	Last, First	00000000000	Initial	3	I/O	COMM	Debra K Moore	12/24/2014

**Plan Begin Date: 05/15/2014** **Plan End Date: 05/14/2015**

Service Code	Service Code Description	Paws Add On Type	Billable Unit Type	Contract Number	Entity Name	Service Begin Date	Service End Date	Service Frequency Period Description	Max Units Per Frequency	First Fiscal Year Units	First Fiscal Year Cost	Second Fiscal Year Units	Second Fiscal Year Cost
ADL	Daily Billing (Agency)	None	DAY	#####		05/15/2014	06/30/2014	Span	50	47	\$5,680.82	0	\$0.00
ADL	Daily Billing (Agency)	None	DAY	#####		07/01/2014	05/14/2015	Span	50	0	\$0.00	782	\$39,088.10
ATN	Transportation	None	MILE	#####		05/15/2014	06/30/2014	Span	200	188	\$86.05	0	\$0.00
ATN	Transportation	None	MILE	#####		07/01/2014	05/14/2015	Span	200	0	\$0.00	2	\$458.95
<b>Overall - Total</b>											<b>\$5,766.87</b>		<b>\$39,567.05</b>

**Total Cost: \$45,312.92**

11.00 x 8.50 in

- 1 -

Done

Local intranet | Protected Mode: Off

100%

Hover over the title to print or save the pdf.

Ohio Department of Developmental Disabilities

Log Off Home About Prod10.2

Keep this version Add this report

Print Save PDF

PAWS County Name	DODD Number	Individual Name	Medical Number	PAWS Plan Type Description	PAWS Version Number	PAWS Plan Type	PAWS Plan Code	PAWS Plan Approved by User Name	PAWS Approval Date
Allen				Initial	3	VO	COMM		12/24/2014

Plan Begin Date: 05/15/2014 Plan End Date: 05/14/2015

Service Code	Service Code Description	PAWS Add On Type	Billable Unit Type	Contract Number	Entity Name	Service Begin Date	Service End Date	Service Frequency Period Description	Max Units Per Frequency	First Fiscal Year Units	First Fiscal Year Cost	Second Fiscal Year Units	Second Fiscal Year Cost
ADL	Daily Billing (Agency)	None	DAY			05/15/2014	06/30/2014	Span	47	0	\$0.00	0	\$0.00
ADL	Daily Billing (Agency)	None	DAY			07/01/2014	06/30/2014	Span	318	0	\$0.00	0	\$0.00
ATN	Transportation	None	MILE			07/01/2014	06/30/2014	Span	189	1 0	\$0.00	0	\$0.00
ATN	Transportation	None	MILE			07/01/2014	06/30/2014	Span	1,311	0	\$0.00	0	\$0.00
Overall - Total													

Total Cost:

11.00 x 8.50 in

- 1 -

Done Local intranet | Protected Mode: Off 100%

Click the back arrow to get out of the report.

The screenshot shows a web browser displaying a "PAWS Confirmation Report" from the Ohio Department of Developmental Disabilities. The browser's address bar shows a back arrow, which is highlighted by a hand icon, indicating the instruction to click it to exit the report. The report itself is a table with columns for PAWS County Name, DDDD Number, Individual Name, Medicaid Number, PAWS Plan Type Description, Paws Version Number, Waiver Type, Match Source Code, PAWS Plan Approved by User Name, and Paws Approval Date. Below this, there are two sections: "Plan Begin Date: 05/15/2014" and "Plan End Date: 05/14/2015". Each section contains a table with columns for Service Code, Service Code Description, Paws Add On Type, Billable Unit Type, Contract Number, Entity Name, Service Begin Date, Service End Date, Service Frequency Period Description, Max Units Per Frequency, First Fiscal Year Units, First Fiscal Year Cost, Second Fiscal Year Units, and Second Fiscal Year Cost. The report also includes an "Overall - Total" row and a "Total Cost:" field.

PAWS County Name	DDDD Number	Individual Name	Medicaid Number	PAWS Plan Type Description	Paws Version Number	Waiver Type	Match Source Code	PAWS Plan Approved by User Name	Paws Approval Date
Allen				Initial	3	I/O	COMM		12/24/2014

Plan Begin Date: 05/15/2014

Service Code	Service Code Description	Paws Add On Type	Billable Unit Type	Contract Number	Entity Name	Service Begin Date	Service End Date	Service Frequency Period Description	Max Units Per Frequency	First Fiscal Year Units	First Fiscal Year Cost	Second Fiscal Year Units	Second Fiscal Year Cost
ADL	Daily Billing (Agency)	None	DAY			05/15/2014	06/30/2014	Span	47	0	\$0.00	0	\$0.00
ADL	Daily Billing (Agency)	None	DAY			07/01/2014	06/30/2014	Span	318	0	\$0.00	0	\$0.00
ATN	Transportation	None	MILE			07/01/2014	06/30/2014	Span	189	1 0	\$0.00	0	\$0.00
ATN	Transportation	None	MILE			07/01/2014	06/30/2014	Span	1,311	0	\$0.00	0	\$0.00

Plan End Date: 05/14/2015

Service Code	Service Code Description	Paws Add On Type	Billable Unit Type	Contract Number	Entity Name	Service Begin Date	Service End Date	Service Frequency Period Description	Max Units Per Frequency	First Fiscal Year Units	First Fiscal Year Cost	Second Fiscal Year Units	Second Fiscal Year Cost
ADL	Daily Billing (Agency)	None	DAY			05/15/2014	06/30/2014	Span	47	0	\$0.00	0	\$0.00
ADL	Daily Billing (Agency)	None	DAY			07/01/2014	06/30/2014	Span	318	0	\$0.00	0	\$0.00
ATN	Transportation	None	MILE			07/01/2014	06/30/2014	Span	189	1 0	\$0.00	0	\$0.00
ATN	Transportation	None	MILE			07/01/2014	06/30/2014	Span	1,311	0	\$0.00	0	\$0.00

Overall - Total

Total Cost: