Start on the Public Folders page

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Click Provider folder name to open it

Department of Developmental Disabilities Image: Public Folders My Folders	Provider Log Off 🛛 🖑 🗍	Q v Å v ≟ v Q v Pro	
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Click PAWS folder name to open it

Public Folders My Folders Public Folders > Provider Provider) 🖬 😽 👔 🏦 🗶 🗒
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Click PAWS Confirmation Report name to run the report

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This is the report prompt page.

PAWS Co	nfirmation P	rompt Page)
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Fields with a star * are required f	or the report.		
Contract #			
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Enter your contract number and click SEARCH

PAWS Co	onfirmation Pro	ompt Page		
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Fields with a star * are required Contract #	for the report.			
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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 Options
Results: Choice: \$500018 Insert ⇒ Remove
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DODD Number

Scroll down

PAWS Confirmation Pro	ompt Page
	To scroll, click on the side bar and drag down.
Insert Remove	
Select all Deselect all Medicaid Number	Select all Deselect all
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Enter a date range- usually a week or month.

Medicaid Number	
DODD Number	
PAWS Approval Date	
From:	
○ Jan 1, 2015 🔳 🖬 🗸	
Earliest date	Make sure you entered a
То:	contract number before you
○ Jan 26, 2015 📰 -	
Latest date	click FINISH
Next > Fills	

This is the PAWS Confirmation Report example

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							PAW	/ <mark>S</mark> Confi	irmatio	n Report					
PAWS	S County lame	DODD) In er	ndividual N	lame	Medicald Number	PAWS	Plan Type cription	Paws Ver Numb	rsion Walver er Type	Match Source Code	PAN	VS Plan Appri User Name	oved by	Paws Approvi Date
Allen							initiai		3	I/O	COMM				12/24/2014
Plan B	Begin Date	ie: 05/15	5/2014	5.					Plan	End Date: 05/1	4/2015				
Code	e Service e Descrip	e Code ription	Paws Add On Type	Billable Unit Type	Contract Number	t Entit	y Name	Service Begin Date	Service End Date	Service Frequency Perior Description	Max Units Per Frequency	First Fiscal Year Units	First Fiscal Year Cost	Second Fiscal Yea Units	Second Fiscal Yea Cost
ADL	Daily Bill (Agency)	tiling 1 Y)	None	DAY				05/15/2014	05/30/2014	Span	47	O	\$0.00		\$0.0
ADL	Daily Bill (Agency)	lling I Y)	None	DAY				07/01/2014	06/30/2014	Span	318	0	\$0.00	C	\$0.00
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This close-up screen has a larger screen size.

Ohio Department of Developmental Disabilities

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PAWS Confirmation Report

PAWS County	DODD	Individual Name	Medicaid	PAWS Plan Type	Paws Version	Waiver	Match Source	PAWS Plan Approved by	Paws Approval
Name	Number		Number	Description	Number	Type	Code	User Name	Date
County	0000000	Last, First	000000000000000000000000000000000000000	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	\$5,089.82	0	\$0.00
ADL	Daily Billing (Agency)	None	DAY	#######		07/01/2014	05/14/2015	Span	50	٥	\$0.00	782	\$39,098.10
ATN	Transportation	None	MILE	*****		05/15/2014	06/30/2014	Span	200	189	\$66.05	0	\$0.00
ATN	Transportation	None	MILE	*****		07/01/2014	05/14/2015	Span	200	٥	\$0.00	2	\$458.95
Overall -	- Total										\$5,755.87		\$39,557.05

Total Cost: \$45,312.92

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PAWS	County D ame N	XODO I	ndividual N	ame M9 Nu	dicaid PAW Wer De	S Plan Type scription	Paws Ver Nambe	sion Waiver # Type	Match Source Code	PAV	VS Plan Appr User Nam	oved by e	Paws Approval Date	
Allen					initial		3	VO	COMM				12/24/2014	
	egin Date: 0			Contract	Collin Manua	Service	Plan	End Date: 05/14 Service	4/2015 Max Units	First	First	Second	Second	
Code	e Service Cod Description	n Add Or Type	T Unit	Number	Entity Name	Begin Date	End Date	Frequency Period Description	Per Frequency	Piscal Year Units	Fliscal Year Cost	Fiscal Yea		
ADL	Daily Billing (Agency)	None	DAY			05/15/2014	05/30/2014	Span	47	0	\$0.00		\$0.00	
ADL	Daily Billing (Agency)	None	DAY			07/01/2014	05/30/2014	Span	318	0	\$0.00		\$0.00	
ATN	Transportatio	on None	MILE			07/01/2014	06/30/2014	Span	189	10	\$0.00	(0 \$0.00	
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Click the back arrow to get out of the report.

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Alleri Initial 3 1/0 COMM 1224/2014 Plan Begin Date: 05/15/2014 Service Service Service Service Service Service Service Service Max Units First Prequency First Prequency Service Prequency Max Units First Prequency Second Prequency Second </th
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Service Code Service Prescription Service Namber Bitable Type Centract Number Ently Name Service Begin Date Service End Date Service Prequency Max Units Preca First Preca First Preca Second Preca
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ATN Transportation None MILE 07/01/2014 06/30/2014 Span 189 1<0
ATN Transportation None MILE 07/01/2014 O6/30/2014 Span 1,311 0 \$0.00 0 \$0.00
Overall - Total
Total Cost: