

CPT GUIDELINES DAY ARRAY PROVIDER

When meeting to plan services for an individual, be prepared to provide the support administrator with the following:

- Type of service:
 - Adult Day Support
 - ADS/Hab Combo
 - Vocational Habilitation
 - Adult Day Support contract with Ohio Department of Aging (ODA)
 - Supported Employment Enclave
 - Supported Employment Community
- Work day closings
- Number of units/miles or trips from beginning of individual's span to 6/30
- Number of units/miles or trips from 7/1 to end of individual's span
- County of doing business (CODB)

Check each of the following areas to verify the information in CPT and notify the SA of any discrepancies. The PAWS which authorizes you to bill will be generated from this information.

1. Site Home
 - Individual(s) name
 - Provider information, including MBS Contract Number
 - Span information
2. Manage Individuals
 - AAI Score

Medicaid Services System (MSS) - CPT

Welcome MSSUSER192 MSSUSER192 - MSS_Admin SUPPORT | APPS LIST | LOGOUT

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Manage Individuals

Manage Providers

Manage HPC Staffing Patterns

Manage HPC Calendar

Site Name: single person site 192 **Effective Date:** 12/1/2010 **End Date:** 12/31/9999

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

Site Overview:

[Manage Individuals](#) [Manage Providers](#)

Individual:	Client Number:	Medicaid Billing Number:	Residence County:	MBS Contract Number:	Provider Name:	First Name:	Last Name:
JAMES192 Griddle192	6003382	13041	STARK	7603785	MIDWEST INNOVATIONS, LLC	TOM	RICKELS
				9801156	PurFoods LLC dba Mom's Meals		
				7700143	UNITED DISABILITY SERVICES, INC.		

There are two options for entering Day Array Services in MSS as determined by the SA:

Day Array Option 1

3. Manage ADS/NMT Patterns –click on View Details for each pattern
 - Verify that the Provider Information/MBS Contract number is correct for ADS and NMT
 - Verify that the Provider information/MBS Contract number is correct for non-medical transportation (NMT) *and* whether services are authorized in miles OR trips based on vehicle used

Medicaid Services System (MSS) - Manage ADS Schedules

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ADS/NMT Day Pattern Manager:

[Add ADS/NMT Pattern](#)

Name:

[View Details](#) | [Remove](#)

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4. View Details

Search for Site by Person **ADS/NMT Pattern: ADS - SWAAC** [Edit](#)
 Search for Site by Provider [Return to ADS/NMT Pattern Manager](#)

PA
 Manage PA **Services:**

CPT
 Manage Individuals [Check All](#) | [Uncheck All](#) [Add ADS Detail](#) | [Add NMT Detail](#)
 Manage Providers

	Provider	Service	CODB	# Units
<input type="checkbox"/>	CUYAHOGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES	Adult Day/Voc Hab Combo	CUYAHOGA	6.25 hours
<input type="checkbox"/>	CUYAHOGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES	Non-Medical Transportation - One-way trip - Eligible vehicle	CUYAHOGA	2 trips

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

Manage HPC Staffing Patterns
 Manage HPC Calendar
Manage ADS/NMT Patterns
 Manage ADS/NMT Calendars
 Manage Unscheduled ADS/NMT Services

5. Manage ADS/NMT Calendar - for Day Array providers

- Verify that services are scheduled on the correct days of the week
- Verify the program's exception/closed days are correctly identified

Search for Site by Provider **ADS Calendar: December 2010**
Instructions:
 Click on a blank day to apply an ADS pattern to.
 Click on an ADS pattern to view the details.

[Apply ADS Pattern to Calendar Days](#) | [Remove ADS Patterns](#)

◀ ▶ today 12-December ▼ 2010 ▼ change month

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	1 Regular Sched [X]	2 Regular Sched [X]	3 Regular Sched [X]	4
5	6 Regular Sched [X]	7 Regular Sched [X]	8 Regular Sched [X]	9 Regular Sched [X]	10 Regular Sched [X]	11
12	13 Regular Sched [X]	14 Regular Sched [X]	15 Regular Sched [X]	16 Regular Sched [X]	17 Regular Sched [X]	18
19	20 Regular Sched [X]	21 Regular Sched [X]	22 Regular Sched [X]	23 Regular Sched [X]	24	25

SPA
 Service Payment Authorization

DRA
REPORTS

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Day Array Option 2

6. Manage Unscheduled ADS/NMT

- Verify that the Provider Information/MBS Contract number is correct for ADS and NMT–
- Verify the appropriate non-medical transportation provider is listed *and* whether services are authorized in miles OR trips based on vehicle used
- Verify the number of units/trips from beginning of span to 6/30 and from 7/1 to end of span
- Total number of units cannot exceed 6000 for ADS; 6840 for SE Enclave
- Maximum number of units for SE Community varies based on ratio and AAI
- Total NMT cannot exceed 480 trips or 7404 miles at 1:1

Manage PA		Manage Unscheduled ADS:						Add Unscheduled ADS
CPT		Provider Name:	Service:	County:	#Units:	Dates:	Total Units:	
Manage Individuals	Edit Details Remove	CUYAHOGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES	Adult Day Support - Contract with ODA	CUYAHOGA	5770 / SPAN	07/15/2012-06/30/2013	5770	
Manage Providers	Edit Details Remove	CUYAHOGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES	Adult Day Support - Contract with ODA	CUYAHOGA	230 / SPAN	07/01/2013-07/14/2013	230	
Manage HPC Staffing Patterns							Total: 6000	
Manage HPC Calendar								
Manage ADS/NMT Patterns								
Manage ADS/NMT Calendars								
Manage Unscheduled ADS/NMT								
Manage Unscheduled Services								
-For Multiple Individuals								
-For One Individual								
Manage Cost Projections								
PA								
Manage Individual PA								
SPA								
Service Payment Authorization								
DRA								
REPORTS								
							Glossary	

7. Manage Cost Projections

- Overall cost of services for each individual is correct
- Significant variations from the previous span are appropriate

8. Reports - View and print summaries of the services being authorized

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Services System (MSS) - Reports

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Select a report below:

- [Cost Projection Details](#)
- [Staffing Pattern Details](#)
- [ADS Calendar](#)
- [HPC Scheduled vs Unscheduled](#)

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RULES IN EFFECT AS OF 8/1/12

[5123:2-9-14](#)

Home and community-based services waivers - vocational habilitation under the individual options, level one, and self-empowered life funding waivers

[Appendix A](#) - *Billing Units, Service Codes, and Payment Rates for Vocational Habilitation*

[Appendix B](#) - *Cost-of-Doing-Business Categories*

[5123:2-9-15](#)

Home and community-based services waivers - supported employment-community under the individual options and level one waivers

[Appendix A](#) - *Billing Units, Service Codes, and Payment Rates for Supported Employment-Community*

[Appendix B](#) - *Cost-of-Doing-Business Categories*

[5123:2-9-16](#)

Home and community-based services waivers - supported employment-enclave under the individual options, level one, and self-empowered life funding waivers

[Appendix A](#) - *Billing Units, Service Codes, and Payment Rates for Supported Employment-Enclave*

[Appendix B](#) - *Cost-of-Doing-Business Categories*

[5123:2-9-17](#)

Home and community-based services waivers - adult day support under the individual options, level one, and self-empowered life funding waivers

[Appendix A](#) - *Billing Units, Service Codes, and Payment Rates for Adult day Support*

[Appendix B](#) - *Cost-of-Doing-Business Categories*

[5123:2-9-18](#)

Home and community-based services waivers - non-medical transportation under the individual options, level one, and self-empowered life funding waivers

[Appendix A](#) - *Billing Units, Service Codes, and Payment Rates for Non-Medical Transportation*

[Appendix B](#) - *Cost-of-Doing-Business Categories*

[5123:2-9-19](#)

Home and community-based services waivers - general requirements for adult day support, non-medical transportation, supported employment-community, supported employment-enclave, and vocational habilitation

[Appendix A](#) - *Staff Intensity Ratios*

[Appendix B](#) - *Cost-of-Doing Business Categories*

[Appendix C](#) - *Budget Limitations*

DH 8/8/12

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