

Transition Developmental Disabilities Waiver Cost Projecting Worksheet

Consumer Last Name Sample # 1		Consumer First Name Sample # 1		Medicaid # 1111111111	DODD # 111111	Revision 1	Span Start Date 5/4/2015	Notes:	
Service Coordinator Donna Patterson		Total Authorized Amount Last Span		Date of Birth 6/25/2000	County Delaware		Span End Date 5/3/2016		
SSA Phone #: 614-728-2524		Total TDD Claims Paid Last Spa		Total from all Work Spaces \$ 39,627.72		Total from all Work Spaces \$ 39,627.72			

Waiver & State Plan Nursing Providers & Personal Care		A / N / MA	Nursing Cost This Page Only	Reserve PDN	HHA Cost This Page Only	PC Cost This Page Only	Health Chk / Private Duty Nurse	A / N / MA	PDN Cost This Page Only	Health Check This Page
Provider 1	AAA	A	\$ -	\$ -	\$ -	\$ 21,578.92	Provider 1	\$ -	\$ -	
Provider 2	BBB	MA	\$ 9,472.80	\$ -	\$ -	\$ -	Provider 2	\$ -	\$ -	
Provider 3	CCC	N	\$ -	\$ -	\$ -	\$ 8,576.00	Provider 3	\$ -	\$ -	
Provider 4			\$ -	\$ -	\$ -	\$ -	Provider 4	\$ -	\$ -	
Provider 5			\$ -	\$ -	\$ -	\$ -	Provider 5	\$ -	\$ -	
Provider 6			\$ -	\$ -	\$ -	\$ -	Provider 6	\$ -	\$ -	
Provider 7			\$ -	\$ -	\$ -	\$ -	Provider 7	\$ -	\$ -	

Used for Nursing Type Service and Personal Care for number of visits, and number of hours each visit

This Typical Week to be used for 8.0 Weeks from 5/4/2015 To 6/30/2015

Enter the number of visit(s) and hour(s) to be provided by each Provider each visit

Prov	a/n	Provider	RN/LPN/HHA/PC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Single Week Total	Week Total
1	A	AAA	pc	1	5	1	5	1	5	1	6	80
2	MA	BBB	snu	1	2	1	2	1	2	1	7	28
3	N	CCC	pc				1	5	1	3	4	32
> 4 Hours > 4 Hours > 4 Hours > 4 Hours												
Total for Week > 4 Hour											0	0

Use State Plan Services First when possible

Used for Nursing Type Service and Personal Care for number of visits, and number of hours each visit

This Typical Week to be used for 44.0 Weeks from 7/1/2015 To 5/3/2016

Enter the number of visit(s) and hour(s) to be provided by each Provider each visit

Prov	a/n	Provider	RN/LPN/HHA/PC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Single Week Total	Week Total
2	MA	BBB	SRN	1	0.5	2	0.5	1	0.5	2	0	14
1	A	AAA	PCA	1	5	1	5	1	5	1	6	76
3	N	CCC	PCA				1	5	1	3	4	32
> 4 Hours > 4 Hours > 4 Hours > 4 Hours												
Total for Week > 4 Hour											0	0

Used for Nursing Type Service and Personal Care for number of visits, and number of hours each visit

This Typical Week to be used for 0.0 Weeks from To

Enter the number of visit(s) and hour(s) to be provided by each Provider each visit

Prov	a/n	Provider	RN/LPN/HHA/PC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Single Week Total	Week Total
											0	0
											0	0
											0	0
											0	0
Total for Week											0	0

Used for Nursing Type Service and Personal Care for number of visits, and number of hours each visit

This Typical Week to be used for 0.0 Weeks from To

Enter the number of visit(s) and hour(s) to be provided by each Provider each visit

Prov	a/n	Provider	RN/LPN/HHA/PC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Single Week Total	Week Total
											0	0
											0	0
											0	0
											0	0
Total for Week											0	0

Used for Nursing Type Service and Personal Care for number of visits, and number of hours each visit

This Typical Week to be used for 0.0 Weeks from To

Enter the number of visit(s) and hour(s) to be provided by each Provider each visit

Prov	a/n	Provider	RN/LPN/HHA/PC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Single Week Total	Week Total
											0	0
											0	0
											0	0
											0	0
Total for Week											0	0

Section to be used for Private Duty Nursing or Health Chek for number of visits, and number of hours each visit Health Chek is Available for the entire Span
 This Typical Week to be used for 0.0 Weeks from To Health Chek is Available for the entire Span

Enter the number of visit(s) and hour(s) to be provided by each Provider each visit

Provider	PDN/HC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total	Week Total		
									0	0	#REF!	#N/A
									0	0	#REF!	#N/A
									0	0	#REF!	#N/A
									0	0	#REF!	#N/A
		0	0	0	0	0	0	0	0	0		

row 118
COLLN
row 119
PDN/HC
row 120
PDN/HC
0
0
0
0

Section to be used for Private Duty Nursing or Health Chek for number of visits, and number of hours each visit
 This Typical Week to be used for 0.0 Weeks from To

Enter the number of visit(s) and hour(s) to be provided by each Provider each visit

Provider	PDN/HC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total	Week Total		
									0	0	0	#N/A
									0	0	0	#N/A
									0	0	0	#N/A
									0	0	0	#N/A
		0	0	0	0	0	0	0	0	0		

Section to be used for Private Duty Nursing or Health Chek for number of visits, and number of hours each visit
 This Typical Week to be used for 0.0 Weeks from To

Enter the number of visit(s) and hour(s) to be provided by each Provider each visit

Provider	PDN/HC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total	Week Total		
									0	0	0	#N/A
									0	0	0	#N/A
									0	0	0	#N/A
									0	0	0	#N/A
		0	0	0	0	0	0	0	0	0		

Section to be used for Private Duty Nursing or Health Chek for number of visits, and number of hours each visit
 This Typical Week to be used for 0.0 Weeks from To

Enter the number of visit(s) and hour(s) to be provided by each Provider each visit

Provider	PDN/HC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total	Week Total		
									0	0	0	#N/A
									0	0	0	#N/A
									0	0	0	#N/A
									0	0	0	#N/A
		0	0	0	0	0	0	0	0	0		

Section to be used for Private Duty Nursing or Health Chek for number of visits, and number of hours each visit
 This Typical Week to be used for 0.0 Weeks from To

Enter the number of visit(s) and hour(s) to be provided by each Provider each visit

Provider	PDN/HC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Total	Week Total		
									0	0	0	#N/A
									0	0	0	#N/A
									0	0	0	#N/A
									0	0	0	#N/A
		0	0	0	0	0	0	0	0	0		

0

Transitions Developmental Disabilities Waiver Cost Projection Tool

Sample # 1

File Information and Summary					
Last Name	First Name	DOB	DODD#	Medicaid #	
Sample # 1	Sample # 1	6/25/2000	111111	1111111111	
Service Coordinator	SSA Phone	County		Span Begin	Span End
Donna Patterson	614-728-2524	Delaware		5/4/2015	5/3/2016
Reason Last Year's Authorized Cost is exceeded			Total Authorized Amount Last Span \$ -		
Description of The situation					
Alternate Resources:					
Service Coordinator Email Address					Comments
Unpaid Support					
State Plan Services					
County Board Supports					
Private Insurance					
Other					
Private Duty Nursing					
Medicare					
Recent FY Paid Claims Data	\$	-	Greater than 2% of Base		

Waiver Total	Cost Summary--Span	Waiver Cost without Home Mod and Equipment	Home Mod and Equipment	Total Waiver Costs	State Plan	Link to Waiver Detail
SPAN	Total \$	30,154.92 \$	- \$	30,154.92 \$	9,472.80	Annual
May 2015	\$	2,200.00 \$	- \$	2,200.00 \$	2,098.88	May 2015
June 2015	\$	2,342.52 \$	- \$	2,342.52 \$	2,248.80	June 2015
July 2015	\$	2,581.98 \$	- \$	2,581.98 \$	515.84	July 2015
August 2015	\$	2,574.79 \$	- \$	2,574.79 \$	515.84	August 2015
September 2015	\$	2,474.39 \$	- \$	2,474.39 \$	499.20	September 2015
October 2015	\$	2,600.25 \$	- \$	2,600.25 \$	515.84	October 2015
November 2015	\$	2,492.66 \$	- \$	2,492.66 \$	499.20	November 2015
December 2015	\$	2,537.82 \$	- \$	2,537.82 \$	515.84	December 2015
January 2016	\$	2,618.95 \$	- \$	2,618.95 \$	515.84	January 2016
February 2016	\$	2,410.53 \$	- \$	2,410.53 \$	482.56	February 2016
March 2016	\$	2,537.82 \$	- \$	2,537.82 \$	515.84	March 2016
April 2016	\$	2,536.82 \$	- \$	2,536.82 \$	499.20	April 2016
May 2016	\$	246.39 \$	- \$	246.39 \$	49.92	May 2016

Greater than 2% of Last Year Authorization

Provider Summary

Annual Waiver Service Costs by Provider							\$ 30,154.92
Provider	Description	Service Code	Base Units	Base Costs	Additional Units	Additional Unit Cost	Total
AAA	Agency Personal Care	T1019	50 \$	1,163.00	672	\$ 2,016.00	\$ 3,179.00
AAA	Agency Waiver PC	T1019	264 \$	5,926.80	3344	\$ 12,473.12	\$ 18,399.92
CCC	Non Agency Personal Care	T1019	32 \$	595.52	256	\$ 768.00	\$ 1,363.52
CCC	Non-agency PC	T1019	176 \$	3,185.60	1408	\$ 4,026.88	\$ 7,212.48

Waiver Service Summaries by Month

Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
May 2015	Waiver Total: \$	2,200.00					
	T1002/3 Agency RN / LPN	- \$	-	- \$	-	\$ -	-
	T1002 Independent RN	- \$	-	- \$	-	\$ -	-
	T1003 Independent LPN	- \$	-	- \$	-	\$ -	-
	T1019 Personal Care	40 \$	856.00	448 \$	1,344.00	\$ -	2,200.00
	H0045 Out of Home Respite	- \$	-	- \$	-	\$ -	-
	S0215 Supplemental transportation	- \$	-	- \$	-	\$ -	-
	S5160 Emergency response Service installation	- \$	-	- \$	-	\$ -	-

S5161	Emergency response Service monthly fee	-	\$	-	-	\$	-	\$	-
S5170	Home Delivered Meals	-	\$	-	-	\$	-	\$	-
S5101	Adult Day Health Center Service Half Day	-	\$	-	-	\$	-	\$	-
S5102	Adult Day Health Center Service Full Day	-	\$	-	-	\$	-	\$	-
		-	\$	-	-	\$	-	\$	-

Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
June 2015	Waiver Total:	\$ 2,342.52					
T1002/3	Agency RN / LPN	-	\$	-	\$	-	\$
T1002	Independent RN	-	\$	-	\$	-	\$
T1003	Independent LPN	-	\$	-	\$	-	\$
T1019	Personal Care	42	\$	902.52	\$	480	\$ 1,440.00
H0045	Out of Home Respite	-	\$	-	\$	-	\$
S0215	Supplemental transportation	-	\$	-	\$	-	\$
S5160	Emergency response Service installation	-	\$	-	\$	-	\$
S5161	Emergency response Service monthly fee	-	\$	-	\$	-	\$
S5170	Home Delivered Meals	-	\$	-	\$	-	\$
S5101	Adult Day Health Center Service Half Day	-	\$	-	\$	-	\$
S5102	Adult Day Health Center Service Full Day	-	\$	-	\$	-	\$
		-	\$	-	\$	-	\$

Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
July 2015	Waiver Total:	\$ 2,581.98					
T1002	Agency RN	-	\$	-	\$	-	\$
T1003	Agency LPN	-	\$	-	\$	-	\$
T1002	Independent RN	-	\$	-	\$	-	\$
T1003	Independent LPN	-	\$	-	\$	-	\$
T1019	Personal Care	46	\$	945.70	\$	476	\$ 1,636.28
H0045	Out of Home Respite	-	\$	-	\$	-	\$
S0215	Supplemental transportation	-	\$	-	\$	-	\$
S5160	Emergency response Service installation	-	\$	-	\$	-	\$
S5161	Emergency response Service monthly fee	-	\$	-	\$	-	\$
S5170	Home Delivered Meals	-	\$	-	\$	-	\$
S5101	Adult Day Health Center Service Half Day	-	\$	-	\$	-	\$
S5102	Adult Day Health Center Service Full Day	-	\$	-	\$	-	\$
		-	\$	-	\$	-	\$

Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
August 2015	Waiver Total:	\$ 2,574.79					
T1002	Agency RN	-	\$	-	\$	-	\$
T1003	Agency LPN	-	\$	-	\$	-	\$
T1002	Independent RN	-	\$	-	\$	-	\$
T1003	Independent LPN	-	\$	-	\$	-	\$
T1019	Personal Care	43	\$	895.75	\$	480	\$ 1,679.04
H0045	Out of Home Respite	-	\$	-	\$	-	\$
S0215	Supplemental transportation	-	\$	-	\$	-	\$
S5160	Emergency response Service installation	-	\$	-	\$	-	\$
S5161	Emergency response Service monthly fee	-	\$	-	\$	-	\$
S5170	Home Delivered Meals	-	\$	-	\$	-	\$
S5101	Adult Day Health Center Service Half Day	-	\$	-	\$	-	\$
S5102	Adult Day Health Center Service Full Day	-	\$	-	\$	-	\$
		-	\$	-	\$	-	\$

Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
September 2015	Waiver Total:	\$ 2,474.39					
T1002	Agency RN	-	\$	-	\$	-	\$
T1003	Agency LPN	-	\$	-	\$	-	\$
T1002	Independent RN	-	\$	-	\$	-	\$
T1003	Independent LPN	-	\$	-	\$	-	\$
T1019	Personal Care	42	\$	868.95	\$	464	\$ 1,605.44
H0045	Out of Home Respite	-	\$	-	\$	-	\$
S0215	Supplemental transportation	-	\$	-	\$	-	\$
S5160	Emergency response Service installation	-	\$	-	\$	-	\$
S5161	Emergency response Service monthly fee	-	\$	-	\$	-	\$
S5170	Home Delivered Meals	-	\$	-	\$	-	\$
S5101	Adult Day Health Center Service Half Day	-	\$	-	\$	-	\$
S5102	Adult Day Health Center Service Full Day	-	\$	-	\$	-	\$
		-	\$	-	\$	-	\$

Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
October 2015	Waiver Total:	\$ 2,600.25					
T1002	Agency RN	-	\$	-	\$	-	\$
T1003	Agency LPN	-	\$	-	\$	-	\$
T1002	Independent RN	-	\$	-	\$	-	\$
T1003	Independent LPN	-	\$	-	\$	-	\$
T1019	Personal Care	46	\$	950.05	\$	476	\$ 1,650.20
H0045	Out of Home Respite	-	\$	-	\$	-	\$
S0215	Supplemental transportation	-	\$	-	\$	-	\$
S5160	Emergency response Service installation	-	\$	-	\$	-	\$
S5161	Emergency response Service monthly fee	-	\$	-	\$	-	\$
S5170	Home Delivered Meals	-	\$	-	\$	-	\$
S5101	Adult Day Health Center Service Half Day	-	\$	-	\$	-	\$
S5102	Adult Day Health Center Service Full Day	-	\$	-	\$	-	\$
S5102	Adult Day Health Center Service Full Day	-	\$	-	\$	-	\$
		-	\$	-	\$	-	\$

Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
November 2015	Waiver Total: \$	2,492.66					
T1002	Agency RN	- \$	-	- \$	-	\$	-
T1003	Agency LPN	- \$	-	- \$	-	\$	-
T1002	Independent RN	- \$	-	- \$	-	\$	-
T1003	Independent LPN	- \$	-	- \$	-	\$	-
T1019	Personal Care	42	873.30	464	1,619.36	\$	2,492.66
H0045	Out of Home Respite	- \$	-	- \$	-	\$	-
S0215	Supplemental transportation	- \$	-	- \$	-	\$	-
S5160	Emergency response Service installation	- \$	-	- \$	-	\$	-
S5161	Emergency response Service monthly fee	- \$	-	- \$	-	\$	-
S5170	Home Delivered Meals	- \$	-	- \$	-	\$	-
S5101	Adult Day Health Center Service Half Day	- \$	-	- \$	-	\$	-
S5102	Adult Day Health Center Service Full Day	- \$	-	- \$	-	\$	-
Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
December 2015	Waiver Total: \$	2,537.82					
T1002	Agency RN	- \$	-	- \$	-	\$	-
T1003	Agency LPN	- \$	-	- \$	-	\$	-
T1002	Independent RN	- \$	-	- \$	-	\$	-
T1003	Independent LPN	- \$	-	- \$	-	\$	-
T1019	Personal Care	44	909.50	472	1,628.32	\$	2,537.82
H0045	Out of Home Respite	- \$	-	- \$	-	\$	-
S0215	Supplemental transportation	- \$	-	- \$	-	\$	-
S5160	Emergency response Service installation	- \$	-	- \$	-	\$	-
S5161	Emergency response Service monthly fee	- \$	-	- \$	-	\$	-
S5170	Home Delivered Meals	- \$	-	- \$	-	\$	-
S5101	Adult Day Health Center Service Half Day	- \$	-	- \$	-	\$	-
S5102	Adult Day Health Center Service Full Day	- \$	-	- \$	-	\$	-
Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
January 2016	Waiver Total: \$	2,618.95					
T1002	Agency RN	- \$	-	- \$	-	\$	-
T1003	Agency LPN	- \$	-	- \$	-	\$	-
T1002	Independent RN	- \$	-	- \$	-	\$	-
T1003	Independent LPN	- \$	-	- \$	-	\$	-
T1019	Personal Care	45	931.95	484	1,687.00	\$	2,618.95
H0045	Out of Home Respite	- \$	-	- \$	-	\$	-
S0215	Supplemental transportation	- \$	-	- \$	-	\$	-
S5160	Emergency response Service installation	- \$	-	- \$	-	\$	-
S5161	Emergency response Service monthly fee	- \$	-	- \$	-	\$	-
S5170	Home Delivered Meals	- \$	-	- \$	-	\$	-
S5101	Adult Day Health Center Service Half Day	- \$	-	- \$	-	\$	-
S5102	Adult Day Health Center Service Full Day	- \$	-	- \$	-	\$	-
Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
February 2016	Waiver Total: \$	2,410.53					
T1002	Agency RN	- \$	-	- \$	-	\$	-
T1003	Agency LPN	- \$	-	- \$	-	\$	-
T1002	Independent RN	- \$	-	- \$	-	\$	-
T1003	Independent LPN	- \$	-	- \$	-	\$	-
T1019	Personal Care	41	850.85	448	1,559.68	\$	2,410.53
H0045	Out of Home Respite	- \$	-	- \$	-	\$	-
S0215	Supplemental transportation	- \$	-	- \$	-	\$	-
S5160	Emergency response Service installation	- \$	-	- \$	-	\$	-
S5161	Emergency response Service monthly fee	- \$	-	- \$	-	\$	-
S5170	Home Delivered Meals	- \$	-	- \$	-	\$	-
S5101	Adult Day Health Center Service Half Day	- \$	-	- \$	-	\$	-
S5102	Adult Day Health Center Service Full Day	- \$	-	- \$	-	\$	-
Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
March 2016	Waiver Total: \$	2,537.82					
T1002	Agency RN	- \$	-	- \$	-	\$	-
T1003	Agency LPN	- \$	-	- \$	-	\$	-
T1002	Independent RN	- \$	-	- \$	-	\$	-
T1003	Independent LPN	- \$	-	- \$	-	\$	-
T1019	Personal Care	44	909.50	472	1,628.32	\$	2,537.82
H0045	Out of Home Respite	- \$	-	- \$	-	\$	-
S0215	Supplemental transportation	- \$	-	- \$	-	\$	-
S5160	Emergency response Service installation	- \$	-	- \$	-	\$	-
S5161	Emergency response Service monthly fee	- \$	-	- \$	-	\$	-
S5170	Home Delivered Meals	- \$	-	- \$	-	\$	-
S5101	Adult Day Health Center Service Half Day	- \$	-	- \$	-	\$	-
S5102	Adult Day Health Center Service Full Day	- \$	-	- \$	-	\$	-
Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
April 2016	Waiver Total: \$	2,536.82					
T1002	Agency RN	- \$	-	- \$	-	\$	-
T1003	Agency LPN	- \$	-	- \$	-	\$	-
T1002	Independent RN	- \$	-	- \$	-	\$	-
T1003	Independent LPN	- \$	-	- \$	-	\$	-
T1019	Personal Care	44	909.50	468	1,627.32	\$	2,536.82
H0045	Out of Home Respite	- \$	-	- \$	-	\$	-
S0215	Supplemental transportation	- \$	-	- \$	-	\$	-
S5160	Emergency response Service installation	- \$	-	- \$	-	\$	-
S5161	Emergency response Service monthly fee	- \$	-	- \$	-	\$	-
S5170	Home Delivered Meals	- \$	-	- \$	-	\$	-
S5101	Adult Day Health Center Service Half Day	- \$	-	- \$	-	\$	-
S5102	Adult Day Health Center Service Full Day	- \$	-	- \$	-	\$	-
Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
May 2016	Waiver Total: \$	246.39					
T1002	Agency RN	- \$	-	- \$	-	\$	-
T1003	Agency LPN	- \$	-	- \$	-	\$	-
T1002	Independent RN	- \$	-	- \$	-	\$	-
T1003	Independent LPN	- \$	-	- \$	-	\$	-
T1019	Personal Care	3	67.35	48	179.04	\$	246.39
H0045	Out of Home Respite	- \$	-	- \$	-	\$	-
S0215	Supplemental transportation	- \$	-	- \$	-	\$	-
S5160	Emergency response Service installation	- \$	-	- \$	-	\$	-
S5161	Emergency response Service monthly fee	- \$	-	- \$	-	\$	-
S5170	Home Delivered Meals	- \$	-	- \$	-	\$	-
S5101	Adult Day Health Center Service Half Day	- \$	-	- \$	-	\$	-
S5102	Adult Day Health Center Service Full Day	- \$	-	- \$	-	\$	-

Annual State Plan Service Costs by Provider

\$ 9,472.80

Provider	Description	Service Code	Base Units	Base Cost	Subs Units	Subs Cost	Total Cost
BBB	Medicare Certified RN / LPN	G0154	58	\$ 3,027.60	232	\$ 1,320.08	\$ 4,347.68
BBB	Medicare Agency SP RN	G0154	0	\$ -	616	\$ 5,125.12	\$ 5,125.12

State Plan Monthly Summary

\$ 9,472.80

Month	Description	State Plan Total: \$	Sum of # Base	Sum of \$ Base	Sum of # additional	Sum of \$ Additional	Total
May 2015		2,098.88					
	G0154 Medicare Agency SP RN / LPN		28	\$ 1,461.60	112	\$ 637.28	\$ 2,098.88
	G0156 Medicare Agency SP Home Health		-	\$ -	-	\$ -	\$ -
	T1000 Private Duty Nursing		-	\$ -	-	\$ -	\$ -
				\$ -	-	\$ -	\$ -
			-	\$ -	-	\$ -	\$ -
	G0152 Occupational Therapy		0	\$ -	0	\$ -	\$ -
	G0151 Physical Therapy		0	\$ -	0	\$ -	\$ -
	G0153 Speech Pathology		0	\$ -	0	\$ -	\$ -
June 2015		2,248.80					
	G0154 Medicare Agency SP RN / LPN		30	\$ 1,566.00	120	\$ 682.80	\$ 2,248.80
	G0156 Medicare Agency SP Home Health		-	\$ -	-	\$ -	\$ -
	T1000 Private Duty Nursing		-	\$ -	-	\$ -	\$ -
				\$ -	-	\$ -	\$ -
			-	\$ -	-	\$ -	\$ -
	G0152 Occupational Therapy		0	\$ -	0	\$ -	\$ -
	G0151 Physical Therapy		0	\$ -	0	\$ -	\$ -
	G0153 Speech Pathology		0	\$ -	0	\$ -	\$ -
July 2015		515.84					
	G0154 Medicare Agency SP RN	G0154-TD	-	\$ -	62	\$ 515.84	\$ 515.84
	G0154 Medicare Agency SP LPN	G0154-TE	-	\$ -	-	\$ -	\$ -
	G0156 Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
	T1000 Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
	T1000 Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
	T1001 RN Assessment		-	\$ -	-	\$ -	\$ -
	T1001 RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
	G0152 Occupational Therapy		0	\$ -	0	\$ -	\$ -
	G0151 Physical Therapy		0	\$ -	0	\$ -	\$ -
	G0153 Speech Pathology		0	\$ -	0	\$ -	\$ -
August 2015		515.84					
	G0154 Medicare Agency SP RN	G0154-TD	-	\$ -	62	\$ 515.84	\$ 515.84
	G0154 Medicare Agency SP LPN	G0154-TE	-	\$ -	-	\$ -	\$ -
	G0156 Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
	T1000 Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
	T1000 Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
	T1001 RN Assessment		-	\$ -	-	\$ -	\$ -
	T1001 RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
	G0152 Occupational Therapy		0	\$ -	0	\$ -	\$ -
	G0151 Physical Therapy		0	\$ -	0	\$ -	\$ -
	G0153 Speech Pathology		0	\$ -	0	\$ -	\$ -
September 2015		499.20					
	G0154 Medicare Agency SP RN	G0154-TD	-	\$ -	60	\$ 499.20	\$ 499.20
	G0154 Medicare Agency SP LPN	G0154-TE	-	\$ -	-	\$ -	\$ -
	G0156 Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
	T1000 Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
	T1000 Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
	T1001 RN Assessment		-	\$ -	-	\$ -	\$ -
	T1001 RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
	G0152 Occupational Therapy		0	\$ -	0	\$ -	\$ -
	G0151 Physical Therapy		0	\$ -	0	\$ -	\$ -
	G0153 Speech Pathology		0	\$ -	0	\$ -	\$ -

Month	Description		Sum of # Base	Sum of \$ Base	Sum of # additional	Sum of \$ Additional	Total
October 2015	State Plan Total: \$		515.84				
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	62	\$ 515.84	\$ 515.84
G0154	Medicare Agency SP LPN	G0154-TE	-	\$ -	-	\$ -	\$ -
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
T1001	RN Assessment		-	\$ -	-	\$ -	\$ -
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
G0152	Occupational Therapy		0	\$ -	0	\$ -	\$ -
G0151	Physical Therapy		0	\$ -	0	\$ -	\$ -
G0153	Speech Pathology		0	\$ -	0	\$ -	\$ -
Month	Description		Sum of # Base	Sum of \$ Base	Sum of # additional	Sum of \$ Additional	Total
November 2015	State Plan Total: \$		499.20				
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	60	\$ 499.20	\$ 499.20
G0154	Medicare Agency SP LPN	G0154-TE	-	\$ -	-	\$ -	\$ -
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
T1001	RN Assessment		-	\$ -	-	\$ -	\$ -
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
G0152	Occupational Therapy		0	\$ -	0	\$ -	\$ -
G0151	Physical Therapy		0	\$ -	0	\$ -	\$ -
G0153	Speech Pathology		0	\$ -	0	\$ -	\$ -
Month	Description		Sum of # Base	Sum of \$ Base	Sum of # additional	Sum of \$ Additional	Total
December 2015	State Plan Total: \$		515.84				
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	62	\$ 515.84	\$ 515.84
G0154	Medicare Agency SP LPN	G0154-TE	-	\$ -	-	\$ -	\$ -
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
T1001	RN Assessment		-	\$ -	-	\$ -	\$ -
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
G0152	Occupational Therapy		0	\$ -	0	\$ -	\$ -
G0151	Physical Therapy		0	\$ -	0	\$ -	\$ -
G0153	Speech Pathology		0	\$ -	0	\$ -	\$ -
Month	Description		Sum of # Base	Sum of \$ Base	Sum of # additional	Sum of \$ Additional	Total
January 2016	State Plan Total: \$		515.84				
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	62	\$ 515.84	\$ 515.84
G0154	Medicare Agency SP LPN	G0154-TE	-	\$ -	-	\$ -	\$ -
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
T1001	RN Assessment		-	\$ -	-	\$ -	\$ -
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
G0152	Occupational Therapy		0	\$ -	0	\$ -	\$ -
G0151	Physical Therapy		0	\$ -	0	\$ -	\$ -
G0153	Speech Pathology		0	\$ -	0	\$ -	\$ -
Month	Description		Sum of # Base	Sum of \$ Base	Sum of # additional	Sum of \$ Additional	Total
February 2016	State Plan Total: \$		482.56				
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	58	\$ 482.56	\$ 482.56
G0154	Medicare Agency SP LPN	G0154-TE	-	\$ -	-	\$ -	\$ -
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
T1001	RN Assessment		-	\$ -	-	\$ -	\$ -
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
G0152	Occupational Therapy		0	\$ -	0	\$ -	\$ -
G0151	Physical Therapy		0	\$ -	0	\$ -	\$ -
G0153	Speech Pathology		0	\$ -	0	\$ -	\$ -

Month	Description		Sum of # Base	Sum of \$ Base	Sum of # additional	Sum of \$ Additional	Total
March 2016		State Plan Total: \$		515.84			
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	62	\$ 515.84	\$ 515.84
G0154	Medicare Agency SP LPN	G0154-TE	-	\$ -	-	\$ -	\$ -
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
T1001	RN Assessment		-	\$ -	-	\$ -	\$ -
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
G0152	Occupational Therapy		0	\$ -	0	\$ -	\$ -
G0151	Physical Therapy		0	\$ -	0	\$ -	\$ -
G0153	Speech Pathology		0	\$ -	0	\$ -	\$ -
Month	Description		Sum of # Base	Sum of \$ Base	Sum of # additional	Sum of \$ Additional	Total
April 2016		State Plan Total: \$		499.20			
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	60	\$ 499.20	\$ 499.20
G0154	Medicare Agency SP LPN	G0154-TE	-	\$ -	-	\$ -	\$ -
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
T1001	RN Assessment		-	\$ -	-	\$ -	\$ -
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
G0152	Occupational Therapy		0	\$ -	0	\$ -	\$ 0
G0151	Physical Therapy		0	\$ -	0	\$ -	\$ 0
G0153	Speech Pathology		0	\$ -	0	\$ -	\$ 0
Month	Description		Sum of # Base	Sum of \$ Base	Sum of # additional	Sum of \$ Additional	Total
May 2016		State Plan Total: \$		49.92			
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	6	\$ 49.92	\$ 49.92
G0154	Medicare Agency SP LPN	G0154-TE	-	\$ -	-	\$ -	\$ -
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
T1001	RN Assessment		-	\$ -	-	\$ -	\$ -
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
G0152	Occupational Therapy		0	\$ -	0	\$ -	\$ -
G0151	Physical Therapy		0	\$ -	0	\$ -	\$ -
G0153	Speech Pathology		0	\$ -	0	\$ -	\$ -