

## Transition Developmental Disabilities Waiver Cost Projecting Worksheet

Consumer Last Name Sample # 2		Consumer First Name Sample # 2		Medicaid # 2222222222	DODD # 22222	Span Start Date 5/18/2015	Revision 1	Notes:
Service Coordinator Donna Patterson		Total Authorized Amount Last Span		Date of Birth	County Delaware		Span End Date 5/17/2016	
SSA Phone #: 614-728-2524		Total TDD Claims Paid Last Spa		Total from all Work Spaces \$ 28,990.28		Total from all Work Spaces \$ 29,414.80		

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	\$ 11,472.96	\$ -	\$ -	\$ -	Provider 1	\$ -	\$ -	
Provider 2	BBB	MA	\$ 10,494.04	\$ -	\$ -	\$ -	Provider 2	\$ -	\$ -	
Provider 3	CCC	N	\$ 7,023.28	\$ -	\$ -	\$ -	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 6.0 Weeks from 5/18/2015 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		
2	MA	BBB	snu		1	2	1	2	1	2	3	12	20	80
3	N	CCC	rn					1	2	1	3	2	12	72
1	A	AAA	nu	1	3					1	3	2	16	96
Total for Week											2	12	0	#N/A

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 46.0 Weeks from 7/1/2015 To 5/17/2016

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	SLPN		1	2	1	2	1	2	3	12	552	
3	N	CCC	RNu					1	2	1	3	2	8	368
1	A	AAA	RNu	1	3					1	3	2	16	736
Total for Week											0	0	0	#N/A

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	#N/A	
											0	0	#N/A	
											0	0	#N/A	
											0	0	#N/A	
Total for Week											0	0	0	#N/A

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	#N/A	
											0	0	#N/A	
											0	0	#N/A	
											0	0	#N/A	
Total for Week											0	0	0	#N/A

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	#N/A	
											0	0	#N/A	
											0	0	#N/A	
											0	0	#N/A	
Total for Week											0	0	0	#N/A



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  
 Availability of Health Chek is not Likley  
 Health Chek May not be Available through the End of the Span

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		

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CHRN	PDN/HC	PDN/HC
CHLW	PDN/HC	PDN/HC

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		

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**This Section is to be used for any extra days that may be needed for school close days & sick days, also thought of as reserve or set aside This section can also be used to authorize a Monthly Waiver Service**

Used for Nursing Type Service and Personal Care				for number of visits, and	number of hours each visit	Only sub Hours	# of day needed each month
Prov	a/n	Provider	RN/LPN/HHA/PC				
							May-15
							June-15
							July-15
							August-15
							September-15
							October-15
							November-15
							December-15
							January-16
							February-16
							March-16
							April-16
							May-16

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

Availability of Health Chek is not Likley  
 Health Chek May not be Available through the End of the Span

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		

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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	#N/A

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	#N/A

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	#N/A

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	#N/A

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**Transitions Developmental Disabilities Waiver Cost Projection Tool**

**Sample # 2**

File Information and Summary				
Last Name <b>Sample # 2</b>	First Name <b>Sample # 2</b>	DOB 1/0/1900	DODD# 22222	Medicaid # 2222222222
Service Coordinator Donna Patterson	SSA Phone 614-728-2524	County Delaware	Span Begin 5/18/2015	Span End 5/17/2016
Reason Last Year's Authorized Cost is exceeded		Total Authorized Amount Last Span \$ -		
Description of The situation				
<b>Alternate Resources:</b> Service Coordinator Email Address 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
<b>SPAN</b>	<b>Total</b>	<b>\$ 18,496.24</b>	<b>\$ -</b>	<b>\$ 18,496.24</b>	<b>10,918.56</b>	<a href="#">Annual</a>
May 2015	\$	694.48	\$ -	\$ 694.48	\$ 449.76	<a href="#">May 2015</a>
June 2015	\$	1,388.96	\$ -	\$ 1,388.96	\$ 1,049.44	<a href="#">June 2015</a>
July 2015	\$	1,560.08	\$ -	\$ 1,560.08	\$ 901.06	<a href="#">July 2015</a>
August 2015	\$	1,651.12	\$ -	\$ 1,651.12	\$ 884.42	<a href="#">August 2015</a>
September 2015	\$	1,427.20	\$ -	\$ 1,427.20	\$ 949.60	<a href="#">September 2015</a>
October 2015	\$	1,672.04	\$ -	\$ 1,672.04	\$ 819.24	<a href="#">October 2015</a>
November 2015	\$	1,539.16	\$ -	\$ 1,539.16	\$ 884.42	<a href="#">November 2015</a>
December 2015	\$	1,465.80	\$ -	\$ 1,465.80	\$ 949.60	<a href="#">December 2015</a>
January 2016	\$	1,745.40	\$ -	\$ 1,745.40	\$ 819.24	<a href="#">January 2016</a>
February 2016	\$	1,427.20	\$ -	\$ 1,427.20	\$ 884.42	<a href="#">February 2016</a>
March 2016	\$	1,465.80	\$ -	\$ 1,465.80	\$ 949.60	<a href="#">March 2016</a>
April 2016	\$	1,633.44	\$ -	\$ 1,633.44	\$ 819.24	<a href="#">April 2016</a>
May 2016	\$	825.56	\$ -	\$ 825.56	\$ 558.52	<a href="#">May 2016</a>

Greater than 2% of Last Year Authorization

**Provider Summary**

**Annual Waiver Service Costs by Provider \$ 18,496.24**

Provider	Description	Service Code	Base Units	Base Costs	Additional Units	Additional Unit Cost	Total
AAA	Agency RN / LPN	T1002/3	12	\$ 626.40	96	\$ 546.24	\$ 1,172.64
AAA	Agency Waiver RN	T1002	92	\$ 4,176.80	736	\$ 6,123.52	\$ 10,300.32
CCC	Independent RN	T1002	12	\$ 501.12	72	\$ 409.68	\$ 910.80
CCC	Non-Agency RN	T1002	92	\$ 3,551.20	368	\$ 2,561.28	\$ 6,112.48

### Waiver Service Summaries by Month

Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
<b>May 2015</b>	<b>Waiver Total:</b>	<b>\$ 694.48</b>					
T1002/3	Agency RN / LPN	4 \$	208.80	32 \$	182.08	\$	390.88
T1002	Independent RN	4 \$	167.04	24 \$	136.56	\$	303.60
T1003	Independent LPN	- \$	-	- \$	-	\$	-
T1019	Personal Care	- \$	-	- \$	-	\$	-
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	- \$	-	- \$	-	\$	-
		- \$	-	- \$	-	\$	-
<b>Month</b>	<b>Description</b>	<b>Base Units</b>	<b>Base Costs</b>	<b>Additional Units</b>	<b>Subs Costs</b>	<b>Costs</b>	<b>Total</b>
<b>June 2015</b>	<b>Waiver Total:</b>	<b>\$ 1,388.96</b>					
T1002/3	Agency RN / LPN	8 \$	417.60	64 \$	364.16	\$	781.76
T1002	Independent RN	8 \$	334.08	48 \$	273.12	\$	607.20
T1003	Independent LPN	- \$	-	- \$	-	\$	-
T1019	Personal Care	- \$	-	- \$	-	\$	-
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	- \$	-	- \$	-	\$	-
		- \$	-	- \$	-	\$	-
<b>Month</b>	<b>Description</b>	<b>Base Units</b>	<b>Base Costs</b>	<b>Additional Units</b>	<b>Subs Costs</b>	<b>Costs</b>	<b>Total</b>
<b>July 2015</b>	<b>Waiver Total:</b>	<b>\$ 1,560.08</b>					
T1002	Agency RN	8 \$	363.20	64 \$	532.48	\$	895.68
T1003	Agency LPN	- \$	-	- \$	-	\$	-
T1002	Independent RN	10 \$	386.00	40 \$	278.40	\$	664.40
T1003	Independent LPN	- \$	-	- \$	-	\$	-
T1019	Personal Care	- \$	-	- \$	-	\$	-
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	- \$	-	- \$	-	\$	-
		- \$	-	- \$	-	\$	-
<b>Month</b>	<b>Description</b>	<b>Base Units</b>	<b>Base Costs</b>	<b>Additional Units</b>	<b>Subs Costs</b>	<b>Costs</b>	<b>Total</b>
<b>August 2015</b>	<b>Waiver Total:</b>	<b>\$ 1,651.12</b>					
T1002	Agency RN	10 \$	454.00	80 \$	665.60	\$	1,119.60
T1003	Agency LPN	- \$	-	- \$	-	\$	-
T1002	Independent RN	8 \$	308.80	32 \$	222.72	\$	531.52
T1003	Independent LPN	- \$	-	- \$	-	\$	-

T1019	Personal Care	-	\$	-	-	\$	-	\$	-
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	-	\$	-	-	\$	-	\$	-
<b>Month</b>	<b>Description</b>	<b>Base Units</b>		<b>Base Costs</b>	<b>Additional Units</b>		<b>Subs Costs</b>	<b>Costs</b>	<b>Total</b>
<b>September 2015</b>	<b>Waiver Total: \$</b>	<b>1,427.20</b>							
T1002	Agency RN	8	\$	363.20	64	\$	532.48	\$	895.68
T1003	Agency LPN	-	\$	-	-	\$	-	\$	-
T1002	Independent RN	8	\$	308.80	32	\$	222.72	\$	531.52
T1003	Independent LPN	-	\$	-	-	\$	-	\$	-
T1019	Personal Care	-	\$	-	-	\$	-	\$	-
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	-	\$	-	-	\$	-	\$	-
<b>Month</b>	<b>Description</b>	<b>Base Units</b>		<b>Base Costs</b>	<b>Additional Units</b>		<b>Subs Costs</b>	<b>Costs</b>	<b>Total</b>
<b>October 2015</b>	<b>Waiver Total: \$</b>	<b>1,672.04</b>							
T1002	Agency RN	9	\$	408.60	72	\$	599.04	\$	1,007.64
T1003	Agency LPN	-	\$	-	-	\$	-	\$	-
T1002	Independent RN	10	\$	386.00	40	\$	278.40	\$	664.40
T1003	Independent LPN	-	\$	-	-	\$	-	\$	-
T1019	Personal Care	-	\$	-	-	\$	-	\$	-
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
<b>November 2015</b>		<b>Waiver Total: \$ 1,539.16</b>					
T1002	Agency RN	9	408.60	72	599.04		1,007.64
T1003	Agency LPN	-	-	-	-		-
T1002	Independent RN	8	308.80	32	222.72		531.52
T1003	Independent LPN	-	-	-	-		-
T1019	Personal Care	-	-	-	-		-
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	-	-	-	-		-
<b>Month</b>	<b>Description</b>	<b>Base Units</b>	<b>Base Costs</b>	<b>Additional Units</b>	<b>Subs Costs</b>	<b>Costs</b>	<b>Total</b>
<b>December 2015</b>		<b>Waiver Total: \$ 1,465.80</b>					
T1002	Agency RN	8	363.20	64	532.48		895.68
T1003	Agency LPN	-	-	-	-		-
T1002	Independent RN	9	347.40	32	222.72		570.12
T1003	Independent LPN	-	-	-	-		-
T1019	Personal Care	-	-	-	-		-
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	-	-	-	-		-
<b>Month</b>	<b>Description</b>	<b>Base Units</b>	<b>Base Costs</b>	<b>Additional Units</b>	<b>Subs Costs</b>	<b>Costs</b>	<b>Total</b>
<b>January 2016</b>		<b>Waiver Total: \$ 1,745.40</b>					
T1002	Agency RN	10	454.00	80	665.60		1,119.60
T1003	Agency LPN	-	-	-	-		-
T1002	Independent RN	9	347.40	40	278.40		625.80
T1003	Independent LPN	-	-	-	-		-
T1019	Personal Care	-	-	-	-		-
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	-	-	-	-		-
<b>Month</b>	<b>Description</b>	<b>Base Units</b>	<b>Base Costs</b>	<b>Additional Units</b>	<b>Subs Costs</b>	<b>Costs</b>	<b>Total</b>
<b>February 2016</b>		<b>Waiver Total: \$ 1,427.20</b>					
T1002	Agency RN	8	363.20	64	532.48		895.68
T1003	Agency LPN	-	-	-	-		-
T1002	Independent RN	8	308.80	32	222.72		531.52
T1003	Independent LPN	-	-	-	-		-
T1019	Personal Care	-	-	-	-		-
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	-	-	-	-		-
<b>Month</b>	<b>Description</b>	<b>Base Units</b>	<b>Base Costs</b>	<b>Additional Units</b>	<b>Subs Costs</b>	<b>Costs</b>	<b>Total</b>
<b>March 2016</b>		<b>Waiver Total: \$ 1,465.80</b>					
T1002	Agency RN	8	363.20	64	532.48		895.68
T1003	Agency LPN	-	-	-	-		-
T1002	Independent RN	9	347.40	32	222.72		570.12
T1003	Independent LPN	-	-	-	-		-
T1019	Personal Care	-	-	-	-		-
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	-	-	-	-		-
<b>Month</b>	<b>Description</b>	<b>Base Units</b>	<b>Base Costs</b>	<b>Additional Units</b>	<b>Subs Costs</b>	<b>Costs</b>	<b>Total</b>
<b>April 2016</b>		<b>Waiver Total: \$ 1,633.44</b>					
T1002	Agency RN	9	408.60	72	599.04		1,007.64
T1003	Agency LPN	-	-	-	-		-
T1002	Independent RN	9	347.40	40	278.40		625.80
T1003	Independent LPN	-	-	-	-		-
T1019	Personal Care	-	-	-	-		-

	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	-	\$	-	-	\$	-	\$	-
<b>Month</b>		<b>Description</b>	<b>Base Units</b>		<b>Base Costs</b>	<b>Additional Units</b>		<b>Subs Costs</b>	<b>Costs</b>	<b>Total</b>
<b>May 2016</b>		<b>Waiver Total:</b>	<b>\$ 825.56</b>							
	T1002	Agency RN	5	\$	227.00	40	\$	332.80	\$	559.80
	T1003	Agency LPN	-	\$	-	-	\$	-	\$	-
	T1002	Independent RN	4	\$	154.40	16	\$	111.36	\$	265.76
	T1003	Independent LPN	-	\$	-	-	\$	-	\$	-
	T1019	Personal Care	-	\$	-	-	\$	-	\$	-
	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

\$ 10,918.56

Provider	Description	Service Code	Base Units	Base Cost	Subs Units	Subs Cost	Total Cost
BBB	Medicare Certified RN / LPN	G0154	20	\$ 1,044.00	80	\$ 455.20	\$ 1,499.20
BBB	Medicare Agency SP LPN	G0154	138	\$ 5,230.20	552	\$ 3,764.64	\$ 8,994.84
ABABAB	RN Assessment	T1001	11	\$ 407.88	0	\$ -	\$ 407.88
ABABAB	RN Consultation	T1001	2	\$ 16.64	0	\$ -	\$ 16.64

### State Plan Monthly Summary

\$ 10,918.56

Month	Description	Sum of # Base	Sum of \$ Base	Sum of # additional	Sum of \$ Additional	Total
<b>May 2015</b>		State Plan Total: \$ 449.76				
	G0154 Medicare Agency SP RN / LPN	6	\$ 313.20	24	\$ 136.56	\$ 449.76
	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	\$ -	\$ -
<b>June 2015</b>		State Plan Total: \$ 1,049.44				
	G0154 Medicare Agency SP RN / LPN	14	\$ 730.80	56	\$ 318.64	\$ 1,049.44
	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	\$ -	\$ -
<b>July 2015</b>		State Plan Total: \$ 901.06				
	G0154 Medicare Agency SP RN	-	\$ -	-	\$ -	\$ -
	G0154 Medicare Agency SP LPN	13	\$ 492.70	52	\$ 354.64	\$ 847.34
	G0156 Medicare Agency SP Home Health Aid	-	\$ -	-	\$ -	\$ -
	T1000 Private Duty Nursing -RN	-	\$ -	-	\$ -	\$ -
	T1000 Private Duty Nursing -LPN	-	\$ -	-	\$ -	\$ -

	T1001	RN Assessment		1	\$ 37.08	-	\$ -	\$ -	37.08
	T1001	RN Consultation	T1001-U9	-	\$ -	2	\$ 16.64	\$ 16.64	16.64
	G0152	Occupational Therapy		0	\$ -	0	\$ -	\$ -	-
	G0151	Physical Therapy		0	\$ -	0	\$ -	\$ -	-
	G0153	Speech Pathology		0	\$ -	0	\$ -	\$ -	-
<b>Month</b>		<b>Description</b>		<b>Sum of # Base</b>	<b>Sum of \$ Base</b>	<b>Sum of # additional</b>	<b>Sum of \$ Additional</b>		<b>Total</b>
<b>August 2015</b>					<b>State Plan Total: \$ 884.42</b>				
	G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	-	\$ -	\$ -	-
	G0154	Medicare Agency SP LPN	G0154-TE	13	\$ 492.70	52	\$ 354.64	\$ 354.64	847.34
	G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -	-
	T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -	-
	T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -	-
	T1001	RN Assessment		1	\$ 37.08	-	\$ -	\$ -	37.08
	T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -	-
	G0152	Occupational Therapy		0	\$ -	0	\$ -	\$ -	-
	G0151	Physical Therapy		0	\$ -	0	\$ -	\$ -	-
	G0153	Speech Pathology		0	\$ -	0	\$ -	\$ -	-
<b>Month</b>		<b>Description</b>		<b>Sum of # Base</b>	<b>Sum of \$ Base</b>	<b>Sum of # additional</b>	<b>Sum of \$ Additional</b>		<b>Total</b>
<b>September 2015</b>					<b>State Plan Total: \$ 949.60</b>				
	G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	-	\$ -	\$ -	-
	G0154	Medicare Agency SP LPN	G0154-TE	14	\$ 530.60	56	\$ 381.92	\$ 381.92	912.52
	G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -	-
	T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -	-
	T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -	-
	T1001	RN Assessment		1	\$ 37.08	-	\$ -	\$ -	37.08
	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
<b>October 2015</b>		<b>State Plan Total: \$ 819.24</b>					
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	-	\$ -	-
G0154	Medicare Agency SP LPN	G0154-TE	12	\$ 454.80	48	\$ 327.36	\$ 782.16
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	-
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	-
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	-
T1001	RN Assessment		1	\$ 37.08	-	\$ -	\$ 37.08
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	-
G0152	Occupational Therapy		0	\$ -	0	\$ -	-
G0151	Physical Therapy		0	\$ -	0	\$ -	-
G0153	Speech Pathology		0	\$ -	0	\$ -	-
<b>Month</b>	<b>Description</b>		<b>Sum of # Base</b>	<b>Sum of \$ Base</b>	<b>Sum of # additional</b>	<b>Sum of \$ Additional</b>	<b>Total</b>
<b>November 2015</b>		<b>State Plan Total: \$ 884.42</b>					
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	-	\$ -	-
G0154	Medicare Agency SP LPN	G0154-TE	13	\$ 492.70	52	\$ 354.64	\$ 847.34
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	-
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	-
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	-
T1001	RN Assessment		1	\$ 37.08	-	\$ -	\$ 37.08
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	-
G0152	Occupational Therapy		0	\$ -	0	\$ -	-
G0151	Physical Therapy		0	\$ -	0	\$ -	-
G0153	Speech Pathology		0	\$ -	0	\$ -	-
<b>Month</b>	<b>Description</b>		<b>Sum of # Base</b>	<b>Sum of \$ Base</b>	<b>Sum of # additional</b>	<b>Sum of \$ Additional</b>	<b>Total</b>
<b>December 2015</b>		<b>State Plan Total: \$ 949.60</b>					
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	-	\$ -	-
G0154	Medicare Agency SP LPN	G0154-TE	14	\$ 530.60	56	\$ 381.92	\$ 912.52
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	-
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	-
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	-
T1001	RN Assessment		1	\$ 37.08	-	\$ -	\$ 37.08
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	-
G0152	Occupational Therapy		0	\$ -	0	\$ -	-
G0151	Physical Therapy		0	\$ -	0	\$ -	-
G0153	Speech Pathology		0	\$ -	0	\$ -	-
<b>Month</b>	<b>Description</b>		<b>Sum of # Base</b>	<b>Sum of \$ Base</b>	<b>Sum of # additional</b>	<b>Sum of \$ Additional</b>	<b>Total</b>
<b>January 2016</b>		<b>State Plan Total: \$ 819.24</b>					
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	-	\$ -	-
G0154	Medicare Agency SP LPN	G0154-TE	12	\$ 454.80	48	\$ 327.36	\$ 782.16
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	-
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	-
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	-
T1001	RN Assessment		1	\$ 37.08	-	\$ -	\$ 37.08
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	-
G0152	Occupational Therapy		0	\$ -	0	\$ -	-
G0151	Physical Therapy		0	\$ -	0	\$ -	-
G0153	Speech Pathology		0	\$ -	0	\$ -	-
<b>Month</b>	<b>Description</b>		<b>Sum of # Base</b>	<b>Sum of \$ Base</b>	<b>Sum of # additional</b>	<b>Sum of \$ Additional</b>	<b>Total</b>
<b>February 2016</b>		<b>State Plan Total: \$ 884.42</b>					
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	-	\$ -	-
G0154	Medicare Agency SP LPN	G0154-TE	13	\$ 492.70	52	\$ 354.64	\$ 847.34
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	-
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	-
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	-
T1001	RN Assessment		1	\$ 37.08	-	\$ -	\$ 37.08
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
<b>March 2016</b>		<b>State Plan Total: \$</b>		<b>949.60</b>			
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	-	\$ -	\$ -
G0154	Medicare Agency SP LPN	G0154-TE	14	\$ 530.60	56	\$ 381.92	\$ 912.52
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
T1001	RN Assessment		1	\$ 37.08	-	\$ -	\$ 37.08
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
G0152	Occupational Therapy		0	\$ -	0	\$ -	\$ -
G0151	Physical Therapy		0	\$ -	0	\$ -	\$ -
G0153	Speech Pathology		0	\$ -	0	\$ -	\$ -
<b>Month</b>	<b>Description</b>		<b>Sum of # Base</b>	<b>Sum of \$ Base</b>	<b>Sum of # additional</b>	<b>Sum of \$ Additional</b>	<b>Total</b>
<b>April 2016</b>		<b>State Plan Total: \$</b>		<b>819.24</b>			
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	-	\$ -	\$ -
G0154	Medicare Agency SP LPN	G0154-TE	12	\$ 454.80	48	\$ 327.36	\$ 782.16
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
T1001	RN Assessment		1	\$ 37.08	-	\$ -	\$ 37.08
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
G0152	Occupational Therapy		0	\$ -	0	\$ -	\$ 0
G0151	Physical Therapy		0	\$ -	0	\$ -	\$ 0
G0153	Speech Pathology		0	\$ -	0	\$ -	\$ 0
<b>Month</b>	<b>Description</b>		<b>Sum of # Base</b>	<b>Sum of \$ Base</b>	<b>Sum of # additional</b>	<b>Sum of \$ Additional</b>	<b>Total</b>
<b>May 2016</b>		<b>State Plan Total: \$</b>		<b>558.52</b>			
G0154	Medicare Agency SP RN	G0154-TD	-	\$ -	-	\$ -	\$ -
G0154	Medicare Agency SP LPN	G0154-TE	8	\$ 303.20	32	\$ 218.24	\$ 521.44
G0156	Medicare Agency SP Home Health Aid		-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	\$ -	-	\$ -	\$ -
T1000	Private Duty Nursing -LPN	T1000-TE	-	\$ -	-	\$ -	\$ -
T1001	RN Assessment		1	\$ 37.08	-	\$ -	\$ 37.08
T1001	RN Consultation	T1001-U9	-	\$ -	-	\$ -	\$ -
G0152	Occupational Therapy		0	\$ -	0	\$ -	\$ -
G0151	Physical Therapy		0	\$ -	0	\$ -	\$ -
G0153	Speech Pathology		0	\$ -	0	\$ -	\$ -