TCCToolMay15-2015

Transition Developmental Disabilities Waiver Cost Projecting Worksheet

Revision 1

Consumer Last Name: Sample # 3 | Consumer First Name: Sample #3 | Medicaid #: 333333333 | DODD #: 333333 | Span Start Date: 7/20/2015 | Notes:

Date of Birth: 8/20/2006

Service Coordinator: Donna Patterson | Total Authorized Amount Last Span: $ 1,566.24

SSA Phone #: 614-728-2524 | Total TDD Claims Paid Last Spa: $ 1,566.24 | County: Delaware | Span End Date: 7/19/2016

Note: Total from this Work Space: $ 44,233.40 | Total from all Work Spaces: $ 44,472.52

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
Provider 1	Maxim HealthCare	MA	$ 14,254.86	$ 522.90	$ -	$ -
Provider 2			$ -	$ -	$ -	$ -
Provider 3			$ -	$ -	$ -	$ -
Provider 4			$ -	$ -	$ -	$ -
Provider 5			$ -	$ -	$ -	$ -
Provider 6			$ -	$ -	$ -	$ -
Provider 7			$ -	$ -	$ -	$ -

Health Chek / Private Duty Nurse		A / N / MA	PDN Cost This Page Only	Health Check This Page
Provider 1	Maxim	MA	$ 29,455.64	$ -
Provider 2			$ -	$ -
Provider 3			$ -	$ -
Provider 4			$ -	$ -
Provider 5			$ -	$ -
Provider 6			$ -	$ -
Provider 7			$ -	$ -

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

Note: **Use State Plan Services First when possible**

This Typical Week to be used for 52.0 Weeks from 7/20/2015 To 7/19/2016

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	
1	MA	Maxim HealthCare	SLPN							1	4			1	4			2	24	104	1248
																		0	0	0	#N/A
																		0	0	0	#N/A
																		0	0	0	#N/A
																	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	#N/A
																		0	0	0	#N/A
																		0	0	0	#N/A
																		0	0	0	#N/A
																	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	#N/A
																		0	0	0	#N/A
																		0	0	0	#N/A
																		0	0	0	#N/A
																	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	#N/A
																		0	0	0	#N/A
																		0	0	0	#N/A
																		0	0	0	#N/A
																	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	#N/A
																		0	0	0	#N/A
																		0	0	0	#N/A
																		0	0	0	#N/A
																	Total for Week	0	0		

Sum of days from 2 pages 366 Days on page 366

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 Note | # of day needed each month

July-15

Prov	a/n	Provider	RN/LPN/HHA/PC				
1	MA	Maxim HealthCare	LPNu	1	4		1

August-15

Prov	a/n	Provider	RN/LPN/HHA/PC				
1	MA	Maxim HealthCare	LPNu	1	4		1
1	MA	Maxim HealthCare	PDNLPN			3	3

September-15

Prov	a/n	Provider	RN/LPN/HHA/PC				
1	MA	Maxim HealthCare	LPNu	1	4		1
1	MA	Maxim HealthCare	PDNLPN	1	3		3

October-15

Prov	a/n	Provider	RN/LPN/HHA/PC				
1	MA	Maxim HealthCare	LPNu	1	4		1
1	MA	Maxim HealthCare	SRN	1	2		1

November-15

Prov	a/n	Provider	RN/LPN/HHA/PC				
1	MA	Maxim HealthCare	LPNu	1	4		1
1	MA	Maxim HealthCare	LPNu	1	0.5		2
1	MA	Maxim HealthCare	SRN	1	0.5		2

December-15

Prov	a/n	Provider	RN/LPN/HHA/PC				
1	MA	Maxim HealthCare	LPNu	1	4		1
1	MA	Maxim HealthCare					

January-16

Prov	a/n	Provider	RN/LPN/HHA/PC				
1	MA	Maxim HealthCare	LPNu	1	4		1

February-16

Prov	a/n	Provider	RN/LPN/HHA/PC				
1	MA	Maxim HealthCare	LPNu	1	4		1

March-16

Prov	a/n	Provider	RN/LPN/HHA/PC				
1	MA	Maxim HealthCare	LPNu	1	4		1

April-16

Prov	a/n	Provider	RN/LPN/HHA/PC				
1	MA	Maxim HealthCare	LPNu	1	4		1

May-16

Prov	a/n	Provider	RN/LPN/HHA/PC				
1	MA	Maxim HealthCare	LPNu	1	4		1

June-16

Prov	a/n	Provider	RN/LPN/HHA/PC				
1	MA	Maxim HealthCare	LPNu	1	4		1

July-16

Prov	a/n	Provider	RN/LPN/HHA/PC				
1	MA	Maxim HealthCare	LPNu	1	4		1

Section to be used for Private Duty Nursing or Health Chek [ ] **for number of visits, and** [ ] **number of hours each visit** Health Chek is Avalable for the entire Span

This Typical Week to be used for 52.0 **Weeks from** 7/20/2015 **To** 7/19/2016 Health Chek is Avalable 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	
1	MA	Maxim	PDNLPN			1	5	1	5			1	8			1	8	4	88	210	3152
																		0	0	0	#N/A
																		0	0	0	#N/A
																		0	0	0	#N/A
					0		5		5		0		8		0		8				

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				

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				

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
																					366

This Section is to be used for Additional Waiver Services Not Listed Above

		Providers	A / N / MA	Cost
Provider	1			$ -
Provider	2			$ -
Provider	3			$ -
Provider	4			$ -
Provider	5			$ -
Provider	6			$ -
Provider	7			$ -
				$ -

Consumer Name: **Sample # 3, Sample #3**

Start of Span **7/20/2015**
End of Span **7/19/2016**

Rate for all Services pre Populate except Home Mods and Adaptive Equip.	Span should only Be used with Home Mods, Adaptive Equip & Installation

Provider	Provider	Service	Units	Code	Rate	Frequency	Start Date	End Date	
				$ -					$ -
				$ -					$ -
				$ -					$ -
				$ -					$ -
				$ -					$ -
				$ -					$ -
				$ -					$ -
				$ -					$ -
				$ -					$ -
				$ -					$ -
									$ -

This Section is to be used for Additional State Plan Services Not Listed Above

See Work Space 2 for RN Assessment & RN Consultation

		Other State Plan Services	Only MA	
Provider	1			$ -
Provider	2			$ -
Provider	3			$ -
Provider	4			$ -
Provider	5			$ -
Provider	6			$ -
Provider	7			$ -
				$ -

Start of Span **7/20/2015**
End of Span **7/19/2016**

Provider	Service	Base / Quarter Hr	Units	Code	Rate	Frequency	Start Date	End Date	
		Base		$	-				$ -
		Quarter Hour		$	-				$ -
		Base		$	-				$ -
		Quarter Hour		$	-				$ -
		Base		$	-				$ -
		Quarter Hour		$	-				$ -
		Base		$	-				$ -
		Quarter Hour		$	-				$ -
		Base		$	-				$ -
		Quarter Hour		$	-				$ -
									$ -

Transition Developmental Disabilities Waiver Cost Projecting Worksheet

Copy

Consumer Last Name	Sample # 3	Consumer First Name	Sample #3	Medicaid #	333333333	DODD # / Date of Birth	333333 / 8/20/2006
Revision	1	Span Start Date	7/20/2015	Span End Date	7/19/2016		
Service Coordinator	Donna Patterson	Last year authorized ASP	$ 1,566.24				
		Recent FY Paid Claims Data	$ 1,566.24	County	Delaware		
		Total from this Work Space	$ 239.12				

Note

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
Provider 1			$ -	$ -	$ -	$ -
Provider 2			$ -	$ -	$ -	$ -
Provider 3			$ -	$ -	$ -	$ -
Provider 4			$ -	$ -	$ -	$ -
Provider 5			$ -	$ -	$ -	$ -
Provider 6			$ -	$ -	$ -	$ -
Provider 7			$ -	$ -	$ -	$ -

Health Check / Private Duty Nurse		A / N / MA	PDN Cost This Page	Health Check This Page
Provider 1			$ -	$ -
Provider 2			$ -	$ -
Provider 3			$ -	$ -
Provider 4			$ -	$ -
Provider 5			$ -	$ -
Provider 6			$ -	$ -
Provider 7			$ -	$ -

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

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

Sum of days from 2 pages 0 Days on page 0

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 Note | # of day needed each month

Prov	a/n	Provider	RN/LPN/HHA/PC				July-15

Prov	a/n	Provider	RN/LPN/HHA/PC				August-15

Prov	a/n	Provider	RN/LPN/HHA/PC				September-15

Prov	a/n	Provider	RN/LPN/HHA/PC				October-15

Prov	a/n	Provider	RN/LPN/HHA/PC				November-15

Prov	a/n	Provider	RN/LPN/HHA/PC				December-15

Prov	a/n	Provider	RN/LPN/HHA/PC				January-16

Prov	a/n	Provider	RN/LPN/HHA/PC				February-16

Prov	a/n	Provider	RN/LPN/HHA/PC				March-16

Prov	a/n	Provider	RN/LPN/HHA/PC				April-16

Prov	a/n	Provider	RN/LPN/HHA/PC				May-16

Prov	a/n	Provider	RN/LPN/HHA/PC				June-16

Prov	a/n	Provider	RN/LPN/HHA/PC				July-16

Section to be used for Private Duty Nursing or Health Chek [ ] **for number of visits, and** [ ] **number of hours each visit** Health Chek is Avalable for the entire Span

This Typical Week to be used for 0.0 **Weeks from** **To** Health Chek is Avalable 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		row 118	row 119	row 120
																		0	0	#REF!	#N/A	#N/A	#N/A	#N/A
																		0	0	#REF!	#N/A	#N/A	#N/A	#N/A
																		0	0	#REF!	#N/A	#N/A	#N/A	#N/A
																		0	0	#REF!	#N/A	0	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					

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					

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

State Plan RN Assessment and RN Consultation

	Provider	Provide Type	RN Assessment	RN Consultation
1	Maxim	MA	$ 222.48	16.64
2				
3				
4				
5				
6				
7				

Start of Span	7/20/2015	0
End of Span	7/19/2016	0
		0
		0
		0
		0
		0

	Provider	Service	Base / Quarter Hr	Units	Code	Rate	Frequency	Start Date	End Date	Total Units	Total Cost
1	Maxim	RN Assessment	Per Hour	1	T1001	37.08	Month	8/1/2015	8/31/2015	1	$ 37.08
1	Maxim	RN Assessment	Per Hour	1	T1001	37.08	Month	10/1/2015	10/31/2015	1	$ 37.08
1	Maxim	RN Assessment	Per Hour	1	T1001	37.08	Month	12/1/2015	12/31/2015	1	$ 37.08
1	Maxim	RN Assessment	Per Hour	1	T1001	37.08	Month	2/1/2016	2/29/2016	1	$ 37.08
1	Maxim	RN Assessment	Per Hour	1	T1001	37.08	Month	4/1/2016	4/30/2016	1	$ 37.08
1	Maxim	RN Assessment	Per Hour	1	T1001	37.08	Month	6/1/2016	6/30/2016	1	$ 37.08
1	Maxim	RN Consultation	Per 15-Minutes	2	T1001	8.32	Month	11/1/2015	11/30/2015	2	$ 16.64

Transitions Developmental Disabilities Waiver Cost Projection Tool

Sample # 3

File information and Summary

Last Name	First Name	DOB	DODD#	Medicaid #
Sample # 3	**Sample #3**	8/20/2006	333333	333333333

Service Coordinator	SSA Phone	County	Span Begin	Span End
Donna Patterson	614-728-2524	Delaware	7/20/2015	7/19/2016

Reason Last Year's Authorized Cost is exceeded — **Total Authorized Amount Last Span $ 1,566.24**

Description of The situation

redetermination - 1 (4) shift per month billed to waiver. **112 hours per week of PDN is covered by private insurance (not reflected in schedule-typically 7a-3p and 11p-7a daily).

Alternate Rescources:

Service Coordinator Email Address	ryan.braun@hamiltondds.org	Comments
Unpaid Support	*Included in Plan*	
State Plan Services	*Included in Plan*	
County Board Supports	*Yes*	SSA
Private Insurance	*Included in Plan*	
Other		
Private Duty Nursing	*Included in Plan*	
Medicare	*None Available*	
Recent FY Paid Claims Data	$ 1,566.24	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**	**$ 1,632.42**	**$ -**	**$ 1,632.42**	**42,840.10**	Annual
July 2015	$	119.74	$ -	**$ 119.74**	**$ 1,371.70**	July 2015
August 2015	$	119.74	$ -	**$ 119.74**	**$ 3,859.60**	August 2015
September 2015	$	119.74	$ -	**$ 119.74**	**$ 3,745.26**	September 2015
October 2015	$	119.74	$ -	**$ 119.74**	**$ 3,703.38**	October 2015
November 2015	$	195.54	$ -	**$ 195.54**	**$ 3,455.58**	November 2015
December 2015	$	119.74	$ -	**$ 119.74**	**$ 3,542.86**	December 2015
January 2016	$	119.74	$ -	**$ 119.74**	**$ 3,549.72**	January 2016
February 2016	$	119.74	$ -	**$ 119.74**	**$ 3,385.22**	February 2016
March 2016	$	119.74	$ -	**$ 119.74**	**$ 3,505.78**	March 2016
April 2016	$	119.74	$ -	**$ 119.74**	**$ 3,586.80**	April 2016
May 2016	$	119.74	$ -	**$ 119.74**	**$ 3,495.16**	May 2016
June 2016	$	119.74	$ -	**$ 119.74**	**$ 3,395.84**	June 2016
July 2016	$	119.74	$ -	**$ 119.74**	**$ 2,243.20**	July 2016

Greater than 2% of Last Year Authorization

Provider Summary

Annual Waiver Service Costs by Provider **$ 1,632.42**

Provider	Description	Service Code	Base Units	Base Costs	Additional Units	Additional Unit Cost	Total
Maxim HealthCare	Medicare Agency Waiver LPN	T1003	15	$ 568.50	156	$ 1,063.92	**$ 1,632.42**

Waiver Service Summaries by Month

Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
July 2015	**Waiver Total: $ 119.74**						
T1002	Agency RN	-	$ -	-	$ -	$	-
T1003	Agency LPN	1	$ 37.90	12	$ 81.84	$	119.74
T1002	Independent RN	-	$ -	-	$ -	$	-
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	-	$ -	-	$ -	$	-
		Adult Day Health Center Service Full Day	-	$ -	-	$ -	$	-
Month		**Description**	**Base Units**	**Base Costs**	**Additional Units**	**Subs Costs**	**Costs**	**Total**
August 2015		**Waiver Total: $**	**119.74**					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	1	$ 37.90	12	$ 81.84	$	119.74
	T1002	Independent RN	-	$ -	-	$ -	$	-
	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	-	$ -	-	$ -	$	-
Month		**Description**	**Base Units**	**Base Costs**	**Additional Units**	**Subs Costs**	**Costs**	**Total**
September 2015		**Waiver Total: $**	**119.74**					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	1	$ 37.90	12	$ 81.84	$	119.74
	T1002	Independent RN	-	$ -	-	$ -	$	-
	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	-				$	-
Month		**Description**	**Base Units**	**Base Costs**	**Additional Units**	**Subs Costs**	**Costs**	**Total**
October 2015		**Waiver Total: $**	**119.74**					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	1	$ 37.90	12	$ 81.84	$	119.74
	T1002	Independent RN	-	$ -	-	$ -	$	-
	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	-	$ -	-	$ -	$	-
Month		**Description**	**Base Units**	**Base Costs**	**Additional Units**	**Subs Costs**	**Costs**	**Total**
November 2015		**Waiver Total: $**	**195.54**					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	3	$ 113.70	12	$ 81.84	$	195.54
	T1002	Independent RN	-	$ -	-	$ -	$	-
	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	-	$ -	-	$ -	$	-
Month		**Description**	**Base Units**	**Base Costs**	**Additional Units**	**Subs Costs**	**Costs**	**Total**
December 2015		**Waiver Total: $**	**119.74**					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	1	$ 37.90	12	$ 81.84	$	119.74
	T1002	Independent RN	-	$ -	-	$ -	$	-
	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
January 2016		Waiver Total: $	119.74					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	1	$ 37.90	12	$ 81.84	$	119.74
	T1002	Independent RN	-	$ -	-	$ -	$	-
	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	-	$ -	-	$ -	$	-
Month		**Description**	**Base Units**	**Base Costs**	**Additional Units**	**Subs Costs**	**Costs**	**Total**
February 2016		Waiver Total: $	119.74					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	1	$ 37.90	12	$ 81.84	$	119.74
	T1002	Independent RN	-	$ -	-	$ -	$	-
	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	-	$ -	-	$ -	$	-
Month		**Description**	**Base Units**	**Base Costs**	**Additional Units**	**Subs Costs**	**Costs**	**Total**
March 2016		Waiver Total: $	119.74					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	1	$ 37.90	12	$ 81.84	$	119.74
	T1002	Independent RN	-	$ -	-	$ -	$	-
	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	-	$ -	-	$ -	$	-
Month		**Description**	**Base Units**	**Base Costs**	**Additional Units**	**Subs Costs**	**Costs**	**Total**
April 2016		Waiver Total: $	119.74					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	1	$ 37.90	12	$ 81.84	$	119.74
	T1002	Independent RN	-	$ -	-	$ -	$	-
	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	-	$ -	-	$ -	$	-
Month		**Description**	**Base Units**	**Base Costs**	**Additional Units**	**Subs Costs**	**Costs**	**Total**
May 2016		Waiver Total: $	119.74					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	1	$ 37.90	12	$ 81.84	$	119.74
	T1002	Independent RN	-	$ -	-	$ -	$	-
	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	-	$ -	-	$ -	$	-
Month		**Description**	**Base Units**	**Base Costs**	**Additional Units**	**Subs Costs**	**Costs**	**Total**
June 2016		Waiver Total: $	119.74					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	1	$ 37.90	12	$ 81.84	$	119.74
	T1002	Independent RN	-	$ -	-	$ -	$	-
	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	-	$ -	-	$ -	$	-
Month		**Description**	**Base Units**	**Base Costs**	**Additional Units**	**Subs Costs**	**Costs**	**Total**
July 2016		Waiver Total: $	119.74					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	1	$ 37.90	12	$ 81.84	$	119.74
	T1002	Independent RN	-	$ -	-	$ -	$	-
	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

$ 42,840.10

Provider	Description	Service Code	Base Units	Base Cost	Subs Units	Subs Cost	Total Cost
Maxim HealthCare	Medicare Agency SP RN	G0154	3	$ 136.20	4	$ 33.28	**$ 169.48**
Maxim HealthCare	Medicare Agency SP LPN	G0154	104	$ 3,941.60	1248	$ 8,511.36	**$ 12,452.96**
Maxim HealthCare	Medicare Agency SP PDN LPN	T1000	3	$ 113.70	60	$ 409.20	**$ 522.90**
Maxim	Medicare Agency SP PDN LPN	T1000	210	$ 7,959.00	3152	$ 21,496.64	**$ 29,455.64**
Maxim	RN Assessment	T1001	6	$ 222.48	0	$ -	**$ 222.48**
Maxim	RN Consultation	T1001	2	$ 16.64	0	$ -	**$ 16.64**

State Plan Monthly Summary

$ 42,840.10

Month	Description		Sum of # Base	Sum of $ Base	Sum of # additional	Sum of $ Additional	Total
July 2015	State Plan Total: $ 1,371.70						
G0154	Medicare Agency SP RN	G0154-TD	-	$ -	-	$ -	$ -
G0154	Medicare Agency SP LPN	G0154-TE	4	$ 151.60	48	$ 327.36	$ 478.96
G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	$ -	-	$ -	$ -
T1000	Private Duty Nursing -LPN	T1000-TE	7	$ 265.30	92	$ 627.44	$ 892.74
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**
August 2015	State Plan Total: $ 3,859.60						
G0154	Medicare Agency SP RN	G0154-TD	-	$ -	-	$ -	$ -
G0154	Medicare Agency SP LPN	G0154-TE	8	$ 303.20	96	$ 654.72	$ 957.92
G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	$ -	-	$ -	$ -
T1000	Private Duty Nursing -LPN	T1000-TE	18	$ 682.20	320	$ 2,182.40	$ 2,864.60
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**
September 2015	State Plan Total: $ 3,745.26						
G0154	Medicare Agency SP RN	G0154-TD	-	$ -	-	$ -	$ -
G0154	Medicare Agency SP LPN	G0154-TE	9	$ 341.10	108	$ 736.56	$ 1,077.66
G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	$ -	-	$ -	$ -
T1000	Private Duty Nursing -LPN	T1000-TE	20	$ 758.00	280	$ 1,909.60	$ 2,667.60
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: $ 3,703.38						
G0154	Medicare Agency SP RN	G0154-TD	1	$ 45.40	4	$ 33.28	$ 78.68
G0154	Medicare Agency SP LPN	G0154-TE	9	$ 341.10	108	$ 736.56	$ 1,077.66
G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	$ -	-	$ -	$ -
T1000	Private Duty Nursing -LPN	T1000-TE	18	$ 682.20	268	$ 1,827.76	$ 2,509.96
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**
November 2015	State Plan Total: $ 3,455.58						
G0154	Medicare Agency SP RN	G0154-TD	2	$ 90.80	-	$ -	$ 90.80
G0154	Medicare Agency SP LPN	G0154-TE	8	$ 303.20	96	$ 654.72	$ 957.92
G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
T1000	Private Duty Nursing -RN	T1000-TD	-	$ -	-	$ -	$ -
T1000	Private Duty Nursing -LPN	T1000-TE	17	$ 644.30	256	$ 1,745.92	$ 2,390.22
T1001	RN Assessment		-	$ -	-	$ -	$ -
T1001	RN Consultation	T1001-U9	-	$ -	2	$ 16.64	$ 16.64
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: $ 3,542.86**						
	G0154	Medicare Agency SP RN	G0154-TD	-	$ -	-	$ -	$ -
	G0154	Medicare Agency SP LPN	G0154-TE	9	$ 341.10	108	$ 736.56	$ 1,077.66
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -LPN	T1000-TE	18	$ 682.20	256	$ 1,745.92	$ 2,428.12
	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**
January 2016		**State Plan Total: $ 3,549.72**						
	G0154	Medicare Agency SP RN	G0154-TD	-	$ -	-	$ -	$ -
	G0154	Medicare Agency SP LPN	G0154-TE	9	$ 341.10	108	$ 736.56	$ 1,077.66
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -LPN	T1000-TE	17	$ 644.30	268	$ 1,827.76	$ 2,472.06
	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: $ 3,385.22**						
	G0154	Medicare Agency SP RN	G0154-TD	-	$ -	-	$ -	$ -
	G0154	Medicare Agency SP LPN	G0154-TE	8	$ 303.20	96	$ 654.72	$ 957.92
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -LPN	T1000-TE	17	$ 644.30	256	$ 1,745.92	$ 2,390.22
	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**
March 2016		**State Plan Total: $ 3,505.78**						
	G0154	Medicare Agency SP RN	G0154-TD	-	$ -	-	$ -	$ -
	G0154	Medicare Agency SP LPN	G0154-TE	9	$ 341.10	108	$ 736.56	$ 1,077.66
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -LPN	T1000-TE	18	$ 682.20	256	$ 1,745.92	$ 2,428.12
	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: $ 3,586.80**						
	G0154	Medicare Agency SP RN	G0154-TD	-	$ -	-	$ -	$ -
	G0154	Medicare Agency SP LPN	G0154-TE	9	$ 341.10	108	$ 736.56	$ 1,077.66
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -LPN	T1000-TE	17	$ 644.30	268	$ 1,827.76	$ 2,472.06
	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
May 2016		State Plan Total:	$ 3,495.16					
	G0154	Medicare Agency SP RN	G0154-TD	-	$ -	-	$ -	$ -
	G0154	Medicare Agency SP LPN	G0154-TE	8	$ 303.20	96	$ 654.72	$ 957.92
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -LPN	T1000-TE	18	$ 682.20	272	$ 1,855.04	$ 2,537.24
	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
June 2016		State Plan Total:	$ 3,395.84					
	G0154	Medicare Agency SP RN	G0154-TD	-	$ -	-	$ -	$ -
	G0154	Medicare Agency SP LPN	G0154-TE	9	$ 341.10	108	$ 736.56	$ 1,077.66
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -LPN	T1000-TE	17	$ 644.30	240	$ 1,636.80	$ 2,281.10
	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
Month		Description		Sum of # Base	Sum of $ Base	Sum of # additional	Sum of $ Additional	Total
July 2016		State Plan Total:	$ 2,243.20					
	G0154	Medicare Agency SP RN	G0154-TD	-	$ -	-	$ -	$ -
	G0154	Medicare Agency SP LPN	G0154-TE	5	$ 189.50	60	$ 409.20	$ 598.70
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -LPN	T1000-TE	11	$ 416.90	180	$ 1,227.60	$ 1,644.50
	T1001	RN Assessment		-	$ -	-	$ -	$ -
	T1001	RN Consultation	T1001-U9	-	$ -	-	$ -	$ -
	G0152	Occupational Therapy		0	$ -	0	$ -	$ -
	G0151	Physical Therapy		0	$ -	0	$ -	$ -
	G0153	Speech Pathology		0	$ -	0	$ -	$ -