TCCToolMay20-2015

Transition Developmental Disabilities Waiver Cost Projecting Worksheet

Revision 1

Consumer Last Name: Sample # 4 | Consumer First Name: Sample # 4 | Medicaid #: 4444444444 | DODD #: 44444 | Date of Birth: 5/21/2000 | Span Start Date: 5/2/2015 | Notes:

Service Coordinator: Donna Patterson | SSA Phone #: 614-728-2524 | Total Authorized Amount Last Span | Total TDD Claims Paid Last Spa | County: Delaware | Span End Date: 5/1/2016

Note Total from this Work Space $ 74,699.70 | Total from all Work Spaces $ 75,070.50

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	AAA	MA	$ -	$ -	$ -	$ -
Provider	2	BBB	A	$ 5,946.80	$ -	$ -	$ -
Provider	3	CCC	N	$ -	$ 599.84	$ -	$ 15,974.86
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	AAA	MA	$ 12,496.40	$ 29,390.40
Provider	2	BBB	A	$ 10,291.40	$ -
Provider	3	CCC	N	$ -	$ -
Provider	4			$ -	$ -
Provider	5			$ -	$ -
Provider	6			$ -	$ -
Provider	7			$ -	$ -

Note **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 9.0 Weeks from 5/2/2015 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	
3	N	CCC	pc	2	2	2	2	2	2	2	2	2	2	2	2	2	2	14	56	120	480
2	A	BBB	nu	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	0	60	0
																		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 9.0 Weeks from 7/1/2015 To 8/31/2015

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	
3	N	CCC	PCA	2	2	2	2	2	2	2	2	2	2	2	2	2	2	14	56	124	496
2	A	BBB	RNu	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	0	62	0
																		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 35.0 Weeks from 9/1/2015 To 5/1/2016

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	
3	N	CCC	PCA	1	0.5	1	0.5	1	0.5	1	0.5	1	0.5	1	0.5	1	0.5	0	14	244	488
3	N	CCC	PCA	1	2	1	2	1	2	1	2	1	2	1	2	1	2	7	28	244	976
																		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

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

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

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
3	N	CCC	PCA	1	1	0.5	1

Prov	a/n	Provider	RN/LPN/HHA/PC				October-15
3	N	CCC	PCA			1	1

Prov	a/n	Provider	RN/LPN/HHA/PC				November-15
3	N	CCC	PDNRN	1	1	4	4

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

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 9.0 **Weeks from** 5/2/2015 **To** 6/30/2015 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	AAA	snu	1	3	1	3	1	3	1	3	1	3	1	3	1	3	7	56	60	480
																		0	0	0	#N/A
																		0	0	0	#N/A
																		0	0	0	#N/A
					3		3		3		3		3		3		3				

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 9.0 **Weeks from** 7/1/2015 **To** 8/31/2015

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	AAA	SRN	1	3	1	3	1	3	1	3	1	3	1	3	1	3	7	56	62	496
																		0	0	0	#N/A
																		0	0	0	#N/A
																		0	0	0	#N/A
					3		3		3		3		3		3		3				

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 35.0 **Weeks from** 9/1/2015 **To** 5/1/2016

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	AAA	SRN			1	0.5	1	0.5	1	0.5	1	0.5	1	0.5			5	-10	174	348
1	MA	AAA	SRN			1	2	1	2	1	2	1	2	1	2			5	20	174	696
2	A	BBB	PDNLPN	1	5											1	5	2	32	70	1120
1	MA	AAA	PDNRN	1	5											1	5	2	32	70	1120
					10		2.5		2.5		2.5		2.5		2.5		10				

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 # 4 , Sample # 4**

Start of Span 5/2/2015
End of Span 5/1/2016

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 5/2/2015
End of Span 5/1/2016

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

Revision 1

Consumer Last Name	Sample # 4	Consumer First Name	Sample # 4	Medicaid #	4444444444	DODD #	44444
						Date of Birth	5/21/2000
Service Coordinator	Donna Patterson	Last year authorized ASP	$ -			County	Delaware
		Recent FY Paid Claims Data	$ -				
	Note	Total from this Work Space	$ 370.80				

Span Start Date 5/2/2015

Span End Date 5/1/2016

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		

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				May-15

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

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

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	
																		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				

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	Provider Type	RN Assessment	RN Consultation
1	AAA	MA	$ 370.80	0
2	BBB	A	$ -	0
3				
4				
5				
6				
7				

Start of Span	5/2/2015	0
End of Span	5/1/2016	0
		0
		0
		0
		0

	Provider	Service	Base / Quarter Hr	Units	Code	Rate	Frequency	Start Date	End Date	Total Units	Total Cost
1	AAA	RN Assessment	Per Hour	1	T1001	37.08	Month	7/1/2015	4/31/2016	10	$ 370.80

Transitions Developmental Disabilities Waiver Cost Projection Tool

Sample # 4

version: TCCToolMay20-2015

File information and Summary

Last Name	First Name	DOB	DODD#	Medicaid #
Sample # 4	Sample # 4	5/21/2000	44444	4444444444

Service Coordinator	SSA Phone	County	Span Begin	Span End
Donna Patterson	614-728-2524	Delaware	5/2/2015	5/1/2016

Reason Last Year's Authorized Cost is exceeded

Total Authorized Amount Last Span $ -

Description of The situation

Alternate Rescources:

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	$ 21,921.66	$ -	$ 21,921.66	$ 53,148.84	Annual
May 2015	$	3,402.60	$ -	$ 3,402.60	$ 2,931.60	May 2015
June 2015	$	3,402.60	$ -	$ 3,402.60	$ 2,931.60	June 2015
July 2015	$	3,238.88	$ -	$ 3,238.88	$ 3,507.84	July 2015
August 2015	$	3,238.88	$ -	$ 3,238.88	$ 3,507.84	August 2015
September 2015	$	1,081.62	$ -	$ 1,081.62	$ 4,738.44	September 2015
October 2015	$	1,104.50	$ -	$ 1,104.50	$ 5,063.98	October 2015
November 2015	$	1,057.80	$ -	$ 1,057.80	$ 5,568.50	November 2015
December 2015	$	1,093.06	$ -	$ 1,093.06	$ 4,833.76	December 2015
January 2016	$	1,093.06	$ -	$ 1,093.06	$ 5,294.20	January 2016
February 2016	$	1,022.54	$ -	$ 1,022.54	$ 4,643.12	February 2016
March 2016	$	1,093.06	$ -	$ 1,093.06	$ 4,833.76	March 2016
April 2016	$	1,057.80	$ -	$ 1,057.80	$ 4,968.66	April 2016
May 2016	$	35.26	$ -	$ 35.26	$ 325.54	May 2016

Greater than 2% of Last Year Authorization

Provider Summary

Annual Waiver Service Costs by Provider **$ 21,921.66**

Provider	Description	Service Code	Base Units	Base Costs	Additional Units	Additional Unit Cost	Total
BBB	Agency RN / LPN	T1002/3	60	$ 3,132.00	0	$ -	$ 3,132.00
BBB	Agency Waiver RN	T1002	62	$ 2,814.80	0	$ -	$ 2,814.80
CCC	Non Agency Personal Care	T1019	120	$ 2,233.20	480	$ 1,440.00	$ 3,673.20
CCC	Non-agency PC	T1019	369	$ 6,678.90	1966	$ 5,622.76	$ 12,301.66

Waiver Service Summaries by Month

Month	Description	Base Units	Base Costs	Additional Units	Subs Costs	Costs	Total
May 2015	Waiver Total: $ 3,402.60						
T1002/3	Agency RN / LPN	30	$ 1,566.00	-	$ -	$	1,566.00
T1002	Independent RN	-	$ -	-	$ -	$	-
T1003	Independent LPN	-	$ -	-	$ -	$	-
T1019	Personal Care	60	$ 1,116.60	240	$ 720.00	$	1,836.60
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: $**	**3,402.60**					
	T1002/3	Agency RN / LPN	30	$ 1,566.00	-	$ -	$	1,566.00
	T1002	Independent RN	-	$ -	-	$ -	$	-
	T1003	Independent LPN	-	$ -	-	$ -	$	-
	T1019	Personal Care	60	$ 1,116.60	240	$ 720.00	$	1,836.60
	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: $**	**3,238.88**					
	T1002	Agency RN	31	$ 1,407.40	-	$ -	$	1,407.40
	T1003	Agency LPN	-	$ -	-	$ -	$	-
	T1002	Independent RN	-	$ -	-	$ -	$	-
	T1003	Independent LPN	-	$ -	-	$ -	$	-
	T1019	Personal Care	62	$ 1,122.20	248	$ 709.28	$	1,831.48
	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: $**	**3,238.88**					
	T1002	Agency RN	31	$ 1,407.40	-	$ -	$	1,407.40
	T1003	Agency LPN	-	$ -	-	$ -	$	-
	T1002	Independent RN	-	$ -	-	$ -	$	-
	T1003	Independent LPN	-	$ -	-	$ -	$	-
	T1019	Personal Care	62	$ 1,122.20	248	$ 709.28	$	1,831.48
	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: $**	**1,081.62**					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	-	$ -	-	$ -	$	-
	T1002	Independent RN	-	$ -	-	$ -	$	-
	T1003	Independent LPN	-	$ -	-	$ -	$	-
	T1019	Personal Care	31	$ 561.10	182	$ 520.52	$	1,081.62
	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: $**	**1,104.50**					
	T1002	Agency RN	-	$ -	-	$ -	$	-
	T1003	Agency LPN	-	$ -	-	$ -	$	-
	T1002	Independent RN	-	$ -	-	$ -	$	-
	T1003	Independent LPN	-	$ -	-	$ -	$	-
	T1019	Personal Care	31	$ 561.10	190	$ 543.40	$	1,104.50
	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: $	1,057.80					
T1002	Agency RN	-	$ -	-	$ -	$	-
T1003	Agency LPN	-	$ -	-	$ -	$	-
T1002	Independent RN	-	$ -	-	$ -	$	-
T1003	Independent LPN	-	$ -	-	$ -	$	-
T1019	Personal Care	30	$ 543.00	180	$ 514.80	$	1,057.80
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: $	1,093.06					
T1002	Agency RN	-	$ -	-	$ -	$	-
T1003	Agency LPN	-	$ -	-	$ -	$	-
T1002	Independent RN	-	$ -	-	$ -	$	-
T1003	Independent LPN	-	$ -	-	$ -	$	-
T1019	Personal Care	31	$ 561.10	186	$ 531.96	$	1,093.06
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: $	1,093.06					
T1002	Agency RN	-	$ -	-	$ -	$	-
T1003	Agency LPN	-	$ -	-	$ -	$	-
T1002	Independent RN	-	$ -	-	$ -	$	-
T1003	Independent LPN	-	$ -	-	$ -	$	-
T1019	Personal Care	31	$ 561.10	186	$ 531.96	$	1,093.06
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: $	1,022.54					
T1002	Agency RN	-	$ -	-	$ -	$	-
T1003	Agency LPN	-	$ -	-	$ -	$	-
T1002	Independent RN	-	$ -	-	$ -	$	-
T1003	Independent LPN	-	$ -	-	$ -	$	-
T1019	Personal Care	29	$ 524.90	174	$ 497.64	$	1,022.54
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: $	1,093.06					
T1002	Agency RN	-	$ -	-	$ -	$	-
T1003	Agency LPN	-	$ -	-	$ -	$	-
T1002	Independent RN	-	$ -	-	$ -	$	-
T1003	Independent LPN	-	$ -	-	$ -	$	-
T1019	Personal Care	31	$ 561.10	186	$ 531.96	$	1,093.06
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: $	1,057.80					
T1002	Agency RN	-	$ -	-	$ -	$	-
T1003	Agency LPN	-	$ -	-	$ -	$	-
T1002	Independent RN	-	$ -	-	$ -	$	-
T1003	Independent LPN	-	$ -	-	$ -	$	-
T1019	Personal Care	30	$ 543.00	180	$ 514.80	$	1,057.80
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: $	35.26					
T1002	Agency RN	-	$ -	-	$ -	$	-
T1003	Agency LPN	-	$ -	-	$ -	$	-
T1002	Independent RN	-	$ -	-	$ -	$	-
T1003	Independent LPN	-	$ -	-	$ -	$	-
T1019	Personal Care	1	$ 18.10	6	$ 17.16	$	35.26
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

$ 53,148.84

Provider	Description	Service Code	Base Units	Base Cost	Subs Units	Subs Cost	Total Cost
CCC	Non-Agency SP PDN RN	T1000	4	$ 154.40	64	$ 445.44	**$ 599.84**
AAA			60	$ 3,132.00	480	$ 2,731.20	**$ 5,863.20**
AAA	Medicare Agency SP RN	G0154	236	$ 10,714.40	1540	$ 12,812.80	**$ 23,527.20**
AAA	Medicare Agency SP PDN RN	T1000	70	$ 3,178.00	1120	$ 9,318.40	**$ 12,496.40**
BBB	Agency SP PDN LPN	T1000	70	$ 2,653.00	1120	$ 7,638.40	**$ 10,291.40**
AAA	RN Assessment	T1001	10	$ 370.80	0	$ -	**$ 370.80**

State Plan Monthly Summary

$ 53,148.84

Month		Description		Sum of # Base	Sum of $ Base	Sum of # additional	Sum of $ Additional	Total
May 2015		**State Plan Total: $ 2,931.60**						
	G0154	Medicare Agency SP RN / LPN		30	$ 1,566.00	240	$ 1,365.60	$ 2,931.60
	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	$ -	$ -
Month		**Description**		**Sum of # Base**	**Sum of $ Base**	**Sum of # additional**	**Sum of $ Additional**	**Total**
June 2015		**State Plan Total: $ 2,931.60**						
	G0154	Medicare Agency SP RN / LPN		30	$ 1,566.00	240	$ 1,365.60	$ 2,931.60
	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	$ -	$ -
Month		**Description**		**Sum of # Base**	**Sum of $ Base**	**Sum of # additional**	**Sum of $ Additional**	**Total**
July 2015		**State Plan Total: $ 3,507.84**						
	G0154	Medicare Agency SP RN	G0154-TD	31	$ 1,407.40	248	$ 2,063.36	$ 3,470.76
	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		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**
August 2015		**State Plan Total: $ 3,507.84**						
	G0154	Medicare Agency SP RN	G0154-TD	31	$ 1,407.40	248	$ 2,063.36	$ 3,470.76
	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		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: $ 4,738.44**						
	G0154	Medicare Agency SP RN	G0154-TD	22	$ 998.80	132	$ 1,098.24	$ 2,097.04
	G0154	Medicare Agency SP LPN	G0154-TE	-	$ -	-	$ -	$ -
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	8	$ 363.20	128	$ 1,064.96	$ 1,428.16
	T1000	Private Duty Nursing -LPN	T1000-TE	8	$ 303.20	128	$ 872.96	$ 1,176.16
	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
October 2015		**State Plan Total: $ 5,063.98**						
	G0154	Medicare Agency SP RN	G0154-TD	22	$ 998.80	132	$ 1,098.24	$ 2,097.04
	G0154	Medicare Agency SP LPN	G0154-TE	-	$ -	-	$ -	$ -
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	9	$ 408.60	144	$ 1,198.08	$ 1,606.68
	T1000	Private Duty Nursing -LPN	T1000-TE	9	$ 341.10	144	$ 982.08	$ 1,323.18
	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: $ 5,568.50**						
	G0154	Medicare Agency SP RN	G0154-TD	21	$ 953.40	126	$ 1,048.32	$ 2,001.72
	G0154	Medicare Agency SP LPN	G0154-TE	-	$ -	-	$ -	$ -
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	13	$ 563.00	208	$ 1,643.52	$ 2,206.52
	T1000	Private Duty Nursing -LPN	T1000-TE	9	$ 341.10	144	$ 982.08	$ 1,323.18
	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**
December 2015		**State Plan Total: $ 4,833.76**						
	G0154	Medicare Agency SP RN	G0154-TD	23	$ 1,044.20	138	$ 1,148.16	$ 2,192.36
	G0154	Medicare Agency SP LPN	G0154-TE	-	$ -	-	$ -	$ -
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	8	$ 363.20	128	$ 1,064.96	$ 1,428.16
	T1000	Private Duty Nursing -LPN	T1000-TE	8	$ 303.20	128	$ 872.96	$ 1,176.16
	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: $ 5,294.20**						
	G0154	Medicare Agency SP RN	G0154-TD	21	$ 953.40	126	$ 1,048.32	$ 2,001.72
	G0154	Medicare Agency SP LPN	G0154-TE	-	$ -	-	$ -	$ -
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	10	$ 454.00	160	$ 1,331.20	$ 1,785.20
	T1000	Private Duty Nursing -LPN	T1000-TE	10	$ 379.00	160	$ 1,091.20	$ 1,470.20
	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**
February 2016		**State Plan Total: $ 4,643.12**						
	G0154	Medicare Agency SP RN	G0154-TD	21	$ 953.40	126	$ 1,048.32	$ 2,001.72
	G0154	Medicare Agency SP LPN	G0154-TE	-	$ -	-	$ -	$ -
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	8	$ 363.20	128	$ 1,064.96	$ 1,428.16
	T1000	Private Duty Nursing -LPN	T1000-TE	8	$ 303.20	128	$ 872.96	$ 1,176.16
	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: $ 4,833.76**						
	G0154	Medicare Agency SP RN	G0154-TD	23	$ 1,044.20	138	$ 1,148.16	$ 2,192.36
	G0154	Medicare Agency SP LPN	G0154-TE	-	$ -	-	$ -	$ -
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	8	$ 363.20	128	$ 1,064.96	$ 1,428.16
	T1000	Private Duty Nursing -LPN	T1000-TE	8	$ 303.20	128	$ 872.96	$ 1,176.16
	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**
April 2016		**State Plan Total: $ 4,968.66**						
	G0154	Medicare Agency SP RN	G0154-TD	21	$ 953.40	126	$ 1,048.32	$ 2,001.72
	G0154	Medicare Agency SP LPN	G0154-TE	-	$ -	-	$ -	$ -
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	9	$ 408.60	144	$ 1,198.08	$ 1,606.68
	T1000	Private Duty Nursing -LPN	T1000-TE	9	$ 341.10	144	$ 982.08	$ 1,323.18
	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**
May 2016		**State Plan Total: $ 325.54**						
	G0154	Medicare Agency SP RN	G0154-TD	-	$ -	-	$ -	$ -
	G0154	Medicare Agency SP LPN	G0154-TE	-	$ -	-	$ -	$ -
	G0156	Medicare Agency SP Home Health Aid		-	$ -	-	$ -	$ -
	T1000	Private Duty Nursing -RN	T1000-TD	1	$ 45.40	16	$ 133.12	$ 178.52
	T1000	Private Duty Nursing -LPN	T1000-TE	1	$ 37.90	16	$ 109.12	$ 147.02
	T1001	RN Assessment		-	$ -	-	$ -	$ -
	T1001	RN Consultation	T1001-U9	-	$ -	-	$ -	$ -
	G0152	Occupational Therapy		0	$ -	0	$ -	$ -
	G0151	Physical Therapy		0	$ -	0	$ -	$ -
	G0153	Speech Pathology		0	$ -	0	$ -	$ -