

EXAMPLE

Authorized by: _____

Date: _____

Supports and Services Authorization Worksheet

Participant: Sally Jones		MID#: XXXXXXXX		DD Waiver: <input checked="" type="checkbox"/>		A&D/DD State Plan: <input type="checkbox"/>		DD State Plan: <input type="checkbox"/>	
Provider Name	Procedure Code	Start Date	Stop Date	Units	Unit Cost	Frequency (x365, x52, x12, etc.)	Annual Cost	Annual Units	IPA #- Dept. use only
DD Services									
ABC Agency	H2032	11/01/14	10/31/14	40	\$3.02	52	\$6,281.60	2080	
QRS Services	T1001TD	11/01/14	10/31/14	1	\$44.49	4	\$177.96	4	
EFG Developmental	97537	11/01/14	10/31/14	40	\$3.34	52	\$6,947.20	2080	
EFG Developmental	S5100	11/01/04	10/31/14	20	\$1.50	52	\$1,560.00	1040	
							\$14,966.76	14967	
Ancillary Services (OT,PT, SL & DME)									
Therapy, Inc.	92507	11/01/14	10/31/15	1	\$68.59	26	\$1,783.34	26	
							\$0.00	0	
							\$1,783.34		
DD Service Coordination Services									
(Agency Name) - PD - MMCP (Costed/No PA)							\$0.00	0	
(Agency Name) - TSC - (Prof.) - MMCP (Costed/No PA)							\$0.00	0	
(Agency Name) - TSC (Para) - MMCP (Costed/No PA)							\$0.00	0	
XYZ TSC - PD - Non-MMCP (Costed/PA)	G9007	11/01/14	10/31/15	1	\$12.09	24	\$290.16	24	
XYZ TSC - TSC (Prof.) - Non-MMCP (Costed/PA)	G9002	08/01/14	07/31/15	18	\$12.09	12	\$2,611.44	216	
(Agency Name) - TSC (Para) - Non-MMCP (Costed/PA)							\$0.00	0	
							\$2,901.60		
Annual Total							\$19,651.70		

Calculated Budget Amount: \$25,000.00

+/- Medicaid Budget Total \$5,348.30

Bureau of Developmental Disability Services
Individual Support Plan

EXAMPLE

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Final Plan Amount: \$19,720.86