

Bureau of Developmental Disability Services Individual Support Plan

EXAMPLE

Authorized by:	
Date:	

Supports and Services Authorization Worksheet

Participant: Sally Jones		MID#: XXXXXXX		DD Waiver: 🔽 🛚 🗸		A&D/DD State Plan:		DD State Plan:	
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	\$71.25	26	\$1,852.50	26	
							\$0.00	0	
							\$1,852.50		
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	18	\$12.09	12	\$2,611.44	216	
XYZ TSC - TSC (Prof.)- Non-MMCP (Costed/PA)	G9002	08/01/14	07/31/15	1	\$12.09	24	\$290.16	24	
(Agency Name) - TSC (Para) - Non-MMCP (Costed/PA)							\$0.00	0	
		-	-				\$2,901.60		
					Annual To	otal	\$19,720.86		

Annuai Totai

Calculated Budget Amount: \$25,000.00

+/- Medicaid Budget Total \$5,279.14



Bureau of Developmental Disability Services Individual Support Plan

EXAMPLE A	uthorized by:
I	Date:
Final Plan Amount:	\$19,720.86