

Service Authorization

EXAMPLE of LTSS Calculations of Annual Budget currently based on Rates as of 4-1-2022 (linked in confirmation email)

Service Plan

Program Type: Community Pathways
I will self-direct services on this plan: Yes

Documents

InterRAI RUG Score: PD0

The numbers below represent units.
Could be days, hours, quarter hours or flat/milestone rate.

Monthly Services

Service and Provider	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Annual Service Cost
Respite Care Services - Day Unit = Day = \$395.12 or \$424.12 Scope: Services and supports based on the approved waiver service scope and requirements. Please see attached self directed services budget tool	2	2	2	2	2	2	2	2	2	2	2	2	0	\$10,178.88 Frequency: Other
Support Broker Unit = Hour = \$65 Scope: Services and supports based on the approved waiver service scope and requirements. Please see attached self directed services budget tool	4	4	5	4	5	4	4	5	4	4	4	5	0	\$3,380.00 Frequency: Other
Personal Supports Unit = Quarter Hour = \$9.70 or \$11.13, which equals \$38.80/hour or \$44.52/hour Scope: Services and supports based on the approved waiver service scope and requirements. Please see attached self directed services budget tool	352	336	368	352	336	352	352	352	320	368	320	368	0	\$46,478.88 Frequency: Other
Respite Care Services - Hour Unit = Quarter Hour = \$7.03 or \$7.12, which equals \$28.12/hour or \$28.48/hour Scope: Services and supports based on the approved waiver service scope and requirements. Please see attached self directed services budget tool	20	20	20	20	20	20	20	20	20	20	20	20	0	\$1,708.80 Frequency: Other
Community Development Services 1:1 Staffing Ratio Unit = Quarter Hour = \$12.72 or \$14.94, which equals \$50.88 or \$59.76 Scope: Services and supports based on the approved waiver service scope and requirements. Please see attached self directed services budget tool	544	576	560	544	576	544	568	568	512	560	560	560	0	\$99,679.68 Frequency: Other
Individual and Family Directed Goods & Services - Staff Recruitment & Advertising Scope: sdfhsogh	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		\$500.00 Frequency: One-Time
Nursing Support Services Scope: sdfhsodhf	4	4	4	4	4	4	4	4	4	4	4	4	0	\$1,158.72 Frequency: Weekly

Everyone has the option to request up to \$500 to help with staff recruitment & advertising

Total Plan Cost

Annual Waiver Plan Services Total: \$162,584.96
DDA State Only Funded Services Total: \$500.00

Total Plan Year Cost: \$163,084.96

Goes onto Budget Sheet