

VII. Services Provided through Waiver Funding -Please describe the ABI services requested and complete the following chart.

PART A. ABI WAIVER SERVICES COSTS

Service Code	Name of Service	Name of Provider	# of Month	Provider Type	Units Per Month	Unit Rate	Monthly Total	Total
1548P	Cognitive/Behavioral Programs	Abilities 3/1/2011 - 2/28/2012	12.00		10.00	82.40	824.00	9,888.00
1536P	Companion Services Agency	Compan Inc 3/1/2011 - 2/28/2012	12.00	A	1,939.84	3.63	7,041.62	84,499.44
1546P	Independent Living Skill Training provided 1:1	Seibum Inc 3/1/2011 - 2/28/2012	12.00	A	242.48	36.05	8,741.40	104,896.80
1557P	Personal Emergency Response System	VRN 3/17/2011 - 2/28/2012	12.00		1.00	37.08	37.08	444.96
TOTAL								199,729.20

*Other involves services (essential services, BRS or other non-Medicaid) provided by the Department other than those provided by the waiver, and all services provided by programs administered by any other state agency which are necessary to maintain the individual in the community.

PART C. NON-WAIVER SERVICES/COSTS

Service	Provider	# of Units Per Month	Unit Rate	Monthly Total	Yearly Total
TOTAL					

*Other involves services (essential services, BRS or other non-Medicaid) provided by the Department other than those provided by the waiver, and all services provided by programs administered by any other state agency which are necessary to maintain the individual in the community.

D. PROJECTED TOTAL COST OF WAIVER SERVICES 199,729.20

E. PROJECTED TOTAL COST OF NON-WAIVER SERVICES

F. PROJECTED TOTAL COST OF PLAN 199,729.20

Waiver Coordinator
or Designee: _____

Date: _____