

WV TBI Waiver
Request for Service Authorization

Record
ID # _____

Program Participant Name: _____
 Service Delivery Model Selection: Traditional Personal Options
 Case Management Agency : _____
 Case Manager Name: _____
 Date of Team Meeting: _____
 Annual TBI Waiver Budget _____ \$35,000.00
 Program Participant Annual Budget _____

*Enter the total number of Annual units requested by the team per each service in the boxes below.

*Cost for all services cannot exceed the Annual TBI Waiver budget, as indicated above.

*Cost for Personal Options services cannot exceed the Annual Waiver budget minus the cost for Traditional Services.

Traditional Services	Service Code	Unit	Rate	Service Limit	Annual Units	Cost per Service
Personal Emergency Response Unit	S5161 U5	1	\$50.00	12		\$0.00
Non-Medical Transportation	A0160 UB	mile	\$0.42	3600		\$0.00
Personal Attendant	S5125 UB	15 min	\$4.73	Remaining Budget		\$0.00
Cost for Traditional Services						\$0.00

TBI Budget Available for Participant-Direction: _____ \$35,000.00

Personal Options Services	Service Code	Unit	Rate	Service Limit	Annual Units	Cost per Service
Personal Emergency Response Unit	S5161 U5 UK	1	\$50.00	12		\$0.00
Non-Medical Transportation	A0160 U2	mile	\$0.42	3600		\$0.00
Personal Attendant	S5125 UC	15 min	\$3.75	Remaining Budget		\$0.00
Cost for Personal Options Services						\$0.00

Balance Remaining \$35,000.00

Required Service/Outside of Annual Budget	Service Code	Unit	Rate	Service Limit	Annual Units	Cost per Service
Case Management	G9002 U2	1	\$182.70	12		\$0.00