

WV TBI Waiver
Request for Service Authorization

Record

Program Participant Name: _____ ID # _____

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 shaded 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
Case Management	T1016UB	15 min	\$8.50	192		\$0.00
Non-Medical Transportation	A0160 UB	mile	\$0.42	NA		\$0.00
Personal Attendant	S5125 UB	15 min	\$4.25	N/A		\$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
Non-Medical Transportation	A0160 U2	mile	\$0.42	Remaining budget		\$0.00
Personal Attendant	S5125 UC	15 min	\$3.75	Remaining budget		\$0.00
Cost for Personal Options Services						\$0.00

UMC Reviewer:

Review Date:

Balance Remaining \$35,000.00

Approved as submitted

Documentation requested