

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	1 mile	\$0.42	3600		\$0.00
Personal Attendant	S5125 UB	15 min	\$4.50	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	1 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	\$174.00	12		\$0.00