

WV TBI Waiver
Request for Service Authorization

Member Name: _____
 Service Delivery Model Selection: **Personal Option**
 Case Management Agency : _____
 Case Manager Name: _____
 Date of Team Meeting: _____
 Annual TBI Waiver Budget **\$39,550.00 (S5125 UC and A0160 U2)**
 Program Participant Annual Budget _____

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

*Cost for S5125 UC and A0160 U2 cannot exceed the Annual TBI Waiver budget.

Personal Options Services	Service Code	Unit	Rate	Service Limit	Annual Units	Cost per Service
Non-Medical Transportation	A0160 U2	mile	\$0.50	3600		\$0.00
Personal Attendant	S5125 UC	15 min	\$4.25	Remaining Budget		\$0.00
						\$0.00
					Balance Remaining	\$39,550.00
Options Services Outside of Annual Budget	Service Code	Unit	Rate	Service Limit	Annual Units	Cost per Service
Personal Emergency Response Unit	S5161 U5 UK	1	\$50.00	12		\$0.00
Environmental Accessibility Adaption (Home/Vehicle)	S5165 U3-Home T2039 U3-Vehicle	1	\$1.00	1000		\$0.00
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