

WV TBI Waiver
Request for Service Authorization

Member Name: _____
 Service Delivery Model Selection: **Traditional**
 Case Management Agency : _____
 Case Manager Name: _____
 Date of Team Meeting: _____
 Annual TBI Waiver Budget \$47,250.00 (S5125 UB and A0160 UB)
 Annual Budget _____

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

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

Traditional Services	Service Code	Unit	Rate	Service Limit	Annual Units	Cost per Service
Non-Medical Transportation	A0160 UB	mile	\$0.50	3600		\$0.00
Personal Attendant	S5125 UB	15 min	\$6.36	Remaining Budget		\$0.00
						\$0.00
				Balance Remaining		\$47,250.00
Optional Services/Outside of Annual Budget						
Environmental Accessibility Adaption (Home/Vehicle)	S5165 U2-Home T2039 U2-Vehicle	1	1	1000		\$0.00
Personal Emergency Response Unit	S5161 U5	1	\$50.00	12		\$0.00
Pest Eradication	S5121 U2	1	\$1.00	1,700		\$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