

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)
 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 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 |
| Personal Emergency Response Unit | S5161 U5 | 1 | \$50.00 | 12 | | \$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 |