

Medically Dependent Children Program (MDCP)
Budget Revision

Name Jane Doe		Date of Birth 5/1/2000
Medicaid No. 123456789	Individual Plan of Care (IPC) Period (From - To) 1/1/2014 to 12/31/2014	Budget Revision Effective Date /16/2014
Brief Explanation of Reason for Budget Revision (include who requested the change and the date of the request): 1st Change - Provider Transfer - Original IPC was authorized for 12 hours of Respite per week x 53 weeks = 636 Total Authorized Units of Respite for the IPC		
RUG SE3	IPC Cost Limit \$42,174.00	Previously Authorized IPC Budget \$7498.44
Est. Cost of Waiver Services (Totals 1+2+3+4+5+6) \$7498.44		

A. Respite and/or

- Flexible Family Support Services in Child Care
- Flexible Family Support Services for Independent Living
- Flexible Family Support Services in Post Secondary-Education

Authorized before Budget Revision

Service Code	R, F, FR or FF	Provider Type	Begin Date	End Date	Hours/Week	No. of Weeks	Total Hours	Provider Rate	Total Budgeted
Total 1A:									

Utilized before Budget Revision

Service Code	R, F, FR or FF	Provider Type	Begin Date	End Date	Total Hours	Provider Rate	Total Utilized
11	R	ATT	1/1/2014	4/15/2014	120	11.79	1414.80
Total 1B:							1414.80

Authorized for Budget Revision

Service Code	R, F, FR or FF	Provider Type	New Begin Date	New End Date	Hours/Week	No. of Weeks	Total Hours	Provider Rate	Total Budgeted
11	R	ATT	4/16/2014	12/31/2014	12	38	456	11.79	5376.24
Unused Hours(Authorized hours for the period prior to the change - Utilized hours)							60	11.79	707.40
								Total 1C:	6083.64
Respite/Flexible Family Support Services Total 1 (1A+1B+1C)									7498.44

B. Adaptive Aids (Service Code 15): (Maximum: \$4,000/IPC Period for adaptive aids.)

Type of Adaptive Aid	Authorized before Budget Revision	Authorized for Budget Revision
	Total Budgeted	New Authorization
	Total 2A:	Total 2B:
Adaptive Aids Total 2 (2A+2B)		

C. Minor Home Modifications (Service Code 16):(Maximum: \$7,500/lifetime for home modifications; \$300/IPC Period for maintenance/repairs.)

Type of Minor Home Modification	Authorized before Budget Revision			Authorized for Budget Revision		
	Estimated Cost	Spec. Fee	Total Budgeted	Estimated Cost	Spec. Fee	New Authorization
	Total 3A:			Total 3B:		
Minor Home Modifications Total 3 (3A+3B)						

D. Financial Management Services (Service Code 63V):

Authorized before Budget Revision			Authorized for Budget Revision		
Units	Rate	Total Budgeted	Units	Rate	New Authorization
	Total 4A:		Total 4B:		
Financial Management Services Total 4 (4A+4B)					

E. Transition Assistance Services (Service Codes 53 and 53A): (Maximum for Service Code 53: \$2,500/one-time.)

Item or Service	Authorized before Budget Revision			Authorized for Budget Revision		
	Cost	Fee	Total Budgeted	Cost	Fee	New Authorization
Total 5A:				Total 5B:		
Transition Assistance Services Total 5 (5A+5B)						

F. Employment Assistance (EA) and Supported Employment (SE)

		Change From (Utilized before Budget Revision)						
Service Code	EA, SE	Begin Date	End Date	Hours/Week	No. of Weeks	Total Hours	Provider Rate	Total Budgeted
Total 6A:								

		Change To (Authorized for Budget Revision)						
Service Code	EA, SE	New Begin Date	New End Date	Hours/Week	No. of Weeks	Total Hours	Provider Rate	Total Budgeted
Total 6B:								
Employment Assistance and Supported Employment Total 6 (6A+6B)								

Casey Casemanager

4/14/2014

Signature — Case Manager

Date Field

This form was completed at the individual's/caregiver's request and a copy was mailed to him/her on: 4/14/2014

If indicated that a signature is required prior to authorizing the change on Form 2410, Medical-Social Assessment and Individual Plan of Care, Part IV No. 64; Please have the applicant, individual, or individual's primary caregiver sign below.

Signature — Applicant, Individual, or Individual's Primary Caregiver

Date Field