

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 8/11/2014
Brief Explanation of Reason for Budget Revision (include who requested the change and the date of the request): <b>3rd Change - 2nd Provider Transfer in IPC - Currently the individual has 868 total units of Respite authorized for this IPC.</b>			
RUG SE3	IPC Cost Limit \$42,174.00	Previously Authorized IPC Budget \$10233.72	Est. Cost of Waiver Services (Totals 1+2+3+4+5+6) \$10233.72

**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
11	R	ATT	8/3/2014	8/10/2014	20	1	20	11.79	235.80
<b>Total 1A:</b>									235.80

**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
11	R	ATT	4/16/2014	8/2/2014	218	11.79	2570.22
<b>Total 1B:</b>							3,985.02

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	8/11/2014	12/31/2014	20	21	420	11.79	4951.80
Unused Hours(Authorized hours for the period prior to the change - Utilized hours)							90	11.79	1061.10
								<b>Total 1C:</b>	6012.91
<b>Respite/Flexible Family Support Services Total 1 (1A+1B+1C)</b>									10233.72

**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
	<b>Total 2A:</b>	<b>Total 2B:</b>
<b>Adaptive Aids Total 2 (2A+2B)</b>		

**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
	<b>Total 3A:</b>			<b>Total 3B:</b>		
<b>Minor Home Modifications Total 3 (3A+3B)</b>						

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

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

**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
<b>Total 5A:</b>				<b>Total 5B:</b>		
<b>Transition Assistance Services Total 5 (5A+5B)</b>						

**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
<b>Total 6A:</b>								

		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
<b>Total 6B:</b>								
<b>Employment Assistance and Supported Employment Total 6 (6A+6B)</b>								

Casey Casemanager

8/8/2014

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: 8/8/2014

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