



## Supports and Services Authorization Worksheet

Participant:

**SAMPLE**

MID #:

Agency Name	Procedure Code	Start Date	Stop Date	Units	Unit Cost	Frequency (x365, x52, x12, etc.)	Annual Cost	Annual Units	IPA #- Dept. use only
ABC Agency	T2025	01/01/11	12/31/11	1	\$53.39	365	\$19,487.35	365	
Deborah Smith	S5140	01/01/11	12/31/11	1	\$7.96	365	\$2,905.40	365	
ABC Agency	H2015	01/01/11	12/31/11	160	\$3.24	52	\$26,956.80	8320	
EFG Developmental	S5100	01/01/11	12/31/11	16	\$1.50	52	\$1,248.00	832	
LMNOP Transportation	A0080-U8-SE	01/01/11	12/31/11	8	\$4.20	52	\$1,747.20	416	
EFG Developmental	H2023	01/01/11	12/31/11	24	\$5.25	52	\$6,552.00	1248	
QRS Services	H2019	01/01/11	12/31/11	2	\$6.42	12	\$154.08	24	
QRS Services	T1001-U8-TD	01/01/11	12/31/11	1	\$44.49	12	\$533.88	12	
XYZ Service Coordination	G9007	11/01/10	10/31/11	1	\$11.04	24	\$264.96	24	
XYZ Service Coordination	G9002-HM	01/01/11	12/31/11	4	\$5.88	12	\$282.24	48	
XYZ Service Coordination	G9002	01/01/11	12/31/11	14	\$11.04	12	\$1,854.72	168	
EFG Developmental	H2032	01/01/11	12/31/11	16	\$4.53	52	\$3,768.96	832	
							\$0.00	0	
If the participant has DME, please enter the code also							\$0.00	0	
							\$0.00	0	
							\$0.00	0	
							\$0.00	0	
							\$0.00	0	
							\$0.00	0	
							\$0.00	0	

Calculated Annual Total **\$65,755.59**

Authorized Budget Amount \$45,023.23

+/- Medicaid Budget Total **\$20,732.36**