

Instructions

- * At the bottom, you will see 'Item Codes' and 'Service Codes' tabs. You do not need to worry about completing those tabs at this point.
- * Under the Participant-Directed Goods and Services (W1901) table: Row 35- You will see the column headings 'Service Code' and 'Item Code.' Again, you do not need to complete this information.
- * Under the Savings for Purchases (W1901) table: Cell D45- You do not need to enter a goal number. Cell J45- the purchase amount would not be filled in until the F/EA pays the invoice for the item. Cells K45 & L45- again you do not need to complete the item code or item code comments fields
- * Row 53: Cell M53- the F/EA should forward the total monthly worker's compensation premium for all of the workers hired by the participant. That value would be added in cell M53.

Attendant Care Waiver

Mike's F/EA
555 Walnut Street Harrisburg, PA 17105
(111)222-3333

Spending Plan

Participant Name: LuLu Brown
 Participant Address: 100 Kicker Way
 Bradford, Pennsylvania 17899

Budget Period: Monthly
 Budget Amount: \$ 3,012.12
 Budget Effective Date: 07/01/2009
 Budget End Date: 06/30/2009

Medicaid Number: 3214569877
 Participant File Status: Active

Spending Plan Start Date: 07/01/2009
 Spending Plan End Date: 12/31/2009
 Days in Spending Plan: 184
 Spending Plan Version: 1

Participant Directed Community Supports (W1900)

| Worker or Agency | Start Date | End Date | Employee | Gross Hourly Wage | Estim Hours per week | Estim Employer Taxes per Hour | Hourly Wage & Tax Sum | Estim Hours in Plan | Total Cost |
|---|------------|----------|----------|-------------------|----------------------|-------------------------------|-----------------------|---------------------|------------------|
| Worker | 07/01/2009 | | Susan | \$12.50 | 25 | \$1.88 | \$14.38 | 108.25 | \$1556.09 |
| Worker | 07/01/2009 | | Amy | \$16.00 | 13 | \$2.40 | \$18.40 | 56.29 | \$1035.74 |
| Worker | 07/01/2009 | | Nicole | \$8.00 | 4 | \$1.20 | \$9.20 | 17.32 | \$159.34 |
| | | | | | | \$0.00 | \$0.00 | 0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 | 0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 | 0.00 | \$0.00 |
| Total Participant Directed Community Supports (W1900): | | | | | | | | | \$2751.17 |

Back-up Plan for Personal Care (W1900)

| Back-up Worker or Agency | Start Date | End Date | Paid (Y/N) | Additional Cost | Total Back Up Cost |
|--|------------|----------|------------|-----------------|--------------------|
| Marilyn (Friend) | | | N | \$0.00 | \$0.00 |
| Gail (Friend) | | | N | \$0.00 | \$0.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| Total Back-up Plan for Personal Care (W1900): | | | | | \$0.00 |

Participant Directed Goods and Services (W1901)

| Description of Goods/Services | Start Date | End Date | Vendor or Individual | Purchase Amount | Service Code | Item Code | Total Cost |
|---|------------|----------|----------------------|-----------------|--------------|-----------|---------------|
| | | | | | | | \$0.00 |
| | | | | | | | \$0.00 |
| | | | | | | | \$0.00 |
| | | | | | | | \$0.00 |
| | | | | | | | \$0.00 |
| | | | | | | | \$0.00 |
| | | | | | | | \$0.00 |
| Total Participant Directed Goods and Services (W1901): | | | | | | | \$0.00 |

Savings for Purchases (W1901)

| Description of Item/Good | Start Date | End Date | Goal # | One Time Purchase | Vendor | Proposed Date of Purchase | Estimated Cost | Est. plan periods to save | Purchase Amount | Item Code | Item Code Comments | Savings in Plan |
|--|------------|------------|--------|-------------------|-------------------|---------------------------|----------------|---------------------------|-----------------|-----------|--------------------|-----------------|
| Washer | 07/01/2009 | 12/31/2009 | | Y | Paul's Appliances | 12/31/2009 | \$500.00 | 5 | | | | \$100.00 |
| Dryer | 07/01/2009 | 12/31/2009 | | Y | Paul's Appliances | 12/31/2009 | \$500.00 | 5 | | | | \$100.00 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total Savings for Purchases (W1901) : | | | | | | | | | | | | \$200.00 |

Monthly Worker's Compensation Premium (W1900): \$49.80

Summary of Spending Plan

| | |
|---|------------------|
| Participant Directed Community Supports (W1900) | \$2751.17 |
| Back-up Plan for Personal Care (W1900) | \$0.00 |
| Participant Directed Goods and Services (W1901) | \$0.00 |
| Savings for Purchases (W1901) | \$200.00 |
| Monthly Worker's Compensation Premium (W1900) | \$49.80 |
| Total Cost: | \$3000.97 |
| Amount Remaining: | \$11.15 |

* Budget Amount - Total Monthly Costs = Amount Remaining

List of Item Codes

Description

- Lift Chair
- Microwave
- Adjustable Bed
- Vitamins
- Exercise Equipment
- Computer
- Wheelchair
- Washing machine
- Blender
- Air Cleaner
- Ramp
- Portable Table
- Non-skid carpet
- Disp Underpads
- Nutritional Supplements

**List of Service Codes
Description**

-
-
-

112233 - Practical Nurse
112234 - Hairdresser
112235 - Housekeeping
112236 - Transportation
112237 - Errands
112238 - Prescription Delivery
79000 - Food Delivery
87654 - Medical Treatment
987654 - Snow Removal
PL999 - Unclog Toilet
SC222 - Laundry
T1999 - Meal Preparation
T1999-P1 - Personal Visits
W1900 - Participant Directed Community Supports
W1901 - Participant Directed Goods and Services
x1234 - Dog grooming
Y334-099 - Clothing Alteration