

**NEW BEGINNINGS ENTERPRISES, INC.
FUNDING REQUEST**

Type of Funding: CFSS HCBS/MR

RECIPIENT NAME:	<input type="checkbox"/> INITIAL POC <input type="checkbox"/> ANNUAL REVISION <input type="checkbox"/> REVISED POC, WHAT IS REVISED?
SOCIAL SECURITY NUMBER:	MEDICAID NUMBER:
AGE:	DATE OF BIRTH:
Check what applies: <input type="checkbox"/> Standard Rate <input type="checkbox"/> CIP <input type="checkbox"/> Negotiated Rate <input type="checkbox"/> Special Tier Rate	

SERVICES	FREQUENCY DAYS/TIME	PROVIDER	DATE STARTED	DATE REVISED	WHY IS THIS SERVICE NEEDED? List needs/problem, rationale for # hours, etc.
					1.
					2.

COST:

PROVIDER NUMBER	SERVICES	PROCEDURE CODE	COST PER UNIT	MONTHLY COST
TIER:			TOTAL COST PER MONTH	\$

RECIPIENT:	DATE:
GUARDIAN:	DATE:
CASE MANAGER:	DATE:
DATE OF SERVICES FUNDING APPROVAL	DATE:
DATE OF MHDD APPROVAL	DATE:
DATE OF COSTING APPROVAL	DATE:
DATE RECEIVED BY CLERK	DATE:

All section must be completed. There must be one signature for the request to be reviewed.

HCBS/MRDD MEDICAID WAIVER REIMBURSEMENT RATES AS OF 07/01/08

Tier	Days Services	Residential Services
1	\$99.53	\$160.21
2	73.60	131.22
3	59.19	94.86
4	43.55	61.26
5	37.37	44.27

Temporary/Emergency Respite - \$12.24/hour
 Supportive Home Care - \$12.24/hour
 Night Support - \$30.65/night
 Wellness Monitoring - \$35.00 every 2 months

Respite - \$12.00/ hour
 Medical Alert Rental - \$15.00 a month
 Environmental Support/Home Modifications & Van Lifts

COMMUNITY & FAMILY SERVICES/SUPPORTS (CFSS) as of July 1999

Category	Service Unit	Rate
Day Services	5 hours day	\$24.98 (based on 250 days/year)
Residential Services	One meal in the home	\$31.41 (based on 365 days/year)
Family Support Services	Determined as needed	Determined as needed

#Non-related people living in household:	Are any HCBS/MR Recipients?
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This schedule is to be completed and submitted with Services Funding Request when requesting Supportive Home Care Services (SHC)