

SERVICES BUDGET (DCF Matched Waiver Worksheet) FY10

LAST NAME: _____ 0 _____ FIRST NAME: _____ 0 _____ MSR CLIENT ID #: _____ 0 _____ MEDICAID (XIX) ELIGIBLE: _____
 DATE OF BIRTH: _____ 1/0/1900 _____ MCIS CHILD #: _____ BUDGET TYPE: _____
 DATE SUBMITTED: _____ 1/0/1900 _____ DCF CHILD #: _____ PERIOD OF THIS BUDGET: _____
 THERAPEUTIC CASE MANAGER: _____ 0 _____ CMHC CHILD #: _____
 HOME CLINIC: _____ 0 _____ SERVICE PROVIDER: _____ 0 _____ SOC.SEC/MED.#: _____ 000-00-0000 _____ NUMBER OF MONTHS: _____

Budget Service Code	Service Description	Provider Agency	Cost/ Unit	Hours Per Week	Units Per Month (x 4.35 weeks per month)	Monthly Total	One-Time Cost	Crisis PRN	Other	If Other Funding Source/ Contract Name
MEDICAID (XIX) SERVICES										
A01	Service Planning & Coordination		0.00		0.00	0.00				
B01	Individual Community Supports		0.00		0.00	0.00				
B02	Group Community Supports		0.00		0.00	0.00				
E02	Individual Therapy		0.00		0.00	0.00				
E04	Group Therapy		0.00		0.00	0.00				
E03	Family Therapy		0.00		0.00	0.00				
H04	Therapeutic Foster Care		0.00		0.00	0.00				
E05	Chemotherapy		0.00		0.00	0.00				
E02	Ind. Psychotherapy-Med Eval Mgmt (30min)		0.00		0.00	0.00				
E02	Ind. Psychotherapy-Med Eval Mgmt (60min)		0.00		0.00	0.00				
E02	Ind. Psychotherapy-Med Eval Mgmt (90min)		0.00		0.00	0.00				
G01	Crisis Response System		0.00		0.00	0.00				
D02	Respite-Overnight		0.00		0.00	0.00				
D01	Respite-Hourly		0.00		0.00	0.00				
B03	Consultation		0.00		0.00	0.00				
E01	D&E		0.00		0.00		0.00			
MEDICAID SUBTOTAL						0.00	0.00		0.00	
RESIDENTIAL AND OTHER SERVICES PROVIDED BY SUBMITTING AGENCY										
045	Room & Board		0.00			0.00				
020	Personal Expense		0.00			0.00				
G01	Crisis Supports		0.00					0.00		
NON-MEDICAID SUBTOTAL						0.00	0.00		0.00	
SERVICES NOT PROVIDED BY SUBMITTING AGENCY										
SUBTOTAL						0.00	0.00	0.00	0.00	
MONTHLY TOTAL COST						0.00	0.00	0.00	0.00	
A. TOTAL TREATMENT (ABOVE THE LINE)			# of days	0.00	0.00	0.00			0.00	
B. TOTAL BELOW THE LINE					0.00					
C. TOTAL BUDGET ONE TIME EXPENSES						0.00				
D. TOTAL BUDGET CRISIS/PRN SERVICES							0.00			
E. GRAND BUDGET TOTAL = A + B					0.00	0.00	0.00		0.00	

WAIVER DAILY RATE (above the line) → #DIV/0!
 DCF DAILY RATE (below the line) → #DIV/0!
 DCF CRISIS → 0.00