

WV TBI Waiver
Request for Service Authorization

Member Name: _____
 Service Delivery Model Selection: **Traditional**
 Case Management Agency : _____
 Case Manager Name: _____
 Date of Team Meeting: _____
 Annual TBI Waiver Budget \$51,030.00 (S5125 UB and A0160 UB)
 Program Participant Annual Budget _____

*Enter the total number of Annual units requested by the team per each service in the boxes below.

*Cost for S5125 UB and A0160 UB cannot exceed the Annual TBI Waiver budget.

Traditional Services	Service Code	Unit	Rate	Service Limit	Annual Units	Cost per Service
Non-Medical Transportation	A0160 UB	mile	\$0.50	3600		\$0.00
Personal Attendant	S5125 UB	15 min	\$6.75	Remaining Budget		\$0.00
						\$0.00
				Balance Remaining		\$51,030.00
Optional Services/Outside of Annual Budget						
Environmental Accessibility Adaption (Home/Vehicle)	S5165 U2-Home T2039 U2-Vehicle	1	\$1,000	1000		\$0.00
Personal Emergency Response Unit	S5161 U5	1	\$50.00	12		\$0.00
Pest Eradication	S5121 U3	1	\$1.00	1,700		\$0.00
Required Service/Outside of Annual Budget						
Case Management	Service Code G9002 U2	Unit 1	Rate \$182.70	Service Limit 12	Annual Units	Cost per Service \$0.00