

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.

<b>Traditional Services</b>	<b>Service Code</b>	<b>Unit</b>	<b>Rate</b>	<b>Service Limit</b>	<b>Annual Units</b>	<b>Cost per Service</b>
Non-Medical Transportation	A0160 UB	mile	\$0.56	3600		\$0.00
Personal Attendant	S5125 UB	15 min	\$6.75	Remaining Budget		\$0.00
						<b>\$0.00</b>
				<b>Balance Remaining</b>		<b>\$51,030.00</b>
<b>Optional Services/Outside of Annual Budget</b>						
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
<b>Required Service/Outside of Annual Budget</b>	<b>Service Code</b>	<b>Unit</b>	<b>Rate</b>	<b>Service Limit</b>	<b>Annual Units</b>	<b>Cost per Service</b>
Case Management	G9002 U2	1	\$182.70	12		\$0.00