

UPCAP CARE PLAN COSTS/REVIEW

Client Name: _____

Agency Selected: _____ **Reason:** _____

Waiver

SD Waiver

VA

CM 202

SERVICES	SERVICES	HOURS PER WEEK	COST PER MONTH
Community Living Services	Personal Care Homemaker		\$
Community Living Services	Homemaker ONLY		\$
Community Living Services	Residential Services		\$
Chore Service	Lawn/Snow/Clean		\$
Respite	In-Home/Out-Home		\$
RN/LPN	If VA need prior approval		\$
Transportation	Client Accompanies (waiver only)	Miles Per Week	\$
Companion Care	202 and (VA multiply by 4.65)		\$
Nutritional Supplement		Cases/Month	\$
HDM		Meals/Week	\$
Lifeline	Install Fee \$	Monthly Fees \$	\$
Equipment	If VA need prior approval		\$
Equipment	If VA need prior approval		\$
Counseling			\$
Adult Day Care			\$
World Point Training (SD)			\$
			\$
			\$
			\$

1st Month Cost \$ _____
 Ongoing Cost \$ _____
 \$ _____

(SD AWC Option) # of Employees: _____ Hourly Wage: \$ _____

Supervisor Approval: _____ Date: _____

Participant Signature / Approval: _____ Date: _____
(SD/AWC Only)