

Client Name _____

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Yes Waiver Individual Plan of Care (IPC)**IPC139**

- * IPC Type
- * Performed On
- Notes on IPC Type
- * Annual IPC Begin Date
- * Annual IPC End Date

ANNUAL TOTAL SUMMARY FOR ALL WAIVER SERVICES	AMOUNT
Total Billable Amount	
Estimated Annual Cost of Yes Waiver Services	
Estimated Requisition Fee Cost	
Total Estimated Cost	
Remaining Amount	
Total Paid Amount	

Yes Waiver Services: General

General Services

Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Documented As Of 10/18/2016	Amount Paid As Of 10/18/2016	Provider Name	Provider Contact Information
Animal Assisted Therapy - Individual		15 min	19.36					
Animal Assisted Therapy - Individual - Requisition Fee		15 min	1.94					
Animal Assisted Therapy - Group		15 min	19.36				None Selected	
Animal Assisted								

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Therapy - Group - Requisition Fee		15 min	1.94					
Art Therapy - Individual		15 min	19.36				None Selected	
Art Therapy - Individual - Requisition Fee		15 min	1.94					
Art Therapy - Group		15 min	19.36				None Selected	
Art Therapy - Group - Requisition Fee		15 min	1.94					
Community Living Supports - Bachelor's Level Clinician		15 min	25.02				None Selected	
Community Living Supports - Bachelor's Level Clinician - Group		15 min	25.02				None Selected	
Community Living Supports - Master's Level Clinician		15 min	25.02				None Selected	
Community Living Supports - Master's Level Clinician - Group		15 min	25.02				None Selected	
Employment Assistance - YES		15 min	6.52				None Selected	
Family Support Service - Individual		15 min	6.25				None Selected	
Family Supports		15 min	6.25				None Selected	

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Services - Group		15 min	6.43				None Selected	
Licensed Nutritional Counseling - Group		15 min	13.82				None Selected	
Licensed Nutritional Counseling - Individual		15 min	13.82				None Selected	
Music Therapy - Individual		15 min	19.36				None Selected	
Music Therapy - Individual - Requisition Fee		15 min	1.94					
Music Therapy -Group		15 min	19.36				None Selected	
Music Therapy -Group - Requisition Fee		15 min	1.94					
Non-medical transportation for YES Waiver participant		Per mile	0.55				None Selected	
Paraprofessional Services - Individual		15 min	6.15				None Selected	
Paraprofessional Services - Group		15 min	6.15				None Selected	
Pre-Engagement Fee		15 min	3.96				None Selected	
Recreational Therapy - Group		15 min	19.36				None Selected	
Recreational Therapy - Group - Requisition Fee		15 min	1.94					
Recreational Therapy - Individual		15 min	19.36				None Selected	

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Recreational Therapy - Individual - Requisition Fee		15 min	1.94					
Respite - Camp		Hour	9.84				None Selected	
Respite - In Home		15 min	5.22				None Selected	
Respite DFPS Residential Child Care Child Placing Agency		Per Diem	67.98				None Selected	
Respite DFPS Residential Child Care General Residential Operations (GRO)		Per Diem	115.44				None Selected	
Respite DFPS Residential Child Care Mandated Family Rate		Per Diem	88.62				None Selected	
Respite LCCC - TRSP Certified Preschool (ages 3 - 5)		Hour	5.61				None Selected	
Respite LCCC - TRSP Certified School Age (ages 6 and older)		Hour	5.54				None Selected	
Respite LCCC Preschool (ages 3 - 5)		Hour	5.32				None Selected	
Respite LCCC School Age (ages 6 and older)		Hour	5.17				None Selected	
Respite LCCH - TRSP Certified		Hour	5.17				None Selected	

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Preschool (ages 3 - 5)							
Respite LCCH - TRSP Certified School Age (ages 6 and older)	Hour	5.62				None Selected	
Respite LCCH Preschool (ages 3 - 5)	Hour	4.9				None Selected	
Respite LCCH School Age (ages 6 and older)	Hour	4.86				None Selected	
Respite RCCH - TRSP Certified Preschool (ages 3 - 5)	Hour	4.99				None Selected	
Respite RCCH - TRSP Certified School Age (ages 6 and older)	Hour	4.08				None Selected	
Respite RCCH Preschool (ages 3 - 5)	Hour	4.75				None Selected	
Respite RCCH School Age (ages 6 and older)	Hour	3.83				None Selected	
Supported Employment	15 min	6.52				None Selected	
Supportive Family based Alternatives - Child Placing Agency	Per Diem	67.98				None Selected	
Supportive Family based Alternatives - Support Family	Per Diem	69.25				None Selected	

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Yes Waiver Services: Adaptive Aids and Support

Adaptive Aids and Support Request (0)

Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Documented As Of 10/18/2016	Amount Paid As Of 10/18/2016	Provider Name	Provider Contact Information
Adaptive Aids and Support Request (0)	1	Encounter						
Adaptive Aids and Support - Requisition Fee	1	Encounter						

Justification Box (Adaptive Aids and Support Request (0))

Yes Waiver Services: Minor Home Modification

Minor Home Modifications Request (0)

Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Documented As Of 10/18/2016	Amount Paid As Of 10/18/2016	Provider Name	Provider Contact Information
Minor Home Modifications Request (0)	1	Encounter						
Minor Home Modifications - Requisition Fee	1	Encounter						

Justification Box (Minor Home Modifications Request (0))

Yes Waiver Services: Transitional Services

Transitional Services Request (0)

Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Documented As Of 10/18/2016	Amount Paid As Of 10/18/2016	Provider Name	Provider Contact Information
Transitional Services Request (0)	1	Encounter						

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Services Request (0)	1	ENCOUNTER					Provider Location	
Transitional Services - Requisition Fee	1	Encounter						

Justification Box (Transitional Services Request (0))

Non-Waiver Services: Other Medicaid State Plan Services

Medicaid State Plan Services	Approved Units
Counseling (Family)	
Counseling (Group)	
Counseling (Individual)	
Crisis Service Array	
Family Case Management	
Family Partner	
Family Training (Group)	
Family Training (Individual)	
Flexible Community Supports	
Flexible Funds	
Intensive Case Management (Wraparound)	
Medication Training and Support (Individual)	
Medication Training and Support (Individual)	
Parent Support Group	
Pharmacological Management	
Psychiatric Diagnostic Interview Examination	
Respite Services: Community Based	
Respite Services: Program Based	
Routine Case Management	
Skills Training (Group)	
Skills Training (Individual)	

Non-Waiver Services: Services Provided by Other Funding Sources

+ Add new record			
Type Of Service	Estimated # of Hours	Provider Name	Funding Source

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Treatment Team Signatures

Treatment Team by signing below, indicates agreement that the chosen Waiver Services for this individual are not available through other resources and are necessary to prevent institutionalization and assure his/her health and safety. This IPC addresses all assessed needs and personal goals either through waiver services or other means.

* Case Manager
Case Manager Date None Selected

* Licensed
Practitioner Of
Healing Arts
(LPHA) Licensed
Practitioner Of
Healing Arts
(LPHA) Date

Physician Physician
Date

* Client Client Date ☒ Signed ☐ Refused ☐ Unable to Sign

Client Unable to Sign

* Legally Authorized Representative
(LAR) Legally Authorized Representative
(LAR) Date

☐ No LAR, legally emancipated

☐ No LAR, over 18 years old

☐ Unable to Sign

Legally Authorized Representative (LAR)

* YES Provider
YES Provider Date

* Provider
Representative
Provider
Representative
Date

DSHS Review and Approval

☐ Approved ☐ Approved Based on Appeal ☐ Denied Yes Waiver Status Date

Reviewer Notes

* DSHS Authorized Representative None Selected

Case Manager Signature	_____	Date	_____
LPHA Signature	_____	Date	_____
Physician Signature	_____	Date	_____
Client Signature	_____	Date	_____
LAR Signature	_____	Date	_____
Yes Provider Signature	_____	Date	_____
Provider Representative Signature	_____	Date	_____

DSHS CMBHS Help Line: 1-866-806-7806