

AGED AND DISABLED MEDICAID WAIVER PLAN WORKSHEET
 Nebraska Department of Health and Human Services

Client: Gardner, Elanor

Client ID: 1332

Case ID: 514

Service Coordinator: Kempkes, Rebecca

Medicaid Non-Waiver Services						
Service Type	Prov Type or Name	# Units / Freq	Begin Date	End Date	Unit Cost	Mo. Cost
Home Health Nursing	Tabitha	2 occ./Week	09/21/2014	12/31/2014	86.44	\$743.38
					Est. Monthly Medicaid Cost	\$743.38
Medicaid Waiver Services						
Service Type	Prov Type or Name	# Units / Freq	Begin Date	End Date	Unit Cost	Mo. Cost
Respite	Eowyn Eorl	3 day/Month	09/21/2014	07/31/2015	45.00	\$135.00
Child Care for Children with Disabilities	Peregrin Took	45 hrs./Week	09/21/2014	10/16/2014	0.00	\$0.00
Child Care for Children with Disabilities	Legolas Greenleaf	45 hrs./Week	10/17/2014	07/31/2015	10.00	\$1,935.00
					Est. Monthly Medicaid Waiver Cost	\$2,070.00

Home Modifications

Assistive Technology Service

Home Again

Totals		Subtotal of Medicaid & Waiver Costs	\$2,813.38
Exception Approval Date:		Client's Monthly Share of Cost	\$0.00
Eligibility Period:		Est. Total Monthly Cost of Plan	\$2,813.38
From:09/21/2014 To:07/31/2015			

Comments (e.g., request and decision when average cap is exceeded; additional provider names)