SELF-DETERMINATION PLAN-YEAR BUDGET

NAME:			PLAN YEAR:	
			Addendum to reduce CLS & Respite 11/9/17 to 2/3/18	
	CLS H2015	Respite T1005	(approx. 12 weeks)	
HOURS TO BE DELIVERED PER WEEK:			Case Mgr:	
UNITS TO BE DELIVERED PER WEEK:	-	-	Total to be used for Authorization	
ANNUAL HOURS BUDGET:				
ANNUAL UNITS BUDGET:				
BUDGETED RATE PER UNIT:				
ANNUAL $$ BUDGET (not to exceed):		-		

SERVICE AUTHORIZATION #:		AUTH START DATE:		AUTH END DATE:	

FISCAL INTERMEDIARY FEE (paid by CMH):	**$128.75 per month**	
# OF MONTHS IN PLAN-YEAR:		
TOTAL PAID BY CMH:		

FI FEES AUTHORIZATION #:		AUTH START DATE:		AUTH END DATE:	

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