

Client: [REDACTED]

Cost Plan Begin Date: 07/01/2010 Cost Plan End Date: 06/30/2011

Limited Support Coordinator:

Procedure	Service Begin Date	Service End Date	Allocated Amount	Accumulated Amount	Service Approved	Freq	Fund
97110U6	07/01/2010	06/30/2011	\$6,943.04		Yes		
Description	0601-PHYSICAL THERAPY QUARTER HOUR			Unit Cost U/M		Freq	Fund
Provider	999999999	CDC VENDOR NUMBER GENERIC		\$16.69 Q		M	W

Procedure	Service Begin Date	Service End Date	Allocated Amount	Accumulated Amount	Service Approved	Freq	Fund
97530U6	07/01/2010	06/30/2011	\$6,943.04		Yes		
Description	0501-OCCUPATIONAL THERAPY QUARTER HOUR			Unit Cost U/M		Freq	Fund
Provider	999999999	CDC VENDOR NUMBER GENERIC		\$16.69 Q		D	W

Procedure	Service Begin Date	Service End Date	Allocated Amount	Accumulated Amount	Service Approved	Freq	Fund
D0160U6	07/01/2010	06/30/2011	\$172.00		Yes		
Description	1402-ADULT DENTAL SERVICES			Unit Cost U/M		Freq	Fund
Provider	999999999	CDC VENDOR NUMBER GENERIC		\$172.00 U		D	W

INQUIRY REQUEST

Acprt1: ABC System

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Department of Children and Families Date: 11/03/2010  
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Client Cost Plan

Client: [REDACTED]

Cost Plan Begin Date: 07/01/2010 Cost Plan End Date: 06/30/2011

Limited Support Coordinator:

Procedure	Service Begin Date	Service End Date	Allocated Amount	Accumulated Amount	Service Approved	Freq	Fund
E1399U6	07/09/2010	06/30/2011	\$1,175.00		Yes		
Description	2001/2-DURABLE MED EQUIPMENT			Unit Cost U/M		Freq	Fund
Provider	999999999	CDC VENDOR NUMBER	GENERIC	\$1175.00	Q	M	W

Procedure	Service Begin Date	Service End Date	Allocated Amount	Accumulated Amount	Service Approved	Freq	Fund
G9012U5U6	07/01/2010	06/30/2011	\$1,571.40	\$392.85	Yes		
Description	0103-CONSULTANT SERVICES CDC			Unit Cost U/M		Freq	Fund
Provider	[REDACTED]	[REDACTED]		\$130.95	M	M	W

Procedure	Service Begin Date	Service End Date	Allocated Amount	Accumulated Amount	Service Approved	Freq	Fund
S5199U6	07/01/2010	06/30/2011	\$4,314.72		Yes		
Description	2003-CONSUMABLE MEDICAL SUPPLIES			Unit Cost U/M		Freq	Fund
Provider	999999999	CDC VENDOR NUMBER	GENERIC	\$359.56	Q	M	W

INQUIRY REQUEST

Acprt1: ABC System

ABPR11

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Client Cost Plan

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Client: [REDACTED]

Cost Plan Begin Date: 07/01/2010 Cost Plan End Date: 06/30/2011

Limited Support Coordinator:

Procedure	Service Begin Date	Service End Date	Allocated Amount	Accumulated Amount	Service Approved
T1019U6	07/01/2010	06/30/2011	\$87,600.00		Yes
Description	1903-PERSONAL CARE ASSISTANCE			Unit Cost U/M	Freq Fund
Provider	999999999 CDC VENDOR NUMBER GENERIC			\$3.75 Q	D W

Procedure	Service Begin Date	Service End Date	Allocated Amount	Accumulated Amount	Service Approved
Description				Unit Cost U/M	Freq Fund
Provider					

Procedure	Service Begin Date	Service End Date	Allocated Amount	Accumulated Amount	Service Approved
Description				Unit Cost U/M	Freq Fund
Provider					

INQUIRY REQUEST

Acprt1: ABC System

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Department of Children and Families    Date: 11/03/2010  
Developmental Disabilities  
Client Cost Plan

Client: [REDACTED]

Cost Plan Begin Date: 07/01/2010    Cost Plan End Date: 06/30/2011

Casemanager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client's Signature : \_\_\_\_\_

Date: \_\_\_\_\_



INQUIRY REQUEST