

SECTION VIII: CPOC TYPICAL WEEKLY SCHEDULE (Planning Worksheet) SCHOOL

FOR PLANNING PURPOSES ONLY. IF MY NEEDS CHANGE, I WILL CONTACT MY CASE MANAGER AS SOON AS POSSIBLE. I HAVE INCLUDED ALL THE PCS, STATE PLAN, HOME HEALTH, RESPITE AND OTHER SERVICES I PLAN TO USE.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
12:00 AM	Family	Family	Family	Family	Family	Family	Family
01:00 AM	Family	Family	Family	Family	Family	Family	Family
02:00 AM	Family	Family	Family	Family	Family	Family	Family
03:00 AM	Family	Family	Family	Family	Family	Family	Family
04:00 AM	Family	Family	Family	Family	Family	Family	Family
05:00 AM	Family	Family	Family	Family	Family	Family	Family
06:00 AM	Family	Family	Family	Family	Family	Family	Family
07:00 AM	Family	Family	Family	Family	Family	Family	Family
08:00 AM	School	School	School	School	School	Family	Family
09:00 AM	School	School	School	School	School	Family	Family
10:00 AM	School	School	School	School	School	FSS	Family
11:00 AM	School	School	School	School	School	FSS	Family
12:00 PM	School	School	School	School	School	FSS	Family
01:00 PM	School	School	School	School	School	FSS	Family
02:00 PM	School	School	School	School	School	FSS	Family
03:00 PM	FSS	FSS	FSS	FSS	FSS	Family	Family
04:00 PM	FSS	FSS	FSS	FSS	FSS	Family	Family
05:00 PM	Family	Family	Family	Family	Family	Family	Family
06:00 PM	Family	Family	Family	Family	Family	Family	Family
07:00 PM	Family	Family	Family	Family	Family	Family	Family
08:00 PM	Family	Family	Family	Family	Family	Family	Family
09:00 PM	Family	Family	Family	Family	Family	Family	Family
10:00 PM	Family	Family	Family	Family	Family	Family	Family
11:00 PM	Family	Family	Family	Family	Family	Family	Family

Comments: Include proposed waiver and non-waiver services on weekly schedule. No limits on the amount/ frequency of services other than approved POC budget limit. Children's Choice waiver services cannot be provided on the same day at the same time as any other waiver or state plan services. Services cannot be provided in a school setting.

**SECTION VIII: CPOC TYPICAL WEEKLY SCHEDULE (Planning Worksheet) – SCHOOL CLOSURES/
SUMMER SCHEDULE**

FOR PLANNING PURPOSES ONLY. IF MY NEEDS CHANGE, I WILL CONTACT MY CASE MANAGER AS SOON AS POSSIBLE. I HAVE INCLUDED ALL THE PCS, STATE PLAN, HOME HEALTH, RESPITE AND OTHER SERVICES I PLAN TO USE.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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03:00 AM	Family	Family	Family	Family	Family	Family	Family
04:00 AM	Family	Family	Family	Family	Family	Family	Family
05:00 AM	Family	Family	Family	Family	Family	Family	Family
06:00 AM	Family	Family	Family	Family	Family	Family	Family
07:00 AM	Family	Family	Family	Family	Family	Family	Family
08:00 AM	FSS	FSS	FSS	FSS	FSS	Family	Family
09:00 AM	FSS	FSS	FSS	FSS	FSS	Family	Family
10:00 AM	FSS	FSS	FSS	FSS	FSS	Family	Family
11:00 AM	FSS	FSS	FSS	FSS	FSS	Family	Family
12:00 PM	FSS	FSS	FSS	FSS	FSS	Family	Family
01:00 PM	FSS	FSS	FSS	FSS	FSS	Family	Family
02:00 PM	FSS	FSS	FSS	FSS	FSS	Family	Family
03:00 PM	FSS	FSS	FSS	FSS	FSS	Family	Family
04:00 PM	FSS	FSS	FSS	FSS	FSS	Family	Family
05:00 PM	Family	Family	Family	Family	Family	Family	Family
06:00 PM	Family	Family	Family	Family	Family	Family	Family
07:00 PM	Family	Family	Family	Family	Family	Family	Family
08:00 PM	Family	Family	Family	Family	Family	Family	Family
09:00 PM	Family	Family	Family	Family	Family	Family	Family
10:00 PM	Family	Family	Family	Family	Family	Family	Family
11:00 PM	Family	Family	Family	Family	Family	Family	Family

Comments: Include proposed waiver and non-waiver services on weekly schedule. No limits on the amount/ frequency of services other than approved POC budget limit. Children’s Choice waiver services cannot be provided on the same day at the same time as any other waiver or state plan services. Services cannot be provided in a school setting.

Example 1: Family needs 15 hours a week of family support during the school year. During the summer and holidays additional support hours are needed while mom and dad are at work (approximately 45 hours per week). The family does not need any additional services at this time. During the planning meeting, the SC has assisted the family with identifying the number of weeks that additional support will be needed. 16 weeks out of the year 45 family support hours will be needed and for the remaining 36 weeks of the year 15 hours of family support will be needed.

To calculate the budget:

Maximum dollar amount available in Children's Choice 16410.00

Remove Support Coordination (16410-1500=14910)

Family would like to move forward with self-direction option acumen's fees need to be removed
(14910-1960.80=12949.20)

Remaining balance for family support 12949.20 (Total to be added to budget)

After completing the budget, the SC explains to the family that the rate of pay that they choose to pay their employees will determine the number of hours that will be available for use. Since the SC knows how many hours the person needs they are able to assist the family with determining the maximum rate of pay using the following formula:

45 hours a week x 16 weeks=720 hours per year

15 hours a week x 36 weeks=540 hours per year

Total hours needed for the year are 1260 hours per year

To calculate maximum pay rate:

Take total remaining budget (12949.20) and divide by total number of hours needed for the year (1260)
 $12949.20/1260=10.28$

The SC should remind the family about the show me the money document and the employer taxes and other "costs to you" that must be accounted for within this remaining budget. To account for this in determining the employees rate of pay the calculated dollar amount per hour (10.28) will need to be divided by 1.1425 in order to establish the maximum rate of pay that can be given in order to assure that there will be enough hours for the year.

$10.28/1.1425$ (costs to you)=9.00

So in this scenario the maximum rate of pay that can be given to the DSW is 9.00 an hour in order to assure that adequate hours will be available for the year.