LOUISIANA DEPARTMENT OF HEALTH / OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES
CHILDREN'S CHOICE PLAN OF CARE (POC) REVISION REQUEST

Revision #: _____
Participant Name: _____ Medicaid#: _____POC Begin Date: _____POC End Date: _____
Support Coordination Agency: _____ Phone #: _____
Type of Revision: ☐ Routine ☐ Emergency Date Revision Request Submitted to Waiver Office: _____ Date of Participant Request: _____
Revision For: _____

Provider's Full Name	Provider #	Service Type	Procedure Code	Monthly	# of Units (Not Hours)	Cost per Unit	Yearly Cost[1]	Admin fees[2]	Requested Start Date	End Date
		Support Coordination	T2022	$125.00	12		$1500.00			
		Family Support (PCA)	S5125							
							yearly totals ☞	☜ yearly totals		

Please submit current Children's Choice Services Balance report with all revisions to Plan of Care. Subtract annual services cost to determine remaining available budget. Total cost of all combined services[1] and Admin fees[2] cannot exceed $16,410 per POC year.	Grand Total	

Support Coordinator's Signature: _____Date: _____ Individual/Guardian: _____ Date: _____
Children's Choice Provider Signature of Agreement to Deliver above Listed Services and understanding that services cannot begin or be reimbursed until Prior Authorization (PA) is issued. _____Date: _____

LGE Waiver Office Signature:_____ Received:_____ Approved: _____ Denied: _____ Effective: _____

This POC budget sheet supersedes all previously **OCDD** approved budget sheets issued for this participant from the initial, through and up to this approved dated request.