

**Technical Advisory for Estimated Cost of Services**  
Effective 10/1/14

Attachment P6.3.2.1.B.i is a template that can be used to provide cost information to Medicaid beneficiaries. The template and guidance were developed with a committee comprised of MDHHS, individuals receiving services, advocates and agency providers. The committee's recommendations are as follows:

1. The annual budget is directly related to goals in the individual plan of service (IPOS) developed through the person-centered planning process.
2. Specific services and supports are listed and separated out from bundled services.
3. The estimated annual budget is provided in conjunction with information on self-determination.
4. The document is described as an explanation of cost of services and is not a bill that requires payment.
5. The annual budget estimate is a good faith estimate.
6. Information provided is part of the electronic medical record with changes made as necessary and printed out at any time when requested by the beneficiary.
7. A new estimate is provided when the IPOS is changed, modified and/or addendums added.
8. Annual budgets do not include urgent or emergent services such as crisis or inpatient services, and is subject to change based on the needs of the individual.
9. The beneficiary signs the annual budget and a copy is retained in the records.

**Estimated Cost of Services Template**

TO:

As part of your individual plan of service that you completed through a person-centered planning process, listed below, is the cost for each service and support. The costs per month are an estimate. This is not a bill required to be paid. It is subject to change based on your needs.

<b>Service/Support</b> (Insert services in the spaces below Categories will be the ones listed in Cost of Service template, May 24, 2011. Categories are understood to be the categories in the MDHHS document "PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes")	<b>Total Estimated Annual Cost (Total cost of services in the category for the plan period.)</b>

For the goals that are in your individual plan of service you may receive mental health services and supports that have costs that are covered by public funds.

Goal number one, you are working on:  
The services you receive are estimated at:

Goal number two, you are working on:  
The services you receive are estimated at:

**\*Estimated cost of your services per year:**

If you have any questions about your individual plan of service and/or the estimated costs, please contact:

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*\*This is an estimate cost of services and not a bill required to be paid. It is subject to change based on your needs.*