MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Behavioral Health and Developmental Disabilities Administration

TECHNICAL ADVISORY FOR ESTIMATED COST OF SERVICES

This Technical Advisory for Estimated Cost of Services 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 Michigan Department of Health and Human Services (MDHHS) staff, 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 (PCP) 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 are 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 (IPOS) that you completed through a person-centered planning process (PCP), 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.

Service/Support	Total Estimated Annual Cost
(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")	(Total cost of services in the category for the plan period.)

For the goals that are in your IPOS, you may receive mental health services and supports that have costs covered by public funds.

Goal #1:

_____
_____
_____
_____

The services you receive have a cost estimate of: $

Goal #2:

_____
_____
_____
_____

The services you receive have a cost estimate of: $

*Estimated cost of your services per year: $

If you have any questions about your IPOS and/or the estimated costs, please contact: _____
_____

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