W-1510 (Part II) (Rev. 1/09)

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES CONNECTICUT HOME CARE PROGRAM FOR ELDERS

CARE PLAN COST WORKSHEET

Client N		•								
Client Name							Check Appropriate Total Care Plan Limit:			
	-	PRIATE SECTOR		<u>BELOW</u>			Cate	egory 1 egory 2A egory 2B egory 3	(\$1,420.00) (\$2,840.00) (\$4,544.30) (\$5,680.00)	
a.	Non-Annua	lized:							•	
	\$Cos	t/Month	Less	\$	Client Fee		· \$	State C	cost/Mo.	
b.	Annualized: Projected	Reduction/Inc	reases:						÷	
				· · · · · · · · · · · · · · · · · · ·						
S	÷		= \$		Less			= \$	· · · · · · · · · · · · · · · · · · ·	
Tota	al Cost	Length of Stay (Mos.)	_ +	Average		•	ent Fee	_	State	
				Cost/Mon	ıtn				Cost/Month	
han or	equal to the n	e total plan of nonthly limit ch	ecked al	mmunity S bove?	ervices plus		il (home No			
han or	equal to the n	e total plan of nonthly limit ch	ecked al	mmunity S bove?	ervices plus					
han or 2. Sta	equal to the n ate Cost of \$	e total plan of nonthly limit ch	ecked al	mmunity S bove?	ervices plus					
han or 2. Sta	equal to the nate Cost of S Non-Annual	e total plan of nonthly limit ch	ecked al	mmunity S bove? y for Categ \$	ervices plus				ervices)] less	
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^{*} Category 2B only allowed for active State-Funded clients on program prior to 1992.