

**ATTACHMENT 1: Forms**

**CIL Consumer Directed Personal Assistance (CDPA) Services  
Cost Savings  
Individual County Worksheet**

County Name \_\_\_\_\_

ACCES-VR Contract Year \_\_\_\_\_

**1. Home Care Total Cost**

A. Total CDPA hours the ILC provided \_\_\_\_\_

B. State rate for next highest Level Two PCA service \_\_\_\_\_

**C. Next highest home care total cost** **1C** \_\_\_\_\_

*Multiply Line 1A times Line 1B and enter the result on Line 1C.*

**2. CDPA Total Cost**

A. Total CDPA hours the ILC provided \_\_\_\_\_

B. LDSS approved CDPA rate \_\_\_\_\_

**C. CDPA total cost** **2C** \_\_\_\_\_

*Multiply Line 2A times Line 2B and enter the result on Line 2C.*

**3. CDPA cost savings** **3** \_\_\_\_\_

*Subtract Line 2C from Line 1C and enter the result on Line 3.*