

**ATTACHMENT 2: Forms**

**CIL Consumer Directed Personal Assistance (CDPA) Services  
Cost Savings  
Report Summary**

**CIL Name** \_\_\_\_\_

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

**Total Number of Counties served with CDPA services:** \_\_\_\_\_  
*(Sum for all individual county worksheets)*

**Total Number of CDPA hours the ILC provided for all counties served:**  
*(Sum of total CDPA hours for all individual county worksheets)*

	County Name	CDPA Hours	LDSS approved CDPA rate
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
	<b>Total CDPA Hours</b>	_____	

**Total Amount of the CDPA cost savings for all counties served:**  
*(Sum of CDPA cost savings for all individual county worksheets)*

	County Name	CDPA Cost Savings
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.	_____	\$ _____
10.	_____	\$ _____
	<b>Total CDPA Cost Savings</b>	\$ _____