

ATTACHMENT 3: Forms

**CIL Deinstitutionalization Cost Savings
Individual Consumer Worksheet**

ACCES-VR Contract Year _____

First Name _____ Middle Initial _____ Last Name _____

1. This segregated/institutional placement was:

- ____ A. Prevented
- ____ B. Terminated

2. Which general category of segregated/institutional setting was terminated or prevented? (Choose only one.)

- ____ A. Large State Institution (includes ICF-MR, developmental center, state psychiatric center) \$235,561
- ____ B. Nursing Home (includes all care levels funded by DOH) \$ 78,110
- ____ C. Developmental Disabilities IRA (non-individualized, 4 or more beds; see Definitions) \$134,140
- ____ D. Mental Health Disabilities Group Home (includes Adult Care Homes and Supervised Community Residences) \$ 42,611

Enter the amount chosen above on Line 2e.

Total Segregated/Institutional Cost **2e** _____

3. Which general integrated community-based setting category was chosen instead? (Choose EITHER A OR B, and/or C.)

- ____ A. With Medicaid Waiver \$ 64,744
- ____ B. Without Medicaid Waiver \$ 13,754
- ____ C. Intensive Psychiatric Rehabilitation Services (IPRS) \$ 8,844

Add the amounts chosen above and enter the total on Line 3d.

Total Integrated Community-Based Cost **3d** _____

Subtract Line 3d from Line 2e and enter the result on Line 4a.

4. Total Individual Savings for this Consumer **4a** _____