South Carolina Department of Disabilities & Special Needs
Pervasive Developmental Disorder (PDD) Program
Budget for State Funded Consumers

DATE:
8/21/2007

Provider Name: DSN Board
NAME: John Doe
SSN #: 123-45-6789
SC/EI:
Budget Begin Date:

Program/Service	Service Unit	Cost per Unit	Budgeted Approved Total Units	Budgeted Approved Total Cost
Targeted Case Management	Monthly	$135.75		-
EIBI Assessment	Annual	$2,100		-
EIBI Plan Implementation	Hour (up to 6 per month)	$60		-
EIBI Lead Therapy	Hour (up to 6 per week)	$30		-
EIBI Line Therapy	Hour (up to 40 per week)	$14		-
			Total	**$ -**

Budgeted EIBI services units approved by: _____

NOTE: Maximum reimbursement for each individual is $50,000 per year not to exceed three years. For example, if a person enrolls in the program on January 10, 2007, the $50,000 limit will apply for each of the following time periods: 1/10/07 to 1/09/08 for the 1st year, 1/10/08 to 1/09/09 for the 2nd year, and 1/10/09 to 1/09/10 for the final year.

Sample