CM-III (a)

County_____

Date_____

ITEMIZED METHOD
Administration and Support Staff Worksheet
(DDES Model Form for HCBS – waivers)

1 Worker	2 Salary and Fringe $	3 Total Hours	4 Vacation, Holidays, Sick Leave Hours	5 Net Available Hours (4-3)	6 Net Hours Supporting Care Management	7 % Support Staff Time to Care Management (6÷5)	8 Projected Annual Support Staff Costs Allocated (7x2) $
						TOTAL	