DETERMINING PERIODIC SUPPORT HOURS

Individual:_____   CSB:_____

Date:_____   Provider: _____

STEPS

Step 1: Examine program schedules and consider the person's history to estimate for each month of the year the number of hours of additional Residential Support, Personal Assistance or Skilled Nursing services that may be needed. Consider the likelihood of illness, inclement weather, closed day program, etc.

Step 2: Identify the month(s) with the greatest estimated number of additional hours.

Step 3: Add this number of potential Periodic Support Hours/month to the number of hours of support being requested on the Individual Service Authorization Request (ISAR) form.

Step 4: Enter the total monthly hours requested. Round.

CALENDAR

MONTH	Work/DS/ School Holidays	DS or school In-service/ Closings	Illness/Other Needs of Individual	Inclement Weather	Total Additional Hours
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Example: Seeking approval for 82 hours per week Congregate Residential Support (82 hrs/wk x 4.3 = 352.6 hrs./mo.) and Periodic Support Hours.

Step 1: Estimated hours of additional support that will be required: January = 30; February = 25; March = 15; April = 5; May = 5; June = 30; July = 5; August = 5; September = 5; October = 15; November = 20; December = 30.

Step 2: Greatest number of estimated additional hours in one month = 30.

Step 3: Add 30 hours to the regular monthly hours of CRS requested (352.6 + 30 = 382.6)

Step 4: Round and enter 383 on the ISAR as the total monthly hours requested.

Revised 10/1/10