

# CM-III (a)

County \_\_\_\_\_

Date \_\_\_\_\_

## ITEMIZED METHOD Administration and Support Staff Worksheet (DLTC 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) \$
<b>TOTAL</b>							