Example 1:

This plan of Care includes school holiday hours and summer vacation hours

SERVCIES/ SUPPLIES	CODE	PROVIDER AGENCY	FREQUENCY OR AMOUNT PER MONTH	P C R	ON BUDGET FROM/TO	COST/UNIT SOURCE	AVERAGE MONTHLY COST		
							MEDICAID	OTHER	S
STI nurse	T1000	Nurse Agency	6h/dX21d 9/24/07 10/29/07 11/12/07 11/21&23/07 12/26-28,31/07 1/1,18,21/07 2/18&19/07 3/31/07 4/1-4/07 4/7/07 5/2/07	P	8/1/07 – 7/31/08	37.24/hr □<MMA □Other	391.02		

COMMENTS

<u>Indicate percent covered by private insurance, if applicable.</u> Explain any irregularities in the type or amount of supplies used.

STI for teacher workdays and school holidays. See alternate 24 hr coverage schedule.