

New Jersey Department of Human Services
Division of Aging Services

**INSTRUCTIONS FOR COMPLETING THE
SERVICE COST RECORD (WPA-4) FORM**

1. Enter the **Full Name of the Participant** (first and last name).
2. Enter the participant's **Medicaid Number**
3. The total cost of the **Medicaid Waiver Services** and the two **Medicaid State Plan Services** listed below is what establishes the Global Options (GO) Cost for the participant. The Service Cost Record should be used during Interdisciplinary Team meetings to project the estimated cost of services.

Enter the **Authorized Medicaid Waiver Services** or the two **Medicaid State Plan Services**, using a separate line for each.

Medicaid Waiver Services to be tracked on a Service Cost Record include:

- Care Management
- Respite
- Special Medical Equipment/Supplies (when not covered as a State Plan Service)
- Chore
- PERS
- Attendant Care
- Home Delivered Meals
- Caregiver/Recipient Training
- Social Adult Day
- Home-Based Supportive Care
- Transportation (when not covered as a State Plan Service)

Medicaid State Plan Services to be tracked on a Service Cost Record include:

- Adult Day Health Services
- Personal Care Assistance

NOTE: The Global Options Cost Cap does **not** include the cost of:

- Community Transition Services, or
- Environmental Accessibility Adaptations.

All assessed services, however, are to be identified in the participant's Plan of Care (WPA-2).

4. Enter the **Cost Per Unit** for each unit of service.
5. Enter the **Month and Year**. Each sheet accommodates three (3) months.
6. Enter the **Number of Authorized Service Units**.
7. Enter the total **Monthly Cost of the Service** (number of units x the cost of each unit).
8. Enter the participant's **Total Estimated Monthly Service Costs** of the authorized Medicaid Waiver and State Plan Services. (For each month, add together the numbers in Column 7 for the total cost.)
9. Enter the **Total Monthly Service Costs** of the authorized Medicaid Waiver and State Plan Services, as billed by the provider. (Provider information will be gathered quarterly, but recorded for each month. For each month, add together the numbers in Column 7 for the total cost of all Medicaid Waiver and State Plan Services authorized.)
10. **Difference:** Subtract Line 9 from Line 8 to document that the participant's services do not exceed the authorized Service Costs.
11. **Reconciled/Verified Service Costs:** On a quarterly basis, Care Managers should check with providers for verification of the actual services rendered and reconcile the total cost of the estimated authorized services as necessary.
12. **Signature of Care Manager:** Care Manager signs the form, using his/her legal signature.
13. Enter the **Date** that the form is signed.