

DEAF BLIND WITH MULTIPLE DISABILITIES (DBMD)  
2014 ACCOUNTABILITY REPORT – MULTIPURPOSE (ARM)

- Optional Attendant Compensation Worksheet and Instructions –

NOTE: This worksheet is provided for your own information and should be retained in your files for future reference.

**Do not return it to the Health and Human Services Commission**

For assistance with the completion of this worksheet, contact the Rate Enhancement Analyst for this program listed on the following webpage:  
<http://www.hhsc.state.tx.us/rad/long-term-svcs/contacts.shtml>.

## ***OPTIONAL WORKSHEETS A, B, C, D, E and F***

All monetary calculations should be carried out to two decimal places.

Complete a separate optional worksheet for each service that was provided during the reporting period of this report.

### STEP 1 – Calculate Total Units of Service

For Day Habilitation Services on Worksheet A, sum the units of service from items 158, 159, 160, 161, 162 and 163 of the report. Enter the result in Box A.

### STEP 2 - Estimate attendant cost per unit of service

Divide total attendant cost (item 32 of the report) by total units of service from Box A. Enter the result in Box B.

### STEP 3 - Calculate Weighted Average Rate (Attendant Cost Component)

Multiply units of service (sum of items 158 & 159) by your rate (attendant cost component for your level of participation) for the period 01/01/13 – 08/31/13 if applicable. Multiply units of service (sum of items 160 & 161) by your rate (attendant cost component for your level of participation) for the period 09/01/13 – 08/31/14 if applicable. Multiply units of service (sum of items 162 & 163) by your rate (attendant cost component for your level of participation) for the period 09/01/14 – 12/31/14 if applicable. Add these 3 products and enter the amount in Box C. Divide the amount in Box C by the total units of service in Box A and enter the weighted average rate (attendant cost component) in Box D.

### STEP 4 – Calculate Spending Requirement

Multiply the amount in Box D by 0.90 and enter the product in Box E.

If Box B is less than Box E, subtract Box B from Box E and enter the result in Box F.

If Box B is greater than or equal to Box E, enter zero in Box F.

The value in Box F is your ***estimated recoupment per unit of service***. Note that this estimate is based on the information reported in this report. If this information is not accurate, your estimated recoupment will not be accurate.

### STEP 5 – Check all calculations to insure accuracy