

Self-Determination Program Individual Budget Calculation and Certification Tool

Participant:
UCI #:
Date of Birth (M/D/Y):
Regional Center:
Service Coordinator:
Prior 12 Month Period:

This tool is intended to guide you through building the individual budget for a participant in the Self-Determination Program (SDP). It is structured as a series of tables that will allow you to calculate a final budget amount. The individual budget should be calculated and certified in conjunction with, or prior to, development of the Individual Program Plan (IPP) and Spending Plan for SDP.

This is a protected document intended to preserve formulas in the tables. Enter amounts into the grey areas within the tables, as applicable. There are some fields that require manual calculations. Totals will automatically calculate in the tables as you move through the document. Automatically calculated fields appear orange and cannot be edited.

Upon completion of the individual budget calculation, please sign the form to reflect Regional Center (RC) certification and participant review.

Please email sdp@dds.ca.gov for questions regarding the use of this tool and/or the development of the individual budget.

1. Baseline Amount: Determine the baseline annual expenditures: How much was spent in the most recent 12 months?

The individual budget amount is based on the most recent 12 months of all regional center expenditures used to purchase services in the IPP. Enter the total amount paid by a Regional Center using the 12-month expenditure report. An updated report can be generated from SANDIS (contact RC SANDIS representative if clarification is needed) or from UFS.

Please attach a copy of the report used to this document.

| | |
|-------------------------------|--|
| Total amount on report | |
|-------------------------------|--|

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2. **Annualization Table: Determine the costs for services that should be annualized:** These are services identified in the current IPP and in the Baseline Amount reflecting less than 12 months of payment made to the provider; or where no payment has yet been made to the provider. Reasons may include but are not limited to: services that were provided but not yet billed by the provider, mid-year service start, long-term consumer illness, and/or unavailable service providers due to reasons such as distance or language. Leave this table blank if this does not apply.

| Service Provided/Funded for less than 12 months | Service Code | Does this service require an "annualized" cost to determine the SDP budget? *(yes/no) | How many months was the service <u>unfunded</u> (not provided)? | Rate/month | Show calculation to determine total cost for <u>unfunded</u> months (rate multiplied by number of unfunded months) | Total cost for <u>unfunded</u> months |
|-------------------------------------------------|--------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|
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| | | | | | | |
| TOTAL | | | | | | \$0.00 |

*If no, skip the next 4 columns on the right in this table

3. **Group Contract Table: Determine costs of services purchased under group contract:** Regional Center fiscal department should be able to generate a report on the monthly costs of group contracts. An example would be transportation services. Leave this table blank if this does not apply.

| Type/Description of Service | Agency Name | Monthly Group Cost | Number of individuals served | Show calculation to determine adjusted annual cost (monthly group cost divided by number of individuals served, multiplied by 12 months) | Adjusted Cost for 12 months of service |
|-----------------------------|-------------|--------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
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|--|--------------|---------------|
| | TOTAL | \$0.00 |
|--|--------------|---------------|

4. **Newly Identified Needs Table: Determine the cost for newly identified needs and services:** These are services that were recently identified and not recorded in previous tables. Reasons may include a change in life circumstances. The rate for these services is based on what would have been spent in the traditional service delivery system. If these services include residential facility (ARM, ARFPSHN, or Negotiated Non-ARFPSHN), use the rate less the SSI amount. Leave this table blank if this does not apply.

| Describe Change in Circumstance / New Need | Service Code that <u>would</u> have addressed the need (ex: 862) | Amount & Billing Unit <i>hours, sessions, month, etc (ex: 20 hrs/month)</i> | Average Rate <i>(ex: \$16.50/hr, \$65/day, etc)</i> | Determine the <u>frequency</u> of service for 1 month of use <i>(ex: hourly- hours per day, days per month; daily-days per month)</i> | Show calculation to determine cost for 12 months of service <i>(rate multiplied by frequency of service for 1 month, multiplied by 12 months)</i> | Cost for 12 months of service |
|--------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | \$0.00 |

5. **Calculate the Budget Subtotal:** Adding the total amounts from all previous tables.

| | |
|------------------------------------|---------------|
| Baseline Amount | \$ 0.00 |
| Annualization Table Total | \$ 0.00 |
| Group Contract Table Total | \$ 0.00 |
| Newly Identified Needs Table Total | \$ 0.00 |
| SUBTOTAL | \$0.00 |

6. **Non-Continuing Services: Determine the cost of services that are not expected to continue, regardless of participation in the SDP:** These services can include but are not limited to: initial person-centered planning services for transition into SDP, home modification, auto modification, durable medical equipment, or services that were included in the Baseline Amount but are no longer needed, regardless of participation in the SDP. Leave this table blank if this does not apply.

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|---------------------|--------|
| Service Description | Amount |
|---------------------|--------|

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| | |
| TOTAL | \$0.00 |

7. **Services Handled Outside of the Individual Budget: Determine the cost of services that will be handled outside of the individual budget or the spending plan:** These services are limited to Competitive Integrated Employment (CIE) Incentives, Paid Internship Program (PIP) payments, SSI and/or SSP restoration payments, costs for insurance co-payments, deductibles or co-insurance, rental/lease payments consistent with Welfare and Institutions Code section 4689(i), Coordinated Family Supports (CFS), and the cost of SDP Financial Management Services. If these items were included in the Baseline Amount or identified as an unmet need, enter them here. Leave this table blank if this does not apply.

| Service Description | Amount |
|---------------------|---------------|
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| | |
| | |
| | |
| TOTAL | \$0.00 |

8. **Calculate the annual individual budget:** This table pulls the subtotaed amount from #5 and subtracts the subtotal of the amounts in #6 and #7.

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|----------------|---------|
| Subtotal in #5 | \$ 0.00 |
|----------------|---------|

| | |
|---------------------------------------------------------------|---------|
| Non-Continuing Services Total | \$ 0.00 |
| Continuing Services Not a Part of the Individual Budget Total | \$ 0.00 |
| SUBTOTAL | \$0.00 |

| | |
|----------------------------------------------------|---------------|
| Self-Determination Annual Individual Budget | \$0.00 |
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9. Signatures

The Self Determination Annual Individual Budget for _____ is \$ 0.00

Regional Center

I certify that the regional center expenditures for this individual budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program per Welfare and Institutions Code 4685.8 (n)(1).

Regional Center Representative Printed Name

Regional Center Representative Signature

Date

Participant or Legal Representative

The individual budget document calculation and certification has been reviewed with me.

Participant or Legal Representative Printed Name

Participant or Legal Representative Signature

Date

10. Rights

Participants enrolled in the Self-Determination Program have the same rights established under the traditional service model (e.g. appeals, eligibility determinations, and all other rights associated with the individual program plan process).

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