Self-Determination

Module 4: My Individual Budget

My Individual Budget

- ✓ Determining my Individual Budget
- ✓ Changes to my Individual Budget
- ✓ Jason and Sofia examples

2 Important Terms

Individual Budget

The **total $ amount** I can spend*

Spending Plan

How I spend my budget

** For the next 12 months*

How is My Individual Budget Determined?

Starting Budget Amount

How much was **SPENT on my services IN THE LAST 12** months?

Reasons why My Budget may change

Reasons for receiving less than 12 months of service could include:

- Illness
- Services started or ended within past 12 months
- Provider is not available or too far from my home
- Waiting for transportation
- Waiting for a provider to have an open spot
- No respite provider who could work the hours I needed

If I need additional services:

- My service coordinator will discuss with me at my Individual Program Plan meeting.
- My Individual Budget would change based on identified service need.
- The amount to add to my Individual Budget for these services will be determined based on the regional center average costs for similar services.

Reasons why My Budget may change

UNMET NEED

- Services in my Individual Program Plan were not used.
- There were needs not addressed in my Individual Program Plan.

OR

CHANGE IN CIRCUMSTANCE

Life has changed, and so have my needs.

You will want to contact your Service Coordinator.

My Individual Budget CANNOT be increased…

- To pay for an Independent Facilitator (if I choose to hire one).
- To pay for the required Financial Management Service (FMS) agency.

Authorized Services Not Used

At my Individual Program Plan I was **"authorized"** (or approved) to receive a certain amount of services.

Example:

Authorization for 30 hours of respite per month

In the past 12 months **I used less** services than I was "authorized" to use.

Example:

Used an average of 20 hours per month

The **difference between "authorized" & used** will be discussed with my service coordinator to determine if my budget should be changed.

Example:

Difference of 10 hours per month was not spent

How will I review my Individual Budget?

Step 1:

- The regional center has created a worksheet that will show what was spent in the last 12 months for all of my services.
- If a provider has not billed the regional center for some of my services, those estimated costs will be added in.
- If I had a one-time cost, that will show as a reduction to my budget – but I can discuss with my service coordinator.

Step 2:

- Discuss with my planning team my needs.
- Money for my unmet or changed needs will be added as agreed.
- At my Individual Program Plan meeting, my service coordinator will discuss all of this with me and show me the budget worksheet.
- Costs for unmet or changed needs will be determined based on prior average costs for same or similar services.

My Individual Budget worksheet will show:

- ✓ Description of my services
- ✓ Service codes
- ✓ Amount the regional center spent in most recent 12 months
- ✓ Number of months a service was paid
- ✓ Comments, as needed
- ✓ Adjustments for additions or subtractions
- ✓ Signature by me, my service coordinator and the Service & Supports Manager

Final Individual Budget

This is the amount I can spend in the Self Determination Program over the next 12 months.

TRI-COUNTIES REGIONAL CENTER
SELF-DETERMINATION PROGRAM
WORKSHEET TO DETERMINE PARTICIPANT'S INDIVIDUAL BUDGET

DATE PREPARED	
Participant's Name:	
Participant's UCI #	

SECTION A: CURRENT SERVICES (To be completed by Finance staff.)

Service Description	Traditional Service Code	Amount Paid in 12 Month Period	Number of Months Paid	Notes
Subtotal Paid Current Services *		$ -		
Add: Late Bills				
Subtract: One-Time Costs				
Total Paid Services & Late Bills		$ -		

* Must match the most recent 12 months of actual POS expenditures per UFS report.

SECTION B: BUDGET ADJUSTMENTS (To be completed by SC with Participant per IPP meeting with cost data from Finance staff.)

Service Description	Traditional Service Code	Amount to Adjust Budget for Next 12 Months	Number of Months Needed	Reason
Subtract: Services Ending				
Add: Unmet or Changed Needs				
Total Budget Adjustments		$ -		

Note: The budget may not be increased for an independent facilitator or the FMS agency.

SECTION C: FINAL INDIVIDUAL BUDGET AMOUNT

Participant's Total Individual Budget	$ -

TCRC certifies that expenditures for the Individual Budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program.

Participant Signature _____ Date _____

Service Coordinator's Signature _____ Date _____

Services & Supports Manager _____ Date _____

SAMPLE

Individual Budget Example

Jason

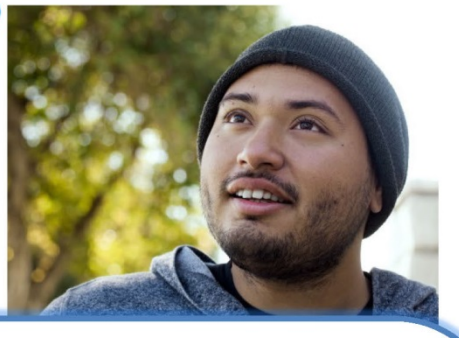
INDIVIDUAL BUDGET – Example 1

No unmet needs or change in needs…

- IPP
- Budget Worksheet
- Spent in the last 12 months
- Service Coordinator Certifies

INDIVIDUAL BUDGET TOTAL = $63,100

Jason's One Page Profile



The things people like and admire about me are…

- I love to work in the garden and be outdoors.
- I am a good singer
- I have many interests including hiking, video games, traveling and cooking
- I know a lot about different kinds of music and loves music! I am learning how to play guitar
- I am friendly and a good friend

What makes me happy…

- To have a job doing what he loves; working in a garden
- Singing; I enjoy singing at home and would like to explore joining a church choir
- Music; I love many different kinds of music and would like to learn how to play guitar
- To live in my own place close to my mom's house with support needed
- To continue to spend time with my friends
- To get around town when doing fun things with friends

How I like to be supported…

- Getting around town: To have transportation support to access my community when planning future activities with my friends
- Finding a job: To receive support to find a job in the area of gardening and to receive training and funds to purchase the garden tools I need
- Having my own home: To learn how to cook and do laundry before I move out on my own. Help with finding an apartment and receive support when I moves out so that I am successful
- Friends: help from others to figure out ways to have more friends who share in my same interests; i.e. hiking club, travel, video games, singing etc
- Be Healthy: help with finding a dietician to assist me to lose weight and remain healthy

TRI-COUNTIES REGIONAL CENTER
SELF-DETERMINATION PROGRAM
WORKSHEET TO DETERMINE PARTICIPANT'S INDIVIDUAL BUDGET

DATE PREPARED	4/23/2019
Participant's Name:	Jason
Participant's UCI #	789123

SECTION A: CURRENT SERVICES (To be completed by Finance staff.)

Service Description	Traditional Service Code	Amount Paid in 12 Month Period	Number of Months Paid	Notes
Day Program	515	$ 18,375.00	12	Attended 245 days
Personal Assistant	62	$ 23,760.00	11	120 hrs per month
Independent Living Skills	520	$ 18,805.00	11	Training
Subtotal Paid Current Services *		**$ 60,940.00**		
Add: Late Bills				
Personal Assistant	62	$ 2,160.00	1	1 month used but not yet paid
Subtract: One-Time Costs				
Total Paid Services & Late Bills		**$ 63,100.00**		

* Must match the most recent 12 months of actual POS expenditures per UFS report.

SECTION B: BUDGET ADJUSTMENTS (To be completed by SC with Participant per IPP meeting with cost data from Finance staff.)

Service Description	Traditional Service Code	Amount to Adjust Budget for Next 12 Months	Number of Months Needed	Reason
Subtract: Services Ending				
Add: Unmet or Changed Needs				
Total Budget Adjustments		**$ -**		

Note: The budget may not be increased for an independent facilitator or the FMS agency.

SECTION C: FINAL INDIVIDUAL BUDGET AMOUNT

Participant's Total Individual Budget	**$ 63,100.00**

TCRC certifies that expenditures for the Individual Budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program.

Participant Signature _____ Date _____

Service Coordinator's Signature _____ Date _____

Services & Supports Manager _____ Date _____

Individual Budget Example 2

Sofia

INDIVIDUAL BUDGET – Example 2

Change in needs…

Adjustment to Individual Budget is needed.

All About Sofia!

What people like and admire about me are...

- I am a good friend
- I am creative
- I am a strong swimmer
- I take good care of our dog Rocky
- I'm a loving sister

What makes me happy...

- Being in my pool
- Watching videos on You Tube
- Playing with Rocky
- Designing pictures on my computer
- Playing with my friends
- Doing my art work
- Summer Camp
- Making new friends
- Be accepted at school
- Being independent

How I want to be supported...

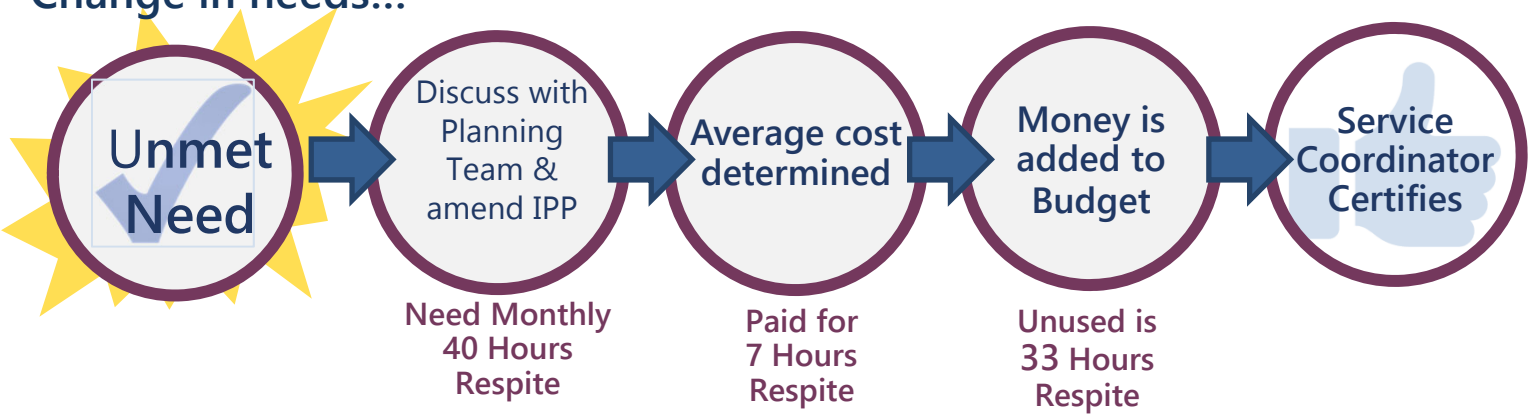
- Coordinate times with me for transportation so I can get to hang out with my friends after school and weekends Help me find summer camps to go to.
- At school, stay back and respect my personal space until I tell you I need help then come over to help me.
- I need a special computer and a mouse to do design on the computer.
- Be available to attend art classes with me.
- Help me find an electric wheelchair and learn how to use one.

Individual Budget Example 2

Sofia

INDIVIDUAL BUDGET – Example 2

Change in needs…



33 hours x **$25** per hour = **$825** per month x **12** months = **$9,900**

SPENT $2,100	+	UNMET NEED $9,900	=	NEW Individual Budget $12,000

TRI-COUNTIES REGIONAL CENTER
SELF-DETERMINATION PROGRAM
WORKSHEET TO DETERMINE PARTICIPANT'S INDIVIDUAL BUDGET

DATE PREPARED	4/19/2019
Participant's Name:	Sofia
Participant's UCI #	123456

SECTION A: CURRENT SERVICES (To be completed by Finance staff.)

Service Description	Traditional Service Code	Amount Paid in 12 Month Period	Number of Months Paid	Notes
Respite	862	$ 2,100.00	12	7 hrs per month used
Subtotal Paid Current Services *		**$ 2,100.00**		
Add: Late Bills				
Subtract: One-Time Costs				
Total Paid Services & Late Bills		**$ 2,100.00**		

* Must match the most recent 12 months of actual POS expenditures per UFS report.

SECTION B: BUDGET ADJUSTMENTS (To be completed by SC with Participant per IPP meeting with cost data from Finance staff.)

Service Description	Traditional Service Code	Amount to Adjust Budget for Next 12 Months	Number of Months Needed	Reason
Subtract: Services Ending				
Add: Unmet or Changed Needs				
Respite	862	$ 9,900.00	12	33 hrs more per month needed
Total Budget Adjustments		**$ 9,900.00**		

Note: The budget may not be increased for an independent facilitator or the FMS agency.

SECTION C: FINAL INDIVIDUAL BUDGET AMOUNT

Participant's Total Individual Budget	**$ 12,000.00**

TCRC certifies that expenditures for the Individual Budget, including any adjustment, would have occurred regardless of the individual's participation in the Self-Determination Program.

Participant Signature _____ Date _____

Service Coordinator's Signature _____ Date _____

Services & Supports Manager _____ Date _____

After my Individual Budget is finalized…

I will work with my service coordinator on my Spending Plan

My Spending Plan Must:

- Show what services I plan on purchasing over the next 12 months.
- Include paying for my Financial Management Service (FMS).
- Include paying for an Independent Facilitator (if I choose to hire one).

My Notes & Next Steps