

Individual Budget Checklist

- New
 Amendment
 EFS
 WL
 Age out
 Grad
 Portability
 One Time
 Adjustment New Vendor

Individual Name: _____ CM Name _____

Allocation 1 \$: _____ SID: 620 617 015 _____ (Circle One)

Allocation 2 \$: _____ SID: 620 617 015 _____ (Circle One)

The following information is required:

New Budgets	Amendments
<ul style="list-style-type: none"> IP 6 Individual Budget (Signed by Responsible Person only when hiring staff) Agreement for Self Directed Supports (only when hiring staff) Waiver Form 223 Prior Approval when item in budget requires prior approval Vendor Agreement only when rate is negotiated 	<ul style="list-style-type: none"> IP 6 Waiver Form 223 if over \$5000 Prior approval if required for a new item Vendor agreement if a rate is negotiated Agreement for Self Directed Supports if hiring staff for first time

For Case Manager

- A individual plan or an updated plan and signature sheet is completed. An emergency back up plan is included in the Individual Plan for people who self hire. Staff training that is specific to the individual is included in the IP 7.
- If your costs exceed the allocation approved by PRAT you have to adjust your services to come within the PRAT approved allocation or go back to PRAT for additional funds prior to seeking approval. You cannot use the day and residential allocation interchangeably.
- A Waiver Packet for individual’s enrolling in the Waiver is completed. These forms are located in the table of contents [\(219, 222, 1518, 225\)](#)
- Prior approvals have been granted for any support or cost in IP 6 that requires prior approval. Click for form.
- Services in the IP 6 are within the wage ranges for self-hires and are at the DDS established rates/ [The ranges are in the cost guidelines.](#)
- Call your FI liaison for an FI assignment. If the individual or family hires his or her own staff and choose a Fiscal Intermediary let your FI liaison know.
- The Resource Administrator or designee sends a vendor service authorization to any vendor who is identified in your IP 6. The vendor will not start services without this authorization.

Signed _____ Date _____

For Case Manager Supervisor

- The Individual Plan is current and completed.
- Waiver Services in the IP Summary of Supports relates to an identified need in the IP Action Plan.
- There is a signed Agreement for Self Directed Supports when the IP6 includes self-hires.
- Waiver enrollment forms are completed for participants enrolling in the waiver. Follow regional distribution process.
- Original Signature on individual budget page is required when the services include self hires.

Signed _____ Date _____

For Resource Manager I or II Review

- Verify waiver status, individual funding allocation and funding source w/PRAT Coordinator (if portability, assure “Control of Resources” is attached and assure appropriate amendments completed)
- Verify annualized funds are projected correctly and cash amount is correct within the FY
- Items requiring prior approval have an approved request.
- Rates are at DDS established rates and with in cost guidelines for self-hires.
- Review Vendor agreement for negotiated rate below DDS established rate.
- Review IP.6 (Summary of Agencies and/or Individuals Who Will Provide Supports/Services) and assure any vendor/provider identified is a Qualified Provider and is enrolled for requested services/supports. This does not include a private hire.

Resource Administrator or Resource Manager II

- Review packet and checklist for completion
- Verify placement notification is completed in CAMRIS.
- Sign and date individual budget page
- Issue Vendor Authorization as needed.

Signed _____ Date _____

For Fiscal Office

- Record cash, annual funds, and one time funds by SID.
- Verify fiscal reports are included.
- Review quarterly disbursement report
- Update Spend Plan and regional tracing sheet.
- Make Payment to assigned fiscal intermediary as needed
- File the individual budget with the checklist.

Signed _____ Date _____