

Double click on the header to include this information. The plan date should be the start date of the plan you are changing.

### SDS Support and Spending Plan Change #1 Authorization

Service, Task or Good	Vendor/Provider	+/-	Change	New Authorized Amount
<b>Personal Support</b>				
To maintain health, safety, and basic quality of life.				
<div style="border: 1px solid red; padding: 2px; color: red;">If there wasn't any money in the category the sections should be 0.00.</div>				
	Beginning Authorized Amount		Net Change	Ending Authorized Amount
<b>Net Change:</b>				\$0.00
<b>Emotional Support</b>				
To learn and practice behaviors consistent with goals and wishes while minimizing interfering behaviors.				
<div style="border: 1px solid red; padding: 2px; color: red;">The beginning amount should match the FEA's current Spending Summary.</div>				
	Beginning Authorized Amount		Net Change	Ending Authorized Amount
		+	\$210.00	\$13,314.00
<div style="border: 1px solid red; padding: 2px; color: red;">Amount your adding or reducing.</div>				
<b>Net Change:</b>		+	\$210.00	\$13,314.00
<b>Learning Support</b>				
To learn new skills or improve existing skills that relate to identified goals.				
<div style="border: 1px solid red; padding: 2px; color: red;">Ending amount after the change.</div>				
Move money to cover ESS. Reduce some LSS (ADLs) due to increased behaviors.	Jim Doe			\$18,810.00
	Beginning Authorized Amount		Net Change	Ending Authorized Amount
<b>Net Change:</b>		-	\$90.00	\$25,290.00
<b>Relationship Support</b>				
To establish and maintain positive relationships with family members, friends, spouse, or others in order to build a natural support network and community.				
	Beginning Authorized Amount		Net Change	Ending Authorized Amount
<b>Net Change:</b>				\$16,200.00
<b>Job Support</b>				
To secure and maintain employment or attain job advancement.				
	Beginning Authorized Amount		Net Change	Ending Authorized Amount
<b>Net Change:</b>				\$0.00

**Adaptive Equipment**

Equipment that meets a medical or accessibility need and promotes increased independence.

		<b>Beginning Authorized Amount</b>	<b>Net Change</b>	<b>Ending Authorized Amount</b>
	<b>Net Change:</b>			\$0.00

**Transportation Support**

To accomplish identified goals through gaining access to community services, activities and resources.

		<b>Beginning Authorized Amount</b>	<b>Net Change</b>	<b>Ending Authorized Amount</b>
	<b>Net Change:</b>	\$1406.00		\$1406.00

**Skilled Nursing Support**

		<b>Beginning Authorized Amount</b>	<b>Net Change</b>	<b>Ending Authorized Amount</b>
	<b>Net Change:</b>			\$0.00

**Support Broker Services**

		<b>Beginning Authorized Amount</b>	<b>Net Change</b>	<b>Ending Authorized Amount</b>
	<b>Net Change:</b>	\$810.00		\$810.00

**Fiscal Employer Agent**

		<b>Beginning Authorized Amount</b>	<b>Net Change</b>	<b>Ending Authorized Amount</b>
	<b>Net Change:</b>	\$1296.00		\$1296.00

**Medicare-Medicaid Coordinated Plan**

OT, PT, ST and DME services through MMCP

This section is only for participants enrolled in MMCP.

		<b>Beginning Authorized Amount</b>	<b>Net Change</b>	<b>Ending Authorized Amount</b>
	<b>Net Change:</b>			\$0.00

**Previous Plan Amount**

\$58,196.00

Use the plan amount from the FEA's Spending Summary. That amount will include any previous plan changes.

<b>Total additions</b>	→ <b>Add Totals</b>	+	\$210.00
<b>Total deletions</b>	→ <b>Delete Totals</b>	-	\$0.00
<b>Total reductions</b>	→ <b>Reduce Totals</b>	-	\$90.00
	<b>Net Change</b>	=	+\$120.00

Net change +/-

**Plan Total Cost After Change**

\$58,316.00

**MMCP Amount**

\$0.00

New Plan Amount with changes

You must sign and date the change.

Sally Support-Broker 09/01/15  
SUPPORT BROKER SIGNATURE DATE

ADDRESS: 321 Sesame Street Anytown, ID 80000 555-5550

EMAIL ADDRESS: sallysb@sbb.com

Include your demographic information.

Please make the changes described to my Support and Spending Plan:

The participant and/or his legal guardian must sign the change.

John Doe 09/01/15  
PARTICIPANT SIGNATURE DATE

123 Main St. Boise, ID 83709 208-555-5555  
ADDRESS: PHONE:

Guardena Guardian 09/01/15  
LEGAL GUARDIAN SIGNATURE DATE

123 Main St. Boise, ID 83709 208-555-5555  
ADDRESS: PHONE:

Include current demographic information.

\*\*For Participants enrolled in Medicare-Medicaid Coordinated Plan (MMCP), this signature is required to ensure no duplication or contraindicated services

If the participant is enrolled in MMCP the ICT Care Coordinator will need to sign the plan change.

ICT CARE COORDINATOR SIGNATURE DATE

**BDDS STAFF ONLY**

PLAN DATES FROM 08/01/15 TO 07/31/16  
TOTAL ANNUAL MEDICAID BUDGET: \$ 58,750.25  
NET CHANGE: \$ +\$120.00  
PLAN COST AFTER CHANGE: \$ 58,316.00

This section will be completed by the Care Manger upon authorization.

BDDS STAFF AUTHORIZING

DATE

04/22/15

Be sure to check the Department's SD website regularly, www.selfdirection.idaho.gov, for updated forms and use the current forms.