

## Support and Spending Plan Change # \_\_\_\_\_ Authorization Date of Plan Change: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Medicaid ID # \_\_\_\_\_

Plan Start Date:  
From \_\_\_\_\_ to \_\_\_\_\_ DOB: \_\_\_\_\_  
**Healthy Connections#:** XXXXXXXXXXXXXXXX

Plan Approved By: \_\_\_\_\_  
Regional Medicaid Services Signature

**Total Annual Medicaid Budget:**  
\$ \_\_\_\_\_

**Prior Approved Budget Amount as of \_\_\_\_\_:**  
\$ \_\_\_\_\_

**Additional Budget Dollars Approved: \$ \_\_\_\_\_**

**"ADD" Total:-----\$ \_\_\_\_\_**

**"DELETE" Total + "REDUCE" Total - \$ \_\_\_\_\_**

**Budget dollars requested----- = \$ \_\_\_\_\_**

**ADD:**

Service, task or good	Type of Support ☑ only one box	Cost
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment	\$
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment	
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment	

TOTAL: \$ \_\_\_\_\_

**DELETE:**

Service, task or good	Type of Support <input checked="" type="checkbox"/> only one box	Cost
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment	\$
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment	
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment	

TOTAL: \$ \_\_\_\_\_

**REDUCE:**

Service, task or good	Type of Support <input checked="" type="checkbox"/> only one box	Cost
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment	\$
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment	
	<input type="checkbox"/> Personal <input type="checkbox"/> Emotional <input type="checkbox"/> Job <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Transportation <input type="checkbox"/> Relationship <input type="checkbox"/> Learning <input type="checkbox"/> Adaptive Equipment	

TOTAL: \$ \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Legal Guardian (if applicable)

\_\_\_\_\_  
Date:

## PLAN CHANGE INSTRUCTIONS

A Plan Change form must be submitted to Regional Medicaid Services for the following reasons:

- Adding a new service, task or good to the Support and Spending Plan; **or**
- Adding budget dollars to a service, task or good previously approved on the Support and Spending Plan.

**Step 1.** Indicate Participant's name on designated line of first page.

**Step 2.** Indicate Participant's Medicaid identification number on designated line of first page.

**Step 3.** If a new Service, Task and/or Good is being added to the Support and Spending Plan, indicate the Service(s), Task(s) and/or Good(s) to be added in the **ADD** box of the Plan Change form. List each Service, Task and/or Good on a separate line.

**Step 4.** For each Service, Task and/or Good listed in the **ADD** box, check the **Type of Support** box that corresponds to the support.

**Step 5.** For each Service, Task and/or Good listed in the **ADD** box, list its annual cost for the remainder of the plan year in the **Cost** section.

**Step 6.** Add together the annual cost(s) for all of the Service(s), Task(s) or Good(s) listed in the **ADD** box to calculate the **Total** cost of all supports listed in this section.

**Step 7.** If a new Service, Task and/or Good is being deleted from the Support and Spending Plan in order to access budget dollars to pay for other Service(s), Task(s) or Good(s), indicate the Service(s), Task(s) and/or Good(s) to be deleted in the **DELETE** box of the Plan Change form. List each Service, Task and/or Good to be deleted on a separate line.

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- Step 8.** For each Service, Task and/or Good listed in the **DELETE** box, check the **Type of Support** box that corresponds to the support as it was identified in the initial Support and Spending Plan.
- Step 9.** For each Service, Task and/or Good listed in the **DELETE** box, list the total budget dollar amount that will be added back in to to pay for other Service(s), Task(s) or Good(s) in the **Cost** section.
- Step 10.** Add together the cost(s) associated with all of the Service(s), Task(s) or Good(s) listed in the **DELETE** box to calculate the **Total** costs of all supports listed in this section.
- Step 11.** If the total dollars approved for a Service, Task and/or Good is being reduced from the Support and Spending Plan in order to access budget dollars to pay for other Service(s), Task(s) or Good(s), indicate the Service(s), Task(s) and/or Good(s) to be reduced in the **REDUCE** box of the Plan Change form. List each Service, Task and/or Good to be reduced on a separate line.
- Step 12.** For each Service, Task and/or Good listed in the **REDUCE** box, check the **Type of Support** box that corresponds to the support as it was identified in the initial Support and Spending Plan.
- Step 13.** For each Service, Task and/or Good listed in the **REDUCE** box, list in the total budget dollars that will be added back in to pay for other Service(s), Task(s) or Good(s) in the **Cost** section.
- Step 14.** Add together the cost(s) associated with all of the Service(s), Task(s) or Good(s) listed in the **REDUCE** box to calculate the **Total** costs of all supports listed in this section.
- Step 15.** List the **Total** for the **ADD** section on the line indicated on the first page of the Plan Change form.
- Step 16.** Add together the **Total** for the **DELETE** section with the **Total** for the **REDUCE** section. List this combined total on the line indicated on the first page of the Plan Change form.
- Step 17.** Subtract the combined **DELETE/REDUCE** total from the **ADD** total to calculate the Budget Dollars Requested. List this total on the line indicated on the first page of the Plan Change form.

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**Step 18.** Participant must sign the Plan Change form at the bottom of the second page.

**Step 19.** Indicate the month, day, and year the Participant signed the Plan Change form.

**Step 20.** If the Participant has a Guardian, the Guardian must sign the Plan Change form at the bottom of the second page.

**Step 21.** Indicate the month, day, and year the Guardian signed the Plan Change form.