

Required Reporting Tool for Self-Determination Program Individual Budgets

Regional centers must provide the information below for the number of individual budgets specified in the directive that increase by \$20,000 or more compared to the participant's prior year of authorized services. In addition to answering the questions below, regional centers shall submit the certified individual budget, certified or verified spending plan to the Department via the regional center portal.

1. Provide participant's Unique Client Identifier Number (UCI number).
2. Provide participant's most recent certified individual budget amount.
3. Is this the individual's first SDP budget?
☐ Yes (Go to 4)
☐ No (Skip to 5)
4. For initial individual budgets, did the individual need services that were not available in the traditional service delivery system?
☐ Yes (Go to 5)
☐ No (Go to 6)
5. What were the barriers in the traditional service delivery system that prevented access to these services? (Choose all that apply and proceed to 6)
☐ Geographical location
☐ Limited regional center vendors for the services
☐ Limited regional center vendors to address individual's needs
☐ Vendor availability
☐ Language capability
☐ Other; Specify: _____
6. Was there a change in circumstance, needs, and/or resources that caused a budget adjustment? Check all that apply.
☐ Change in circumstance
 - a. What kind of change in circumstance?
☐ Exited the school district
☐ Change in living arrangement
☐ Change in employment
☐ Change in health
☐ Other; Specify: _____
- ☐ Change in needs
 - b. What kind of change in need?

- ☐ Change in health needs
 - ☐ Change in physical support needs
 - ☐ Change in employment status
 - ☐ Assessment for specialized services
 - ☐ Other; Specify: _____
- ☐ Change in resource
- c. What kind of change in resource?
 - ☐ Getting or losing generic service. Specify which generic service: _____
 - ☐ Change in insurance access
 - ☐ Change in natural support system
 - ☐ No available resources in area that match the identified need(s)
 - ☐ Other; Specify: _____
- ☐ Traditional rate change
- ☐ Other reason not specified; Specify: _____
7. Are there any services that are going to be funded outside of the participant's individual budget (e.g. Behavioral Services co-pays)? Do not include an FMS monthly fee. Check one.
- ☐ Yes (Go to 8)
 - ☐ No (End)
8. List the services that will be funded outside of the participant's individual budget.

This concludes the questions on this reporting tool. Thank you.