Self-Direction
Cost Neutral Budget Amendment

Clear Form

Use this form to reflect an amendment to a Self-Direction Budget for changes that:

1. Add **$1000 or less** to the total budgeted amount (cumulative for the budget year)
2. Do **not** involve an increase to PRA
3. Do **not** move money between Medicaid and State funded services
4. Do **not** involve changes to Continuity of Care funds
5. Do **not** involve an FI transfer for someone who has Continuity of Care funds

Name of Participant:_____ TABS ID #:_____
Medicaid ID #:_____ MSC:_____
Requested Effective Date:_____ DDRO:_____

Medicaid Funded Services

Check any service being removed or reduced in Column A and then the $ amount that it is being reduced in column B. Check any services being added or increased in Column C and then the $ amount increased in Column D.

Column A	Service	Column B	Column C	Service	Column D
☐	Brokerage		☐	Brokerage	
☐	Community Habilitation - Self-Hired		☐	Community Habilitation - Self-Hired	
☐	Community Habilitation - Agency Supported		☐	Community Habilitation - Agency Supported	
☐	Community Habilitation - Direct Provider Purchased		☐	Community Habilitation - Direct Provider Purchased	
☐	Respite - Self-Hired		☐	Respite - Self-Hired	
☐	Respite - Agency Supported		☐	Respite - Agency Supported	
☐	Respite - Direct Provider Purchased		☐	Respite - Direct Provider Purchased	
☐	SEMP - Self-Hired		☐	SEMP - Self-Hired	
☐	SEMP - Agency Supported		☐	SEMP - Agency Supported	
☐	SEMP - Direct Provider Purchased		☐	SEMP - Direct Provider Purchased	
☐	Live-in Caregiver		☐	Live-in Caregiver	
☐	Day Habilitation		☐	Day Habilitation	
☐	Pathway to Employment		☐	Pathway to Employment	
☐	Prevocational Service		☐	Prevocational Service	
☐	IDGS - Camp		☐	IDGS - Camp	
☐	IDGS - Community Classes		☐	IDGS - Community Classes	

☐	IDGS - Coaching/Education	
☐	IDGS - Clinician Consultants	
☐	IDGS - Clinician Direct	
☐	IDGS - Health Clubs/Memberships/ Community Participation	
☐	IDGS - Household-Related	
☐	IDGS - Paid Neighbor	
☐	IDGS - Staffing Support	
☐	IDGS - Transition Programs	
☐	IDGS - Transportation	
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☐	IDGS - Interpretation	

NY State Funded Services

Check any service being removed or reduced in Column E and then the $ amount that it is being reduced in column F. Check any services being added or increased in Column G and then the $ amount increased in Column H.

Column E	Service	Column F
☐	Family Reimbursed Respite	
☐	Family Support Services	
☐	Housing Subsidy	
☐	OTPS - Phone Service	
☐	OTPS - Internet	
☐	OTPS - Software	
☐	OTPS – Staff Activity Fees	
☐	OTPS – Staff Advertising/ Recruitment	
☐	OTPS – Staff Training	
☐	OTPS - Transportation	
☐	OTPS - Clothing	
☐	OTPS - Food	
☐	OTPS - Utilities	
☐	OTPS – Other (Independence)	
☐	OTPS – Other (Health and Safety)	

Column G	Service	Column H
☐	Family Reimbursed Respite	
☐	Family Support Services	
☐	Housing Subsidy	
☐	OTPS - Phone Service	
☐	OTPS - Internet	
☐	OTPS - Software	
☐	OTPS – Staff Activity Fees	
☐	OTPS – Staff Advertising/ Recruitment	
☐	OTPS – Staff Training	
☐	OTPS - Transportation	
☐	OTPS - Clothing	
☐	OTPS - Food	
☐	OTPS - Utilities	
☐	OTPS – Other (Independence)	
☐	OTPS – Other (Health and Safety)	

Medicaid Funded and NY State Funded Service Totals

MA Funded Services Total Decrease	$ 0
NY State Funded Services Total Decrease	$ 0

MA Funded Services Total Increase	$ 0
NY State Funded Services Total Increase	$ 0

MA Funds Net Increase	$ 0
NY State Funds Net Increase	$ 0

Overall Increase to Total Budgeted Amount	$ 0.00

The **overall increase to the total budgeted amount must be $1,000 or less** (cumulative for the Budget Year). Money may not be moved between Medicaid and NY State Funded services as a Cost Neutral Budget Amendment. A Full Budget Amendment is required to move $ between the Medicaid and NY State funding sources or add more than $1,000 during the Budget Year.

Availability of Funds

Approval of Cost Neutral Budget Amendments is contingent on availability of funds. Cost Neutral Budget Amendments cannot be used to exceed PRA amount or annual caps for specific services (e.g., OTPS, FRR, IDGS and IDGS categories). The Self-Direction Participant and Support Broker should review expenditure reports and/or check with the Fiscal Intermediary to determine if funds are available.

Other Changes

Use the space below to describe cost neutral amendments to the Self-Direction Budget that are not reflected above. For example, changes to demographic, designee or provider agency information and specifics details of changes related to Self-Hired staff. Attach additional documentation if necessary.

Effective Dates

Cost Neutral Budget Amendments can be made effective retroactively as far back as the first of the month prior to the month that the DDRO Liaisons approves. For example, if the DDRO Liaisons approves the Cost Neutral Budget Amendment on July 24, the earliest it could be made effective would be June 1.

Signatures

Sign, date and send to the Fiscal Intermediary with supporting information, including the amended Budget Template. Once approved by the Fiscal Intermediary, all documents go to the DDRO Self-Direction Liaison for final approval.

Participant Confirmation: I am aware that these changes require approval from my Fiscal Intermediary and DDRO Liaison before they can become effective.

Participant/Designee Signature: _____ Date:_____

Broker Name:_____ Broker Agency/Independent:_____

Broker Signature:_____ Date:_____

Fiscal Intermediary Review: The FI affirms that this Cost Neutral Budget Amendment has been reviewed to ensure Medicaid and corporate compliance.

Fiscal Intermediary:_____ FI Staff Name:_____

FI Staff Signature:_____ Date:_____

This Section to be completed by OPWDD Staff Only:

Self-Direction DDRO Liaison Review. If approved, enter the effective date below and sign and date. Forward signed original to the FI, and send copies with amended budget template to the Self-Direction participant, Broker, and MSC.

***This Cost Neutral Budgeted Amendment is approved as of Effective Date*:**_____
(must be 1st day of a month and match the "Amendment Date" on the Budget Template)

DDRO Self-Direction Liaison Signature: _____

Signature Date:_____*(must match "Transmittal Date" on the Budget Template).*