



Self Determination

SPENDING PLAN CHECKLIST

☐ Correct spelling of client name

☐ Correct client UCI number

☐ Correct SDP plan dates & plan year
(Month, day, and year for start and end date)

☐ Creation date and spending plan
version # identified

☐ Correct budget total, matching
latest signed IBCCT

☐ Total of spending plan does not
exceed IBCCT

☐ FMS agency identified with vendor
ID #

☐ FMS monthly fee listed with # of
providers

☐ FMS payment model listed
(bill payer, co-employer, or sole employer)

☐ ACRC listed as Regional Center

☐ Name and title of person signing
the spending plan matches that on
the budget

For EVERY service on the spending plan:

☐ Correct SDP service code

☐ Name of provider or agency
providing the service if known

☐ Description of service
(ex: respite support, swim classes, etc)

☐ Ratio of support being provided
(ex: 1:1, group class, etc)

☐ How often I will receive the service
(ex: 10hrs per week, once a month, etc)

☐ How much my provider will be paid
per unit of service

☐ Correct FMS employer burden for
any employees I hire

☐ This service supports an IPP goal

☐ This service is not available from a
generic resource
(ex: IHSS, school district, etc)

☐ This service meets HCBS criteria

*All spending plans must be signed
by client/conservator, SC, and PCS*