

**Sedgwick County Developmental Disability Organization (SCDDO)  
Funding Plan**

Name:		Effective Dates: -	Social Security #:
DOB:	Age:	TCM:	TCM Agency:
Does the client have a Client Obligation? __Yes__ No Obligation must be paid to SCDDO prior to goods being purchased. Cost of obligation: \$		Tier:	Comments:

**State Aid Funded Services:**

Service Type	Dates of Service	Provider	Units per Mth	Unit Rate	Monthly Cost	Annual Cost
	-					
<b>Total Annual Cost:</b>						<b>\$0.00</b>

**PLEASE NOTE: STATE FUNDED PROGRAMS ARE MANAGED ON A FISCAL YEAR FROM JULY 1ST TO JUNE 30TH.**

**Incidental Consumer Support:**

If you receive Targeted Case Management, funds will be paid to and distributed by your TCM provider. The SCDDO will manage funds approved for individuals not receiving TCM services. Funds are to be used within the dates of service listed on the Funding Plan. Please submit an Incidental Consumer Support Recipient form and receipts for items purchased to SCDDO within 30 days of receipt of funds. Form may be sent to "CDDOFinance@sedgwick.gov".

**Family Support:**

**Services:**

**Supportive Home Care, Summer Camp, Specialized Childcare and Respite:**

Allocations will be approved for specific dates of service and will be managed on a month to month basis, see above for monthly allocation. Monthly allocations must be used within the month specified and cannot be carried over to following months. Once the month has passed funds will no longer be available. For example: If an individual is allocated 10 units of supportive home care per month from Sept-June and they do not use all of the units for Sept, the Sept allocation cannot be used in later months or be re-allocated for a different use, such as summer camp.

Services are to be provided as listed on the Funding Plan. The individual/family is responsible for services provided outside of the funding plan. Affiliated provider staff must be in compliance with SCDDO contract and are not to be considered contract labor. Staff must have back ground checks prior to beginning work.

Providers should submit monthly invoices and timesheets to SCDDO for reimbursement. Timesheets must include the funded individual's name, social security number, dates of service, number of hours provided per day and hourly rate and name of person providing the service.

**Invoices must be submitted at least monthly and no later than 30 days past the last day of service for the month. Invoices submitted after the due date will not be accepted.**

**•BILLING SHOULD NOT BE SUBMITTED FOR SERVICES PROVIDED TO THE INDIVIDUAL WHILE THEY ARE IN SCHOOL OR ASLEEP, UNLESS OTHERWISE STATED IN THE FUNDING PLAN.**

**•FUNDS CANNOT BE PAID TO PARENTS TO CARE FOR THEIR MINOR CHILDREN.**

**•FUNDS ALLOCATED FOR CAMP ARE TO BE USED FOR SUPPORTS ONLY AND CANNOT BE USED TO PAY FOR ACTIVITY FEES OR EDUCATION SERVICES. FUNDS ARE ONLY TO BE BILLED FOR THE PERSON LISTED ON THIS**

**Goods:**

Funds will be managed on a month to month basis. Monthly allocations must be used within the month and cannot be carried over to following months. However, the family may choose to pre-purchase all of or a portion of the items approved. (3 MThs supply, 6 MThs supply, etc.). For example: if the family receives an allocation of \$50.00 per MTh for diapers on Sept 1st, they may choose to purchase a 3 MTh supply for Sept, Oct and Nov or they may choose to purchase the entire allocation at one time.

SCDDO will purchase the items approved. Families or their TCM should complete a Family Support order form, found on our website, and submit to SCDDO. Please note: goods must be ordered prior to the end of the allocation month. Please order at least a 3 month's supply each time.

Order forms and signed funding plans should be sent to the attention of the SCDDO Operations Department - "CDDOFinance@sedgwick.gov" or 615 N Main, Wichita, KS 67204. Requests for payment will be processed within 5 days of receipt. Please allow approximately 3 weeks for payment.

**State Aid Funded Day, Residential, and Personal Assitant Services (PAS):**

**Personal Assistive Services (PAS) - Day:** Out of home documentation (25 hrs per wk) must be maintained by billing agent.

**Please note:** State Aid funds are not transferable to other CDDO areas.

To receive funds, identified above, the individual must maintain IDD and funding eligibility as defined by Sedgwick County CDDO Policy D-02. You may obtain a copy of the policy by visiting the Sedgwick County website at [www.sedgwickcounty.org](http://www.sedgwickcounty.org) or calling 316.660.7630.

State Aid funding for Day and Residential services may only be provided by a licensed provider affiliated with SCDDO. The exception would be if the person is self-directing Day and/or Residential services through PAS. If using PAS the provider must be affiliated with the SCDDO. If you would like a list of providers or would like to change your provider please contact SCDDO for options counseling at 316.660.7630.

By signing this document the recipient and/or their guardian acknowledges these funds are made available through a contract between SCDDO and the State of Kansas. As such, the amounts and services are subject to change based on availability of funds and nothing in this funding plan creates any entitlement to services. Please return the signed Funding Plan to the CDDO within 10 working days of receipt. Signed Funding Plans may be sent to "CDDOFinance@sedgwick.gov" or mailed to 615 N Main, Wichita, KS 67203.

**Signatures:**

Recipient:	Date:
Guardian:	Date:
Date Sent to CDDO:	