

# BUDGETING FOR SELF-DIRECTED SERVICES

EOR Training Series



Developmental  
Disabilities Services

# Learning Objectives



Review In-Home Support Waiver funding policies.



Explore self-directed budgets and how they are managed.



Understand the key components of calculating an SDS budget.

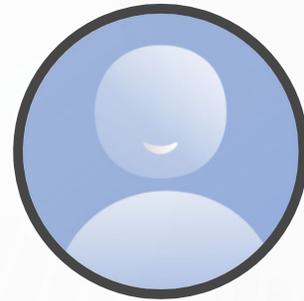


Identify successful budgeting practices and available supports.



# Chapters For This Training

---



1. Introduction
2. Funding Guidelines
3. Budgeting for Goods and Services
  - Invoices
  - Examples & Practice
4. Budgeting for SDS Staff
  - Show Me the Money Sheet
  - Examples & Practice
5. Self-Help Resources
6. Requesting Assistance

# DDS Policy and Procedures

October 2025

The information and procedures referenced in this presentation are based on current Developmental Disabilities Services (DDS) policies for the state of Oklahoma.

It is the legal responsibility of the DDS Case Manager, FMS Agent, waiver recipient, and their Employer of Record to follow state policies when navigating Self-Directed Services.

You can access DDS policy by visiting our website.



# KEEP IN MIND

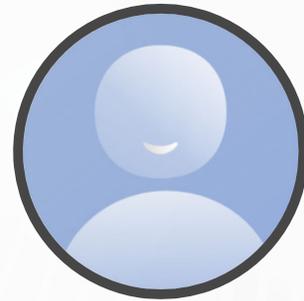
- The purpose of this training is to provide insight into managing your Self-Directed Services budget.
- Examples do not reflect the actual cost of approved services.
- Your individual plan is unique to your specific set of needs and situation.
- If you have service specific questions or need assistance with troubleshooting, reach out to your DDS Case Manager or FMS Agent.
- To request further support, please send an email to the SDS team.

 [dds.sds@okdhs.org](mailto:dds.sds@okdhs.org)



# Acronyms For This Training

---



**CAP:** Capitated Amounts

**EOR:** Employer of Record

**DCI:** Direct Care Innovations

**DDS:** Developmental Disabilities Services

**DDS CM:** Developmental Disabilities Services Case Manager

**EVV:** Electronic Visit Verification

**FMS:** Fiscal Management Service

**HCBS:** Home and Community Based Services

**HTS:** Habilitation Training Specialist

**IHSW:** In-Home Support Waiver

**IP:** Individual Plan

**POC:** Plan of Care

**SDS:** Self-Directed Services

# Why Should I Monitor the Budget?

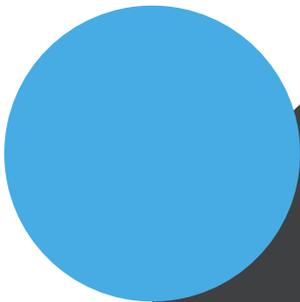


- **It is part of your job as the Employer of Record (EOR).**
- Being the EOR is like running your own business. Successful businesses need a budget.
- Regular monitoring and reporting of expenditures is a Federal and State requirement.
- Budgeting allows you to set spending projections knowing you will be able to pay staff and/or purchase necessary goods and services throughout the Plan of Care year.
- Permits you to remove services no longer deemed necessary, confirm needed services have been approved, and that the FMS Agency has received authorization.



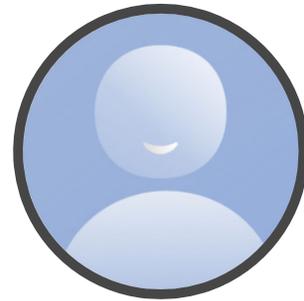


# How Does it Work?





## **In-Home Support Waiver CAPITATED AMOUNTS (CAP)**



Your budget is a set amount available for one year (52 weeks) to recipients to purchase services and supports identified in their Individual Plan.

### **In-Home Supports Waiver for Children**

Children ages 3 to 17

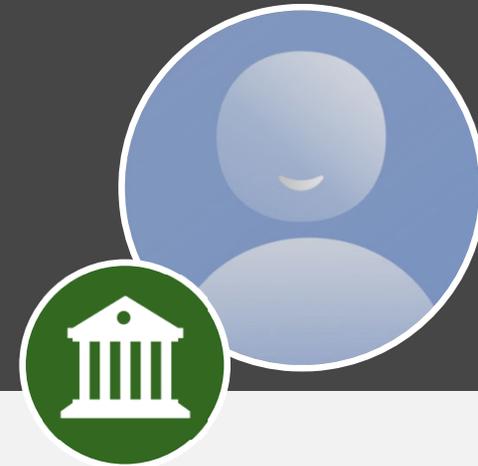
Yearly CAP: **\$24,104**

### **In-Home Supports Waiver for Adults**

Adults 18 years or older

Yearly CAP: **\$36,143**

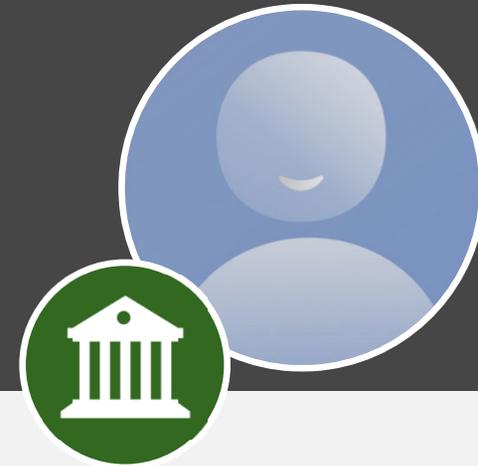
# IHSW: Capitated Amounts (CAP)



- All services and fees for supports received through SDS are subject to the yearly CAP.
- If Traditional services are also being utilized, the combination of SDS and Traditional services must not exceed the CAP.
- Because it is a fixed yearly amount, unused funds do not carry over into the next year.
- If you are approved for Community Waiver Non-Residential services, you will not have a CAP. But justification is still required for every requested good or service.



# IHSW: Capitated Amounts (CAP)

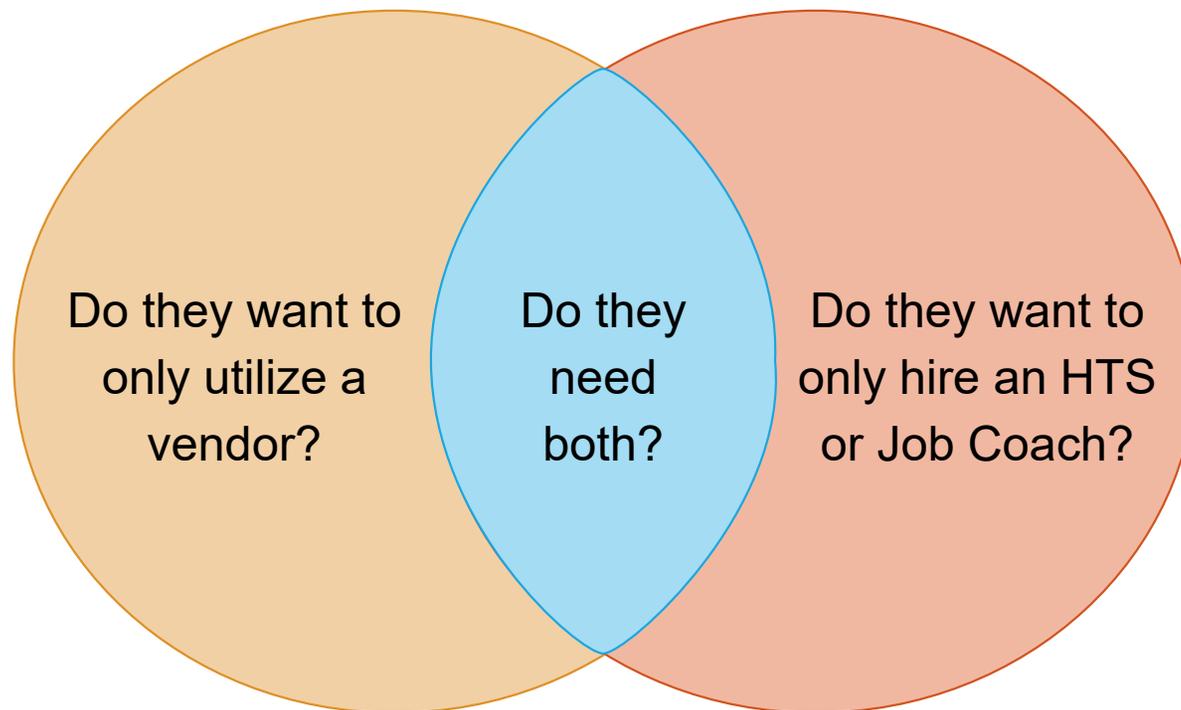


- Waiver funds are used for the personal benefit of the recipient - not for the benefit of family, guardians or service providers.
- Waiver funds are not paid directly to the recipient or the EOR.
- Vendor payments will be issued directly to the service provider after the service has been completed AND after the EOR has submitted a vendor payment request along with the invoice to the Fiscal Management Service (FMS).
- Employee payroll is issued directly to the staff person by the Fiscal Management Service (FMS) provider.



# First Steps When Budgeting

Determine what services are of interest to the recipient:



# Justification

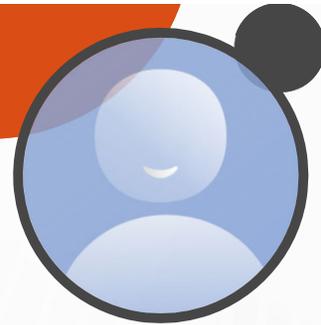
An explanation of and justification for all services requested is necessary.

## For Goods and Services:

- A Letter of Recommendation will need to be updated annually by a licensed professional.
- This letter includes how all goods and services will be utilized and the benefits they will provide.

## For Self-Directed Staff:

- The amount of HTS support must be justified based on need, not the available funding.
- In the IP, your proposed weekly schedule must be broken down by daily hours with a description of what goals the staff will be working towards with the recipient.

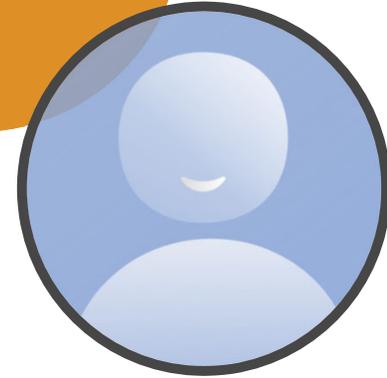


# Approval Process

**It is the DDS Case Manager's job to fill out the official budget and submit it for approval.**

You will receive a copy of your Individual Plan (IP) to see how the budget is being used during the next Plan of Care year. This is a record of what services are being requested. It is not a list of approved services.

**Reach out to your DDS CM with questions regarding the approval of any service.**



# DDS-4 Notice of Action

 **Developmental Disabilities Services (DDS)**  
**Notice of Action of Reduction/  
Denial/Closure of Services**

Addressee Joe Snow      Service Recipient Bob Snow  
Address West Street      Case Number Covug  
Somewhere, OK 74012      Case Manager CM  
Case Manager Phone Number xxxxxxx  
Supervisor CMS  
Supervisor Phone Number xxxxxxx

Date 10/2/2024  
Dear Bob,  
This letter is notification that services for the above named service recipient have either been reduced, denied, or terminated as described below.  
The results of your  annual  Interim Team meeting on 9/30/2024 are listed below.

**Services Reduced<sup>1</sup>**

+	Service	Requested Amount	Approved Amount	Effective Date	Reason for Reduction
				Select a date	

**Services Denied<sup>1</sup>**

+	Service	Effective Date	Reason for Denial
	Fully enclosed Cubby Bed	10/2/2024	Per policy OAC 340:100-3-1.2. and OAC 340:100-1-3.1 according to our Mission Statement and the Rights outlined for our recipients they are to be free from restraints and restrictive procedures. The Fully Enclosed Cubby Bed is considered restrictive to the recipient.

**Case Closure<sup>1</sup>**

Effective Date	Reason for Closure
Select a date	

08P004E (DDS-4)      03/28/2023      Page 1 of 2

A “Notice of Action” letter from DDS will list any services that have been reduced or denied.



**Services Reduced<sup>1</sup>**

+	Service	Requested Amount	Approved Amount	Effective Date	Reason for Reduction
				Select a date	



**Services Denied<sup>1</sup>**

+	Service	Effective Date	Reason for Denial
	Fully enclosed Cubby Bed	10/2/2024	Per policy OAC 340:100-3-1.2. and OAC 340:100-1-3.1 according to our Mission Statement and the Rights outlined for our recipients they are to be free from restraints and restrictive procedures. The Fully Enclosed Cubby Bed is considered restrictive to the recipient.

**Case Closure<sup>1</sup>**

Effective Date	Reason for Closure
Select a date	

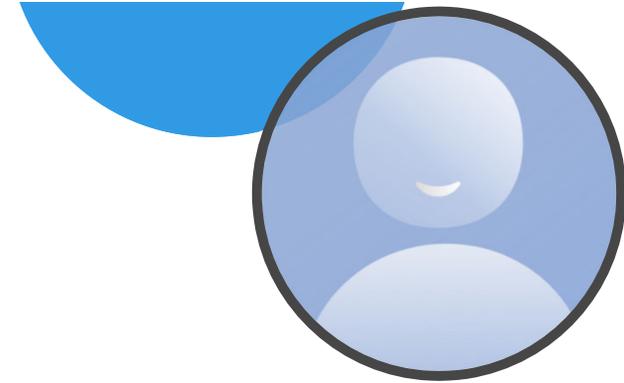
# Vendor Payments

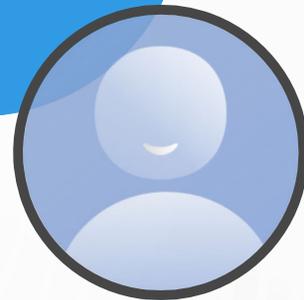
The EOR works directly with the vendor to set up services and may ultimately be responsible for payment if correct procedures are not followed.

**It is important EORs submit vendor payment requests as soon as services have been delivered to stay within the “Timely Filing” schedule.**

Requests for vendor payments must match the authorized invoice in the recipient’s service plan.

Acumen (your Fiscal Management Service provider) issues vendor payments weekly.





# Components of an SDS Budget

## Fiscal Management Services (FMS) Fee

\$86 per month  
(\$1,032 per year)

## Cost of Goods and Services

Total cost of all purchases and service fees for the Plan of Care year

## Background Checks & CPR/First Aid

Cost of all background checks and training or certification fees

## SDS Payroll & Employment Fees

Total cost for staff payroll plus employment fees and taxes

**REMEMBER:** Each requested Good or Service must have an accurate invoice or brochure on file listing the price and exact dates of that service along with any additional fees/taxes.



Services. Lives. Futures.

# BUDGETING FOR GOODS & SERVICES

---

This chapter will focus on how to calculate and manage the budget for self-directed goods and services.

For information on how to budget for self-directed staff, refer to the [next section](#).



Developmental  
Disabilities Services

# What are Goods and Services?



**“Goods and Services”** are incidental, non-routine items that promote a person’s self-care, daily living, adaptive functioning, exercise, recreation, and leisure skills needed to reside successfully in the community.

**Must meet one or more of the following criteria:**

- decreases the need for other Medicaid services
- promotes inclusion in the community
- increases the individual’s safety in the home environment
- the item or service is not available through another source



# Example Goods and Services



## GOODS

- Sensory Toys
- Adaptive Bikes
- Outdoor Adaptive Swings
- Participation Gear for SDS Funded Services

## SERVICES

- Gym Memberships
- Swimming Lessons
- Dance Classes
- Art Lessons/Therapy
- Camps (14 days or less)
- Adult Activity Centers

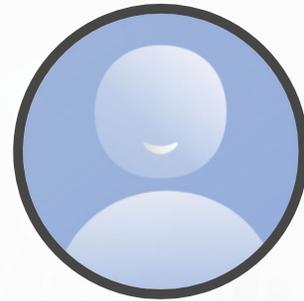




# Exploring Invoices



# Vendor Invoices



Services such as classes and camps require an **invoice showing the total amount of the service and the planned dates of the service**, including any associated taxes and fees.

**Taxes must be included on the same line with the price of the item.**

Invoices for ongoing services must be updated annually.

All invoices should be emailed to the DDS documentation address.

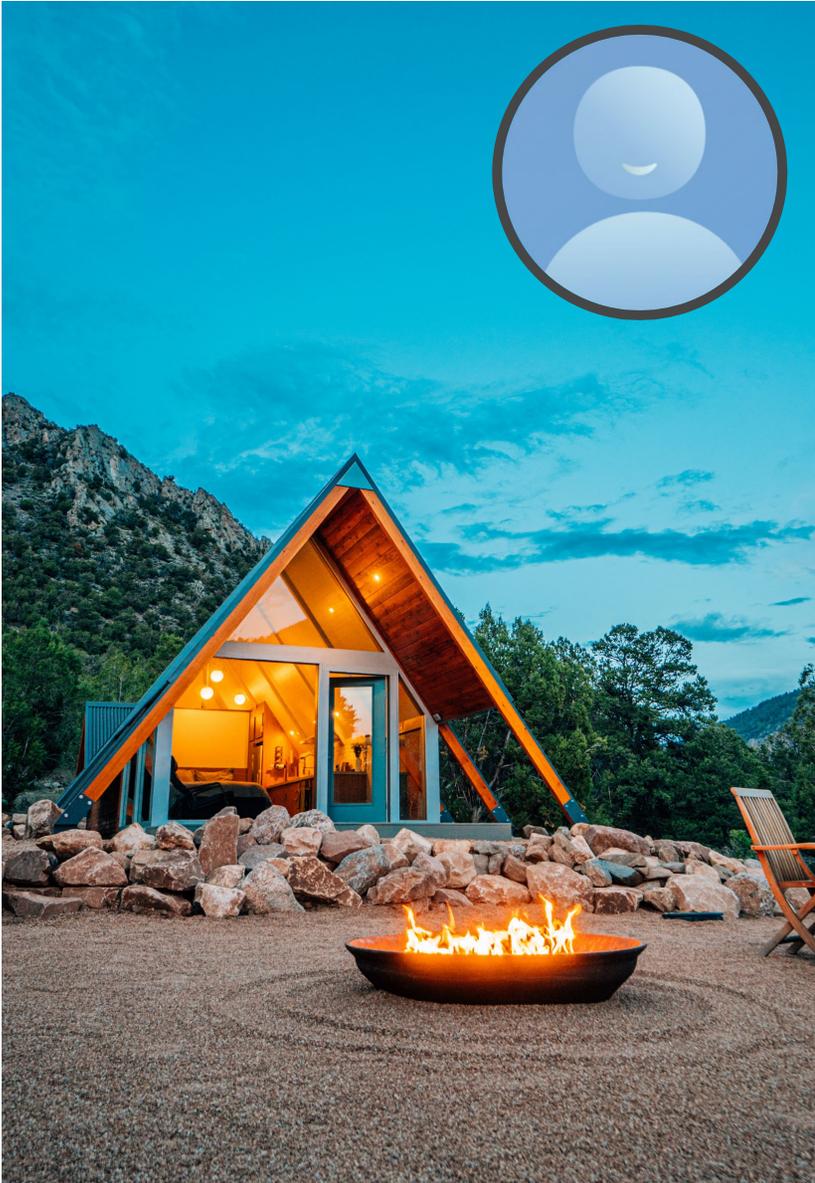
 [dds.documentation@okdhs.org](mailto:dds.documentation@okdhs.org)

# Example Invoice (No Taxes/Fees)

Camp Collins  
www.campcollins.com  
[campcollins@gmail.com](mailto:campcollins@gmail.com)  
123-456-7890

**Date** 8/22/2025  
**Bill to** Owen Hartley

Quantity	Description	Unit Price	Total Amount
1	Summer Camp 6/14/2026- 6/19/2026	\$1,300.00	\$1,300.00
TOTAL			\$1,300.00



# Example Invoice (With Taxes)

Pro Medical Supply  
www.promed.com  
[customerservice@promedical.com](mailto:customerservice@promedical.com)  
123-456-7890

**Date** 9/17/2025  
**Bill to** Owen Hartley

Quantity	Description	Unit Price	Total Amount
1	Aqua Float Station	\$185 + \$11.10 tax	\$196.10
TOTAL			\$196.10



# Example Invoice (With Fees)

Starlight Music Studio  
www.starlightstudio.com  
[starlightmusic@gmail.com](mailto:starlightmusic@gmail.com)  
123-456-7890

**Date** 5/16/2025  
**Bill to** Fiona McKnight

Quantity	Description	Unit Price	Total Amount
16	Music Lessons 9/1/25 to 9/30/26	\$50 per lesson	\$800
1	Music Lessons 9/1/25 to 9/30/26	\$120 studio fee	\$120
TOTAL			\$920





## What if a service I receive happens in the same month my Plan of Care year changes?

- If the activity is paid weekly, you will budget for those activities according to the week when they occur.
- The **first kitchen safety class** will be billed during the current POC year. The **second kitchen safety class** will be billed during the new POC year.





## What if a service I receive happens in the same month my Plan of Care year changes?

- If the activity is paid monthly, you will budget for that activity in the month your new POC year begins.
- Your **monthly gym membership** fee will be included in the new POC year budget starting every May.



# WHAT IF I ATTEND A CAMP THAT SPLITS TWO PLAN OF CARE YEARS?

How can the team ensure this camp is covered?



## EMPLOYER OF RECORD

The EOR will need to request an invoice with two lines.

- First line for June 5 and 6
- Second line for June 7, 8, 9, and 10

OR

The EOR will request two separate invoices for the camp.

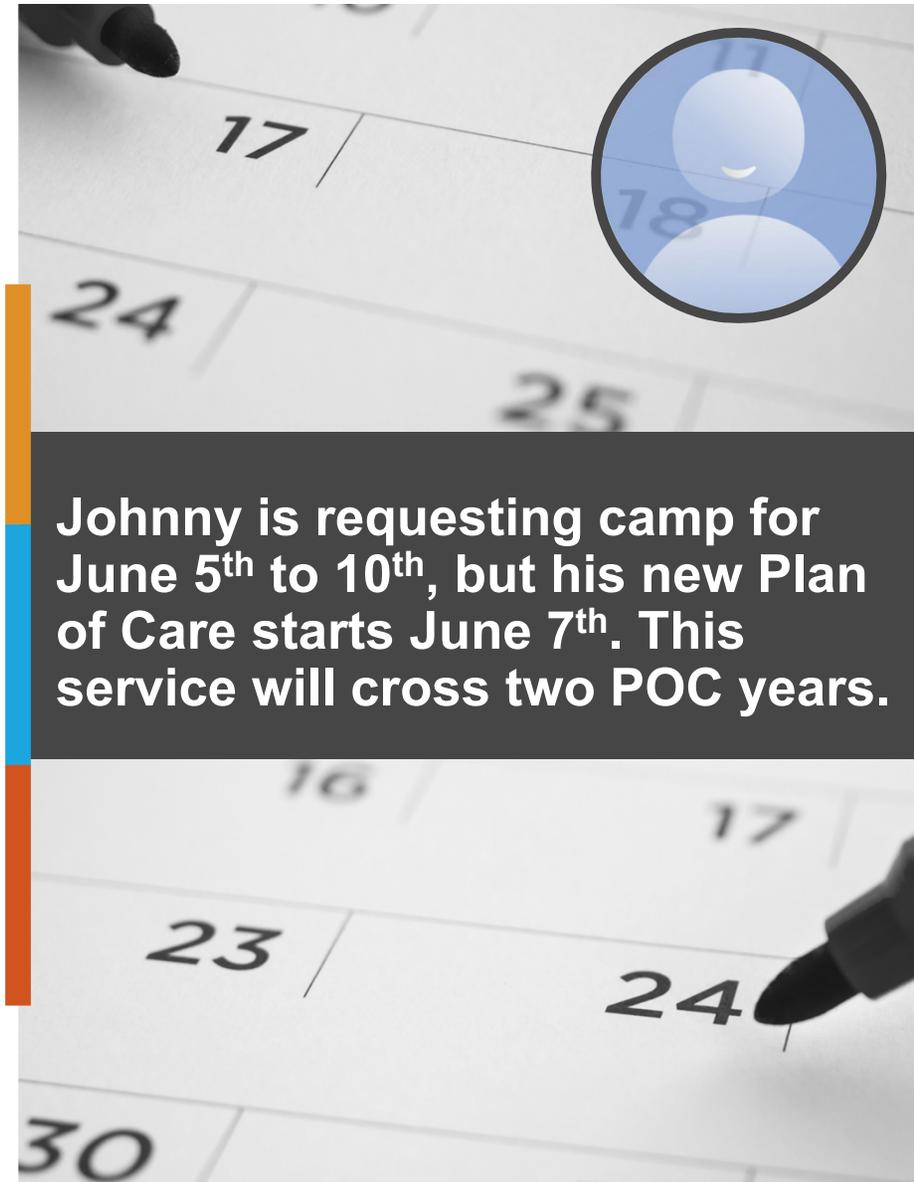
- First invoice for June 5 and 6
- Second invoice for June 7, 8, 9, and 10



## DDS CASE MANAGER

Camp will be split between both plans according to when the new Plan of Care begins. (June 7)

- The CM will add June 5 and 6 to the current POC year.
- The CM will place June 7 to 10 on the new POC year.



Johnny is requesting camp for June 5<sup>th</sup> to 10<sup>th</sup>, but his new Plan of Care starts June 7<sup>th</sup>. This service will cross two POC years.

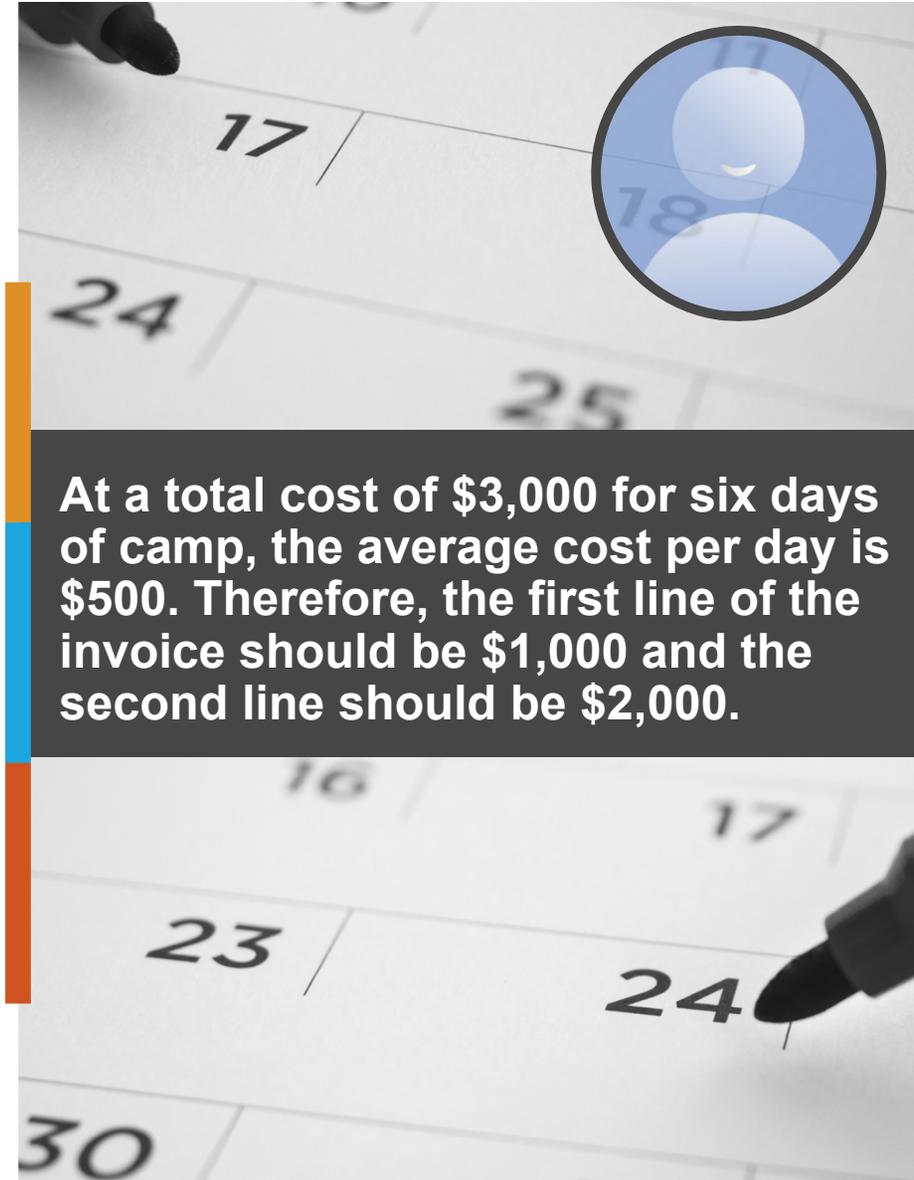
## WHAT IF I ATTEND A CAMP THAT SPLITS TWO PLAN OF CARE YEARS?

Camp Collins  
www.campcollins.com  
[campcollins@gmail.com](mailto:campcollins@gmail.com)  
123-456-7890

**Date** 9/23/2025  
**Bill to** Cameron De Soto

Quantity	Description	Unit Price	Total Amount
1	Summer Camp 6/5/26 to 6/6/26	\$500 per day (x2)	\$1,000
1	Summer Camp 6/7/26 to 6/10/26	\$500 per day (x4)	\$2,000
TOTAL			\$3,000

The EOR will submit the vendor payment request identifying the cost for June 5 and 6 separately from the cost for June 7 through 10.



At a total cost of \$3,000 for six days of camp, the average cost per day is \$500. Therefore, the first line of the invoice should be \$1,000 and the second line should be \$2,000.

## Reflection: Two Truths and a Lie



Which one of the following statements is false?

**A**

An adult Medicaid recipient can become their own EOR.

**B**

Unused waiver funds will be paid out to the EOR at the end of the Plan of Care year.

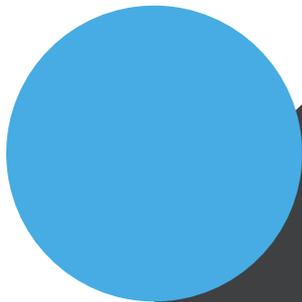
**C**

It is the EOR's responsibility to request invoices from the Vendor and send them to the DDS Case Manager.



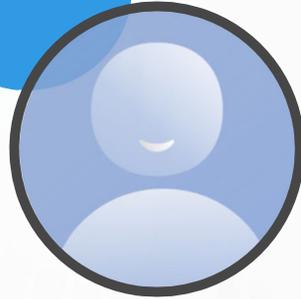
# **Let's Break it Down Together**

Budgeting Examples



# Budgeting for Goods and Services

Information You Will Need to Know:



## Description

the name of the item  
or service

## Frequency

how often it is  
needed per  
day/week/month/year

## Duration

the number of weeks  
or months this  
service will be used

## Unit Total

the total number of  
times or "units" needed  
for the whole year

## Cost

price per unit as  
stated in the invoice

## Total Cost

total cost of each  
good, service, or staff  
requested in the plan

## EXAMPLE 1

Owen, a 36-year-old on the In-Home Support Waiver (IHSW), will be accessing goods and services through DDS's Self-Directed Services program.

Owen plans to attend **Camp Collins** over the summer from June 15 to June 20 at a total cost of \$1,300 for the week. He plans to purchase a **flotation device** costing \$185 to help him exercise safely in the pool.

He also wants to use the IHSW to pay his monthly dues of \$44 for **Softball Club** for nine months along with the annual \$70 **uniform fee**. In addition to these goods and services, Owen will be paying an **HTS worker** to assist him for 9 hours a week.



## EXAMPLE 1

Owen, a 36-year-old on the In-Home Supportive Services (IHSS), will be accessing goods and services through DDS's Self-Directed Services program.

Owen plans to attend **Camp** from June 15 to June 20 at a cost of \$185 to help him exercise and socialize.

He also wants to use the IHSS funds for \$44 for **Softball Club** for nine months and an annual \$70 **uniform fee**. In addition to these services, Owen will be paying an IHSS worker for him for 9 hours a week.

**Owen is combining  
self-directed  
HTS Staff with  
Goods and Services**



# EXAMPLE 1

## Owen's plan for SDS Goods and Services

- attend **Camp Collins** at a total cost of \$1,300
- purchase a **flotation device** costing \$185
- **Softball Club** monthly dues of \$44 for nine months
- pay the annual \$70 **uniform fee**



The following items are paid only once every year:

- **CAMP COLLINS**
- **FLOTATION DEVICE**
- **UNIFORM FEE**

The following item will be paid every month for nine months:

- **SOFTBALL CLUB DUES**

# PUTTING IT TOGETHER

## Owen's plan for SDS Goods and Services

- attend **Camp Collins** at a total cost of \$1,300
- purchase a **flotation device** costing \$185
- **Softball Club** monthly dues of \$44 for nine months
- pay the annual \$70 **uniform fee**



Total Units

$$\text{Frequency} \times \text{Duration} \\ = \text{Total Units}$$

Description

**Camp Collins**

Frequency

**1 per year**

Duration

**1 week**

# PUTTING IT TOGETHER

## Owen's plan for SDS Goods and Services

- attend **Camp Collins** at a total cost of \$1,300
- purchase a **flotation device** costing \$185
- **Softball Club** monthly dues of \$44 for nine months
- pay the annual \$70 **uniform fee**



Total Units

$$1 \times 1 = 1$$

Description

**Camp Collins**

Frequency

**1 per year**

Duration

**1 week**

Total Units

**1 unit**

# PUTTING IT TOGETHER

## Owen's plan for SDS Goods and Services

- attend **Camp Collins** at a total cost of \$1,300
- purchase a **flotation device** costing \$185
- **Softball Club** monthly dues of \$44 for nine months
- pay the annual \$70 **uniform fee**



Total Cost

**1 Unit x \$1,300 = Total Cost**

Description

**Camp Collins**

Frequency

**1 per year**

Duration

**1 week**

Total Units

**1 unit**

Cost

**\$1,300**

# PUTTING IT TOGETHER

## Owen's plan for SDS Goods and Services

- attend **Camp Collins** at a total cost of \$1,300
- purchase a **flotation device** costing \$185
- **Softball Club** monthly dues of \$44 for nine months
- pay the annual \$70 **uniform fee**



Total Cost

**1 Unit x \$1,300 = Total Cost**

Total Cost

**Camp Collins = \$1,300**

Frequency

**1 per year**

Duration

**1 week**

Total Units

**1 unit**

Cost

**\$1,300**

# PUTTING IT TOGETHER

## Owen's plan for SDS Goods and Services

- attend **Camp Collins** at a total cost of \$1,300
- purchase a **flotation device** costing \$185
- **Softball Club** monthly dues of \$44 for nine months
- pay the annual \$70 **uniform fee**



Total Cost

**Flotation Device**  
**\$185 + Taxes = \$196.10**

Total Cost

**Camp Collins = \$1,300**

Total Cost

**Flotation Device = \$196.10**

Total Cost

**Uniform Fee = \$70**

**THESE THREE  
ITEMS ARE PAID  
ONCE DURING  
THE YEAR**

# PUTTING IT TOGETHER

## Owen's plan for SDS Goods and Services

- attend **Camp Collins** at a total cost of \$1,300
- purchase a **flotation device** costing \$185
- **Softball Club** monthly dues of \$44 for nine months
- pay the annual \$70 **uniform fee**



Total Units

$$\text{Frequency} \times \text{Duration} \\ = \text{Total Units}$$

Description

Softball Club Dues

Frequency

1 per month

Duration

9 months

# PUTTING IT TOGETHER

## Owen's plan for SDS Goods and Services

- attend **Camp Collins** at a total cost of \$1,300
- purchase a **flotation device** costing \$185
- **Softball Club** monthly dues of \$44 for nine months
- pay the annual \$70 **uniform fee**



Total Units

$$1 \times 9 = 9$$

Description

**Softball Club Dues**

Frequency

**1 per month**

Duration

**9 months**

Total Units

**9 units**

# PUTTING IT TOGETHER

## Owen's plan for SDS Goods and Services

- attend **Camp Collins** at a total cost of \$1,300
- purchase a **flotation device** costing \$185
- **Softball Club** monthly dues of \$44 for nine months
- pay the annual \$70 **uniform fee**



Total Cost

9 Units x \$44 = Total Cost

Description

Softball Club Dues

Frequency

1 per month

Duration

9 months

Total Units

9 units

Cost

\$44

# PUTTING IT TOGETHER

## Owen's plan for SDS Goods and Services

- attend **Camp Collins** at a total cost of \$1,300
- purchase a **flotation device** costing \$185
- **Softball Club** monthly dues of \$44 for nine months
- pay the annual \$70 **uniform fee**



Total Cost

9 Units x \$44 = Total Cost

Total Cost

Softball Club Dues = \$396

Frequency

1 per month

Duration

9 months

Total Units

9 units

Cost

\$44

# PUTTING IT TOGETHER

## Owen's plan for SDS Goods and Services

- attend **Camp Collins** at a total cost of \$1,300
- purchase a **flotation device** costing \$185
- **Softball Club** monthly dues of \$44 for nine months
- pay the annual \$70 **uniform fee**



SDS Budget

add all costs = Budget Total

Total Cost

Softball Club Dues = \$396

Total Cost

Camp Collins = \$1,300

Total Cost

Flotation Device = \$196.10

Total Cost

Uniform Fee = \$70

Total Cost

FMS Fee = \$1,032

# EXAMPLE 1

Softball Club Dues =	\$396.00
Camp Collins =	\$1,300.00
Flotation Device =	\$196.10
Uniform Fee =	\$70.00
Fiscal Management Services Fee =	\$1,032.00

---

**Total cost of requested Goods and Services = \$2,994.10**



# EXAMPLE 1

Softball Club Dues =	\$396.00
Camp Collins =	\$1,300.00
Flotation Device =	\$196.10
Uniform Fee =	\$70.00
Fiscal Management Services Fee =	\$1,032.00
HTS Staff =	\$9,962.72

---

**Total SDS cost at time of POC submission = \$12,956.82**



# PLAN OF CARE

Example of Owen's completed service grid:



Service Description	DDS Procedure Code	Frequency of Service (# per day, week, month)	Duration of Service (# of weeks or months)	Number per Case (Medical or Incontinent Supplies)	Total Number of Units	Cost per Unit	Total Cost for POC Year
<b>SD HTS</b>	T2017 U1 TF	9 hrs. per week	52 weeks		1,872	\$5.26	<b>\$9,846.72</b>
<b>Background Check</b>	A9270 BC	Once	One-time		1	\$16	<b>\$16</b>
<b>CPR/First Aid</b>	A9270	Once	One-time		1	\$100	<b>\$100</b>
<b>Overnight Camp</b>	T2036	Once	One-time		1	\$1,300	<b>\$1,300</b>
<b>Softball Club</b>	S9451	1 per month	9 months		9	\$44	<b>\$396</b>
<b>Softball Uniform Fee</b>	T2025	Once	Annually		1	\$70	<b>\$70</b>
<b>Flotation Device</b>	T2025	Once	One-time		1	\$196.10	<b>\$196.10</b>
<b>FMS Fees</b>	FMS	Monthly	12 months		12	\$86	<b>\$1,032</b>

Total cost of all Self-Directed Services at time of POC submission = **\$12,956.82**

# PLAN OF CARE

Example of Owen's completed plan of care:



Service Description	DDS Procedure Code	Units per month	Cost per Unit	Total Number of Units	Cost per Unit	Total Cost for POC Year
SD HTS	T2017 U1 T	165	\$5.26	1,872	\$5.26	\$9,846.72
Background Check	A9270 BC	1	\$16	1	\$16	\$16
CPR/First Aid	A9270	1	\$100	1	\$100	\$100
Overnight Camp	T2036	1	\$1,300	1	\$1,300	\$1,300
Softball Club	S9451	9	\$44	9	\$44	\$396
Softball Uniform Fee	T2025	1	\$70	1	\$70	\$70
Flotation Device	T2025	1	\$196.10	1	\$196.10	\$196.10
FMS Fee	FMS	12	\$86	12	\$86	\$1,032

**If costs change during the Plan of Care year, the Individual Plan will need to be amended and the budget recalculated.**

Total cost of all Self-Directed Services at time of POC submission = **\$12,956.82**

# PLAN OF CARE

Example of Owen's completed plan of care:



Service Description	DDS Procedure Code	Cost per Unit	Total Number of Units	Cost per Unit	Total Cost for POC Year
SD HTS	T2017 U1 T	\$5.26	1,872	\$5.26	\$9,846.72
Background Check	A9270 BC	\$16	1	\$16	\$16
CPR/First Aid	A9270	\$100	1	\$100	\$100
Overnight Camp	T2036	\$1,300	1	\$1,300	\$1,300
Softball Club	S9451	\$44	9	\$44	\$396
Softball Uniform Fee	T2025	\$70	1	\$70	\$70
Flotation Device	T2025	\$196.10	1	\$196.10	\$196.10
FMS Fee	FMS	\$86	12	\$86	\$1,032

**If the budget must be adjusted, reach out to your DDS Case Manager and ask about next steps.**

Total cost of all Self-Directed Services at time of POC submission = **\$12,956.82**



## Example 2



Fiona is a 13-year-old recipient on the IHSW. She wants to attend **music lessons** every other week for eight months to enhance her fine motor skills and purchase a **gym membership** to increase physical activity.

Starlight Music Studio charges \$50 per lesson with a \$120 **studio fee**. Her gym membership will cost \$48 per month with a **one-time joining fee** of \$17.75. Fiona would also like to purchase a \$112.89 **sensory bubble tube** for her home.

Can you help Fiona calculate her SDS budget?



## Example 2



**Fiona is planning to use the “Vendor Only” option for Self-Directed Services**

12-year-old recipient on the  
to attend **music**  
week for eight  
fine motor skills  
**membership** to

charges \$50 per lesson with a  
membership will cost \$48 per  
**joining fee** of \$17.75. Fiona  
has a \$112.89 **sensory bubble**

Can you help Fiona calculate her SDS budget?

## EXAMPLE 2

### Fiona's plan for SDS Goods and Services

- **music lessons** at \$50 twice a month for eight months
- pay the annual \$120 **music studio fee**
- \$48 a month for **gym membership**
- pay **gym joining fee** of \$17.75
- purchase a **sensory bubble tube** costing \$112.89



The following items are paid only once during the year:

- **MUSIC STUDIO FEE**
- **GYM JOINING FEE**
- **SENSORY BUBBLE TUBE**

## EXAMPLE 2

### Fiona's plan for SDS Goods and Services

- **music lessons** at \$50 twice a month for eight months
- pay the annual \$120 **music studio fee**
- \$48 a month for **gym membership**
- pay **gym joining fee** of \$17.75
- purchase a **sensory bubble tube** costing \$112.89



The following item will be paid every month for twelve months:

- **GYM MEMBERSHIP**

The following will be paid twice a month for eight months:

- **MUSIC LESSONS**

# PUTTING IT TOGETHER

## Fiona's plan for SDS Goods and Services

- **music lessons** at \$50 twice a month for eight months
- pay the annual \$120 **music studio fee**
- \$48 a month for **gym membership**
- pay **gym joining fee** of \$17.75
- purchase a **sensory bubble tube** costing \$112.89



Total Units

$$\text{Frequency} \times \text{Duration} = \text{Total Units}$$

Description

Music Lessons

Frequency

2 per month

Duration

8 months

# PUTTING IT TOGETHER

## Fiona's plan for SDS Goods and Services

- **music lessons** at \$50 twice a month for eight months
- pay the annual \$120 **music studio fee**
- \$48 a month for **gym membership**
- pay **gym joining fee** of \$17.75
- purchase a **sensory bubble tube** costing \$112.89



Total Units

$$2 \times 8 = 16$$

Description

Music Lessons

Frequency

2 per month

Duration

8 months

Total Units

16 units

# PUTTING IT TOGETHER

## Fiona's plan for SDS Goods and Services

- **music lessons** at \$50 twice a month for eight months
- pay the annual \$120 **music studio fee**
- \$48 a month for **gym membership**
- pay **gym joining fee** of \$17.75
- purchase a **sensory bubble tube** costing \$112.89



Total Cost

**16 Units x \$50 = Total Cost**

Description

**Music Lessons**

Frequency

**2 per month**

Duration

**8 months**

Total Units

**16 units**

Cost

**\$50**

# PUTTING IT TOGETHER

## Fiona's plan for SDS Goods and Services

- **music lessons** at \$50 twice a month for eight months
- pay the annual \$120 **music studio fee**
- \$48 a month for **gym membership**
- pay **gym joining fee** of \$17.75
- purchase a **sensory bubble tube** costing \$112.89



Total Cost

**16 Units x \$50 = Total Cost**

Total Cost

**Music Lessons = \$800**

Frequency

**2 per month**

Duration

**8 months**

Total Units

**16 units**

Cost

**\$50**

# PUTTING IT TOGETHER

## Fiona's plan for SDS Goods and Services

- **music lessons** at \$50 twice a month for eight months
- pay the annual \$120 **music studio fee**
- \$48 a month for **gym membership**
- pay **gym joining fee** of \$17.75
- purchase a **sensory bubble tube** costing \$112.89



SDS Budget

add all costs = Budget Total

Total Cost

Music Lessons = \$800

Total Cost

Music Studio Fee = \$120

Total Cost

Gym Membership = \$576

Total Cost

Gym Joining Fee = \$17.75

Total Cost

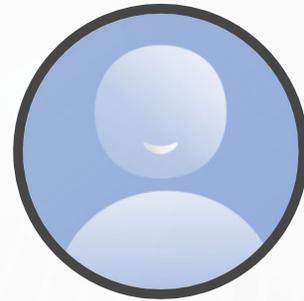
Sensory Bubble Tube = \$121.92

Total Cost

FMS Fee = \$1,032

# PLAN OF CARE

Example of Fiona's completed service grid:



Service Description	DDS Procedure Code	Frequency of Service (# per day, week, month)	Duration of Service (# of weeks or months)	Number per Case (Medical or Incontinent Supplies)	Total Number of Units	Cost per Unit	Total Cost for POC Year
<b>Music Lessons</b>	S9451	2 per month	8 months		16	\$50	<b>\$800</b>
<b>Music Studio Fee</b>	T2025	Once	One-time		1	\$120	<b>\$120</b>
<b>Sensory Bubble Tube</b>	T2025	Once	One-time		1	\$121.92	<b>\$121.92</b>
<b>Gym Membership</b>	S9451	1 per month	12 months		12	\$48	<b>\$576</b>
<b>Gym Joining Fee</b>	S9451	Once	One-time		1	\$17.75	<b>\$17.75</b>
<b>FMS Fee</b>	FMS	Monthly	12 months		12	\$86	<b>\$1,032</b>

Total cost of Self-Directed Services at time of POC submission = **\$2,667.67**



# What Do You Notice?

Pay close attention to the following examples.  
Can you identify the errors in these SDS budgets?



# SPOT THE DIFFERENCE

Compare the invoice provided with the service grid in Fiona's Individual Plan (IP).



Starlight Music Studio www.starlightstudio.com <a href="mailto:starlightmusic@gmail.com">starlightmusic@gmail.com</a> 123-456-7890		<b>Date</b> 5/16/2025	
		<b>Bill to</b> Fiona McKnight	
Quantity	Description	Unit Price	Total Amount
16	Music Lessons 9/1/25 to 9/30/26	\$50 per lesson	\$800
1	Music Lessons 9/1/25 to 9/30/26	\$120 studio fee	\$120
TOTAL			\$920

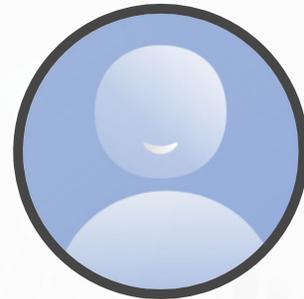
**WHAT DIFFERENCES CAN YOU IDENTIFY?**




Service Description	DDS Procedure Code	Frequency of Service (# per day, week, month)	Duration of Service (# of weeks or months)	Number per Case (Medical or Incontinent Supplies)	Total Number of Units	Cost per Unit	Total Cost for POC Year
<b>Music Lessons</b>	S9451	1 per month	8 months		8	\$50	<b>\$400</b>
<b>Music Studio Fee</b>	T2025	Once	One-time		1	\$120	<b>\$120</b>

# SPOT THE DIFFERENCE

The service grid does not match the invoice!



Starlight Music Studio www.starlightstudio.com starlightmusic@gmail.com 123-456-7890		Date	5/16/2025
		Bill to	Fiona McKnight
Quantity	Description	Unit Price	Total Amount
16	Music Lessons 9/1/25 to 9/30/25	\$50 per lesson	\$800
1	Music Studio Fee 9/1/25	fee	\$120
TOTAL			\$920

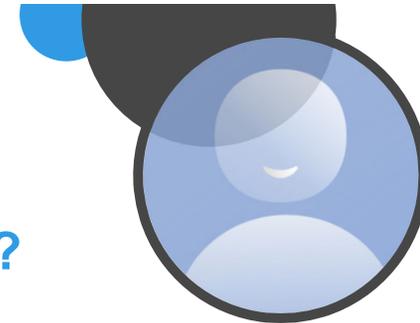
Total cost for the Plan of Care year should be \$800.

Frequency should be 2 per month.  
Total units for the year should be 16.

Service Description	DDS Procedure Code	Frequency of Service (# per day, week, month)	Duration of Service (# of weeks or months)	Number per Case (Medical or Incontinent Supplies)	Total Number of Units	Cost per Unit	Total Cost for POC Year
Music Lessons	S9451	1 per month	8 months		8	\$50	\$400
Music Studio Fee	T2025	One-time	One-time		1	\$120	\$120

# BUDGETING PRACTICE

Can you identify any errors or omissions to Paulo's budget?



## Dance Shoes Price

Shoe Price = \$54

Taxes = \$4.05

(one-time purchase)

---

$\$54 + \$4.05 = \$58.05$

## Calculating the Total Cost

**Dance Classes:** \$50/month x 12 months = \$600.00

**Camp Fee:** \$1,200 x 1 time fee = \$1,200.00

**Dance Shoes:** \$54 + taxes = \$58.05

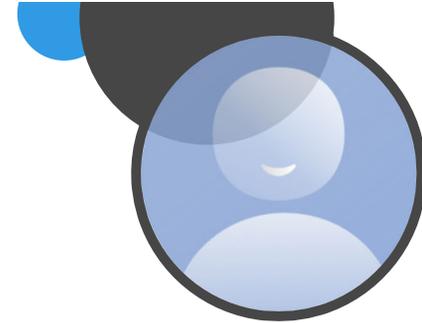
---

**Total Cost to Yearly Budget:** **\$1,858.05**

Recipient Paulo wishes to take part in dance classes and summer camp. He will also need to purchase dance shoes to participate in class.

# BUDGETING PRACTICE

The Fiscal Management Services fee was missing!



## Dance Shoes Price

Shoe Price = \$54

Taxes = \$4.05

(one-time purchase)

---

$\$54 + \$4.05 = \$58.05$

## Calculating the Total Cost

Dance Classes:  $\$50/\text{month} \times 12 \text{ months} = \$600.00$

Camp Fee:  $\$1,200 \times 1 \text{ time fee} = \$1,200.00$

Dance Shoes:  $\$54 + \text{taxes} = \$58.05$

**FMS Fee:  $\$86/\text{month} \times 12 \text{ months} = \$1,032.00$**

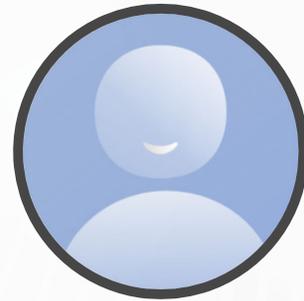
---

**Total Cost to Yearly Budget:  $\$2,890.05$**

Recipient Paulo wishes to take part in dance classes and summer camp. He will also need to purchase dance shoes to participate in class.

# INVOICE INSPECTION

Take a close look. Would these invoices be approved?



Discovery Swim School  
www.discoveryswimokc.com  
[discoveryswimok@hotmail.com](mailto:discoveryswimok@hotmail.com)  
(123) 456-7890

**Date** 4/11/2025  
**Bill to** Hope Pham

Quantity	Description	Unit Price	Total
36	Swim Lessons	\$60	\$2,160
1	Pool Use Fee	\$200	\$200
36	Swim School Taxes	\$4.50	\$162
TOTAL			\$2,522

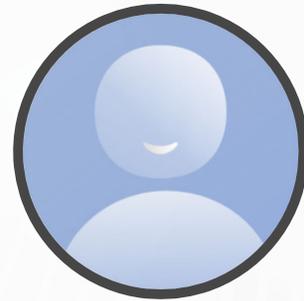
Opportunity Scholars  
www.opportunityscholars.org  
[donna.green@oppscholars.com](mailto:donna.green@oppscholars.com)  
(123) 456-7890

**Date** 6/5/2025  
**Bill to** Hope Pham

Quantity	Description	Unit Price	Total
1	Summer Camp 7/6/26 to 7/9/26	\$750	\$750
10	Safety Classes 6/1/26 to 8/3/26	\$90	\$900
3	Technology Fee	\$25	\$75
TOTAL			\$1,725

# INVOICE INSPECTION

Would these invoices be approved?



**NO**

**YES!**

Discovery Swim School  
www.discoveryswimokc.com  
[discoveryswimok@hotmail.com](mailto:discoveryswimok@hotmail.com)  
(123) 456-7890

Quantity	Description	Unit Price	Total
36	Swim Lessons	\$60	\$2,160
1	Pool Use Fee	\$200	\$200
36	Swim School Taxes	\$4.50	\$162
TOTAL			\$2,522

The dates of service are missing

Taxes should be included with the cost of lessons.

Opportunity Scholars  
www.opportunityscholars.org  
[donna.green@oppscholars.com](mailto:donna.green@oppscholars.com)  
(123) 456-7890

Date 6/5/2025  
Bill to Hope Pham

Quantity	Description	Unit Price	Total
1	Summer Camp 7/6/26 to 7/9/26	\$750	\$750
10	Safety Classes 6/1/26 to 8/3/26	\$90	\$900
3	Technology Fee	\$25	\$75
TOTAL			\$1,725



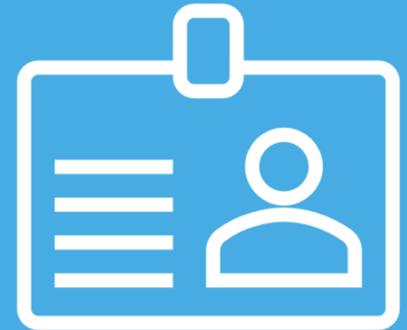
Services. Lives. Futures.

# BUDGETING FOR SELF-DIRECTED STAFF

---

This chapter will focus on how to calculate and manage the budget for self-directed Habilitation Training Specialist employees.

For information on how to budget for self-directed goods and services, refer to the [previous section](#).



# Who can be my HTS?



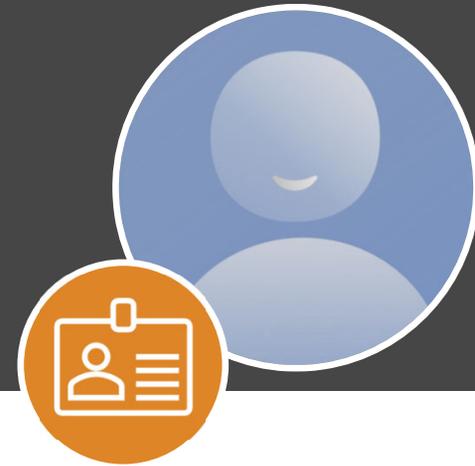
Self-Directed Services allows for more choice and control when finding and paying your HTS employee. You can hire whom you desire!

## **The Habilitation Training Specialist (HTS) must be:**

- 18+ years old
- Able to pass a background check
- A citizen with a Social Security Number or legal alien with permission to work in the United States.
- Physically able and mentally alert to carry out the job duties



# Hiring SDS Employees

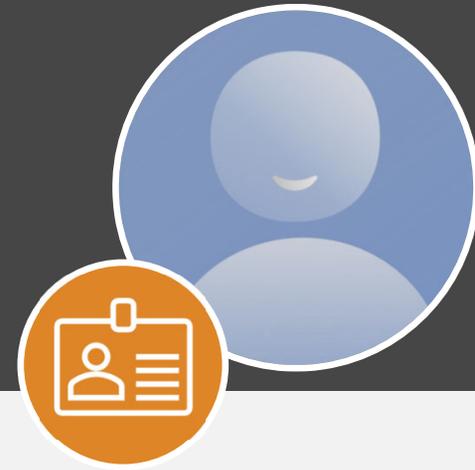


## When choosing staff, one must consider:

- What do we need staff to help us accomplish?
- How many staff are being hired?
- What will the hourly rate be?
- How many hours per week will they work?
- Is the staff already CPR/First Aid Certified?



# Budgeting Considerations



Use the Show Me the Money Sheet to help determine the hourly payrate for self-directed staff.

Payrate changes can only be requested at the start of the new Plan of Care year.

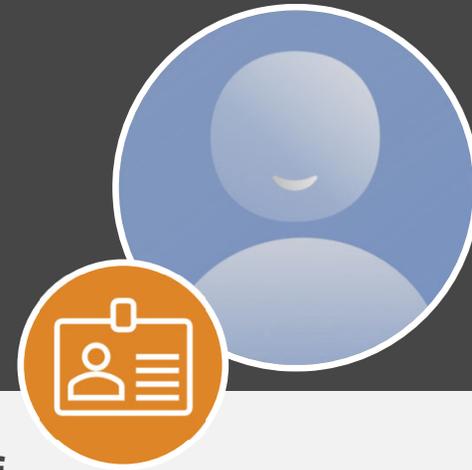
**Budgeting for HTS staff will include employment taxes, CPR/First Aid Training, and Background Check fees along with their hourly payrate.**

Each self-directed HTS can only work up to 40 hours per week and 9 hours per day.

HTS services cannot be billed while the recipient or staff member is asleep.



# Training Requirements

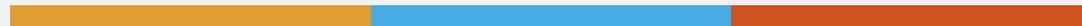


**A valid CPR and First Aid certification must be on file for all staff providing direct care support.**

- CNA or Nursing licenses are not a valid form of CPR/First Aid Certification.
- All CPR/First Aid classes must be completed in person.

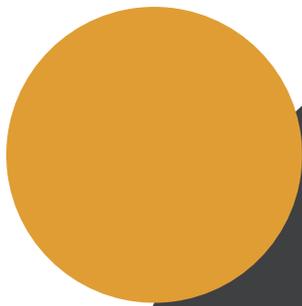
**If they are administering medication, the HTS must also be Medication Administration Technician (MAT) certified.**

EORs may choose from a list of CPR/First Aid training providers or choose their own provider and pay for training out-of-pocket.

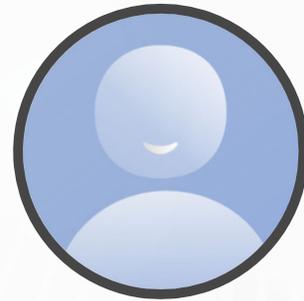




# Choosing a Payrate



# Employment Fees



Paying an employee costs more than just their hourly wage.

**By law, employers must also pay a portion of each employee's...**

- **Social Security and Medicare Taxes**
- **Federal and State Unemployment Taxes.**
- **Workers' Compensation Insurance**

Your Fiscal Management Service provider has created a **“Show Me the Money” sheet** to help account for these additional expenses. This resource lists all available payrates and their respective total cost to the budget.

You must choose a payrate from this “Show Me the Money” sheet.

# Show Me the Money



The Show Me the Money sheet contains three columns:

- 1. Employee Wage:** hourly pay rate for that person
2. Cost to the Budget: hourly pay rate + employment fees and taxes
3. Unit Cost: the cost to your budget for every 15 minutes that person works

EMPLOYEE WAGE	COST TO BUDGET	UNIT COST
\$18.14	\$20.80	\$5.20
\$18.35	\$21.04	\$5.26
\$20.06	\$23.00	\$5.75

# Show Me the Money

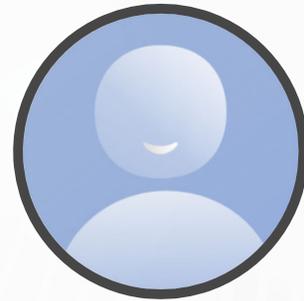


The Show Me the Money sheet contains three columns:

- 1. Employee Wage:** hourly pay rate for that person
- 2. Cost to the Budget:** hourly pay rate + employment fees and taxes
- 3. Unit Cost:** the cost to your budget for every 15 minutes that person works

EMPLOYEE WAGE	COST TO BUDGET	UNIT COST
\$18.14	\$20.80	\$5.20
\$18.35	\$21.04	\$5.26
\$20.06	\$23.00	\$5.75

# Show Me the Money



The Show Me the Money sheet contains three columns:

- 1. Employee Wage:** hourly pay rate for that person
- 2. Cost to the Budget:** hourly pay rate + employment fees and taxes
- 3. Unit Cost:** the cost to your budget for every 15 minutes that person works

EMPLOYEE WAGE	COST TO BUDGET	UNIT COST
\$18.14	\$20.80	\$5.20
\$18.35	\$21.04	\$5.26
\$20.06	\$23.00	\$5.75

# Show Me the Money



The Show Me the Money sheet contains three columns:

1. **Employee Wage:** hourly pay rate for that person
2. **Cost to the Budget:** hourly pay rate + employment fees and taxes
3. **Unit Cost:** the cost to your budget for every 15 minutes that person works

EMPLOYEE WAGE	COST TO BUDGET	UNIT COST
\$18.14	\$20.80	\$5.20
\$18.35	\$21.04	\$5.26
\$20.06	\$23.00	\$5.75

Your DDS Case Manager will use the 15 minute "unit cost" when calculating your official SDS budget.

# Reflection: Two Truths and a Lie



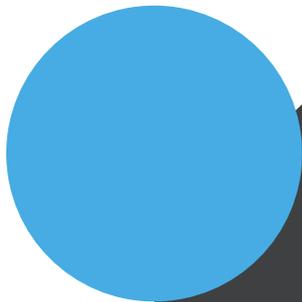
Which one of the following statements is false?

- A** The HTS pay rate must be chosen from the Show Me the Money sheet.
- B** It is my DDS Case Manager's responsibility to communicate with my HTS worker.
- C** The amount of requested HTS support must be justified based on need, not the available funding.



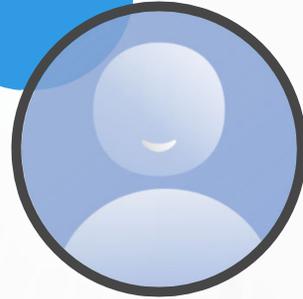
# **Let's Break it Down Together**

Budgeting Examples



# Budgeting for SDS Employees

Information You Will Need to Know:



## Description

the type of staff being hired

## Frequency

hours they will work per day/week/month

## Duration

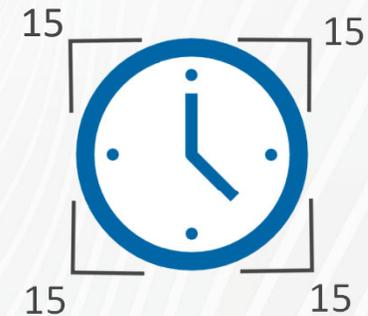
the number of weeks or months this person will work

## Unit Total

the total number of "units" needed for the whole year

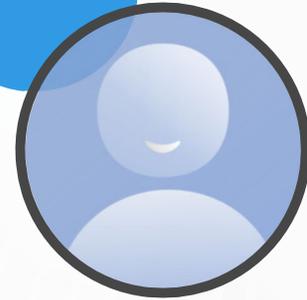
**One Unit = 15 minutes**

**4 Units = One Hour**



# Budgeting for SDS Employees

Information You Will Need to Know:



## Description

the type of staff  
being hired

## Frequency

hours they will work  
per day/week/month

## Duration

the number of weeks  
or months this  
person will work

## Unit Total

the total number of  
“units” needed  
for the whole year

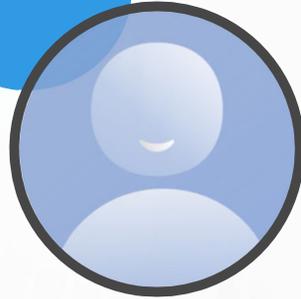
## Cost per Unit

pay rate for every  
15 minutes of work

**This is copied directly  
from the Show Me the  
Money sheet.**

# Budgeting for SDS Employees

Information You Will Need to Know:



## Description

the type of staff  
being hired

## Frequency

hours they will work  
per day/week/month

## Duration

the number of weeks  
or months this  
person will work

## Unit Total

the total number of  
“units” needed  
for the whole year

## Cost per Unit

pay rate for every  
15 minutes of work

## Total Cost

total cost of each  
item or staff  
requested in the plan

## EXAMPLE 1

Owen will be hiring a Habilitation Training Specialist (HTS) through DDS's Self-Directed Services program.

Owen will pay his **HTS worker** to assist him with activities of daily living to increase his level of independence. The HTS staff will also assist Owen in taking part in regular physical activity to maintain his level of health and work with him on communication skills.

The planned HTS work schedule would be for 3 hours every Tuesday, Wednesday, and Thursday afternoon from 3 pm – 6 pm at a total of **9 hours per week**. He wants to pay his HTS staff **\$18.35 an hour**.

He will also use waiver funds to pay for **summer camp, a flotation device, and softball club fees** during the next Plan of Care year.



## EXAMPLE 1

Owen will be hiring a Habilitation Training Specialist (HTS) through DDS's Self-Directed Services.

Owen will pay his HTS worker to assist with activities of daily living to increase his level of independence. HTS staff will also assist Owen with physical activity to maintain his health and work with him on his communication skills.

The planned HTS work schedule is every Tuesday, Wednesday, and Thursday from 3 pm – 6 pm at a total of 9 hours per week. Owen will pay his HTS staff \$18.35 an hour.

He will also use waiver funds to pay for a pool, a flotation device, and softball club fees for the Plan of Care year.

**Owen is combining  
self-directed  
HTS Staff with  
Goods and Services**



# EXAMPLE 1

## Owen's plan for HTS Services

- Use HTS support for **9 hours every week**
- Pay the HTS worker **\$18.35 an hour**
- Develop independent living skills
- Maintain current level of health
- Improve communication skills

EMPLOYEE WAGE	COST TO BUDGET	UNIT COST
\$18.14	\$20.80	\$5.20
<b>\$18.35</b>	\$21.04	\$5.26
\$20.00	\$23.00	\$5.75



## SHOW ME THE MONEY

How much will this HTS worker be paid per hour?

**\$18.35 an hour**

# EXAMPLE 1

## Owen's plan for HTS Services

- Use HTS support for **9 hours every week**
- Pay the HTS worker **\$18.35 an hour**
- Develop independent living skills
- Maintain current level of health
- Improve communication skills

EMPLOYEE WAGE	COST TO BUDGET	UNIT COST
\$18.14	\$20.80	\$5.20
\$18.35	\$21.04	\$5.26
\$20.06	\$25.00	\$5.75



## SHOW ME THE MONEY

How much will this HTS worker be paid per hour?

**\$18.35 an hour**

What is the total cost to the budget for wages, taxes, and all employment fees?

**\$21.04 an hour**

# EXAMPLE 1

## Owen's plan for HTS Services

- Use HTS support for **9 hours every week**
- Pay the HTS worker **\$18.35 an hour**
- Develop independent living skills
- Maintain current level of health
- Improve communication skills

EMPLOYEE WAGE	COST TO BUDGET	UNIT COST
\$18.14	\$20.80	\$5.20
\$18.35	\$21.04	\$5.26
\$20.06	\$23.00	\$5.75



## SHOW ME THE MONEY

How much will this HTS worker be paid per hour?

**\$18.35 an hour**

What is the total cost to the budget for wages, taxes, and all employment fees?

**\$21.04 an hour**

What is the unit cost to the budget for this HTS worker?

**\$5.26 for every 15 mins**

# PUTTING IT TOGETHER

## Owen's plan for HTS Services

- Use HTS support for **9 hours every week**
- Pay the HTS worker **\$18.35 an hour**
- Develop independent living skills
- Maintain current level of health
- Improve communication skills



Frequency

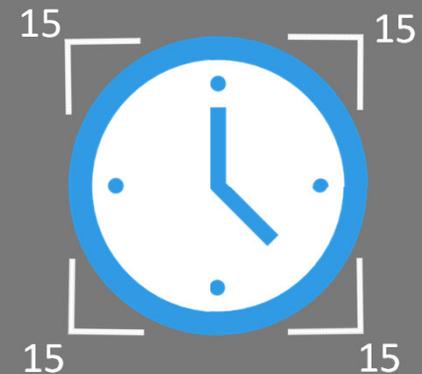
**There are four 15-minute units in each hour.**

Description

**HTS Staff**

Frequency

**9 hours per week**



# PUTTING IT TOGETHER

## Owen's plan for HTS Services

- Use HTS support for **9 hours every week**
- Pay the HTS worker **\$18.35 an hour**
- Develop independent living skills
- Maintain current level of health
- Improve communication skills



Frequency

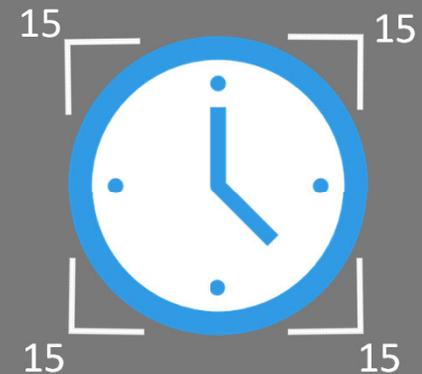
**9 hours x 4 units  
= Total Units per Week**

Description

**HTS Staff**

Frequency

**9 hours per week**



# PUTTING IT TOGETHER

## Owen's plan for HTS Services

- Use HTS support for **9 hours every week**
- Pay the HTS worker **\$18.35 an hour**
- Develop independent living skills
- Maintain current level of health
- Improve communication skills



Frequency

**9 hours x 4 units  
= 36 units**

Description

**HTS Staff**

Frequency

**36 units per week**

# PUTTING IT TOGETHER

## Owen's plan for HTS Services

- Use HTS support for **9 hours every week**
- Pay the HTS worker **\$18.35 an hour**
- Develop independent living skills
- Maintain current level of health
- Improve communication skills



Description

**HTS Staff**

Frequency

**36 units per week**

Duration

**52 weeks (one year)**

# PUTTING IT TOGETHER

## Owen's plan for HTS Services

- Use HTS support for **9 hours every week**
- Pay the HTS worker **\$18.35 an hour**
- Develop independent living skills
- Maintain current level of health
- Improve communication skills



Total Units

$$\text{Frequency} \times \text{Duration} \\ = \text{Total Units}$$

Description

HTS Staff

Frequency

36 units per week

Duration

52 weeks (one year)

# PUTTING IT TOGETHER

## Owen's plan for HTS Services

- Use HTS support for **9 hours every week**
- Pay the HTS worker **\$18.35 an hour**
- Develop independent living skills
- Maintain current level of health
- Improve communication skills

Total Units

$$36 \times 52 = 1,872$$



Description

HTS Staff

Frequency

36 units per week

Duration

52 weeks

Total Units

1,872 units

# PUTTING IT TOGETHER

## Owen's plan for HTS Services

- Use HTS support for 9 hours every week
- Pay the HTS worker **\$18.35 an hour**
- Develop independent living skills
- Maintain current level of health
- Improve communication skills

EMPLOYEE WAGE	COST TO BUDGET	UNIT COST
\$18.14	\$20.80	\$5.20
<b>\$18.35</b>	\$21.04	\$5.26
\$20.00	\$23.00	\$5.75



Description

HTS Staff

Frequency

36 units per week

Duration

52 weeks

Total Units

1,872 units

# PUTTING IT TOGETHER

## Owen's plan for HTS Services

- Use HTS support for 9 hours every week
- Pay the HTS worker **\$18.35 an hour**
- Develop independent living skills
- Maintain current level of health
- Improve communication skills

EMPLOYEE WAGE	COST TO BUDGET	UNIT COST
\$18.14	\$20.80	\$5.20
\$18.35	\$21.04	\$5.26
\$20.06	\$23.00	\$5.75



Description

HTS Staff

Frequency

36 units per week

Duration

52 weeks

Total Units

1,872 units

Cost

\$5.26 per unit

# PUTTING IT TOGETHER

## Owen's plan for HTS Services

- Use HTS support for **9 hours every week**
- Pay the HTS worker **\$18.35 an hour**
- Develop independent living skills
- Maintain current level of health
- Improve communication skills

Total Cost

$$1,872 \times \$5.26 = \text{Total Cost}$$



Description

HTS Staff

Frequency

36 units per week

Duration

52 weeks

Total Units

1,872 units

Cost

\$5.26 per unit

# PUTTING IT TOGETHER

## Owen's plan for HTS Services

- Use HTS support for **9 hours every week**
- Pay the HTS worker **\$18.35 an hour**
- Develop independent living skills
- Maintain current level of health
- Improve communication skills



Total Cost

$$1,872 \times \$5.26 = \text{Total Cost}$$

Total Cost

HTS Staff = \$9,846.72

Frequency

36 units per week

Duration

52 weeks

Total Units

1,872 units

Cost

\$5.26 per unit

# PUTTING IT TOGETHER

## Owen's plan for Self-Directed Services

- Use HTS support for **9 hours every week**
- attend **Camp Collins**
- purchase a **flotation device**
- pay **softball club** dues for nine months
- pay the softball **uniform fee**



SDS Budget

add all costs = Budget Total

Total Cost

HTS Staff = \$9,846.72

Total Cost

Camp Collins = \$1,300

Total Cost

Flotation Device = \$196.10

Total Cost

Softball = \$396 + \$70 Uniform

Total Cost

FMS Fee = \$1,032

# PUTTING IT TOGETHER

## Owen's plan for Self-Directed Services

- Use HTS support for **9 hours every week**
- attend **Camp Collins**
- purchase a **flotation device**
- pay **softball club** dues for nine months
- pay the softball **uniform fee**



SDS Budget

add all costs = Budget Total

Total Cost

Camp Collins = \$1,300

Total Cost

Flotation Device = \$196.10

Total Cost

Softball = \$396 + \$70 Uniform

Total Cost

FMS Fee = \$1,032

Total Cost

Background Check = \$16

Total Cost

CPR/First Aid = \$100

# EXAMPLE 1

Softball Club Dues =	\$396.00
Camp Collins =	\$1,300.00
Flotation Device =	\$196.10
Uniform Fee =	\$70.00
Fiscal Management Services Fee =	\$1,032.00
HTS Staff =	\$9,846.72
Background Check =	\$16.00
CPR/First Aid Certification =	\$100.00

---



# EXAMPLE 1

Softball Club Dues =	\$396.00
Camp Collins =	\$1,300.00
Flotation Device =	\$196.10
Uniform Fee =	\$70.00
Fiscal Management Services Fee =	\$1,032.00
HTS Staff =	\$9,846.72
Background Check =	\$16.00
CPR/First Aid Certification =	\$100.00

---

**Total SDS cost at time of POC submission = \$12,956.82**



# PLAN OF CARE

Example of Owen's completed service grid:



Service Description	DDS Procedure Code	Frequency of Service (# per day, week, month)	Duration of Service (# of weeks or months)	Number per Case (Medical or Incontinent Supplies)	Total Number of Units	Cost per Unit	Total Cost for POC Year
<b>SD HTS</b>	T2017 U1 TF	9 hrs. per week	52 weeks		1,872	\$5.26	<b>\$9,846.72</b>
<b>Background Check</b>	A9270 BC	Once	One-time		1	\$16	<b>\$16</b>
<b>CPR/First Aid</b>	A9270	Once	One-time		1	\$100	<b>\$100</b>
<b>Overnight Camp</b>	T2036	Once	One-time		1	\$1,300	<b>\$1,300</b>
<b>Softball Club</b>	S9451	1 per month	9 months		9	\$44	<b>\$396</b>
<b>Softball Uniform Fee</b>	T2025	Once	Annually		1	\$70	<b>\$70</b>
<b>Flotation Device</b>	T2025	Once	One-time		1	\$196.10	<b>\$196.10</b>
<b>FMS Fee</b>	FMS	Monthly	12 months		12	\$86	<b>\$1,032</b>

Total cost of all Self-Directed Services at time of POC submission = **\$12,956.82**

# PLAN OF CARE

Example of Owen's completed plan of care:



Service Description	DDS Procedure Code	Cost per Unit	Total Number of Units	Cost per Unit	Total Cost for POC Year
SD HTS	T2017 U1 T	\$5.26	1,872	\$5.26	\$9,846.72
Background Check	A9270 BC	\$16	1	\$16	\$16
CPR/First Aid	A9270	\$100	1	\$100	\$100
Overnight Camp	T2036	\$1,300	1	\$1,300	\$1,300
Softball Club	S9451	\$44	9	\$44	\$396
Softball Uniform Fee	T2025	\$70	1	\$70	\$70
Flotation Device	T2025	\$196.10	1	\$196.10	\$196.10
Acumen Fees	FMS	\$86	12	\$86	\$1,032

**If staffing needs change during the Plan of Care year, the Individual Plan will need to be amended and the budget recalculated.**

Total cost of all Self-Directed Services at time of POC submission = **\$12,956.82**

# PLAN OF CARE

Example of Owen's completed plan of care:



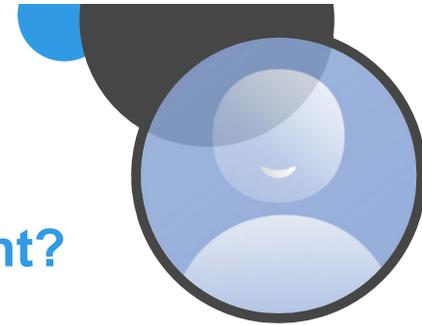
Service Description	DDS Procedure Code	Cost per Unit	Total Number of Units	Cost per Unit	Total Cost for POC Year
SD HTS	T2017 U1 T	\$5.26	1,872	\$5.26	\$9,846.72
Background Check	A9270 BC	\$16	1	\$16	\$16
CPR/First Aid	A9270	\$100	1	\$100	\$100
Overnight Camp	T2036	\$1,300	1	\$1,300	\$1,300
Softball Club	S9451	\$44	9	\$44	\$396
Softball Uniform Fee	T2025	\$70	1	\$70	\$70
Flotation Device	T2025	\$196.10	1	\$196.10	\$196.10
Acumen Fees	FMS	\$86	12	\$86	\$1,032

**When the budget must be adjusted, reach out to your DDS Case Manager as soon as possible to ask about next steps.**

Total cost of all Self-Directed Services at time of POC submission = **\$12,956.82**

# YOU DO THE MATH...

Does this plan fit within the budget CAP for an adult recipient?



**HTS Hours Requested:** 40 hours x 4 units = 160 units per week  
160 units x 52 weeks = 8,320 units  
8,320 units x \$6.25 = (total cost the budget)

---

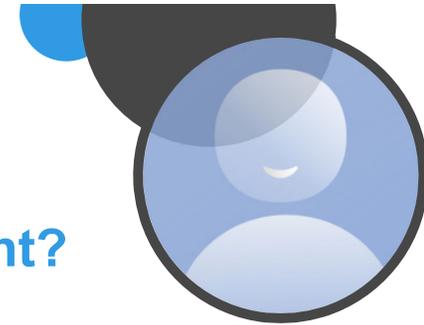
**Total Cost to Yearly Budget: ?**



David is an EOR for his adult daughter Joanna. Joanna has been approved for 40 hours of HTS staffing per week. After looking at the “Show me the Money” sheet, David wants to pay the HTS \$21.81 an hour with a unit cost of \$6.25 for every 15 minutes. Is there enough room in the budget for Joanna to receive 40 hours of HTS support for 52 weeks at this payrate?

# YOU DO THE MATH...

Does this plan fit within the budget CAP for an adult recipient?



**HTS Hours Requested:** 40 hours x 4 units = 160 units per week  
160 units x 52 weeks = 8,320 units  
8,320 units x \$6.25 = \$52,000

---

**Total Cost to Yearly Budget: \$52,000**



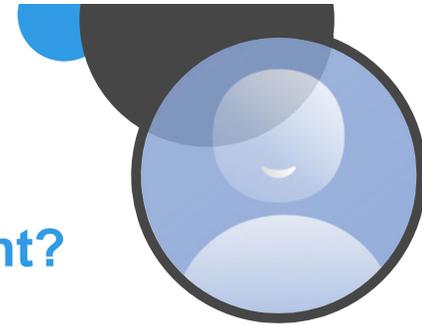
**This exceeds the adult yearly CAP of \$36,143.**



David is an EOR for his adult daughter Joanna. Joanna has been approved for 40 hours of HTS staffing per week. After looking at the “Show me the Money” sheet, David wants to pay the HTS \$21.81 an hour with a unit cost of \$6.25 for every 15 minutes. Is there enough room in the budget for Joanna to receive 40 hours of HTS support for 52 weeks at this payrate?

# YOU DO THE MATH...

Does this plan fit within the budget CAP for an adult recipient?



**HTS Hours Requested:** 40 hours x 4 units = 160 units per week  
160 units x 52 weeks = 8,320 units  
8,320 units x \$6.25 = \$52,000

---

**Total Cost to Yearly Budget: \$52,000**



This does **NOT** fit within the budget for an adult.



David is an EOR for his adult daughter Joanna. Joanna has been approved for 40 hours of HTS staffing per week. After looking at the “Show me the Money” sheet, David wants to pay the HTS \$21.81 an hour with a unit cost of \$6.25 for every 15 minutes. Is there enough room in the budget for Joanna to receive 40 hours of HTS support for 52 weeks at this payrate?



## Example 2

Kaylee is an 8-year-old recipient on the IHSW. She is looking for **20 hours a week of HTS support** to increase her independence by working on dressing and cleaning. She will hire **two HTS employees**. One HTS will work 8 hours a week at \$15.00 an hour. The second HTS will work 12 hours a week at \$16.05 an hour. Both HTS workers need CPR/First Aid certification.

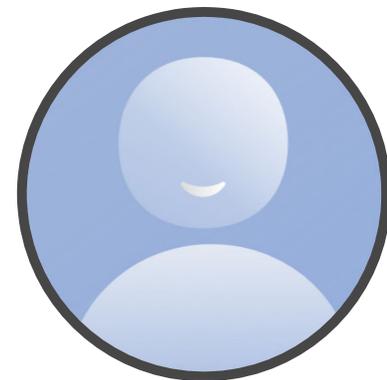
### How much will it cost for Kaylee to hire two HTS workers?

Background Check: **\$16 each**

CPR/First Aid: **\$135 each**

SDS HTS 1: ?

SDS HTS 2: ?





## Example 2

Kaylee is an 8-year-old recipient on the IHSW. She will receive **20 hours a week of HTS support** to gain independence by working on dressing skills. She will hire **two HTS employees**. One will work 12 hours a week at \$15.00 an hour. The other will work 8 hours a week at \$15.00 an hour. All workers need CPR/First Aid training.

**Kaylee is planning to use the “Staff Only” option for Self-Directed Services**

for Kaylee to hire

each

each



## EXAMPLE 2

Kaylee's plan for HTS Services

- **First HTS staff for 8 hours a week at \$15 an hour.**
- **Second HTS staff for 12 hours a week at \$16.05 an hour.**



HOW MUCH WILL IT COST TO  
HIRE TWO HTS WORKERS?



## EXAMPLE 2

### Kaylee's plan for HTS Services

- First HTS staff for 8 hours a week at \$15 an hour.
- Second HTS staff for 12 hours a week at \$16.05 an hour.
- **Two Background Checks at \$16 each.**

Background  
Checks

$\$16 \times 2 = \$32$  for two  
background checks



HOW MUCH WILL IT COST TO  
HIRE TWO HTS WORKERS?



## EXAMPLE 2

### Kaylee's plan for HTS Services

- First HTS staff for 8 hours a week at \$15 an hour.
- Second HTS staff for 12 hours a week at \$16.05 an hour.
- Two Background Checks at \$16 each.
- **Two CPR/First Aid certifications at \$135 each.**

CPR/First Aid

**\$135 x 2 = \$270 for two  
CPR/First Aid  
certifications**



**HOW MUCH WILL IT COST TO  
HIRE TWO HTS WORKERS?**

Background  
Checks

**\$32 for two  
background checks**



## EXAMPLE 2

### Kaylee's plan for HTS Services

- First HTS staff for 8 hours a week at \$15 an hour.
- Second HTS staff for 12 hours a week at \$16.05 an hour.
- **Two Background Checks at \$16 each.**
- **Two CPR/First Aid certifications at \$135 each.**



### HOW MUCH WILL IT COST TO HIRE TWO HTS WORKERS?

Background Checks

**\$32 for two background checks**

CPR/First Aid

**\$270 for two CPR/First Aid certifications**

# EXAMPLE 2

## Kaylee's plan for HTS Services

- **First HTS staff for 8 hours a week at \$15 an hour.**
- Second HTS staff for 12 hours a week at \$16.05 an hour.
- Two Background Checks at \$16 each.
- Two CPR/First Aid certifications at \$135 each.

### HTS 1

**Description:** SD HTS 1

**Frequency:** 32 units per week

**Duration:** 52 weeks

**Unit Total:** 1,664 units

**Cost:** \$4.30 per unit

**Total Cost:** 1,664 units x \$4.30 = ?



## HOW MUCH WILL IT COST TO HIRE TWO HTS WORKERS?

Background Checks

**\$32 for two background checks**

CPR/First Aid

**\$270 for two CPR/First Aid certifications**



# EXAMPLE 2

## Kaylee's plan for HTS Services

- **First HTS staff for 8 hours a week at \$15 an hour.**
- Second HTS staff for 12 hours a week at \$16.05 an hour.
- Two Background Checks at \$16 each.
- Two CPR/First Aid certifications at \$135 each.

### HTS 1

**Description:** SD HTS 1  
**Frequency:** 32 units per week  
**Duration:** 52 weeks  
**Unit Total:** 1,664 units  
**Cost:** \$4.30 per unit  
**Total Cost:** \$7,155.20



## HOW MUCH WILL IT COST TO HIRE TWO HTS WORKERS?

Background Checks

**\$32 for two background checks**

CPR/First Aid

**\$270 for two CPR/First Aid certifications**



## EXAMPLE 2

### Kaylee's plan for HTS Services

- **First HTS staff for 8 hours a week at \$15 an hour.**
- Second HTS staff for 12 hours a week at \$16.05 an hour.
- Two Background Checks at \$16 each.
- Two CPR/First Aid certifications at \$135 each.



### HOW MUCH WILL IT COST TO HIRE TWO HTS WORKERS?

Background Checks

**\$32 for two background checks**

CPR/First Aid

**\$270 for two CPR/First Aid certifications**

HTS 1

**\$7,155.20**

## EXAMPLE 2

### Kaylee's plan for HTS Services

- First HTS staff for 8 hours a week at \$15 an hour.
- **Second HTS staff for 12 hours a week at \$16.05 an hour.**
- Two Background Checks at \$16 each.
- Two CPR/First Aid certifications at \$135 each.

### HTS 2

**Description:** SD HTS 2  
**Frequency:** 48 units per week  
**Duration:** 52 weeks  
**Unit Total:** 2,496 units  
**Cost:** \$4.60 per unit  
**Total Cost:** 2,496 units x \$4.60 = ?

### HOW MUCH WILL IT COST TO HIRE TWO HTS WORKERS?

Background Checks

**\$32 for two background checks**

CPR/First Aid

**\$270 for two CPR/First Aid certifications**

HTS 1

**\$7,155.20**



# EXAMPLE 2

## Kaylee's plan for HTS Services

- First HTS staff for 8 hours a week at \$15 an hour.
- **Second HTS staff for 12 hours a week at \$16.05 an hour.**
- Two Background Checks at \$16 each.
- Two CPR/First Aid certifications at \$135 each.



**HTS 2**

**Description:** SD HTS 2  
**Frequency:** 48 units per week  
**Duration:** 52 weeks  
**Unit Total:** 2,496 units  
**Cost:** \$4.60 per unit  
**Total Cost:** \$11,481.60

## HOW MUCH WILL IT COST TO HIRE TWO HTS WORKERS?

Background Checks	\$32 for two background checks
CPR/First Aid	\$270 for two CPR/First Aid certifications
HTS 1	\$7,155.20

# EXAMPLE 2

## Kaylee's plan for HTS Services

- First HTS staff for 8 hours a week at \$15 an hour.
- Second HTS staff for 12 hours a week at \$16.05 an hour.
- Two Background Checks at \$16 each.
- Two CPR/First Aid certifications at \$135 each.



## HOW MUCH WILL IT COST TO HIRE TWO HTS WORKERS?

Background Checks

**\$32 for two background checks**

CPR/First Aid

**\$270 for two CPR/First Aid certifications**

HTS 1

**\$7,155.20**

HTS 2

**\$11,481.20**

# PUTTING IT TOGETHER

## Kaylee's plan for HTS Services

- First HTS staff for 8 hours a week at \$15 an hour.
- Second HTS staff for 12 hours a week at \$16.05 an hour.
- Two Background Checks at \$16 each.
- Two CPR/First Aid certifications at \$135 each.

SDS Budget

**add all costs = Budget Total**

Total Cost

**Background Checks = \$32**

Total Cost

**CPR/First Aid = \$270**

Total Cost

**SD HTS 1 = \$7,155.20**

Total Cost

**SD HTS 2 = \$11,481.60**

Total Cost

**FMS Fee = \$1,032**



# PUTTING IT TOGETHER

## Kaylee's plan for HTS Services

- First HTS staff for 8 hours a week at \$15 an hour.
- Second HTS staff for 12 hours a week at \$16.05 an hour.
- Two Background Checks at \$16 each.
- Two CPR/First Aid certifications at \$135 each.

SDS Budget

add all costs = **\$19,970.80**



Total Cost

Background Checks = \$32

Total Cost

CPR/First Aid = \$270

Total Cost

SD HTS 1 = \$7,155.20

Total Cost

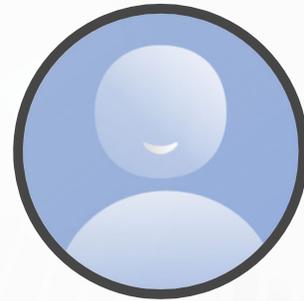
SD HTS 2 = \$11,481.60

Total Cost

FMS Fee = \$1,032

# PLAN OF CARE

Example of Kaylee's completed service grid:

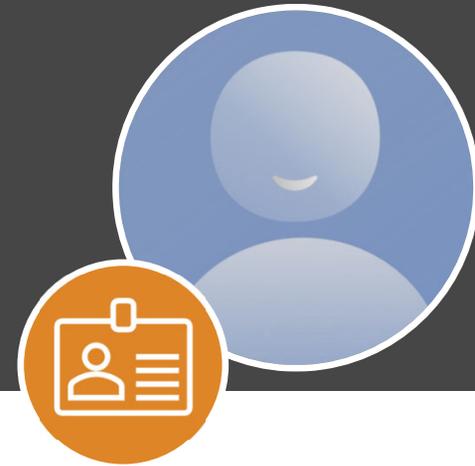


Service Description	DDS Procedure Code	Frequency of Service (# per day, week, month)	Duration of Service (# of weeks or months)	Number per Case (Medical or Incontinent Supplies)	Total Number of Units	Cost per Unit	Total Cost for POC Year
<b>SD HTS 1</b>	T2017 U1 TF	8 hrs. per week	52 weeks		1,664	\$4.30	<b>\$7,155.20</b>
<b>SD HTS 2</b>	T2017 U1 TF	12 hrs. per week	52 weeks		2,496	\$4.60	<b>\$11,481.60</b>
<b>Background Check</b>	A9270 BC	Once	One-time		2	\$16	<b>\$32</b>
<b>CPR/First Aid</b>	A9270	Once	One-time		2	\$135	<b>\$270</b>
<b>FMS Fee</b>	FMS	Monthly	12 months		12	\$86	<b>\$1,032</b>

**Total cost of Self-Directed Services at time of POC submission = \$19,970.80**



# Multiple HTS Employees



## When you have more than one HTS worker:

- They can work on the same day only if they are paid the same payrate.
- If they are paid different rates, they cannot work on the same day.

**Remember:** Combined supports for any individual cannot exceed 12 hours in a day. (including school, adult day centers, therapeutic services, lessons, and HTS services etc.)





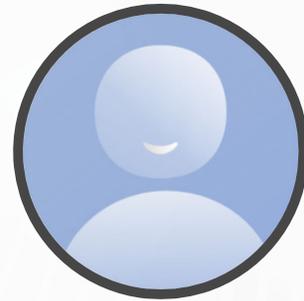
# What Do You Notice?

Look closely at the following examples.  
Can you identify any errors in these SDS budgets?



# WHAT IS MISSING?

What is missing from Joanna's list of requested services?



Service Description	DDS Procedure Code	Frequency of Service (# per day, week, month)	Duration of Service (# of weeks or months)	Number per Case (Medical or Incontinent Supplies)	Total Number of Units	Cost per Unit	Total Cost for POC Year
<b>SD HTS</b>	T2017 U1 TF	30 hrs. per week	52 weeks		6,240	\$5.26	<b>\$32,822.40</b>
<b>Background Check</b>	A9270 BC	Once	One-time		2	\$16	<b>\$32</b>
<b>FMS Fee</b>	FMS	Monthly	12 months		12	\$86	<b>\$1,032</b>

**Total cost of Self-Directed Services at time of POC submission = \$33,886.40**



# WHAT IS MISSING?

What is missing from Joanna's list of requested services?



Service Description	DDS Procedure Code	Frequency of Service (# per day, week, month)	Duration of Service (# of weeks or months)	Number per Case (Medical or Incontinent Supplies)	Total Number of Units	Cost per Unit	Total Cost for POC Year
SD HTS	T2017 U1 TF	30 hrs. per week	52 weeks		6240	\$5.26	\$32,822.40
?							
Background Check	A9270 BC	Once	One-time		2	\$16	\$32
FMS Fee	FMS	Monthly	12 months		12	\$86	\$1,032



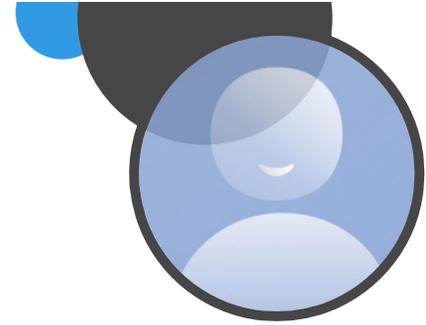
CPR/First Aid certification is missing. Therefore, the budget totals are also incorrect.

If-Directed Services at time of POC submission = ~~\$33,886.40~~



# BUDGETING PRACTICE

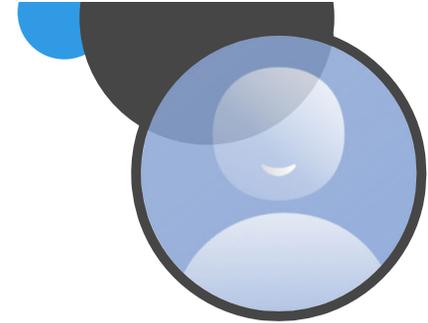
What is the cost per unit for Trey's HTS worker?



SHOW ME THE MONEY		
EMPLOYEE WAGE	COST TO BUDGET	UNIT COST
\$17.09	\$19.60	\$4.90
\$17.44	\$20.00	\$5.00
\$17.97	\$20.60	\$5.15
\$18.14	\$20.80	\$5.20

Trey's team has identified the need to add 22 hours a week for HTS services to his current Plan of Care. There are 16 weeks left in the current year. He wants to hire his cousin and pay them \$17.44 an hour.





# BUDGETING PRACTICE

What is the cost per unit for Trey's HTS worker?

SHOW ME THE MONEY		
EMPLOYEE WAGE	COST TO BUDGET	UNIT COST
\$17.00	\$19.60	\$4.90
\$17.44	\$20.00	\$5.00
\$17.07	\$20.60	\$5.15
\$18.14	\$20.80	\$5.20

**\$5  
per unit**

Trey's team has identified the need to add 22 hours a week for HTS services to his current Plan of Care. There are 16 weeks left in the current year. He wants to hire his cousin and pay them **\$17.44** an hour.



# BUDGETING PRACTICE

How many units should Trey and his DDS Case Manager request for the remainder of this Plan of Care year?



Trey's team has identified the need to add 22 hours a week for HTS services to his current Plan of Care. There are 16 weeks left in the current year. He wants to hire his cousin and pay them \$17.44 an hour.



# BUDGETING PRACTICE

How many units should Trey and his DDS Case Manager request for the remainder of this Plan of Care year?

Frequency

22 hours a week

Because there are four fifteen-minute units in each hour:

$$22 \times 4 = 88 \text{ units every week}$$

Trey's team has identified the need to add 22 hours a week for HTS services to his current Plan of Care. There are 16 weeks left in the current year. He wants to hire his cousin and pay them \$17.44 an hour.



# BUDGETING PRACTICE

How many units should Trey and his DDS Case Manager request for the remainder of this Plan of Care year?

Frequency

22 hours a week

$22 \times 4 = 88$  units every week

Duration

16 weeks

Because there are sixteen weeks left in this POC year:

**$16 \text{ weeks} \times 88 \text{ units} = 1,408 \text{ total units needed}$**

Trey's team has identified the need to add 22 hours a week for HTS services to his current Plan of Care. There are 16 weeks left in the current year. He wants to hire his cousin and pay them \$17.44 an hour.



# BUDGETING PRACTICE

How many units should Trey and his DDS Case Manager request for the remainder of this Plan of Care year?

An addendum requesting the addition of 1,408 units of HTS time will need to be submitted for approval.

Unit Total

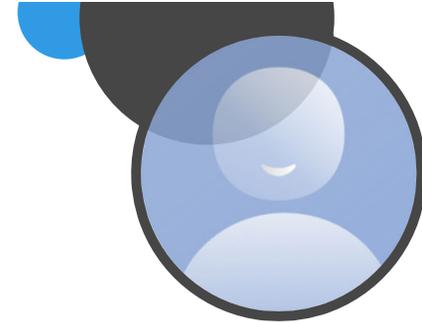
1,408 units

Trey's team has identified the need to add 22 hours a week for HTS services to his current Plan of Care. There are 16 weeks left in the current year. He wants to hire his cousin and pay them \$17.44 an hour.



# BUDGETING PRACTICE

Example of Trey's completed addendum request grid:



Service Description	DDS Procedure Code	Effective Date	End Date	Frequency of Service (# per day, week, month)	Duration of Service (# of weeks or months)	Number of Units Currently Authorized	Number of Units Requested per this Addendum	Total Number of Units	Cost per Unit	Total Cost for POC Year
SD HTS	T2017 U1 TF	2/16/26	6/1/26	88 units per week	16 weeks	0	1,408	1,408	\$5	<b>\$7,040</b>
CPR/First Aid	A9270	2/16/26	6/1/26	Once	Once	0	1	1	\$100	<b>\$100</b>
Background Check	A9270 BC	2/16/26	6/1/26	Once	Once	0	1	1	\$16	<b>\$16</b>

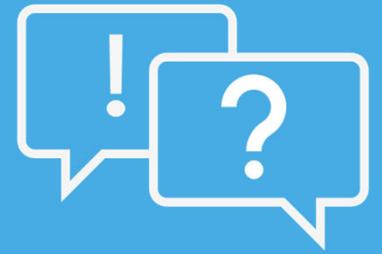
Trey's team has identified the need to add 22 hours a week for HTS services to his current Plan of Care. There are 16 weeks left in the current year. He wants to hire his cousin and pay them \$17.44 an hour.





# FREQUENTLY ASKED QUESTIONS

To review some of the most frequently asked questions about budgeting for self-directed services, visit the online archive for this training.





# Contacting Acumen:

**Vendor Team Email:** [vendor-ok@acumen2.net](mailto:vendor-ok@acumen2.net)

**Local Number:** (918) 221-7053

**Customer Service Hotline:** (877) 364-2837

**Visit the website:** [www.acumenfiscalagent.com/oklahoma](http://www.acumenfiscalagent.com/oklahoma)

**Walk-In Days**  
9 am – 4 pm

**Tuesdays in Oklahoma City**

100 NE 5th St. Oklahoma City, OK 73104

**Thursdays in Tulsa**

4867 S Sheridan Suite 711 Tulsa, OK 74145





# DDS Assistance:

Email the DDS SDS team:

[dds.sds@okdhs.org](mailto:dds.sds@okdhs.org)

Visit the DDS SDS website:

[oklahoma.gov/okdhs/services/dds/sds](http://oklahoma.gov/okdhs/services/dds/sds)

EORs are the MVP of self-direction.  
Your commitment to the careful and  
successful management of services is  
central to the success of this program.

---

**THANK YOU!**





**OKLAHOMA**  
**Human Services**  
Developmental Disabilities Services





 **POSSIBLE**



# SELF-DIRECTED SERVICES

Training for the Employer of Record