



**WORK (Work Opportunities Reward Kansans)  
Individualized Budget Form for Allocation Funds  
Combination of Agency and Self Directed Supports Form**

Indicate type of change for WORK individualized budget, (Examples include: Initial Start Date, Revision Date, Annual Re-Assessment, etc.) and the month and year the change is to take effect. Examples and rows can be added as needed.

<b>Initial Start Date</b>	

**A) CONSUMER INFORMATION**

Name:	Medicaid ID:
Address:	Phone:
City & Zip:	Monthly Allocation:

**B) FISCAL MANAGEMENT**

Fiscal management services are optional and are paid from the allocation funds. The current provider of this service is KATCO and they are required to set up separate accounts for the PAS services and any carry-over funds.

Vendor	Description	Calculation Monthly allocation X 8%	Cost
	Fiscal Management Fee		\$

**C) ALTERNATIVE PERSONAL SERVICES (Services in place of PAS hours)**

Provide a brief description below of the service you plan to use alternative services funds and the estimated cost. Alternative personal services are things that you can purchase to provide support in place of personal assistance hours? The use of these funds should be reflected by a reduction of allowed personal assistance hours on the Individualized Budget Form. (e.g. meals on wheels). Expenditures must be approved before use of the funds by KHPA WORK Program Manager.

Vendor	Description
1)	
2)	
3)	

**D) PERSONAL ASSISTANCE SERVICES (KATCO is available to assist with the estimate of withholding for employees)**

Name	Address – SS#	Hourly Pay	X Total Hours per Month	= Monthly Pay	+ Payroll Deductions	Workmen’s Compensation Costs	= Total Cost per Month
1)							
2)							
3)							
4)							
			Hours			TOTAL	\$

**D2) AGENCY Monthly Hours provided \_\_\_ Hours \$ \_\_\_\_\_ Per hour**

**Personal Assistance Services**

Home Health Agency Name	Address Phone	= Total Cost per Month

**E) CALCULATION ESTIMATE**

<b>Allocation</b>	\$	
<b>Fiscal Management</b>	\$-	
<b>Alternative Personal Services</b>	\$-	<b>0.00</b>
<b>Agency Directed Services</b>	\$	
<b>Personal Assistance Services</b>	\$-	
<b>Carry-Over Funds</b>	\$	

**F) CARRY-OVER FUNDS**

**Please list and explain how you will use any remaining funds from allocation. If you have unspent funds they will be moved to a savings account to be used only as approved by the KHPA WORK Program Manager.**

Note: These funds are to be used in ways that will increase independence, decrease reliance on PAS services, or assist to recruit or retain quality attendant care. Please provide an explanation in the description box. These funds can also be used to purchase emergency/safety equipment such as smoke or carbon monoxide detectors.

Vendor	Description and Cost
1)	
2)	
3)	

I understand that:

- The Allocation funds are to be used to fund activities necessary to support my independence. Carry-over funds not used for Personal Assistant Services or Fiscal management fees are to be moved to the savings account. The Carry-over funds will be used only for supports that are listed and approved on the Plan for Independence.
- WORK participants must not turn in timesheets in amounts more than the monthly allocation.
- If my eligibility for WORK ends and there are still remaining funds in the accounts I agree to return the funds to the Kansas Health Policy Authority.
- Misuse of the funds provided by Medicaid in the monthly *WORK* allocation for personal services is considered Medicaid fraud. It is my responsibility to report misuse of these funds to the *Working Healthy/WORK* Program Manager at the Kansas Health Policy Authority (KHPA).
- Both the participant and the attendant must sign time sheets and time sheets with original signatures must be on file with the WORK fiscal manager.
- Copies of this approved budget may be shared with the fiscal manager, assessment contractor, and agencies that I have chosen to provide supports and services to me.

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Signature

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Date

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Approval signature of WORK Program Manager

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Date