



HARBOR
REGIONAL CENTER

Self-Determination Program
Advisory Committee
**Comité Asesor de
Autodeterminación**

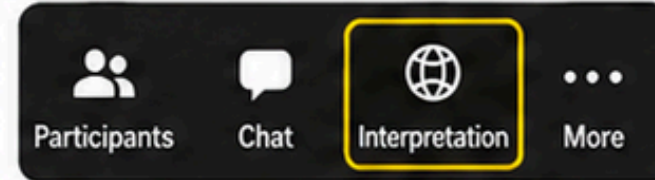


How to Access Interpretation

Follow these 3 easy steps.

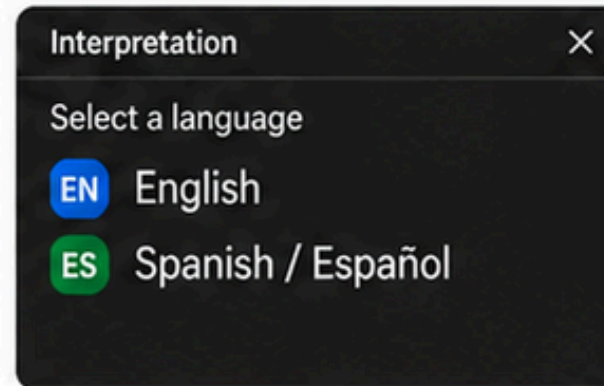
1

At the bottom of your Zoom window, click the **Interpretation** icon.



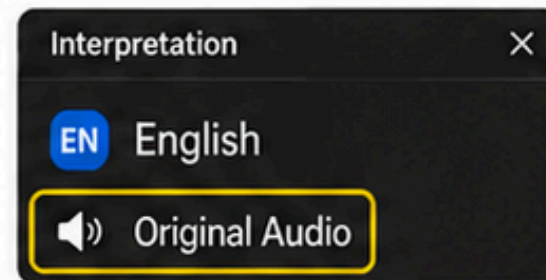
2

Select the language you would like to hear.



3

(Optional) To hear the original audio (the meeting host), click **Original Audio**.



If you need technical help, please contact the host or co-host via the chat.
Thank you!

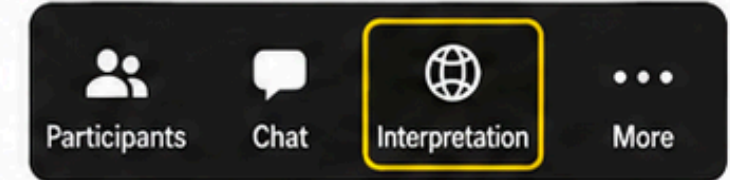


Cómo acceder a la interpretación

Siga estos 3 pasos sencillos.

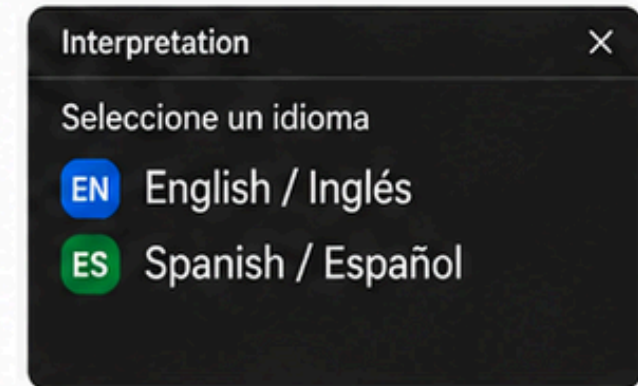
1

En la parte inferior de su ventana de Zoom, haga clic en el ícono de **Interpretación**.



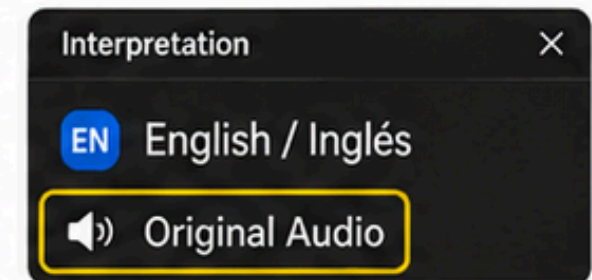
2

Seleccione el idioma que desea escuchar.



3

(Opcional) Para escuchar el audio original (el anfitrión de la reunión), haga clic en **Original Audio**.



Si necesita ayuda técnica, comuníquese con el anfitrión o coanfitrión a través del chat.
¡Gracias!

INTERPRETATION WILL BE AVAILABLE IN / LA INTERPRETACIÓN ESTARÁ DISPONIBLE EN:



English
Inglés



Spanish
Español



Korean
한국어

MISSION STATEMENT/DECLARACIÓN DE MISIÓN



Harbor Regional Center provides innovative and person-centered services, supports, and information that empower people with developmental disabilities and their circles of support to live their best lives in their culturally diverse communities.

El Centro Regional Harbor ofrece servicios, apoyos y información innovadores y centrados en la persona que empoderan a las personas con discapacidades del desarrollo y sus círculos de apoyo para vivir sus mejores vidas en sus comunidades culturalmente diversas.

MISSION STATEMENT/DECLARACIÓN DE MISIÓN:

The Harbor Self-Determination Program (SDP) Local Volunteer Advisory Committee (LVAC) fosters a community of person-centered practices, ongoing education, and continuous improvement so individuals served, and their circle of support will be empowered to act as strong self-advocates.

El Comité Asesor Local de Voluntarios (LVAC) del Programa de Autodeterminación de Harbor (SDP) fomenta una comunidad de prácticas centradas en la persona, la educación continua y la mejora continua para que las personas atendidas y su círculo de apoyo estén capacitadas para actuar como fuertes auto-defensores.



RESPONSIBILITIES/RESPONSABILIDADES

Responsibilities of Committee Members/*Responsabilidades de los miembros del Comité*

I will do my best to/*Haré lo mejor que pueda en:*

- attend meetings regularly and commit to being on time/
asistir a las reuniones con regularidad y comprometerme a llegar a tiempo
- be mindful of participants' time by helping keep meetings on track/
ser consciente del tiempo de los participantes ayudando a mantener las reuniones enfocadas
- listen attentively/*escuchar atentamente*
- maintain an open mind towards others/*mantener una mente abierta hacia los demás*
- support the actions and efforts of the committee/
apoyar las acciones y esfuerzos del comité

COMMITTEE AGREEMENTS/ACUERDOS DEL COMITÉ

- We agree to be respectful of each other/
Acordamos ser respetuosos unos con otros.
- We agree to respect privacy by not sharing any personal information/
Aceptamos respetar la privacidad al no compartir ninguna información personal.
- During public comments, raise your hand and wait to speak until called/
Durante los comentarios del público, levanta la mano y espera a que te llamen para hablar
- One comment per person, unless there is time for additional questions or comments/
Un comentario por persona, a menos que haya tiempo para preguntas o comentarios adicionales.
- If your questions were not answered during the meeting, email your Harbor service coordinator or Harbor PCS team/
Si sus preguntas no fueron respondidas durante la reunión, envíe un correo electrónico a su coordinador de servicios de Harbor o al equipo de Harbor PCS
– *PCSpecialists@harborrc.org*



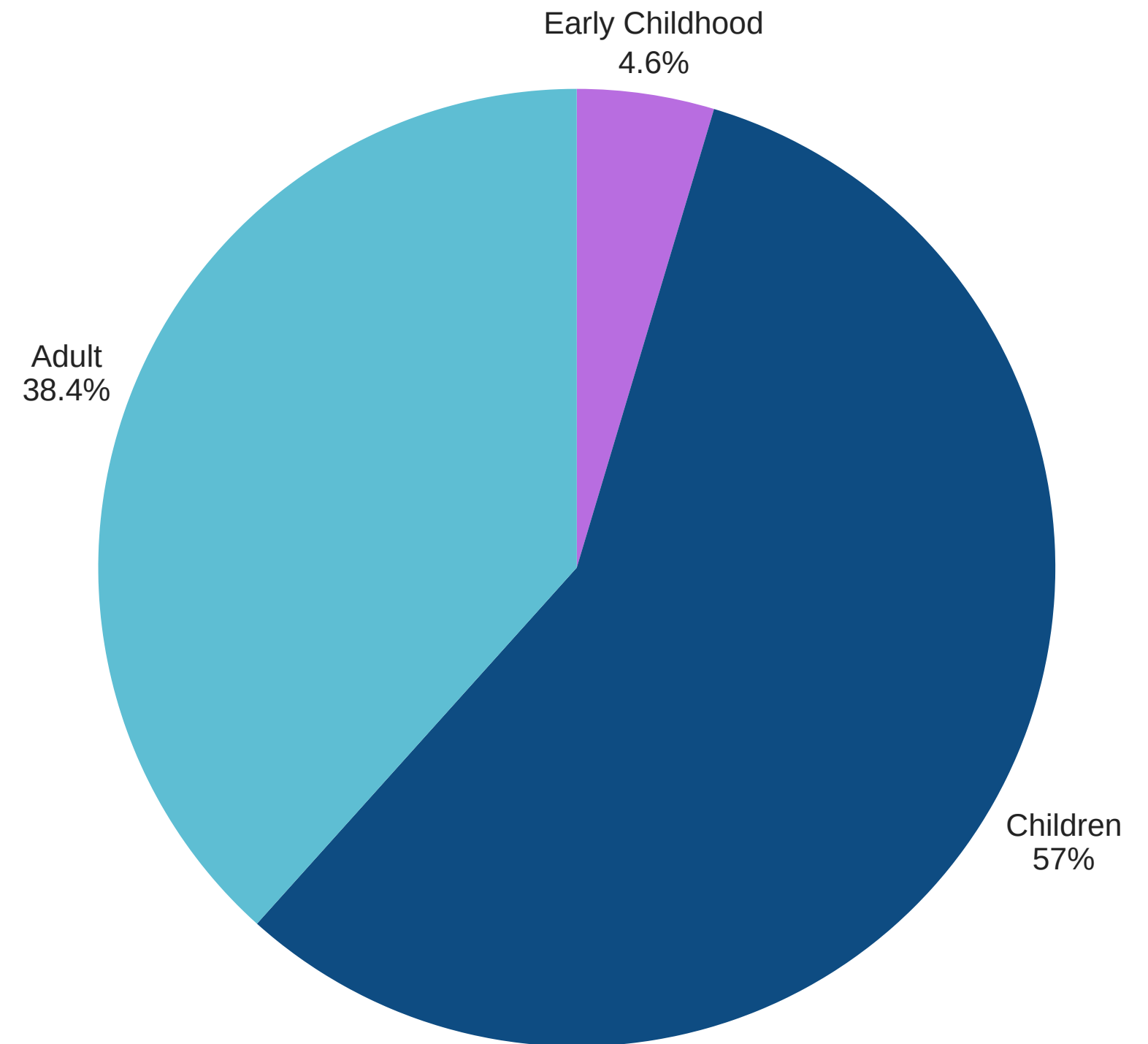


Updates/ Actualizaciones



Current SDP Participants/ Participantes actuales del SDP

Department/ <i>Departamento</i>	# of SDP Participants/ <i># de participantes en SDP</i>
Early Childhood/ <i>Primera Infancia</i>	32
Children/Adolescent/ <i>Niños / adolescentes</i>	394
Adult/ <i>Adultos</i>	265
Total	691



IF Round Table

Mesa Redonda de IF

- Round table will be for certified IF's only
 - Meetings will take place via Zoom on a quarterly basis
 - Meeting will run for an hour
 - First IF round table will take place:
 - When: 12/9/26 from 10am - 11am (Quarter 4, 2026)
 - Where: Zoom
 - If interested in attending, please email PCSpecialists@harborrc.org to receive the meeting link and ID
 - Flyer will be available in the near future
- La mesa redonda será solo para IF's certificados.
 - Las reuniones se celebrarán trimestralmente a través de Zoom.
 - La reunión durará una hora.
 - La primera mesa redonda de IF tendrá lugar:
 - Cuándo: 12/9/26 de 10:00 a 11:00 (cuarto trimestre de 2026)
 - Dónde: Zoom
 - Si le interesa asistir, envíe un correo electrónico a PCSpecialists@harborrc.org para recibir el enlace y el ID de la reunión.
 - El folleto estará disponible próximamente.

Available IF List

Lista de IF's Disponibles

- The list will consist of the IF's that are currently accepting individuals/families
- The list will be given to SC's and can be shared upon request from the family

✓ The goal is to add this list to the Harbor website

- Interested IF's can email: PCSpecialists@harborrc.org
 - Include the following:
 - Name of the IF
 - Phone number
 - Email
 - Language or Modality of Communication you can support

- La lista estará compuesta incluyendo informacion de IF's que actualmente aceptan personas/familias.
- La lista se entregará a los SC y podrá compartirse a petición de la familia.
- El objetivo es añadir esta lista al sitio web de Harbor.
- Los IF's interesados pueden enviar un correo electrónico a: PCSpecialists@harborrc.org
 - Incluya lo siguiente:
 - Nombre del IF
 - Número de teléfono
 - Correo electrónico
 - Idioma o modalidad de comunicación que puede apoyar

Spending Plan Template

Plantilla de plan de gastos

- Harbor has been working to create a new spending plan template with a tentative timeline:

- ✓ Harbor has received positive feedback from IF's.
- ✓ Harbor has piloted the spending plan internally to 5 teams in August 2026.
- ✓ Harbor will expand training to Harbor Staff and the community in September 2026.
- ✓ The spending plan will be rolled out in October 2026.

- Harbor ha estado trabajando en la creación de una nueva plantilla de plan de gastos con un cronograma provisional:

- ✓ Harbor ha recibido comentarios positivos de los IF.
- ✓ Harbor ha puesto a prueba internamente el plan de gastos con cinco equipos en agosto de 2026.
- ✓ Harbor ampliará la capacitación para el personal de Harbor y la comunidad en septiembre de 2026.
- ✓ El plan de gastos se presentará a la comunidad en octubre de 2026.

Resources for SDP Participants

recursos disponibles para los participantes del SDP

Reviewing the Purpose of Implementation Funds

Revisión del propósito de los fondos de implementación

- SDP Implementation Funds became available to support the SDP program in March of 2020
- Some recomendations for the use of funds:
 - Recruitment and training of independent facilitators
 - Joint training for participants, families, regional centers, LVAC members and others
 - Support or coaching in making the transition to SDP
 - Assistance with spending plan development
 - Orientation support which could include costs for speakers/presenters, and development of modification of materials
 - Collaborative groups/workshops to foster ongoing, shared learning and problem solving opportunities
- Los fondos para la implementación del programa SDP estuvieron disponibles para apoyar dicho programa en marzo de 2020.
- Algunas recomendaciones para el uso de los fondos:
 - Reclutamiento y formación de facilitadores independientes
 - Capacitación conjunta para participantes, familias, centros regionales, miembros de LVAC y otros.
 - Apoyo o asesoramiento para facilitar la transición al SDP.
 - Asistencia en la elaboración del plan de gastos
 - Apoyo a la orientación, que podría incluir los costos de los oradores/presentadores y el desarrollo o modificación de los materiales.
 - Grupos/talleres colaborativos para fomentar el aprendizaje continuo y compartido y las oportunidades de resolución de problemas.

Future Use of Implementation Funds

Uso futuro de los fondos de implementación

- Feedback we have received and addressed:
 - SDP Coaching and Training for families (FY20/21 & FY21/22)
 - The need for more Independent Facilitators (FY22/23 & FY23/24)
 - The training of bilingual Independent Facilitators (FY22/23 - FY25/26)
 - Ongoing support after training for Independent Facilitators (FY24/25 & FY25/26)
 - Areas of need:
 - Ongoing support for families in SDP
 - Support groups for families in SDP
- Comentarios que hemos recibido y a los que hemos resuelto:
 - Entrenamiento y capacitación de SDP para las familias (FY20/21 & FY21/22)
 - La necesidad de más facilitadores independientes (FY22/23 & FY23/24)
 - Capacitación de facilitadores independientes bilingües (FY22/23 - FY25/26)
 - Apoyo continuo para facilitadores independientes despues de capacitación (FY24/25 & FY25/26)
 - Áreas de necesidad:
 - Apoyo continuo a las familias en SDP
 - Grupos de apoyo para familias en SDP



New SDP Spending Plan

Nuevo plan de gastos del SDP



Spending Plan Template



HARBOR
REGIONAL CENTER

Why a new Spending Plan Template?

- Individuals, families, Independent Facilitators (IF) and service coordinators will be able to work on this template directly.
- Reduces the need for the service coordinator to transfer the information from the family spending plan to the Harbor spending plan.
- Reduction of mathematical errors.

Overview of the Spending Plan

Excel Worksheet

Page 1

Self-Determination Program Spending Plan: IPP Goals (Page 2)											
Name: --->		UCI: --->		Service Coordinator		Today's Date: --->		Modification #		SDP Year: --->	
Certified Budget: --->		SDP Date Range: --									
IPP Goal #	Goal Description										
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
333 - Participant Directed Goods and Services											
Note: Create a single 333 line on Page 1 with the total if code is used.											
Item	Cost	Purchased From/Link								Goal #	
Total	\$0.00										

< >

SDP Spending Plan

Service Code Totals

FMSRates

+



At the bottom of the excel workbook you will see three tabs:



Service Code	Total		Service Code	Total
310 - Respite (Individual and Agency) In -home	\$0.00		358 - Personal Emergency	\$0.00
311 - Respite Facility - Out-of-Home	\$0.00		359 - Home Health Aide	\$0.00
312 - Live-In Caregiver	\$0.00		360 - Communication Support	\$0.00
313 - Homemaker	\$0.00		361 - Skilled Nursing	\$0.00
314 - Housing Access Supports	\$0.00		362 - Nutritional Consultation	\$0.00
315 - FMS Fiscal Agent	\$0.00		363 - Crisis Intervention and	\$0.00
316 - FMS Co-Employer	\$0.00		364 - Behavioral Intervention	\$0.00
317 - FMS Fiscal/Employer Agent	\$0.00		365 - Specialized Medical	\$0.00
320 - Community Living Supports (Individual and	\$0.00		366 - Family/Consumer Training	\$0.00
321 - Residential Facility	\$0.00		367 - Dental Services	\$0.00
331 - Community Integration Supports	\$0.00		368 - Lenses and Frames	\$0.00
333 - Participant-Directed Goods and Services	\$0.00		369 - Optometric-Optician	\$0.00
334 - Individual Training and Education	\$0.00		370 - Psychology Services	\$0.00
335 - Employment Supports	\$0.00		371 - Training and Counseling	\$0.00
336 - Technology Supports	\$0.00		372 - Speech - Hearing and	\$0.00
337 - Transition Set-Up Expenses	\$0.00		373 - Chiropractor	\$0.00
338 - Non-Medical Transportation	\$0.00		374 - Massage Therapist	\$0.00
339 - Prevocational Supports	\$0.00		375 - Occupational Therapy	\$0.00
340 - Independent Facilitator	\$0.00		376 - Physical Therapy	\$0.00
356 - Environmental Accessibility	\$0.00		377 - Vehicle Modifications and	\$0.00
357 - Acupuncture Services	\$0.00		378 - Child Day Care Facility	\$0.00
Spending Plan Total	\$0.00			

At the bottom of the excel workbook you will see three tabs:



Model	Total Number	Language	Rate
315	0 to 4	English	\$230
315	5 to 10	English	\$450
315	11+	English	\$690
315	0 to 4	Other	\$255
315	5 to 10	Other	\$495
315	11+	Other	\$760
316	0 to 4	English	\$380
316	5 to 10	English	\$600
316	11+	English	\$840
316	0 to 4	Other	\$420
316	5 to 10	Other	\$660
316	11+	Other	\$925
317	0 to 4	English	\$380
317	5 to 10	English	\$600
317	11+	English	\$840
317	0 to 4	Other	\$420
317	5 to 10	Other	\$660
317	11+	Other	\$925



Let's take it piece by piece!

Page 1



Self-Determination Program Spending Plan (Page 1)

Name: --->		UCI: --->		Service Coordinator		Today's Date: --->		Modification #:		SDP Year: --->	
Certified Budget: --->		SDP Date Range: --->									

FMS (Select below)	FMS Model (Select below)	Employer Burden	Language (Select)	# of Employees/Providers	FMS Rate/Month

Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	Frequency			Cost				Total	Goal #	Notes
				# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employee Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments			
									Sum of Page 1 and 3		\$0.00		

Generic Resources Pursuant to WIC Section 4685.8 (d)(3)(B): The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.

Budget Management Pursuant to WIC Section 4685.8 (d)(3)(D): The participant shall manage Self-Determination Program Services and supports within the participant's individual budget.

Informed Choice of Providers (HCBS Waiver): Participants are informed about the types of services available in the self-determination program (SDP) and strategies for selecting providers during the required SDP orientation and through available trainings. Additionally, through the person-centered planning process, the case manager informs the participant and/or their legal representative about available services that meet the participant's needs. Participants may meet with service providers before selecting services to be incorporated into the IPP. The participant's choice of providers includes consideration of, among other things, the provider's ability to achieve the objectives set forth in the participant's IPP.

Acknowledgement: I understand that Regional Center approval of a provider, service, support, or expenditure, does not constitute approval by the Financial Management Services (FMS) provider. The FMS provider is responsible for conducting its own review to ensure that all providers, services, supports, expenditures, employment arrangements, and related documentation comply with applicable federal and state laws, regulations, SDP requirements, payroll requirements, tax requirements, and

FMS policies and procedures.

Individual Signature	Date
----------------------	------

Service Coordinator	Date
----------------------------	-------------

Participant Choice Specialist	Date
--------------------------------------	-------------

Client Services Manager	Date
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Budget Totals (Page 1 and 3 Totals)	
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Total Certified Budget	\$0.00
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Spending Plan Total	\$0.00
---------------------	--------

Difference	\$0.00
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Self-Determination Program Spending Plan (Page 1)											
Name: --->		UCI: --->		Service Coordinator:		Today's Date: --->		Modification #:		SDP Year: --->	
Certified Budget: --->		SDP Date Range: --->									

Highlighted cells need to be filled out

- Name
- UCI
- Service Coordinator
- Today's Date
- Modification: If it's the initial spending plan for the year, this stays blank
- SDP Year: Year 1, Year 2 etc.
- Certified Budget: Total of the approved budget (\$)
- SDP Date Range: Start date - End date (month/day/year)

Self-Determination Program Spending Plan (Page 1)											
Name: --->		UCI: --->		Service Coordinator:		Today's Date: --->		Modification #:		SDP Year: --->	
Certified Budget: --->		SDP Date Range: --->									
FMS (Select below)	FMS Model (Select below)	Employer Burden	Language (Select)	# of Employees/Providers	FMS Rate/Month						

- **FMS (Select below)**

- Drop down arrow, choose the FMS from the list

- **FMS Model (Select below)**

- Drop Down arrow and choose:
 - 315 (Bill Payer)
 - 316 (Co-Employer)
 - 317 (Sole-Employer)

- **Employer Burden**

- Include the percentage in (Ex: 25%)

- **Language**

- English
- Other

- **# of Employees (Select below)**

- 0-4 employees
- 5-10 employees
- 11+ employees

Self-Determination Program Spending Plan (Page 1)											
Name: --->		UCI: --->		Service Coordinator:		Today's Date: --->		Modification #:		SDP Year: --->	
Certified Budget: --->		SDP Date Range: --->									
FMS (Select below)	FMS Model (Select below)	Employer Burden	Language (Select)	# of Employees/Providers	FMS Rate/Month						

• You can use the table below or the third tab located at the bottom of the spending plan workbook

>	SDP Spending Plan	Service Code Totals	FMSRates	+
---	-------------------	---------------------	----------	---

Model	Total Number	Language	Rate
315	0 to 4	English	\$230
315	5 to 10	English	\$450
315	11+	English	\$690
315	0 to 4	Other	\$255
315	5 to 10	Other	\$495
315	11+	Other	\$760
316	0 to 4	English	\$380
316	5 to 10	English	\$600
316	11+	English	\$840
316	0 to 4	Other	\$420
316	5 to 10	Other	\$660
316	11+	Other	\$925
317	0 to 4	English	\$380
317	5 to 10	English	\$600
317	11+	English	\$840
317	0 to 4	Other	\$420
317	5 to 10	Other	\$660
317	11+	Other	\$925

Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employee Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments	Total	Goal #	Notes

- **Service | Support | Activity | Item**
 - Include the type of services/support/activity/item
- **Provider Name**
 - The name of the provider that will render services.
- **Employee Burden (Required)**
 - Drop down arrow, Yes or No.
- **Service Code**
 - Drop down arrow, choose appropriate code for the service.

- **# of units**
 - Typed in number (1,2,3).
- **Per (frequency)**
 - Drop down (week, month, year).
- **Annual Units (Required)**
 - Annual Units required and should reflect # units x frequency= Annual Units

Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employee Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments	Total	Goal #	Notes

- **Cost or Rate**

- This would be your base rate without employer burden rate (EBR).

- **Employer burden**

- Include the FMS' Employer Burden (if applicable).
- Not auto populated because the EBR can be negotiated.

- **Adjusted cost per unit**

- If there is an EBR, this will auto calculate the new total per unit.
- Will pull from Employee yes/no, cost or rate and the EBR indicated.
- Will show a rounded number to the second decimal place.

- **Additional Cost or Adjustments**

- Can be used if there are any one-time fees or fees that are not paid out of the SDP budget (FMS Fees).
- Can add or remove funds to the spending plan total.

Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employer Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments	Total	Goal #	Notes
						↑		↑	↑		↑		

- **Total**

- Special formula that will pull information from Annual Units, Employer Burden and the Adjusted cost (base pay + EBR) to calculate the total.

- **Goal #**

- Each service should be tied to a goal, the same goal can be tied to multiple services.

- **Notes**

- Can be used to provide additional information, should be a sentence or two max.
Should not be used to track fund movements.

Self-Determination Program Spending Plan (Page 1)													
Name: --->	Justin Time	UCI: --->	1234756	Service Coordinator:	Paige Turner	Todays' Date: --->	7/31/2026	Modification #	2	SDP Year: --->	2		
Certified Budget: --->	\$50,000.00	SDP D	ge: --	9/1/2025-8/30/2026									
FMS (Select below)	FMS Model (Select below)	Employer Burden	Language (Select)	# of Employees/Providers		FMS Rate/Month							
Cambrian	316	25.00%	English	5 to 10		\$600							
				Frequency			Cost						
Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employee r Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments	Total	Goal #	Notes
FMS	Cambrian	No	316 - FMS Co-Employer	1	Month	12	\$600.000		\$600.000	-\$7,200.00	\$0.00		FMS fees are funded by Harbor outside of the SDP budget.
Respite	Tina Burner	Yes	320 - Community Living Supports (Individual and Agency)	20	Month	240	\$25.000	25.00%	\$31.250		\$7,500.00		
Personal Assistance	Ella Vator	Yes	331 - Community Integration Supports	55	Month	660	\$30.000	4.99%	\$31.497		\$20,788.02		
Swimming	AquaDots	No	331 - Community Integration Supports	1	Month	12	\$200.000		\$200.000		\$2,400.00		
Coding	Code Ninja	No	331 - Community Integration Supports	1	Month	3	\$50.000		\$50.000		\$150.00		
Gym	Sore Gym	No	331 - Community Integration Supports	1	Year	1	\$499.000		\$499.000		\$499.00		
Independent Facilitator	Your Choice, LLC	No	340 - Independent Facilitator	10	Year	10	\$100.000		\$100.000		\$1,000.00		
Participant Directed Goods	See Page 2	No	333 - Participant-Directed Goods and Services	1	Year	1	\$800.000		\$800.000		\$800.00		

1 Adjusted Costs/ FMS fees

2 EBR

3 Notes

4 333 service code



Let's take it piece by piece!

Page 2



Self-Determination Program Spending Plan: IPP Goals (Page 2)											
Name: --->		UCI: --->		Service Coordinato		Today's Date: --->		Modification #		SDP Year: --->	
Certified Budget: --->		SDP Date Range: --									

IPP Goal #	Goal Description
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

333 - Participant Directed Goods and Services			
Note: Create a single 333 line on Page 1 with the total if code is used.			
Item	Cost	Purchased From/Link	Goal #
Total	\$0.00		



Self-Determination Program Spending Plan: IPP Goals (Page 2)

Name: --->		UCI: --->		Service Coordinator		Today's Date: --->		Modification #		SDP Year: --->	
Certified Budget: --->		SDP Date Range: --									

- This part will autopopulate from page 1

IPP Goal #	Goal Description
1	
2	
3	
4	
5	
6	
7	
8	

- Services listed on page 1 and 3 should be tied to a goal.
- On this page, the goal will be written in under “Goal Description”.
 - The IPP team should work together to create a goal that is tied to the Harbor diagnosis.

333 - Participant Directed Goods and Services			
Note: Create a single 333 line on Page 1 with the total if code is used.			
Item	Cost	Purchased From/Link	Goal #
Total	\$0.00		

- This table will reflect all items being purchased under service code 333.
- Each item should be listed in its own row.
 - Item
 - Cost
 - Purchase from/ link
 - Goal
- **Important:** The total will need to be placed in the main body of the spending plan in order for this to be calclated in the spending plan total.

A series of overlapping, semi-transparent geometric shapes in shades of blue and gold, located in the top right corner of the slide.

Let's see an example!

Page 2

A series of overlapping, semi-transparent geometric shapes in shades of blue and gold, located in the bottom left corner of the slide.

Taken from page 1

Participant Directed Goods	See Page 2	No	333 - Participant-Directed Goods and Services	1	Year	1	\$800.000		\$800.000		\$800.00	6
----------------------------	------------	----	---	---	------	---	-----------	--	-----------	--	----------	---

What should be reflected in page 2

333 - Participant Directed Goods and Services						
Note: Create a single 333 line on Page 1 with the total if code is used.						
Item	Cost	Purchased From/Link				Goal #
Swim Suit	\$300.00	Include Amazon Link				4
Tablet	\$500.00	Best Buy Link				6
Total	\$800.00					

				Frequency			Cost					
Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employee Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments	Total	Goal #
FMS	Cambrian	No	316 - FMS Co-Employer	1	Month	12	\$600.000		\$600.000	-\$7,200.00	\$0.00	1
Respite	Tina Burner	Yes	320 - Community Living Supports (Individual and Agency)	20	Month	240	\$25.000	25.00%	\$31.250		\$7,500.00	2
Personal Assistance	Ella Vator	Yes	331 - Community Integration Supports	55	Month	660	\$30.000	4.99%	\$31.497		\$20,788.02	3
Swimming	AquaDots	No	331 - Community Integration Supports	1	Month	12	\$200.000		\$200.000		\$2,400.00	4
Coding	Code Ninja	No	331 - Community Integration Supports	1	Month	3	\$50.000		\$50.000		\$150.00	4
Gym	Sore Gym	No	331 - Community Integration Supports	1	Year	1	\$499.000		\$499.000		\$499.00	4
Independent Facilitator	Your Choice, LLC	No	340 - Independent Facilitator	10	Year	10	\$100.000		\$100.000		\$1,000.00	5
Participant Directed Goods	See Page 2	No	333 - Participant-Directed Goods and Services	1	Year	1	\$800.000		\$800.000		\$800.00	6

IPP Goal #	Goal Description
1	FMS will support participant.....
2	Respite.....
3	Justin will receive support in the community to.....
4	Justin will participate in social recreational activities to....
5	Justin will navigate the SDP with the support of his IF
6	Justin will purchase ____, these items will support him with____



Let's take it piece by piece!

Page 3





Spending Plan: From Start to Finish

Final Documents: Ideal Steps

STEP 1

- SDP Participant will complete the new spending plan template
- Participant will send the document to their Service Coordinator

STEP 2

- Service Coordinator will follow the internal review process for approval.
- Upon approval, the service coordinator will provide the SDP participant with two documents:
 - Spending Plan - Excel
 - Spending Plan - PDF

STEP 3

- SDP Participant will sign the PDF copy of the spending plan and provide Harbor with a copy.

STEP 4

- The SDP Participant/IF will use the excel sheet to make any modifications moving forward.

Excel Worksheet: No Signatures

Self-Determination Program Spending Plan (Page 1)													
Name: --->	Justin Time	UCI: --->	1234756	Service Coordinator	Paige Turner	Today's Date: --->	7/31/2026	Modification #	2	SDP Year: --->	2		
Certified Budget: --->	\$50,000.00	SDP Date Range: --	9/1/2025-8/30/2026										
FMS (Select below)	FMS Model (Select below)	Employer Burden	Language (Select)	# of Employees/Providers		FMS Rate/Month							
Cambrian	316	25.00%	English	5 to 10		\$600							
				Frequency			Cost						
Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employer Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments	Total	Goal #	Notes
FMS	Cambrian	No	316 - FMS Co-Employer	1	Month	12	\$600.000		\$600.000	-\$7,200.00	\$0.00	1	Funded for outside of the budget
Respite	Tina Burner	Yes	320 - Community Living Supports (Individual and Agency)	20	Month	240	\$25.000	25.00%	\$31.250		\$7,500.00	2	
Personal Assistance	Ella Vator	Yes	331 - Community Integration Supports	55	Month	660	\$30.000	4.99%	\$31.497		\$20,788.02	3	
Swimming	AquaDots	No	331 - Community Integration Supports	1	Month	12	\$200.000		\$200.000		\$2,400.00	4	
Coding	Code Ninja	No	331 - Community Integration Supports	1	Month	3	\$50.000		\$50.000		\$150.00	4	
Gym	Sore Gym	No	331 - Community Integration Supports	1	Year	1	\$499.000		\$499.000		\$499.00	4	
Independent Facilitator	Your Choice, LLC	No	340 - Independent Facilitator	10	Year	10	\$100.000		\$100.000		\$1,000.00	5	
Participant Directed Goods	See Page 2	No	333 - Participant-Directed Goods and Services	1	Year	1	\$800.000		\$800.000		\$800.00	6	
Sum of Page 1 and 3										\$33,137.02			
Budget Totals (Page 1 and 3 Totals)													
Total Certified Budget											\$50,000.00		
Spending Plan Total											\$33,137.02		
Difference											\$16,862.98		
Generic Resources Pursuant to WIC Section 4685.8 (d)(3)(B): The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.													
Budget Management Pursuant to WIC Section 4685.8 (d)(3)(D): The participant shall manage Self-Determination Program Services and supports within the participant's individual budget.													
Informed Choice of Providers (HCBS Waiver): Participants are informed about the types of services available in the self-determination program (SDP) and strategies for selecting providers during the required SDP orientation and through available trainings. Additionally, through the person-centered planning process, the case manager informs the participant and/or their legal representative about available services that meet the participant's needs. Participants may meet with service providers before selecting services to be incorporated into the IPP. The participant's choice of providers includes consideration of, among other things, the provider's ability to achieve the objectives set forth in the participant's IPP.													
Acknowledgement: I understand that Regional Center approval of a provider, service, support, or expenditure, does not constitute approval by the Financial Management Services (FMS) provider.													
The FMS provider is responsible for conducting its own review to ensure that all providers, services, supports, expenditures, employment arrangements, and related documentation comply with applicable federal and state laws, regulations, SDP requirements, payroll requirements, tax requirements, and FMS policies and procedures.													

Individual Signature

Date

Service Coordinator

Date

Participant Choice

Date

Client Services Manager

Date



PDF Document: Signatures

Self-Determination Program Spending Plan (Page 1)											
Name: --->	Justin Time	UCI: --->	1234756	Service Coordinator	Paige Turner	Today's Date: --->	7/31/2026	Modification #	2	SDP Year: --->	2
Certified Budget: --->	\$50,000.00	SDP Date Range: --	9/1/2025-8/30/2026								

FMS (Select below)	FMS Model (Select below)	Employer Burden	Language (Select)	# of Employees/Providers	FMS Rate/Month
Cambrian	316	25.00%	English	5 to 10	\$600

				Frequency			Cost						
Service Support Activity Item	Provider Name(s)	Employee Burden (Yes/No)	Service Code	# of (units)	Per (frequency)	Annual Units	Cost or Rate (\$)	Employer Burden	Adjusted Cost Per Unit	Additional Costs or Adjustments	Total	Goal #	Notes
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Gym	Sore Gym	No	331 - Community Integration Supports	1	Year	1	#####		\$499.000		\$499.00	4	
Independent Facilitator	Your Choice, LLC	No	340 - Independent Facilitator	10	Year	10	#####		\$100.000		\$1,000.00	5	
Participant Directed Goods	See Page 2	No	333 - Participant-Directed Goods and Services	1	Year	1	#####		\$800.000		\$800.00	6	
									Sum of Page 1 and 3		\$33,137.02		

Generic Resources Pursuant to WIC Section 4685.8 (d)(3)(B): The participant shall utilize the services and supports available within the Self-Determination Program only when generic services and supports are not available.

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Informed Choice of Providers (HCBS Waiver): Participants are informed about the types of services available in the self-determination program (SDP) and strategies for selecting providers during the required SDP orientation and through available trainings. Additionally, through the person-centered planning process, the case manager informs the participant and/or their legal representative about available services that meet the participant's needs. Participants may meet with service providers before selecting services to be incorporated into the IPP. The participant's choice of providers includes consideration of, among other things, the provider's ability to achieve the objectives set forth in the participant's IPP.

Acknowledgement: I understand that Regional Center approval of a provider, service, support, or expenditure, does not constitute approval by the Financial Management Services (FMS) provider. The

Justin Time 7/1/26

Individual Signature Date
John Doe 5/25/26

Service Coordinator Date
Wendy Velazquez 6/1/26

Participant Choice Date
Jane Doe 5/28/26

Client Services Manager Date

Budget Totals (Page 1 and 3 Totals)	
Total Certified Budget	\$50,000.00
Spending Plan Total	\$33,137.02
Difference	\$16,862.98





Timelines and Where to Find Resources

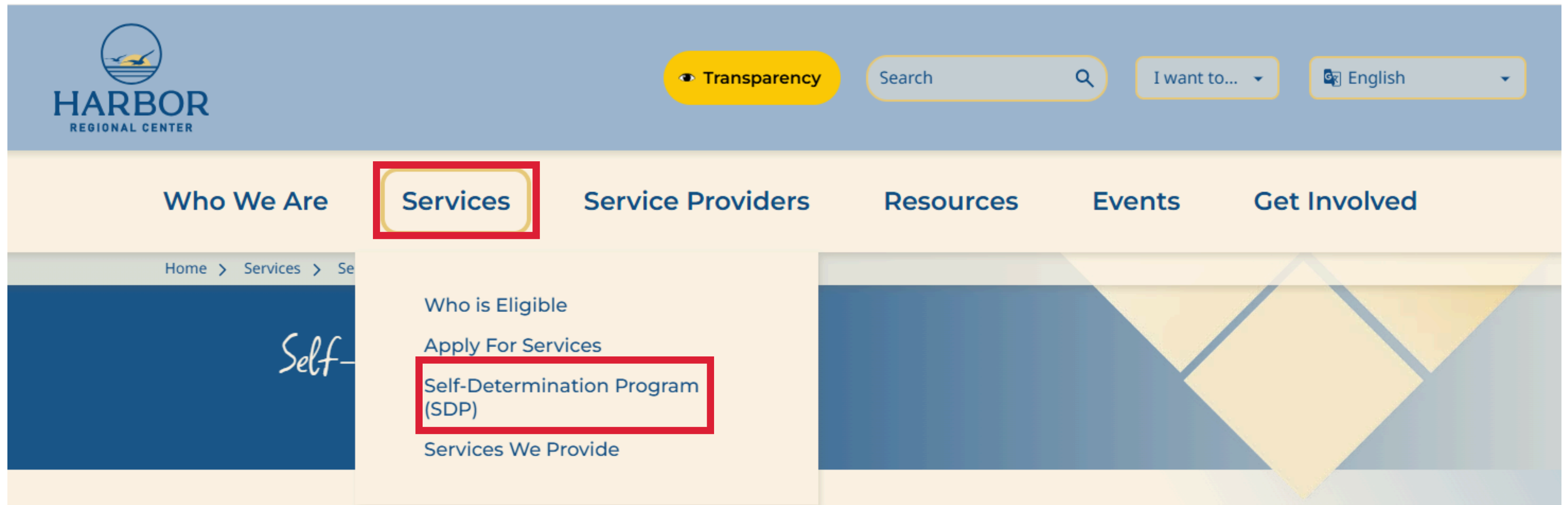
Important Timelines

- Spending Plan was rolled out **October 1, 2026**
 - Template is available on the Harbor website
 - Training slides are also available on the Harbor website
 - The goal is to have the slides available in multiple languages
- Full transition to the new spending plan is expected by **January 2027**
 - Harbor staff will no longer accept spending plans that are not on the new template

Where to find the New Spending Plan

1: Contact your Service Coordinator for a copy

2: <https://www.harborrc.org/services/self-determination-program-sdp/>



Where to find the New Spending Plan

Scroll down:

How to Enroll

Harbor Spending Plan

History of SDP

Financial Management Services

Frequently Asked Questions (FAQs)

Feedback Findings

Resources

Self-Determination Advisory Committee (SDAC)

Hello SDP participants, please see the new Harbor Spending Plan that will roll out in October 2026! We are aware that the new spending plan may come with questions; we are working on uploading the training slides in different languages.

Please feel free to join us for the upcoming community training!

[Spending Plan Review- Spending Plan Review 5 PM – 6:30 PM](#)

Harbor SDP Spending Plan

Success Story

Historia de éxito

"My son has become more independent thanks to the freedom that SDP brings. He is more open to trying new activities and is now willing to communicate when he likes an activity. This is a great development because now I don't need to wonder if he actually enjoys the activities he attends or just goes along with our suggestions."

-Dad at Harbor

"Mi hijo se ha vuelto más independiente gracias a la libertad que le brinda el programa SDP. Está más dispuesto a probar nuevas actividades y ahora comunica cuando le gusta alguna. Esto es un gran avance, porque ya no tengo que preguntarme si realmente disfruta de las actividades a las que asiste o si simplemente sigue nuestras sugerencias."

- Padre con Harbor

ORIENTATIONS/ORIENTACIONES

California State Counsel on Developmental Disabilities (SCDD)

Today < > October 2026 ! 📅 🖨️ Month ▾						
SUN 27	MON 28	TUE 29	WED 30	THU Oct 1	FRI 2	SAT 3
4	5	6 • 10am PARTE A - O • 6pm PART A - SDP	7	8	9 • 10am PART B - SDI	10
11	12	13	14	15 • 11am PART A - SDF	16	17
18	19	20 • 9am PART B - SDP	21	22	23 • 11am PARTE B - Or	24
25	26 • 10am PART A - SDI • 6pm PART B - SDP	27 • 4pm PARTE A - Ori	28	29	30	31



**SCAN ME
ESCANÉAME**

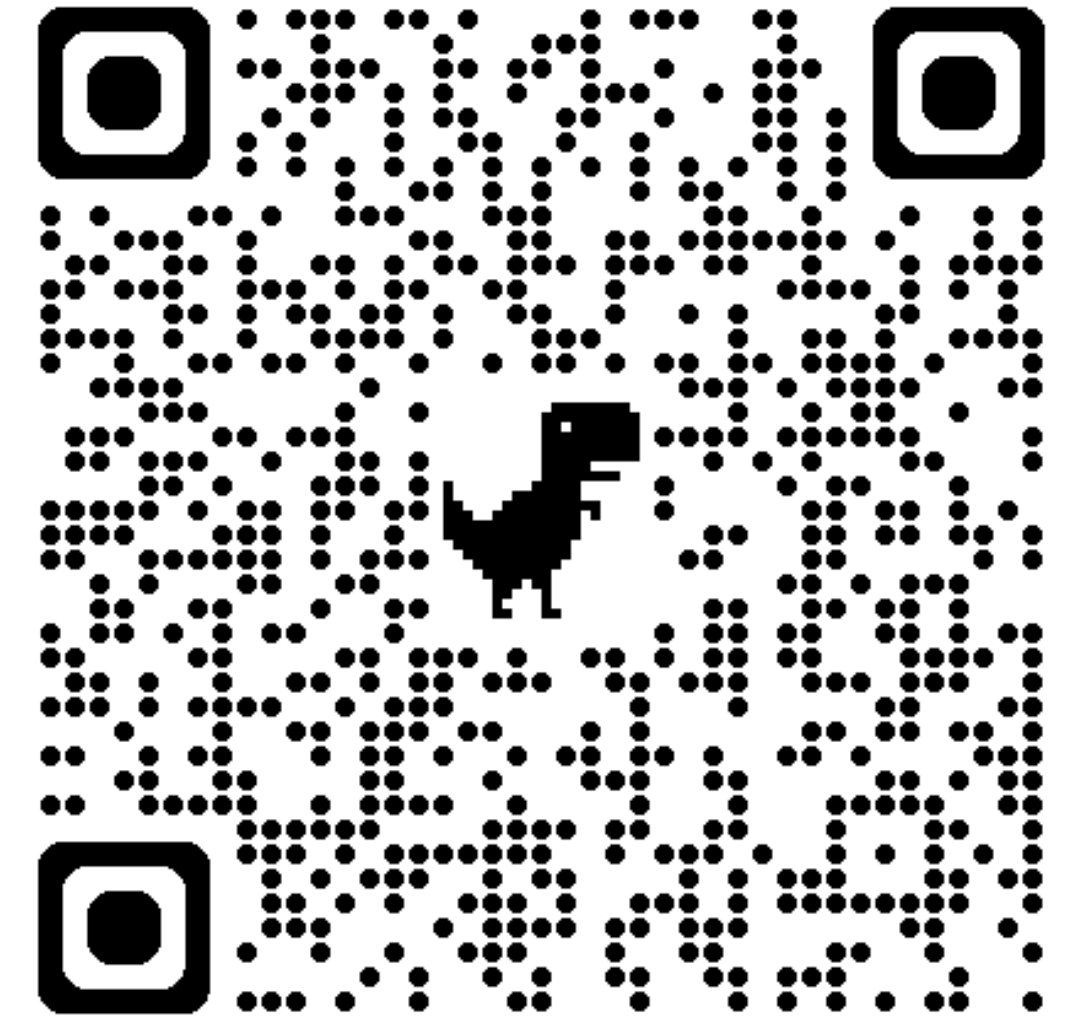
Next SDAC Meeting/Próxima Reunión de SDAC:



DATE/FECHA: 11/04/2026

TIME/HORARIO: 6 PM - 8 PM

LOCATION/LUGAR: ZOOM



**SCAN ME
ESCANÉAME**



Questions?
Contact PCSpecialists@harborrc.org



Preguntas?
Contacte a PCSpecialists@harborrc.org



Thank You!!!!

Contact: PCSpecialists@harborrc.org