

**DIVISION OF DISABILITY SERVICES  
PERSONAL PREFERENCE PROGRAM  
Cash Management Plan**

Consumer Name: \_\_\_\_\_

Cash Grant Amount: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Type of Plan: (check one)      Initial ☐    Revision ☐    Reassess ☐

Start Date: \_\_\_\_\_

(# hours/wk x 4.33)

**I. Direct Employment**

Service Type/Description	Worker	Hourly Wage	Total Taxes		Sum of Hourly	# of Hours		Total
			Per Hour		Wages & Taxes	Week	Month	Monthly Cost
				\$ -	\$ -		-	\$ -
				\$ -	\$ -		-	\$ -
				\$ -	\$ -		-	\$ -
				\$ -	\$ -		-	\$ -
				\$ -	\$ -		-	\$ -
Total Monthly Employment Costs								\$ -

**II. Purchase of Agency Services**

Service Type/Description	Agency Name	Frequency	Unit Cost	Number of Units Per Month	Total
					Monthly Cost
					\$ -
					\$ -
					\$ -
Total Monthly Agency Services Costs					\$ -

**III. Miscellaneous Expenses**

Expense Type/Description	Provider Description	Frequency	Unit Cost	Total
				Monthly Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Home / Workers Comp Insurance				\$ -
Total Monthly Miscellaneous Costs				\$ -

Agency name: \_\_\_\_\_ Policy# \_\_\_\_\_

Effective Date: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Representative Name: \_\_\_\_\_

IV. Special Purchases/Modifications		Proposed	Estimated	Estimated # of		Total
Description of Work/Purchase	Contractor/Provider Name	Purchase Date	Cost	Monthly Payments		Monthly Cost
Comments: Total Monthly Special Purchase/Modification Costs						\$ -

V. Fiscal Intermediary Services & Fees				Total
Description of Services and Fees	# of Units	Unit Cost		Monthly Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Comments: Total Monthly Fiscal Intermediary Costs				\$ -

Consumer Name: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Representative Name: \_\_\_\_\_

RECONCILIATION OF MONTHLY CASH BENEFIT		Monthly Amount
A. Total Monthly Cash Benefit		\$ -
B. LESS Cost of Direct Employment	(Section I)	\$ -
C. LESS Cost of Agency Services	(Section II)	\$ -
D. LESS Cost of Other Expenses	(Section III, IV)	\$ -
E. LESS Cost of Fiscal Intermediary Services	(Section V)	\$ -
(A minus the sum of B, C, D & E)	MONTHLY BALANCE	\$ -

**CMP Designed By:**

Consumer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Consultant Review: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature and Title)

Agency Name: CAU \_\_\_\_\_

Phone# \_\_\_\_\_

State Program Office Approval: \_\_\_\_\_

Date: \_\_\_\_\_

PPPCmp 7/99:8/99:8/02

(Signature and Title)

Revision#

**Comments:**