**Ramsey County Consumer Directed Community Services (CDCS)**

**Addendum to the Community Support Plan**

|  |
| --- |
| **The following changes *require only an email to the case manager* for approval: (*If you are making one of these changes, no form is needed*.)*** Items on plans/addendums that were pended for more information. Send information needed to Case Mgr.
* Moving unallocated funds or funds between items/services that are already approved.
* Correction of Fiscal fees on an initial plan or renewal.
* Use of COLA increase for items/services already approved in the plan.

**The following changes require case manager approval but *require an addendum form*. Please check the box/boxes that apply, and *complete this form:***  [ ]  Increasing PPOM wage up to the max. ($22.74)  [ ]  Increase to staff wage up to what is customary and reasonable (See RC Policy Guidelines)  [ ]  FMS agency or Support Planner switch  [ ]  Adding Transportation, Licensed services, or items/services in an emergency for health and safety. **All other changes require supervisor approval and an addendum form.**  |

**Complete the Form if indicated above**

|  |  |
| --- | --- |
| **Client Name**: Click or tap here to enter text. | **Date of Birth**:Click or tap to enter a date.  |
| **PMI #:**Click or tap here to enter text. | **Case Manager and Agency**:Click or tap here to enter text. |
| **Fiscal Intermediary**: Click or tap here to enter text. | **Support Planner**: Click or tap here to enter text. |
| **Addm. Completed by**: Click or tap here to enter text. | **Waiver Span**: Click or tap here to enter text. |

|  |
| --- |
| **Please identify the changes that you wish to make to your plan and the reason for the change.**  |
|  |
| **Identify the outcome you expect from the change:**  |
|  |

|  |
| --- |
| **What is the cost of the change?** Click or tap here to enter text. |
| **What are the FMS fees?** Click or tap here to enter text. |
| **Where will these dollars come from?** Click or tap here to enter text. |

**Supervisor/Lead Agency Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click or tap to enter a date.

**Participant/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click or tap to enter a date.

***or, if received form by email, check here that the guardian agrees with the chang*e:** [ ]

**Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click or tap to enter a date.