

# Disability Services Consumer Directed Community Supports Policies and Procedures

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March 2018

### **March 2018**

The following information provides an update of policy guideline changes regarding Consumer-Directed Community Support Services (CDCS). These guidelines **may change** in the future as Home and Community-Based (HCBS) waiver policy is subject to State and Federal approval and interpretation.

## **RAMSEY COUNTY CONSUMER DIRECTED COMMUNITY SUPPORT OPTION UNDER THE COMMUNITY BASED WAIVER PROGRAMS AND THE ALTERNATIVE CARE GRANT**

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### **I. What is Consumer Directed Community Supports**

Consumer Directed Community supports (CDCS) is a service option under the Home and Community Based Waivers (Community Alternative Care Waiver (CAC), Community Alternatives for Disabled Individuals Waiver (CADI), Elderly Waiver (EW), Intellectual/ Developmental Disabilities Waiver (IDD), Brain Injury Waiver (BIW), and Alternative Care Grant (AC). This option can provide support, care, goods and assistance to a waiver participant while promoting choice. Consumer Directed Community Supports are designed to build, strengthen, and maintain information networks of family and community support for the person. In addition, they should prevent, shorten, or delay a participant's institutionalization and address specific needs identified in the Case Managers assessment and the service participant's Community Support Plan (CSP). Consumer Directed Community Supports (CDCS) is a HCBS waiver service option that offers participants more flexibility and responsibility for directing their services and supports, including hiring and managing direct care staff. CDCS may include services, supports and/or items currently available through licensed waivers, as well as additional allowable service/items that provide needed "unlicensed" support to the participant. There are specific requirements for all services, supports and/or items that are available through the waivers, including CDCS.

These services may use unlicensed community members and services to provide support, care, and assistance to a participant in order to prevent institutionalization and allow the participant to live an inclusive community life. CDCS allows individuals, families, and those closest to the participant to purchase services that will best meet their needs from people they have selected and trust. This includes identifying staff qualifications and training requirements. The participant (or their legal representative) can direct their own assigned resource allocation amount within the established federally approved parameters and guidelines. All services must be paid within the recipient's CDCS resource allocation. Authorization may be denied if health, safety and/or welfare concerns are not met, funds are misused, or there is no eligibility. The CDCS option places increased responsibility on the participant and their support team. In Ramsey County, the participant and their support team must document in the Community Support Plan how CDCS will enable the participant to lead an inclusive community life, build a viable network of support, and result in outcomes specified by the participant and/or their legal representative. It is important that people who use the CDCS option understand what their rights and responsibilities are when using these services. People who are well informed may more easily exercise the increased freedom, authority, responsibility, and control of resources through CDCS. Ramsey County provides information through the case manager, community informational sessions, and written information to educate participants on available service options, their responsibilities, and the service limitations. Waiver funds, using the CDCS service option, does not equate to a cash allowance. Services are authorized and/or goods may be purchased as part of an approved *person-centered plan* using an individualized CDCS allocation.

## II. PROCESS FOR PARTICIPATION IN CDCS:

*Make sure to ask your case manager for an orientation packet and attend a CDCS training.*

- A. **Talk to Case Manager.** Participant informs the Case Manager that they have an interest in the CDCS service option. Case manager gives participant Orientation Packet.
- B. **Attend a training.** Participant, or guardian receives training from case manager and attends a community CDCS training from Ramsey County. Check the Ramsey County website under Disability Services CDCS for time and place of the next CDCS training. If a training is not available, please direct the participant to the training video at:  
<https://www.youtube.com/watch?v=kA2zz0988Jk&feature=youtu.be>
- C. **Make a Plan. Write it down on the MN CDCS Plan.** Participant and/or guardian develop a Community Support Plan containing all required information. Ramsey County has forms available that may be obtained from the case manager or on-line. Detailed descriptions of the support needs and desired outcomes will assist the decision-makers in determining authorization status.

Although the Case Manager does not write the plan, they will provide the participant and/or guardian with information about CDCS, the person's assessed needs, recommended goals, important items to include in the plan, and the available budget amount.

The Community Support Plan will:

- Allow for the participant's increased independence in his/her environment and community.
- Be of direct and specific benefit to the participant.
- Be in the best interest of the participant.
- Include use of informal community supports that allow the participant to live an inclusive community life.
- Ensure the health, safety, and welfare of the participant.
- Fit within the participant's allowable allocation amount.
- Address the participant's needs related to their disability.
- Identify specific outcomes that will be achieved as a result of the implementation of the Community Support Plan.

- Include an emergency backup plan.
- A participant or his/her parent/guardian may hire a Support Planner to assist in the development of the Community Support Plan. The Support Planner must have successfully passed the Department of Human Services' approved training module. It is strongly recommended that the Support Planner attend specific county training to be familiar with the county process.
- Participants need to retain receipts for all items purchased, including food.
- In order to begin or continue on CDCS, the participant or his/her parent or guardian must have a completed Community Support Plan submitted to the Case Manager prior to the end of the current plan, or as indicated by the Case Manager. *MA cannot be billed for CDCS services without an approved plan.*

**D. Sign the plan and give to Case Manager.** Submit a Signed Community Support Plan to the County Case Manager according to timeline above.

- The Case Manager will review and sign the plan, gather more information if needed, and if necessary, recommend changes.
- The Case Manager will review the plan and send it to Supervisor (EW/AC, Public health) or CDCS Coordinator (CADI/BI/DD). If **approved**, the following will occur:

The plan will be sent to the participant, fiscal agency, support planner, and Case Manager with the signed notice of approval. Items pended will be noted.

- The Fiscal Support Entity will send the participant and Case Manager a detailed budget.
- If **not approved**, the Case Manager will notify the participant/Support Planner and his/her guardian. They may either:
  - Make the changes needed so the plan can be authorized.
  - Ask for reconsideration with additional information not included in the plan.
  - Utilize existing procedures to appeal the County's decision to deny payment for expenditures identified in the CDCS Plan. The Ramsey County Human Services phone number to request an appeal is 651-266-3660.

**E. Review your plan for what is approved and not approved.** Work with fiscal agency to use the services approved and stay within the allowed allocation to meet identified needs.

### **“Addendum Form”**

#### **Process for Making Changes to the Approved Community Support Plan**

- Any revision that results in a change or modification to the approved Community Support Plan must be prior authorized by the Ramsey County using this process:
- Because the county has 30 days to approve changes in the plan, addendums must to be submitted 30 days prior to start of the services and to the end of plan year.
- An addendum is effective as of the approval date. If there is a specific start date needed (i.e. staff wages, moving staffing), then that desired effective date can be requested on the addendum and submitted prior to that date.
- Participant submits an addendum form to the Case Manager.
- Case Manager will review and determine if the addendum needs the CDCS coordinator’s approval, using the “Instant Addendums Guidelines”. In certain situations, operated Case Managers, and Contracted Case Management Supervisors, can approve addendums.
- If approved, it will be sent to the participant/managing party, fiscal agency, support planner and Case Manager with the signed notice of approval.
- If the addendum is not approved, the participant and his/her guardian may revise the request, ask for reconsideration, or appeal the decision.

### **III. Criteria for Allowable Expenditures (MN DHS Lead Agency Manual 5.1)**

#### **A. The purchase of goods and services must meet all of the following criteria:**

- Must be required to meet the identified needs and outcomes in the individual’s community support plan and assures the health, safety and welfare of the individual,  
AND
- Goods and services collectively provide a feasible alternative to an institution; AND
- Be the least costly alternative that reasonable meets the individual’s identified needs;  
AND
- Be related to the person’s disability and/or condition (BI, CAC, CADI and DD only)  
AND
- Be for the sole benefit of the individual.

**B. If all of the above criteria are met, goods and services are appropriate purchases when they are reasonably necessary to meet one or more of the following consumer outcomes:**  
(MN DHS Lead Agency Manual 5.2)

- Maintain the ability of the individual to remain in the community.
- Enhance community inclusion and family involvement.
- Develop or maintain personal, social, physical, or worker related skills.
- Decrease dependency on formal support services.
- Increase independence of the individual.
- Increase the ability of the unpaid family members and friends to receive training and education needed to provide support.

### **Principles for Decision Making on Allowable Expenses**

- Services and supports must not be duplicated
- Supports are for the sole benefit of the person with the disability and ensure the health, safety and general well-being of that person.
- Costs for goods and services represent those that are over and above the normal costs of caring for a person without a disability, and are directly related to the outcomes in the waiver participant's approved Community Support Plan.
- Costs fall within a customary cost range for similar supports, goods and/or services and are a cost effective strategy.
- The expenditure represents a cost-effective strategy for providing the support.
- The expenditure is defensible to the taxpayer and to the funding source.
- The expenditure is a strategy to meet a support service or need documented in the LTCC for the CCT and AC/EW waivers, or the DD screening document for the DD waiver.

## **IV. ALLOWABLE EXPEDITURES for CDCS**

**All** requested expenditures **MUST** be specified in a Community Support Plan (CSP) **AND** approved by Ramsey County. Everything purchased must be related to the participant's disability or

condition, meet an assessed need and be outside of what is typical individual independence, parent or spousal responsibility.

The five expense categories are:

- Personal Assistance
- Treatment and Training
- Environmental Modifications and Provisions
- Self Direction Support Activities
- MA Home Care Agency Services

An item with a “ \* ” *denotes supporting documentation needed.*

<b>A. PERSONAL ASSISTANCE:</b>
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This expense category includes support or assistance provided by someone hired to help with activities of daily living (ADL's) (such as bathing, grooming, toileting, adequate nutritional intake, etc.) or incidental activities of daily living (IADL's) for those aged 18 and older (e.g. meal preparation, shopping, socialization activities, homemaking, medication reminders) through hands-on assistance, cueing, prompting and instruction on tasks. It is important to include staff responsibilities, qualifications and training in your explanation. Hours of staffing is not based on the allocation amount but based on need for services and must be explained in the CSP.

1. **Camps:** Specialized camps and Non-specialized camps that will continue to maintain health and safety and meet identified needs may be allowed as Caregiver relief. (If there is skill building it can be a treatment in the treatment and training section.) NOTE: Camp outside of MN is only allowed in the bordering states of WI, Iowa, SD, and ND.)
2. **Child Care Accommodations other than parental responsibility:**
  - Additional costs associated with utilizing a person with specific skills that are necessary to provide adequate care to the participant in a child care setting.
  - Specialized care for a child over the age of 12 but not part of the child care.
3. **Extended PCA Agency hours.** Licensed PCA Agency hours that are in excess of the PCA assessed hours must be listed in the plan under this section and billed to the fiscal agency. The initial approved PCA hours are listed in the MA section of the plan and listed separately on the service agreement.

**4. Light housekeeping / household management:**

- An individual or agency hired to perform **general household activities** and supports in the home when the responsible party is unable to manage the housekeeping due to caring the participant's disability needs.
- **Outdoor work** - only lawn mowing, snow removal to maintain safe environment. If someone is living in the home who is not working with the participant, there would not be a need.
- **Heavy cleaning/Chore** such as shampooing carpet or furniture.

**5. Respite care (Caregiver Relief):** Costs associated with the need for rest for the caregiver due to the participants' disability. This can be through a formal provider or informal respite.

Note: If using ICF respite – the participant will go off the waiver and back on the waiver. This can only happen once per year when using CDCS.)

**5. Personal Assistance Support Worker:** Assistance with activities of daily living and incidental activities of daily living. A job description is required and a statement as to the need for the number of hours listed. (See Support Staffing Information Section)

**7. Spouse and Parents of Minors:** May be up to 40 hours per seven day week total (regardless of the number of participants in the family or how many parents are providing the support) as support staff for their child or spouse. Rate of pay not to exceed the maximum for PCA rate.

<p><b>B. TREATMENT AND TRAINING:</b></p>
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This section includes a range of services that promote the person's ability to live in and participate in the community. Alternative Therapy Providers must meet the certification or licensing requirement in state law related to the service. Anyone providing skill building must have a job description. Those using IDD Waiver funds must have HABILITATION listed in this section. The following are typically covered under this category.

**1. Adaptive Swim Lessons:** Swim lessons that are adapted to meet the individual needs of the participant due to their disability. This would be used to meet a goal. A clear goal and way to measure success is needed in the CSP for approval of this item.

2. **Community Adaptation:** There are a number of activities offered in the community that are dedicated specifically for the disability or senior community and aim to promote social skill development and community integration. In order to promote community inclusion, typical community classes/activities can also be covered by CDCS, as long as they are needed to meet an identified goal outlined in the plan. CDCS may cover the cost in full for these activities. Please note, however that membership dues, if applicable, are excluded. Examples might be a social skills activity group, a community class to assist with independence goals, a special needs game, activity that works on specific goals. A clear need, goal and use of this activity must be listed in the CSP.

For vacation Packages specifically marketed for persons with disabilities may be considered for partial payment. To be considered for approval, please submit an itemized breakdown of cost from the organization for review. Cost of direct care support worker's hours necessary for the participation of a vacation is allowable.

3. **Day Services/Programs.** (for adults)- This could be adult day care, or vocational/employment related services. These formal or informal waived services would then need to bill the fiscal agency. (Waiver Rate Management Rules apply- Provider or lead agency case manager will complete a rate sheet)
4. \* Costs associated with a **Fitness Program**, personal trainers, nutrition classes for adults 18 years and over when the service or equipment is necessary and appropriate to treat a physical condition or to improve or maintain the person's physical condition (condition must be identified in the individual's plan of care and monitored by a MHCP enrolled physician). Primary MD is to complete the Alternative Treatment Form outlining the fitness program/equipment/classes needed to treat the health condition related to the person's disability annually.
5. **Habilitative Services: (IDD only)** Paid or Unpaid Habilitative Services are required for persons receiving DD waived services. Habilitation includes therapeutic activities, monitoring, supervision, training or assistance to a person. The Community Support Plan should identify those services that are part of the required habilitative plan.
6. **Specialized Camps:** CDCS will cover full price for special needs camps used for respite (in Personal Assistance Section) or if in this section of the plan, to meet an identified goal for habilitation. A camp must meet the identified health and safety needs to be

approved. NOTE: Camp outside of MN is only allowed in the bordering states of WI, Iowa, SD, and ND.

7. \* **Specialized treatment or training:** CDCS can be used to purchase counseling service, behavioral services, and cognitive or other therapy if
  - the service is part of the approved plan,
  - are prescribed by a physician licensed to practice in MN and enrolled in MHCP, and are not covered under MHCP elsewhere.
  - Extended Therapies may augment those available under state plan benefits.
  - An Alternative Treatment Form may or may not be required.
8. \* **Swim Therapy:** CDCS will cover full price for swim as therapy provided there is an Alternative Treatment Form, the program being requested is specifically designated as therapeutic swim, and the swim therapy instructor is licensed or certified according to the Provider Qualifications requirement in the Lead Agency Manual (section 7.2)
- 9.\* **Therapies:** Therapies that are **not** otherwise defined under state plan (M.A.) or waived services would be categorized here. This could include a therapy that is not currently available through the state plan medical assistance (i.e. music therapy, massage therapy, vision therapy, RDI therapy, art therapy, ).  
It must be prescribed by a physician licensed to practice in Minnesota and enrolled in MHCP and ordered on the Alternative Treatment Therapy Form. The actual prescribed therapy must be provided by a therapist licensed or certified according to the Provider Qualifications requirements in the Lead Agency Manual (section 7.2)
10. **Training and Education for participants and for paid or unpaid caregivers.** Payment can be paid for training and educating of caregivers or to increase their ability to care for the participant. A training for a participant to better understand their own disability or to meet a disability related need is allowable. Computer based trainings are allowed. These costs may include cost of a community CPR class and can include time for paid staff to attend training. This training and education must be directly related to the provision of care of support to the person receiving CDCS. Costs of training materials such as books, or DVDs may be considered. (Meals, Lodging and travel are excluded). The name of the training, reason and cost for each training is required.

**11.\* Licensed Waiver Services/Non-Home Care Services:** Non-home care licensed services should be listed in this section. These services may count as habilitation by those on DD waiver.

- Examples include: respite care, in home family support, independent living skills, companion services, behavior specialist services, extended private duty nursing (RN or LPN) and extended PCA.
- Rates are set by the State of MN.
- Case managers need to run the rates for these services, and provide a screen shot of the rate with the plan when submitted.
- Licensed waiver services must be billed through the FSE. Because of this, the provider will not have a Service Agreement. For this reason, the Case Manager must complete a vendor form and submit with the plan as well. When approved, the vendor form must be sent to the provider. This serves as documentation of the services that have been authorized.
- The staff person(s) or program must meet the state requirements from the identified agency (e.g. 245d provider) and meet the qualifications described in the CSP.
- Home care services are listed separately on the CSP including PCA services, skilled nursing, home health aid, and private duty nursing as these services are billed directly by the home care agency. See Medical Assistance Section of the CSP.

## **C. ENVIRONMENTAL MODIFICATIONS AND PROVISIONS:**

Includes supports, services and goods provided to the participant to maintain a physical environment that assists the person to live in and participate in the community, or are required to maintain health and well-being. The following are typically covered under this category:

### **1. Adaptive clothing and bedding.**

An item of clothing /bedding needed so that it will adapt to the needs of the participant. Examples would be a cape to fit over a wheelchair, pants to fit someone that is short in stature due to his disability, bibs, special socks, low sensory clothing. Cloth padding, mattress pads, and specific types of sheets would be examples of adaptive bedding. Clothing and bedding that is parental or caregiver responsibility is not allowable.

Specialized footwear is an adapted piece of clothing. Specialized footwear is generally covered under straight MA. If the footwear is not covered, requests for funds must be related to the participant's disability and an assessed need. Additionally, please indicate whether MA has been pursued for the specialized footwear.

**Extra Laundry Costs:** Costs for extra laundry needs due to aspects of the participant's disability, which leads to washing/cleaning costs above and beyond the typical household.

- 2.\* **Adaptive mobility devices** such as adaptive strollers, bikes, hand cycles, modified canes, and scooters (not motorcycles). The item must be adaptive in nature or if not, the adaptive part of the item should be explained in the plan. A therapist letter may be required if not clearly related to the disability.

4. **Adaptive Equipment or non-specialized equipment to meet a disability need:**

An item that will meet an identified need listed for the participant, result in increased adaptive behavior, assist in development and maintenance of relationships, that are for developmental purposes, or for other reasons that are **due to the participant's disability/condition**. These items could include specialized feeding utensils, white noise machine, blackout curtains, weighted blanket, therapy ball positioning equipment, chew items, specific swings, mat, and others. The request for an item is as individual as the participant. All items must still go through the approval guidelines listed at the beginning. A skill building program using this item(s) must be clearly detailed in the CSP. Supporting documentation may be requested.

**Sensory items:** Must be listed individually in the plan with specific goals. Supporting documentation may be needed if the need is not clear.

**Durable medical equipment:** Items such as gloves, wipes, medication dispensers, incontinence supplies (for over age 4) may be requested if medical assistance denies the item.

**Safety Equipment:** Alarms, monitors, shatterproof glass for windows are allowable when the need is identified. (See assistive technology for GPS)

**Specialized recreation equipment** specifically related to the person's disability. Request must be well supported by primary MD and/or OT/PT/Speech Therapist depending upon the item. Adaptive modifications to play sets. Specialized Equipment or modifications to equipment.

**Office Supplies and Equipment:** Special adaptive equipment needed for the person to participate in the activity when that equipment cannot be provided by other means.

- **Office Equipment:** ex. fax machines, copy machines, printers, laminators or all-in-one must be for the sole benefit of the individual. **Office Supplies:** i.e. ink/toner, lamination sheets, must be for the sole benefit of the individual.

**4.\*Air conditioning units** (central air is considered of general utility and excluded as it is not of direct and specific benefit to the participant and typically not the most cost effective way to meet an assessed need) Air conditioning units must be a medical need, supported by Primary MD, and be for the sole purpose of the individual. One air conditioning unit per household is customary.

**5.Alarm Systems: Home security systems may be approved as needed. Monthly home security service is not allowable**

**6. \*Assistive Technology.** Assistive technology refers to devices, equipment, or a combination of supports that improve a person's ability to perform activities of daily living, control or access the environment, or communicate. Computers and tablets are examples of two types of assistive technology. *Note: An Ipad (tablet) used for communication only is paid through MA and therefore no longer paid through CDCS effective 10/1/14.*

**Computer** – (within a 3 year period) A protective case is required. A laptop, tablet, iPod, computer used for other purposes that are assistive or adaptive, or to control the environment may be approved if needed and with an assessment or a letter of recommendation from the person's licensed Occupational or Speech Therapist. The therapist must provide information regarding the plan for training on the device and its on-going usage. CDCS does not pay for computers for the purpose of enhancing educational experiences. The school districts are responsible to provide the resources needed to meet educational goals. Replacement of assistive technology has a customary limit of three years.

- 7.\* Computer Accessories:** CDCS allows the cost of accessories, software, apps, when the use of the accessory is needed to meet an identified need and the need listed in the CSP. A therapist letter may be needed required.
- 8. \* Computer Software:** The specific software requested may be required to be supported and documented by the person's licensed OT/Speech therapist. Apps need to be purposeful and functional.

9. **Cell phones: not allowable.** There are many community organizations and federal programs to assist with obtaining a cell phone.
10. **Internet Access:** A person may use his/her individual CDCS funds to purchase Internet access if it is the most effective way to meet the person's outcomes and goals based on assessed needs. CDCS can cover the following:
  - Additional costs for set-up and equipment if a person moves
  - Equipment maintenance and repair
  - Initial costs for set up and equipment (e.g., router, installation, modem, equipment lease, etc.) if they are necessary for the internet.
  - Monthly Internet Service Fee- Must be basic internet, and if bundled, cost must be separated out from other services.
- 11.\* **Food/Liquid thickening** agents are allowable after medical assistance has been accessed and a doctor's statement of need is included.
12. **Home Delivered Meals (for adults):** Provided to participants who are not able to prepare their own meals and for home there is no other person available to do so, or when a home delivered meal is more cost-effective than the staff preparation of a nutritional meal. Maximum is one meal/day, and up to the comparable licensed waiver amount for a similar service. Providers must be certified home delivered meals vendors, such as Meals on Wheels, Mom's meals.
13. **Extended Transportation (non-medical)** The following costs are allowable:
  - Mileage reimbursement and parking to/from activities related to the person with a disability.
  - Reimbursement rates for automobiles will be the same as the current Federal Mileage Rate.
  - Reimbursement rates for vans necessary to transport the participant due to the participant's disability.
  - Driver's Education Assessment (Courage Center)
  - **Not covered:** Mileage reimbursement for the use of a non-modified family vehicle for a dependent child, spouse, or adult. Mileage to a paid parent of minor or spouse.

**14. Eyeglasses:** Only if MA will not cover the cost. Please provide documentation in the CSP that MA has been pursued. The need must be listed and costs explained. Costs must meet the reasonable and customary standard. A letter from physician may be requested.

**15. Fence:** The need for a fence must be explained in the CSP. A customary chain link fence necessary due to the disability can be approved. If another fence is needed it must be explained in the CSP. Two estimates needed.

**16.\* Home Modifications.** *Speak to your case manager before taking any action on a home modification project. As with all medical assistance services, this must be prior authorized.*

Environmental modifications are equipment and physical adaptations to a person's home environment necessary to help the person have greater independence. CDCS allows for the modification/adaptation of a participant's primary residence if the following four principles are met:

- Are necessary for the health, welfare and safety of the participant,
- Enable the participant to function with greater independence,
- Are of direct and specific benefit due to the participant's disability,
- Are the most cost effective solution.

The modification must be direct and specific benefit to the participant due to his/her disability. When an item is covered by Medical Assistance (MA) or private insurance, MA/insurance should be billed first to the extent of the limitations. Non-covered items may be covered under CDCS if all other criteria are met.

Many home modifications require obtaining building or other special permits. Home modifications must meet building codes and be inspected by the appropriate building authority. If a modification does not require a permit, the provider is to note that on the bid.

The first **\$5000 must come from the annual CDCS annual budget**. Any unallocated funding must also be used. Amounts over that can be requested by the CM by doing an Amendment request.

- **For home modifications costing less than \$5,000** two estimates are required from two separate providers with a building contractor license number. Modifications under \$5000 do not require use of a county/state contracted vendor. If there are questions from the participant or from supervisor regarding the safety or use, a home modification consultation may be requested.

- **For home modifications more than \$5,000:**

Total modifications costs exceeding \$5,000 in any plan year must follow the following procedure for review of approval:

Below is the process for authorization:

1. **First a home modification consultation is required.** This will identify parameters of the project and provide a work scope for work to be done. This will allow the participant to discuss any questions about the home modification with someone experienced in accessible homes. This also assures that the modification meets the identified need in a cost-effective manner.
2. After you and your case manager receive a written home modification evaluation and work scope, identify two state contracted providers to obtain bids.
3. Obtain two bids for the same work and send to case manager.
4. Case manager will request funding by submitting an Amendment request.
5. The Amendment request will be reviewed and the case manager will be provided with authorization results.
6. If authorized – the funding above the \$5,000 and the home modification consultation will be paid by the waiver “aggregate”. Unallocated funding may also be used.
7. This exception does not apply to EW and AC waivers.

**17. Other Home Modifications** may include monitoring or surveillance systems such as motion detectors. A description of how this will be used and maintained is needed in the CSP.

**18.\* Vehicle Modifications-** Vehicle modifications require an Amendment request as well, if the amount requested is over the \$5000 that will come from CDCS. Providers of vehicle modifications must have a current license or certificate and must meet all professional standards and/or training requirements required by MN Statutes for services they provide. The request for funds for a vehicle modification must be based on a medical or assessed need. The vehicle being modified must be in good working order at the time of the request. Waiver funds will not be used to purchase a vehicle. Waiver funds may be used to pay the adaptation part of the purchase price of an already modified vehicle. At the time of the request information should be provided

about the cost of the modification and how that cost was determined. Two bids are required, from two different vendors for modifications of a new or used vehicle. When the participant wants to modify a used vehicle, the age, mileage, and value of the vehicle will be considered. The waiver will fund the maintenance of the modification if it is the most cost effective. A vehicle should reasonably be expected to last 5 years for a modification to be approved.

If the request is for a vehicle that is already modified, the request needs to include information from either Kelly Blue Book or comparable as to what the value of the vehicle alone is. Authorization of funds shall be based on the total price of the modified vehicle, less the cost of the retail sale value of the comparable unmodified vehicle.

Note: The first \$5000 must come from the annual CDCS budget. Any unallocated funding may also be used

**19.\* Additional cost of replacing equipment/supplies/clothing/bedding**

**Property destruction** which means more than the normal wear and tear, specifically due to the disability of the participant. **Property destruction** must be listed as a significant need on the annual assessment and in the description of the person in the CSP. Requests for replacement clothing or bedding may be submitted to Ramsey County for prior approval and evaluated on a case by case basis.

There is a standard list of **Property Destruction Related Questions** that may be obtained from your Case Manager or on the Ramsey County Website.

An explanation is needed: *What is the specific item and how much does it cost?*

*What happened that this item was destroyed? What is the plan to protect the item?*

*Did the waiver pay for this item? Has the item been replaced before? When? What*

*is the plan to reduce the need for replacement? Is the item being replaced used by other members of the household?*

**Replacement Clothing and bedding:** Cost for extra clothing/bedding due to aspects of the participant's disability, which leads to numerous clothing/bedding changes or unusual wear and tear. Property destruction questions need to be answered listed above.

**20.\* Reinforcers/Rewards for behavioral modification plans** may be allowed if there is a behavior plan for extinction of reinforcers. Reinforcers cannot be items listed on unallowable list. For approval please include a copy of the behavioral plan, listing:

- The target behavior
- How often rewards are given
- A list of rewards and costs of each.

*It must be agreed in the CSP that the behavioral rewards purchased will not include any item that promotes aggression, will not be weapon like item, nor is an aggressive video. Cash and Gift Cards not allowable. A report of progress for the specific behavior is required annually.*

- 21.\* Special Diets** as prescribed by a physician who is enrolled as a MHCP provider. A special diet may include an enteral product such as boost or ensure. When prescribed by a Minnesota MA physician and denied by MA or when exceeding what is covered by MA, it is allowable. Items purchased must be on the current PDAC list and have a HCPC code between B4150 through B4156. The product list is available on the DHS website at <https://www.dmeptac.com/dmecsapp/do/search>.

Portion paid and specific diets covered will be based on the MN Department of Human Services Combined Manual, Chapter 23. The difference in cost between a special diet as prescribed by an MA enrolled physician and a regular diet that follows USDA recommendations for a person of similar age. Following are the guidelines for customary costs of specific diets covered according to the MN Health Care Provider Manual: *Note: diets not listed/covered are non dairy, non soy and casein free diets.* The eligible diets and amounts are:

- Anti-dumping diet 15% of LFP (Liberal Food Plan)
- Controlled protein diet (40-60 grams, requires special products, 100% of LFP
- Controlled protein diet (less than 40 grms/require special product 125% of LFP
- Gluten free diet, 25% of LFP
- High Protein diet (minimum 80 grams/day), 25% of LFP
- High residue diet, 20% of LFP
- Hypoglycemic diet, 25% of LFP
- Ketogenic Diet- 25% of LFP
- Lactose free diet, 25% of LFP
- Low cholesterol diet, 25% of LFP
- Pregnancy and lactation diet, 35% of LFP

Up-to-date Liberal Food Plan amounts can be found at:  
<http://www.cnpp.usda.gov/USDAFOOD>

When a participant requests a payment for more than 1 diet, use the following guidelines to determine payment:

- If the recommended diets overlap one another with respect to their dietary components, allow the amount indicated for the more costly of the diets.
- If there is no overlap in the recommended dietary components of the prescribed diets, allow the total for all the prescribed diets.
- If a doctor prescribed diet, which are mutually exclusive, do NOT allow either until adequate clarification has been received from the MHCP doctor who prescribed both diets. Prescribed diet form and alternative treatment forms signed by doctor are required for diets that do not overlap.

22. **Tracking devices/Lifeline/Project Lifesaver-** The cost of the installation, monthly leasing and service fees are allowed for Lifeline when the need for this is listed and training for the use of this item included.

**GPS devices:** Several new safety tracking watches, devices, are on the market and the device, need for the device, use of the device, and cost of the device must be listed in the CSP and will be considered on an individual basis of need.

<b>D. SELF-DIRECTION SUPPORT ACTIVITIES:</b>
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Includes services, supports, and expenses incurred for administering or assisting the participant or their representative in administering CDCS. Please work with the fiscal support entity (FSE) in managing the CDCS funds. The following are typically under this category:

1. Advertising for Support Staff (E.g. ad in newspaper, membership to [www.care.com](http://www.care.com) )
2. Fiscal Support Entity :
  - Agency with Choice Fees - FSE fees vary by agency.
  - **Payroll (FEA) Model Fees** – FSE fees vary by agency. Workman’s Comp is required (and unemployment insurance) with this model unless paid staff is only a paid parent of a minor/spouse.
  - **Fiscal Conduit Model Fees** – Participant (legal guardian/representative/managing party) must submit plan on how they plan to administer the program, report taxes, etc. AND be approved by the FSE and county in order to be eligible to proceed with this model.

- Usually only used with participants whose guardian owns their own business OR participant does not use paid staff and only purchases goods or services with waiver funds.
  - **Employee Health Insurance** - Participant pays the employer portion of health insurance coverage when it's cost effective and meets community standard. The FSE should indicate on the budget "cost effective benefit calculated." Paid staff working 30+ hours are eligible for health insurance.
  - **Employer Costs** - Costs such as payroll FICA, FUTA, SUTA, wages, employer shares of benefits, Unemployment, Workman's Comp, liability insurance are waiver fundable. Processing fees are waiver fundable. These fees are already included in Agency with Choice fees.
  - **Fiscal Support Entity Fees** – Fees vary per agency.
3. **Record Keeping Costs** - Costs such as postage, copy paper, printer cartridges, supplies are fundable as identified in the CSP.
  4. **Paid Time Off Fee** – Percentage of gross wages taken out to pay for staff PTO accrual. See FSE for percentage.
  5. **Support Planner Services** – Optional service to assist a participant in initial and/or ongoing person centered plan development. See "Support Planner Help " for suggested guidelines.

### **Support Planner Help**

Support planners are certified by DHS to write the CDCS plan and help with self-direction. A participant may just need a support planner the first year or if having difficulty can hire them to write additional plans. Support planners are not case managers and do not get paid for time other than writing and planning CDCS service.

A support planner:

- Must provide the participant with a job description outlining the specific duties they will perform on their behalf.

- Any additional job duties beyond plan development **MUST** be specified in the plan (e.g. interview staff, staff training, staff recruitment, etc.).
- Additional support planner hours throughout the plan year may be approved through the addendum process when justified and approved by the case manager.
- If more support planning time is needed. The participant may call the case manager to see if they can assist or send an addendum explaining the need for more support planner time. Support planners cannot charge for case management.

*Participation Agreement:*

*All managing parties/participants must sign in ink the participation agreement. This is now included in the most recent version of the CDCS plan.*

**E. MA HOME CARE SERVICES (PCA, Home Care or Nursing Agency)**

This category includes licensed services provided by a Homecare Agency including Personal Care Attendant (PCA), Skilled Nursing, Home Health Aide, and Private Duty Nursing. The service must be listed separately and billed directly to DHS (or managed care entity if applicable) by the homecare agency. These services are not billed through the Fiscal Support Entity. Only units of PCA must be split into six-month unit amounts

- 1. Home Health Aide –** State plan home care services are provided by a licensed, certified agency.
  - State set rate used and deducted from CDCS budget
  - Separate service agreement entered in MMIS
  - Extended HHA comes directly out of CDCS budget through FSE
- 2. Personal Care Assistant (PCA) -** PCA staff must meet the state requirements from the identified home care agency and meet the qualifications described in the CSP. State eligibility criteria and service rates apply. This includes PCA and extended PCA.
  - Number of PCA units and rates must be recorded separately in the MA Home Care section of the CSP.
  - Units of PCA must be split into six month amounts
  - Supervision of 96 units/year is required. If units are not going to be used, case manager can shift units to be used for other services/supports.
  - Services are billed for directly by the home care agency
  - PCA assessment renewed annually and attached to the plan

- 3. Private Duty and Skilled Nursing** – State plan home care services are provided by a licensed, certified agency. State set rate used and deducted from CDCS budget Separate service agreement entered in MMIS. Extended PDN/SNV comes directly out of CDCS budget through Fiscal Support Agency.

<b>IV. UNALLOWABLE EXPENSES:</b>
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- Animals and their related costs.
- Burial/Cremation Services.
- Cable/Paid Television
- Cell phones
- Central Air Conditioning.
- College Classes for credit.
- Compounds: All prescription and over-the-counter medications, compounds, solutions, and related fees (including insurance premiums and drug co-payments).
- Dental Services/Fees (including Orthodontics).
- Experimental treatments (Minnesota Rules, 9525.3015, subpart 16).
- Fees for family or individual memberships to clubs, recreational centers, museums, organizations, etc. Tickets and related costs to attend sporting or other recreational events.
- Fees for attorneys, advocates, or others who do not provide a direct service authorized in the service plan.
- Food, clothing, rent, utilities to maintain a household.
- Guardianship/Conservatorship Fees.
- Home based schooling.

- Homeowner Responsibilities: Typical upkeep and repairs of the home and property that are not directly related to the participant's disability are the parental/spousal/homeowner's responsibility.
- Household appliances and general household supplies are not allowed
- Home modifications for a residence other than the primary residence of the person or, in the event of a minor with parents not living together, the primary residences of the parents.
- Home modifications that add square footage to the home, with the exception of Bathroom Modifications when the increase is necessary to build or modify a wheelchair accessible bathroom (see DSPM policy).
- Insurance expenses except for the employer's share of insurance costs related to employee coverage.
- Nutritional Supplements that are not Enteral.
- MHCP fees and co-pays
- Medical costs are not an allowable item through CDCS. The medical costs that provide for services covered through medical assistance are not allowed. An example would be that medical assistance does not pay for an item such as teeth braces as it defines it not needed, then CDCS would also not approve that item.
- Medical Marijuana.
- Medical transportation otherwise covered by Medical Assistance.
- Mileage reimbursement for the use of a non-modified family vehicle for a dependent child, spouse, or adult.
- Mileage to/from school (school responsibility).
- Membership dues or costs *unless* related to a fitness or exercise program for adults when the service is appropriate to treat a physical condition or to improve or maintain the person's physical condition (condition must be identified in the individual's plan of care and monitored by a MHCP enrolled physician).
- Parental Fee's, Insurance Premiums and Co pays
- Recreation toys, games, DVDs

- Room and board and personal items that are not related to the disability.
- Services provided to persons living in settings licensed by DHS or MDH, or registered as housing with services establishment.
- Services covered by the State Plan, Medicare, or other liable third parties including education, home based schooling, and vocational services.
- Vacation expenses other than the cost of direct service including transportation, airfare, lodging, and meals.
- Services, goods, or supports provided to or benefiting persons other than the consumer
- Services provided to or by individuals, representatives, providers, or caregivers that have at any time been assigned to the Primary Care Utilization and Review Program (PCUR).
- Transportation provided by a parent/spouse that would be expected to be met by a parent/spouse if the child or spouse did not have a functional limitation (for example, transportation to after school activity, day care, shopping center, or recreational activity).
- Vacation Expenses, Airfare, Event Tickets, Park Admission Fees
- Vehicle maintenance. (does not include maintenance to modifications related to the disability).
- Wills and Trusts

## **V. REPAYMENT OF GOODS AND ITEMS RETURNED OR SOLD**

Items are purchased for the participant and should remain with/be available to the participant to the extent possible. If an item is returned or sold, the reimbursement from that item must be applied to the participant's service plan. The same applies to any discounts or credits.

## **VI. 20% Exception to the Budget Methodology for graduates age 21**

The 2015 Legislature approved an additional 20% increase to the CDCS budgets, to provide vocational/day services for people using CDCS, after graduation from high school. This new legislation excludes the previous criteria of having to be on CDCS previously, having to have graduated during a certain time period, and having to be 21 years old. With the new legislation, anyone who has graduated from public education

may apply.

To be eligible for the exception, the person must meet **one of the following two sets of requirements:**

1. He/she is a waiver recipient who currently uses CDCS and:
  - Has a support plan that indicates a need for more CDCS services to **either** increase the amount of time he/she works **or** improve his/her employment opportunities
  - Is unable to meet those needs without the budget exception
  - Would have to stop using CDCS and use other, licensed services without the budget exception.
2. He/she is a waiver recipient who currently does not use CDCS and can demonstrate that upon choosing CDCS, his/her services would cost less annually than the licensed-day services or employment supports he/she currently uses.

To apply, work with your CDCS case manager. They will complete this [check list](#) and will forward it to DHS for approval. DHS will then add the calculation into the budget formula for future reference.

## **VII. NOTICE OF TECHNICAL ASSISTANCE AND INVOLUNTARY EXITS**

1. Ramsey County will follow the Statewide Involuntary Exit protocol. An immediate concern jeopardizing health and safety will result in involuntary exit:
  - Any matter jeopardizing health and safety
  - Evidence of unreported fraud
  - Maltreatment of the participant, or
  - Unapproved expenditures.
2. Ramsey County must also close waived service agreement line items if a person goes into a hospital or nursing facility. **CDCS services may not be billed during time a participant is in the hospital.** The participant must notify the Case Manager if such a placement occurs. The Case Manager should notify both the account clerk and the FSE if the stay is more than 30 days. A participant can only go on CDCS, off CDCS and back on CDCS once.

3. Technical assistance (extra assistance) is given to participants who are having difficulty with CDCS participation and where CDCS may not be a good fit. Efforts will be made to assist a participant who would like to continue CDCS. *Additional technical assistance and support* means an identified need for county involvement over and above the standard training and materials. This may be because a managing party is :
  - Not utilizing services needed to support health and safety without a reasonable explanation;
  - Consistent delay/misuse of CDCS funds agreed upon in the CSP. (ex. Over spending, plan not in on time);
  - Not receiving goods or services identified as critical for health and safety;
  - Ongoing difficulty in arranging for services needed for health and safety;
  - Not following the CSP.
  - Notices requesting missing information from the fiscal entity.
4. Upon the fourth notice of technical assistance CDCS option is ended.

<p style="text-align: center;"><b>VIII. IMPORTANT INFORMATION ABOUT SUPPORT STAFFING:</b> (including paid parent of minor and spouse)</p>
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**Criminal Background Study Information & UMPI Numbers**

Background checks are required for all paid and unpaid persons in the CSP. Staff must pass a background study through the MN DHS Licensing Department regardless of the fiscal model chosen.

- Licensed service providers and Fiscal Support Entities are responsible for coordinating background studies on all prospective employees.
- Individuals who fail to pass the background study are disqualified to be hired to provide CDCS services.
- Your CSP must now indicate all persons who are direct care.
- The cost of the background check is paid by waived services and not take from the CDCS allocation.

**UMPI Number** - Additionally, the Minnesota Department of Human Services requires ALL prospective CDCS employees to apply for a *Unique Minnesota Provider Identifier (UMPI)* number through the Fiscal Support Entity in order to track number of hours worked across various agencies.

**Support by Parent/Guardian of a Minor Child OR Spouse –**

Parents are defined as biological, step, or adoptive parents, as well as legal guardian of a minor or legally responsible person of a minor.

- Married individuals must be offered a choice of providers and it must be documented in CSP.
- Support is limited to 40 hours per week regardless of the number of children with disabilities and/or the number of parents being paid.
- The maximum wage is the current PCA wage and must include all taxes, fees and benefits. Check with your FSE for their maximum gross wage.
- **Cannot** receive a bonus, holiday pay, or mileage.
- May only be paid for disability related services beyond typical age appropriate parenting or spousal role.
- **Must** complete a job description and meet qualifications described in the CSP. Tasks that a parent or spouse is performing **must be beyond typical age appropriate parenting/role** and specified in the CSP.
- Work schedule needs to identify days of the week and am or pm hours (such as 2 hours in the morning (a.m.) on Mondays). Exact hours on time sheets may vary due to unforeseen situations. However, the total hours per pay week **cannot exceed the approved hours**. A CDCS Notice of Technical Assistance will be issued if exceed approved weekly hours. For information on the Notice of Technical Assistance, see the Ramsey County CDCS Policies and Procedures document.
- A child must have at least one dependency on the “Minnesota Supplemental Form for Assessment of Children under 18” and the spouse one dependency on the Long Term Care Consultation Services Form for this option to be available. This form must renewed annually and attached to the CSP.- NOTE: Case Managers only have to submit this form if the individual is on the DD waiver, and they were NOT assessed my MnChoices. (This is because this form is completed during the MnChoices assessment and with legacy LTCC assessments.)

### **Staffing guidelines**

**It is the responsibility of the participant to manage the caregivers/staff.**

- All staff must have qualifications listed in the CSP and meet the qualifications as described. All staffing is one to one staffing unless otherwise specified.
- Hourly wages need to be within a range that is *customary and reasonable*. Rates may vary depending upon the qualifications and training of the person to be employed, which is necessary to meet the unique needs and preference of the participant. The usual range of gross pay is \$12-\$17 an hour (Minimum wage increased to \$12/hr. on 7/1/17)
- **Any wages over \$17/hour needs an explanation in the CSP about why this wage is necessary to meet the unique needs of the participant.**
- All staff must have a job description and all Labor Regulations must be followed.
- Staff may not exceed 40 hours per week. Occasional overtime is allowed if planned for and approved in the CSP (discuss this option with FSE).
- Holiday pay at a higher rate is required for certain holidays.
- Double staffing is allowed if prior approved and specified when appropriate in the CSP (e.g. staff training or parent out of town for weekend).
- **Support Staff Bonus** - If a bonus is requested it must relate to an overall compensation package **and** outcomes achieved by staff (E.g. On time, longevity, specialized training, etc.)
  - The CSP **must** include when the bonus is given, amount given, outcomes achieved, and specific staff who will get it.
  - A bonus **must be pre-approved** at least **two months** prior to usage.
  - A bonus **cannot** be paid to use up remaining funds in the budget or attached as a holiday bonus.
- **Parents, legal guardians and spouses cannot be paid a bonus.**
- Additional sick time off or vacation time off is allowed if written into the plan and prior approved

### **Paid Time Off (PTO)**

In accordance with SEIU collective bargaining agreement and MN Department of Human Services and regardless of whether the participant is a union member or not, ALL employees (regardless of full or part-time status) will accrue paid time off (PTO). PTO will be taken out of gross wages as a fee to be used for this benefit by employees when “mutually agreed upon” with managing party/participant AND after staff have worked their initial 600 hours (beginning 7/1/15). The following information is as of 8/2015.

- Employees accrue 1 hour PTO for every 52 hours worked
- For PPOM/Spouse: Since PTO fee is considered a part of “taxes and benefits”, it must be included in the wage cap (all wages, taxes, and benefits must be less than the State PCA rate).
- PTO is tracked by the FSE and can be viewed on each employee’s pay stub. To redeem PTO, employees must complete a different form from their FSE separately from their time sheets, but must attach it to their time sheet during the pay period they are wanting to redeem their PTO.
- Employees may carryover up to 80 hours from state fiscal year to year (July 1 – June 30).
- PPOM/spouse may use PTO during a hospitalization.
- PTO does not count towards number of hours worked in that particular week PTO is redeemed.
- PTO is considered taxable income even if exempt from paying payroll taxes under IRS 2014-7.
- If current “bank” of PTO funds is exhausted but more PTO needs to be paid out, the FSE will request more funds from the current budget be allocated to the PTO “bank”.
- When an employee leaves job or if participant is no longer eligible for waiver services, employee may “cash out” on PTO hours (if met 600 hours worked threshold after 7/1/15)

NOTE: Work with your fiscal agency to get any updates regarding PTO

- If employee elects to become a SEIU union member a percentage of his/her gross wages will be deducted from his/her paycheck. This will be tracked by the FSE.

### **VIII. Customary amounts for services/supports in Ramsey County**

**With the exception of Paid Parent of Minor/Spouse**, which is a hard limit, the following amounts/limits are what Ramsey County has determined to be a reasonable cap for each service/item. Each plan is based on an individual’s needs. These are guidelines only.

#### **Personal Assistance**

- **Paid parent of minor/spouse**- Limit for all parents and children in HH is 40 hours/week (combined), and wage limit is \$16.95/hr.
- **Housekeeping/Homemaking**: \$3900/year
- **Outdoor Work**: \$1900/year
- **Heavy Cleaning**: \$500/year

**Treatment and Training:**

- **Staffing:** Customary range is \$12-\$17/hour. If requesting more, ask for justification and submit to coordinator.

**Environmental mods and provisions:**

- **Educational books/DVD's magazines** related to disability:\$200
- **Extra laundry:** \$45/month
- **Adaptive Mobility Devices** (Bikes, strollers, hand cycles, scooters): \$3000
- **Sensory Items:** If more than \$500, need letter from OT/Speech
- **Computer:** Up to \$1000 (only elig every 3 years)
- **Mileage:** Make sure mileage rate is correct
- **Home delivered meals:** 1 meal/day \$6.53 max (Appendix C of waiver plan)
- **Eyeglasses:** \$250/year after MA
- **Replacement Clothing/Bedding:** \$50/month each
- **Reinforcers/rewards** for behavior modification: \$20/week

**Self-direction and Support Activities:**

- **Record keeping costs:** \$200/year
- **Support planner:** \$750 max/year.