

Aging and Disability Services
Consumer Directed Community Supports
Policy Guidelines

February 2024

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GENERAL GUIDELINES

What is CDCS?	<p>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. CDCS is an available option under all of the waivers, which include (Community Alternative Care Waiver (CAC), Community Alternatives for Disabled Individuals Waiver (CADI), Elderly Waiver (EW), Intellectual/ Developmental Disabilities Waiver (IDD), Brain Injury Waiver (BI), and Alternative Care Grant (AC).</p>
Eligibility for CDCS	<p>Participants must meet the following eligibility criteria:</p> <ul style="list-style-type: none"> • Have Medical Assistance based on disability (Except for AC) • Have waived services or AC services • Participant is not currently on the Minnesota Restricted Recipient Program, MRRP. (Meaning they were convicted of MA fraud.) • Participant is not receiving any of the following services: <ul style="list-style-type: none"> ○ Licensed foster care while residing in a residential setting licensed by DHS ○ Customized living services. ○ Integrated community supports. <p>For a person currently using CDCS, if they exit the waiver/AC more than once during their support plan year, they are ineligible for CDCS for the remainder of that support plan year.</p> <p>For individuals with active child/adult protection cases, case manager should consult with the coordinator to ensure CDCS is a healthy/safe option.</p>
The Budget	<p>Each participant’s annual state-set budget is determined by the person’s MnCHOICES Assessment. The individual budget for a person using CDCS must include the costs of all waiver services and Medical Assistance (MA) state plan home care services. The participant (or their managing party) can direct their own assigned resource allocation amount within the established federally approved parameters and guidelines. Waiver funds, using the CDCS service option, does not equate to a cash allowance.</p> <p>Exception to the CDCS Budget Methodology for BI, CAC, CADI, and DD waivers: CDCS budgets can be increased by up to 30% if the CDCS budget does not meet the individual’s assessed needs, and they meet specific eligibility criteria. You must show a need in the following areas:</p> <ul style="list-style-type: none"> • Employment- Demonstrated desire to increase the amount of time the person works or and/or Improves employment opportunities. (NOTE: See Ramsey County’s “CDCS Processes and Procedures” document under “E1MN” for information on what the waiver can cover related to employment. For students, Waiver/CDCS should only cover supports AFTER VRS/SSB has determined stability in a job. For Adults, waiver/CDCS cannot cover services to FIND a job, but can cover skill development, exploration, support once the job is stable, etc.) • Own Home- Demonstrated desire to move to or live in their own home, (not provider or family-controlled environment) • Behavior- Demonstrated and documented need to develop and implement a positive behavior support plan; verified through assessment and diagnosis. • Transition from Institution/Crisis Setting: Sixty days post discharge approval from an institutional setting without appropriate services offered; and requires supports greater than the state-set budget.

	<p>Go to the Policy for more information. Case managers can find a detailed process in Ramsey County’s “CDCS Processes and Procedures” document.</p> <p>CDCS Enhanced Budgets: The purpose of the CDCS enhanced budget is to help people with high needs attract and retain qualified workers. A 7.5% CDCS enhanced budget is available for work that is:</p> <ul style="list-style-type: none"> • Provided by a worker who has completed qualifying trainings. • Provided to a person who is eligible for 10 or more hours per day of state plan PCA and/or has the home care rating EN. <p>Go to the policy for more information. Case managers can find a detailed process in Ramsey County’s “CDCS Processes and Procedures” document. <i>You can find information about determining hourly wages under “Staffing Guidelines” below.</i></p>
<p>The Plan</p>	<p>Services are authorized and/or goods may be purchased as part of an approved <i>person-centered CDCS plan</i> using the individualized CDCS allocation. 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. Authorization may be denied if health, safety and/or welfare concerns are not met, funds are misused, or there is no eligibility.</p> <p>The Community Support Plan will:</p> <ul style="list-style-type: none"> • 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.
<p>Assistance with the plan</p>	<p>Because CDCS is a Self-Directed program, the participant or managing party is responsible for writing the plan. The case manager’s role is to provide training on CDCS along with providing participants written information to educate participants on available service options, their responsibilities, and service limitations.</p> <p>Ramsey County has CDCS trainings available here under “Training”</p> <p>Support Planning Services is an optional service that helps with the development of the CDCS plan and helps with changes throughout the year. Payment for the services comes from the CDCS budget.</p>
<p>Waiver criteria for allowable and unallowable expenditures.</p>	<p>Information on allowable/unallowable expenditures can be found here.</p> <p>A good or service is an allowable waiver expenditure if it is:</p> <ul style="list-style-type: none"> • For the direct benefit of the person • Included in the person’s CDCS community support plan (CSP) • Necessary to meet one of the person’s assessed needs • Related to the person’s disability and/or condition (BI, CAC, CADI and DD only).

	<ul style="list-style-type: none"> • Waiver funds cover only those goods and services in the person’s CSP that collectively represent a feasible alternative to institutional care. <p>A good or service is an unallowable waiver expenditure if it:</p> <ul style="list-style-type: none"> • Duplicates other goods or services in the CDCS CSP • Is available through other funding sources. • Is not the least costly and most effective way to meet the person’s needs • Is provided prior to the CDCS CSP’s development • Supplants natural supports that appropriately meet the person’s needs <p>Unallowable CDCS expenditures include:</p> <ul style="list-style-type: none"> • Travel, lodging, or meal expenses related to training for the person, his or her representative, or paid or unpaid caregivers • Services and goods provided to or directly benefiting individuals other than the person who uses CDCS • Services and goods that are diversionary or recreational • Services and goods for comfort or convenience • Items or support normally provided by the person, or his or her parents, family, or spouse (e.g., a parent helping his or her two-year old child with toileting). <p>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: (Lead Agency Manual, 4.4)</p> <ul style="list-style-type: none"> • 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. <p>REMEMBER...MEDICAL ASSISTANCE PAYS FIRST: MA MUST BE PURSUED FIRST, SHOULD AN ITEM OR SERVICE BE COVERED UNDER STRAIGHT MA. IF YOU ARE UNSURE ABOUT WHETHER OR NOT AN ITEM REQUESTED IN THE PLAN IS COVERED BY MA, YOU CAN CHECK THE MHCP PROVIDER MANUAL HERE.</p>
<p><i>Additional unallowable items when policy is applied</i></p>	<ul style="list-style-type: none"> • Animals and their related costs • Burial/Cremation Services • Cable/Paid Television • Cell phones • Central Air Conditioning • College Classes for credit • 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

	<ul style="list-style-type: none"> • 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. • Medical Marijuana • Medical transportation otherwise covered by Medical Assistance • Mileage reimbursement for PPOM/Paid spouse • Mileage to/from school (school responsibility) • Membership dues or costs <i>unless</i> 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 such as school, Vocational Rehabilitation Services, etc. • 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 • 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) • Tickets to events and Park Admission Fees • Vehicle maintenance (does not include maintenance to modifications related to the disability) • Wills and Trusts
<p>Expense Categories</p>	<p>The five expense categories in the CDCS plan are:</p> <ul style="list-style-type: none"> • Personal Assistance • Treatment and Training • Environmental Modifications and Provisions • Self-Direction Support Activities • MA Home Care Agency Services

PERSONAL ASSISTANCE

Personal assistance: CDCS service category that includes services to help a person with his/her activities of daily living (ADLs) and instrumental activities of daily living (IADLs) through hands-on assistance, cues, prompts and instruction.

Staffing:

Establishing Hourly Wages for staff:

The CDCS Participant or their representative determines the rate for staff. Rates must be:

- Within a reasonable range of similar services in the person’s community.
- Aligned with the skills and experience required to perform the bob tasks the person needs.

Minimum wage and maximum wages for unlicensed staff fluctuate to be consistent with PCA rates.

SEIU Minimum Wage:

- \$19.00 effective 1/1/2024

PPOM/Spouse Maximum Wage (PCA rate):

Staffing Ratios	1:1	1:2	1:3	Enhanced Rate 1:1	Enhanced Rate 1:2	Enhanced Rate 1:3
Max Wage	\$22.74	\$34.16	\$44.94	\$24.42	\$36.68	\$48.27

Non-PPOM/Spouse staff Suggested customary range is the [SEIU](#) minimum wage of **\$19.00 to the current maximum PCA rate of \$23.80**. If the requested wage exceeds the current PCA rate, justification must be documented in the CSP:

- Experience or longevity of staff
- Difficulty of care, high medical needs, high behavioral needs
- Qualifications, training and/or education

Note for all staff who are not receiving max wages:

- **Enhanced Rate:** Multiply current wage by 1.075 (7.5%) upon eligibility
- **Shared Services:**
- 1:2: Multiply current wage by 1.5
- 1:3: Multiply current wage by 2

Paid Parent of Minors/Spouse-

Parents of minor children and spouses can be paid to provide staffing support.

- Personal assistance services are the only services for which a spouse or parent of a minor may be paid with consumer directed community supports (CDCS) funds.
- A person/participant **must have at least one dependency on their assessment tool to use paid parent or paid spouse.**
- Parents are defined as adoptive, biological, stepparent, legal guardian of a minor, or legally responsible person of a minor.
- The maximum wage is the current PCA wage and must include all taxes, fees, and benefits.
- **Cannot** receive a bonus or mileage.
- Not be an activity a spouse or parent of a minor would typically perform or be responsible to perform. These activities may include, but are not limited to, age-appropriate supervision, transportation of children or average household maintenance (e.g., house cleaning, meal preparation, laundry). The spouse or parent of a minor may be paid if they must assist the person with tasks beyond what is considered typical responsibility (e.g., doing additional laundry for a 12-year-old child who is incontinent).
- **Hours per week-**

- **One Parent-** If only one parent provides personal assistance services to their minor child(ren), the parent may provide up to 60 hours of paid support in a seven-day period, regardless of the number of children they serve in the household who use CDCS or CFSS.
- **Multiple parents-** If more than one parent of a minor is paid to provide personal assistance services to their minor child(ren), each parent may provide up to 40 hours of paid support in any seven-day period, regardless of:
 - The number of children in the household who use CDCS and/or CFSS.
 - The number of households in which the child(ren) receive CDCS and/or CFSS services.
 - The number of parents in the household(s).
 - The actual number of hours of care each parent provides.

The total number of combined hours of CDCS/CFSS provided by all of the parents cannot exceed 80 hours in a seven-day period.

- **Spouse-** If a person's spouse provides personal assistance services, the spouse may provide up to 60 hours of paid support in a seven-day period.
- **Spouse and parent-** A person cannot be paid for more than 60 hours in a seven-day period if the person provides personal assistance as both a paid spouse and a paid parent of a minor.

Documentation needed:

Eligibility: Must check assessment to make sure there is at least one ADL dependency (this does not include Behavior). For DD children that were not assessed w/ MnCHOICES tool, CM needs to complete DHS 3428C for the DD waiver. ***If there is no dependency, they are not eligible for PPOM or Paid Spouse.***

PPOM Wage- \$19.00-\$22.74 (PCA rate of \$23.80/hour minus PTO benefit.) *See PPOM/Spouse Maximum Wage above.*

Job description:

- CDCS plan/Job description should have specific details about disability/assessed needs beyond what is typical parental responsibility for that age. (Typical activities that are considered parental responsibility include meal prep, grocery shopping, community activities, transportation to medical appts, etc.) The [Paid Parent of Minor Job Description](#) is a tool that can be used when writing the plan, but is not required. If the information is not sufficient to approve, the case manager might request that this document be completed.
- **PPOM/Spouse cannot perform duties related to FINDING a job.** These duties should NOT be in the CDCS PLAN or STAFF JOB DESCRIPTION, as they are funded by VRS/SSB. See Ramsey County's ["CDCS Processes and Procedures"](#) document under "E1MN".
- **PPOM/Spouse cannot perform nursing duties, med administration, or some GJ tube feedings.** These must be done unpaid. See [CDCS and Home Care Frequently Asked Questions](#).

Determining Hours: See ["CDCS Processes and Procedures"](#) under "Increasing PPOM/Spouse Hours- Frequently Asked Questions and Determining Hours"

Work schedule:

- Must match the hours requested in the plan and cannot overlap.
- Family schedule required if multiple individuals in the HH using CDCS.
- Staff schedule needed if there is a PPOM or spouse on the plan, working over 40 hours/week to show full staffing pattern for the participant.

Personal Assistance Support Staffing-

Staff can help with ADLs such as bathing, eating, dressing, etc. or help with IADLs such as shopping, basic home maintenance, help with paying bills, laundry, meal preparation, mobility, and transfer support. They can also help with skill building such as meal/restaurant etiquette, shopping, street safety training.

Documentation needed:

Support Staff Wage- Suggested customary range is the [SEIU](#) minimum wage of **\$19.00 to the current maximum PCA rate of \$23.80**. If the requested wage exceeds the current PCA rate, justification must be documented in the CSP. *See “Establishing Hourly Wages for Staff” above.*

Job description:

- **Staff cannot perform duties related to FINDING a job.** These duties should NOT be in the CDCS PLAN or STAFF JOB DESCRIPTION, as they are funded by VRS/SSB. See Ramsey County’s [“CDCS Processes and Procedures”](#) document under “E1MN”.
- **Unlicensed staff cannot perform nursing duties, med administration, or some GJ tube feedings.** See [CDCS and Home Care Frequently Asked Questions](#).

Work schedule: Only needed for staff in the following situations:

- Staff schedule needed if there is a PPOM or spouse on the plan, working over 40 hours/week to show full staffing pattern for the participant.
- Multiple individuals in the HH using CDCS requires a family schedule.

Overtime requests:

- **Paid Parents of Adults (PPOA):** As long as the participant requires support over 40 hours/week, the participant/managing party can choose the PPOA to provide that support, even if it results in overtime. Each case should be looked at individually.
- **Other personal assistance staff:** Occasional overtime is allowed if planned for and approved in the CSP. Regular or excessive overtime is not the least costly and most effective way to meet a person’s needs. It is more cost effective to hire additional staff to meet staffing needs. Documentation is needed to justify the need for overtime. Sometimes additional staffing can be difficult to obtain due to the staff shortage, high medical needs, high behavioral needs, etc. Each situation must be assessed individually.

Shared Services-

Shared services are provided at the same time by the same direct support worker to CDCS participants who have entered into an agreement to share CDCS

Documentation needed:

- **Shared Care wages-** See *“Establishing Hourly Wages for Staff” above.*
- **Shared Services Checklist-** CM completes and submits with the plan
- **Shared services agreement-DHS 6633D-** Completed Shared Services Agreement
- **Shared work schedule**

Respite care/Caregiver Relief-

Costs associated with the need for rest for the caregiver due to the participants’ disability. This can be through a licensed provider or unlicensed 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.

Documentation needed:

- **Licensed Respite-** 15min respite requires the CM to submit a screen shot of the rate and a vendor agreement with the plan. For licensed daily respite, provider sets the rate. (Note: Vendor Agreement needs to be sent to the vendor after plan approval.)

	<ul style="list-style-type: none"> ○ Unlicensed Respite: Suggested customary range is the SEIU minimum wage of \$19.00 to the current maximum PCA rate of \$23.80. If the requested wage exceeds the current PCA rate, justification must be documented in the CSP.
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.
Housekeeping/Homemaker	<p>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. (Customary range for a housekeeping service is \$2600-\$5200/year. This is based on bi-weekly cleaning at \$100-\$200/cleaning. Requests over this amount must be justified in the plan to ensure cost effectiveness.)</p> <p>Documentation needed. If the request is for licensed, Ramsey County’s market rate for Homemaker, Cleaning-S5130 is \$8.49/unit. A vendor agreement will also be needed. (Note: Vendor Agreement need to be sent to the vendor after plan approval.) If it is for a cleaning company, need the name of the company. If a company has not been chosen, the FUNDS can be approved, but it must be noted on the NOD that the participant must contact the CM when a provider is chosen.</p>

TREATMENT AND TRAINING

Treatment and Training 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.

Staffing/Habilitative

Paid or Unpaid Habilitative Services are required for persons receiving DD waived services. Habilitation includes staffing, 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.

Documentation needed:

Licensed staffing:

Screen shot of the rate and a vendor agreement with the plan. (Note: Vendor Agreement needs to be sent to the vendor after plan approval.)

Unlicensed staffing

Suggested customary range is the [SEIU](#) minimum wage of **\$19.00 to the current maximum PCA rate of \$23.80**. If the requested wage exceeds the current PCA rate, justification must be documented in the CSP. *See “Establishing Hourly Wages for Staff” above.*

Job description:

- **Staff cannot perform duties related to FINDING a job.** These duties should NOT be in the CDCS PLAN or STAFF JOB DESCRIPTION, as they are funded by VRS/SSB. See Ramsey County’s [“CDCS Processes and Procedures”](#) document under “E1MN”.
- **Unlicensed staff cannot perform nursing duties, med administration, or some GJ tube feedings.** See [CDCS and Home Care Frequently Asked Questions](#).

Work schedule: Only needed for staff in the following situations:

- Staff schedule needed if there is a PPOM or spouse on the plan, working over 40 hours/week to show full staffing pattern for the participant.
- Multiple individuals in the HH using CDCS requires a family schedule.

Overtime requests:

- **Paid Parents of Adults (PPOA):** As long as the participant requires support over 40 hours/week, the participant/managing party can choose the PPOA to provide that support, even if it results in overtime. Each case should be looked at individually.
- **Other personal assistance staff:** Occasional overtime is allowed if planned for and approved in the CSP. Regular or excessive overtime is not the least costly and most effective way to meet a person’s needs. It is more cost effective to hire additional staff to meet staffing needs. Documentation is needed to justify the need for overtime. Sometimes additional staffing can be difficult to obtain due to the staff shortage, high medical needs, high behavioral needs, etc. Each situation must be assessed individually.

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.

<p>Community Adaptation</p>	<p>There are several activities offered in the community that are adaptive in nature and dedicated specifically for the disability or senior community and aim to promote social skill development and community integration. CDCS may cover the cost in full for these activities. Please note, however that membership dues, if applicable, are excluded. Examples might be social skills group, a class to assist with independence goals, a special needs group/activity that works on specific goals. A clear need, goal and use of this activity must be listed in the CSP.</p> <p>If a CDCS participant wishes to attend a community class/activity that is not adaptive and available to the general public, CDCS cannot cover the cost of the class/activity. The class itself is not “related to the participant’s disability” and therefore would not be covered. The benefits of this type of class/activity, would be the same for anyone, regardless of ability. CDCS can cover services to support a person to attend that class by transporting them to the class; accompanying them to the class; remaining with them during the class to assist them in participating that may be needed due to their disability.</p> <p>For excursion/vacation packages specifically marketed for persons with disabilities, travel lodging, and meals are not allowable.</p> <p>Documentation needed: If classes are with an organization/group that is obviously through an organization that works specifically for individuals with disabilities, you can approve without the name of the class/training/workshop. (Ex. Classes with Autism Society of MN). Otherwise, will need the name of the class.</p> <p>For vacation packages for individuals with disabilities, an Itemized breakdown of cost from the organization is needed, breaking out the cost of staffing. CDCS can cover the cost of staffing ONLY. For local excursions targeted for individuals with disabilities, the cost of the excursion must be broken down, to exclude the cost of travel, food, and lodging.</p>
<p>Day Services/Programs (for adults)</p>	<p>This could be Day Support Services, or vocational/employment related services. These formal or informal waived services would then need to bill the fiscal agency.</p> <p>Documentation needed: Licensed day services requires the CM to submit a screen shot of the rate and a vendor agreement with the plan. (Note: Vendor Agreement needs to be sent to the vendor after plan approval.)</p> <p>Note: Due to E1MN, Employment Development Services-Find Phase T2019 U8, is NOT an allowable service under the waiver, and needs to be funded by VRS/SSB. See Ramsey County’s “CDCS Processes and Procedures” document under “E1MN”.</p>
<p>Fitness Programs, personal trainers, nutrition classes for ADULTS 18+</p>	<p>These services are approvable when the service 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).</p> <p>Documentation needed: 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.</p> <p>ALT therapy form is valid only if: Signed by an MA enrolled Physician, and the NPI number is on the form. (You can look it up on Google) Also, answers to the questions are: 1. N 3. Y 5. Y 2. N 4. Y</p>

<p>Specialized Camps</p>	<p>Because CDCS can be used to purchase services or supports that develop or maintain life skills or community integration, camps (mainstream or specialty) could be purchased using CDCS funds. Camp outside of MN is only allowed in the local trade area of WI, Iowa, SD, and ND.</p> <p>Documentation needed: If camp is through a disability related organization, and relates to the disability, the specific name of the camp is not needed to approve. If not disability related, specific camp must be listed and how it relates to the disability. In general, the participant’s plan must identify the participant’s assessed needs, the treatment/training goals and objectives tied to this activity, along with measures to know if the methods identified achieve the goals</p>						
<p>Specialized treatment or training</p>	<p>CDCS can be used to purchase counseling service, behavioral services, and cognitive or other therapy if:</p> <ol style="list-style-type: none"> 1. The service is part of the approved plan, 2. Is prescribed by a physician licensed to practice in MN and enrolled in MHCP 3. Is not covered under MHCP elsewhere. <p>Extended Therapies may augment those available under state plan benefits. ***You can check here to see if MA covers a particular service***</p> <p>Documentation needed: An Alternative Treatment Form may or may not be required.</p>						
<p>Therapies (alternative)</p>	<p>Therapies that are not otherwise defined under state plan (MA) 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, Hippotherapy, Aromatherapy/Essential Oils, etc.) It must be prescribed by a physician licensed to practice in Minnesota and enrolled in MHCP. 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)</p> <p>Documentation needed:</p> <ul style="list-style-type: none"> ○ Before approving, check here to see if MA covers the therapy being requested ○ Alternative Treatment Form completed by a MHCP enrolled physician. <p>For less common/time limited Alternative Therapies: Additional Documentation needed. Examples include Vision Therapy, MNRI, Gemini, Brain Balance, Lindamood Bell, etc.</p> <ul style="list-style-type: none"> ○ Case managers should consult with the coordinator for alternative therapies they haven’t heard of or are unsure about approving. ○ Initial approval: A letter of recommendation from the therapist, recommending the therapy. ○ Renewals: Progress report and speaking to the continued need for the therapy to continue year after year. <p>Aromatherapy/Essential Oils- The alternative treatment form must include which oils are being recommended, what they are for/how they relate to an assessed need. CSP must list those oils and break down the cost.</p> <p>Alternative Treatment Form is valid only if: Signed by an MA enrolled Physician, and the NPI number is on the form. (You can look it up on Google) Also, answers to the questions are:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1. N</td> <td style="width: 33%;">3. Y</td> <td style="width: 33%;">5. Y</td> </tr> <tr> <td>2. N</td> <td>4. Y</td> <td></td> </tr> </table>	1. N	3. Y	5. Y	2. N	4. Y	
1. N	3. Y	5. Y					
2. N	4. Y						
<p>Training and Education</p>	<p>Training and Education for participants and caregivers-</p> <p>Training/education for participants to better understand their own disability or training/education for caregivers to increase their ability to care for the participant is allowed.</p>						

- Staff time for attending workshop is allowed but a participant cannot pay themselves to attend the training.
- Expenses for travel, lodging or meals related to training are not fundable.
- Training outside of MN is only allowed in bordering states of WI, Iowa, SD, and ND

Documentation needed: Name and cost of the training/course/workshop must be noted in the plan. If through a disability related organization, funds can be approved w/o the name of the specific course. If not, funds can be approved, but note on the NOD that the participant must contact the CM when a course/training/workshop is chosen to make sure it relates to the disability.

Educational Costs-

Educational costs are typically not waiver fundable when client is still enrolled in primary or secondary school. The school is considered financially responsible.

- Tuition fees and transportation for a private school or homeschooling are not fundable.
- Direct staff may not be paid to implement distance learning or other online or home school options

Educational Materials: Books, DVD's, etc.-.

The need must be related/tied to better understanding the disability, or improving skills in reading, math, etc. to increase independence with ADL's/IADL's.

Tutoring-

When it is above and beyond what school is required to provide based on the student's IEP. The need must be related/tied to improving skills in reading, math, etc. to increase independence with ADL's/IADL's.

- Must not be used as a school or home-schooling substitute and must be done outside of school hours.
- Can use a qualified individual or a tutoring agency.
- Tutors must be licensed or certified teachers/instructors

Documentation needed: When renewing this service, need a progress report from the provider, to show progress is being made.

Post-Secondary Settings-

- Post-secondary school tuition for a degree is NOT fundable.
- CDCS can fund staff support if staffing is necessary to complete an academic degree.
- **Life Skill College Programs**, such as Bethel Build, Minnesota Independence College and Community (MICC), can be partially covered by CDCS. Courses related to Independent Living Skills and Employment skills, as well as staff support are allowable, if they are related to an assessed need. CDCS cannot fund room and board or food plans

Documentation required (for Life Skills College Programs): Case manager needs to complete and submit with the plan, the "[Determining Eligibility for Life Skills College Programs](#)" **checklist**. This will ensure that:

- We have detailed course descriptions
- That each class approved is related to an assessed need
- That we have a detailed breakdown of the cost (separating OUT room and board and food plans).
- That the institution will be billing MONTHLY, not per semester.
- There are no services in the plan to FIND a Job. (Unless funded by VRS/SSB.)

	<p>Person Centered Thinking and Planning-</p> <p>This is a facilitated discovery process to help participants and family members gain clarity in what is possible for the future and to express what they desire for their lives over their lifetime. Ask your case manager for a list of facilitators.</p>
<p>245D Licensed Waiver Services/Non-Home Care Services</p>	<p>Non-home care licensed services should be listed in this section. These services may count as habilitation by those on DD waiver, and the rates are set by the State of MN.</p> <p>Examples include Respite services, IHS (with or without training), ILS, Employment services, transitional services, etc. These services must be billed through the FMS. Because of this, the provider will not have a Service Agreement.</p> <ul style="list-style-type: none"> ○ MA Home Care Services do not belong in this section and are listed separately on the CSP. These services include PCA services, skilled nursing, home health aide, and private duty nursing as these services are billed directly by the home care agency. See Medical Assistance Section of the CDCS plan. ○ If requesting employment services, Employment Development Services-Find Phase T2019 U8, is not allowable under the waiver. This is funded through VRS/SSB <p>Documentation needed: Case manager must include a screen shot of the rate and vendor agreement with the plan when submitted. (Note: Vendor Agreement needs to be sent to the vendor after plan approval.)</p>

ENVIRONMENTAL MODIFICATIONS AND PROVISIONS

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:

Supplies and Equipment

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**. 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.

- **Common Adaptive Equipment:**
Common items include specialized feeding utensils, a therapy ball. positioning equipment, f feeding chairs, adaptive cooking items, switches, dressing/hygiene aids, helmets for seizures, etc. The request for an item is as individual as the participant!
- **Adaptive clothing and bedding-**
An item of clothing /bedding needed to 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 their 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.
- **Sensory Equipment:** These items could include a white noise machine, blackout curtains, noise canceling headphones, sensory sac, weighted blanket, chew items, specific swings, mat, etc.
- **Skill acquisition:** Supplies must be directly related to an assessed need and a goal in the CSP. Examples include communication boards and supplies, behavioral charts, lamination, printer, copier.

Documentation needed: Items must be listed in the plan. If items total more than \$750, a letter of recommendation from a specialist/therapist/MD is required. Supporting documentation may also be requested if need isn’t clearly related to disability.

NOTE: In situations where people tend to have A LOT of adaptive equipment needs throughout the year, but they don’t know exactly WHAT will be needed, the funds can be approved with a note on the NOD that they need to contact the CM to make sure it is allowable.

Adaptive mobility devices-

Include such things 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.

Documentation needed: If over \$1000, need a letter from a professional, recommending the device and cost breakdown. This is to ensure that it is the best device to meet the individual needs of the participant.

Specialized recreation equipment-

Must be specifically related to the person’s disability. Adaptive modifications to play sets. Specialized Equipment or modifications to equipment could be considered.

Documentation needed: Letter of recommendation from primary MD and/or OT/PT/Speech Therapist may be needed depending upon the item.

Medical products not covered by MA

Requested products must be directly related to an assessed need/diagnosed health condition (e.g. congestive heart failure, severe allergies, temperature regulation issue, etc.), not covered by health insurance, and be for the direct benefit of the participant. Common examples include incontinence products (for over age 4), gloves, med dispensers, bandages, hearing aid replacement, etc. You can check [here](#) to see if MA covers equipment.

Documentation needed: Items must be listed in the plan. Supporting documentation may also be requested if need isn’t clearly related to disability. **NOTE:** In situations where people tend to have a lot of medical product needs throughout the year, but they don’t know exactly WHAT will be needed, the funds can be approved with a note on the NOD that they need to contact the CM to make sure it is allowable.

Eyeglasses: Only if MA will not cover the cost. Please provide documentation in the plan that MA has been pursued. The need must be listed, and costs explained. Costs must meet the reasonable and customary standard. **(Customary amount up to \$250.** Requests over this amount must be justified in the plan to ensure cost effectiveness)

Documentation: A letter from physician may be requested.

Extra Laundry Supplies:

Costs for extra or specialized laundry or cleaning supplies due to aspects of the participant’s disability, above and beyond the cost for a typical household. (ex. Incontinence, fecal smearing, other bodily fluids, etc.)

- Must list how many extra loads of laundry are needed per week and estimate how much detergent is needed for the year, above and beyond what is typical.
- Laundromat (up to \$10/load, max. \$1000) for bedding only.
- Washers and dryers are not allowed.
- Extra Utility costs are not allowed. Utility resources:
 - <https://mn.gov/commerce/consumers/consumer-assistance/energy-assistance/>
 - https://mn.db101.org/mn/programs/income_support/ea/program.htm

Documentation needed: Must be very detailed in the plan. Can use the form [“Determining Cost of Specialized Products”](#) to help determine typical HH responsibility vs. extra cost based on the disability.

Extra Household Supplies for Medically Fragile: (e.g., disinfectant wipes, cleaning supplies, paper towels, garbage bags, hand sanitizer, etc.). Must estimate how much is needed for the year, above and beyond what is typical.

Documentation needed: Must be very detailed in the plan. Can use the form [“Determining Cost of Specialized Products”](#) to help determine typical HH responsibility vs. extra cost based on the disability.

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 related to a medical need and be for the sole purpose of the individual. One air conditioning unit per household is customary.

Documentation needed: If clearly documented in the plan, how related to the disability, none needed. Otherwise, a letter from the MD needed.

Reinforcers/Rewards for behavioral modification plans

Reinforcers/rewards may be allowed if there is a behavior plan for extinction of behaviors. Reinforcers cannot be items listed on unallowable list. *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. **(Customary amount is up to \$30/week.** Requests over this amount must be justified in the plan to ensure cost effectiveness.)

Documentation needed:

Behavioral plan, listing:

- The target behavior
- How often rewards are given
- A general list of the type of rewards, and approximate cost for each. (Making sure they are allowable based on criteria above.)
- A report of progress for the specific behavior is required annually.

Replacement of items/property due to property destruction:

This means more than the normal wear and tear, specifically due to the disability of the participant. CDCS cannot replace items that belong to others, furniture, or any other unallowed items. Items/property must be related to health and safety and must be replaced with a more durable product/item. (Ex. Carpet can't replace carpet for incontinence. Would need to be laminate.) Property destruction must be listed as a significant need on the annual assessment and in the description of the person in the plan.

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. **(Customary amount is up to \$50/month.** Requests over this amount must be justified in the plan to ensure cost effectiveness).

Documentation needed: Property Destruction form, a cost breakdown of what is being requested, and 2 bids for anything over \$1000. **NOTE:** Replacement clothing/bedding needed for incontinence does not require a property destruction form. Mattresses DO require a form.

<p>EAA and Assistive Technology Assessments</p>	<p>Assistive Technology/EAA (Home and Vehicle Mod) Assessments-</p> <p><u>Payment of assessments:</u></p> <ul style="list-style-type: none"> • BI, CAC, CADI, and DD- <i>The following assessments are paid through the county/tribal nation waiver budget and must be included on separate service agreement line items. (i.e... NOT taken from the CDCS budget):</i> <ul style="list-style-type: none"> ○ Assistive technology assessment ○ Environmental accessibility adaptations home assessment ○ Environmental accessibility adaptations vehicle assessment. • EW and AC- <i>The following assessments are paid through the CDCS budget and authorized as environmental modifications and provisions or specialized equipment and supplies:</i> <ul style="list-style-type: none"> ○ Environmental accessibility adaptations home assessment ○ Environmental accessibility adaptations vehicle assessment. <p><u>Payment of Assistive Technology/Home Mods/Vehicle mods:</u></p> <ul style="list-style-type: none"> • BI, CAC, CADI, or DD - For assistive technology, monitoring technology, and home and vehicle modifications, a person on BI, CAC, CADI, or DD must pay the first \$5,000 from his/her CDCS budget of the expenditure(s) during the service agreement/waiver year. Regardless of the number of modifications and technology items needed during the plan year, the person’s annual contribution is limited to \$5,000. NOTE: If a project takes until the next span to complete, another \$5000 does NOT need to be taken from the CDCS budget. While a project CAN be done over 2 waiver spans, the \$5000 cannot be split between 2 spans. • AC/EW- The total cost of the assistive technology, monitoring technology, and home/vehicle modifications must come from the CDCS budget.
<p>EAA- Home and Vehicle Mod definition and caps</p>	<p><u>Environmental Accessibility Adaptations-EAA (Home and Vehicle Modifications)</u></p> <p>Physical adaptations to a person’s primary home or primary vehicle to ensure the person’s health and safety or enable them to function with greater independence.</p> <p>CDCS allows for the modification/adaptation of a participant’s primary residence if it is:</p> <ul style="list-style-type: none"> • For the person’s direct and specific benefit • Necessary to ensure the person’s health and safety or enable them to function with greater independence • Necessary to meet the person’s assessed needs. <p>Annual caps for home and vehicle modifications per year:</p> <ul style="list-style-type: none"> • CCB/DD: Annual cap on Home/vehicle modifications per year is \$40,000. An exception can be applied for through DHS that, if approved, increases the cap to \$80,000 over a 2-year period. This additional \$40,000 comes from the person’s EAA budget for the following service-agreement year • AC/EW: Annual cap on Home/Vehicle modifications per year is \$20,600.

<p>EAA- Home Modifications</p>	<p>AC/EW: The entire cost of the modification must come from the annual CDCS budget amount. Documentation: One estimate required from a provider with a building contractor license number. (Because funds from the aggregate cannot be used, participants are not required to use vendors/contractors enrolled with the state.) If there are questions from the participant or from supervisor regarding the safety or use, a home modification consultation may be requested.</p> <p>CCB/DD:</p> <ul style="list-style-type: none"> • Regardless of the number of modifications and technology items needed during the plan year, the person’s annual contribution from CDCS is limited to \$5,000. • For home modifications where the home mod and any assistive technology/monitoring technology/vehicle mods already spent in the span is less than \$5000), OR when participant chooses to use CDCS for entire modification: Documentation: One estimate is required from a provider with a building contractor license number. 2 bids required if over \$20,000. (When you are not requesting funds from the aggregate, participants are not required to use vendors/contractors enrolled with the state.) If there are questions from the participant or from supervisor regarding the safety or use, a home modification consultation may be requested. NOTE: This would be done through an Amendment request and does NOT come from the CDCS budget. It should be added to the SA on a separate line. • For home modifications where the modification and any other assistive technology/monitoring technology/vehicle mod exceeds \$5,000, an amendment is needed to request funds through the aggregate. See Amendment Request Process/SOP/instructional guide for when a case Manager(does not pertain to AC/EW) needs to do an amendment. <p>Fences: A customary chain link fence necessary due to the disability can be approved. If another type is needed it must be justified, or above and beyond paid for by the participant/family. Documentation: Typically, if the need is related to the disability, explained in the CSP, and there is an assessed need in the MN Choices Assessment one bid is required, unless the project costs \$20k or more, in which case 2 bids are required. If the project is complex, or there is no assessed need documented in the MN Choices assessment, a Home Mod Assessment is required.</p>
<p>EAA- Vehicle Modifications</p>	<p>AC/EW: The entire cost of the modification must come from the annual CDCS budget amount. Documentation: One bid required.</p> <p>CCB/DD:</p> <ul style="list-style-type: none"> • Regardless of the number of modifications and technology items needed during the plan year, the person’s annual contribution from CDCS is limited to \$5,000. • For home modifications where the vehicle mod and any assistive technology/monitoring technology/home mod already spent in the span is less than \$5000), OR when participant chooses to use CDCS for entire modification: Documentation: One estimate required, unless the cost exceeds \$20,000, then 2 bids required. When you are not requesting funds from the aggregate, no amendment is needed.

	<ul style="list-style-type: none"> • For vehicle modifications where the vehicle modification and any other assistive technology/monitoring technology/home mod exceeds \$5,000, an amendment is needed to request funds through the aggregate. See Amendment Request Process/SOP/instructional guide for when a case Manager(does not pertain to AC/EW) needs to do an amendment. <p>IMPORTANT INFORMATION REGARDING VEHICLE MODIFICATIONS: 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. 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.</p>
<p>Assistive Technology</p>	<p>ASSISTIVE TECHNOLOGY-</p> <p>Devices, equipment, or a combination of supports that improve a person’s ability to:</p> <ul style="list-style-type: none"> • Communicate in the community • Control or access their environment • Perform activities of daily living. <p><i>Assistive technology – assessment covers assessment of the person’s need for assistive devices, including software.</i></p> <p>Assistive technology – equipment covers:</p> <ul style="list-style-type: none"> • Equipment rental during a trial period, customization, training, and technical assistance • Maintenance, repair of devices and rental of equipment during periods of equipment repair • Most appropriate selection of a product from the available options • Ongoing training and evaluation for the person and caregiver about the product. <p>When an Assistive Technology Assessment is done, only 1 bid is needed, unless the cost is \$40,000 or more, then 2 bids are needed. For assistive tech projects ONLY, the Provider who did the assessment can also do the modification/install.</p> <p>Computers/laptops and tablets are examples of two types of assistive technology. A protective case is required. A laptop, tablet, iPad, computer used for other purposes that are assistive or adaptive, or to control the environment may be approved with the right documentation. Replacement of computers/tablets have a customary limit of three years. (Customary amount up to \$1000. Requests over this amount must be justified in the plan to ensure cost effectiveness)</p> <p>Documentation needed: Each situation is different, but in general an assistive technology assessment or letter from an OT is needed. If the need is behavioral, a letter from a behavior therapist can be accepted.</p> <p>In situations where adaptations are not needed, but a computer or iPad is needed to assist with independence, i.e., scheduling transportation, communication with specialists, daily schedules, calming apps, etc., an assistive technology assessment can be beneficial to determine what computer/iPad/apps/software would be most beneficial. Exceptions are made to having this documentation on a case-by-case basis but would need to be clearly documented in the plan.</p>

	<p>NOTE: If there is a request to replace a device that has been working well, and the person has the same assessed needs, another assessment would not be needed.</p> <p>Computer Accessories/Software/Apps: 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.</p> <p>Documentation needed: A therapist letter may be required.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Must be basic, unbundled internet AND for the participant only. Suggested cost is \$45/month, if the participant lives alone. If the participant shares cost of internet with others, the suggested shared cost is up to \$20/month. (Requests over this amount must be justified in the plan to ensure cost effectiveness.)</p> <p>CDCS does not cover:</p> <ul style="list-style-type: none"> • Computers for the purpose of enhancing educational experiences. (The school districts are responsible to provide the resources needed to meet educational goals.) • iPads for communication only. (MA covers iPads solely for communication, so MA will need to be pursued first. CDCS may cover with an MA denial, depending on the reason for denial.) • Anything covered by Medical Assistance. You can check here to see if MA covers.
<p>Monitoring Technology</p>	<p>MONITORING TECHNOLOGY:</p> <p>The use of equipment to oversee, monitor and supervise someone who receives waiver/AC services. It can help keep people safe and support independence. The equipment used may include alarms, sensors, cameras, and other devices. Monitoring technology equipment might include:</p> <ul style="list-style-type: none"> • Audio listening devices • Cameras and video equipment (e.g., baby video monitors) • Mobile, on-person equipment (e.g., body sensors, GPS) • Sensors not on the person (e.g., motion sensors, door and window alarms). <p>Monitoring technology cannot be for the convenience of the provider. Additionally, the following are prohibited:</p> <ul style="list-style-type: none"> • Auto-door and window locks • Cameras located in bathrooms • Concealed cameras • Equipment that is bodily invasive. <p>Use of cameras or video equipment in Bedrooms:</p> <p>The lead agency must seek approval from DHS for all uses of cameras or video equipment in a person’s bedroom. IMPORTANT NOTE: DHS approval is not required when parents use</p>

cameras/video equipment in the bedroom to monitor minor children for health and safety purposes

Documentation:

The following documentation is required, when requesting any of the devices above. *(This includes GPS devices, door/window alarms, baby monitors, etc.)*

For initial request of monitoring technology the case manager must complete the [Participant Consent for Use of Monitoring Technology, DHS-6789B \(PDF\)](#) (even for children living in family homes). Complete the [Affected Participant Consent for the Use of Monitoring Technology form, DHS-6789C \(PDF\)](#) only if there is another person receiving waiver services also living in the home whose personally identifiable information would be captured by the Monitoring Technology. Also, the CSP must describe how the use of the monitoring technology meets these requirements:

- Achieve an identified goal or outcome
- Address health, potential individual risks and safety planning
- Be the least restrictive option and the person's preferred method to meet an assessed need.
- If requesting cameras in the bedroom for a MINOR child in the family home, why are cameras necessary to address complex medical needs or other extreme circumstances.

*****If requesting cameras in the bedroom of anyone OTHER than a minor child in a family home, the case manager must get DHS approval, by sending the [Monitoring Technology Approval Request, DHS-6789A](#). You will be asked to attach the consent forms above, along with the CSP, addressing all of the bullet points above.*****

For renewals of monitoring technology:

- Review the [Participant Consent for Use of Monitoring Technology, DHS-6789B \(PDF\)](#) (even for children living in family homes), and have the person re-sign and date.
- Review the [Affected Participant Consent for the Use of Monitoring Technology form, DHS-6789C \(PDF\)](#) only if there is another person receiving waiver services also living in the home whose personally identifiable information would be captured by the Monitoring Technology. Have the person resign, and date.
- CSP must address:
 - The monitoring technology that has been used
 - Progress toward achieving identified goal.

*****If requesting cameras in the bedroom of anyone OTHER than a minor child in a family home, the case manager must have DHS approval on file. [Monitoring Technology Approval Request, DHS-6789A](#). Reauthorization is only needed if there is a change in the following, at which point the lead agency would request a new review:**

- Change in guardianship or legal representative responsible for informed consent
- Decrease in the participant's level of control over the use of monitoring technology in bedroom
- Increase in the number of critical incidents while using monitoring technology
- Substantial change to in where, when, or the amount of time that monitoring technology is used.

For more information, please see the [Monitoring technology usage](#) page in the CBSM.

Additional Information on Safety Equipment: Alarms, monitors, shatterproof glass for windows are allowable when the need is identified.

	<ul style="list-style-type: none"> • Alarm Systems: Installation of home security systems may be approved as needed when more cost-effective options such as door chimes/alarms have been tried and failed. Monthly home security service is considered participant/household responsibility and is not allowable. • 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: 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.
<p>Transportation (non-medical)</p>	<p>The following costs are allowable:</p> <ul style="list-style-type: none"> • 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. • Uber, Lyft, Metro mobility, and taxis are all allowable. • Driver's Education Assessment and adaptive lessons. (Courage Center) <p>Not covered: Mileage to and from medical appointments or any appointment covered by Medical Assistance, as MA reimburses for mileage for these activities. Mileage to and from school is not allowable, as school is responsible. Mileage to a paid parent of minor or spouse. Mileage as it relates to travel/vacations is also not allowed.</p>

<p>Environmental Supports (Chore/Outdoor work/heavy cleaning)</p>	<p>Environmental supports can be covered if the supports are necessary to maintain a clean, sanitary, and safe home environment and the person cannot perform these tasks due to functional limitation. This includes chore-like services (e.g., lawn mowing, snow removal and heavy cleaning).</p> <ul style="list-style-type: none"> ○ Deep/heavy Cleaning: This includes professional cleaning services due to incontinence or bodily fluids and related to the participant’s disability/condition. It is not allowed for normal wear and tear, such as food stains or spills, unless over typical age of when excessive spills/stains occur. Can include: <ul style="list-style-type: none"> ● Interior car cleaning ● Carpet/Furniture cleaning. (Participant/family and Case Managers need to discuss which of the following is the most cost-effective way to meet the need. <ul style="list-style-type: none"> ➢ Professional cleaning ➢ Rental of a carpet/upholstery cleaner ➢ Replacement of carpet with hard flooring ○ Chore/outdoor work: Covered services include lawn mowing, fall/spring lawn clean-up, and snow removal to maintain safe environment ONLY. If there is someone is living in the home who is not working with the participant, determine if there is really a need. <p>Documentation needed: CSP must include frequency and hourly costs. Customary amounts include up to 8hrs/month for deep cleaning, 2x/month for lawn mowing and as needed for snow plowing. (Requests over this amount must be justified in the plan to ensure cost effectiveness.)</p> <p>An estimate of services requesting is needed if not clearly outlined in the plan. If the request is for a licensed service, a rate will be needed from MN Spa and a Vendor Agreement. (Note: Vendor Agreement needs to be sent to the vendor after plan approval.) If it is for a business, need the name of the company. If a company has not been chosen, the FUNDS can be approved, but it must be noted on the NOD that the participant must contact the CM when a provider is chosen.</p> <p>Moving Expenses: This may be considered for adults who are living independently and/or moving into their own home. Explore Housing Stabilization Services (HSS) first, which is funded through Medical Assistance (MA) and not purchased through the CDCS Budget. Then you can authorize licensed Transitional Services or authorize a moving company.</p> <p>Documentation needed: If using licensed/waiver Transitional Services, need a vendor agreement.</p>
<p>Home Delivered Meals and Grocery Delivery:</p>	<p>Home Delivered Meals are provided to adult 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.</p> <ul style="list-style-type: none"> ● 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. ● When there is an approved special diet in the plan, an alternative provider that can meet the dietary needs can be approved, along with an increased rate. ● Services such as Hello Fresh, Blue Apron, or other meal delivery services that include ingredients that need to be prepared are NOT allowed under CDCS. (This is because CDCS does not cover the cost of FOOD, and the purpose of home delivered meals is to address a need in meal preparation.)

	<p>Grocery Delivery is an allowable expense for individuals who find it difficult to get to the grocery store, due to their disability.</p>
<p>Special Diets</p>	<p>Special Diets as prescribed by a physician who is enrolled as a MHCP provider.</p> <p>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.</p> <p>Monthly allowable amounts are based on the Minnesota Supplemental Assistance (MSA) percentages of the current LIBERAL food plan amount found here. If there is more than one specialized diet and they overlap, must choose the costliest diet, cannot fund both.</p> <p>The following are the guidelines for customary costs of specific diets covered according to the MN Health Care Provider Manual:</p> <ul style="list-style-type: none"> • 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 grams/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 <p>Documentation needed: 1 diet: Alternative Treatment Form 2+ diets: Alternative Treatment form AND Special Diet form to determine overlap. <u>ALT therapy form is valid only if:</u> Signed by an MA enrolled Physician, and the NPI number is on the form. (You can look it up on Google) Also, answers to the questions are:</p> <p style="text-align: center;">1. N 2. N 3. Y 4. Y 5. Y</p> <p>Food/Liquid thickening agents Are allowable after medical assistance has been accessed. Documentation needed: Physician letter of medical necessity.</p>

SELF DIRECTION AND SUPPORT	
Definition	<p>Self-Direction and Support includes services, supports, and expenses incurred for administering or assisting the participant or their representative in administering CDCS. Please work with the Fiscal Management Service Agency (FMS) in managing the CDCS funds. The following are typically under this category:</p>
Worker Recruitment/Retention	<p>Advertising for Support Staff E.g., ad in newspaper, membership to www.care.com Monthly only, not annual.</p> <p>Employer Portion of Health Insurance as a benefit - Managing party or participant can decide to cover a portion of a staff person’s health insurance as a benefit. It seems customary for employers to cover approximately 75% of their employees’ premiums for staff working a minimum number of 30 hours per week. This includes paid parents and paid spouses. Plan must document the number of hours/week staff is working, name of the staff, and cost of insurance. CDCS can cover for the employee only, not family.</p> <p>Documentation needed: Copy of the benefit statement as proof of cost.</p> <p>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.) Parents, legal guardians, and spouses cannot be paid a bonus. The CSP must include:</p> <ul style="list-style-type: none"> • Staff name, bonus amount, and outcomes/criteria that need to be met. If the bonus is for staff retention, CSP must include the number of hours that need to be worked that month to receive the Bonus. • Outcomes/criteria must be met PRIOR to the bonus being paid out. For example, if a quarterly bonus is approved for staff retention/longevity, staff are required to have worked the hours specified in the CSP to be paid the bonus and it must be paid out the month following the completed quarter • 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.
Financial Management Services/FMS	<p>FMS Fees: FMS fees vary by agency and can be found on the DHS website.</p> <p>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.</p> <p>PTO – All staff will accrue PTO according to the SEIU union contract. Contact your FMS for more details. There is a limited number of hours that can be carried over from year to year. PTO must be documented in Self-Directed Service Category. Please contact your FMS provider for further direction regarding how to access and/or utilize earned PTO. Effective 1/1/24, PTO rate is 4.65%.</p> <p>Holiday pay: According to the SEIU contract staff must be paid 1.5x their wage on the following designated holidays: New Year’s Day, Martin Luther King Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran’s Day and Thanksgiving Day.</p>
Support Planning Services	<p>Optional service to assist a participant in initial and/or ongoing person-centered plan development (Customary number of hours for initial plans is about 30 hours/year. Customary number of hours for a renewal is around 15 hours/year. Requests over this amount must be justified in the plan to ensure cost effectiveness.)</p>

	<p>Support planners must be 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. (Note: Participant/Managing Party cannot be paid to develop or administer the CDCS plan).</p> <p>A support planner:</p> <ul style="list-style-type: none"> • Must provide the participant with a job description or “support planner agreement” 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. • Specific duties cannot be duplicative of the case manager’s role.
Record Keeping Costs -	<p>Office equipment and supplies needed for maintaining Medical Assistance, waived services, medical management, etc. Reason for request must be documented in the CSP. (Customary amount is up to \$400/year. Requests over this amount must be justified in the plan to ensure cost effectiveness.)</p> <ul style="list-style-type: none"> ○ Office Equipment: ex. fax machines, copy machines, printers, etc. ○ Office Supplies: Costs such as postage, copy paper, printer cartridges, etc.

MA HOMECARE SERVICES	
Definition	<p>MA Home Care Service 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) and not to the FMS.</p>
Personal Care Assistant (PCA) and RN Supervision	<p>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.</p> <ul style="list-style-type: none"> • 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
Home Health Aide	<p>State plan home care services are provided by a licensed, certified agency.</p> <ul style="list-style-type: none"> • State set rate used and deducted from CDCS budget • Separate service agreement entered in MMIS • Extended HHA comes directly out of CDCS budget through FMS
Private Duty and Skilled Nursing	<p>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.</p>

RAMSEY COUNTY PROCESS FOR CDCS PARTICIPATION	
<p>Process for Participation in CDCS</p>	<p>Case managers should reference the Ramsey County “CDCS Processes and Procedures” document to assist people through the process of starting and maintaining CDCS . There is a similar document for participants to help with CDCS processes called the “Participant’s Guide to CDCS”, that can be found on the Ramsey County CDCS page on the website under “documents”.</p> <p>All new CDCS participants and/or their managing party must complete the following trainings:</p> <p>Department of Human Services CDCS Training Ramsey County Participant Training</p> <ul style="list-style-type: none"> ○ English ○ Español Passcode +Ng54LIA ○ Hmoob Passcode U926\$!PB ○ Soomaali Passcode: a8RM1FR& ○ Karen <p>To begin or continue CDCS, the participant or managing party must have a completed Community Support Plan submitted to the Case Manager prior to the date CDCS is to begin, or for renewals, by the end of the current plan. <i>MA cannot be billed for CDCS services without an approved plan.</i></p> <p>Changes/addendums/revisions to the plan are allowed throughout the year. Case managers should reference the Ramsey County “CDCS Processes and Procedures” document and participants should reference the “Participant’s Guide to CDCS”, found on the Ramsey County CDCS page on the website under “documents” for the process to make changes. Changes are not allowed in the last 30 days, unless related to critical health and safety.</p>

	OTHER IMPORTANT INFORMATION:
Monitoring CDCS Spending/Budget Oversight	Participants and/or their Managing Party must review spending summaries from the FMS at least monthly. Case managers must review spending summaries at least quarterly.
Notices of Technical Assistance	<p>CDCS is a self-directed program which means participants and/or managing parties are responsible for knowing and following the guidelines and directing their own services. The case manager will offer additional support and training for basic questions and concerns that do not rise to the level of a documented technical assistance. However, if a case manager must provide significant additional technical assistance and support that is over and above what was already provided through standard training and materials, they may issue a Technical Assistance.</p> <p>When a 4th documented Technical Assistance is issued and it is determined by the Lead Agency that reasonable efforts were taken to assist the managing party in correcting the issue, the person will be discharged from CDCS and the case manager will help the participant transition to other traditional waiver and/or state plan home care services.</p> <p>For guidance on Technical Assistance, case managers should reference the Ramsey County “CDCS Processes and Procedures” document and participants should reference the “Participant’s Guide to CDCS”, found on the Ramsey County CDCS page on the website under “documents”.</p>
Involuntary Exits	<p>The involuntary exit process is the process that a required case manager must follow to discharge someone from using CDCS. See the policy on CDCS Involuntary Exit here.</p> <p>For more information on Involuntary exits case managers should reference the Ramsey County “CDCS Processes and Procedures” document and participants should reference the “Participant’s Guide to CDCS”, found on the Ramsey County CDCS page on the website under “documents”.</p> <p>Persons will be immediately exited from CDCS and offered <u>waiver services and/or MA state plan home care services</u> under the following instances:</p> <ul style="list-style-type: none"> • Upon the 4th Technical Assistance- When a 4th occurrence requiring additional technical assistance beyond reasonable efforts arises, the person will be immediately discharged from CDCS and may choose to receive other waiver and/or state plan home care services. • Required case manager discovers and documents a reason for immediate involuntary exit from CDCS. Reason for immediate exit include: <ul style="list-style-type: none"> ○ Maltreatment of the person ○ Immediate health and safety concerns ○ Purchases or practices not allowable in CDCS ○ Suspected fraud or misuse of funds by the person, their authorized representative and/or service provider <p>IMPORTANT: Please consult with the CDCS coordinator, prior to determining whether someone should be involuntarily exited from CDCS.</p>

<p>Appeals</p>	<p>Participants have the right to appeal any action taken by the county. When services are reduced, suspended, or denied, Ramsey County will send a formal Notice of Action to the participant to explain their appeal rights. Notice of action can be found HERE, then search for document 2828B. Before an appeal, Ramsey County case manager and the participant should work together to see if there is a way to meet the need/resolve the issue if possible.</p>
<p>IRS Notice 2014-7 (Exclusion Rule)</p>	<p>The IRS issued Notice 2014-7 stating that certain wages earned by employees providing services to individuals on a Medicaid Waiver can be excluded from federal and state income taxes.</p> <ul style="list-style-type: none"> • This applies to employees living full time in the home of the waiver recipient, of whom they provide services to. To be eligible you must meet all the conditions IRS Notice 2014-7 Certification. • Wages earned may affect cash assistance programs and/or other income-based programs. • You are responsible to check with your FMS and tax advisor regarding implementation of the IRS Notice 2014-7 <p>For more information go to the IRS Website regarding 2014-7 Exclusion Rule.</p>
<p>Admissions to facilities</p>	<p>An admission to hospital, Nursing facility, rehabilitation center, In-Patient Chemical Dependency and/or Department of corrections facility needs to be reported to the Case Manager immediately, as CDCS cannot be used. Case manager should close the CDCS line when someone is in the hospital if they know in advance of the admission into the facility.</p> <p>Staffing may be paid on the day of admission and the day of discharge.</p> <p>Hospital Stays: Waivered Services remain open if hospital stay is less than 30 days, however services cannot be billed during the hospital stay.</p>
<p>Unforeseen Issues related to Goods and/or Services</p>	<p>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.</p> <p>If an item or service is not prior approved but is paid out by the FMS, the participant and/or managing party may be responsible for paying it back and a Technical Assistance may be issued.</p> <p>All services rendered must be paid by the FMS. If the participant and/or managing party is dissatisfied with the service, they can discontinue the service and may report to appropriate licensing agencies and/or the Better Business Bureau.</p>
<p>Unspent Funds</p>	<p>The Community Support Plan is approved for up to one year. Unspent funds cannot be carried over to the next year. Participants annual resource amount will not be reduced the following year due to unspent funds.</p>

RESOURCES

[Ramsey County Website/CDCS Page](#)
[Community Based Service Manual \(CBSM\)](#)

[CDCS Policy Manual](#)
[MN DHS CDCS Training Video](#)

[DHS-CDCS Resources](#)