

Aging and Disability Services Consumer Directed Community Supports

Processes and Procedures

August 2023

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Checking Eligibility for CDCS and Making a Decision Between CDCS and Licensed Services

Check Eligibility for CDCS: In order to be eligible for CDCS, participants must meet the following [eligibility criteria](#):

- Have Medical Assistance based on disability (Except for AC)
- Have waived services or AC services
- Participant is not receiving any of the following services:
 - Licensed foster care while residing in a residential setting licensed by DHS
 - Customized living services.
 - Integrated community supports.
- Participant is not currently on the Minnesota Restricted Recipient Program, MRRP. (Meaning they were convicted of MA fraud.) **(Coordinator will check when budget requested)**
- For individuals with active child/adult protection cases, case manager should consult with the coordinator to ensure CDCS is a healthy/safe option.

If Eligible, Get the CDCS Budget:

For DD/CAC/CADI and BI waivers:

Send a request to the CDCS coordinator at SSD.ConsumerDirectedCommunitySupports@CO.RAMSEY.MN.US for the CDCS budget. Include:

- Name
- PMI
- Waiver type

For AC/EW

Budgets can be found on the current [DHS-3945 Long-Term Services and Supports Service Rate Limits](#) document. **Find the case mix under the appropriate program to determine the monthly or annual CDCS budget amount.**

The initial budget/plan will always be prorated, unless already open on a waiver, and transitioning from licensed to CDCS upon renewal. CDCS always starts on the 1st of a month. See [Determining the waiver span and prorating the budget](#) below!

Compare CDCS vs. Licensed option- This requires service planning with the participant/managing party. What do they need? Will the CDCS budget meet their needs? (Remember...an additional 30% MAY be available to those who meet eligibility criteria [30% Exception to the Budget Methodology](#))

Send and review ORIENTATION PACKET with participant.

CDCS Program Information

CDCS Forms

Program information can be found HERE for operated CMs.	CDCS forms can be found on the Ramsey County CDCS Website or Operated CMs can find them HERE as well.
To New CDCS Participant	Participant Guide to Completing the CDCS Plan
CDCS Brochure	CSP/CDCS Plan
Ramsey County Policy Guidelines	Health and Safety Plan

Support Planner Directory	Sample goals	
How to Select and FMS Provider	Job description/work schedule outline	
FMS Agencies at a Glance	Alternative Treatment Form	
Participants Guide to CDCS	Prescribed Special Diet Form	
Participant's Guide to Completing a CDCS Plan	Property Destruction Standard Questions	
	Addendum Form	

Have the participant/managing party attend a CDCS training and/or watch the 2 orientation videos.
[Department of Human Services CDCS Training](#)
[Ramsey County CDCS Participant training](#)

Hyperlink takes them to the CDCS webpage. Go to "training" and find the language they need. ***If there are not trainings in their language, or they can't access the training due to lack of technology, the CM is responsible for providing training prior to the start of CDCS.***

Verify Completion of the CDCS Training (by verbal report), and that the participant/managing party wishes to move forward with CDCS.
 (This is very important. Participant/managing party must have a firm understanding of CDCS, the budget, etc. PRIOR to moving on to step 8 of hiring a support planner and choosing an FMS.)

Determining the Waiver Span and Prorating the Budget

Determine if a new screening would be needed, determine waiver span, prorate budget if needed, and coordinate ending of existing services with opening of new services. Choose your scenario below:

Participant is already open on a waiver, and is moving from licensed to CDCS, or the waiver was opened, but no services are in place yet.

- There is no need for a new screening.
- Budget is based on the last assessment
- Waiver span remains the same
- Budget is prorated, unless switching at renewal.
- CDCS always starts on the first of the month.
- When deciding on a start date, remember that it can take up to a month to take someone through the process of starting CDCS and the initial plan needs to be approved prior to the start date.

Waiver is opening, and participant does not have other services in place.

- Waiver needs to be opened within 60 days of assessment/screening and can open with Case Management only.
- Establish a start date: CDCS will need to be put in place within 90 days of opening a waiver, and always starts on the 1st of a month. (Note: It can take up to a month to take someone through the process of starting CDCS and the initial plan needs to be approved prior to the start date.
- Determine the end of the waiver span: Waiver span cannot exceed 365 days from the date of assessment. (ex. Assessment done 5/15/21 and is good until 5/14/22. Can't end a span mid-month, so END date would be 4/30/22).
- Budget MUST be prorated.
- Initial plan needs to be approved prior to the start date.
- Review Waiver Opening Process, and complete necessary steps to open the waiver.

Waiver is opening, but participant DOES have other services in place, such as MA Homecare Services (PCA, Nursing) or CSG. (NOTE: For CSG, see [Moving a person from CSG to HCBS Waiver-CDCS](#))

- When other services are in place, you MUST coordinate the ending of those services, and the start of CDCS to avoid a gap in services
- Waiver needs to be opened within 60 days of assessment/screening, and CDCS needs to start the date the waiver opens. CDCS must start on the 1st of a month, and the plan must be approved prior to the anticipated start date.
- Establish a start date: It can take up to a month to take someone through the process of starting CDCS, though sometimes the process can be quicker if going with the same FMS.
- Determine the end date: Waiver span cannot exceed 365 days from the date of assessment. (ex. Assessment done 5/15/21 and is good until 5/14/22. Can't end a span mid-month, so END date would be 4/30/22).
- **IMPORTANT NOTE:** If you cannot open the waiver w/in 60 days of the assessment AND get someone set up so that CDCS can start the day the waiver opens; you may need to do another screening! If another screening is done, you use THAT screening to determine the start and end dates. (**Workaround for PCA services-** If you need to open the waiver, but there won't be enough time to get a CDCS plan in place, you CAN open, putting the PCA services on the waiver SA for a month, then start CDCS.)
- Budget MUST be prorated.
- Review Waiver Opening Process, and complete necessary steps to open the waiver.

Prorate the Budget:

DD/CAC/CADI/BI- Take the annual amount, and divide it by 365 to get the daily amount. Then, determine how many days are in the span, and multiply those two numbers together. For example:

Annual Budget: \$27,867.75

Initial waiver span 3/1/23-12/31/23

$\$27,867.75/365 = \$76.35/\text{day}$

$3/1/23-12/31/23 = 306 \text{ days}$

$\$76.35 \times 306 \text{ days} = \$23,363.10$

Prorated budget for 3/1/23-12/31/23 is \$23,363.10

AC/EW-

If the span is less than a year, use the monthly amount and multiply by the number of months in the initial span. If the span is for an entire year, use the annual amount.

Moving Forward with CDCS

Have the participant/managing party choose a Fiscal Management Service Provider (FMS) and Support Planner. (Forms provided in Orientation Packet)

Note: Support Planners are not required, but strongly recommended at least for the first year.

Give the prorated budget, waiver span, CSP/CSSP and MnCHOICES Eligibility Summary to the managing party and support planner, to write the plan. (NOTE: If the managing party is writing the plan, you will need to send the CDCS documents to them, if you haven't already. Support Planners have all the documents needed.)

Review the MnCHOICES Assessment -

- If eligible for 10 or more hours of PCA services and/or they have a HC rating of EN, they could get a 7.5% CDCS **Budget Enhancement**. Contact the managing party to see if they are interested. The process for this can be found on the **CDCS Enhanced Budget Process-FAQs** form. Pay attention to the assessed needs...the CDCS plan you will review later, will need to address these assessed needs.

Notify other providers if services will be ending (If applicable)

- **Licensed Waiver Services**- If licensed services were in place, and are not continuing with CDCS, notify the providers of the end date. (If licensed services are continuing within the CDCS plan, these services go IN THE PLAN, but do not have their own line on the SA. Get the provider a vendor agreement when the plan is approved, letting them know they won't have a SA.)
- **MA Homecare Services (PCA, NURSING, RN SUP)**- Notify agency if these services are ending. If they continue these services under the waiver, they need to go IN THE PLAN. When doing the SA, you reduce the CDCS line by the amount of the homecare services and put them on their own lines.
- **CSG**- Send an email to SSD.ConsumerSupportGrant@CO.RAMSEY.MN.US to close. If the participant is using the same FMS for CDCS, as they were for CSG, let them know that they are switching programs, give them the effective date, and ask that they initiate any further BG checks/hires needed. If they are using a different FMS, let the FMS know that they are ending CSG.
- **FSG**- Send an email to SSD.FamilySupportGrant@CO.RAMSEY.MN.US to close.

Moving a client from CSG to HCBS Waiver/CDCS

Description

Client who is currently using Consumer Support Grant (CSG), is determined eligible for a waiver and wants to use CDCS.

Business Owner(s)

MnCHOICES Assessor, CSG Coordinator, Middle Ground Social Worker, Case Manager, CDCS Coordinator, Account Specialist

Procedure Checklist

Step 1 – Eligibility is assessed by the MnCHOICES Assessor and sent to Middle Ground or Case Manager.

- **MnCHOICES Assessor determines waiver eligibility.**
- **MnCHOICES Assessor enters the screening documents in ASAP**, making SURE that the following is done on the screenings to ensure a CDCS budget can be generated:
 - CCB- Marks “Y” for CDCS on the LTCC screening document.
 - DD- Puts “48-CDCS” in planned services on the DD screening document.
- **MnCHOICES Assessor indicates interest in CDCS on the Middle Ground Referral Form.**
- **MnCHOICES Assessor completes the CSP and related documents, then sends the waiver referral packet to:**
 - **CCB Waivers:** Middle Ground- ssd.adsmgsw@co.ramsey.mn.us
CSG coordinator- ssd.consumersupportgrant@co.ramsey.mn.us
(Notifying the CSG coordinator that the person is moving to a waiver from CSG.)
 - **DD Waivers:** Rule 185 Case Manager
- **MnCHOICES Assessor follows the “Process Map” to ensure correct MA Elig type, SMRT, U code removal, etc. The 5181 and 3543 is submitted to Financial Services to get the U code removed.** Fax to: 651-266-3933 or email to 6512663933@rcfax.com. The U code will be removed for 60 days from the assessment date (screening). It will then be put back on automatically if the waiver does not open within those 60 days. U code removal dates are based on the screening date.

Step 2 – Contact is made with the CDCS Coordinator OR Case Manager to give information re: waiver opening.

For clients without Rule 185 CM, opening CCB waivers:

- **Middle Ground Social Worker will contact the CDCS Coordinator at ssd.consumerdirectedcommunitysupports@co.ramsey.mn.us and give them the following information:**
 - Client AND guardian’s name and PMI for both, as well as contact information.
 - Assessment date
 - Waiver Type
 - Barriers to opening
- **Middle Ground Social Worker will wait for word from the coordinator regarding the waiver open date.** (CSG end date/waiver open date need to be coordinated, ensuring a CDCS plan is in place and making sure it is within 60 days of the assessment.)
- **Middle Ground Social Worker will, once the waiver open date is determined:**
 - Follow up to ensure removal of U-Code.
 - Request an Eligibility update (EU) if the waiver open date is more than 60 days from the assessment.

- **Middle Ground Social Worker will contact CSG Coordinator at ssd.consumersupportgrant@co.ramsey.mn.us to give them the CSG closing date and ask that CSG is closed on the agreed upon date.**

Clients WITH Rule 185 CM, opening CCB waivers:

- **Rule 185 Case Manager will contact Middle Ground Social Worker at ssd.adsmgsw@co.ramsey.mn.us that the waiver will be opening.**
- **Middle Ground Social Worker will wait for word from the case manager regarding the waiver open date.** (CSG end date/waiver open date need to be coordinated, ensuring a CDCS plan is in place and making sure it is within 60 days of the assessment.)
- **Rule 185 CM will, once the waiver open date is determined:**
 - Work with financial to make sure U-code is removed.
 - Request an Eligibility update (EU) if the waiver open date is more than 60 days from the assessment.
- **Rule 185 CM will contact CSG Coordinator to give them the CSG closing date, and ask that CSG is closed**

Clients WITH Rule 185 CM, opening DD waivers:

- **Case Manager will determine what date the waiver will open.**
 - *Coordinate the CSG end date with Fiscal and CSG Coordinator: ssd.consumersupportgrant@co.ramsey.mn.us*
 - *Coordinate the waiver open date with the Team, ensuring a CDCS plan is in place, and making sure it is within 60 days of the assessment. ** Refer to the DD Waiver opening process. ***
 - **Note:** *Let the Family know that there are additional requirements for background studies when switching from CSG to CDCS, and that this can take time.*
- **Case Manager will submit 5181 and 3543 to Financial Services to get the U code removed.** Submit as soon as the screening is entered, and you know the open date. Fax to: 651-266-3933 or email to: 6512663933@rcfax.com. The U code will be removed for 60 days from the assessment date (screening) you put on your 5181. It will then be put back on automatically if the waiver does not open within those 60 days. U code removal dates are based on the screening date.

If you must rescreen for the waiver to open, Case Manager should use a Legacy screening doc (DHS-3067). You will also have to resubmit the 5181 with the updated screening date to ensure the U code is removed.

- **Case Manager follows up to ensure removal of U-Code.**
- **Case Manager will contact CSG coordinator to give them the CSG closing date, and ask that CSG is closed**

Step 3- CDCS Coordinator or Case Manager works with participant/managing party to get the CDCS plan in and approved, as well as provide information on CDCS.

CDCS Coordinator or Case Manager will:

- **Check for history of fraud**
- **Determine the waiver span, get the budget, and prorate the budget.**
- **Contact Middle Ground Social Worker for CCB waivers** to give them a waiver open date.
- **Contact the client/guardian to explain the CDCS program**, get them the orientation packet materials, send them the link to the DHS training, and give them the upcoming dates for the next participant trainings.
- **Work with the family** to choose a Support Planner and FMS, and get a plan submitted. **Note:** *Let them know that there are additional requirements for background studies when switching from CSG to CDCS, and that this can take time.*

- **CDCS Coordinator approves the plan**, and sends to the managing party, FMS, CM, and support planner if applicable.
- **Contacts Middle Ground Social Worker if CCB**, to let them know it is ok to open the waiver.

Step 4- Middle Ground Social Worker, CSG Coordinator, or Case Manager

- **CSG Coordinator closes CSG services and workgroup**, based on the date determined by the CDCS Coordinator or Case Manager. (Must be on the last day of a month)
- **Middle Ground Social Worker opens CCB waivers, and Case Manager opens DD waivers** based on the date determined by the CDCS coordinator or Case Manager. (Must be on the 1st day of the month following CSG closure.)
- **Case Manager is assigned** for those without a case manager.

Step 5: Case Manager uses the SA GUIDE to complete the SA, and submits to Account Specialists, along with the CDCS Plan Approval/Notice of Decision.

Account Specialist emails are: CCBAccountClerk@CO.RAMSEY.MN.US and DDAccountClerk@CO.RAMSEY.MN.US

Step 6: Account Specialist enters the Service Agreement

Service Agreement is entered, and Account specialist lets Case Manager know.

Notes / Special Instructions

- Mn Choices Assessor and Case Manager case notes throughout this process.
- Communication is open between all parties to determine the CSG end date and CDCS start date to ensure that there is not a break in services.

Document Versions (New to Old)		
Date	Editor/Reviewer	Change(s) Made
3/18/20	Jennifer Madigan	1 st Version
7-22-20	Shane Stich	2 nd Version
12-16-22	Jennifer Madigan	3 rd Version
8/14/2023	Jennifer Madigan	4 th Version

Reviewing/Approving INITIAL CDCS Plans

1. Once the plan is received, review the plan using the CDCS PLAN REVIEW CHECKLIST-Case Manager document.
2. Attach the checklist to the plan and submit for approval. Operated CMs submit to CDCS Coordinator and Contracted CMs submit to supervisor to review for missing info only, and then forward to Coordinator. (Sup does not sign) SSD.ConsumerDirectedCommunitySupports@CO.RAMSEY.MN.US
3. CDCS Coordinator reviews and approves the plan. They will finish the Notice of Decision, indicating approvals, pending items, and denials.
4. CDCS Coordinator returns approved plan to case manager or contracted supervisor. Plan is saved in the file.
5. CM reviews the approved plan <ul style="list-style-type: none"> ➤ Make sure the coordinator has signed both the notice of decision and signature page ➤ Discuss Pended and Denied items with the participant/managing party (For less common items pending, where you are not SURE they will be approved with the right documentation, deny those items if the information is not received in 60 days.)
6. If items are denied CM completes a Notice of Action, DHS 2828B. Reason for denials must be cited from the CDCS policy manual, lead agency manual, or CBSM. (Coordinator should have done this on the NOD and if so, CM can just copy. Otherwise use the CDCS Notice of Action-Denial Examples form for assistance with language when denying services/items on the plan.)
7. Send Vendor Agreement to licensed providers to notify licensed services of rate, if applicable.
8. Send CDCS plan to participant, FMS, and Support planner. (Include the NOA if anything has been denied, or the budget was reduced.)
9. FMS will send a budget. Review to ensure accuracy.
10. Enter the Service Agreement- Update service agreement in CSSP (For new plans, make sure you end lines for any prior services that are ending). For assistance, CMs can reference Entering an Initial CDCS Service Agreement/Adding services to the SA
<p>Next, send an email to the corresponding email account specialist group:</p> <ul style="list-style-type: none"> ○ Open Outlook and click on the “New Email” button ○ Enter the CCB/DD email into the “To” Field <ul style="list-style-type: none"> ▪ SSD.ACEWAccountClerk@co.ramsey.mn.us ▪ CCBAccountClerk@CO.RAMSEY.MN.US ▪ DDAccountClerk@CO.RAMSEY.MN.US ○ Type out the subject line as follows: [Number of Times Sent]*, [Last name, First Name], [PMI#], [Request Type]**, [CSSP ID#]” ○ Add your case manager ID to the body of the email ○ Attach Notice of Decision/Cover Sheet

Renewal Process: Reviewing and Approving CDCS RENEWALS

5 MONTHS PRIOR TO THE RENEWAL DATE:

- **Complete and send 6791E** to MnCHOICES 5 months prior to the CDCS renewal date.

60-30 DAYS PRIOR TO THE RENEWAL DATE:

- MnCHOICES will assess 60-45 days before the start date and enter the screening in MMIS by the 28th of the month.
- CM reminds participant/managing party about timelines and encourages them to meet/begin writing the CDCS plan using the previous year's budget.
- **Compete the annual meeting** following the MnCHOICES assessment and discusses assessed needs and items to be addressed in CSP. Obtain release of information for FMS, Support planner. Complete all other annual meeting paperwork.
- If the participant has the 30% Exception, redetermine eligibility, and submit the edoc 6633 form (exception request). Refer to the [30% Exception to the Budget Methodology](#) section in this document for further guidance.
- If the participant has licensed services in the plan, send the rate/s for these services to the MP/SP.
 - If it's a 6790-rate request 6790 form from provider then run in Mnsp or,
 - Pull from the current <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG>)
- **Review the MnCHOICES Assessment -**
 - If they have used the 7.5% Enhanced Budget previously CM should verify with MP, there is still a "qualified worker". Follow guidance in the [Enhanced Budget Process and FAQs](#) section of this document for further details.
 - If eligible for 10 or more hours of PCA services and/or they have a HC rating of EN, they would be eligible to apply for the 7.5% CDCS [Budget Enhancement](#). Contact the managing party to see if they are interested. The process for this can be found [Enhanced Budget Process and FAQs](#) section of this document for further details.
- Pay attention to the assessed needs...the CDCS plan you will review later, will need to address these assessed needs.

30 DAYS PRIOR TO THE RENEWAL DATE:

- **Get the CDCS Budget- Around the 6th or 7th of the month prior to renewal**, case managers will receive the CDCS budget from the No need to request renewal budgets, but if you haven't received by the 10th of the month, please email the coordinator to request.
 - Budgets that are **NOT highlighted** are actual budgets, and the SAs will automatically be entered by the Acct Specialist Leads (Still need to update the CSSPs)
 - Budgets in **YELLOW** are temporary, and the account specialists will enter last year's amount for now. (Make sure screenings get entered, because if they don't, they won't be able to enter them.)
 - Budgets in **BLUE** went down. They will enter the lower amount for now. Let coordinator know if screening is accurate asap.
 - Budgets in **RED** went way up. They will enter last year's amount for now. Let coordinator know if screening is accurate asap, and if received in enough time, acct specialists can enter it.
- **Immediately send the new budget, or instruction to use last year's budget, to the MP/SP/FMS, asking them to get their plans in asap, stressing that if the plan is received late, there could be a suspension in services.**
 - Please attach the MnCHOICES Eligibility Summary to the participant/managing party and support planner if applicable.

- If using last year’s amount, please make sure the team knows this is a temporary budget. If the MnCHOICES Eligibility Summary is not done yet, send last years.
- **Weekly leading up the renewal date:** CM sends email reminders to get the plan in, and if it’s not received on or before the renewal date, services are not approved.
- **Issue Technical Assistance if a plan is late.** (If plan is late because of team member or other extenuating circumstance, may or may not issue TA).

WHEN THE PLAN IS RECEIVED, CASE MANAGERS...

- *If a plan is received later in the month or even after the renewal date, prioritize those plans.*
- **Plans received prior to the last week of the month:**
 - CM reviews as quickly as possible with the **CDCS PLAN REVIEW CHECKLIST**
 - Request any missing items at this time, so that when the plan is reviewed by supervisor, they can complete the approval.
 - Attach the **CDCS Plan Review Checklist-Case Manager** and submit the plan to supervisor for approval.
- **Plan is received in the last week of the month:**
 - **Review the plan:** Use the [CDCS PLAN REVIEW CHECKLIST-Case Manager](#) to review the plan.
 - **Approve staffing only:** As long as all staffing requirements are met (as outlined on the checklist, under “Staffing Requirements”) approve “staffing only” to allow for more time for supervisors to review the entire plan
 - On the Notice of Decision, mark “**Staffing ONLY has been approved. The remainder of the plan is pended. Ramsey County has up to 30 days to complete a full review**”. **Sign and date that box.**
 - Send partial approval out to team: NOD with staffing only, CSP, H&S Plan, and signature page with MP and CM signature.
 - **Submit the plan for comprehensive review/approval to supervisor.** Request any missing items at this time, so that when the plan is reviewed by supervisor, they can complete the approval.

SUPERVISOR REVIEW/APPROVAL OF PLAN:

- Supervisor reviews the plan using the [CDCS PLAN APPROVAL CHECKLIST-Supervisor](#) They will finish the Notice of Decision, indicating approvals, pending items, and denials.
- **Note for supervisors re: Denials:** Reason for denials must be cited from the CDCS policy manual, lead agency manual, or CBSM. See the [CDCS Notice of Action-Denial Examples](#) for assistance with language when denying services/items on the plan.
- **TIPS for Supervisors for quick CDCS plan approval:**
 - Move simple plans through quickly.
 - Although we have 30 days to review, we need to approve plans as quickly as possible.
 - Approve “partial” plans so that the approvable goods/services can be utilized while continuing to work on the pended goods/services.
 - Approve with last year’s budget if the budget was not available in WMS. Do not wait for the actual budget to approve the CDCS Plan.
 - Sign and date the plan the date they are received by the agency, as the approval date and not the date that the plan is reviewed.
- **Supervisor returns approved plan to case manager.** Operated supervisors save the approved plan in the

CMs EDR, and let the CM know it has been approved. ***Contracted supervisors send the approved plan back to the CM.***

PLAN IS APPROVED/CASE MANAGER FOLLOW UP:

- **CM reviews the approved plan**
 - Make sure supervisor has initialed each approved item on the plan and has signed both the notice of decision and signature page
 - Discuss Pended and Denied items with the participant/managing party (For less common items pending, where you are not SURE they will be approved with the right documentation, deny those items if the information is not received in 60 days.)
- **If items are denied or if the budget went down from last year, CM completes a [Notice of Action, DHS 2828B](#).** Reason for denials must be cited from the CDCS policy manual, lead agency manual, or CBSM. (Supervisor should have done this on the NOD and if so, CM can just copy. Otherwise use the [CDCS Notice of Action-Denial Examples](#) form for assistance with language when denying services/items on the plan.)
- **Send [Vendor Agreement](#) to licensed providers** to notify licensed services of rate, if applicable.
- **Send CDCS plan to** participant, FMS, and Support planner. (Include the NOA if anything has been denied, or the budget was reduced.)
- **FMS will send a budget. Review to ensure accuracy.**
- **Service Agreement Entry: [CDCS Renewal Budget/SA Entry Process](#)**

Pending Items and Denials/Appeals

Pending Items:

Case manager needs to review the approved plan (initial or renewal) or revision/addendum, checking for pending/denied items:

- If pended items are items that are typically allowed, but we are just missing documentation to approve, the item can remain in pending status until the documentation is received.
- If pended item/s do not meet the criteria above, CM makes contact with the managing party, letting them know that they need to get the requested information in within 60 days, or the item/service will be denied. (CMs should develop a system to track pending items for future follow up)

Denials:

- Supervisor or Coordinator outlines the reason for denial, citing policy on the notice of decision. NOTE: Language is important should it go to appeal. Use the [CDCS Notice of Action-Denial Examples](#) document for denial language.
- Case Manager Completes Notice of Action, citing the same reason/policy, to be attached to the plan and send out with the plan.

Appeals:

- Case Manager Explains the appeal process to the participant, discusses other options to meet the need.
- Appeals Specialist Prepares for and attends appeal.

CDCS Dual Plan Guidelines

Definitions:

- **Dual Plan:** Dual plans occur when the allocated CDCS budget is split between two separate plans.
- **Joint Legal Custody:** “Joint Legal Custody” means that both parents have equal rights and responsibilities, including the right to participate in major decisions determining the child’s upbringing, including education, health care, and religious training. Minnesota Statutes 518.003 subd. 3(a). Legal custody allocation is typically found in a divorce decree.
- **Joint Physical Custody:** “Joint Physical Custody” means that the routine daily care and control and the residence of the child is structured between the parties.” Minnesota Statutes 518.03 subd. 3(d). Physical Custody allocation is typically found in a divorce decree.
- **Guardian:** “Guardian” means a person who has qualified as a guardian of a minor or incapacitated person pursuant to appointment by a parent or spouse, or by the court, and includes a limited, emergency, or temporary substitute guardian but not a guardian ad litem. Minnesota Statutes 524.5-102 subd. 5.

Guidelines:

- Both parents/guardians must be listed as the managing party for both plans
- Parents/guardians must agree on how the budget is split between both plans (i.e., budget is split by the percentage of time in both households.)
- Both parents/guardians must consent to the CDCS support plan.
 - While the services may be documented on two forms, it is still considered one service plan.
 - Minors only: Parents must consent to the CDCS Support Plan, regardless of the status of joint physical custody or the breakdown of the amount of time the child lives in either home.
- Both parents/guardians must sign both CDCS Support Plans and applicable consents/releases.

Case Manager Limits:

- A case manager will not review or approve any dual CDCS plans without approval and consent from all parents/guardians.

Service Review:

- Duplication of goods
 - Portable item: Must be shared between Households.
 - Non-portable items: May be covered at both homes

Financial Management Services (FMS)

- Parents/guardians must use the same FMS/Coordinator
- FMS fees will apply for both plans. Some FMS agencies provide discounts for multiple plans

Support planner services

- Parents/guardians are not required to use the same Support Planner. Use of separate Support Planners is allowed.

Reviewing and Approving CDCS Revisions/Addendums

A "revision" or "Addendum" is a change to the plan, during the service plan year.
If a form is needed, they can either use the CDCS Addendum Form.editable form, or revise their current CDCS plan, by clicking the "Revision" radio button at the top of the document. A drop box appears, allowing them to summarize the change to the plan, as well as updating the lines in the plan and the goal/s.
Use the Instant Addendum form to find out who approves (CM or Supervisor), and whether an email is required or an addendum form. CM uses this form to process the addendum if the request requires case manager approval only.
If supervisor approval is indicated, supervisors will approve using the Reviewing CDCS Addendums-Supervisor form.
Addendums not accepted within 30 days of the end of the plan, unless for health and safety reasons.
We have 30 days to review, but addendums should be processed/approved as soon as possible.
Make sure all addendums/instant addendums are being saved in the client's file.

“INSTANT ADDENDUMS”

An INSTANT ADDENDUM is a change that the Case Manager can approve. They do NOT require supervisor approval.

Step 1: Determine if the addendum you received is an instant addendum. The following changes can be approved by the case manager, in the following formats:

INSTANT ADDENDUM	FORMAT
Items on plans/addendums that were pended for more information, and the information is received.	APPROVAL ON NOTICE OF DECISION/UN-PENDING
Moving funds between items/services that are already approved.	Email
Allocation of unallocated funds, to increase amount of a service/item that has already been approved.	Email
Correction of fiscal fees on initial plan/renewal	Email
COLA: Use of COLA increase for approved items	Email
Increasing PPOM wage up to the max. (\$18.82 w/PTO, \$19.60 w/o PTO)	Addendum Form
Increase to staff wage up to the max. (\$19.60)	Addendum Form
FMS agency switch (Make sure licensed. If not sure, get certificate)	Addendum Form
Support planner switch.	Addendum Form
CM’s can approve that the following items be added to the plan: <ul style="list-style-type: none"> • Transportation (at current mileage rate) • Licensed Services (Run rate in MnSpa/Do Vendor Agreement and attach. Make sure matches amount on addendum) • Items/services that address an immediate health and safety need IF a supervisor isn’t available. 	Addendum Form

Step 2: Submit all addendums that do NOT meet the criteria above to your supervisor for approval!

Step 3: Process/Addendum if meets criteria above. (Questions? Ask your supervisor!!)

Approval checklist for ITEMS PENDING ON THE NOTICE OF DECISION

- Make sure request is not within 30 days, unless health and safety related. (Some exceptions can be made depending on the situation. Ask supervisor if unsure.)
- Requested information has been received.
- Letters of recommendation are from the appropriate professional
- Alternative Treatment Forms are valid. Make sure it is 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	
- Put the date and your initials in “date resolved” space next to the pending item on the Notice of Decision Form.

- Attach the documentation you received to unpend the item to the Notice of Decision
- Send to the managing party, FMS, and support planner.
- Save in your electronic File.

Approval checklist for EMAIL/ELECTRONIC CHANGE REQUESTS:

- Make sure request is not within 30 days, unless health and safety related. (Some exceptions can be made depending on the situation. Ask supervisor if unsure.)
- Make sure requests are allowable, are cost effective, and you have the appropriate documentation. (Check the Ramsey County Policy Guidelines. Info on staffing is below)** Check to see what is already approved, so you don't go over the customary amounts. (Justification needed to go over the customary amounts.)
- Make sure managing party emails that they agree, reply that you approve the addendum, sending to managing party, FMS, and support planner.
- Save the email in the electronic file and print for your file if you have a paper file.

Approval Checklist for ADDENDUM FORMS:

- Make sure request is not within 30 days, unless health and safety related
- Make sure requests are allowable, are cost effective, and you have the appropriate documentation. (Check the Ramsey County Policy Guidelines. Info on staffing is below)** Check to see what is already approved, so you don't go over the customary amounts. (Justification needed to go over the customary amounts.)
- Attach MnSpa Rate and Vendor agreement for Licensed Services.
- Paper addendums:** Sign/Scan/Send to managing party, FMS, and support planner. Save in your electronic file.
- Electronic Addendums:** Sign electronically or, reply, stating tht you "Approve this addendum". Send to managing party, FMS, and support planner. Save in electronic file.

DOCUMENTATION NEEDED FOR STAFFING IN THE PLAN

Paid parent of Minor/Paid Parent of Spouse-

- \$18.82 w/PTO or \$19.60 w/o PTO max. 40 hours/week max no matter how many kids or how many parents. (If more than one child in the family is on CDCS, need a schedule with BOTH/ALL kids)
- Floating Holidays-Check to make sure 2 included in plan, or there is narrative about not using them.
- Job Description- Personal assistance ONLY, above and beyond parenting. No nursing duties, GJ tube feedings or med admin. No employment activities in FIND stage)
- Job schedule- Scheduled hours match budgeted hours.
- If more than one person in the HH is on CDCS or CSG, need a family schedule, showing no overlap.
- If requesting PPOM, need at least ONE dependency on assessment. If CCB, check LTC Screening Doc. If DD, check MnChoices Eligibility Summary or, if legacy doc used to do assessment, complete and attach DHS 3428C

Staffing-

- Minimum \$15.25-Maximum \$19.60/hour. If requesting over the max, needs to be justified in plan.
- Floating Holidays-Check to make sure 2 included in plan, or there is narrative about staff not taking them
- Staff job description- No nursing duties, GJ tube feedings or med admin. No employment activities in FIND stage.
- If more than one person in the HH is on CDCS or CSG, need a family schedule, showing no overlap.

Shared services-

Shared Care wages follow guidelines- See “Establishing Hourly Wages for Staff” in policy guidelines.

Shared Services Checklist- CM completes and submits with the plan

[Shared services agreement-DHS 6633D](#)- Completed Shared Services Agreement

Shared work schedule

Licensed services (Respite, IHFS, ILS, DT&H, Employment Services)- Must only approve rate set in MnSpa

Do a *screen shot* of the rate and complete a *vendor agreement*.

Unlicensed Respite:

Minimum of **\$15.25-maximum \$19.60**. If the requested wage exceeds the current PCA rate, justification must be documented in the CSP

Reviewing CDCS Addendums-Supervisor

STEP 1: MAKE SURE IT IS NOT AN “INSTANT ADDENDUM”. IF IT IS, GIVE BACK TO THE CM. THE SITUATIONS BELOW ARE CONSIDERED “INSTANT ADDENDUMS.

- Allocation of unallocated funds, to increase amount of a service/item that has already been approved.
- Correction of fiscal fees on initial plan/renewal.
- COLA: Use of COLA increase for approved items.
- FMS agency switch
- Support planner switch.
- CM’s can approve that the following items be added to the plan:
 - **Transportation**
 - **Licensed Services**
 - **Items pending on plans:** When documentation that was requested is received, CM’s can approve.
Ex. receive alternative treatment form, letters of recommendation, etc.

STEP 2: REVIEW THE ADDENDUM

YES- If for critical health and safety, approve. Otherwise, deny the addendum with this reason,
 “Your addendum requesting _____ has been denied, as it was received within the last 30 days of the plan year and is not related to critical health and safety. The signed participation agreement on your plan states that “no changes or revisions can be made to the CDCS Community Support Plan and/or CDCS budget during the last 30 days of the plan year, unless approved by the assigned case manager or care coordinator for reasons of critical health and safety. Please put the _____ on your next plan. **NOTE: ASK CM TO COMPLETE A NOA with this language to attach to denial.**

NO- Accept and review addendum

Is addendum signed by either the CM or participant/managing party?

For each service/item requested, is there a description/goal, need based on the disability, and the cost? Are the items cost effective?

Use RC Policy Guidelines to determine if allowable, and to see what documentation is needed to approve. (Documentation needed if adding staffing is on page 2.)

Step 3: TAKE ACTION ON THE ADDENDUM

- Write on top of the addm “CDCS amount \$_____ -Adjust SA.” or complete a Notice of Decision with new budget.
- If decreasing, instruct CM to send a notice of action.

If all approved:

Sign and date the addendum.

If a portion is approved, but some pending or denied:

- Indicate on the addm what is approved, what is pended, and what is denied (next to the items on the addendum), sign and date.
- Complete a Notice of Decision, listing items pended and/or denied.
- If denying something, instruct CM to complete a Notice of Action.

If all is denied:

Don’t sign addm, complete a Notice of Decision, denying the item/items, instruct CM to do Notice of Action.

Step 4: ADDENDUM GETS SENT TO TEAM

Supervisor sends to Case Manager, CM sends to participant/Managing Party, FMS, and Support planner, and saves in their file.

DOCUMENTATION NEEDED WHEN ADDING STAFFING

Paid parent of Minor/Paid Parent of Spouse-

- \$18.82 w/PTO or \$19.60 w/o PTO max. 40 hours/week max no matter how many kids or how many parents. (If more than one child in the family is on CDCS, need a schedule with BOTH/ALL kids)
- Floating Holidays-Check to make sure 2 included in plan, or there is narrative about not using them.
- Job Description- Personal assistance ONLY, above and beyond parenting. No nursing duties, GJ tube feedings or med admin. No employment activities in FIND stage)
- Job schedule- Scheduled hours match budgeted hours.
- If more than one person in the HH is on CDCS or CSG, need a family schedule, showing no overlap.
- If requesting PPOM, need at least ONE dependency on assessment. If CCB, check LTC Screening Doc. If DD, check MnChoices Eligibility Summary or, if legacy doc used to do assessment, complete and attach DHS 3428C

Staffing-

- Minimum \$15.25-Maximum \$19.60/hour. If requesting over the max, needs to be justified in plan.
- Floating Holidays-Check to make sure 2 included in plan, or there is narrative about staff not taking them
- Staff job description- No nursing duties, GJ tube feedings or med admin. No employment activities in FIND stage.
- If more than one person in the HH is on CDCS or CSG, need a family schedule, showing no overlap.

Shared services-

- Shared Care wages follow guidelines- See “Establishing Hourly Wages for Staff” in policy guidelines.
- Shared Services Checklist- CM completes and submits with the plan
- [Shared services agreement-DHS 6633D](#)- Completed Shared Services Agreement
- Shared work schedule

Licensed services (Respite, IHFS, ILS, DT&H, Employment Services)- Must only approve rate set in MnSpa

- Do a *screen shot* of the rate and complete a *vendor agreement*.

Unlicensed Respite:

- Minimum of **\$15.25-maximum \$19.60**. If the requested wage exceeds the current PCA rate, justification must be documented in the CSP

Entering an Initial CDCS Service Agreement/Adding services to the SA

NOTE: For instructions on **Renewal SAs**, go to [CDCS Renewal Budget/SA Entry Process](#).

STEP 1: UPDATE THE SERVICE AGREEMENT IN THE CSSP:

The services in **GRAY** are the services that should be entered on every CDCS CSSP Service Agreement, broken down by waiver type.

The services in **WHITE** represent an example of when MA Homecare Services are used with CDCS...in this case, PCA and RN Supervision. MA Homecare Services are listed in the plan, and come from the CDCS budget amount. On the Service Agreement, the CDCS Budget is **REDUCED** by the amount allocated to MA Homecare Services.

DD/CAC/CADI/BI				
Service	Procedure Code	Unit Rate	Units	NPI/UMPI
CDCS	T2028	CDCS Budget (Reduced if MA Homecare)	1	FMS
Case Manager Units	T1016 UC	Check DHS- 3945	150 (DD/Operated 275)	Ramsey County or Contracted Agency
CM Aid/para Units	T1016 TF UC	Check DHS- 3945	24	Ramsey County or Contracted Agency
CDCS BG Checks	T2040	\$44.00	5	FMS
Personal Care Assistance (PCA)- 1 st 6 months	T1019	Check DHS- 3945	Not to exceed units assessed for	PCA Provider
Personal Care Assistance (PCA)- 2 nd 6 months	T1019	Check DHS- 3945	Not to exceed units assessed for	PCA Provider
Personal Care Assistance (PCA), RN Supervision	T1019 UA	Check DHS- 3945	8	PCA Provider

AC/EW				
Service	Procedure Code	Unit Rate	Units	NPI/UMPI
CDCS	T2028	CDCS Budget (Reduced if MA Homecare)	1	FMS
Case Manager Units	T2041	Check DHS- 3945	96	Ramsey County or Contracted Agency
CM Aid/para Units	N/A	N/A	N/A	N/A
CDCS BG Checks	T2040	\$44.00	5	FMS
Personal Care Assistance (PCA)- 1 st 6 months	T1019	Check DHS- 3945	Not to exceed units assessed for	PCA Provider
Personal Care Assistance (PCA)- 2 nd 6 months	T1019	Check DHS- 3945	Not to exceed units assessed for	PCA Provider

Personal Care Assistance (PCA), RN Supervision	T1019 UA	Check DHS-3945	8	PCA Provider
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Important Note re MA Homecare Services:

There are SEVERAL home care services that could be added. You can find the Services/Procedure Codes/Unit Rates on the DHS-3945. If these services are added you MUST reduce the CDCS amount accordingly.

Adding Home/vehicle/assistive technology assessments and Home/Vehicle mod install:

For DD/CAC/CADI and BI only- If applicable, the following services are to be authorized OUTSIDE of the CDCS budget amount upon receiving the appropriate amendment approval. Assessments never come from the CDCS budget. The first \$5000 from Home/Vehicle mods/Assistive technology comes from CDCS. (FOR AC/EW, these must come from the CDCS allocation and the CDCS budget on the SA would be reduced.)

DD/CAC/CADI and BI only			
Service	Procedure Code	Units	NPI/UMPI
EAA, Home Assessment	T2028	Amount approved on amendment	EAA, Home Assessment Provider
EAA, Home Install	S5165	Amount approved on amendment	EAA, Home Install Provider
EAA, Vehicle Assessment	T2039 UD	Amount approved on amendment	EAA, Vehicle Assessment Provider
EAA, Vehicle Install	T2039	Amount approved on amendment	EAA, Vehicle Install Provider
Assistive Technology/Assessment	T2029 UD	Amount approved on amendment	Assistive Technology Assessment Provider

STEP 2: Get the Service Agreement entered in MMIS:

Send an email to the corresponding email account specialist group:

SSD.ACEWAccountClerk@co.ramsey.mn.us, CCBAccountClerk@CO.RAMSEY.MN.US, DDAccountClerk@CO.RAMSEY.MN.US

- Open Outlook and click on the “New Email” button
- Enter the CCB/DD email into the “To” Field
- Type out the subject line as follows: [Number of Times Sent] *, [Last name, First Name], [PMI#], [Request Type] **, [CSSP ID#]”
- Add your case manager ID to the body of the email
- **Attach the approved Notice of Decision/Cover Sheet for initial plans**

CDCS Renewal Budget/SA Entry Process

CDCS Coordinator will:
<ul style="list-style-type: none"> The month PRIOR to CDCS renewal, CDCS coordinator will pull renewal budgets for DD/CCB waivers when WMS is available (around the 5th or 6th of the month). For AC/EW, coordinator will calculate budgets based on the case mix from the current screening.
<ul style="list-style-type: none"> Give the budgets to the Account Specialist Leads to enter. Place the spreadsheets with monthly CDCS budgets in S:\NEW Disability Services\CDCS\Account Specialist Monthly Spreadsheet to be accessed by Shane, Tom, Laurel, and Melissa.
<ul style="list-style-type: none"> Send renewal budgets to the case managers (or contracted agency supervisors, to disseminate to case managers).

Account Specialists will:
<ul style="list-style-type: none"> The 3rd week of the month, prior to renewal, access a spreadsheet with the monthly budgets in the S:\NEW Disability Services\CDCS\Account Specialist Monthly Spreadsheet. Enter the CDCS line with the actual or temporary budget found in the “Current Budget” column on the spreadsheet (DD/CCB). <ul style="list-style-type: none"> Green- Actual budget (Note: will not be highlighted green on email sent to CMs) Yellow- Last year’s budget/TEMP Blue- Budget significantly decreased/TEMP (may change) Red- Budget significantly increased/entering last year’s amount/TEMP (may change) Enter the standard units for CM, Para (except for EW/AC), and CDCS Background Studies. This should be the same as last span. If there is no screening entered, enter the SA in MMIS and it will be suspended. Make a note on the spreadsheet. If there are MA homecare services on the previous SA (as referenced by the list that was pulled with MA Homecare Codes) enter a temporary CDCS line in the amount of \$10k. Make a note of this on the spreadsheet. (In this case, CMs will need to request a change once the plan is in.) If the budget cannot be entered for any other reason, Account Specialist will make a note of that on the spreadsheet. When budgets are entered, notify CDCS coordinator so that she can follow up with CMs on the ones that could not be entered.

CDCS Coordinator will:
<ul style="list-style-type: none"> Follow up with CMs in situations where the screening wasn’t entered so that they can connect with MnCHOICES assessor to get it entered. Follow up with CMs where there are MA Homecare (PCA, Nursing, etc.) services on the plan, and a temporary SA in the amount of \$10k was entered. Follow up with CMs on budgets that couldn’t be entered for any other reason.

Case Managers will:
<p>For actual renewal budgets- (Amounts are NOT highlighted)</p> <ul style="list-style-type: none"> These SAs will be entered by the Acct Specialist Leads, so <i>no need to send a SA request!</i> If the <i>budget is lower than last year, please be sure to send the DHS 2828A</i> to notify them of the reduction. <i>Update the CSSPs.</i> Once all information has been entered on CSSP to support the services on the SA, CM will approve the SA service lines and close CSSP. (Your CSSP MUST match the SA entered) <p>CM will follow the SA Guide and instructions below, depending on the situation. To email SA requests to Account Specialists:</p> <ul style="list-style-type: none"> Open Outlook and click on the “New Email” button Enter the CCB/DD email into the “To” Field

SSD.ACEWAccountClerk@co.ramsey.mn.us
CCBAccountClerk@CO.RAMSEY.MN.US
DDAccountClerk@CO.RAMSEY.MN.US

- Type out the subject line as follows: [Number of Times Sent] *, [Last name, First Name], [PMI#], [Request Type]**, [CSSP ID#]"
- Add your case manager ID to the body of the email

For Budgets that went way up (indicated in red), Acct Specialists entered LAST YEARS amount:

CM will verify that the screening is correct and let the CDCS coordinator know either way.

- If screening is correct, CMs will need to update the CSSP, using the SA guide and email SA request to Acct Specialists. (**NOTE: Do not wait for plan approval. No NOD needed.**)
- If incorrect, assessor needs to have DHS delete the screening, and re-enter with corrections. CSSP can be updated with last year's amount for now, until the actual budget is received.

NOTE: When the actual budget is received the following month, CMs will need to update the CSSP using the SA guide and email SA request to Acct Specialists with the actual budget listed. (No NOD needed.)

For Budgets that went way down (indicated in blue), Account specialist will enter that amount

CM will verify that the screening is correct and let the CDCS coordinator know either way.

- If screening is correct, CMs just need to update the CSSP. No SA request needed.
- If incorrect, assessor needs to have DHS delete the screening, and re-enter with corrections. CSSP can be updated with the budget amount in blue, until the actual budget is received.

NOTE: When the actual budget is received the following month, CMs will need to update the CSSP using the SA guide and email SA request to Acct Specialists with the actual budget listed. (No NOD needed.)

For budgets that could not be accessed in WMS (using last year's amount, indicated in YELLOW)

- Account specialists will enter last year's amount on the SA.
- CM will check to make sure the screening is entered. If not, contact the assessor to enter the screening doc right away or enter the legacy screening.
- CSSP can be updated with the last year's amount, until the actual budget is received.

NOTE: When the actual budget is received the following month, CMs will need to update the CSSP using the SA guide and email SA request to Acct Specialists with the actual budget listed. (No NOD needed.)

When MA Homecare Services are requested in the renewal, and they were not authorized the previous year:

CMs will need to update the CSSP, reducing the CDCS line and adding the MA homecare services line(s). Use the SA guide to email the SA request to Acct specialists. (**NOTE: Do not wait for plan approval. No NOD needed.**)

Coordinator will notify CMs in the following situations:

Last year's budget could not be entered, due to no screening in system:

Connect with MnCHOICES assessors on screenings that weren't entered, to request that they enter them right away. If CM did a legacy screening, that needs to be entered asap. Once the screenings are entered, CM will update the CSSP, using the SA guide and email SA request to Acct Specialists. (**NOTE: Do not wait for plan approval. No NOD needed.**)

MA Homecare Services were authorized in last year's plan (Only \$10k will be entered by lead acct specialists)

CMs will need to review the plan and update the CSSP, reducing the CDCS line and adding the MA homecare services line(s) if MA homecare services are requested. Use the SA guide to email the SA request to Acct specialists. (**NOTE: Do not wait for plan approval. No NOD needed.**)

If the SA can't be entered because MA is closed or for any other reason:

CM will work with family and financial worker to get MA or other issues resolved ASAP and follow typical process of updating CSSP and using the SA guide, email SA request to Acct Specialists. (**NOTE: Do not wait for plan approval. No NOD needed.**)

CDCS Enhanced Budget Process/FAQs

The purpose of the CDCS enhanced budget is to help people with high needs attract and retain qualified workers. Go [HERE](#) for more information. In short, a 7.5% CDCS enhanced budget is available to increase wages/benefits for qualified workers.

Initial Eligibility Process is as follows:

<p>Check Eligibility: Case manager checks the MnCHOICES Assessment to ensure that the participant is eligible for 10 hours of PCA services/day and or has a home care rating EN.</p>	<p>Completed: Click or tap to enter a date.</p>
<p>Determine if person wants to pursue the enhanced budget: Case manager should contact the managing party to explain the enhanced budget and see if they want to pursue. If they do, continue.</p>	<p>Completed: Click or tap to enter a date.</p>
<p>Staff completes training: The staff person/people who will receive the increased wage/benefits, needs to complete training to become a qualified worker. That training can be found, completed, and submitted here Minnesota direct support worker (DSW) training website NOTE: Upon completion of the qualifying trainings, workers will also receive \$500 stipend if funds are available.</p>	<p>Completed: Click or tap to enter a date.</p>
<p>Confirmation of Training: When staff have completed the trainings and met requirements, they will receive confirmation email from the DSW training administrator. Staff sends this confirmation email to the managing party who sends it to case manager. NOTE: UMPI number of qualified worker is found on DSW confirmation letter/email. CM will need this when completing the DHS-6633B.</p>	<p>Completed: Click or tap to enter a date.</p>
<p>Request an Estimated Budget: Case Manager sends an email to the CDCS coordinator with the following info: NAME, PMI, Date worker completed qualifying training, or started work (whichever is LATER), 7.5% start date. Getting an estimate allows them to use it prior to application in WMS. CDCS coordinator gives the case manager the budget. (Coordinator makes note to check WMS the following month to ensure the increase has been applied.)</p>	<p>Completed: Click or tap to enter a date.</p>
<p>Apply for the Enhancement: Case manager Completes the top portion of the CDCS Enhanced Budget Request & Community Support Plan Addendum, DHS-6633B (PDF) (Select “New Addendum”) then:</p> <ul style="list-style-type: none"> • Submits it to DHS following the instructions on the form • Gives a copy to the participant/managing party to use as an addendum to allocate the funds, explaining that they need to complete the bottom portion of the form and return it asap. 	<p>Completed: Click or tap to enter a date.</p>
<p>Review and Submit DHS-6633B/Addendum for approval: Once the managing party returns the form with the bottom part completed the case manager submits to their supervisor to approve. (Remember: The increase can only be used to toward wages and benefits of the qualified worker.)</p>	<p>Completed: Click or tap to enter a date.</p>
<p>Communicate Approval: Once approved, the case manager sends the approved DHS-6633B to the managing party, Financial Management Services provider (FMS) and Support planner if applicable.</p>	<p>Completed: Click or tap to enter a date.</p>
<p>CM updates CSSP and increases the Service Agreement: Case manager updates CSSP with the new amount and <i>emails the account specialist email</i>, attaching the DHS-6633B, requesting that they increase the Service Agreement.</p>	<p>Completed: Click or tap to enter a date.</p>
<p>Verify that the enhancement was added in WMS: Coordinator verifies that the enhanced budget is added in WMS and lets the case manager know.</p>	<p>Completed: Click or tap to enter a date.</p>

Reassessments-Determining Continued Eligibility

<p>Check Eligibility:</p> <ul style="list-style-type: none"> • Case manager contacts participant to make sure they continue to have a qualified worker around the same time they send the 6790 request for reassessment. (This will give them time to pursue training to remain eligible, should they need to.) <ul style="list-style-type: none"> ○ In general, qualified workers do not have to complete new trainings each year, however CMs need to check each year. Participant must provide confirmation from DSW training administrator to CM. (Or if they were a qualified worker last year, check the file to make sure training is still valid.) ○ Sometimes certifications and licenses that count as part of the training expire (e.g. nurse license, CPR, etc.) so must be verified. ○ If they are still eligible for 10 hrs. of PCA services/day and or HC rating EN, but no qualified worker, case manager should give the Minnesota direct support worker (DSW) training website to the managing party for their staff to become a qualified worker. <p>Do they have a qualified worker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • Case manager checks the MnCHOICES Assessment Does the participant continue to be eligible for 10 hours of PCA services/day and or do they have a home care rating EN? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Note: If you have answered YES to both, they are eligible. If you answered NO to either one, they are not eligible at this time. See below for instructions on what to do in each situation.</p>	<p>Completed: Click or tap to enter a date.</p>
<p>If the person remains eligible for the CDCS enhanced budget:</p> <ul style="list-style-type: none"> • Case manager completes the form CDCS Enhanced Budget Request & Community Support Plan Addendum, DHS-6633B (PDF) (select “Reassessment Addendum”) • Case manager submits the form to DHS following the instructions on the form. • CM gets the budget with the continued enhancement from the coordinator AUTOMATICALLY the month prior to the start of the span. (The budget you get from the CDCS coordinator will continue to be enhanced. No additional funds are applied. If no budget is available in WMS due to the screening being entered late, use last year’s amount with the enhanced budget until it is available.) 	<p>Completed: Click or tap to enter a date.</p>
<p>If the person is not eligible for the CDCS Enhanced Budget:</p> <ul style="list-style-type: none"> • Case manager informs the CDCS coordinator that they no longer qualify and requests a budget without the enhancement. • Coordinator contacts DHS to remove the enhancement and sends the budget without the increase to the case manager following the WMS update the month prior to renewal. • Case manager informs the person that they are no longer eligible for the increase and sends a Notice of Action. • If a plan has already been approved w/ the Enhanced budget: <ul style="list-style-type: none"> ○ Inform participant of reduced budget and request revision to CDCS Renewal Plan reflecting reduction within 30 days. ○ CM follows SA Request process to change CDCS budget in MMIS. 	<p>Completed: Click or tap to enter a date.</p>

Enhanced Budget FAQ's:

Is the Enhanced Budget available under all waivers?

Yes. The enhanced budget is available under the DD, CADI, CAC, BI, EW waivers and Alternative Care Program.

Who is responsible for getting the letter of confirmation that a worker has completed the qualified training?

Once the worker has completed the qualifying training, the "DSW training administrator confirms the worker met requirements and emails a confirmation letter to the worker". Then, "the worker gives the administrator's confirmation letter to the person (participant)." The participant is responsible to contact "the lead agency case manager/care coordinator and gives them the worker's confirmation letter."

Will the case manager receive confirmation from DHS when the enhanced budget request is processed?

No. The Ramsey County CDCS Coordinator will check the Waiver Management System to make sure it has been applied and communicate this to the case manager.

Does the participant need to do an addendum to allocate the additional funds to staff wages/benefits the first year of eligibility?

The managing party needs to complete the bottom portion of the [CDCS Enhanced Budget Request & Community Support Plan Addendum, DHS-6633B \(PDF\)](#).

Will my CDCS budget be increased by 7.5% for each qualified worker?

No. Regardless of the number of workers who have completed the qualifying trainings, the person's budget can be enhanced by 7.5% only once during the service plan year."

Can I decide to use the additional funds in any way I see fit?

No, additional funds must be allocated toward the wages and/or benefits of the qualified worker(s), and can be applied in the personal assistance service category for the qualified worker

Can the budget enhancement be applied retroactively?

Yes, but only back to the first of the month that both components of the enhanced budget eligibility were met. (For example, let's say that they started working 1/15/2017, and completed the trainings 10/23/2020. You would put 10/23/20 on the form because that is the date that BOTH components of the eligibility criteria for the person's ability to receive the enhanced budget were met (i.e., person is being served by a qualified worker). On the other hand, if they completed the trainings on 10/23/2020, but they weren't hired to work with the CDCS participant until 11/25/20, then you would put 11/25/20, because that is the date the person met both components of the enhanced budget eligibility.

How long does the Budget Enhancement last? Does eligibility need to be determined at each renewal?

The enhanced budget is effective through the end of the person's plan year, at which point eligibility will need to be reassessed using the Renewal Process above.

Does the qualifying worker need to take trainings each year to maintain their status as a qualified worker?

In general, qualified workers do not have to complete new trainings each year, however there are certain trainings/certifications that expire. In that case, they would need to take another training and case manager should give the [Minnesota direct support worker \(DSW\) training website](#) to the managing party for their staff.

CDCS 30% Exception Process for CCB and DD/FAQs

DETERMINING ELIGIBILITY: Participants are eligible for an additional 30% if they meet ALL of the criteria in one of the following three scenario's:

<p>Scenario #1- The person is on a waiver, currently uses CDCS and meets criteria below:</p> <p>1. Does the individual need more CDCS funding due to any of the following reasons? Y/N</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Employment</td> <td style="padding: 5px;">Increase the amount of time a person works or otherwise improve employment opportunities</td> </tr> <tr> <td style="padding: 5px;">Own home</td> <td style="padding: 5px;">Plan a transition to move to or live in his/her own home (not provider or family-controlled environment)</td> </tr> <tr> <td style="padding: 5px;">Behavioral support</td> <td style="padding: 5px;">Develop and implement a positive behavior support plan</td> </tr> </table> <p>2. Are they unable to meet those needs within his/her current budget? Y/N</p> <p>3. Would they have to stop using CDCS and use other waiver services because his/her need for these supports cannot be met within his/her current budget? (Or will these needs go unmet with the current state set budget if they stay with CDCS?) Y/N</p>		Employment	Increase the amount of time a person works or otherwise improve employment opportunities	Own home	Plan a transition to move to or live in his/her own home (not provider or family-controlled environment)	Behavioral support	Develop and implement a positive behavior support plan
Employment	Increase the amount of time a person works or otherwise improve employment opportunities						
Own home	Plan a transition to move to or live in his/her own home (not provider or family-controlled environment)						
Behavioral support	Develop and implement a positive behavior support plan						
<p>Scenario #2- The person is on a waiver, does not use CDCS and meets the criteria below:</p> <p>1. Does the participant use licensed providers for either of the following: Y/N</p> <ul style="list-style-type: none"> • Employment support or services during the day • Residential services <p>2. If they were to choose CDCS, would their services cost less annually than the licensed day services or employment supports they currently use? <i>(If the person's CDCS budget will meet their assessed needs in all areas but their residential or employment support needs the budget exception can be requested because those needs would not be able to be met without it.)</i> Y/N</p> <p>If a person is on a waiver but does NOT have licensed Employment or Residential Services authorized, we can't apply for the 30% right away, as we can't "demonstrate that, upon choosing CDCS, his/her services would cost less annually". In this case, open CDCS first at the state set budget, <i>then</i> apply Scenario #1.</p> <p>If a person is on a waiver, does not use CDCS, and needs behavioral support consider whether the person's assessed needs indicate a need for Positive Supports. If their current CDCS budget would not allow them to meet their assessed needs AND include their need for positive supports, then the budget exception can be requested.</p>							
<p>Scenario #3- The person currently is not on a waiver and:</p> <p>1. Has the participant not been offered appropriate services within 60 days of discharge approval from an institutional setting? Y/N</p> <p>2. Does the participant require supports that exceed their state-set budget? Y/N</p>							

Initial Eligibility/Adding the 30%

<p>Review this form with your supervisor, to ensure eligibility.</p>	<p>Click or tap to enter a date.</p>
<p>If eligible, complete the online request form CDCS Budget Exception Request Form, DHS-6633 (see Instructions to complete the CDCS Budget Request Application, DHS-6633C [PDF] PRINT before you click "submit". (You can follow the instructions to printing and then right click on the print page that comes up in new window. Select print and then instead of printing to a printer select "print to PDF") Save in the file, in case there are problems with submission.</p>	<p>Click or tap to enter a date.</p>
<p>CONTACT THE CDCS COORDINATOR FOR AN ESTIMATED BUDGET making sure to communicate the start date used on the application.</p>	<p>Click or tap to</p>

	enter a date.
Have the participant/managing party submit an addendum , adding the services needed (employment, behavioral, own home, transition from institution/crisis setting...depending on the reason for the request).	Click or tap to enter a date.
CM reviews the addendum , by taking the existing Notice of Decision, updating the amount w/ 30%, attaching to the addendum, and submitting to supervisor for approval.	Click or tap to enter a date.
Supervisor reviews/approves addendum by initialing the new amount on the Notice of Decision, signing the addendum if approved (indicating any pending/denied items of course), and returns to the CM.	Click or tap to enter a date.
CM updates the CSSP and uses the SA guide to email the account specialist to update the SA. Attach the Notice of Decision w/ Sup initials and approved addendum. Cc: CDCS COORDINATOR! NOTE: If you are using an estimated amount not in WMS yet, attach the application to the request.	Click or tap to enter a date.
Acct specialist enters the new amount into MMIS. (NOTE: Sometimes the new amount will not be in WMS yet. Supervisor initials indicate that eligibility has been determined and it WILL be added next month. You can enter the amount, and the coordinator will ensure it is added in WMS.)	Click or tap to enter a date.
Verify the budget with 30% with the coordinator after the last download. (Around 12 th of month). If WMS budget is different from what was approved, plan, NOD, and SA will need to be adjusted accordingly. (Budget must be at or less than the WMS amount.) Make sure a NOA is sent if the amount is LESS than what was authorized.	Click or tap to enter a date.

Redetermining Eligibility at Renewal

Confirm that your client still meets the eligibility criteria in scenario #1, at the top of this document. <u>At the time you request the MnCHOICES Assessment by sending your 6791E, complete this process. This will ensure that the 30% will be added to the budget!</u>	Click or tap to enter a date.
If they are NOT eligible , inform the coordinator immediately to get the budget without the 30%.	
If they continue to be eligible, complete the online request form. CDCS Budget Exception Request Form, DHS-6633 (see Instructions to complete the CDCS Budget Request Application, DHS-6633C [PDF]) PRINT before you click "submit" . (You can follow the instructions to printing and then right click on the print page that comes up in new window. Select print and then instead of printing to a printer select "print to PDF"). Save in the file in case there are problems with submission.	Click or tap to enter a date.
Send the DSD Contact Form following submission of the CDCS Budget Exception Request form, asking for conformation that the request was received.	Click or tap to enter a date.
When you get the budget from the coordinator, the 30% will be included, unless you had it removed. (Again, if not eligible, ask for this to be removed). At this point, if it has NOT been renewed, the coordinator will ask that you redetermine eligibility.	Click or tap to enter a date.

30% Exception- FAQ's

General Questions:

Do I need to request/apply for the 30% increase every year?

Yes.

If my client already has the 20% exception for vocational services, do I need to a request every year?

No. Those already receiving 20% will continue to do so, unless they want to move to 30%, in which case they would need to reapply each year.

If I have a client that needs to move to 30% from 20%, do I need to apply for that? Do I need to apply each year?

If someone receives the 20% but wants to move to 30%, they need to apply annually.

Employment:

When do I apply for the 30% for vocational services?

If someone is in the FIND stage of employment, the waiver cannot cover, and a VRS application will need to be pursued. If they are in the ENGAGE, PLAN, or KEEP stage of employment AND the current CDCS budget does not allow for vocational services to be added, you may apply for the 30%. If someone is graduating from public education, and they meet the criteria above, you should apply one month prior to the date of graduation, putting the day after graduation as the start date. If VRS funding is being used for the FIND stage of employment and they are moving to the KEEP stage, you should apply one month prior to when that funding source will end, putting the date AFTER VRS funds are done, as the start date.

Can the funds be used for staffing for volunteering opportunities or structured activities during the day?

If the goal is to eventually have paid employment, but they need to gain skills to get to that point, then it's appropriate. Language does say "employment or day supports", which allows for more flexibility.

Own Home:

Can the increase be indefinite if there's a need for increased staffing due to living independently?

If a person continues to show a continued need for additional supports/services to continue living in their own home, they can continue to access the budget exception.

Behavioral Support:

Does the behavioral support plan required, need to be developed by a professional?

Yes. The behavioral support plan needs to be developed by a professional.

Can the exception fund staffing indefinitely to support following or implementing a formal behavioral plan?

Yes.

Can the funds from the exception be used toward behavioral incentives?

Yes, if appropriate and included in positive behavior support plan, this is allowed per DHS.

Transition from Institution/Crisis Setting:

How do I determine what is needed when requesting additional funds when they meet criteria of discharge from secure setting (hospital, AMRTC, crisis)

The team must determine what's appropriate for the person to ensure services meet needs.

Closing CDCS- [Involuntary Exit Process](#)

<p>Step 1: CM discovers and documents either:</p> <ul style="list-style-type: none"> • A reason for immediate involuntary exit from CDCS <ul style="list-style-type: none"> • Immediate health and safety concerns • Maltreatment of the person • Purchases or practices not allowable in CDCS • Suspected fraud or misuse of funds by the person, their authorized representative and/or service provider • A 4th Notice of Technical Assistance has been sent in one plan year
<p>Step 2: CM CONSULTS WITH THE COORDINATOR to determine if the person should be involuntarily exited from CDCS.</p>
<p>Step 3: If it is determined that the person should be involuntarily exited from CDCS the case manager sends Notice of Action, informing the person of return to other waiver services and/or MA state plan home care services. (At least 10 days' notice should be given, even in an "immediate exit".)</p>
<p>Step 4: Case manager immediately assists the person with accessing other waiver /and or state plan home care services, following protocol for getting other services in place, such as scheduling intake meetings, running rates, etc.</p>
<p>Step 5: If health, safety, or abuse concerns are suspected, the case manager must report to the appropriate agencies, such as the county vulnerable adult or child protection agencies.</p>
<p>Step 6: The case manager must report suspected fraud to Surveillance and Integrity Review Division. (Many times the FMS will do this, so check with them first.)</p>
<p>Step 7: Inform the FMS, Support planner, and any other licensed service providers within the CDCS plan that CDCS is ending.</p>
<p>Step 8: Have the family inform unlicensed staff, therapists, specialists, etc. that CDCS is ending.</p>
<p>Step 9: Update the CSSP, closing all CDCS lines and if applicable, starting other services. NOTE: When closing the SA.... get final budget amount estimate from the FMS and put on SA line. Amount does not need to be "prorated" exactly, as CDCS is a flexible use program. CM might also need to "adjust" the final amount later, once billing is done, and this is ok</p>
<p>Step 10: Notify the coordinator that CDCS has closed/ended.</p>
<p>Step 11: Person receives other waiver and/or MA state plan home care services</p>
<p>NOTE: In the event of an appeal, CDCS is not available to the person during an appeal when the involuntary exit criteria are met. The ability to discontinue CDCS service due to an involuntary exit, pending appeal, is unique to this service and differs from other waiver services that require services stay intact pending an appeal hearing.</p>

Closing CDCS- Voluntary Exit Process

Step 1: Follow protocol for getting other licensed services or MA Homecare Services in place, scheduling intake meetings, running rates, closing the waiver, etc, depending on the reason for closing.
Step 2: Send a notice of action to the participant, informing the person of the “termination” of CDCS, and return to other waiver services and/or MA state plan home care services. (Or closing of the waiver if applicable).
Step 3: Inform the FMS, Support planner, and any other licensed service providers within the CDCS plan that CDCS is ending.
Step 4: Have the family inform unlicensed staff, therapists, specialists, etc. that CDCS is ending.
Step 5: Update the CSSP, closing all CDCS lines and if applicable, starting other services. NOTE: When closing the SA.... get final budget amount estimate from the FMS and put on SA line. Amount does not need to be “prorated” exactly, as CDCS is a flexible use program. CM might also need to “adjust” the final amount later, once billing is done, and this is ok
Step 6: Notify the coordinator that CDCS has closed/ended.

CDCS Out of County Transfer Process- TRANSFER IN:

1. Case comes through Intake/MnCHOICES. Intake forwards to ADS Support email (Middle Ground)
 - Middle Ground will work with transferring county to resolve any barriers, agree upon a transfer date, and end SA lines.
 - Case assignment will be process on the last Thursday of the month prior to the transfer date.
 - Jenny Madigan will be notified of transfer during case assignment.
 - CCFR transfers occur on the 1st of the month.

2. New Ongoing case manager receives the transfer.

3. Immediately, CM puts together packet, including:
 - **Current/approved CDCS plan and signed signature page from the transferring county.**
 - **Approval page/cover sheet** of some sort from the transferring county, listing pending/denied items.
 - **Supporting documentation** such as schedules, job descriptions, etc. (If not included request from previous CM for your file, but you can submit for approval without these.)
 - **Health and Safety Plan.**
 - **WMS printout of the CDCS budget.** (If missing, contact case manager at transferring county, and request. Contact Ramsey County CDCS coordinator for assistance if you cannot obtain.)
 - **Documentation/communication re: what will remain on the transferring county's SA,** and what is left to be entered on Ramsey County's SA. ***NOTE:*** An email from the transferring county, with the amount on their SA, and what is to go on the Ramsey SA is sufficient.
 - **Ramsey County Notice of Decision/Cover Sheet-Completed by CM:**
 - **"Plan Type"**, choose "Transfer into Ramsey County". Put the prorated budget amount to be entered on the Ramsey County Service Agreement.
 - **"Waiver Span"**, put the full span.
 - **"CDCS Span"**, put the RC transfer in date, through the end of the span.
 - **Pend/Deny items if applicable-** If anything is pending or denied on the plan, put those on the Ramsey County Notice of Decision.

4. Submit all to CDCS coordinator for approval. (Ramsey County will accept case and honor the other county eligibility decision through the end of the waiver span.)

5. Once approved, complete the Ramsey County Service Agreement & CSSP, and submit with the approval page to the account specialist to enter.

6. Send Ramsey County CDCS training to the participant/managing party, and request that they complete the training. It can be found [HERE](#) under "training".

CDCS Out of County Transfer Process- TRANSFER OUT:

1. Prepare the case for transfer, using **Ramsey County's transfer process** (Should be in S: drive for operated CMs and SharePoint for Contracted CMs).

2. CDCS information needed for transfer includes:
 - a. Current/approved CDCS plan (Must be signed and include the cover sheet, listing pending/denied items.
 - b. Health and Safety Plan.
 - c. WMS printout of the CDCS budget. (Request from CDCS Coordinator)
 - d. Contact the FMS for a Final budget summary for Ramsey, and a new budget for the remaining funds for the new county.

3. Submit a new SA to the account specialists, to reduce the CDCS line. (Will need to ask the FMS for an estimated amount to leave on Ramsey County's SA. This may need to be adjusted later.)

4. Inform the CDCS coordinator of the expected transfer date.

5. Remember to contact the FMS, Support planner, school/day program, and any other service providers to inform them of the transfer.

Technical Assistance and CDCS

CDCS is consumer directed. This means that with training and guidance from the CM, participants should be expected to manage CDCS on their own. When CMs provide additional technical assistance/support “over and above the standard training and materials due to an identified need”, a Notice of TA should be sent.

<p>Step 1: Case manager identifies an issue/concern where additional training/technical assistance is needed</p>
<p>According to the CBSM, reasons for technical assistance may include but are not limited to:</p> <ul style="list-style-type: none"> • Notices from the financial management services (FMS) provider to the person requesting missing information • Not following the person’s Community Support Plan (CSP) • Not receiving services, supports and/or items identified as critical for health and safety • Not spending enough dollars for services/supports and/or items needed to support health and safety without a reasonable explanation • Ongoing difficulty in arranging for services, support and/or items needed for health and safety <p>Examples of when a Notice of Technical Assistance might need to be sent:</p> <ul style="list-style-type: none"> • Not writing a complete CDCS plan (when there is lots of “back and forth”) • Submitting an unreasonable number of changes/addendums for the plan year (changes the total plan itself) • Inaccurate/incomplete time sheets • Not turning in time sheets by deadline • Pre-signing time sheets • If hospitalized – submitting time sheets • Submitting timecard when M.A. is closed. • Unapproved overlapping hours • Unapproved overtime • Repeatedly returning items purchased • Not purchasing items needed in the CSP.
<p>Step 2: Case manager provides training/technical assistance.</p>
<p>CM contacts the managing party, to discuss the issue, and provide necessary training to resolve the issue. Simultaneously, Case manager determines whether a “Notice of Technical Assistance” is necessary</p> <ul style="list-style-type: none"> • If there is a reasonable explanation, no need to send a “Notice of Technical Assistance” Just provide the training/technical assistance. • If it is a “serious concern” you will provide the training/technical assistance and send a “Notice of Technical Assistance”. • If it is a pattern, provide the training/technical assistance and send a “Notice of Technical Assistance”.
<p>Step 3: If needed, CM completes the Notice of Technical assistance, making sure that all necessary information is included.</p>
<ul style="list-style-type: none"> • Identification of the problem • Need corrective action • Timeline in which to accomplish the action
<p>Step 4: Upon the 4th Notice of Technical Assistance in one plan year, the person will be immediately discharged from CDCS and may choose to receive other waiver and/or state plan home care services.</p>
<ul style="list-style-type: none"> • Consult with CDCS Coordinator prior to exiting someone from CDCS • See process for Closing CDCS/Involuntary Exit

E1MN-EMPLOYMENT SERVICES AND CDCS

VRS/SSB or School funds- **Should NOT be on a CDCS plan or JOB DESCRIPTION**

Waiver/CDCS funds- **Allowable on a CDCS plan/job description**

**Student Services: (Students enrolled in HS or age 18-21 transition programming)
An application to VRS can be made as early as age 14.**

<i>FUNDING</i>	<i>STEP</i>	<i>SERVICE</i>
VRS/SSB & School	ENGAGE	School and VR Transition and Pre-Employment Transition Services (Pre ETS)
VRS/SSB & School	PLAN	School and VR Transition and Pre-Employment Transition Services (Pre ETS)
VRS/SSB & School	FIND	School work-based learning programs and VRS/SSB work-based learning and/or job search and stability services.
School (During school hours)	KEEP	Services provided by school to maintain employment.
CDCS/ Waiver (Outside of school hours)	KEEP	See "KEEP" stage below for activities covered under this stage. ***NOTE: THESE ARE THE ACTIVITIES THAT WOULD BE ALLOWABLE ON A CDCS PLAN/STAFF JOB DESCRIPTION.***

Adult Services: (Not enrolled in 18-21 transition programming)

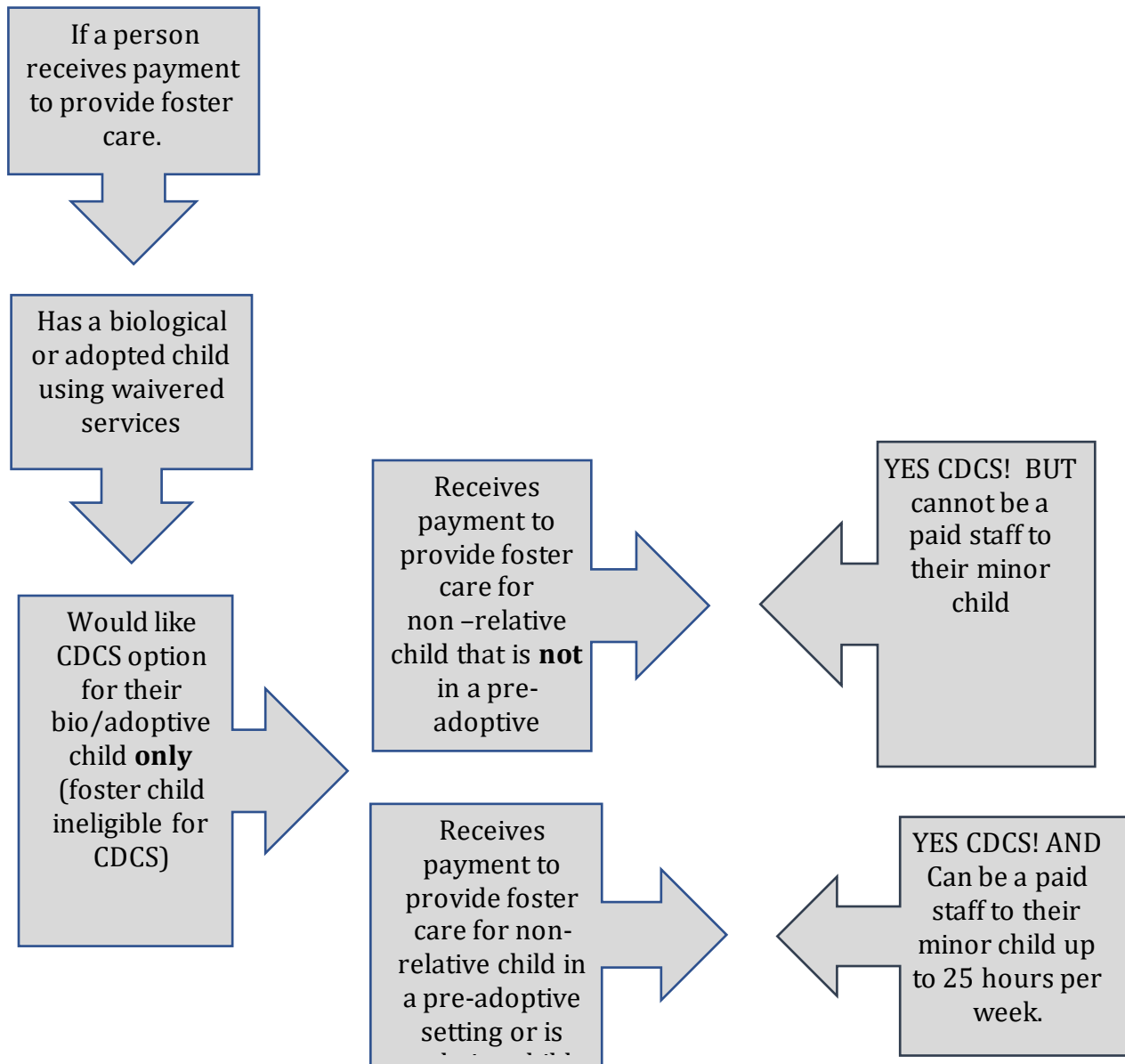
Connect with VRS when an individual is moving toward competitive integrated employment as early as necessary so that we can be communicating with you throughout the process. (At least 3 months prior to the "FIND" phase.)

<i>FUNDING</i>	<i>STEP</i>	<i>SERVICE</i>
CDCS/WAIVER	ENGAGE	Employment Exploration- Services that help a person gain a better understanding of competitive, integrated employment opportunities in their community.
		<ul style="list-style-type: none"> Educational visits to community businesses to learn about various companies, products, services and employment opportunities Career education activities to learn about specific types of occupations, job positions and work opportunities. Ongoing educational information and counseling assistance about jobs/careers that interest the person Peer-to-peer mentoring opportunities to meet and learn from people with disabilities who are employed in competitive, community jobs Job shadowing and try-out experiences for work involved in different occupations Employment education support groups (e.g., job clubs) Individualized work experiences, including volunteer work experiences Education about post-secondary educational opportunities that enhance employment, community employment resources and use of transportation services Performing benefit(s) fact gathering, review and analysis to determine how benefits will interact with employment

		<ul style="list-style-type: none"> • Planning and coordinating related to the person’s needs for assistive technology (e.g., ergonomic workstations, magnifiers, speech-to-text or text-to-speech software, captioning, audio or visual cueing, etc.)
		<ul style="list-style-type: none"> • Planning and coordinating related to the person’s needs for adaptive accommodations (e.g., modified work tasks or responsibilities, flexible schedules, telecommuting, etc.).
	PLAN	Employment Development Services- PLAN PHASE- Helps the person plan their work goals and discover personal strengths, interests and conditions for employment.
		<ul style="list-style-type: none"> • Work Goals- The person defines overall work goals that align with their strengths, interests, talents and conditions for success. The goals are informed by person-centered discovery and work-based learning experiences.
		<ul style="list-style-type: none"> • Benefits Plan- The person knows how work and benefits can go together to support their goals, as well as the tools and resources to help them manage their benefits while working
		<ul style="list-style-type: none"> • Job search launch- The person is set up for success in the find phase with resources and supports in place to help them reach their work goals. They have a positive summary and portfolio that informs their job search.
VRS/SSB	FIND	<p>Employment Development Services-FIND PHASE- <i>The find phase helps the person search for and obtain competitive, integrated employment or develop a microenterprise business.</i></p> <p><u>***NOTE: These should NOT be in the CDCS PLAN or STAFF JOB DESCRIPTION, as they are funded by VRS/SSB. Could be the licensed Employment Development Services-Find Phase T2019 U8, or unlicensed staff***</u></p> <p><i>There are only 3 situations in which the waiver can cover the “find phase of Employment Development”. They are:</i></p> <ul style="list-style-type: none"> • Ineligible/not priority of service • Service exhausted • Service transition <p>GO HERE to find out more.</p>
		<ul style="list-style-type: none"> • Counseling and Guidance. This includes learning what the person is good at, what they like, what they want to accomplish and what’s needed to reach their goals (for those coming from plan phase, the employment portfolio will be used to inform this activity)
		<ul style="list-style-type: none"> • Creating an individual employment plan that outlines a person's employment goals and the services needed to them
		<ul style="list-style-type: none"> • Helping find jobs by asking questions, using the information from the plan phase and from the VRS/SSB counselor to learn about the person and their goals and needs
		<ul style="list-style-type: none"> • Making connections with employers, crafting jobs that fit the person's needs, helping employers see how the person could meet their business needs
		<ul style="list-style-type: none"> • Helping the person polish their resume, fill out job applications and learn how to have great job interviews
		<ul style="list-style-type: none"> • During job coaching and/or initial follow-up employment supports, this including helping the person learn their job arranging for any assistive technology or accommodation needs, providing short term job support. <p>**NOTE: Once a job is found, VRS provides short term support until stability is achieved as determined by the VRS counselor. Then, waiver funding takes over, and CDCS can be used.**</p>
CDCS/WAIVER	KEEP	Employment support services: Individualized services and supports that help people maintain paid employment in community businesses/settings. Employment support services occur in integrated community settings.

		<ul style="list-style-type: none"> • Job analysis
		<ul style="list-style-type: none"> • Job re-design
		<ul style="list-style-type: none"> • Coaching and supporting acceptable workplace self-care, proper dress, personal hygiene and grooming
		<ul style="list-style-type: none"> • Job training and coaching to strengthen and maintain necessary work skills, behaviors and coworker relationships
		<ul style="list-style-type: none"> • Job-related counseling and support, including help understanding earned wages and impact on benefits
		<ul style="list-style-type: none"> • Training and coaching the person on job-related transportation
		<ul style="list-style-type: none"> • Progress review and reporting meetings
		<ul style="list-style-type: none"> • In-service transportation.
		<ul style="list-style-type: none"> • Arrangement for adaptive accommodations (e.g., modified work tasks or responsibilities, flexible schedules, telecommuting, etc.)
		<ul style="list-style-type: none"> • Arrangement for assistive technology (e.g., ergonomic workstations, magnifiers, speech-to-text or text-to-speech software, captioning, audio or visual cueing, etc.)
		<ul style="list-style-type: none"> • Advocacy, negotiation and liaison communication with the employer
		<ul style="list-style-type: none"> • Development and strengthening natural work supports
		<ul style="list-style-type: none"> • Research and coordination for job-related transportation
		<ul style="list-style-type: none"> • Working with the employer to design and implement set schedules for ongoing follow-up support, job coach sharing, fading out and monitoring
		<ul style="list-style-type: none"> • Formation of skilled, job-specific, work crews and job enclaves for group employment support service arrangements
		<ul style="list-style-type: none"> • Data collection, documentation and progress reports on a person's work performance
		<ul style="list-style-type: none"> • Benefit(s) fact gathering, review and analysis to determine how a change in circumstances will affect benefits
		<p>Self-employment and microenterprise business support services- Covered self-employment and microenterprise business support services may include:</p> <ul style="list-style-type: none"> • Training, coaching and support services for helping with effective day-to-day operations of all aspects of the business (i.e., marketing, sales, production, order fulfillment, customer service, business technology, bookkeeping, file record maintenance, purchasing, inventory control, financial management, accounting, timely tax reporting and legal compliance)
		<ul style="list-style-type: none"> • Help with identifying other needed external business resources and services to assist with the continued development and support of the business enterprise
		<ul style="list-style-type: none"> • Ongoing analysis and consultation to identify needed supports
		<ul style="list-style-type: none"> • Design and implementation of set schedules for ongoing, follow-up support
		<ul style="list-style-type: none"> • Business-related counseling and support, including help understanding earned wages and impact on benefits.
		<ul style="list-style-type: none"> • Benefits(s) fact gathering, review and analysis to determine how a change in a person's circumstances will affect benefits.

CDCS (an option through waived services) is now available for the biological/adoptive children of licensed foster care providers.



[A minor who lives in but does not receive residential services in a licensed residential setting can use CDCS, and the minor's parent may be paid to provide personal assistance services.](#)

Parents of minor participants who receive payment to provide care to:

- Non-relatives in a licensed residential setting that is not a pre-adoptive setting **cannot** be a paid provider of personal assistance services to their biological/adoptive minor child(ren)
- Non-relative children in a licensed residential setting in a pre-adoptive setting **can** be a paid provider of personal assistance for their biological/adoptive minor child(ren) for up to 25 hours per week
- Relative children in a licensed residential setting (including pre-kinship settings) **can** be a paid provider of personal assistance services for their biological/adoptive minor child(ren) for up to 25 hours per week.

Foster Care FAQs:

Q. I am a foster care provider. Can my foster children receive CDCS?

A. No. CDCS is not an option for those who are receiving foster care. Traditional waived services might be an option, however.

Q. Do I need a waiver to get CDCS?

A. Yes, you must first receive waived services before CDCS can be an option. Through a CDCS plan you can request needed goods and services.

Q. I receive relative foster care for my niece and I have my own biological child who uses a DD Waiver. Can I receive CDCS for my biological child?

A. Yes, you can receive CDCS. Parent of minor may be paid for personal assistance up to 25 hour per week.

Q. I am a foster care provider and I have a biological child who has a waiver. I would like to use CDCS and be a paid staff parent of minor through CDCS. Can I do that?

A. You cannot be a paid parent of minor within the CDCS plan if you are a foster parent for non-relatives and not considered a pre-adoptive setting, but you could still use the other benefits of CDCS.

Q. Why would I use CDCS if I cannot be a paid parent through CDCS?

A. There are many other goods and services used to meet goals within CDCS plans: alternative therapies like music, horse, water, art therapy, home modifications, camps, respite care, using family members as staff, special diet assistance, sensory items, homemaking, informal employment support, adaptive clothing.

Q. I am a licensed foster care provider, but I do not have any foster children in my home and am not being paid to provide foster care. Would I be able to use CDCS for my biological/adoptive child who receives waived services and be a paid caregiver of my minor child.

A. Yes

Q. I have an adult son living with me who receives waived services. I am a foster parent. Could I be paid to be a staff person for him?

A. Yes. If your son is living with you, you could also be a paid staff for your son. Remember, CDCS is typically considered a 1:1 service.

Q. Who do I contact with questions?

A. Talk to your case manager regarding any waived service questions including CDCS questions.

When to Contact the Coordinator- A Quick Guide

<u>When RED or BLUE renewal budget is received at renewal</u>
Case Manager Change/CM agency change
FMS Change
Support Planner Change
Waiver type change
Ending Budget Exception (20% or 30%)
Ending Budget Enhancement (7.5%)
<u>Transfer Out of County</u>
<u>Transfer Into County</u>
<u>Involuntary Exit from CDCS</u>
<u>Closing CDCS for Any Other Reason</u>
<u>Applying for Budget Exception (20% or 30%)</u>
<u>Applying for Enhanced Budget (7.5%)</u>