



CARVER COUNTY

**CONSUMER-DIRECTED
COMMUNITY SUPPORTS
(CDCS)
GUIDELINES**

Last Updated: September 2022

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The following is information and updates regarding the Consumer-Directed Community Supports (CDCS) program option. This material **may change** in the future as Minnesota Home and Community Based Services (HCBS) waiver policy is subject to State, Federal, and County approval and interpretation.

Consumer Directed Community Supports (CDCS)

Consumer Directed Community Supports (CDCS) is a program option for Home and Community-Based Services (HCBS) waivers and the Alternative Care grant (AC). This option offers participants a person-centered approach allowing more flexibility and responsibility for directing their own services and supports, including hiring and managing direct care staff. It may include services, supports, and /or goods currently available through licensed waivers, as well as additional services/goods that provide needed “unlicensed” supports to the participant. There are specific requirements for all services, supports and/or goods that are available through HCBS waivers and AC grants, including CDCS.

Services under the CDCS option, offer support, care and assistance to participants in order to prevent institutionalization and allows them to live an inclusive life in their community. Supports are designed to build, strengthen, or maintain the informal networks of community supports for the participant. It allows the participant to purchase services that will best meet their needs from people they have selected themselves and trust, such as family and friends. The participant identifies staff qualifications and training requirements. The participants can direct their own assigned resource allocation within the established state, federal, and county approved parameters and guidelines. All services must be paid within the participant’s CDCS resource allocation. **Approval of certain services or good may be denied if health safety and/or welfare concerns are not met, or if funds are misused or certain criteria are not met.** (For example, a behavioral issue or respite need is identified in the MnCHOICES assessment and these are not addressed or utilized during a developed plan year).

The CDCS option places increased responsibility on the participant and their support team. In Carver County, the participant and their support team must document in the Community Support Plan (CSP) how CDCS will enable the participant to live an inclusive life in their community, build a practical network of support, and work on specific goals and outcomes, specified by the participant and based on documented needs in the participant’s annual MnCHOICES assessment.

It is important that waiver participants who utilize the CDCS option understand what their rights and responsibilities are when using these services. People who are well informed may more easily exercise the increased freedom, authority and control of resource through CDCS. Carver County provides information about the CDCS option through assigned Case Managers and written information to educate participants on available service options, their responsibilities and the service limitations.

Waiver funds, using the CDCS service option, does not equate to a cash allowance. Services and/or goods are authorized by Carver County and may be purchased as part of an approved person-centered plan using a preset individualized resource allocation.

A signed participant agreement must be obtained prior to submission of a CDCS plan.

All CDCS waiver fund expenditures must be **prior approved** and traceable back to an authorized service or good approved in the CDCS CSP.

New services, supports, or goods are not allowed to be added to the CDCS CSP 30 days prior to the end of the participant’s annual service plan date.

Participant refers to the individual receiving waived services. “MnCHOICES assessment” includes LTCC and DD screening assessments. “Insurance” refers to Medical Assistance, Medicare, managed care, MSHO, MSC+, and private insurance.

CDCS Eligibility Criteria

The participant must meet the eligibility requirements of the Home and Community-Based Service (HCBS) Waiver or Alternative Care (AC) program they are receiving.

The participant must be the financial responsibility of Carver County, maintain Medical Assistance (MA) eligibility for waivers and receive Home and Community-Based waived services or AC program services. Carver County has the responsibility of determining the appropriateness of participation in CDCS and discretion regarding methods for disbursement of funds.

The participant must be able to manage their support, budget, and services within Carver County guidelines.

The following individuals are **NOT** eligible for CDCS:

- CDCS participants who exit the waiver or AC more than once during their service plan year. This does not preclude the individual from using other waiver or AC services for the remainder of the service plan year.
- Participants or their authorized representative who have had their eligibility restricted at any time by the Primary Care Utilization Review (PCUR).
- Waiver recipients living in residential settings (i.e. SLS Home) licensed by the Department of Human Services (DHS) or licensed/registered with the Minnesota Department of Health (MDH) (i.e. nursing home, hospital, jail, etc.) Parents of minors that receive payment to care for relative children in their licensed foster home can be a paid parent for their biological/adoptive minor child up to 25 hours per week (For non-relative care, foster parents are unable to be paid as a parent of a minor and receive foster care payment).

CDCS Annual Resource Allocation

Individuals receiving HCBS waiver services or AC service requesting the CDCS option will be notified by their case manager of their resource allocation. The annual MnCHOICES assessment is used to determine the participant’s resource allocation. Services/goods will not be authorized without a signed and completed Community Support Plan.

Participant’s resource allocation will be pro-rated if there is a gap between approved plans.

Waiver Advisory Committee (WAC)

The Waiver Advisory Committee (WAC) is made up of a multidisciplinary team of case managers/social workers across the Home & Community Based Care department at Carver County.

WAC reviews and approves Consumer Support Plans for individuals accessing the CDCS option. The committee may request additional information or supporting documentation based on the below criteria for allowable expenses to complete the approval process. Prior approval is required for new services/goods or changes to Paid Parent of Minor (PPOM) or Spouse throughout the plan year. This committee also provides consultation and direction to Case Managers regarding CDCS guidelines. The WAC meets twice a month on the 1st and 3rd Tuesday of each month. **Plans must be submitted by Case Managers for review by the 1st or 3rd Friday of each month to allow for adequate time for committee review and approval (refer to CDCS process flowchart).**

Overview of CDCS Expenditures

CDCS Expenditures may include services, supports, and/or items that supplement state plan services or provide alternatives to waiver or state plan services. All expenses MUST fit into one of 5 categories:

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

The following goods and services may be included in the participant's CDCS CSP if they meet the criteria below and fit into one of the 5 categories:

- Therapies, special diets and behavioral supports not otherwise available through Minnesota Health Care Programs or private insurance that directly benefits the individual's needs based on their disability/condition and are prescribed by a physician/nurse practitioner who is enrolled as a MHCP provider;
- Expenses related to the development and implementation of the CDCS CSP;
- Costs related to managing the participant's resource allocation.

IMPORTANT! All services and items should be the least costly alternative or may have suggested limits. Limits are included as a guide to what is considered "customary" and "fiscally responsible". Requested amounts beyond what is suggested will require additional written explanation in the CDCS CSP and/or evaluation.

CDCS Plan Approval Will the items in my plan be approved?
<input type="checkbox"/> The expenditure is for the direct benefit of the person, as opposed to the caregiver or other household members. For example, massage therapy may be approved for the person, but cannot be approved for the caregiver who has back problems due to transferring of the person.
<input type="checkbox"/> The expenditure is included in the person's CDCS Plan CSP. All expenditures must include a description of the item and the related need for the item in the CDCS Plan.
<input type="checkbox"/> The expenditure is necessary to meet one of the person's assessed needs identified in the MnCHOICES CSP. If the person has a need that is not mentioned in the MnCHOICES CSP, the CDCS Plan must include a description of the need, as well as, a description of the item.
<input type="checkbox"/> The expenditure is related to the person's disability and/or condition is required for individuals on the BI, CAC, CADI, and DD waivers only.
<input type="checkbox"/> The expenditure is the least costly alternative to meet the assessed need.
Items may be denied if any of the following are checked
<input type="checkbox"/> The expenditure is listed on the DHS Unallowable Expenditures list.
<input type="checkbox"/> The expenditure is covered by the state plan (MA), Medicare, or other liable third parties (including education and vocational services). CDCS is a payer of last resort so other funding sources must be utilized before an expenditure can be considered on CDCS.
<input type="checkbox"/> The expenditure includes travel, lodging, or meal expenses related to training for the person, his or her representative, or paid or unpaid caregivers.
<input type="checkbox"/> The expenditure is provided to or directly benefiting individuals other than the person who uses CDCS. For example, massage therapy may be approved for the person, but cannot be approved for the caregiver who has back problems due to transferring of the person "Is available through other funding sources".
<input type="checkbox"/> The expenditure is diversionary or recreational. These items are considered typical household responsibility.
<input type="checkbox"/> The expenditure is used for comfort or convenience. These items are considered personal choice.
<input type="checkbox"/> The expenditure would normally be provided by the person, parents, family, or spouse. For example, a parent helping a two-year old child with toileting is considered a typical parental responsibility. A parent helping an adult with toileting is considered above and beyond typical household responsibility.
<input type="checkbox"/> The expenditure is not the least costly alternative to meet the assessed need.
<input type="checkbox"/> The expenditure is provided to the date span of the plan or before the expenditure was approved by the Case Manager. The only exception is Support Planner services may be billed for services to write the plan, prior to the plan's start dated.

Supports and/or goods to be purchased under CDCS, must meet criteria surrounding the use of Medicaid funds and criteria listed in the state and federal waiver amendments (May refer to MN DHS Lead Agency Manual 5.1 and 5.2).

The WAC decides whether the purchase of goods and service meet all the following criteria:

- ✓ An individual written CDCS CSP must be developed for each participant. Services included in the CDCS CSP must:
 - Be necessary to meet the need identified in the participant's MnCHOICES assessment;
 - Be for the direct benefit of the participant ensuring the health, safety, and general wellbeing of that participant, AND;
 - Must be related to the participant's disability and/or condition;
 - Costs of goods and services represent those that are "over and above" the normal costs of caring for a participant without a disability.
- ✓ The waiver will cover only those good and services approved in the CDCS CSP that collectively represent a feasible alternative to institutional care.
- ✓ Services not included in the CDCS CSP are not covered.
- ✓ In addition, good and services are NOT COVERED when they:
 - Are provided prior to the development of the CDCS CSP;
 - Duplicate other services in the CDCS CSP;
 - Replace natural supports appropriately meeting the participant's needs;
 - Are not the least costly and effective means to meet the participants needs; OR
 - Are available through other funding sources, including, but not limited to, funding through Title IV-E of the Social Security Act.

If all above criteria are met, good and services are appropriate purchases when they are reasonably necessary to meet at least one of the following participant outcomes:

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

CDCS cannot be used to cover goods and services that are:

- Covered by the State plan, Medicare, or other liable third parties including education and vocational services;
- Expenses for travel, lodging or meals related to training the consumer or his/her representative or paid or unpaid caregivers;
- **Provided to or directly benefitting participants other than the consumer.**

If WAC determines that a good or service does not meet the criteria other options will be suggested and/or the participant will be notified an given their appeal rights (See appeal section)

Personal Assistance

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

Personal Assistance may include:

- Help with ADLs (e.g. bathing, eating, dressing)
- Help with IADLs (e.g., shopping, basic home maintenance, help with paying bills, laundry, meal preparation)
- Caregiver Relief/Respite
- Mobility and transfer support
- Behavioral Redirection

Whenever there is a staffing need for personal assistance, the worker must either be hired through the FMS or through a 245d licensed service. Recruitment services may be paid using waiver funds, but staff must then get hired through the FMS.

Participants using the DD waiver to access CDCS are required to address Habilitative (skill building) needs.

It is important to include staff responsibilities, qualifications, and training in your explanation. The number of hours of approved staffing is not based on the allocation amount but rather on the need for services and must be clearly explained in the CDCS CSP.

SUPPORT STAFF (Personal Support or Skill Acquisition)

Staff Requirements:

- All staff must meet the qualifications as described in the CDCS CSP
- Pass a Net 2.0 background study
- Have a Unique Minnesota Provider Identifier (UMPI)
- Must be employable in the United States

CDCS Support staff cannot complete tasks that require a license and/or oversight -i.e. Licensed Practical Nurse (LPN), or Registered Nurse (RN)

Hours/Wage:

- Hourly wages need to be at least minimum wage as determined by the union, AND within a range that is customary and reasonable (current State-set rate maximum for PCA).
- Rates may vary depending upon the qualifications and training of the person to be employed, which is necessary to meet the unique needs and preferences of the participant.
- Wages need to be comparable to “like” services in the community in which the participant resides. The suggested maximum wage is up to 15% **over** current PCA rate, at the discretion of the lead agency.
- Anything above a maximum requires an explanation in the CDCS CSP about why this wage is necessary to meet the unique needs of the participant as it is higher than what is customary. This would include specially trained staff, staff with specialized licenses, etc.

- All staff must have a job description on file with the FMS and all Department of Labor Regulations must be followed. Specific staff job descriptions may be requested by Carver County as an attachment to the plan.

The Case Manager may request a detailed schedule for support staff to address health and safety concerns as outlined in the participant's MnCHOICES assessment and/or planning summary.

- If there is more than one participant/child in the home receiving services, a specific schedule of hours provided for each participant/child (daily) needs to be included in CDCS CSP.

Overtime:

Typically, staff are limited to 40 hours /week, intermittent overtime is allowed at time and a half of their current wage but must be PRIOR APPROVED in the CSP or through a Support Plan revision. PPOM cannot receive overtime.

Holiday Pay:

SEIU contract allows for staff working the following holidays to be paid at one and a half their typical wage: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Labor Day, and Thanksgiving Day plus 2 floating flexible days. Flexible days need to be coordinated with the managing party and FMS given notice. An explanation of any exclusion of holiday pay or hours of flexible days is needed in the plan.

Paid Time Off (PTO):

All staff will accrue PTO according to the SEIU union contract unless staff qualify and choose to opt Out. Opting out of PTO is an option any time after start. There are a limited number of hours that can be carried over from year to year. PTO must be documented in Self Directed Service Category.

Shared Care Staffing

Services provided at the same time, by the same direct support worker with 2 or 3 CDCS participants who have entered into an agreement to share CDCS services.

- The person enters into a written shared services agreement and needs to be submitted on DHS edoc 6633D, and in plan.
- The people sharing services use the same financial management services (FMS) provider
- Line items in support plan needs to be separated by hours of shared staffing with similar goals outlined, and hours of 1:1 staffing with specific goals outlined.
- Wages for PPOM follows maximum shared PCA rates (DHS guideline):

STAFF to CLIENT Ratio	1:1	1:2 Up to...	1 1:3 Up to...
Maximum Wage w/PTO	\$18.82/hr. (in each plan)	\$14.14/hr. (split wage) or \$28.27/hr. (split hours)	\$18.61/hr. (split wage) or \$37.22/hr. (split hours)
Maximum Wage if waive PTO (must qualify)	\$19.60/hr. (in each plan)	\$14.72/hr. (split wage) or \$29.44/hr. (split hours)	\$19.38/hr. (split wage) or \$38.76/hr. (split hours)
<p>Enhanced Rate: Person is eligible for 10+ hours per day of PCA 7.5% enhanced rate/budget is available if worker has completed qualifying trainings More information can be found in DHS CBSM <u>Provider agency/FMS provider requirements for enhanced rate/budget (state.mn.us)</u></p>			
Maximum Wage w/PTO	\$20.24/hr. (in each plan)	\$15.71/hr. (split wage) or \$30.42/hr. (split hours)	\$19.99/hr. (split wage) or \$39.98/hr (split hours)
Maximum Wage if waiver PTO (must qualify)	\$21.08/hr. (in each plan)	\$15.84/hr. (split wage) or \$31.68/hr. (split hours)	\$20.82/hr. (split wage) or \$41.64/hr. (split hours)

Bonuses

A bonus must relate to an overall compensation package **and** outcomes achieved by staff.

- The CDCS CSP **must** include:
 - The timeline the bonus is to be given;
 - Amount given;
 - Outcomes achieved
- A bonus **must be preapproved at least two months** prior to usage and must be a reasonable amount as determined by the waiver advisory committee.
- Bonuses up to \$500 do not need additional justification beyond reasons such as punctuality, longevity, specialized training, etc.
- A bonus cannot be paid as a signing bonus, holiday bonus or to use up remaining funds in the budget.
- Parents, legal guardians, and spouses cannot be paid a bonus.

Double Staffing

- (2 staff to 1 client) is allowed if prior approved and specified when appropriate in the CDCS CSP.
- Examples of this could be behavioral or physical needs that require 2 staff at a time.
- Overlapping staff must be approved in the CSP to support the need.

Temporary Travel

Paid Parent and staff cannot be paid when you are traveling outside of the country. Please notify your FMS and case manager if you are planning to travel outside the country.

Staff traveling with the participant may be paid if traveling within the country, This information needs to be shared with the FMS and Case Manager. This includes paid parents.

Health Insurance

The employer portion of health or dental insurance may be paid to staff if participant agrees. Typically, the employer may pay up to 75% of the premium. Eligible staff must work at least 30 hours/week.

- PPOM/Spouses must fit this benefit within their wage limit
- Family policies are not allowed
- Must indicate cost effective use of Waiver Funds
- This must be documented in Self-Directed Category

Support by Parent/Guardian of a Minor Child (PPOM) OR Spouse of Participant

Parents are defined as biological, step, adoptive, legal guardians of minors, and other legally responsible individuals.

Personal assistance for which the spouse or parent of a minor is paid (PPOM) must:

- The participant must have at least one identified ADL dependency indicated in the MnCHOICES assessment to qualify.
- Fall within the description and allowable costs of the personal assistance category.
- Not be an activity a spouse or parent of a minor would ordinarily perform or be responsible to perform. These activities may include age-appropriate supervision or transportation of children. or
- Be related to the person's disability or functional limitation

Treatment & Training:

- For DD waiver a residential habilitation service is required.
- Goal areas include IADLs, whereas ADLs would be included in Personal Assistance.
- Examples may be household maintenance (e.g. house cleaning, meal preparation, laundry).

Support is limited to 40 hours per week regardless of the number of children with disabilities and/or the number of parents being paid.

The maximum wage is the current PCA wage and must include all taxes, fees and benefits. Check with your FMS for their maximum gross wages

PPOM and Spouses of Participant

PPOM and Spouses cannot be paid to train their staff, schedule appointments for the participant, service coordination/support planning and/or other administrative tasks. Waiver funds cannot be used by PPOM or Spouses to be paid as a nurse.

Work Schedule

Work schedule needs to identify general days of the week AND am or pm hours. Exact hours on time sheets may vary week to week. Actual hours worked should be reflected on timecard. Total hours per pay week cannot exceed the approved hours per week in the plan. A CDCS Technical of Assistance will be issued if hours exceed approved weekly hours.

Support Staff or Paid Parent of an Adult (PPOA)

A parent/guardian cannot provide caregiving relief/respice if the participant lives with them.

- Support is limited to 40 hours a week per parent/guardian per Department of Labor laws.
- Parent/guardian cannot receive a bonus.
 - Work schedule needs to identify days of the week AND AM or PM hours (such as 2 hours in the morning on Mondays). Exact hours on time sheets may vary due to unforeseen situations. However, the total hours per pay week **cannot exceed the approved hours**. Staff cannot work during school hours unless reason clearly defined in CDCS CSP.
 - If there is more than one child in the home receiving services, a specific schedule of hours provided for each child (daily) needs to be included in CDCS CSP.
 - If you are a foster parent, ask case manager about whether you qualify.
 - A CDCS Notice of Technical Assistance will be issued if exceeding approved weekly hours (see Notice of Technical Assistance Section).
 - NOTE: see Section entitled, Exclusion Rule/IRS Notice 2014-7 for information regarding possible tax exclusions.

Caregiver Relief

Short term care service intended to provide relief to a primary caregiver. Relief may be provided in or out of the participant's primary home setting.

- Family members who reside in the participant's home may **NOT** provide caregiver relief
- Caregiver staff is paid hourly for ALL hours he/she is with the participant, including sleep time. This may put some staff into overtime, which is allowed IF PRIOR APPROVED by case manager.
- Sleep overnight rate of pay must be at least minimum wage.
- Awake overnight rate must be an assessed need.

Child Care

Consider the following for approval:

- When a parent is working, day care costs are typical parental responsibility for children ages 10 and under.
- Costs above and beyond typical parental responsibility are fundable. Example: Additional costs associated with utilizing a person with specific skills that are necessary to provide adequate care to the participant in a childcare setting.
- For children 10 and under, the difference between the cost of regular day care and specialized day care due to the disability is fundable.

Treatment and Training – Allowable Expenses

The expense category includes services that promote the participant's ability to live in and participate in the community.

- Skill building activities that may include the use of Day/Employment Services, Alternative Therapies, Specialized Diets, Training/Education for caregivers or participants and all other waiver licensed services.

- Assistance with learning a new skill, improving a skill, or relearning a skill in such areas of self-care, communication, interpersonal skills, home and community living, sensory/motor development, reduction/elimination of challenging behaviors and mobility.

Most often these services need to be provided by someone who meets the certification or licensing requirements in the state law related to that service (e.g. music therapist certification) and needs to be documented in the CDCS CSP.

- For *any* therapies or behavioral supports, the CDCS Alternative or Specialized Therapy/Treatment Form must be completed and signed by a MN Health Care Plan provider. Experimental Treatment and/or investigative treatment are unallowable and defined under MN Rules 9525.3015 subp.16. Ask your Case Manager for the most up-to-date version of this form
- Staff time and mileage are fundable when working on skills acquisition, but no other staff costs are allowed (such as tickets, food, going to restaurants, etc.) even if they are used for skill acquisition purposes.
- Activities solely for social/recreation/leisure/or diversionary/distraction (i.e. redirection using an iPad) purposes are not allowed (See CDCS Lead Agency Manual 8.1).
- **Participants on the DD waiver MUST have at least one skill acquisition service or activity clearly detailed in their plan.** Do NOT list these activities in the CDCS CSP as staff goals or tasks but rather what the participant will try to accomplish.

Adapted Community Activities

Activities that are specifically for individuals with disabilities (such as Special Olympics, Miracle League Baseball, adapted sports, etc.) are fundable when specific outcomes (other than recreation /leisure) are detailed in the CDCS CSP.

- Adapted equipment required to participate in activity is fundable.
- Equipment that is not adapted is not fundable (e.g. uniforms, helmets, basketball, etc.).
- Related staff time and mileage is fundable.
- NO ATFs ARE REQUIRED FOR ADAPTIVE SPORTS BUT,
- Specifics are needed to determine sports are adaptive

Adaptive Swim Lessons

Swim lessons that are adapted to meet the individual needs of the participant due to their disability. A clear goal **related to safety ONLY** and the way to measure it is needed in the CDCS CSP for approval of this item.

- Swim lessons listed as adapted for a child with disabilities is allowable.
- Carver County may request additional information about the class.
- NO ATFs ARE REQUIRED FOR ADAPTIVE SPORTS BUT,
- Specifics may be requested to determine if adaptive

Alternative or Specialized Therapies/Treatments

Non-experimental therapies or treatments not currently available through insurance must be prescribed by a MHCP Physician or nurse practitioner (APRN certified).

Complete the CDCS Alternative or Specialized Therapy/Treatment Form (ATF)

- Examples include music therapy, hippo therapy, aromatherapy, therapeutic listening program, massage therapy, aquatic therapy, cognitive/educational therapy, behavioral therapy, feeding therapy, biofeedback, etc. (traditional, licensed providers of Music/Art/Recreation therapist do not need to complete an ATF)

- The prescribed therapy/treatment must be provided by a therapist licensed or certified according to the Provider Qualifications requirements in the Lead Agency Manual Section 7.2.
- Related equipment and supplies to the therapy/treatment (e.g. headphones, diffusers, etc.) are allowed and do not require a separate physician's statement, however, must be reasonable and cost effective. Instrument costs are not allowed.
- The Waiver Advisory Committee may require a specific plan be submitted by a professional in the industry to help recommend and monitor appropriate treatment and to determine what is reasonable and customary, and cost effective (e.g. aroma therapy requires plan with outcomes and breakdown of essential oils needed and cost).
- It is the participant's responsibility to obtain a signed Alternative Treatment form, if necessary.
- **A completed Alternative or Specialized Treatment Form does not guarantee approval. The therapy or treatment must still meet all waiver criteria.**
- All CBD and THC products are not approvable.

Camp

Camp must clearly define the skill building that is occurring during the camp experience. Must be able to maintain health and safety and meet identified needs.

- Day and overnight camps are allowed.
- Camps allowed are for skill building and should be listed in the Treatment and Training service category. Disability and non-disability specific (e.g. YMCA, church camp) day and overnight camps are allowable when specifically working on a formal outcome in the CDCS CSP as related to a specific area of need identified in the MnCHOICES assessment.
- Non-adapted camp is typically considered parental responsibility.
- Camp outside of MN is only allowed in the bordering states of WI, IA, SD, and ND.

Community Classes (NON ADAPTIVE)/Minors

Community classes held in a community-based setting may be fundable when specific formal outcomes for skill development, related to the disability/condition, are detailed in the CDCS CSP. Goals connected to community classes need to reflect areas of assessed needs.

- Classes NOT related to the disability or that are typically paid by parents of non-disabled children are not allowed
- Examples include cooking class, community education classes, acting class, yoga, karate, tae kwon do, etc.
- Related staff time and mileage is allowable.
- Classes should be for the direct benefit of the participant.
- **Non-disability classes related to fitness and exercise for minors are not allowed. This is considered parental responsibility.**
- The Waiver Advisory Committee may determine partial or full payment based on a case-by-case basis.

Community Classes/Fitness and Exercise Activities (for Adults ONLY)

This is allowable when it is recommended and monitored by participant's primary MHCP physician/nurse practitioner to improve or maintain the participant's physical condition or behavioral health.

- The CDCS CSP must clearly define how this is related to the participant's disability/condition and specific outcomes.
- Fitness classes/memberships/personal training and nutritional classes could be allowable when it is recommended **and** monitored by the participant's primary MHCP physician/nurse practitioner to improve or maintain the participant's physical condition or behavioral health.

- Alternative or Specialized Therapy/Treatment Form required
- Basic home fitness equipment will be considered if needed to treat a medical condition and is the most cost effective than other explored options.
- Adults should try to seek funding through SNBC plan.

Day Support Services/Adult Day Service/Employment Services

Formal and informal adult day options or vocational/employment related services.

- Vocational Rehabilitative Service (VRS/DEED) should be used prior to licensed employment providers.
- Creative vocational activities are welcome (e.g. volunteer activities).
- Formal or informal waived services need to bill the fiscal agency for payment.
- Waiver Rate Management Rules apply for licensed 245D providers.
- Waiver is the payor after other funding is accessed and exhausted

Extended Therapy

Extended therapies beyond what insurance will cover (including Physical Therapy, pool therapy, Occupational Therapy, Speech, Chiropractic services, etc.).

Licensed Waiver Services/Non-Home Care Services:

Non- MA Home Care services should be listed in this section

- Examples include individualized home supports, integrated community supports, companion services, behavior specialist services, housing stabilization services, etc.
- Rates are set by the State of MN.
- The staff person(s) or program must meet the state requirements from the identified agency (e.g. 245d provider) and meet the qualifications described in the CDCS CSP.
- Licensed waiver services must be billed through the FMS. These services count as a skill acquisition service by those on the DD waiver.

Metro Crisis Coordination Program – Referral comes from County Case Manager

- **Technical Assistance – consultation services by a Positive Support Specialist**
- **Parameter of service – 120 – 15-minute units or 30 hours**
 - Collection of pertinent information (i.e. review of documents provided to MCCP by team members, interviews, observations)
 - Attendance at team meetings
 - Consultations with the individual’s team members including professionals currently providing services to the individual (e.g. Occupational Therapist, Psychiatrist, Psychologist, Therapist, Teacher, school staff)
 - Formulation of Crisis Plan and/or written Assessment and Considerations
 - Provision of accompanying tools / teaching aides
 - Caregiver or staff training
 - All communication with team members including phone calls, e-mails, notes, conversations
 - Documentation / administration tasks as required by MN DHS Licensing
 - Transportation time to and from appointments / visits / observations / meetings
- 30.30 per unit. \$30.30 x 120 units = \$3636.00

- MCCP bills the Fiscal Support Entity (FSE) the family utilizes. The funding for MCCP services comes directly from the individual's CDCS budget.
- Billing for services occurs bi-weekly.

Person-Centered Thinking and Planning Training

A facilitated discovery process to help participants and family members gain clarity in what is possible for the future and to express what they desire for their lives over their lifetime. Ask your case manager for a list of facilitators.

Post-Secondary Settings

Post-secondary school tuition for a degree is NOT fundable.

- CDCS can fund the Staffing support, Independent Living skills and Employment skills training in post-secondary settings. It cannot fund tuition, room and board and food plans as these would be typical student responsibility.
- A detailed breakdown of the different costs is required either in the plan or as a supporting document. Cost of classes should be broken into monthly amounts
- Some post-secondary institutions provide disability related, independent living curriculum. Examples of these programs include: Bethel's BUILD Program, Minnesota Independence College and Community (MICC), Beyond Limits, Central Lakes College Occupational Skills Program, and Ridgewater College Occupational Skills Program and Franklin Center. In general, tuition, room and board and meals are not allowed on CDCS. While the full cost of tuition is not allowed, some components of these programs may be allowed, if disability related. Itemized statement of supports and curriculum should be included in the CDCS Plan
- Many of these programs allow for grants and VRS/DEED support. CDCS funds can be used only after other resources have been subtracted from program.

Training for Participant and/or Paid/Unpaid Caregivers

Training and education of caregivers to increase their ability to care for the participant.

- Registration fees for conferences, classes and workshops are fundable. Classes for college credit are not allowed. Classes taken at a college or university are allowed if taken as an audited class.
- Staff time for attending workshops is allowed.
- Materials being provided by the training are allowed.
- Expenses for travel, lodging or meals related to training are NOT fundable.
- The name of the training, description and cost for each training is required in the CDCS CSP, including trainings at family camps.
- Training outside of MN is only allowed in bordering states of WI, IA, SD, and ND.
- Educational books, DVDs, magazines/periodicals related to the participant's disability/condition are allowable.
- On-line based training is allowable.
- Classes or internships at colleges are allowable if not for college credit or working towards a degree. All activities must be related to the participant's disability/condition.

Assistive Learning(tutoring)

Allowed when it is above-and- beyond what school is required to provide based on the participant's IEP. Learning support needs to be above and beyond typical education, and goals should reflect aspects of assistance to learning, i.e. repetition, focus, attention direction.

- Must not be used as a school or homeschooling substitute.

- Can be an individual or through a tutoring agency.
- Tutors must be licensed or certified teachers/ instructors.
- Direct staff may not be paid to implement online or home school options.
- Progress Reports may be requested as determined by the Lead Agency.
- Must be cost effective.

Environmental Modifications & Provisions

The CBSM allows for modification/provisions of a participant's primary residence or vehicle and purchase of adaptive equipment if the following 4 principles are met. The modifications/adaptation or equipment items:

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

All modification and equipment items must be prior approved.

A Home Modification Assessment and work scope (not to exceed \$3000) may be required to determine/evaluate need and appropriate modification and/or adaptations for cost effectiveness. The Home Modification Assessment is outside the CDCS Plan but is included in the \$40,000 limit per year.

The waiver can reimburse the purchase, installation, maintenance and repairs of environmental modification and equipment provided that the repairs are cost effective compared to the replacement of the item(s).

Participants using CDCS must utilize their individual CDCS budget to cover up to \$5000 work of modifications/adaptations or equipment within their budget year. IF modifications cost more than \$5000, the participant may request additional funds through their Case Manager. If a single project occurs over 2 plans, the \$5000 is only included in one plan. New projects would require an additional \$5000 put into the plan.

Any item over \$1000 requires at least 2 quotes to determine cost effectiveness unless specifically assessed by a professional for most appropriate product and fit. An insurance denial may also be requested on some items prior to approval.

Assistive Technology

Devices, equipment or a combination of both that improves a participant's ability to communicate in the community, control or access their environment, or assistance with activities of daily living (ADLs)

Applications & Software

Cost of application and software must be for skills acquisition, based on assessed needs that are documented in the CSP.

- May include educational software, apps for behavior, time management, etc.
- Recommendation from a professional is required for any apps or software over \$75.

Educational software/apps must be non-age appropriate to be considered

Tablet

Tablets are intended to assist the person with developing life skills and gaining independence. Professional recommendation is required.

- Suggested maximum amount: limit to one device that is most cost effective for need, and up to \$1000 every 3 years, including typical accessories (i.e. Cases)
- A protective case is **REQUIRED** for all tablets. Under special circumstances (such as history of destructive behavior, service plans and/or repair) will be allowed if cost effective and necessary to keep the device functional. Repair or replacement of the case is allowed once every 2 years.
- Replacement due to device being stolen may require further documentation
- In the event of theft, the recipient must file a police report for a replacement to be considered.

Allowable Uses:

- iPad/tablets funded through CDCS MUST have other uses beyond communication (e.g. emotional regulation, behavioral, scheduling, etc.)

Unallowable Uses:

- CDCS does NOT pay for iPad/tablets for the purpose of enhancing educational experiences or self-direction purposes.
- iPad/tablets requested solely for employment related activities are not typically allowed. More cost-effective options include library, MN Workforce Centers.

Personal Safety or Emergency Response Items

The device and the monthly monitoring fee are allowable for the caregiver to be able to locate participant in the community to ensure their health and safety while in the community. Examples could include: Angel Sense, Gizmo, Jibit, Lifeline Pendants, etc.

Internet Access

Must be most effective way to meet participant's outcome/goals of assessed needs

- Initial cost for set up and equipment if necessary, for internet services operation (e.g. router, modem, equipment lease, etc.)
- Equipment maintenance and repair
Must be basic internet (e.g. not high speed)
- Participants will be expected to submit bill to the FMS for reimbursement. (itemized if sharing the cost or bundled)
- Suggested shared or individual cost is up to \$40/mo.

Environmental Supports

Providing a clean, sanitary, and safe home environment is a typical parental or household responsibility. When there are other capable persons living in the home, environmental supports may not be approved. A company may be hired to perform primarily deep cleaning tasks and/or outdoor chores. The lead agency will evaluate the participant's unique needs (including living in family home or own home) and

household dynamics to determine what support is needed, **above and beyond what is typical**, to maintain a clean, sanitary, and safe home environment.

Air Conditioner/Air Purifier

These are only approved if directly related to a health condition (e.g. Congestive heart failure, severe allergies, temperature regulation issue, etc.)

- Must obtain supporting documentation from an MHCP provider that item is needed as a medical necessity and is a direct benefit to the participant.
- Most cost effective option will be reviewed.
- Installation of a central air conditioner unit not allowed.
- Air purifier is a standalone device and must be for the direct benefit of the participant.
- MA will cover some Allergen Reducing Products for children with poorly controlled asthma. How does it affect their disability?
https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-335097

Car Cleaning Services (Professional Cleaning)

Interior car cleanings due to incontinence or bodily fluids and are related to the participant's disability/condition are allowed.

- Not allowed for normal wear and tear such as food stains and spills.

Carpet Cleaning (Professional Cleaning)

Allowed due to incontinence or bodily fluids and are related to the participant's disability/condition.

- Professional cleaning
- Rental of a carpet cleaner.
- Not allowed for normal wear and tear.
- Behavioral consideration: For food stains/spills beyond normal wear and tear, cleaning will be allowed *with a prevention plan outlined in the CDCS CSP and/or other flooring options pursued.*
- Purchase of carpet cleaner may be considered if cost effective.
- Limit 2x/year. If needed more often consider flooring adaptation.

Essential Oils

- Participant must be working with a homeopathic professional (aroma therapist, chiropractor, etc.) qualified to give recommendations on these oils and the scope of treatment should be addressed in the CDCS plan.
- Additional requirements:
 - Supporting diagnosis for each oil (disability-related)
 - Alternative therapy form
 - Oils cannot duplicate each other
 - CBD/THC products are not allowed
- Related equipment and supplies to the therapy/treatment (e.g. headphones, diffusers, etc.) are allowed.
- Suggested maximum: \$250 annually

Light Housekeeping

Tasks such as daily or routine sweeping, mopping, vacuuming, dusting, wiping counters /appliances, picking up of clutter and/or trash are considered typical parental and/or resident responsibilities. When

light housekeeping tasks are directly related to participant's activities throughout the day, this can be considered Support Staff responsibility/job duty. A company hired to perform general household activities or chores.

Other things to consider:

- CDCS funds are intended to help a participant function with greater independence. If the participant is able and/or interested in learning these tasks as part of developing their IADLs, staff and caregivers should provide support and training for the participant to learn necessary skills.
- ***If the participant lives in a home where another family member is able to do these chores/household activities (such as another parent, able bodied teen/young adult, etc.) these services are considered typical family responsibility and it should be expected that the family incur the costs.***
- Environmental supports are limited to certain indoor areas: the primary living space of the participant including the bedroom bathroom, kitchen, and other common areas.
- Additional consideration may be given for participants who have medical needs that require additional support above and beyond what is typical
- ***These services MUST be cost effective and a documented need based on participant's condition in CDCS CSP.***
- Lawn mowing or snow removal ONLY. ***If the participant lives in a home where another family member (such as another parent, able bodied teen/young adult, etc.) is able to do these chores/household activities, then these services are considered typical family responsibility and would be expected that the family incur the costs.***
- Prepayment of service plans is allowed if cost effective. Does NOT include landscaping, leaf pickup, fertilizing
- **Adult Participants:** When the participant is unable to perform general house cleaning and other household activities, due to his/her functional limitations, an individual may be hired to assist with light or deep house cleaning, home management (grocery shopping, scheduling appt., laundry, household repairs, etc.) and/or assisting with ADLs.
- All requests will be reviewed to determine reasonable and most cost-effective option.
- The CDCS CSP must include frequency and hourly/weekly cost. Suggested annual maximum: \$4000

Mattress Replacement

Replacement of mattress due to incontinence, excessive wear and tear, or excess bodily secretions related to the disability/condition is fundable. Frequency of replacement will be reviewed and evaluated.

- Waterproof mattress covering must be used along with mattress purchase when due to incontinence.
- Mattresses must be no larger than full size unless there is a documented need for a larger mattress.
- Mattress cost must be customary and reasonable.
- Specialized mattresses or preferred mattresses require documentation of need from a MHCP physician

Moving Expenses

An unlicensed company may be used to help the person move to their own home. This includes truck rental, packing, and/or unpacking.

Utilities (Electric and Trash only for Medically Fragile Participants ONLY)

- To be considered for reimbursement, electric and trash costs must be attributed to the participant's disability, exceed the average household costs and documented in the CDCS CSP. The costs for extra electric and trash must be documented and the method of determining the cost must be clearly identified in the CDCS CSP.

Home and Vehicle Modifications

Alternative Pathway

Modifications that are determined necessary for safety, to allow participant needed access to home entrance, yard, or street for transportation pickup.

- Whichever is less, concrete or asphalt.

Fences

This would include what would be customary to enclose an outdoor area that will provide adequate freedom of movement while ensuring the safety of the participant from elopement.

- The fence should not replace supervision needs of the participant.
- The homeowner remains responsible for any decorative posts and/or fence tops and for upgrading to comply with neighborhood regulations/rules.
- The most cost-effective material to meet the needs of the participant should be used.
- Reasonable fence repairs (above-and-beyond normal wear and tear) may be allowable.
- Installation of a fence for a rented property requires written property owner approval and must follow EAA guidelines.
- The suggested maximum expenditure: \$45 per linear foot or \$13,000, whichever is less. A typical area of 300 lineal feet is considered reasonable. (E.g. mini-mesh 48" or non-climbable cedar board 6ft).

Flooring

This is an option for accessibility purposes. It may also be allowable in cases where bodily fluids have caused damage to existing flooring.

- Will only consider common areas and participant's bedroom (e.g. living room, hallway, family room, bathroom)
- The expenditure product allowances are as follows:
 - Hard surface flooring (e.g. plastic laminate or vinyl plank/tile) - \$3/sq. ft. for product)
 - Ceramic tile flooring/wall (for bathrooms) - up to \$5/sq. ft. for flooring, up to \$4.50/sq./ft. for walls
- The change in flooring MUST result in the issue being resolved, not just replacement of a damaged floor.
- Carpeting is not allowed
- Refinishing cost to wood floors is not allowed.

HOME Modifications

Environmental Accessibility Adaptations (EAA) are modifications and physical adaptations (including equipment) to a participant's home environment necessary to help the participant have greater independence.

CDCS allows for the modification/adaptation of a participant's **primary** residence if the following four principles are met:

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

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

As assessment by a consultant may be required to determine/evaluate the need and appropriate modifications and/or adaptations. Any equipment over \$1,000 requires 2 estimates/quotes to be submitted to the WAC for approval as set forth by MN Statutes 471.345, Subd. 15.

Adaptations to a participant's primary residence or construction of new primary residence may include but are not limited to:

- Safety equipment to meet life safety and fire codes, installation and maintenance of ramps, grab bars, and widening of doorways.
- Modifications of bathroom (handheld shower, grab bars) and kitchens
- Widening doorways to access common areas of home
- Installation of electric or plumbing systems to accommodate necessary medical equipment
- Lift equipment (e.g. Stair guide, platform, ceiling mount lift)
- Shatterproof windows or film over windows
- Floor coverings for allergenic, incontinence, or mobility purposes
- Modifications to meet egress requirements that are not the homeowner's responsibility and are related to a person's assessed needs
- Alarm systems/safety equipment to meet life safety and fire codes due to disability
- Installation of monitoring or surveillance systems including cameras, motion detectors, GPS trackers, home security systems, door and window alarms.

NOTE: In June 2010, the DHS maximum is \$40,000 per 365 days for EAA. DHS has implemented an exception process if needing to exceed this amount. Talk to your case manager about eligibility and process. The Modification Assessment cost should not be included in the CDCS plan. The cost is included in the maximum of \$40,000 per 365 days.

- NOTE: Under the AC program and EW, the person may receive up to \$20,000 of environmental accessibility adaptations per service-agreement/waiver year.
- The waiver can reimburse for the purchase, installation, maintenance, and repairs of environmental modifications and equipment provided that the repairs are cost efficient compared to the *replacement* of the item(s)
- For DD, CAC, CADI, and BI waivers: Participants must utilize their individual CDCS budget to cover up to \$5000. A single project that spans across plan end dates, will only require one allotment of \$5000. If item(s) cost more than the \$5000, the participant may request that Carver County approve further expenditures outside of their individual budget.
- For EW and AC: Participants must utilize their individual CDCS budget to cover up to the yearly maximum amount for environmental modifications. This amount includes ALL environmental modifications to be paid for by the waiver per service agreement year. (There is not a line for \$5000 in the plan) This maximum amount is set annually by the state fiscal year.
- For Modifications OVER \$1000. Two estimates/bids are required from two separate providers. Providers of home modifications must have a current license or certificate, if required by Minnesota Statutes or administrative rules, to perform their service. The provider of modification

services must be enrolled with the MN DHS and meet all professional standards and/or training requirements that may be required by Minnesota Statutes or administrative rules. Contractors need a license number or certificate. MN DHS enrolled provider not required. If there are questions from the participant or from a supervisor regarding the safety or use, a home modification Accessibility Specialist may be requested.

Stair Lift Chair/Platform Lift

Medical Assistance (MA) typically pays for mechanical portion of the chair needed for standing

- Must get MA denial if requesting waiver to pay for entire purchase price
- Maintenance/ Repair - Only allowed for the participant's disability-related equipment (e.g. lift repair, etc.)
- Requires 2 bids and then approved by case manager.

Vehicle Modifications

Adaptations are based on documented needs as described in the CDCS CSP and are only allowable for the vehicle that is the participant's primary means of transportation.

- The request for funds for a vehicle modification must be based on a medical or assessed need
- Examples of modifications include, but are not limited to:
 - Door handle replacements
 - Door widening
 - Roof extensions
 - Lifting devices
 - Wheelchair securing devices
 - Adapted seat devices
 - Handrails/grab bars
- Required ongoing maintenance for adapted equipment is allowed.
- Ask your case manager for more details about vehicle modification policies and procedures.
- Waiver funds may not be used to purchase a vehicle
NOTE: \$5000 must come from the annual CDCS budget. The remainder of the costs may be approved outside of the CDCS budget if additional funds allow.
- Warranty - Only allowed if routine preventative maintenance plan necessary for proper functioning of the disability related equipment.

Monitoring Technology

Monitoring Technology: The use of equipment to oversee, monitor, and supervise someone who receives waiver/AC services. It can help keep people safe and support independence. The equipment used may include alarms, sensors, cameras and other devices.

Monitoring technology equipment usage and supervision must meet the following 4 requirements.

1. Allow a caregiver to see, hear, or locate a person
2. Be the most appropriate means (and the person/s preferred method) to address assessed need(s) and goal(s).
3. **Monitor the person in real time.**
4. Achieve one of the following:
 - Increase independence
 - Address a complex medical condition or other extreme circumstance

- Reduce or minimize critical incidents

Monitoring technology must be for an individual, cannot be shared, and would follow the person if and/or when they move. It cannot be used for the convenience of the caregiver support staff or to monitor other support staff.

Alarm System

Includes door/window alarms and /or motion detectors for the purpose of notifying caregivers and support staff of elopement. Other less costly options must be first explored, and rationale described in the CDCS CSP for why a sophisticated system is needed.

- Waiver funds can ONLY be used to install a system, NOT to fund the monthly fee.
- Typical technology for convenience is not funded.
- The maximum installation amount is \$1200.

**Except for Home Security Systems, monthly monitoring fees are allowed.

Cell Phone including Service/Minutes/Emergency Assistance

Minors:

- A cell phone has become a typical expense, similar to a utility.
- For minors, this would be a parental responsibility.

Adults:

- Most adult participants qualify for free phones if they have limited income and can get free cell phones through the government and/or other companies. (e.g. Lifewireless.com or Assurancewireless.com)
- **Ask your case manager for free or low-cost phones resources.**

Personal Emergency Response System (PERS)/Lifeline

- The cost of the installation, monthly leasing and service fees are allowed.

Video Monitoring System

Allowed with a disability related need documented in the MnCHOICES CSP. Participant Consent for use of Monitoring Technology form (6789B) <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6789B-ENG> must be completed by the adult participant/Legal Guardian. For minors, the information on the DHS 6789B form must be described in the CDCS plan, such as:

- What type of monitoring technology equipment will be used and where?
- What is the goal/outcome of the monitoring technology?
- When will the monitoring technology be used?
- What personally identifiable data or information will the monitoring technology equipment capture?
- Who will have access to the data collected through monitoring technology?

Monitoring technology cannot be for the convenience of the provider. Additionally, the following are prohibited:

- Auto-door and window locks
- Cameras located in bathrooms
- Concealed cameras

Nutrition

Enteral/Nutritional Products

Prescribed products adding nutritional value to participant's diet through a tube (enteral) or by mouth needed because of a specific disability or condition and denied by insurance or above and beyond what insurance will fund.

- Oral nutritional products such as Boost, Ensure may be allowed for AC/EW only.
- Allowed IF prescribed by a MHCP provider and denied by insurance OR when need exceeds what is covered by insurance.
- See Specialized Diet for other possible dietary products.

Home Delivered Meals (for Adults)

Provided to participants not able to prepare their own meals and for whom there is no other person available to do so OR when a home delivered meal is more cost effective than staff preparation of a nutritious meal

- Examples: Meals on Wheels, Mom's Meals, Home Style Direct, Optage, Cap Agency
- Maximum limit of one meal per day

Specialized Diets

Special diets are allowed when prescribed by a MHCP provider and denied by insurance or exceeding what insurance will cover. CDCS Alternative or Specialized Therapy/Treatment form must be completed. Monthly allowable amounts are based on the Minnesota Supplemental Assistance (MSA) percentages of the current Official USDA Liberal Food Plan (LFP). No other diets or food items beyond this list are allowed. The following is the MN Department of Human Services list of allowable special diets:

- Anti-dumping - 15% of LFP
- Controlled protein diet (40-60 grams AND requires special products) - 100% LFP
- Controlled protein diet (<than 40 grams AND requires special products) - 125% LFP
- Gluten free diet - 25% LFP, does not include casein free. No fruits and vegetables allowed unless MHCP prescribes organic fruits and vegetables to be necessary.
- High protein diet (minimum 80 grams/day) = 25% LFP
- High residue diet - 20% LFP
- Hypoglycemic diet - 15% LFP
- Ketogenic diet - 25% LFP
- Lactose free diet - 25% LFP (dairy free or casein free diets are not allowed)
- Low cholesterol diet - 25% LFP
- Pregnancy and lactation diet - 35% LFP
- NOTE - diets are not listed/covered or allowed include non-dairy, non-soy and non-casein free diets.
- Refer to current Official USDA Food Plans and average monthly food cost for monthly maximum based on the percentages above.
- A receipt with only special diet items must be submitted to the FMS for reimbursement.

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

- If the recommended diets overlap one another with respect to their dietary components, go with the more costly diet.

- If there is no overlap in the recommended dietary components of the prescribed diets, allow the total for both or all of the prescribed diets.
- <https://fns-prod.azureedge.us/sites/default/files/media/file/CostofFoodJul2022LowModLib.pdf>

Thickening Agent – Food/Liquid

Products such as “Thick It” are allowable after insurance has been pursued and denied. A signed statement of need from a doctor is required.

Support and Equipment

Covered items include supplies and equipment not available under Medical Assistance; this includes supplies, device, or controls that increase a person’s independence or community integration.

Items that are adapted or modified need a detailed explanation of how they meet the assessed needs and must be the least restrictive method to meet the person’s assessed needs.

The waiver cannot pay for items that restrain or restrict a person’s rights.

Adapted/Specialized Equipment

This refers to specialized adapted equipment not covered by insurance and supported in the CDCS CSP with sufficient documentation of need and related to the disability/condition.

- Examples include eating utensils, stroller, feeding chair, positioning equipment, mat, wedges, stander, portable ramp, adaptations to a computer, adaptations in order to participate in an activity, etc.).
- Included may be materials needed to adapt/create communication or skills acquisition
- Bike Adaptations/Adapted Bike/Stroller – Suggested Maximum \$2500
- Adapted Bikes require an assessment
- Modifications to typical bikes, such as wider tires or attachments, are allowed but the cost of the bike is a personal expense.
- **Mobility Devices** – should be adaptive in nature or clearly explained in the plan how device is adapted specifically to the participant based on their disability/condition. Examples include – adaptive strollers, hand cycles, mobile devices, modified canes and scooters (not motorcycles) WAC may request denial from insurance and/or letter from therapist

Carver County may require insurance denial letter and/or consultant/therapist to determine appropriate equipment for identified need.

Bed Adaptations/Adapted Bed –

- Must have insurance denial to pursue an adaptive bed.
- Beds for minors are considered an item normally provided by the participant’s parents.
- Waiver funds can be used to modify an item to make it functional for the person due to their disability. (i.e. for safety adding mesh bed rails with no bars)
- If approvable, the item will be the most cost-effective option.

ENCLOSED BEDS: May be covered through Medical Assistance when:

- Considered medically necessary,

- And the least costly alternative.

Generally, such confinement is not medically necessary and not the least costly way of managing seizures or behaviors such as head banging, rocking, etc. MHCP believes that there is no clear-cut medical justification for enclosed beds. The real need is to proactively address, with intervention the underlying medical or behavioral issues that give rise to the risk of harm. MA coverage will be considered by members who have documented evidence of unsafe mobility (climbing out of the bed and moving around the home, not just standing at the side of the bed.)

**If an enclosed bed is not approved by Medical Assistance, it cannot be allowed on the CDCS Plan.

Bedding Replacement

Replacement of bedding linens due to incontinence, excessive wear and tear, or excess bodily secretions related to the disability/condition is fundable.

- Must be above and beyond what is typical parental responsibility.

Clothing- Adaptive

- Clothing purchased that is altered/designed to meet disability related needs.
- Covered when cost exceeds typical parent/participant responsibility
- Itemization of purchases is required.
- Alterations due to the disability are fundable.
- Examples of unallowable could include tag less clothing, age appropriate items for growing children.
- Specialized footwear - insurance denial documented in CDCS CSP and must be related to the participant's disability. Examples include diabetic shoes, therapeutic orthopedic shoes, inserts, AFOs, seamless socks, etc.
- Links of items should be included with plan.

Clothing Replacement

Replacement of clothing due to incontinence, excessive wear and tear, or excess bodily secretions related to the disability/condition is fundable.

- Must be above and beyond what is typical parental responsibility
- Links of items should be included with plan.

Eyeglasses

Must be documented in CDCS CSP that insurance will not pay for more durable frames or an extra pair (e.g. titanium frames)

- Only pay for lenses if current lenses do not fit in the more durable frames
- Replacement pair of glasses is allowed with insurance denial and support of need for another pair in CDCS CSP.
- "Transition lenses" are only allowed if related to a specific medical condition (e.g. corneal transplant) and with recommendation from a MHCP provider.
- Additional pairs are not approvable when for convenience

Durable Medical Equipment or Supplies

These items are allowed if not otherwise covered by insurance:

- Examples include safety helmets for seizures, hearing aids, medication dispensing machine, and incontinence supplies/diapers (age 4+)
- WAC may request insurance denial.

Laundry

Costs for extra laundry needs above-and-beyond typical laundry loads due to incontinence or bodily fluids is allowable above-and-beyond typical household laundry costs.

- Determine additional loads needed in the CDCS CSP *based on participant's need*
- Washers and Dryers are not an allowable expense
- Typical all-inclusive costs of doing laundry is \$6 per load. Laundry detergent purchases are NOT fundable.

Non-Specialized Equipment

The participant may purchase item(s) that will directly benefit him/her, result in improved adaptive behavior, assist in the development and maintenance of relationships, developmental purposes or other reasons that are **due to the participants disability/condition**. Suggested maximum: \$2500/year.

- A skill building programs using this item(s) must be clearly detailed in the CDCS CSP and item must be clearly identified as “non-specialized equipment”.
- Examples in this category include sensory items, sand table, trampoline, white noise machine, noise canceling headphones, blackout curtains, educational software or play items (non-age appropriate)
- Supporting documentation is required for a Waiver Advisory Committee review.
- Summarize category of items on lines and define items in goal area of plan. (i.e. Sensory Items on line, chewies, lights, etc in goal area along with links)

Personal care

- Supplies (such as incontinence items, wipes, gloves) that are above-and-beyond typical person care supplies are fundable as described in the CDCS CSP. If insurance pays for some of these items, the covered amount needs to be exhausted before CDCS funds can be used.
- Summarize category of items on lines and define items in goal area of plan (i.e. Personal care supplies on line, wipes, chucks, etc in goal are along with links)

Positive Behavioral Reinforcers

Allowed if there is a structured Behavior Plan in place.

- The structured Behavior Plan should be written in consultation with a professional (e.g. therapist, skills worker, behavior analyst) and must be included in the CDCS Plan for WAC review and approval.
- Only specific items listed in the approved Behavior Plan will be reimbursed by an FMS. ***The Behavior Plan must include target behaviors to be addressed, a structured reinforcement schedule, and a list of effective reinforcers.***
- **Unallowed:** Personal items unrelated costs to disability, tickets and related costs to attend sporting or other recreational events, meals, and cash gift cards, high-speed internet, or video games/consoles.
- Progress must be reported annually in the CDCS CSP.
- **Skill Acquisition Equipment and Supplies** – Materials that look very similar to household responsibility (such as toys, etc.) or recreational activities (videos, books) must be related to a

skill building program that is described in detail, (targeted skills, plan for teaching skills, and description of method of teaching targeted skills in the CDCS plan)

- Program related expenses (such as: supplies for Picture Exchange Communication System, schedule boards, behavioral/charts, lamination sheets, etc.) must be for the direct benefit of the participant - Up to \$300/year

Safety Equipment

- Items approved must be the least costly alternative that reasonably meets the documented need of the participant.
- Examples include - helmet for seizures, specialty goggles, chair lift, lock boxes, or shatterproof glass for windows.

Sensory Equipment

WAC may require a recommendation by an OT or other qualified professional for an identified sensory processing need

- Examples include weighted blanket/vest, sensory sac, chew items, frog swing
- WAC may request insurance denial (e.g. MA will pay for weighted blankets if OT recommends if needed for “medical necessity” and proof of evidenced practice”
- Must be listed individually in the CDCS plan with specific goals.
- If needed, CDCS funds may be used to pay for a sensory evaluation.
- Suggest maximum: \$2000/year (including any additional non-specialized equipment, see section above).
- Summarize category of items on lines and define items in goal area of plan. (i.e. Sensory Items on line, chewies, lights, etc in goal area along with links)

Sunlamp/SAD Light

Only allowed if used as “therapy” to treat a disability or identified mental health condition (e.g. depression) Medical Assistance denial is required.

- SAD light for seasonal affect disorder
- Must complete Alternative Therapy Form signed by MHCP provider.

Specialized Recreation Equipment

Equipment more recreational in nature must be specifically related to the participant’s disability.

- WAC may request a recommendation by primary MD and/or OT/PT/Speech Therapist depending upon the item.
- Examples include: Adaptive modifications to play sets, adapted pool equipment etc.

Transportation

The waiver is not intended to pay for all transportation costs as transportation is a typical expense. For example, clients who can access public transportation independently would be responsible for paying for transportation costs to visit friends.

Driver's Education

Driver's Education Assessment (e.g. Courage Kenny) for vision testing, reaction time, memory/problem solving, strength and coordination, cognitive processing skills, prescription for adaptive driving equipment, etc.

- Driving lessons for the purpose of practicing the use of adapted equipment is allowable.
- Driving lessons are allowed above and beyond what is typical and must be an approved outcome in the CDCS CSP.
- Agencies must be certified in this industry.

Non-Medical Transportation (i.e Cab/Uber/Lyft)

- Bus passes are allowed if participant is unable to drive themselves
- Cab services are allowed if cost effective and no transportation.
- Mileage/parking to a paid parent of a minor or spouse is not allowed

Mileage

- Staff mileage reimbursement (including parking costs) for transporting the participant to and from their work site, community activities, or alternative therapies as it relates to an outcome approved in the CDCS CSP.
- Mileage must be documented with FMS and available for review.
- Reimbursement rates to staff will be the same as the current Federal Mileage Rate.
- Mileage to and from school is *not* allowable
- Mileage to and from medical appointments is not allowed (Reimbursable through Medical Assistance.
- Mileage to and from caregiver training is not allowable.
- AC participants (ONLY) – support staff can receive mileage reimbursement for medical appointments.

The following costs are unallowable

- Transportation costs for PPOM or Spouse - would be expected to provide transportation for activities in the community (e.g. transportation to an after-school activity, day care, shopping centers) is not allowed.

Wheelchair

Are fundable if not covered by insurance and when needed as described in the CDCS CSP. Example: Participant needs manual, portable additional wheelchair in certain situations.

Self-Direction Support Activities –

CDCS category of service that includes services, supports, and expenses incurred for helping the person or representative, administer CDCS. Self-directed Activities must be:

- Chosen by the person
- Outlines in the CDCS Community support plan.
- Purchased under agreements between the person and the provider that specify tasks to be performed, schedules, and negotiated fees

Examples of expenses could include

- Fees charged by Financial Management Service (FMS)
- Employer-related fees and taxes (FICA, FUTA, SUTA, Workers' Compensation, unemployment)
- CDCS Support Planning services
- Costs for Worker Recruitment
- Contact FMS for any changes to PTO or wages.

Financial Management Services (FMS) – a service that provides help with financial tasks, billing and employer related responsibilities for people who self-direct their services through CDCS. This is a required service that ALL participants must utilize.

- All FMS's utilize the Payroll (FEA) Model.
- FMS fees vary by agency and can be found on the DHS website.

For households with more than one participant receiving CDCS, a family work schedule will be required and must use the same FMS.

*Talk with your Case Manager if interested in changing FMS providers. The change must happen at a quarter and needs to start 4-6 weeks in advance.

Support Planner Fees

Support planners are certified by MN DHS.

- Support planners and case managers should determine each other's role in consultation with the participant.
- Support planners must provide the participant with a job description outlining the specific duties they will perform on their behalf (vs. Case manager)
- Additional support planner hours throughout the plan year may be approved through an addendum process when justified and approved by the case manager.
- The first year's CDCS plan should contain support planner hours to accommodate writing of the initial plan and first renewal plan.

MA Home Care Services (PCA, Home Care or Nursing Services)

This category includes licensed services provided by a Home Care Agency including Personal Care Attendant (PCA), Skilled Nursing, Home Health Aide, and Private Duty Nursing.

The service must be listed separately and billed directly to DHS (or managed care organization, if applicable) by the home care agency.

- **These services are NOT billed through the FMS.**
- **PCA services must be split into six-month unit amounts and include supervision costs.**

Home Health Aide (HHA)

State plan home care services provided by a licensed certified agency.

- State set rate used and deducted from CDCS budget
- Separate service line entered in MMIS
- Extended HHA comes directly out of CDCS budget and **billed through FMS**

Personal Care Attendant (PCA)

PCA staff must meet the state requirements from the identified home care agency and meet the qualifications described in the CDCS CSP.

- State eligibility criteria and service rates apply. This includes PCA and extended PCA.
- Number of PCA units and rates must be recorded separately in the MA Home Care section of the CDCS CSP.
- Units of PCA must be split into six-month amounts.
- Supervision of 96 units/year is required. If units are not going to be used, Case Manager can shift units to be used for other services/supports.
- Services are billed directly by the home care agency.
- PCA assessment renewed annually and attached to the plan.
- Extended PCA comes directly out of CDCS budget and is billed through FMS.
- Case Manager is required to make annual MnCHOICES assessment referral.

Extended PCA Hours (through a licensed agency)

- Licensed PCA hours that are in excess of the PCA assessed hours must be listed in the plan under this section and billed through the FMS. The initial approved PCA hours are listed in the MA Homecare Section and listed separately on the county approved service agreement.

Home Care Nursing/Private Duty Nursing (PDN)/ Skilled Nurse Visits (SNV)

State Plan home care services provided by a licensed, certified agency

- State set rate used and deducted from CDCS budget
- Separate service agreement entered into MMIS
- Extended PDN/SNV comes directly out of CDCS budget and billed through FMS

Unallowable Expenditures

Any item/services expended without prior approval will result in a Notice of Technical Assistance to the participant and may require a face-to-face meeting with the Case Manager to create a correction plan so that no further violations occur. The FMS shall also be notified and receive a copy of this Technical Assistance (see specific section).

Adaptations That Add Any Square Footage – Constructing or finishing a roughed in room in the home or typical home repairs/improvements are not waiver fundable.

- For CADI, DD, EW- the square footage can be increased when the increase is necessary to build or modify a wheelchair accessible bathroom
- A checklist needs to be followed with approval given by DHS. See separate Environmental Modification and Equipment Guidelines.

Appliances – “Major “appliances such as stove, dishwasher, refrigerator, water heater, etc., are not allowed.

- Smaller appliances are allowed if it meets criteria or related to disability/condition and increases independence, etc., such as, modified can opener, blender for pureeing food, etc.

Attorney/Advocate Fees –includes any others who do not provide direct services authorized in the service plan.

Babysitting –this is a parental responsibility and is not funded. See Personal Assistance/support staff.

Burial/Cremation Services

Cable or Paid Television –is not fundable (e.g. Direct TV, Netflix, Comcast, etc.)

Cameras/Video Monitor in Bathrooms

Camp Outside of State of MN–May consider camp on bordering states WI, IA, SD, ND

Carpeting

CBD/THC products

Central Air Conditioner –considered a general utility and NOT cost effective.

Child Care of Siblings – is not fundable (DHS Rule: For direct benefit of the participant).

Community Activities- children (NOT related to the disability) –activities that are typically paid by parents of non-disabled child are not funded.

- Memberships to the Zoo, Science Museum, YMCA, or fitness center (For minors) are not fundable.
- Tickets to sporting events, plays, movies, etc., are not allowable
- Restaurant food is never allowable.

Compounds –A prescription prepared in accordance with Minnesota Rules 6800.3100. See E. extemporaneous compounding on an individual basis. In other words, compounded prescriptions that are not commercially available products so the pharmacist must prepare the product individually. This could be due to a particular combination of ingredients, or strength requested (such as for use in a child), or dose form requested (such as not available as a suppository)

- Other examples include magic mouthwash, specialized diaper rash cream/ointment.
- Check if available through insurance.

Computer for Caregiver Training and Self Direction Service Only

Constructing a Garage or Adding to an Existing Garage

Deck –Adding a deck to a home is not allowed, however making safety modifications to an existing deck would be considered (e.g. hand railings, zero threshold to get onto deck)

Dental Services or Fees (including orthodontia)

Dietary Supplements –Are NOT fundable, even with a prescription.

- Dietary supplements, like vitamins or CBD/THC products, are considered over the counter medications.
- Some dietary supplements may be covered by MA.

Diversions or Recreational Services/Items/Support –are not allowable according to Lead Agency Manual Section 8.1

- Examples Include - video gaming system, Apple Watches, iPod to listen to music

Driveways –this is a homeowner’s expense.

Educational Costs –These costs are not waiver fundable when the participant is still enrolled in primary or secondary school. The school is considered financially responsible

- Transportation to and from school is NOT allowable.
- Tuition and fees at a private school are not fundable.
- Home schooling costs are not waiver fundable.
- Post-secondary school tuition for a degree is NOT fundable.
- See “Skill Acquisition Equipment and Materials” and “Training for Caregiver or *Participant*” sections.

Equipment and/or supplies related to managing CDCS

Experimental Treatments and Therapy (including supplies) – Minnesota Rules, 9525.3015, subp.16)

- Experimental treatment is defined as “drugs, therapies, or treatments that are unproven, have been confined largely to laboratory use, or have progressed to limited human application and trials, and lack wide recognition from the scientific community as a proven and effective measure of treatment.”
- A Physician or Nurse Practitioner (APRN) makes this determination using the Alternative Therapy form and lets the MD answer whether or not it is experimental or alternative (e.g. Zyto scanner – considered a medical/diagnostic device not proven to work).

Food –

- Only allowed if prescribed as a “Special Diet” item

Fundraisers

Furniture –

- The waiver does not pay for basic furniture (e.g. bed, couch, table, dresser, basic and office furniture etc.)
- The waiver does not pay for Property Damage to these items
- See Environmental Modifications and Provisions for adaptable/modified options.

Generator –Unless using life sustaining equipment and only to be used for that specific equipment

Gift Cards (e.g. as reinforcers)

Guardianship/Conservatorship Costs

Health and Fitness Activities and Equipment for *Minors*:

- This includes fitness club memberships, day passes
- Example: Treadmill
- Allowed for *adults* if service is appropriate to treat a physical condition or to improve or maintain the participant’s physical condition (condition must be identified in the individuals plan of care and monitored by a MHCP enrolled physician or APRN)

Health Insurance/Medical Costs:

- Is not allowable except for insurance costs related to employee coverage as a benefit.

- Co-pays (e.g. prescription drugs) deductibles, premiums are not allowed. Includes spenddowns, health insurance or any other medical fees not covered by insurance, including MA, PMAP and private insurance are not fundable.

Health Savings Account Deductions

Home Repairs/Remodel –Typical upkeep and repairs of the home and property are the homeowner’s responsibility, even if damage was done by the participant as a result of that participant’s disability.

- However, see Environmental Mods section for home modification options
- CDCS funds may be considered if damage is above-and-beyond normal wear and tear but still meet specific needs based on disability/condition
- Behavioral services and supports should be utilized to eliminate/reduce behavior and to determine most effective environmental modification.

Home Schooling Costs – Education is considered the school’s financial responsibility

- Staffing will not be allowed during daytime hours when a child is typically in school except to therapy appointments.

Hot Tub/ Pools/ Related Expenses

Household Items Broken Due to Property Damage – Parents/caregivers are expected to take protective/preventative measures to protect their property when participant is prone to property damage behaviors. Lifestyle choices such as expensive large TVs, china, etc. will **not** be replaced.

Items that Seclude, Restrain, or Inhibit an individual to his property or belongings:

Talk to your Case Manager about more proactive approaches

- The WAC will review any locks, helmets, seatbelt restraints for appropriateness.

Items required by law – Car Seats, Bike Helmets

iTunes cards

Laundry Appliances such as washer and dryer

- allow extra supplies and laundromat fees

Legal Fees – Any expenses related to legal action or advocacy, including memberships are not fundable. See “Wills & Trust”

Medical Co-Pay – Any service or fees including premiums, deductibles and spenddowns for any health insurance or any other medical fees are not covered by insurance. Including MA, PMAP (Prepaid Medical Assistance) and private insurance are not fundable.

Medical Costs (Including Transportation)

Medical Mileage –is not fundable through straight MA, Requests are made through MNET. The phone number for MNET is 1-866-467-1724.

Medication Prescriptions

Memberships -

- Examples Include: YMCA (for minors), Zoo, Science Museum, etc.
- Exception: Fitness center for adults if cost effective

Mileage Out of State for Recreational and Leisure Purposes

Mileage Reimbursement to Parents of Minor or Spouses

Mileage to and from school (school/parental responsibility)

Monitoring Fees for Security Systems (ongoing) - installation ONLY allowed

Movies/Videos - (excluding DVD's for training purposes)

*Oral Nutritional Products (e.g. Boost, Ensure) unless part of prescribed specialized diet. Exception; allowed for EW and AC.

Over-The-Counter Medication -even when prescribed by MHCP enrolled physician

- Defined as a drug that can be purchased without a prescription such as Prilosec OTC.
- Vitamins and dietary supplements are considered an over the counter medication

Overtime -NOT allowed UNLESS prior approved by Case Manager or holiday approved by SEIU.

Paid Parent of a Minor for biological/adopted children living in a licensed foster care setting, setting licensed by DHS or MDH, or registered as a housing with services establishment is NOT allowed,-

Exception: Foster parents that receive payment for relative children in their licensed foster home can be a paid parent for their biological/adoptive minor child up to 25 hours per week.

Parental Fees -fees for TEFRA or other human service fees.

Personal Care Supplies that are not Disability Related -Examples include: toothpaste, soap, shampoo, menstrual supplies, deodorant, etc.

Pets/Animals and Related Costs -this includes service animals.

Post-Secondary Tuition -Classes and staffing allowed at post-secondary locations if directly related to outcomes in the CDCS CSP related to the disability/condition and classes don't count towards degree.

Private School Fees

Recreational/Leisure Activities -Examples include sporting events, community events/activities, games, toys, video games consoles, movies, books, etc.

Room and Board -The waiver does not pay for room and board, housing or rental space in any setting (e.g. house, group home, or apartment).

Seat belt restraints

Services Provided Outside of Minnesota -there is very specific criteria in which services can occur outside of MN.

- May only be considered in bordering states of ND, SD, IA or WI
- An Exception to this is direct care staff traveling with family and providing similar services.
- NO services can be provided when the participant is out of the country, **including direct care staff**. If out of the country or state more than 30 days, CDCS must close.

Services provided to or by individuals, representatives, providers, or caregivers that have any time been assigned to the Primary Care Utilization and Review Program (PCUR)

Sibling Care

Socialization- is not fundable. If skill building is taking place this may be fundable if outcome in the approved CDCS CSP.

Solutions

- Defined as a dose form of a prescription or over the counter medication. Solutions are either available commercially or compounded individually by the pharmacist.
- Examples of solutions are irrigating solutions, wound care solutions, solutions made from tablets or capsules for participants that cannot swallow a tablet or capsule etc.

Staff as Independent Contractor- Unless FMS agrees that they qualify.

Staffing Outside of the Country

Staff Program Expenses- See: "Mileage Reimbursement to Support Staff" under Personal Assistance (e.g. Movie ticket)

Training for Caregiver - Related Expenses -Lodging, meals, travel and parking, related to conferences, classes and workshops are not fundable.

Transportation -

- **No mileage can be reimbursed for parents of minors or spouses.**
- Vehicles are not paid/leased for by any funding source. No medical mileage.
- If the participant is traveling for a medical appointment with a Minnesota MA enrolled physician who is out of state, a request for travel reimbursement should be made through MNET.

Utilities to maintain a household

Vacation Expenses -vacations are not fundable including airfare, lodging, meals, and transportation.

Vehicles

Vehicle Maintenance - (Does not include annual maintenance to adapted equipment/modifications that are related to the disability)

- Typical vehicle maintenance, i.e. oil changes

Vendor Travel Time and/or Mileage

Vitamins/Supplements -cannot be funded even if prescribed by a physician or part of a specialized diet.

Warranty -Only allowed if routine preventative maintenance plan necessary for proper functioning of the disability related equipment.

Wills and Trusts- Cannot be paid for by any government funding source, including financial planning, savings account, investments and other financial vehicles including supplemental trusts.

Window replacement (Frame and glass)

Additional Important CDCS Information and Reminders

The following is important information (and reminders) to consider under the CDCS option.

Admission to Hospital

CDCS services may not be billed during a time when the participant is in the hospital. The participant must notify the Case Manager if such an admission occurs. The waiver must be closed if the hospital stay is over 30 days.

Admission to Nursing Home

CDCS services must be ended immediately once the participant is admitted into a nursing home. Notify the Case Manager immediately.

Amending the Plan

The approved CDCS CSP is considered the plan in effect unless and until any proposed changes are submitted to the Case Manager and approved. The CDCS CSP/Addendum Form must be submitted and approved by WAC or the Case Manager when:

- Adding an item or service to the CDCS CSP and/or
- Revising the wage and/or work schedule for a paid parent of minor or spouse
- Moving money from one approved item/service in plan to another only requires an email from the participant for the request and Case Manager approval.

Appeals

Participants have the right to a conciliation conference and/or administrative appeal as with any county services or action. When services have been reduced, suspended, or denied, Carver County will send a formal notice to the participant to explain their appeal rights. Additional technical assistance and supports to seek solutions will be provided prior to a conciliation conference or appeal.

Criminal Background Study

All paid persons in the CDCS CSP must pass a background study through the MN DHS Licensing Department ***prior to being compensated for any hours in the plan.***

- Licensed service providers and FMS are responsible for coordinating background studies on all prospective employees
- Individuals who fail to pass the background study are disqualified to provide CDCS services
- All staff are required to pass a background study at least annually
- All background studies are paid for outside the CDCS allocation

Up to 30% Exception (Additional) to the Budget Methodology

An increase in funds is available if the participant would have to leave CDCS and use other waiver services because the CDCS budget limits do not meet their needs for Employment/Day supports, Own Home, Behavioral Supports or Transition from Institutional/Crisis Setting and is cost effective. Ask your Case Manager if you qualify.

If additional funds are accessed, specifics related to this increase needs to detailed and specific in the plan. Funds need to be used only for the identified need they were requested for.

Exclusion Rule/IRS Notice 2014-7

If you are a paid caregiver and living with a disabled person, you may qualify for a Difficulty of Care (DOC) payment exclusion. This excludes the caregiver from paying federal and state income taxes on that income. To be eligible you must meet all of the conditions on the **IRS Notice 2014-7 Certification**. Ask for this form from your FMS or consult with your tax advisor. Your income may still affect cash assistance programs and/or other income-based programs. Check with the program directly or your economic assistance worker.

Exiting/Involuntary Exiting

Participants may terminate their participation in the CDCS option voluntarily by notifying their Case Manager and return to “traditional” waived services.

- Participants who exit their waiver more than once in a plan year are ineligible for CDCS for the remainder of that plan year.
- Carver County will follow Statewide Involuntary Exit protocol (MN DHS Lead Agency Manual 12.1 and 12.2). An immediate concern jeopardizing health and safety will result in an involuntary exit back to “traditional” waived services:
 - Any matter jeopardizing health and safety
 - Evidence of unreported fraud
 - Maltreatment of the participant, or
 - Unapproved expenditures

Participants will also be involuntarily exited after their 4th Technical Assistance.

Financial Management Services (FMS)

Participants are required to use a Financial Management Services (FMS) to manage their resource allocation. Your FMS will only disburse funds according to the approved CDCS CSP. Participants have a choice of providers, but the FMS must be enrolled with MN DHS and pass a DHS Readiness Review.

The FMS provides orientation to their services and union services, fees and how they work together. They are required to complete a budget worksheet or expense summary and submit it to the Case Manager. The worksheet/summary must be updated as support/goods are added or changed on the CDCS CSP. The cost of these services is a part of the participant’s allocated waiver amount.

The FMS agency cannot also provide Support Planning services or direct care to the same participant.

Notice of Technical Assistance

Technical Assistance (extra assistance) is given to participants who are having difficulty with CDCS participation and where CDCS may not be a good fit. For a participant who would like to continue CDCS, extra county involvement over-and-above the standard training and materials will be provided. Following are examples of when technical assistance would be necessary:

- Not utilizing services needed to support health and safety without a reasonable explanation
- Consistent delay/misuse of CDCS funds agreed upon in the CDCS CSP (e.g. overspending, plan not in on time etc.)
- Not receiving goods or services identified as critical for health and safety
- Not following the CDCS CSP
- Incomplete paperwork required by FMS.

The Case Manager will request a face-to-face meeting to discuss the issues and offer additional support by the 2nd or 3rd Technical Assistance Notification within the same plan year. Upon the 4th Notice of Technical Assistance, within the same plan year, the CDCS option will be ended and the participant will go back to using traditional licensed waived services.

- 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.

Participant Education

Participants will receive information about CDCS in a variety of ways. Each participant must read (and sign) these CDCS guidelines annually. Participants will be given links to the DHS CDCS website for tools. Participants will receive a list of Support Planners and FMS resources. Additional resources for participant education and assistance in areas of self-determination and person-centered planning will be provided.

Paid Time Off (PTO)

In accordance with SEIU collective bargaining agreement and MN Department of Human Services, and regardless of whether the participant is a union member or not, ALL employees (regardless of full or part-time status) will accrue paid time off (PTO). PTO will be taken out of gross wages as a fee to be used for this benefit by employees when “mutually agreed upon” with managing party/participant. Talk to your FMS for further details.

Providing Care Outside the State of MN

- Staff are allowed to provide care to participant on vacation within the US
- If participant is out of the country, waiver funds may not be used
- If participant is outside the state of MN for more than 30 days, MA and the waiver must close. Waiver can be reopened upon return.

Repayment of Goods and Items Returned or Sold

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

Support Planner

Service to assist participants in the initial and/or ongoing person-centered plan development. Support Planners are certified by MN DHS.

Expectations of Support Planner:

- Support Planners and Case Managers should determine each other’s roles in consultation with the participant.
- Any paid staff (including paid parent) should not act in the role of Support Planner (due to Conflict of Interest).
- Support Planner must provide the participant with a job description outlining the specific duties they will perform on their behalf (vs. Case Manager). Specific duties cannot be duplicative of the Case Manager’s role.
- Any additional job duties beyond plan development MUST be specified in the CDCS plan (e.g. interview staff, staff training, staff recruitment, etc.)

- Additional support planner hours throughout the plan year may be approved through the additions/addendum process when justified and approved by the Case Manager.

Expenditure Guidelines: The following are guidelines for what is considered *customary and reasonable* expenditures for Support Planner Services:

- a. Development of the initial CDCS CSP; Maximum 15 hours
- b. Renewing the CDCS CSP: Maximum 6 hours
 - Initial Plan Year Total: Max 15 hours + Renewal Plan Total: MAX of 8 hours = 23 Total Hours
 - Renewal Plan Year Total: Max. 8 hours
 - Any hours beyond the maximum amounts require further explanation and county approval.

NOTE: Additional hours will be allowed if working with a participant in which English is not their primary language and an interpreter is needed.

Unique Minnesota Provider Identifier (UMPI Number): The Minnesota Department of Human Services requires ALL prospective CDCS employees to apply for a Unique Minnesota Provider Identifier (UMPI) number through the FMS in order to track number of hours worked across various agencies.

Unused Funds: The CDCS CSP is approved for up to one year. Unused funds cannot be carried over to the next year. Participant’s annual resource amount will not be reduced the following year due to unused funds.



- [CDCS Alternative Treatment Form](#)- If a requested behavioral support, special diet or therapy is outside the scope of Medical Assistance State Plan or other waiver services, you must ask your MHCP-enrolled physician to complete this form before CDCS may be used to fund the alternative treatment. Forward the completed form to your lead agency worker.
- [CDCS Consumer Handbook](#)
- [CDCS Lead Agency Operations Manual](#)
- [CDCS Participation Agreement- Carver County document \(page 53 of CDCS Guidelines\)](#)
- [CDCS Plan \(CDCS CSP\)](#)
- [Exception to CDCS Budget Methodology](#)
- [Paid Parent Addendum \(see p. 54\)](#)
- [Video Monitoring Form for DHS approval](#)

Carver County CDCS Process

PARTICIPANT:

- ✓ Read CDCS Guidelines
- ✓ Sign Participation Agreement
- ✓ Obtain CDCS Budget from Case Manager (this can take a month)
- ✓ Choose a Support Planner

CASE MANAGER:

- ✓ Provide Support Planner with MnCHOICES CSP and Planning Summary



PARTICIPANT:

- ✓ CDCS CSP is developed
- ✓ Plan is signed by participant/guardian

SUPPORT PLANNER

- ✓ Gather all supporting documentation (Alternative Treatment Forms, Pictures of requested items, letters of recommendation from OT, PT, Speech, etc.)
- ✓ Signed CDCS CSP sent to Case Manager 5 business days prior to WAC meeting



CASE MANAGER:

- ✓ Review supporting documentation using CDCS Support Plan Review Checklist
- ✓ Request additional supporting documentation or detailed explanation from participant/planner
- ✓ Plans are submitted to WAC@co.carver.mn.us by the Case Manager the Friday PRIOR to the WAC committee meeting



WAIVER ADVISORY COMMITTEE (WAC) * uses WAC Review Letter to:

- ✓ Approves the plan

OR

- ✓ *Make recommendations for final approval*

CASE MANAGER:

- ✓ Signs approved plan
- ✓ Sends WAC Review letter to Support Planner
- ✓ Sends signed plan to FMS and participant

*** The WAC meets on the 1st and 3rd Tuesday of each month**

Carver County Consumer Directed Community Supports
Participation Agreement

By signing below, I, _____, acknowledge that I have read and understand the Carver County Consumer Directed Community Supports (CDCS) guidelines and that this material **may change** in the future as Minnesota Home and Community Based Services (HCBS) waiver policy is subject to State, Federal, and County approval and interpretation.

Participant Name: _____

Parent/Legal Representative Signature: _____

Date: _____

Case Manager Signature: _____

Date: _____

**PARENT PAY ADDENDUM (MORE THAN ONE PARTICIPANT)
 CONSUMER DRIVEN PLANS
 For use when parent/guardian is being paid for more than one participant with a
 Consumer Driven Plan (CDCS, CSG or FSG)**

This form needs to be filled out as an addendum to the plan for plan approval purposes. When more than one person in the family is being served on a consumer-driven plan, we need to make sure that each participant’s needs are met and we can only be assured of this by getting a full picture of supports going into the home.

Rules/Guidelines per Expenditure Guides:

- Parents as support staff to *adults*: Limited to 40 hours per week per parent/guardian.
- ALL parents/guardians must meet the staff qualifications described in the Consumer Support Plan. The rate of pay must be within the typical range of pay.
- Parents of minors are limited to 40 hours a week TOTAL for parents paid, regardless of the number of children with disability and/or the number of parents being paid.
- Parents include biological parents, stepparents and adoptive parents. Payment must be for tasks above-and-beyond typical age-appropriate parenting. (Examples: Reminders to brush teeth, physical assistance with showering, diapering an older child, etc.).
- Parents must include a detailed work schedule and work tasks (what you put on your listed timecard) that are above-and-beyond typical parenting identified in the support plan.
- When a child is on a waiver (CDCS), the child must have at least one dependency on the “MN DHS Supplemental Assessment for Children Under age 18” in order to be eligible to have a parent paid.
- Parents/guardians of minors who are being paid as a caregiver may not also be listed as a person who is providing the unpaid habilitation on any CDCS plan.
- Staffing ratios should be 1:1.

Parents/ Guardians	Name	Does this parent/guardian work outside the home? If yes, how many hours typically?
Parent #1		
Parent #2		
Stepparent		
Other:		

Name of Participant	Program (CSG/FSG/CDCS)	Adult or Minor?	Parent #1 - Scheduled Hours on plan	Parent #2 - Scheduled Hours on plan	Does participant work or go to school? If so, how many hours per day?

Other people in the household that are not a participant of a support plan include:

Show us what a typical weekly **time sheet** will look like, including all participants.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



HEALTH & HUMAN SERVICES

Human Services Building
602 East Fourth Street
Chaska, MN 55318
Phone (952) 361-1600
Fax (952) 361-1660

The purpose of this checklist is to ensure that complete and adequate documentation is submitted to the Waiver Advisory Committee (WAC). Case Managers should use this form to indicate that they have gathered the necessary information to accompany a participant's CDCS/CSG support plan for the monthly WAC meeting.

Participant Name: _____ **Dates of Plan:** _____

County Case Manager: _____

CDCS/CSG Support Plan Review Checklist

- Completed & signed CDCS Support Plan or CSG Expenditure Plan (with Health & Safety Plan).
- Signed CDCS Guidelines Participation Agreement.
- Any plans that include support staff (i.e. Paid parent, hired staff, etc) should include a staff schedule outlining how hours will be provided to verify there is no duplication.
- If the plan includes any of the following- adaptive therapies (i.e. swim, dance, cheer, Hippo, music, etc.), behavioral supports, special diet or alternative medications:
 - A current, signed Alternative Treatment form has been provided for each item specifying how the support necessary is disability-related (DHS-5788);
 - Include a statement of assessed need in the "Expected Outcomes" section of the Alternative Treatment Form (DHS-5788) addressing the participant's disability and the outcomes the support/therapy is to achieve. This also needs to be signed by a MHCP-enrolled Physician (not OT/PT);
 - Verify that proposed therapies or items requested are not otherwise covered under MA State Plan or private insurance.
- If the participant's assessment indicates a need for behavioral supports/interventions, the participant's plan must include a service that will aim to address this need.
- If the plan includes home modifications (including fences) or specialized equipment, at least 2 bids should be submitted to the Waiver Advisory Committee (WAC). Printed pictures of requested equipment items should also be provided

