



## Consumer Support Grant Narrative Plan Instructions

**Step 1: INFORMAL SUPPORT-** If staffing is included as a category on the Consumer Support Grant plan, describe who will be working the hours for the Consumer Support Grant participant. Describe what they will be doing while working and include the hours that everyone will be working.

Examples of Informal Support include- Paid parent, Support staff, Caregiver relief, related expenses – mileage, training, etc.

**Step 2: FORMAL SUPPORT-** Describe any agencies that would not have to complete an application for hire with your Financial Management Service. This includes any outside agencies. Give a description of the support to the individual and list goals and skills that are being worked on.

An example of a formal support is West Metro Learning Connections.

**Step 3: SERVICES AND GOODS-** Describe any services or items that are specifically needed due to the disability of the Consumer Support Grant individual. This could include music therapy, sensory items or adaptive classes like adaptive swim for example. These are services not already covered by Medical Assistance or the cost is more than what Medical Assistance pays. For example- An additional speech appointment could be covered on the Consumer Support Grant plan after sessions covered by Medical Assistance are exhausted by Medical Assistance funding. The Consumer Support Grant Guidelines/Expenditures will indicate if an Alternative Treatment Form is needed. An Alternative Treatment Form is needed for Music Therapy and Daily Supplements for example.

The **Alternative Treatment Form-** must be given to the physician working with the Consumer Support Grant participant. You would complete the top three boxes on the form and the physician will fill in the rest. You can find the Alternative Treatment Form at the following link. <https://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-5788-ENG>

- Consumer's Name- Fill in the Consumer Support Grant participant name
- Behavioral Support, Special Diet or Therapy Requested: Describe the support, diet, or therapy being requested.
- Expected outcome(s) for the behavioral support, special diet or therapy requested: Describe the **result or goals** for the person using this support, diet, or therapy.

**Step 4: OTHER-** You are required to use a Financial Management Service (FMS) to manage the Consumer Support Grant funds. There will be FMS Fees for using these services. The cost of the Financial Management Service (FMS Fees) will need to be included in the Consumer Support Grant budget. If applicable, the Financial Management Service will assist you in paying your providers, assist with Payroll withholding responsibilities you may have as an employer, assist with PTO fees. If applicable, the Financial Management Service will assist with payment of goods/services. **Please list your Financial Management Service Provider here. If you are utilizing Support Planner Services, please list that here as well.**

**Step 5: Sign-** When you feel the Consumer Support Grant Narrative Plan identifies and explains the purpose of the informal and formal supports, services and goods the Consumer Support Grant participant/or legal representative plans to purchase during the grant year, then you can sign and date at the bottom of the form and submit with all of the required Signature and Plan forms for approval.

**Completed paperwork can be mailed to:**

**Carver County Health and Human Services**

**Attn: HCBC HHS CSG Review Team**

**602 East Fourth Street**

**Chaska, MN 55318**

**OR**

You can send to our email: [HHSCSGReviewTeam@co.carver.mn.us](mailto:HHSCSGReviewTeam@co.carver.mn.us)

**OR**

You can place completed paperwork in the Social Services drop box located in the parking lot of our 602 East Fourth Street address Attention: HCBC HHS CSG Review Team

Please contact us at [952-361-1092](tel:952-361-1092) or email us at [HHSCSGReviewTeam@co.carver.mn.us](mailto:HHSCSGReviewTeam@co.carver.mn.us) if you have any questions.