



HEALTH & HUMAN SERVICES

Human Services Building
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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 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.

