Legislation effective July 1, 2014, provides a 5.0% rate increase to the rate limits for all home and community-based waiver services and Alternative Care program. The law also requires individuals who receive services under CDCS to distribute 80% of the budget increase to compensation-related costs such as wages, employee taxes and benefits for eligible employees and adjust their budgets.

A CDCS provider refers to the participant or their authorized representative who acts as the employer of the person who provides care or services to the participant. There may be other service costs included in the CDCS budget that are not allowable in meeting the 80% compensation-related requirement. These include services provided under management contract or vendor agreement. Their personnel are not directly employed by the participant (such as services of independent contractors, support planners, and fiscal support entity services).

As of July 1, 2014, the maximum wage paid to parents of minors and spouses increases from $15.84 /hour to $16.63 /hour including all related taxes and benefits.

The lead agency (county, tribe, health plan) is required to increase the CDCS budget amount and inform the CDCS participant of the rate increase to their budget amount. Use this form to amend the individual's Community Support Plan to account for the rate increase. The individual is not required to re-write and submit the entire Community Support Plan. The information on this form replaces what is in the approved Community Support Plan. The lead agency reviews the addendum to assure health and safety needs continue to be met. They adjust/approve the information contained in this document and increase the authorized budget amount accordingly. The lead agency must forward the addendum to the Fiscal Support Entity (FSE) for budget implementation.

As part of this law, some providers who receive the rate increase are required to submit a quality improvement plan to DHS. CDCS participants do not need to submit a quality improvement plan to DHS. They must include information about how they will improve their supports or plans on this CDCS community support plan addendum.

CDCS participant name: _________________________________________________________________

Previous CDCS authorized budget amount: __________________________________________________

CDCS authorized budget amount with the 5.0% rate increase: ________________________________

Amount change: _______________________________________________________________________

What changes are you making in your plan? (E.g. What service or rate will change or support added?)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
June 2014

Explain how you can improve your services or CDCS plan to support yourself better in the community.

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Participant/legal representative signature: ______________________________________________________

Lead agency authorization: ________________________________________________________________

Date: _________________________________________________________________________________