

JAN 18th mtg.

B1 SERVICE DESCRIPTION

Consumer Directed Community Support

CDCS shall reflect the recipient's desires and are designed to build, strengthen or support the consumer. CDCS is not intended to enable consumers to function with greater independence.

CDCS may be one component of the consumer's support plan in conjunction with waiver services or MA State plan services or services (other resources) or it may include a combination of services that meet the recipient's needs at additional services. CDCS includes services, goods, adaptive equipment, technology, home modifications, as well as direct and non-direct support services. It may be similar to other waiver services or services not included in the waiver. CDCS increases flexibility in provider standards and rates.

CDCS provides a budget that is managed and directed by the consumer or their representative. The consumer and their support team, including, when appropriate, the consumer's representative, develops a service plan. Services provided under CDCS must be a cost-effective alternative compared to services that would otherwise be purchased by through the waiver program.

The service plan delineates what will be included in CDCS. Consumers, or their representative, have control over the budget by planning services, selecting vendors, verifying that the service was provided, and evaluating the provision of the service. The case manager or CDCS counselor or for managed care enrollees, the health plan may assist the consumer in this process. Recipients or their responsible party may coordinate and work with a CDCS counselor if they want assistance in managing the service. The CDCS counselor* function is defined in the provider standards. *also known as support broker

To access CDCS:

- The consumer or their representative must fully participate in designing their service plan through a person centered planning approach.
- The service must be directed by the consumer or their representative. Direction includes selecting, training, and evaluating the provider and verifying and authorizing payment for the service. The consumer or their representative may delegate these tasks to their CDCS counselor (or for managed care enrollees, to their health plan representative).
- If a consumer needs assistance in decision making an authorized representative or an individual acting in the consumers's best interest, must participate in development of the service plan.
- If the case manager or team feels that the representative is not acting in the consumer's best interest, they may contact and involve an advocate, ombudsperson, or other third party.
- The CDCS service plan must include all formal, informal, and other supports (i.e., supports provided by

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his/her

Indiv. themselves

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*Sep. access from
authoriz. for
payment*

agencies that use volunteer services) that the consumer will receive to prevent institutionalization and assure health and safety.

- The CDCS service must be specifically defined in the service plan and authorized in MMIS by the case manager before it is provided. For managed care enrollees, the health plan representative coordinates this function. MMIS authorization is not required for managed care enrollees.
- The provider must be appropriately qualified and trained.
- The provider training, licensing or other required qualifications specific to the duties that are going to be performed are included in the service plan.
- The local agency case manager reviews the rate and budget and, if appropriate, enters and approves CDCS in MMIS. For managed care enrollees, the health plan representative coordinates this function. MMIS authorization is not required for managed care enrollees.
- Consumers or their representative must verify that the service or support was provided as outlined in the plan of care prior to the provider receiving payment. (MA waiver funds may only be used to pay for services or supports rendered).

To authorize CDCS, the case manager (or for managed care enrollees, the health plan representative) must assure that the CDCS:

- supports the health and safety of the recipient;
- is necessary component of the service plan to prevent institutionalization;
- is for the primary benefit and use of the recipient;
- is reasonable and customary to address the identified need;
- is provided by a qualified individual;
- is monitored to make certain that it is provided as defined in the service plan (i.e., the amount, provider, type of service, etc.); and
- complies with the service requirements delineated in this description.

qualified

Quality Assurance:

Local agencies must:

- provide or arrange for consumer education and assistance in areas of self-determination and person centered planning;
- provide or arrange for development of the consumer's service plan through a person-centered planning process;
- have written policies and procedures in place that support consumer directed support options;
- design individual budgets with the consumer that take into account the person's preferences and needs along with the resources available;
- implement outcome-based quality assurance measures; and
- follow all prescribed policies and regulations regarding consumer's informed consent, freedom of choice, and appeal rights.

Service Requirements:

- The local agency case manager, or for managed care enrollees the health plan representative, must evaluate and determine that the provider of each CDCS service is appropriately qualified and able to safely perform the service.
- The service must not duplicate services available from liable third parties including MA State plan services, Medicare, and insurance coverage. This includes services covered under the MA State plan (e.g., mental health, transportation, dental, supplies and equipment, and medical services) and through educational or

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vocational funding. Covered means that a comparable or like service is available whether or not it is accepted by the consumer.

- MA payment is payment in full and shall not be subsidized by waiver funds. *Vary from*
- With the exception of extended State plan services, CDCS services rates may be higher or lower than waiver service rates for similar services. For managed care enrollees, the managed care organization sets the rates.
- Rates for extended State plan services may not exceed the State plan maximum rate. For managed care enrollees, the managed care organization sets the rates. *Lovaas*
- The service must be accepted practice in the professional field. Experimental medical and therapeutic treatments are not covered by CDCS. Experimental treatments are defined as those that are not approved by the Federal Drug Administration (FDA) or covered by the State plan or Medicare. For example, some vitamin and acupuncture therapies are considered experimental.
- Specialize diets may be covered only to the extent that the cost of the diet exceeds the cost of ordinary raw food. *why?*
- ~~Costs~~ Costs related to program reinforcements and community-integration activities may not exceed \$600.00 per year (the year is based on the consumer's waiver year). Expenses related to supervision, assistance, or monitoring during outings and activities is not included in this dollar limit.
- The CDCS counselor shall not have a financial interest in the services being provided to the consumer.

CADI, CAC, TBI, and MR/RC only (does not apply to EW):

CDCS services shall not be provided in an institution or a living setting adjoined to an institution or on the same property as an institution. Institution means a nursing facility, hospital, intermediate care facility, or institution for mental disease. In addition, when single family homes or multi-plex homes on adjoining properties are owned or leased by a single license holder, services provided are only reimbursable through this waiver at one of the homes. A multi-plex is considered a home for the purposes of this language. *any distance require*

The total number of individuals (including persons served on the waiver) living in the home, who are unrelated to the principal care provider, cannot exceed four except when authorized by the commissioner. The commissioner can authorize services provided in settings serving up to six individuals, living in the home who are unrelated to the principal care provider, in emergency situations when the setting is needed to avert a persons placement in a regional treatment center, nursing facility, or ICF/MR. This exception, for services delivered in a site with more than four individuals, shall not exceed 24 months.

MR/RC only

Services are considered a residential habilitation service when habilitative goals are identified in the plan and provided through the CDCS option. (Habilitation services are defined on page _____)

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CDCS counselors may provide a range of assistance. At a minimum level, the CDCS counselor may provide assistance with record keeping functions and paying employee(s). At a maximum level, the CDCS counselor may assist with recruiting, hiring, training, and evaluating staff. The level of involvement of the CDCS counselor is determined by the consumer or the consumer's representative. The role of the CDCS counselor is to support and train the consume to be as independent as possible in managing CDCS providers. ✓

Handwritten initials/signature

Vouchers may be used to pay for CDCS. The recipient or their representative may distribute funds or authorize payments to providers through voucher or checking accounts. ~~Waiver funds shall not be disbursed to vouchers or checkbook payment systems prior to the service being rendered.~~

Handwritten notes:
Third party ✓
Whole
Checking
Account

Local agencies must assure that program and fiscal records and supporting documentation are maintained that provide an audit trail clearly linking the amount, scope, type, and frequency of each CDCS service agreed to and approved in the service plan. Receipts for services and supports must correspond with the service plan and funding authorized in the MMIS service agreement or for managed care enrollees, in the written care plan. Recipient's must verify that the service was rendered prior to payment being issued.

Handwritten note: * Big Issue

For managed care enrollees, the health plan will adopt one of the above payment mechanisms or they may design an alternate payment mechanism that promotes consumers having greater control and management of their budget.

B2 Provider Qualifications

Consumer Directed Community Support Services

Provider Type: Providers are selected and hired by the recipient or their representative based on their judgment that the individual is qualified to provide the service. The provider must be appropriately trained and capable of delivering the needed service(s) as determined by the local agency case manager or for managed care enrollees, the health plan representative.

If the service would require a license, professional certification, or other credentialing under the State plan or waiver, the provider must meet that standard. If the service does not require certification or licensing, the consumer or their representative and team may determine the providers qualification standards. ✓ The specific qualifications (training, supervision, etc.) must be delineated in the consumer's service plan.

Providers must have a contract or purchase agreement with the local agency to provide the service. For managed care enrollees, the contract or purchase agreement may be with the county or with the health plan. The local agency or health plan may subcontract to purchase goods (e.g., for

needs, req, expect, preferences
rather than Desires

~~4 Sentences in AH!~~

^{Quality}
Does it meet needs, req, expect, pref

Does it strengthen in fund returns

Does it ↑ indep + incl

What is it?

drug adapted eg home modif.
Gordio A. T.

Access

P.C.P.

select / try / eval provider = Employer of Record
↳ Delegation to counselor

Indiv. with phy dis
TBE

Qualified / trained

Will everyone have a c.m.p.s.

QA

Cust. sat

Compliance score -

Fiscal QA -

Indep
Indicator > outcome

informed consent
freedom of choice
appeals rights.

- ✓ Qualifications
- ✓ Able to perform service

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*Mandatory
BCA
First Aid
CPR*

one time purchases or inexpensive items when it would not be efficient or practical to contract with the provider).

Direct Service Providers. Providers who have direct contact with the consumer must receive training regarding the Vulnerable Adult Act (for consumers 18 years of age or older) or the Maltreatment of Minors Act (for consumers under age 18). Direct contact means any in-person interaction. Depending upon the type of service provided, the provider may be a mandated reporter. Direct service providers and individuals who will have access to the consumer's personal belongings must also pass a criminal background check. The criminal background check may be waived if the recipient and the case manager agree that it is not necessary (e.g., if the provider recently passed a criminal background check for another job). Standards in Minnesota Rules parts 9543.3000 - 9543.3090 may not be waived.

State Practices

Too vague

financial

no

Reference

spell out

CDCS counselors shall, minimally, issue payment to CDCS providers based on submitted and client-approved time records and pay related employee costs. This may include FICA, FUTA, SUTA and Workers Compensation and liability insurance. In addition, the CDCS counselor may assist with recruitment, job description development, conduct criminal background checks, verify citizenship / legal alien status, assure completed necessary paperwork, provide W-2's, provide training and supervision and monitor services. The scope of the CDCS counselor's responsibilities is determined by the recipient or their representative and is defined in the care plan. Consumers and family members cannot be CDCS counselors. The service must not duplicate the functions of the local agency case manager.

*Why are you setting this up?
Counselor's
rate of pay?*

CDCS counselors must:

- be bonded. ✓
 - contract with the local county agency.
- be enrolled as a Medicaid certified provider.
 - have a written agreement with the consumer or their representative that defines the scope of their responsibilities. [redacted]
 - not have a financial interest in the services provided to the consumer.

skill/competency