

August 9, 2004

**Prepared by Minnesota Department of Human Services
Disability Services Division
For Mental Retardation/Related Condition Waiver
Consumer Directed Community Supports Recipients**

Consumer Directed Community Supports is Changing October 1, 2004

This letter comes to you to provide you information regarding changes to the CDCS service that will become effective on October 1, 2004. It is intended to answer questions that the Disability Service Division (DSD) has been asked regarding the impact of changes on recipients currently using CDCS. Please contact your case manager for further guidance regarding changes that may need to occur due to currently authorized supports and services.

What You Need To Know:

1. The individual support plans for current CDCS recipients on the MR/RC waiver must be in compliance with the new CDCS service by October 1, 2004. This may involve making changes to an individual's plan to ensure that they are in compliance with the CDCS requirements.
2. The State of Minnesota will set individual budgets for CDCS. The individual budget limit for a person using CDCS includes the costs of waiver services and State Plan home care services. Current CDCS recipients whose service authorization is above the new individual budget limits, will have up to twelve months from the date of their next annual review, or April 2006, whichever is earlier, to come in line with state set individual CDCS budget limit. However, if an individual's budget amount increases from their current budget amount, that new amount will be available to the recipient on October 1, 2004.
3. Effective October 1, 2004, recipients or their legal guardians may elect to receive support through the ability to pay parents of minor recipients or spouses of recipients for services that fall under the Personal Assistance category of service. To determine if this option is available to you, contact your case manager for the required assessment.
4. Effective October 1, 2004, CDCS services are not available to waiver recipients living in residential settings licensed by the Department of Human Services (DHS) or licensed or registered with the Minnesota Department of Health (MDH). These include

family or corporate foster care, board and lodge facilities, supported living service facilities, and housing with services/assisted living establishments.

5. CDCS services are not available to an individual if the individual or their representative have at any time been restricted by the Primary Care Utilization Review (PCUR) Committee. Individuals are part of this program if they have been found guilty of certain activities, including fraud and misuse of public funds.

6. If a CDCS recipient exits the waiver more than once during the recipient's service plan year, the recipient is ineligible for CDCS for the remainder of that service plan year. This does not preclude the individual using other waiver services for the remainder of the service plan year.

The following is a list of suggested activities CONSUMERS AND FAMILIES may want to consider performing as they prepare for the October 1, 2004 implementation date:

- Review your current CDCS plan and identify what is currently being paid for that will not be allowed under CDCS after October 1, 2004.
- Meet with your case manager to discuss options and identify other ways to get those needs met (natural supports, informal supports, other waiver services, etc.).
- Make a plan for alternative supports to replace the unallowable expenses that are currently being paid for through CDCS.
- Review changes to the CDCS services to identify if previously "unallowed supports" now allowed, may assist in meeting a different needs.

Counties must provide you a notice of appeal ten days in advance of any reduction or change in service, regardless if the change is required due to waiver language change or repealing the previous CDCS language.

Criteria for Allowable Expenses

The Purchase of goods and service must meet federal medical assistance regulations including all of the following criteria:

1. Must be required to meet the identified needs and outcomes in the individual's community support plan and assures the health, safety and welfare of the individual;
AND
2. Goods and services collectively provide a feasible alternative to an institution; **AND**

3. Be the least costly alternative that reasonably meets the individual's identified needs;
AND
4. Be for the sole benefit of the individual

If all the above criteria are met, goods and services are appropriate purchases when they are reasonably necessary to meet the following consumer outcomes:

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

Allowable Expenses

Through Consumer directed community supports (CDCS), recipients are able to describe services and supports in ways that are meaningful to them and are able to customize supports to best meet identified needs. The category definitions are intended to broadly describe each category.

CDCS promotes the ability to completely customize ones community support plan. This includes designing and purchasing supports that are unique to the recipient or choosing this approach in combination with other federally approved waiver services. If selecting other approved waiver services, the recipient and team are making the choice to purchase a service or support that must meet a number of requirements. When selecting an otherwise approved waiver service, all provisions including the service description, provider qualifications and quality assurance mechanism of the service must then be followed.

There are four general categories of services which may be billed:

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| -Personal Assistance | -Treatment and training |
| -Environmental modifications and provisions | -Self direction support activities |

Additionally, the following goods and services may also be included in the individual's budgets as long as they meet the criteria and fit into the above categories:

- Goods and services that augment State plan services or provide alternatives to waiver or state plan services
- Therapies, special diets and behavioral supports not otherwise available through the State plan that mitigate the individual's disability when prescribed by a physician who is enrolled as a Minnesota Health Care Provider (MHCP provider)
- Expenses related to the development and implementation of the community support plan
- Costs incurred to manage the individual's budget

Unallowable Expenditures

Goods and services that shall not be purchased within the individual's budget are:

- Services provided to people living in licensed foster care settings, settings licensed by DHS or Minnesota Department of Health (MDH), or registered as a housing with services establishment;
- Services covered by the State plan, medicare, or other liable third parties including education, home based schooling, and vocational services;
- Services, goods or supports provided to or benefiting persons other than the individual;
- Any fees incurred by the individual such as MHCP fees and co-pays, attorney costs or costs related to advocate agencies, with the exception of services provided as flexible case management;
- Insurance except for insurance costs related to employee coverage;
- Room and board and personal items that are not related to the disability;
- Home modifications that adds any square footage;
- Home modifications for a residence other than the primary residence of the recipient or, in the event of a minor with parents not living together, the primary residences of the parents;
- Expenses for travel, lodging, or meals related to training the individual or his/her representative or paid or unpaid caregivers;
- Services provided to or by individuals, representatives, providers or caregivers that have at any time been assigned to the Primary Care Utilization and Review Program (PCUR);
- Experimental treatments;
- Membership dues or costs;
- Vacation expenses other than the cost of direct services;
- Vehicle maintenance, does not include maintenance to; modifications related the disability;
- Tickets and related costs to attend sporting or other recreational events;
- Animals and their related costs;
- Costs related to internet access

To find other tools and information regarding Consumer Directed Community Supports (CDCS) go to our web site at: www.dhs.state.mn.us and click on Disabilities at the top of the page; then click on Disability Services on the left column; once there, CDCS can be found on the right column.

Consumer Directed Community Supports

Paying Parents of Minors and Spouses

What is Consumer Directed Community Supports (CDCS)?

Consumer Directed Community Supports is a waiver service that allows consumers, within a set budget, to customize their services with the help of friends, families, and providers, including:

- Plan their own services;
- Choose where and when their services are provided;
- Direct the employment of support workers and determine how much to pay them for their work;
- Hire family members, friends, neighbors, traditional providers, and others as support workers. (Parents and spouses may be hired to perform tasks they would not ordinarily perform or be responsible to perform under other conditions.)

What type of services can parents of minors and spouses be paid under CDCS?

Consumer Directed Community Supports (CDCS) may be used to pay parents of minor recipients or spouses of recipients for personal assistance services as defined in the federally approved waiver plan. The assistance may be hands-on or cueing. The following services are typically covered under the personal assistance category:

- Help with bathing, eating, grooming, etc.
- Respite care
- Homemaking
- Assistance to the recipient during transportation

What criteria must a service meet in order to be provided by parents or minors or spouses?

For a recipient's spouse or parent of a minor recipient to be paid under CDCS, the service or support must meet all of the following criteria. The service must:

- ☐ Meet the criteria for allowable expenses, which is outlined in the CDCS amendment.
- ☐ Be necessary to meet at least one identified dependency as assessed by the required case manager;
- ☐ Be a service/support that is specified in the individual's plan of care (community support plan);
- ☐ Be provided by a parent or spouse who meets the qualifications and training standards identified as necessary in the individual's community support plan; and
- ☐ NOT be an activity that the family would ordinarily perform or is responsible to perform.

What criteria must parents of a minor or a spouse meet to provide a service under CDCS?

For a the parent of a minor recipient or the spouse of a recipient to be paid to provide services under CDCS, the parent of a minor or spouse must:

- ☐ Be paid at a rate that does not exceed that which would otherwise be paid to a provider of a similar service and does not exceed what is allowed by DHS for the payment of personal care attendant (PCA) services;
- ☐ NOT provide more than 40 hours of services in a seven day period. For parents, 40 hours is the total amount regardless of the number of children who receive services under CDCS;
- ☐ Maintain and submit time sheets and other required documentation for hours paid;
- ☐ Be willing to participate in the enhanced monitoring requirements that are in place for recipients who choose to access this option.

Does CDCS require parents of minors and spouses to be licensed to provide the services?

Services and supports included in the personal assistance category do not require a professional license, professional certification, or other professional credentials, unless required by the recipient or their representative. However, in some cases, the service a recipients chooses to have provided through CDCS is a waiver service. When that is the case, all requirements of the service must be met including the service description, provider qualifications and quality assurance mechanisms of the service.

For more information on the CDCS service, contact your county Case Manager, public health nurse or if enrolled in MSHO or MnDHO, contact your health plan.

Flexible Case Management

August 9, 2004

With the implementation of the new Consumer-directed Community Supports (CDCS) on October 1, 2004, case management activities will change. County Case Managers currently provide all case management services to waiver recipients. Beginning on October 1, 2004, County Case Managers will provide *required* case management functions, including screening and assessing to determine eligibility, approving the Community Support Plan, evaluating whether the plan meets the recipient's health and safety, monitoring services, and other tasks outlined in Attachment B of the CDCS amendment. These activities are required and will not be paid for out of the individual's CDCS budget.

The CDCS recipient can choose to receive *flexible* case management services to provide additional services related to the development and implementation of the Community Support Plan. A CDCS recipient has options as to who provides flexible case management services. The recipient can have the county provide flexible case management services (if that county chooses to provide the service), hire someone else to provide the service, or not hire anyone to provide the service. If the CDCS recipient chooses to pay for flexible case management services, whether from the county or from someone else, they will pay for it out of their individual CDCS budget.

What is a Flexible Case Manager?

- Flexible Case Managers provide supports that go beyond what is required for the county to provide to recipients. Flexible Case Management is not a required service.
- Some activities the Flexible Case Manager may perform are:
 - Provide information about CDCS and provider options
 - Assist in developing of a person-centered community support plan
 - Assist with revisions to the community support plan
 - Assist in recruiting, screening, hiring, training, scheduling, monitoring, and paying workers
 - Locate or develop community opportunities
 - Monitor services including such things as interviews or monitoring visits with the consumer or providers
 - Provide staff training that is specific to the consumer's plan of care
 - Other activities agreed to in the Community Support Plan

What does someone need to know about being a Flexible Case Manager?

- Flexible Case Management is paid for out of the recipient's CDCS budget.
- Flexible Case Managers must not have any financial interest in the delivery of the services in the plan, other than payment for the development of the plan.
- Flexible Case Managers cannot be the Employer of Record, although they can assist with employee-related functions
- Flexible Case Managers will coordinate with the county to assure there is no duplication of services.
- When developing the recipient's plan, Flexible Case Managers must use the Community Support Plan template or a community support plan format that includes all of the information required to authorize CDCS.

How does someone become a Flexible Case Manager?

- There are requirements that must be met to be a Flexible Case Manager. Flexible Case Managers must provide the recipient or their representative with evidence that they meet the required qualifications. The following is a list of requirements to be a Flexible Case Manager:
 - At least 18 years of age
 - Successfully pass a DHS-approved training module, which includes person-centered planning approaches, the Vulnerable Adult Act and the Maltreatment of Minors Act.
 - Provide a copy of their training certificate to the recipient
 - Additional requirements requested by the recipient.