

Consumer Directed Community Supports (CDCS) Service

Frequently asked questions and answers

These questions and answers have been put together to help people understand the new Consumer Directed Community Supports Service (CDCS) and changes effective Oct. 1, 2004 for people who receive Consumer Directed Community Supports through the MR/RC Waiver.

What are new features that enhance CDCS as it becomes available across other programs?

- 1) Within a limited scope, the state will pay family members for work that families would otherwise hire someone else to do. This is meant to keep families together, by helping parents of children under age 18 years or spouses who provide care to their loved one. Parents or spouses have been forced to quit jobs in order to take care of their family member. The work they do goes far beyond what families who do not have family members with disabilities or chronic illnesses do for their children or spouse.
- 2) The state sets the budget using the CDCS formula. The state will compare information about a person with information about other persons who have similar needs and circumstances. Based on the grouping a person is in, their new budget will be set at 70 percent of the average cost. Before Oct. 1, there was a lot of variation in how counties established budgets and guidelines for use, even among people with very similar situations and needs.
- 3) There are guidelines how budget money can be used. The state wants to support people so they can stay in their communities and make choices that fit their needs. The state needs to be clear about what is and what is not an acceptable use of public money so people can be accountable about how money is spent.
- 4) There is an increase in state oversight of CDCS. Minnesota is a leader in disability services and wants to be sure CDCS achieves its purpose and is seen as good public policy. CDCS is not available in every state.

What will people now using CDCS through the MR/RC Waiver see as new restrictions?

- 1) The budget method must apply to all people who use CDCS, even those who already have a budget amount. For many people already using CDCS, their budget will change. Some people will have access to a larger budget. Some people will have a smaller budget to work with.
- 2) All goods and services purchased through CDCS will need to meet certain criteria. Some people will need to change the types of goods and services purchased.

Why not leave people above the new budget amounts alone and grandfather them into the program at current amounts?

- 1) DHS has not been given more money to make CDCS available to more people, so CDCS needed to be a budget-neutral plan.
- 2) DHS needed to leave enough room in county waiver budgets so counties can meet the needs of other people who do not use CDCS.
- 3) Keeping current MR/RC Waiver CDCS budgets above state set levels for some would not leave enough funds to increase budgets for people on the MR/RC Waiver who get fewer services.
- 4) The federal government requires the state to apply the same budget approach to all people who use CDCS. While CMS might allow some flexibility to phase people's budgets down, it will not allow the state to give more money to some people than others indefinitely.

What will happen to people now using CDCS through the MR/RC Waiver who get less money Oct. 1?

- 1) The person will be notified about the change. Notice of Action, DHS Form 2828 is used by counties to notify a person of changes to waiver services.
- 2) The person may accept the new budget amount provided or choose to stop CDCS.
- 3) If the person accepts the new budget, they will have one year from the date on which their annual plan is renewed or April 2006, whichever is earlier, to bring costs within new budget limits.
- 4) If the person stops CDCS, there are other services available through each of the waivers that may meet their needs.

If people can choose other services, some of which will cost the same as they get now, why make them switch?

CDCS is only one of a broad array of community-based services. As a public policy for Minnesota, CDCS is untested outside of a very small group of people in Minnesota. In order to manage the budget for this broader array of community-based services, DHS has to consider what is **required** to provide and what it can provide as an **optional** service.

As services are managed, DHS keeps in mind the health, safety and welfare of the people it serves. CDCS, at least now, is an **optional** service that DHS is **not** required to offer. If CDCS proves to be a better way to balance the need of consumers with available funds, then DHS can go back and make changes to shortcomings we see.

What will happen to the person now getting a larger amount per day when the changes goes into effect?

- 1) The person will be notified about the change.
- 2) The person will have the option of accepting the new budget amount provided or can decide to drop CDCS and choose from 21 other services offered by the MR/RC Waiver.
- 3) If the person elects to stay on CDCS, the person will have one year from the date on which their annual plan is renewed to bring costs to within the new budget limits.

What kind of services will be available to the person if they choose to drop CDCS?

A full range of residential and in-home supports is available on the MR/RC Waiver including:

- Case management
- Day services
- Environmental modifications
- Personal care/assistance
- Supported work services
- Respite care
- Many other services

The big difference for the consumer is that the contracts for services **must** be negotiated and go through the county. Contracts for services must be with providers that have been authorized by the county to provide the service.

The cost for the services, if the person is **not** using CDCS, is negotiated and controlled by the county and their contracts with providers. The person with a larger per-day budget may continue at that level, **but** if he/she does, it will be under the control and oversight of the county.