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DRAFT * 12/21/01

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B1 SERVICE DESCRIPTION

Consumer Directed Community Supports (CDCS)

CDCS shall reflect the recipient's desires and preferences to the greatest extent possible. They are designed to build, strengthen or maintain informal networks of community support for the consumer. CDCS is not intended to supplant existing informal supports. The service enables consumers to function with greater independence and inclusion in their communities.

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.

CDCS may be one component of the consumer's service plan (i.e., it may be used in conjunction with waiver services or MA State plan services or services provided through other resources) or it may include a combination of services that meet the recipient's needs without additional services. CDCS includes services, goods, adaptive equipment, assistive technology, home modifications, as well as direct and non-direct support services. CDCS may be similar to other waiver services or services not included in the waiver. CDCS increases flexibility in provider standards and rates.

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, CDCS counselor or for managed care enrollees, the health plan representative may assist the consumer in this process. Consumers or their representatives may coordinate and work with a CDCS counselor if they want assistance in managing the service. The CDCS counselors functions are defined in the Appendix B2, *Provider Standards*.

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 must include all formal, informal, and other supports (e.g., supports provided by agencies or community organizations using volunteers) that the consumer will receive to prevent institutionalization and assure health and safety.
- * The 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 preformed 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.

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 available resources;
- * 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. how?
- * 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 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.
- * 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.
- * 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.
- * 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.

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 ____ of this Appendix).

Managed Care Enrollees in MnDHO / MSHO only

The health plan representative (usually the care coordinator) is responsible for the case management functions and establishing a payment methodology. This includes working with the consumer to establish a budget. Consumers or their representative have the right to select and work with providers in their health plan's network. To use an out of network provider, consumers must follow procedures delineated in the health plan's *Certificate of Coverage*.

Services and items excluded from CDCS:

- * Acute care services (e.g., surgical procedures, cosmetic procedures, etc.)
- * Services covered by the State plan, Medicare, or other liable third parties (e.g., dental procedures, medical supplies and equipment, etc.).
- * Costs related to basic needs (e.g., food, clothing, shelter).
- * Cost related convenience or comfort (e.g., televisions) that are not related to the disability or frailty.
- * Services that are provided or arranged for by a registered housing with services establishment. (Recipients may live in a registered housing with services and receive CDCS services when the

service is planned, arranged for, and provided by an entity other than the housing with services provider).

* Services provided by a spouse or parent of a minor child or an individual who is otherwise legally obligated to provide the service.

* Services that are inconsistent with the goals of the CDCS service description.

Budgets:

For consumers who are not enrolled in managed care, the budget is established by the local agency. For CADI, CAC, TBI, MR/RC, the person's assessed needs, service history (if available), individual goals, customary costs, and available resources are considered. For EW, the individual case mix classification is used to set the maximum budget amount. For managed care enrollees, the health plan establishes the budget.

Payment Mechanisms:

For consumers who are not managed care enrollees, payment for CDCS may be made through MMIS. However, local agencies must also offer at least one of the following payment options to promote consumers having greater control and management of their budget. Local agencies must notify all recipients or their representative of the alternative payment option(s). The options include payment through a CDCS counselor or voucher system.

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). 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 consumer to be as independent as possible in managing the CDCS services they receive.

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.

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. Consumer's must verify that the service was rendered prior to payment being issued.

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, by the health plan representative.

If the service or comparable 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 (e.g., to purchase one time 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 over age 18) 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 consumers personal belongings must also pass a criminal background check. For programs and services licensed by DHS the standards in Minnesota Statutes 245A.04, must be followed. For programs and services that are not licensed by DHS, the CDCS employer is responsible for completing the background check following the standards in Minnesota Statutes 245A.04.

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. The CDCS counselor may also assist with recruiting staff, completing job descriptions, conducting background checks, verifying citizenship or legal alien status, assuring that necessary paperwork is completed, providing W-2's, providing training and supervision, and monitoring 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 responsibilities must not duplicate the functions of the local agency case manager. why?

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.

* not have a financial interest in the services provided to the consumer.

M. Long

CDCS amendment.wpd

Combination of documents from CSMD, CCE, and IPD

Revised 11/16/01. Updated 11/26/01

updated 11/28/01 to include some of the feedback from stakeholders.

Updated 12/05/01 to include revisions from CSMD.

Updated 12/19/01 to incorporate FR edits and change FI/FA to CDCS counselor.

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Appendix B1, Attachment C

d Community Support Service allowable expenditures	
<p>The Purchase of goods and services must meet the following criteria:</p> <ol style="list-style-type: none"> 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 <p>If all the above criteria are met, goods and services are appropriate purchases when they are reasonably necessary to meet the following consumer outcomes:</p> <ul style="list-style-type: none"> • 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 Expenditures	Unallowable expenditures
<p>Consumer directed community supports (CDCS) may include traditional goods and services provided by the waiver as well as alternatives that support recipients. There are four general categories of services which may be billed:</p> <ul style="list-style-type: none"> • Personal Assistance • Treatment and training • Environmental modifications and provisions • Self direction support activities <p>Additionally, the following goods and services that may also be included in the individual's budgets include as long as they meet the criteria and fit into the above categories:</p> <ul style="list-style-type: none"> • 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 MHCP provider • Expenses related to the development and implementation of the community support plan • Costs incurred to manage the individual's budget <p><u>CDCS</u></p>	<p>Goods and services that shall not be purchased within the individual's budget are:</p> <ul style="list-style-type: none"> • Services provided to people living in licensed foster care settings, settings licensed by DHS or 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 • 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; • Pets and their related costs; • Costs related to internet access.