**Consumer Directed Community Support (CDCS)** should be discussed and offered to all eligible members. The flexibility built into CDCS allows members to tailor services and supports to their unique needs. The member gets to choose how Health and Safety needs are met within the guidelines of the CDCS service/EW program. All budgeted goods and services must be person focused, include outcomes, be fiscally responsible, and address the health, safety, and developmental needs of the individual. Approval of a plan is dependent upon these principles being addressed and thoroughly explained in the CDCS Annual Community Support Plan*.*

|  |
| --- |
| **CDCS Eligibility:** |
| **Confirm Member is Eligible for CDCS:**  Confirm Medical Assistance is active.  Confirm member is opened to the Elderly Waiver-verify in MMIS.  Confirm member does not reside in at a Customized Living, Foster Home, TCU/SNF.  Member is not currently on the Minnesota Restricted recipient Program, MRRP (Meaning they were convicted of MA fraud) check RPCR screen in MMIS.  Member with an active adult protection case, Care Coordinator should consult with direct supervisor to ensure CDCS is healthy/safe option. |
| **Members who may benefit from CDCS:** |
| **Talking Points:**   * Spouse who is primary caregiver that wants/could be paid.   *Note: This is considered income and 1 ADL dependency needed.* [*Paying a spouse for personal assistance information*](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-293640)   * Using adult children/grandchildren/nieces and nephews for formal PCA, Homemaking, respite or ICLS staff.   *Note: CDCS staff could be paid more and make job description to fit needs (more encompassing).*   * Want to be creative with transportation (Uber as one example) based on assessed needs. * Want to order supplies and equipment directly (Amazon as example).   *Note: Members need approval from Care Coordinator via CDCS CSP or addendum before purchasing. Purchase price needs to be amount approved or less.*   * Requesting items/services such as Music Therapy which is typically not a covered EW service. * Want to use a company not enrolled by DHS such as Merry Maids for Homemaking. Want to hire a local snow/lawn company or neighbor for chore services based on assessed needs. |
| **CDCS Reminders/Tips:** |
| * CDCS is a service option through the Elderly Waiver. * CDCS funds can be used flexibly. * CDCS ideally starts on the first of the month for calculation purposes, or it will need be prorated. * CDCS (like all EW services) is payer of last resort meaning if covered by Medicare, Medical Assistance or MSHO Supplements those needs to be used first and not approved through CDCS. * CDCS services authorized need to address assessed needs. * All services, supplies/equipment and EAA **MUST** come from and fit within CDCS budget. This includes FMS fees and Support Planner fees if applicable.   *Note: If member indicates CDCS budget does not meet needs, only exception to increase CDCS budget is through conversion or enhanced budget.*   * BCBS does not authorize the max CDCS Limit in Bridgeview. Care Coordinator should only authorize what is requested and approved, which may be less than case mix limit amount. This is to prevent service(s)/item(s) not approved to be paid out by Financial Management services (FMS) * Hospitalizations/TCU’s are treated the same as all EW services. (Meaning no CDCS services covered while in hospital. Would close waiver if applicable.) * CDCS does not cover certain items such as rent, car payments, co-pays, OTC medication, gas, food, or airfare as a few examples. Items and dollar amounts need to be approved before purchase. They could spend less but not more for an approved item. For more information see [CDCS-Allowable and unallowable goods and services.](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=cdcs_03) * Per DHS Paid Spouse max rate as of, 1/1/2024 is $22.74/hour for 1:1 services (PCA rate of $23.80/hour minus PTO benefits) Minimum is $19/hour. Job description needs to be included and should not mention nursing duties (cannot be paid for GJ tube feeding and Medication administration) Job Schedule should match budgeted hours. Can only start being paid once hired by FMS and approved in CDCS CSP (**cannot be backdated**). 60hrs a week max, overtime rules would apply if more then 40hrs a week requested. * CDCS staff hourly rate minimum $19/hour up to $23.80/hour. Anything above requires additional justification and approval by CC and/or supervisor. Examples would be experience, degree, etc. Anything over $27.00/hour is not seen as reasonable/customary. Job description needs to be included and should not mention nursing duties (cannot be paid for GJ tube feedings and Medication administration) Job Schedule should match budgeted hours. Can only start being paid once hired by FMS and approved in CDCS CSP (**cannot be backdated**). Anything above 40hrs overtime rules would apply. * CDCS Enhanced rate- if member is eligible for 10 or more hours of PCA a day they may be eligible for a 7.5% CDCS budget enhancement. Please review and follow process accordingly with the [CDCS-Enhanced budget process](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-309958) and [6633B](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6633B-ENG-pform). Please contact your Partner Relations Consultant regarding process of submission of 6633B. * Requested/approved item needs to be cost effective. Example requesting $500 for a blender is not cost effective. * CDCS cannot pay for warranties. * Paid Spouse cannot be approved for mileage. When milage is approved for any CDCS staff other than spouse, it should not be approved for more than the state set limit per mile. * Approved CDCS community support plans must be signed and dated prior to the start of services. This includes documentation that CC reviewed health, safety, and emergency plans, including services and budget. * *C*ertified Support Planners are the only ones eligible to be paid by CDCS to write a CDCS CSP. * [CDCS Alternative Treatment Form for MHCP-Enrolled Physicians DHS-5788](https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5788-ENG)   + If a requested behavioral support, special diet, or therapy is outside the scope of Medical Assistance State Plan or other waiver services, a member must ask MHCP-enrolled physician to complete this form before CDCS may be used to fund the alternative treatment. * Customary Amounts:   + Unlicensed Respite $19/hour minimum any rate between $23.80-$27.00/hour requires justification. Anything above $27.00/hour note seen as reasonable/customary.   + Homemaking from unlicensed vendor customary amount is $3900 a year if requesting more should provide justification as to why.   + If an EW licensed service/vendor is being used member **MUST** follow approved rates set by [DHS using LTSS Rate Limits 3945](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG)  Example using a formal Adult Day vendor the 15-minute amount would need to be used. The vendor would need to work with FMS regarding billing/payment. Please use the CDCS Formal Vendor Notice to communicate with vendor what was approved in CDCS CSP regarding rate and frequency.   + Bonuses to worker(s) need to purposeful and have some type of criteria attached to them describing frequency and type. This description would include what worker must do to be awarded bonus (i.e., length of service, performance, picking up extra shifts, etc.). Best practice is the bonus should be incorporated into a members plan versus addendum or at the end of the plan year. A customary/reasonable amount would be 1k or less. Paid Spouse bonus is not common/customary and if requested PR consultant should be contacted.   + Customary amount for a Support Planner is $750 per span year. |
| **Member wants to start/proceed with CDCS**: |
| Prior to hiring a support planner and choosing an FMS provider, participant/managing party must have a firm understanding of CDCS. CC must provide DHS [CDCS training](https://pathlore.dhs.mn.gov/courseware/DisabilityServices/3-DirectAccess/CDCSparticipant/story_html5.html) to member.  *Care Coordinator should document this training was provided/sent.*  **Provide Member with the following:**  [List of DHS enrolled FMS provider information](https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/fms.jsp)  *Member must select FMS (required). CDCS staff and Paid Spouse cannot be paid until hired by FMS and this can take time to complete with hiring process and background checks. Approval of CDCS CSP needed as well for start date.*  Contact information on DHS Certified Support Planners  *Note: Support Planners are not required, but strongly recommended at least for the first year.*  If assessment was completed in R-MnCHOICES, CC must provide R-MnCHOICES assessment summary to member.  *Note: This should be documented in case notes*  If member gives permission provide the Support Planner with either the full Support Plan or Collaborative Care Plan.  CDCS budget amount ([based on EW Case Mix](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG))  Inform member the initial budget/plan will be prorated, unless already open to EW and transitioning from licensed services to CDCS upon renewal (start of waiver span).  *Note: CDCS ideally starts on the 1st of a month for calculation purposes. [CDCS-Prorating budgets for EW.](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-296747)*  ***What Care* Coordinator must do if member wants to proceed with starting CDCS:**  Confirm on Screen Document/MMIS CDCS is checked Yes.  CC marks Yes to CDCS in Bridgeview.  If formal MA/EW services in place and member is not requesting formal services in CDCS CSP, notify service provider(s) if applicable, that services will be ending and proceed with DTR, as necessary.  *Note: If member will be using a formal vendor already in place no DTR needed if hours remain the same. You would need to end the authorization in Bridgeview. complete the* CDCS Formal Vendor Notice *so vendor aware of approved amount/frequency.*  **Obtain/review the following from member/managing party or Support Planner:**  CDCS CSP (review correct budget listed, span, and completely/accurately filled out)  Confirm requested CDCS services/items are reasonable and customary and requested amounts are accurate.  If formal licensed vendor chosen (I.e., Enrolled ICLS vendor) CC confirmed requested amount/rate reflects in the correct rate as listed in [DHS LSS Rate Limits 3945](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG)  CDCS staff and Paid Spouse Job Description/Job schedule if applicable. Not needed for formal providers.  Review Health and Safety Plan ensuring needs being met.  CC to review and either approve CDCS CSP or deny/pend requested services/items accordingly.  CC to note on the CDCS CSP by each requested item/service: Approve, Pended, or Denied.  If anything is pended note on CDCS CSP what is needed for approval.  If denying anything requested, follow [CDCS-DTR-Guide](https://carecoordination.bluecrossmn.com/care-coordination/) and [Request-for-DTR](https://carecoordination.bluecrossmn.com/care-coordination/)  CDCS Participation Agreement form signed by member or Responsible Party.  *Note: If member or Responsible Party did not sign, CC should not sign/approve anything until done/obtained. Make sure appropriate boxes checked. CC then should also sign.*  CC must send a copy of CDCS CSP decision and CDCS Participation Agreement to Member, Support Planner, if applicable and FMS.  *Note: CC should document in case notes date this was completed.*  CC to keep a copy of plan, supporting documentation and CDCS Participation Agreement form (completely signed) in records/file.  *Note: See Addendum section regarding any changes member would potentially like to make for denied, pended, or unallocated funds, or changes during span year.*  Enter Service Agreement(s) in Bridgeview[. See Bridgeview CC User Guide](https://carecoordination.bluecrossmn.com/bridgeview/) for details about entering Service agreements for CDCS and if applicable, [State Plan Home Care services](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=cdcs_0301).  *Note: If member will be using a formal vendor already in place no DTR needed if hours remain the same. You would need to end the authorization in Bridgeview (will now be paid through T2028). Complete the* CDCS Formal Vendor Notice  *so vendor aware of approved amount/frequency.*  **Ongoing/Additional CC responsibilities through span:**  CC to work with FMS regarding access to spending summaries portal.  The first-year member is on CDCS or has Paid Spouse, CC needs to review FMS spending summary minimally before 3rd, 6th, and 12th.  *Note this is per* [*CDCS-Required case management*](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_048208)  CC should document in case notes they have reviewed FMS spending summaries.  CC completes all required EW documentation/visits.  **This is in addition to doing what is required for every EW member.** |
| **CDCS Reassessment:** |
| **Care Coordinator to Schedule Reassessment meeting:**  Schedule and complete LTCC tool or R-MnCHOICES assessment timely to allow the member the required 30-days to complete and submit required CDCS CSP.  *Note: This is to ensure enough time for CDCS plan to be written, submitted, and reviewed prior to start of span. CDCS cannot start until plan is signed and approved by Care Coordinator-backdating is not allowed. Make sure member is aware they need to work on CDCS CSP with Support Planner as applicable.*  Provide member (Support Planner if applicable) with CDCS budget for new span based on reassessment case mix.  *Note: If case mix change and causes a lower CDCS budget proceed with DTR.*  Copy of the R-MnCHOICES assessment summary if completed in R-MnCHOICES provided to member.  *Note: This should be documented in case notes*  If member gives permission provide the Support Planner the R-MnCHOICES assessment summary.  If member continues to be open Medical Assistance and eligible for EW, CC ensures CDCS is checked Yes On-Screen Document and entered in MMIS.  CC will mark Yes to CDCS in Bridgeview.  **Care Coordinator obtains the following from Member and/or Support Planner:**  *Note: CDCS CSPs that are turned in after the last day of the month may result in a gap of services. Meaning CDCS cannot be backdated.*  CC reviews CDCS CSP (confirm correct budget listed, span, and completely/accurately filled out).  Confirm requested CDCS services/items are reasonable and customary and requested amounts are accurate for staffing and Paid Spouse.  *Note: If formal PCA is requested a PCA assessment is required, which should be completed at annual reassessment meeting*  If formal licensed vendor chosen (I.e., Enrolled ICLS vendor) CC confirmed requested amount/rate reflects in the correct rate as listed in [DHS LSS Rate Limits 3945](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG)  Informed formal vendor they will need to bill and work with FMS; they do not get authorization in Bridgeview. Completed the CDCS Formal Vendor Notice  CC to note on the CDCS CSP by each requested item/service: Approve, Pended, or Denied.  If anything is pended note on CDCS CSP what is needed for approval.  If denying anything requested, follow [CDCS-DTR-Guide](https://carecoordination.bluecrossmn.com/care-coordination/) and [Request-for-DTR](https://carecoordination.bluecrossmn.com/care-coordination/)  Review copy of Health and Safety Plan ensuring needs being met.  Review Paid Spouse and CDCS staff job description AND work scheduled if applicable.  CDCS Participation Agreement form signed by member or Responsible Party.  *Note: If this is not signed by member or Responsible Party CC should not sign/approve anything until done. Make sure appropriate boxes checked. CC should also sign.*  CC must send a copy of CDCS CSP decision and signed CDCS Participation Agreement form to Member, Support Planner, if applicable and FMS.  *Note: CC should document in case notes date this was completed.*  CC to keep a copy of plan, supporting documentation and CDCS Participation Agreement form (completely signed) in records/file.  *Note: See Addendum section regarding any changes member would potentially like to make for denied, pended, or unallocated funds, or changes during span year.*  Enter Service Agreement(s) in Bridgeview[. See Bridgeview CC User Guide](https://carecoordination.bluecrossmn.com/bridgeview/) for details about entering Service agreements for CDCS and if applicable, [State Plan Home Care services](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=cdcs_0301).  **Ongoing/Additional CC responsibilities through span:**  CC should review FMS spending summary semiannually at minimum and prior to changes.  *Note: This should be documented in case notes.*  If Paid Spouse in place FMS spending summaries should be monitored at least quarterly per [CDCS-Required case management](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_048208) and documented in case notes.  **This is in addition to doing what is required for every EW member.** |
| **CDCS Responsibilities:** |
| **Member Responsibilities:**   * CDCS is consumer directed. This means member and/or managing party should be expected to manage CDCS on their own.   + [CDCS process and process and procedure](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=cdcs_02)     - Initial responsibilities of the person.     - Plan implementation and ongoing oversight.   **FMS Responsibilities (Cannot provide both Support Planner services and FMS services):**  [CDCS process and procedures](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=cdcs_02)   * FMS will assist member with employer-related, initiates background studies. * Member and FMS provider sign an agreement that identifies the FMS providers’ cost and roles and responsibilities to the FMS provider, the person and support workers. * Bill MCO, provide monthly pending summaries to the member, provider, and send quarterly spending summaries to lead agency, provide monthly reports when over or under spending is occurring, review and process invoices for approved expenses, review, and process support workers’ timesheets.   + [Financial management services (FMS providers)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-307069)     - Overview     - Standards and qualifications Responsibilities     - Documentation and reporting requirements     - Rates     - Service limitations   + [Financial management services documentation and reporting](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-307070)   **Support Planner Responsibilities: (optional and included in the member’s budget. When selected, support planning services are provided by certified CDCS support planners)**   * CDCS Support Planning services include tasks outlined in the written works agreement between the support planner and the member. CC should confirm Support Planner certificate is still valid.   + Tasks could include but are not limited to submitting the CSP for approval, modifying CSP as needed, include revisions and addendums, develop CSP based on assessed needs as identified in assessment, provide information about CDCS and provider options. For more information about support planner’s:     - [CDCS Support Planning Services](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-312049)     - [CDCS support planners](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-312050)     - [CDCS support planner service standards](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-312051) |
| **Addendum:** |
| **What is an Addendum:**   * When member wants a revision in the plan during the service plan year an addendum is needed. * Addendums cannot be accepted/approved within 30 days of the end of the plan year, unless for health and safety reasons. * Addendum Examples: Correcting FMS fees, increasing wages/hours, adding, or increasing/decreasing services/items. * Lead Agency has 30-days to review addendum/revision, but it will be process/approved ASAP. * Addendum decisions (Approved, pended, denied) should be communicated with member, FMS, and Support Planner if applicable (and case noted). A copy of the addendum should be saved in member file/records. If something via addendum is denied, follow [CDCS-DTR -Guide](https://carecoordination.bluecrossmn.com/care-coordination/).   **Technical Assistance:** |
| According to CBSM, reasons for Technical Assistance may include but are not limited to: Purchasing items not approved in CSP, repeatedly returning items purchased, unapproved overtime, unapproved overlapping hours, submitting timecards when hospitalized, not turning in timesheets by deadline, pre-signing time sheets, submitting unreasonable number of changes/addendums for the plan year, Not following CDCS CSP, notices from FMS of either over or under spending*.*   * Case Manager provides training/Technical Assistance. * If needed Care Coordinator completes the Notice of Technical assistance, make sure that all necessary information is included. * If 4th Notice of Technical Assistance in one plan year, the member will be immediately discharged.   **CC must request a CDCS Technical Assistance Member Letter from your Partner Relations Consultant** |
| **Ending CDCS:** |
| **Voluntary:**  *Note: A member can exit and go back on CDCS only once during a plan/span year.*  Proceed with getting licensed services or MA Homecare services in place as needed.  Send DTR (following DTR process) informing the member of the termination of CDCS.  Inform the FMS, Support Planner if applicable, and any other licensed service providers within the CDCS Plan that CDCS is ending.  Member/FMS must inform unlicensed staff, etc. that CDCS is ending.  Update Collaborative Care Plan or the Support Plan-MCO MnCHOICES assessment and service authorization in Bridgeview.  Update Screen Document and Bridgeview to reflect member is no longer utilizing CDCS.  [**Involuntary**](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_048203) **(4th technical assistance and/or immediate exit)**  *Note:**Health safety concerns, maltreatment of member, purchases, or practices not allowable in CDCS, Suspected fraud or misuse of funds by members for immediate exit.*  CC consults with direct supervisor to determine if the member should be involuntarily exited from CDCS.  If it is determined that member should be involuntarily exited from CDCS the Care Coordinator will send and follow DTR process, informing the member of return to other waiver services and/or MA state plan home care services.  Care Coordinators will assist member with accessing other waiver and/or state plan home care services.  If health, safety, or abuse concerns CC will proceed accordingly with making mandated reports.  Inform FMS, Support Planner if applicable and any other licensed services providers within the CDCS plan that CDCS is ending.  Member/FMS to inform unlicensed staff that CDCS is ending.  Update Collaborative Care Plan or the Support Plan-MCO MnCHOICES assessment and service authorization in Bridgeview.  In an event of an appeal, CDCS services are not available to the person during an appeal when the involuntary exit criteria are met. The ability to discontinue CDCS service due to an involuntary exit, pending appeal, is unique to this service and differs from other waiver services that require services to stay intact pending an appeal hearing.  Update Screen Document and Bridgeview to reflect member is no longer utilizing CDCS.  **Death/no longer eligible for EW:**  Follow normal processes/guidelines.  Inform FMS and Support Planner if applicable. |
| **CDCS Transfers:** |
| **CDCS new member transfer to Blue Plus from another MCO or county:**  **Obtain/Request/Review (put in file/records):**  Current approved CDCS CSP and signed CDCS Participation agreement signature page.  Addendums if applicable.  Review and confirm what is currently approved, pended or denied.  *Note: If something is approved that should not be please consult with supervisor.*  Current CDCS and Paid Spouse Work schedule and job description if applicable.  Current Health and Safey plan.  Authorize [Service Agreement in Bridgeview](https://carecoordination.bluecrossmn.com/bridgeview/).  If member has over used portions of their SA or service limit previously authorized, CC must adjust and only authorize SA for remaining available services/funds.  If member has unused services/funds prior to enrollment with Blue Plus and funds need to be added to the service agreement, contact your Partner Relations Consultant for further instructions. This must be confirmed by the provider (i.e., FMS or PCA Provider, etc.).  *Note: This would not be appliable for a Blue Plus to Blue Plus delegate transfer or product change.*  CC will inform Support Planner if applicable and FMS of CC contact information and work with FMS to get set up with portal to access spending summaries.  **CDCS Transfer to another MCO (NOT a transfer to another delegate within Blue Plus):**  Transfer case based on guidelines/protocol.  Send current CDCS Community Support Plan, work/job schedule if applicable, signed.  CDCS Participation Agreement form and Health and Safety plan to new MCO.  Contact the FMS for final budget amount and update the [Service Agreement in Bridgeview](https://carecoordination.bluecrossmn.com/bridgeview/). (i.e., If member approved CDCS budget is 40k and used 30k while still a BCBS member, CC must update the auth to reflect actual money spent in BV upon leaving Blue Cross to prevent further billing by the provider).  Confirm FMS and Support Planner/formal vendors (if applicable) are aware of transfer. |
| **CDCS Resources:** |
| * [CDCS Community Support Plan (DHS 6532)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6532-ENG-pform) * [CDCS Shared Services Agreement (DHS 6633D)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6633D-ENG-pform) * [CDCS Lead Agency Operations Manual (DHS 4270](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4270-ENG)) * [CDCS and home care nursing frequently asked questions](https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/cdcs-nursing.jsp) * [DHS-Consumer directed community Supports public webpage](https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/cdcs.jsp) * [CDCS Consumer Handbook](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4317-ENG) (4317) * [CDCS Brochure](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4124-ENG) (DHS 4124) * [Guidelines for special diets](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-312257) * [DSD online training-DS400 Consumer Directed Community Supports (CDCS)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_139623) * [Monitoring technology usage](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_180346)   + [A Participant consent for Use of Monitoring Technology (DHS 6789B)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6789B-ENG)   + [Affected Participant Consent for Monitoring Technology (DHS 6789C)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6789C-ENG) |
| **CDCS Categories, T2028, Authorization:** |
| * **Environmental Modifications and provisions T2028 U4**   + Home Modifications, Vehicle modifications, assistive technology, monitoring technology, transportation, environmental supports, supplies and equipment, special diets, adaptive clothing, home delivered meals.   *Note: Waiver funds do not pay for food items themselves, covers are limited to the extra cost of additional or specialized foods.*   * **Personal Assistance T2028 U1**   + Caregiver relief, companionship, help with ADL’s, Help with IADLs, mobility and transfer support, skill building. * **Self-direction support activities T2029 U3**   + Costs needed to manage budget, employer shared benefits, bonuses to worker, CDCS Support Planning services, costs for worker recruitment.   *Noe: Annual fees or subscription costs for worker recruitment such as advertising or matching services is not covered. This must be per job posting/per ad or an expense monthly basis.*   * **Treatment and training T2028 U2**   + Day Services/programs, ILS/ICLS, Support Employment, family counseling, training, and education to paid or unpaid caregivers. Therapies, special diets, and behavioral supports not available through MA.   *Note: The “U” modifiers are used by the FMS providers when submitting claims and when Care Coordinators submit request for DTR’s. The U modifier would be used by Care Coordinators for DTRS only.*   * **Required CDCS Case Management (T2041) Separate** line and does not count towards member CDCS budget. * **Background studies (T2029)** Separate line and does not count towards member CDCS budget. |