

CONSUMER DIRECTED COMMUNITY SUPPORTS (CDCS) AUDIT PROTOCOL



Goal: To ensure that Blue Plus CDCS audits are conducted in a consistent manner, from Delegate to Delegate and year to year, in accordance with Blue Plus policies, and contractual agreements.

Description: The Audit Protocol is presented in matrix format, first presenting outcomes related to assessment and enrollment/disenrollment and then followed by outcomes related to care planning. The method and acceptable evidence for determining outcome achievement is described for each desired outcome and the criteria for achieving a “met” or “not met”.

Sampling: The Delegate Audit will include SecureBlue MSHO and Blue Advantage MSC+ members on Elderly Waiver. The CDCS audit will be conducted on EW files listed on the EW audit sampling. Files, where Members selected CDCS, will be audited using this audit protocol. This will be done for educational purposes only.

Sources of Evidence: Sources may include the following:

- DHS 6532 CDCS Community Support Plan or other support plan provided by member or support planner.
- If formal PCA, DHS 3428D PCA Assessment and Service Plan Summary; page 9.
- DHS 6633A CDCS Community Support Plan Addendum for increase in budgets if applicable for 1/1/2024.
- DHS 6633B, if applicable for Conversions or enhanced CDCS budgets.
- Case notes and if applicable, may need additional case notes for assessments done in early/late in the audit date span (i.e., 11/1/22 – 1/31/24)
- [DHS - Allowable and unallowable goods and services under CDCS](#)
- [DHS - Paying a spouse for personal assistance](#)
- [DHS - Purchasing home care services under CDCS](#)
- [DHS - CDCS Required Case Management](#)
- DHS 3945 Legislative Rates for 2023 saved here: S:\PMAP\Partner Relations\Care Coordination Audit\Tools\CDCS Tools

Reporting: Educational only. Results will be shared with individual Delegates in a separate audit results letter.

Other Background Information:

Updated 2-2023

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

DHS High Performer status for Elderly Waiver (EW) and Community Well (CW): Per the MSHO/MS+ contract, the health plans and DHS developed a method to identify delegates with consistently high performance at review and a process that allows these identified delegates to be reviewed on a schedule other than annually. This process continues to meet state and federal requirements for review of care plans and the purpose of the review. Health plans report delegates who meet the criteria in the annual Delegate Review Report

Methodology for meeting the DHS criteria for High Performer status for EW and CW is obtain by attaining no audit action plan (AAP) in care plan audits taking place for two consecutive years. As a DHS High Performer, Delegate would be audited every other year if they maintain a no AAP status and meet the criteria listed in the attestation.

Blue Plus allows that if a Delegate qualifies for DHS High Performer for EW and CW using this methodology and has no AAP for the CDCS audit, the same methodology will be used for the CDCS audit cycle.

If the Delegate has several errors for the CDCS audit, they will remain a High Performer for EW and CW however will be audited for CDCS the next year.

	Desired Outcome	Method for measuring outcome achievement
1.	The correct DHS 6532 form or equivalent must be used.	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> DHS 6532 or other support plan provided by member or support planner was used. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> The above criteria was not met.
2.	CDCS budget cap is correct per member's assessed case mix on both DHS 6532 and Bridgeview	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> Case mix in Bridgeview matches the dollar amount as shown on top of DHS 6532. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> Case mix in Bridgeview does not match the dollar amount as shown on top of DHS 6532. Dollar amount is missing from DHS 6532.
3.	The 6532 CSP completed and approved prior to the start of the service agreement in Bridgeview for T2028	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> Date of CC signature on DHS 6532 Lead Agency Representative/Care Manager field is on or after the Service Agreement for T2028 start date. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> No signature.

	Desired Outcome	Method for measuring outcome achievement
		<ul style="list-style-type: none"> T2028 Service Agreement start date is prior to CC signature date.
4.	<p>Plan must include description, the frequency and duration of service, the price for that good or service, and who will provide the service or support.</p>	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> The following section(s) must be completed with a minimum of one goal if member is requesting those services. NOTE: OK if these sections are blank if member is not requesting those services. <ul style="list-style-type: none"> Section A must be completed if member requesting CDCS staff; respite; and/or paid spouse and include at least one goal. Section B Supplies and Equipment. Must be completed if member requesting these services and include at least one goal. C mileage, must be completed if member requesting and include at least one goal. (i.e., UBER, special diets, assistive technology, home vehicle mods, etc. OK if blank if not requested. Section D is required and at a minimum must list the FMS fees; payroll expense if applicable. May include support planner. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> Member was requesting the above services and the applicable section(s) were left blank or had no goal attached. Section D was not complete
5.	<p>Plan's goods and services are allowable under the DHS criteria. (see link above for CDCS allowable and unallowable goods and services expenditure guide)</p>	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> Sections A – D list appropriate goods and services <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> Sections A – D show odd items such as plane tickets, OTCs, rent, car payment, etc.
6.	<p>Monitoring Section of the DHS 6532: Plan includes outline of plan to monitor health and safety in addition to the Care Coordinator. Plan includes outline of plan to monitor expenditures in addition to the Care Coordinator (minimum of one and can be the member). At least one checkbox at bottom of this section must be checked.</p>	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> Monitoring Section of the DHS 6532 includes the outline of a plan to monitor health and safety in addition to the Care Coordinators' monitoring. And Monitoring Section includes an outline of the plan to monitor expenditures in addition to the Care Coordinators monitoring. A minimum of one other person beside the CC is listed. And At least one checkbox at the bottom of the Monitoring section is checked. <p>Not Met as evidenced by:</p>

	Desired Outcome	Method for measuring outcome achievement
		<ul style="list-style-type: none"> The above criteria was not met
7.	Plan addresses member's health and safety needs. View: Health and Safety Plan section	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> The plan is included on the form (DHS 6532) The plan is included in an attachment. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> The plan is blank and there is no attachment.
8.	Emergency back-up plan completed. View: Section "What Will I do in case"	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> Section is complete with, at a minimum, 911 is listed. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> Section is incomplete.
9.	If plan includes formal PCA services through a PCA agency, there must be a complete PCA assessment (DHS 3428D) and the date on the 3428D must be the same as assessment date in Bridgeview.	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> PCA Assessment (DHS 3428D) is completed and provided. And PCA Assessment date is the same as the date in Bridgeview <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> The above criteria was not met <p>N/A if no formal PCA</p>
10.	If plan includes formal PCA services through a PCA agency, assessment totals on (DHS 3428D pg. 9) PCA assessment totals must match what is in Bridgeview and the DHS 6532	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> PCA Assessment (DHS3428D page 9) assessment totals matches what is in Bridgeview and what is listed on DHS 6532 Annual Budget Plan section. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> Assessment totals do not match <p>N/A if no formal PCA</p>
11.	If plan includes paid spouse under personal assistance, all additional criteria for paid spouse must be met. (See DHS - Paying a Spouse for Personal Care link above)	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> Section A reflects a minimal of 1 ADL dependency per LTCC or MnCHOICES assessment. And, pay rate is not more the PCA hourly rate of \$19.60/hour if they opted out of PTO or \$18.52 if paid spouse has PTO.

	Desired Outcome	Method for measuring outcome achievement
		<ul style="list-style-type: none"> • And no more than 40 hrs a week before 2024) <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> • Any of the above are not completed. <p>N/A if no paid spouse.</p>
12.	If paid spouse, the Care Coordinator must review expenditures and health and safety of member	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> • Case notes reflect a minimum of a quarterly review of the FMS summary. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> • No documentation of a review of expenditures. <p>N/A if no paid spouse.</p>
13.	CDCS plan must be signed by member/responsible party	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> • Signature is present <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> • Signature is not present
14.	CDCS plan must be approved and signed by care coordinator or their supervisor at minimum	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> • CC signature is present • Or • Supervisor signature is present • And • Check boxes minimum Health and Safety and This Plan and budget is approved are checked. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> • The above criteria are not met
15.	MA plan services in BV for SNV; HCN; HHA; PCA; PCA supervision must be separate line item(s) and included in DHS 6532 with matching totals and included in CAP	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> • Amounts do not exceed budget cap. • And, there are no other SA in BV that is not T2028, CDCS Background check, CM or MA state plan service (i.e., T2029); • And, these MA services have their own SA • And, are not included in the total amount of the T2028 SA. <p>Not Met as evidenced by:</p>

	Desired Outcome	Method for measuring outcome achievement
		<ul style="list-style-type: none"> • Amounts exceed budget cap • There are other SA in BV that is not T2028; CDCS Background check; CM; or MA State Plan Services (i.e., T2029). • MA service total amounts are included in the total amount of the T2028 SA • MA services do not have their own SA <p>N/A if no MA Plan services authorized as listed in Section B Type of Service</p>
16.	CDCS Budget must be authorized correctly in Bridgeview.	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> • SA for T2028 amount reflects only what is authorized on DHS 6532. • Total in BV CDCS budget should be less than max budget unless they have been approved for the max budget. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> • The above criteria are not met.
17.	Care Coordinator must provide a copy of approved plan to member after approval of that plan	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> • Case notes reflect that a copy was given to member. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> • No documentation that a copy was given to member.
18.	Care Coordinator must provide a copy of approved plan to FMS	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> • Case notes reflect that a copy was given to FMS. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> • No documentation that a copy was given to FMS.
19.	Care Coordinator must provide a copy of approved plan to Support Planner, if applicable.	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> • Case notes reflect that a copy was given to Support Planner. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> • No documentation that a copy was given to Support Planner. <p>N/A if no Support Planner</p>

	Desired Outcome	Method for measuring outcome achievement
20.	Care Coordinator provided member with legislative rate increase timely (DHS 6633A) increases: Jan 2024 (evidenced by addendum and case notes)	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> • Addendum and case notes reflect that CC provided legislative rate increases in December of 2023. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> • Addendum and case notes do not reflect the CC provided legislative rate increases in December of 2023. • CC provided legislative increases but after January 1, 2024.
21.	If Conversion or member is eligible for 10 hours per day of PCA, the CDCS Enhanced Budget Request and CSP Addendum (DHS 6633B) must be completed.	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> • Approval from our Request to Exceed Case Mix cap team is evident. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> • No approval documented. • Did not complete DHS 6633B. <p>N/A if no Conversion or member is not eligible for 10 hrs/day PCA.</p>
22.	CC must review FMS budget.	<p>Met as evidenced by:</p> <ul style="list-style-type: none"> • For members new to CDCS, case notes reflect that CC reviewed FMS budget and spending prior to the 3rd, 6th, and 12th month. • Or for annuals, case notes reflect that CC reviewed FMS budget and spending annually at a minimum. <p>Not Met as evidenced by:</p> <ul style="list-style-type: none"> • The above criteria is not met.