**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. This is based on needs that were assessed in the MnCHOICES assessment. All budgeted goods and services must be person-focused and include outcomes and goal(s) for each identified service or support. Additionally, be fiscally responsible, and address the health, safety, and developmental needs of the individual. This includes documentation that CC reviewed the plan, services, and budget including the emergency plan. Approval of a plan is dependent upon these principles being addressed and thoroughly explained in the CDCS Annual Community Support Plan*.*

**\*Disclaimer: This BCBS CDCS resource guide is not meant to replace DHS’ CDCS training, CDCS Lead Agency Operations Manual, or the Community-Based Service Manual. It does not replace required EW paperwork, visits, or timelines noted in the guidelines. This resource is for internal use and should not be shared with members, FMS providers, or support planners.**

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| --- | --- |
| **CDCS Eligibility:** | |
| **Confirm Member is** [**Eligible for CDCS**](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=cdcs_01)**:** | |
|  | Confirm Medical Assistance is active. |
|  | Confirm member is opened to the Elderly Waiver-verify in MMIS |
|  | Confirm that the member does not reside in a customized living, foster home, or TCU/SNF. |
|  | The member must not currently be on the Minnesota Restricted Recipient Program (MRRP) (Meaning they were convicted of MA fraud); check the RPCR screen in MMIS |
|  | For a member with an active adult protection case, the care coordinator should consult with direct supervisor to ensure CDCS is a healthy/safe option. |
|  |  |
| **Members who may benefit from using CDCS:** | |
| * Spouse who is a primary caregiver who wants/could be paid.   *Note: This is considered income, and 1 ADL dependency is 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 or wanting adult children/grandchildren/nieces/nephews and friends as staff. They could be paid more as CDCS staff than through a formal EW service provider. * Want to be creative with transportation (Uber as one example) based on assessed needs. * Want to order supplies and equipment directly (i.e., Amazon or buy directly at Walmart).   *Note: Members need approval from the Care Coordinator via CDCS CSP or addendum before purchasing. The purchase price must be the amount approved or less.*   * Requesting items/services that are not typically a covered formal EW service, such as Music OR Massage Therapy. * They 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 to be prorated. * CDCS (like all EW services) is the payer of last resort. This means that services covered by Medicare, Medical Assistance, or MSHO Supplemental Benefits should not be authorized through CDCS. * CDCS services authorized must address an assessed need. * All services (other than Case Management and CDCS background check) including home care services (PCA/CFSS, Skilled Nursing, etc.), supplies/equipment, FMS fees, Support Planner fees if applicable, and EAA **MUST** be paid for andfit within the CDCS budget. * *Note: If a member indicates that the CDCS budget does not meet their needs, a conversion request is the only way to increase the CDCS budget. Refer to* [*CBSM-EW Conversion*](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-316213) *rates for eligibility and* [*MSHO&MSC+ Community Guidelines*](https://carecoordination.bluecrossmn.com/wp-content/uploads/2024/11/MSHO-MSC-Community-Care-Coordination-Guidelines-9-20-2024-1.pdf) *regarding EW Conversion rate.* * The Care Coordinator should not enter an authorization into Bridgeview for the max CDCS Limit. The Care Coordinator should only enter the authorization for the approved amount (which may be less than the case mix limit). This is to prevent service(s)/item(s) that are not approved to be inadvertently paid out by the Financial Management Services (FMS). * Hospitalizations and TCUs are treated the same as all EW services. This means no CDCS services are covered in the hospital or TCU. CC must close the waiver, if applicable. * CDCS does not cover rent, car payments, co-pays, OTC medication, gas, food, or airfare, to name a few. Eligible items and dollar amounts need to be approved *before* purchase. Members 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, the paid spouse's max rate is currently the PCA rate of $23.80/hour if there are no PTO benefits. $22.74/hour is the maximum rate if using PTO benefits. The minimum is $19/hour. A paid Spouse job description is required and should not mention nursing duties (i.e. cannot be paid for GJ tube feeding and Medication administration). The job schedule should match the budgeted hours. Can only start being paid once hired by FMS and approved in CDCS CSP (**cannot be backdated**). 60 hours a week is the maximum, and overtime rules apply if more than 40 hours a week are requested. * *Note: A Paid Spouse and a member's family can* [*waive PTO,*](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=MNDHS-067337) *but the member/family must work with FMS to see if they qualify.* * CDCS staff hourly rate minimum $19/hour. CCs are strongly encouraged to request additional justification for requests between $27-$30/hour. Examples could be experience, degree, etc. Review with your supervisor if needed. Consult with Partner Relations for any requests over $30/hour. The job description should be included on CDCS CSP or a separate document. If need be, CCs can request CDCS staff job descriptions and schedules. The job description should not mention nursing duties (i.e., cannot be paid for GJ tube feedings and Medication administration). The job schedule should match the budgeted hours. Can only start being paid once hired by FMS and approved in CDCS CSP (**cannot be backdated**). Anything above 40 hours-overtime rules would apply. * CDCS Enhanced rate—A member eligible for 10 or more hours of PCA/CFSS a day may be eligible for a 7.5% CDCS budget enhancement. Please review and follow the 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). Review [MSHO&MSC+ Community CC Guidelines](https://carecoordination.bluecrossmn.com/wp-content/uploads/2024/11/MSHO-MSC-Community-Care-Coordination-Guidelines-9-20-2024-1.pdf) regarding 6633B. * Requested/approved item(s) must be cost-effective. For example, requesting $500 for a blender is not cost-effective. Cost-effective may not always be the cheaper option. * CDCS cannot pay for warranties. * Paid Spouse cannot be approved for mileage. When mileage is approved for any CDCS staff other than the 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 **before** the start of services. * Certified Support Planners are the only ones eligible to be paid by CDCS to write a CDCS CSP. Reminder Support Planners are not required but strongly encouraged. * FMS is required. * [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 the Medical Assistance State Plan or other waiver services, a member must ask an MHCP-enrolled physician to complete this form before CDCS may be used to fund the alternative treatment. * If an EW-licensed service or vendor is being used, the member **MUST** use approved rates set by [DHS using LTSS Rate Limits 3945.](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG) For example, the 15-minute amount would need to be used by a formal Adult Day vendor. The vendor must work with FMS regarding billing/payment. * Bonuses to the worker(s) need to be purposeful and have some criteria attached to them describing frequency and type. This description would include what workers must do to be awarded a bonus (i.e., length of service, performance, picking up extra shifts, etc.). The best practice is the bonus should be incorporated into a member's plan versus an addendum or at the end of the plan year. Consult with Partner Relations for any requests over $1k or if a Paid Spouse bonus is requested | |
| **Member wants to start/proceed with CDCS**: | |
| Before hiring a Support Planner and choosing an FMS provider, the participant/managing party must have a firm understanding of CDCS. | |
|  | CC must provide members with the DHS [CDCS training](https://pathlore.dhs.mn.gov/courseware/DisabilityServices/3-DirectAccess/CDCSparticipant/story_html5.html) resource.  *The 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 Spouses cannot be paid until approved by FMS. This process can take time to complete. Approval of CDCS CSP is needed before the start date.* |
|  | Provide options for DHS Certified Support Planners. |
|  | *Note: Support Planners are not required, but strongly recommended at least for the first year.* |
|  | CC must provide the MnCHOICES assessment summary to the member. |
|  | *Note: This should be documented in case notes.* |
|  | If the member gives permission, provide the Support Planner with a copy of the full Support Plan. |
|  | CDCS budget amount ([based on EW Case Mix](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG)) |
|  | Inform members that the initial budget/plan will be prorated as applicable unless they are 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)* |
| **Additional Care Coordinator Responsibilities:** | |
|  | Confirm on Screen Document/MMIS that CDCS is checked “Yes.” |
|  | CC marks “Yes” to CDCS in Bridgeview. |
|  | If formal MA/EW services are in place and the member is not requesting formal services in CDCS CSP, notify service provider(s), if applicable, that services will be ending and proceed with DTR.  *Note: If the member has an EW service/provider and will continue using it on CDCS, a DTR is NOT needed if hours and the provider remain the same. CC would need to close/end the current authorization in Bridgeview, and the provider will bill FMS.* |
| **Obtain/review the following from the member/managing party or Support Planner:** | |
|  | CDCS CSP (confirm correct budget is listed, span is accurate, and it is entirely/accurately filled out) |
|  | Confirm that requested CDCS services/items are reasonable and customary and requested amounts are accurate. |
|  | If a Formal licensed vendor is chosen (I.e., an Enrolled ICLS vendor) CC confirms the requested amount/rate reflected in the correct rate as listed in [DHS LSS Rate Limits 3945](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG) |
|  | Paid Spouse Job Description/Job Schedule if applicable. (Not needed for formal providers). CDCS staff job description and work schedule as applicable. |
|  | Review the health and safety plan to ensure that needs are being met.  *Note: This can be part of the CDCS CSP or a separate document/attachment.* |
|  | CC to review and either approve CDCS CSP or deny/pend requested services/items accordingly. |
|  | If anything is pending, CC will note what is needed for approval on CDCS CSP.  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 the member or Responsible Party.  *Note: CC must not sign or approve anything if a member or Responsible Party did not sign. Make sure appropriate boxes are checked before the CC signature.* |
|  | CC or CC supervisor signs the CDCS Participation Agreement form before CDCS services start. |
|  | CC must send a copy of the CDCS CSP decision and CDCS Participation Agreement to the Member, Support Planner, if applicable, and FMS.  *Note: CC must document in case notes the date this was completed and to whom it was sent.* |
|  | CC must keep a copy of the plan, supporting documentation, and the signed CDCS Participation Agreement form in records/files.  *Note: For any member-requested changes during the span year, such as changes to denied, pending, or unallocated funds, see the Addendum section.* |
|  | 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, [Purchasing](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=cdcs_0301) Homecare services under CDCS.  *Note: If the member will be using a formal vendor already in place, no DTR is needed if hours remain the same. CC must end the authorization in Bridgeview (it will now be paid through T2028).* |
| **Ongoing/Additional CC responsibilities through span:** | |
|  | CC must revise the Support Plan in MnCHOICES to reflect the authorization of CDCS services. |
|  | CC must work with FMS regarding access to the spending summaries. |
|  | The best practice is for CC to review the FMS Spending Summary for over- or under-spending every quarter at a minimum. This is required in the first year of CDCS. If a Paid Spouse is approved, this is required quarterly ongoing. If no Paid Spouse, FMS spending summaries must be reviewed annually.  *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) *AND*  [CDCS-FMS provider reports to lead agencies and people/families (state.mn.us)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-307067)  *CC must document their review in case notes. If CC notes that over or under-spending is occurring, CC must address it with the member or Responsible Party and case note the conversation.* |
| **Reassessment:** | |
| **Care Coordinator to Schedule Reassessment Meeting:** | |
|  | Schedule and complete the MnCHOICES assessment timely to allow the member the required 30 days to complete and submit the required CDCS CSP.  *Note: This is to ensure enough time for the CDCS plan to be written, submitted, reviewed, and signed* ***before*** *the start of the span. CDCS cannot start until the plan is signed and approved by the Care Coordinator, and backdating is not allowed. Please ensure the member knows they need to work on the CDCS CSP with the Support Planner as applicable.* |
|  | Provide the member (and Support Planner, if applicable) with the CDCS budget for the new span based on the reassessment case mix.  *Note: If the case mix changes and results in a lower CDCS budget proceed with DTR.* |
|  | Provide the member with the MnCHOICES assessment summary and offer to share it with the Support Planner if applicable.  *Note: Best practice would be to case note this occurred.* |
|  | If the member remains open to Medical Assistance and eligible for EW, CC ensures CDCS is checked “Yes” on the Screening Document and entered in MMIS. |
|  | CC will mark “Yes” to CDCS in Bridgeview. |
| **The care Coordinator obtains the following from the Member and/or Support Planner:**  *Note: CDCS CSPs turned in after the last day of the month may result in a gap in services (CDCS cannot be backdated).* | |
|  | CDCS CSP (confirm correct budget is listed, span is accurate, and it is entirely/accurately filled out) |
|  | Confirm that requested CDCS services/items are reasonable and that requested amounts are accurate for staffing and Paid Spouse.  If a formal licensed provider is chosen (I.e., an Enrolled ICLS vendor) CC confirms the requested amount/rate reflected on CDCS CSP is the rate as listed in [DHS LSS Rate Limits 3945](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG)  Unless an MA Homecare service provider is involved, CC will inform the formal licensed provider that they must bill and work with FMS; they do not get authorization in Bridgeview. |
|  | CC will note on the CDCS CSP if anything requested is pending or denied.  If anything is pending 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 the Health and Safety Plan copy to ensure that needs are met.  *Note: The Health and Safety Plan needs to be on CDCS CSP or a separate document/attachment.* |
|  | Review Paid Spouse and CDCS staff job description AND work schedule if applicable. |
|  | Ensure the CDCS Participation Agreement form is signed by the member or Responsible Party.  *Note: If the member or Responsible Party has not signed this, CC should not sign/approve anything until it is done. Make sure appropriate boxes are checked.* |
|  | CC or CC Supervisor must sign the CDCS Participation Agreement form before CDCS services start. |
|  | CC must send a copy of the CDCS CSP decision and signed CDCS Participation Agreement form to the Member, Support Planner, if applicable, and FMS.  *Note: CC must document in case notes the date this was completed and to whom it was sent.* |
|  | CC is to keep a copy of the plan, supporting documentation, and the signed CDCS Participation Agreement form in records/files.  *Note: See the Addendum section for any changes members would potentially like to make regarding denied, pending, or unallocated funds or changes during the 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:** | |
|  | The best practice is for CC to review the FMS Spending Summary for over- or under-spending every quarter at a minimum. This is required in the first year of CDCS. If a Paid Spouse is approved, this is required quarterly ongoing. If no Paid Spouse, FMS spending summaries must be reviewed annually.  *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) *AND*  [CDCS-FMS provider reports to lead agencies and people/families (state.mn.us)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-307067)  *CC must document their review in case notes. If CC notes that over or under-spending is occurring, CC must address it with the member or Responsible Party and case note the conversation* |
| **CDCS Responsibilities:** | |
| **Member Responsibilities:**   * CDCS is consumer-directed. This means member and/or managing parties should be expected to manage CDCS on their own. * See the CBSM manual for additional information:   + [CDCS 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. * When more than one person who uses CDCS lives in the same household and chooses to receive services from the same worker EVERYONE in the household must use the same FMS provider.   **Care Coordinator Responsibilities:**   * Be familiar with Care Coordination/Case Management CDCS requirements. * Approve and monitor CDCS plans.   + Review CDCS CSP for appropriateness   + Ensure Screen Document is entered in MMIS.   + Follow current processes to authorize, deny, terminate, or reduce services (refer to Bridgeview Care Coordination User Guide, CDCS DTR Guide resource, and DTR section of the Guidelines for more information)   + Upon receiving a new member with existing CDCS services, CC must evaluate the CDCS service agreement(s) (SA) and usage of CDCS services/funds available before enrollment and authorize SA(s) accordingly:     - If a member has overused portions of their SA or service limit previously authorized, CC must adjust and only authorize SA for remaining available services/funds.     - If a member has unused services/funds before 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/CFSS, etc.).  Include the following:       * Current DHS 6532 CDCS Community Support Plan       * CSP Addendums (if applicable)       * Service authorizations       * Spending reports   + Approved CDCS community support plans must be signed and dated before the start of services. This includes documentation that CC reviewed health, safety, and emergency plans, including services and budget. This also includes ensuring how goals will be implemented, and the results will be measured. * Provide oversight and education to ensure members comply with state and federal law   + Encourage DHS CDCS Online Learning Module   + Initiate Technical Assistance Process, if applicable (contact your Partner Relations Consultant for consultation and EW CDCS Technical Assistance Member Letter) * Communicate CDCS legislative budget increases using the 6633A CDCS Community Support Plan Addendum * Be knowledgeable and comply with the [CDCS Lead Agency Operations Manual DHS-4270](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4270-ENG) * Collaborate with the FMS Provider and Support Planner if applicable. * Maintain Blue Plus Care Coordination responsibilities. * Care Coordinators are still required to complete the R-MnCHOICES assessment and Support Plan within the required timelines and all associated tasks, including letters, midyear check-ins, etc.   **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 members with employer-related questions and initiate 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 spending summaries to the member and provider if applicable. * Send quarterly spending summaries to the 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)**   * CC must confirm Support Planner certificate is still valid. * CDCS Support Planning services include tasks outlined in the written works agreement between the support planner and the member.   + Tasks could include but are not limited to:   + Submitting the CSP for approval   + Modifying CSP as needed, including revisions and addendums,   + Develop CSP based on assessed needs as identified in the assessment,   + Provide information about CDCS and provider options. * For more information about support planners:   + - [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 a member wants a revision in the plan during the service plan year an addendum is needed. * Best practice is to obtain a verbal or written agreement from the member to revise the original support plan, document this, and communicate this to the member, FMS, and Support Planner regarding approval, denial, or pending decision. * 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. * The Care Coordinator has 30 days to review the addendum/revision, but it will be processed/approved as soon as possible. * Addendum decisions (Approved, pending, denied) must be communicated with the member, FMS, and Support Planner if applicable (and case noted). A copy of the addendum should be saved in the member file/records. If something via addendum is denied, follow the [CDCS-DTR -Guide](https://carecoordination.bluecrossmn.com/care-coordination/). * Legislative Increases via addendum must be communicated via 6633A before the start date.   **\*Maintain copies of all addendum requests and decisions in members' files.** | |
| **Technical Assistance:** | |
| * According to CBSM, reasons for Technical Assistance may include but are not limited to:   + Purchasing items not approved in CDCS CSP,   + Repeatedly returning items purchased   + Unapproved overtime   + Unapproved overlapping hours   + Submitting timecards when hospitalized   + Not turning in timesheets by the deadline   + Pre-signing timecards   + Submitting an unreasonable number of changes/addendums for the plan year   + Not following CDCS CSP   + Notice from FMS of either over or under-spending*.* * If needed, the Care Coordinator completes the BCSB Notice of Technical Assistance letter\* ensuringall necessary information is included, and sends it to the member/resp party. * CC will keep a copy of Technical Assistance letters in file/records. * If the 4th Notice of Technical Assistance letter is sent in one plan year, the member will be discharged from CDCS.   **\*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 the 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 the Collaborative Care Plan or the Support Plan-MCO MnCHOICES |
|  | Update service authorization in Bridgeview. |
|  | Update Screen Document and Bridgeview to reflect members 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 members, purchases, or practices not allowable in CDCS, Suspected fraud or misuse of funds by members for immediate exit.* | |
|  | CC consults with the direct supervisor to determine if the member should be involuntarily exited from CDCS. |
|  | If it is determined that a member should be involuntarily exited from CDCS, the Care Coordinator will send and follow the DTR process, informing the member to return to other waiver services and/or MA state plan home care services. |
|  | Care Coordinators will assist members 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 service providers within the CDCS plan that CDCS is ending. |
|  | Member/FMS to inform unlicensed staff that CDCS is ending. |
|  | Update the Collaborative Care Plan or the Support Plan-MCO MnCHOICES Update service authorization in Bridgeview. |
|  | In the 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 the Screen Document to reflect that the member is no longer utilizing CDCS. |
|  | Update Bridgeview to reflect that the 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 transfers from fee for service:**  **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, pending, or denied.  *Note: If something is approved that should not be, please consult with your supervisor and contact a PR consultant as needed.* |
|  | Current CDCS and Paid Spouse Work schedule and job description if applicable. |
|  | Current Health and Safety Plan |
|  | Work with previous CC/CM and FMS regarding the most current expense summary report.  If the member has overused portions of their SA or service limit previously authorized, CC must adjust and only authorize SA for remaining available services/funds.  If the member has unused services/funds before 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 PCA Provider, etc.). |
|  | Enter the Service Agreement in Bridgeview accordingly.  *Note: This would not apply to a Blue Plus to Blue Plus delegate transfer or product change.* |
|  | CC will inform the Support Planner, if applicable, and FMS of CC's contact information and work with FMS to set up a portal to access spending summaries. |
| **CDCS Transfer to another MCO or transfer to the fee for service (NOT a transfer to another delegate within Blue Plus):** | |
| **Send to new MCO or fee for service county:** | |
|  | Current approved CDCS CSP and signed CDCS Participation agreement signature page. |
|  | Addendums if applicable |
|  | Current CDCS and Paid Spouse Work schedule and job description if applicable |
|  | Current Health and Safety Plan |
|  | Contact the FMS for the final budget amount and update/shorten the [Service Agreement in Bridgeview](https://carecoordination.bluecrossmn.com/bridgeview/). (i.e., if a member approved the CDCS budget of 40k and used 30k while still a BCBS member, CC must update the auth to reflect the 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 the transfer. |
| **Transfer from one Blue Plus Delegate to another Blue Plus Delegate (Blues to Blues):** | |
|  | The previous delegate must send the current approved CDCS CSP and signed CDCS Participation agreement signature page. |
|  | The previous delegates must send addendums if applicable. |
|  | If applicable, the previous delegate must send the current CDCS and Paid Spouse Work schedule and job description. |
|  | The new delegate must review current FMS expense summaries. |
|  | The new delegate must contact FMS and the Support Planner, if applicable, to inform them of the new contact/change. |
| **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) * [TrainLink](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=Training) * [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 the 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)   **\*Disclaimer: Some information is directed towards fee-for-service only.** | |
| **CDCS Categories, T2028, Authorization:** | |
| * The CDCS Plan must include all services to be paid for out of the CDCS budget (except CM/CC and CDCS background checks)   + In the event of a legislative increase, the CC is required to complete certain sections of the [DHS-6633A](https://mn.gov/dhs/general-public/publications-forms-resources/edocs/) and provide them to the member, FMS, and Support Planner as applicable before the legislative increase start date.   + Enter CDCS Service Agreements in Bridgeview.   + There must only be one active FMS Service Agreement in Bridgeview for the FMS provider.     - Any MA home care services including PCA/CFSS, HHA, or SNV MUST be accounted for in the CDCS budget if applicable. All MA home care services must have separate Service Agreements.       * Please reference the Bridgeview Care Coordination User Guide for additional authorization information.     - CDCS background check (T2040)       * Must have a separate Service Agreement AND is not included in the max CDCS budget amount.     - Required Case Management (T2041)       * Must have a separate Service Agreement AND is not included in the max CDCS budget amount.       * This will be the CC amount for the member (8 units/month)       * Delegate agencies billing monthly PMPM are still required to enter this Service Agreement authorization but do not bill against it or enter PMPM.     - No additional Service Agreement authorization is required for Care Coordination and/or Case Aide. This is not included in the member's CDCS budget and should not be included in the MA Plan Services field in Bridgeview.   **\*The “U” modifiers are used by the FMS providers when submitting claims and when Care Coordinators submit requests for DTR’s. The U modifier would be used by Care Coordinators for DTRs only.**   * **Environmental Modifications and provisions T2028 U4**   + Includes EAA Modifications, assistive technology, monitoring technology, transportation, environmental supports, supplies and equipment, special diets, adaptive clothing, home home-delivered meals.   *Note: Waiver funds do not pay for food items themselves.*   * **Personal Assistance T2028 U1**   + Includes caregiver relief, companionship, help with ADLs, help with IADLs, mobility and transfer support, and skill building. * **Self-direction support activities T2028 U3**   + Includes costs needed to manage budget, employer shared benefits, bonuses to workers, CDCS Support Planning services, and costs for worker recruitment.   *Note: This must be per job posting/ad or an expense on a monthly basis. The following are not covered: Annual fees or subscription costs for worker recruitment, such as advertising or matching services, are not covered.*   * **Treatment and training T2028 U2**   + Includes Day Services/programs, ILS/ICLS, Support Employment, family counseling, training, and education to paid or unpaid caregivers. Therapies and behavioral supports that are not available through MA. | |
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