**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 can choose how Health and Safety needs are met within the CDCS service/EW program guidelines based on needs 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*.*

**Consumer Directed Community Support (CDCS)** should be discussed and offered to all eligible members. The flexibility of CDCS allows members to customize services and supports to meet their unique needs. Members have the autonomy to decide how their health and safety needs are addressed within the CDCS service/EW program guidelines based on the MnCHOICES assessment.

All budgeted goods and services must be person-centered, focusing on outcomes and goals for each identified service or support. Additionally, they must be fiscally responsible and address the individual's health, safety, and developmental needs. This includes documentation that the Care Coordinator (CC) reviewed the plan, services, and budget, including the emergency plan.

The CDCS plan's approval is contingent upon these principles being addressed and thoroughly explained in the CDCS 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.**

**The rollout of CDCS Unbundling for February 1, 2025, includes many new changes. You can find implementation instructions, links to the new unbundled service category pages, existing bundled service category pages, new and updated forms, and online learning modules in the** [eList: CDCS unbundling project implementation and policy changes](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fwww.dhs.state.mn.us*2Fmain*2Fidcplg*2Fpna108*3FIdcService=GET_DYNAMIC_CONVERSION*26RevisionSelectionMethod=LatestReleased*26dDocName=MNDHS-068584*26utm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/7aFjOOu0NznghkvK27HSs4P7QH5-ESR9nuofzKRffTo=388__;JSUlJSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPxbgkfWBg$)**. The following is a summary:**

## **Unbundling ROLLOUT/TIMELINE for 2/1/2025**

### **Existing CDCS Plans:**

Participants will continue their CDCS community support plan (CSP)-DHS-6532 and follow the pre-unbundling policy until their next assessment.

* **For MnCHOICES assessments PRIOR to Feb 1, 2025**
  + Use the policy in the [CDCS service categories (pre-unbundling)](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fwww.dhs.state.mn.us*2Fmain*2Fidcplg*3FIdcService=GET_DYNAMIC_CONVERSION*26RevisionSelectionMethod=LatestReleased*26dDocName=dhs-293642*26utm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/kofZ3wIJHtGgYoZMfU1CuYniRxc1bwkM41sq6oBdlPQ=388__;JSUlJSUlJSUl!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPzWwHv22Q$) in the [CDCS Policy Manual](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fwww.dhs.state.mn.us*2Fmain*2Fidcplg*3FIdcService=GET_DYNAMIC_CONVERSION*26RevisionSelectionMethod=LatestReleased*26dDocName=cdcs_home*26utm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/Y10dkK3HgQzkrjxsIO4D3S3tX2CADiH10euuVn1r_BI=388__;JSUlJSUlJSUl!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPzvxojS1g$)
  + Continue using the CDCS community support plan (CSP) DHS-6532 you have been using.
  + Use the current Alternative Treatment Form (DHS-5788) and Special Diet Request Form (DHS-5788D) if applicable.
  + Transition to new unbundled CDCS service categories after the next assessment on or after Feb. 1, 2025.
  + Write the next CDCS CSP using CDCS CSP, DHS-5788A, with the new unbundled CDCS service categories.
  + Use the current Alternative Treatment Form and Special Diet Request Form as applicable.
* **For MnCHOICES assessments ON OR AFTER Feb. 1, 2025,** **and/or new to CDCS**
  + Use the policy in the new [unbundled CDCS service categories](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fwww.dhs.state.mn.us*2Fmain*2Fidcplg*3FIdcService=GET_DYNAMIC_CONVERSION*26RevisionSelectionMethod=LatestReleased*26dDocName=mndhs-067680*26utm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/9KguhDd_oDt4tERjJR72RU6p1UUxnq3usS4_WB5IHe0=388__;JSUlJSUlJSUl!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPxEQr8Lgw$) in the [CDCS Policy Manual](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fwww.dhs.state.mn.us*2Fmain*2Fidcplg*3FIdcService=GET_DYNAMIC_CONVERSION*26RevisionSelectionMethod=LatestReleased*26dDocName=cdcs_home*26utm_medium=email*26utm_source=govdelivery/2/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/SLml3p88AJxFTzIsh3ldI9PWS5QSSfbLYi-7tDUSeko=388__;JSUlJSUlJSUl!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPy5SuGnsQ$)
  + CDCS community support plan [CDCS CSP, DHS-5788A](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fedocs.dhs.state.mn.us*2Flfserver*2FPublic*2FDHS-5788A-ENG*3Futm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/S72_neRmdkWhZP6q5N9OO8aSmR53hBhRev7T71XzfG8=388__;JSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPwtDXRCUQ$) must be used.
  + Use these new documents when applicable:
    - [CDCS Behavioral Supports Request Form, DHS-5788B](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fedocs.dhs.state.mn.us*2Flfserver*2FPublic*2FDHS-5788B-ENG*3Futm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/-VZZmEczrrfggELfVqu_f6E_F7JiXNZQTzL4Sh1g7bw=388__;JSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPyspd2Fog$). (NEW)
    - [CDCS Specialized Therapy Request Form, DHS-5788C](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fedocs.dhs.state.mn.us*2Flfserver*2FPublic*2FDHS-5788C-ENG*3Futm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/jpdsqUZXhgFm_EH8kuUA83VU-MDkRkYrKk21elctZMs=388__;JSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPyx5N0Szw$). (Replaces Alt. Tx. Form)
    - [CDCS Special Diet Request Form, DHS-5788D](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fedocs.dhs.state.mn.us*2Flfserver*2FPublic*2FDHS-5788D-ENG*3Futm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/uJaJFkEUxtJ6B7nSmrXPvdrcE42YSERZmuJ5gKmK0r0=388__;JSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPyY9jBOFg$).

\*Note: CDCS budgets do not change with the unbundling project\*

|  |  |
| --- | --- |
| **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)**:** | |
|  | Medical Assistance is active. |
|  | Member is opened to the Elderly Waiver-verify in MMIS |
|  | 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 their supervisor to ensure CDCS is appropriate. |
|  |  |
| **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=mndhs-068626)   * Using or wanting adult children/grandchildren/nieces/nephews and friends as staff. They may 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.*   * Based on assessed need are 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. * Case Manager or Care Coordinator must have a minimum of two face-to-face visits with member within a twelve-month period if utilizing CDCS. * 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*](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/carecoordination.bluecrossmn.com/wp-content/uploads/2025/02/MSHO-MSC-Community-Care-Coordination-Guidelines-1-31-2025.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 stays are treated in the same way as all other 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 $23.74/hour. The maximum is $24.84/hour if waiving PTO. The minimum is $20/hour. A job description 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 $20/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. 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](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/carecoordination.bluecrossmn.com/wp-content/uploads/2025/02/MSHO-MSC-Community-Care-Coordination-Guidelines-1-31-2025.pdf) regarding 6633B. * Requested/approved item(s) must be cost-effective. For example, requesting $500 for a blender is not cost-effective. Cost-effective may not always be the cheaper option. * CDCS cannot pay for warranties. * Paid Spouse cannot be approved for mileage. When mileage is approved for any CDCS staff other than the spouse, it should not be approved for more than the state-set limit per mile. * Approved CDCS community support plans must be signed and dated **before** the start of services. * Certified Support Planners are the only ones eligible to be paid by CDCS to write a CDCS CSP. Reminder Support Planners are not required but strongly encouraged. * FMS is required. * Write your CDCS community support plan using [CDCS CSP, DHS-5788A](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fedocs.dhs.state.mn.us*2Flfserver*2FPublic*2FDHS-5788A-ENG*3Futm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/S72_neRmdkWhZP6q5N9OO8aSmR53hBhRev7T71XzfG8=388__;JSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPwtDXRCUQ$) * Use these new documents when applicable:   + - [CDCS Behavioral Supports Request Form, DHS-5788B](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fedocs.dhs.state.mn.us*2Flfserver*2FPublic*2FDHS-5788B-ENG*3Futm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/-VZZmEczrrfggELfVqu_f6E_F7JiXNZQTzL4Sh1g7bw=388__;JSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPyspd2Fog$). (NEW)     - [CDCS Specialized Therapy Request Form, DHS-5788C](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fedocs.dhs.state.mn.us*2Flfserver*2FPublic*2FDHS-5788C-ENG*3Futm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/jpdsqUZXhgFm_EH8kuUA83VU-MDkRkYrKk21elctZMs=388__;JSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPyx5N0Szw$). (Replaces Alt. Tx. Form)     - [CDCS Special Diet Request Form, DHS-5788D](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fedocs.dhs.state.mn.us*2Flfserver*2FPublic*2FDHS-5788D-ENG*3Futm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/uJaJFkEUxtJ6B7nSmrXPvdrcE42YSERZmuJ5gKmK0r0=388__;JSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPyY9jBOFg$). * 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)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=MNDHS-068585) 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 $1k or if a Paid Spouse bonus is requested. | |
| **Member wants to start/proceed with CDCS**: | |
| Before hiring a Support Planner and choosing an FMS provider, the participant/managing party must have a firm understanding of CDCS. | |
|  | CC must provide members with the DHS [***CDCS Participant training***](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fpathlore.dhs.mn.gov*2Fcourseware*2FDisabilityServices*2F3-DirectAccess*2FCDCS_intro*2F1*2Fstory.html*3Futm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/NjwH3GsGHs5AmVxRGwI0PT68NR8fNSi60tkk-DFeGSU=388__;JSUlJSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPwQDde23g$)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](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-296746) 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)*  The person’s case mix from the most recent MnCHOICES assessment. For case mix determination details, refer to [AC, BI, CADI, EW Case Mix Classification Worksheet, DHS-3428B (PDF)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3428B-ENG).  AC and EW CDCS budget by case mix from [Long-Term Services and Supports Service Rate Limits, DHS-3945 (PDF)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG).  Information about the person’s right to appeal. |
| **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 services 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 is the correct rate as listed in [DHS LSS Rate Limits 3945](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG) |
|  | 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 until the member or Responsible Party signs. 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 the [Bridgeview CC User Guide](https://carecoordination.bluecrossmn.com/wp-content/uploads/2024/10/Bridgeview-Care-Coordination-User-Guide-10-3-2024.pdf) 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  and[Purchasing traditional waiver/AC goods and services under CDCS (unbundled)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=mndhs-068590) *. Note: If the member already uses a formal vendor, 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 following:** | |
|  | CDCS budget for the new span based on the reassessment case mix.  The person’s case mix from the most recent MnCHOICES assessment. For case mix determination details, refer to [AC, BI, CADI, EW Case Mix Classification Worksheet, DHS-3428B (PDF)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3428B-ENG).  AC and EW CDCS budget by case mix from [Long-Term Services and Supports Service Rate Limits, DHS-3945 (PDF)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG).  Information about the person’s right to appeal.  *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 that 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)  Update Service Agreement(s) in Bridgeview. See the [Bridgeview CC User Guide](https://carecoordination.bluecrossmn.com/wp-content/uploads/2024/10/Bridgeview-Care-Coordination-User-Guide-10-3-2024.pdf) 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 and[Purchasing traditional waiver/AC goods and services under CDCS (unbundled)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=mndhs-068590) *. Note: If the member already uses a formal vendor, no DTR is needed if hours remain the same. CC must end the authorization in Bridgeview (it will now be paid through T2028).*  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.  *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: CC must not sign or approve anything until the member or Responsible Party signs. Make sure appropriate boxes are checked before the CC signature.* |
|  | 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 like to make regarding denied, pending, or unallocated funds or changes during the waiver span year.* |
|  | Enter Service Agreement(s) in Bridgeview[. See the Bridgeview CC User Guide](https://carecoordination.bluecrossmn.com/wp-content/uploads/2024/10/Bridgeview-Care-Coordination-User-Guide-10-3-2024.pdf) 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)     - Person’s initial responsibilities.     - 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 (after 2/1/2025 [DHS-5788A](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5788A-ENG-pform)) 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 to member/responsible party, FMS provider and Support Planner as applicable the 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=mndhs-068609)     - 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=mndhs-068611)   **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=mndhs-068612)     - [CDCS support planners](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=mndhs-068613)     - [CDCS support planner service standards](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=mndhs-068614) | |
| **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 BCBS Notice of Technical Assistance letter\* ensuring all 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. | |
| **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. |
| [**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 and 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 Support Plan  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. |
| **Death/no longer eligible for EW:** | |
|  | Follow normal processes/guidelines. |
|  | Inform FMS and Support Planner as 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. |
|  | Complete 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 as 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.). Also submit the following for your PR Consultant to review:   * Current DHS 6532/5788A * CSP Addendums (if applicable) * Service Authorizations * Spending reports |
|  | 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 fee for service (NOT a transfer to another delegate within Blue Plus)** | |
| **CC to 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 CSP, DHS-5788A](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fedocs.dhs.state.mn.us*2Flfserver*2FPublic*2FDHS-5788A-ENG*3Futm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/S72_neRmdkWhZP6q5N9OO8aSmR53hBhRev7T71XzfG8=388__;JSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPwtDXRCUQ$) * [CDCS Shared Services Agreement (DHS 6633D)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6633D-ENG-pform) * [CDCS Lead Agency Operations Manual (DHS 4270](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4270-ENG)) * [CDCS and home care nursing frequently asked questions](https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/cdcs-nursing.jsp) * [DHS-Consumer directed community Supports public webpage](https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/cdcs.jsp) * [CDCS Consumer Handbook](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4317-ENG) (4317) * [CDCS Brochure](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4124-ENG) (DHS 4124) * [CDCS Behavioral Supports Request Form, DHS-5788B](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fedocs.dhs.state.mn.us*2Flfserver*2FPublic*2FDHS-5788B-ENG*3Futm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/-VZZmEczrrfggELfVqu_f6E_F7JiXNZQTzL4Sh1g7bw=388__;JSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPyspd2Fog$). (NEW) * [CDCS Specialized Therapy Request Form, DHS-5788C](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fedocs.dhs.state.mn.us*2Flfserver*2FPublic*2FDHS-5788C-ENG*3Futm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/jpdsqUZXhgFm_EH8kuUA83VU-MDkRkYrKk21elctZMs=388__;JSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPyx5N0Szw$). (Replaces Alt. Tx. Form) * [CDCS Special Diet Request Form, DHS-5788D](https://urldefense.com/v3/__https:/links-2.govdelivery.com/CL0/https:*2F*2Fedocs.dhs.state.mn.us*2Flfserver*2FPublic*2FDHS-5788D-ENG*3Futm_medium=email*26utm_source=govdelivery/1/0101019470b3cfa1-7cf794ff-d6f2-4a18-b20a-2b6f638160bf-000000/uJaJFkEUxtJ6B7nSmrXPvdrcE42YSERZmuJ5gKmK0r0=388__;JSUlJSUlJQ!!CwIvYz4dIaSa!OM6P1r9265-gIpj_NsWLzMl-CyrQFcvn554qC1rsekW1xVc3mzXHx33GAdaaPecyivr8mGgTcPvMY-PNrYVUaWUhwrq4GPyY9jBOFg$) * [CDCS Resources](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-305365) * [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 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.**   * **Personal Assistance (U1):** * Direct assistance provided in a person’s home or community to help them with their activities of daily living (ADLs), instrumental activities of daily living (IADLs) and caregiver relief. Workers may provide hands-on assistance or cueing * **Community Integration and supports (U6):** * Services that focus specifically on successful participation in community membership. These services provide the person with access Services that focus specifically on successful participation in community membership. These services provide the person and support to develop and maintain skills to: * Safely live in the community. * Participate as a member of the community. * Develop and pursue meaningful day supports and community engagement for people who have chosen not to pursue employment opportunities. * Improve social skills and community behavior. * Build relationships. * Improve positive behavior. * Improve mental health. * **Treatment and training (U2):**   + promotes the person’s health and ability to live and participate in the community. * **Individual-directed goods and services (U9):** * includes services, equipment or supplies that address an assessed need and are not otherwise provided through a waiver/Alternative Care (AC) or the Medical Assistance (MA) state plan. * **Environmental modifications – home modifications (UB):**   Modifications or items to maintain the person’s home that either:   * + - Help the person live in and participate in the community.     - Are required to maintain the person’s health and wellbeing. * **Environmental modifications – vehicle modifications (UA):**   Physical adaptations to the person’s primary vehicle, required by the person’s support plan, that are necessary to either:   * Ensure the person’s health and safety. * Enable the person to function with greater independence**.** * **Financial management services (FMS) (U5):** * Services that provide help with financial tasks, billing and employer-related responsibilities for people who self-direct their services through CDCS or the Consumer Support Grant (CSG). FMS providers deliver these services. * **CDCS support planning services (UC):** * Optional services that are available to help a person develop and implement their CDCS community support plan (CSP). If a person chooses to receive support planning services, the cost is included in their budget. | |
| **How to Choose a Financial Management Services (FMS) Agency** | |
| **What is an FMS Provider?**  An FMS assists people receiving support in the home to be the actual employer. They also assist with payroll tasks and help educate them on Department of Labor regulations. Following are some helpful hints, questions to ask and guidelines that may be helpful in your selection process.  **How to go about choosing a provider:**   * Ask for recommendations from friends or colleagues. Some of the most useful information comes from people who have been using a specific provider or who have experience with a number of them. Each person’s experience is different, so be sure to talk to a couple of people about the same provider. * Ask the right questions. Questions are important and help you compare one provider to others. Agencies set their own rates within state maximums and have different philosophies and ways they approach business. It is helpful to ask the same questions of each agency to get the most consistent response and be able to compare. * Become familiar with the range of service options and choices. Providers offer a variety of services. They may have different payroll dates, reimbursement policies or other practices. * Compare the rates. FMS providers bill differently. Some charge a monthly fee, others bill a percentage of the budget others bill per check written. Compare to make sure you are selecting a provider that best works for you.   **Things to consider:**  What’s important to you? How often your caregiver is paid? Response time? Someone able to answer your questions? Someone with experience?  **Comparing Service Providers:**   * Make sure you tell them providers about your expectations and needs. * Compare what the FMS will and will not do. * Always ask for clarification for anything you did not fully understand. * Listen to the language that staff uses. Words can tell you about attitudes and the philosophy shared by the agency. Do you understand the language they are saying or are they speaking using acronyms or other language you don’t understand? * Use examples when you are asking questions about how the agency does things. Ask staff how they would handle “real-life” situations that are likely to come up. Compare this among the agencies you have interviewed. * Keep track of whether the persons you interview ask questions about your preferences and the needs of your family member. * Compare staff’s knowledge about the services they are providing. * Ask how the agency works to improve the quality of service. * Ask if you can review previous evaluations from people who have used the service. Some services require these evaluations annually   **Questions to ask the FMS:**  1. How do I get started with your agency?  2. How am I reimbursed for program expenses (goods and other items)?  3. How long does it take to be reimbursed?  4. How often will employees be paid? What is the process to submit payroll?  5. How long will it take for employees to get started?  6. How many people would I have to work with through your agency? Is there a primary contact person? | |
| **How to Choose a Support Planner** | |
| When choosing a Support Planner for CDCS, you can consider things like:   * **Qualifications**: The support planner should be certified by the Minnesota Department of Human Services. They should also be knowledgeable about and respectful of the diversity of people, including their history, traditions, values, and family systems. * **Experience**: You can ask about the support planner's background and experience, and how long they've been providing this service. * **Rates**: You can ask about the support planner's rates. * **Service area**: You can ask about the support planner's service area. * **Specialty areas**: You can ask about any specialty areas of knowledge the support planner has. * **Availability**: You can ask about the support planner's availability now and when your plan renews. * **Meeting methods**: You can ask if the support planner is willing to meet in person, on Zoom, or over the phone.   Y**ou can find a certified support planner by: searching “Support Planner" at MinnesotaHelp.info**  **A support planner can help you:**   * Write and implement a person-centered Community Support Plan (CSP) * Provide information about CDCS and provider options * Monitor the CSP, including progress toward goals, budget, and health/safety * Assist with revisions to the CSP throughout the service year * Find and connect you to both licensed and non-licensed providers | |