



CDCS

(Consumer Directed Community Supports)

Expenditure Guide – Client Driven Support

Updated June 2019

Consumer Directed Community Supports

Consumer Directed Community Supports (CDCS) is a Home and Community Based (HCBS) waiver and Alternative Care Grant (AC) program option that offers participants a person centered approach allowing more flexibility and responsibility for directing their own services and supports, including hiring and managing direct care staff. It may include services, supports, and/or goods currently available through licensed waivers, as well as additional services/goods that provide needed unlicensed support to the participant. There are specific requirements for all services, supports, and/or goods that are available through HCBC waivers and AC grants, including CDCS.

Services under the CDCS option, offer support, care, and assistance to participant(s) to allow them to live an inclusive life in their community. Supports are designed to build, strengthen, or maintain the informal networks of community supports for the participants. It allows the participant to purchase services that will best meet their needs from people they have selected. The participant identifies staff qualifications and training requirements. All services must be paid within the participant's CDCS resource allocation. Approval of certain services or goods may be denied if health, safety, and/or welfare concerns are not met, funds are misused, or criteria is not met.

All CDCS waiver fund expenditures must be prior approved. **New services, supports, or goods are not allowed to be added to the CSP 30 days prior to the end of the participant's annual service plan date.**

CDCS Annual Resource Allocation

Individuals receiving HCBS waiver services or Alternative Care (AC) services requesting the CDCS option will be notified by their case manager of their resource allocation. The resource allocation is determined by an annual MnCHOICES assessment which includes the LTCC and DD screening assessments. CDCS allocations are based on a yearly plan (365 days) – the resource allocation will be pro-rated if the plan runs less than one year. Funds will not be carried over from year to year. Goods and Services will not be authorized without a signed and completed community support plan.

Consumer Directed Community Supports Service Criteria for Allowable Expenditures

The purchase of goods and services must meet all of the following criteria:

1. Must be required to meet the identified needs and outcomes in the individual's community support plan and assures the health, safety, and welfare of the individual;
AND
2. Goods and services collectively provide a feasible alternative to an institution; **AND**
3. Be the least costly alternative that reasonably meets the individual's identified needs;
AND
4. Be for the sole benefit of the individual

If all the above criteria are met, goods and services are appropriate purchases when they are reasonably necessary to meet the following consumer outcomes:

- Maintain the ability of the individual to remain in the community
- Enhance community inclusion and family involvement
- Develop or maintain personal, social, physical, or work-related skills
- Decrease dependency on formal support services
- Increase independence of the individual
- Increase the ability of unpaid family members and friends to receive training and education needed to provide support

Allowable Expenditures

Consumer Directed Community Supports (CDCS) may include traditional goods and services provided by the waiver as well as alternatives that support recipients. There are four general categories of services which may be billed:

- Personal Assistance
- Treatment and Training
- Environmental Modifications and Equipment Guidelines
- Self-Direction Support Activities

Additionally, the following goods and services may also be included in the individual's budgets as long as they meet the criteria and fit into the above categories:

- Goods and services that augment state plan services or provide alternatives to waiver or state plan services
- Therapies, special diets, and behavioral supports not otherwise available through the state plan that mitigate the individual's disability when prescribed by a physician who is enrolled as a MHCP provider
- Expenses related to the development and implementation of the community support plan
- Costs incurred to manage the individual's budget
- Fitness and exercise programs for ADULTS only

Unallowable Expenditures

Goods and services that shall not be purchased within the individual's budget are:

- Services provided to people living in licensed foster care settings, settings licensed by DHS or MDH, or registered as housing with services establishment
- Services covered by the state plan, Medicare, or other liable third parties including education, home based schooling, and vocational services
- Services, goods, or supports provided to or benefiting persons other than the individual
- Any fees incurred by the individual such as MHCP fees and co-pays, attorney costs, or costs related to advocate agencies; with the exception of services provided as flexible case management
- Insurance except for insurance costs related to employee coverage

- Room and board and personal items that are not related to the disability
- Home modifications that add any square footage. **Exception to increase the square footage:** the increase to square footage of a home when the increase is necessary to build or modify a wheelchair accessible bathroom
- Home modifications for a residence other than the primary residence of the recipient or, in the event of a minor with parents not living together, the primary residences of the parents
- Expenses for travel, lodging, or meals related to training the individual or his/her representative or paid or unpaid caregivers
- Services provided to or by individuals, representatives, providers, or caregivers that have, at any time, been assigned to the Primary Care Utilization and Review Program
- Experimental treatments
- Membership dues or costs except for fitness and exercise programs for ADULTS ONLY
- Vacation expenses other than the cost of direct services
- Vehicle maintenance; does not include maintenance to or modifications related to the disability
- Tickets and related costs to attend sporting or other recreational events
- Animals and their related costs
- Over-the-counter medications and dietary supplements
- Medication prescriptions; including compounds and solutions
- Warranties
- Medical marijuana

CDCS Expenditures by Category

ALL expenditures require a Community Support Plan (CSP) approved by Washington County. Everything purchased **must be related to the disability and outside of what is typical age-appropriate parenting responsibility or typical spousal responsibility**. All services and items should be the least costly alternative or may have suggested limits. Limits are included as a guide to what is considered “customary” and “fiscally responsible”. Requested amounts beyond what is suggested will require written explanation in the CSP and/or an evaluation:

- Personal Assistance
- Treatment and Training
- Environmental Modifications and Equipment Guidelines
- Self-Direction Support Activities
- Unallowed Expenses

Personal Assistance

This service category allows for supports and services when the participant needs someone to do things for him/her or needs reminders to do things such as self-care tasks, chores, communication, supervision, and community integration. A paid parent of a minor or spouse must go in this category.

Camp: (Used as caregiver relief.) Camp providing supervision to a participant in order to give the primary caregiver a needed break. Must be able to maintain health and safety and meet identified needs.

- Disability and non-disability specific (e.g. YMCA camp, church camp) day and overnight camps are allowed.

Camps that are more about skill building are approved but should be listed in the Treatment and Training Section.

Day Care: Costs above and beyond typical parental responsibility are fundable. For children under 12, the difference between the cost of regular day care and specialized day care due to disability is fundable. Day care may be fundable for children ages 12 and over if needed.

Homemaker: General household activities such as cleaning, laundry, meal prep, and household care when the person, family member, or primary caregiver who is regularly responsible for these activities is unable to manage the household activities or is temporarily absent. Annual suggested limit is \$3,000 per year.

Nursing staff: Staff person must be a LPN or RN. May be employed through an agency or an independent contractor. Must have a copy of professional license. The need for nursing services must be outlined in the CSP along with identified job duties. Wages will be established based on the state set rate and customary wage for similar support.

Respite Care – In Home:

- Family members who reside in the client’s home may not provide daily respite unless the family member is NOT the primary caregiver AND the primary caregiver is away overnight.
- Respite services are NOT tax-exempt.
- Unlicensed individuals providing respite who are being paid through an Agency of Choice must be paid hourly.
- Unlicensed individuals may be paid a daily rate if providing respite for 10 or more hours in one day.
- All time paid must be documented to be submitted to the FSE for payment.

Respite Care – Out of Home:

- Unlicensed individuals providing out-of-home respite may be paid hourly or daily. A daily rate may be used when providing 10 or more hours of respite per day. The rate must be enough to pay the staff minimum wage for hours on duty. Respite providers paid by agencies do not qualify as independent contractors.
- All time paid must be documented to be submitted to the FSE for payment.
- CAC: Out-of-home respite must be provided by registered nurses.

Support Staff – Formal for Personal Care (PCA Agency): The staff person must meet the requirements in state law and meet the qualifications described in the CSP.

Support Staff – Informal: Is fundable, and is limited to 40 hours a week per person and meets qualifications described in the CSP. Wages must fall within a customary rate for the services provided and be at least minimum wage as determined by the union.

- The customary range for direct care staff is between \$13.25 - \$18.00 per hour. A higher rate for those with specific training, certification, or expertise necessary to meet the needs of a consumer will require information verifying the need for the higher wage and/or special qualifications.
- Background checks are required for all staff per MN statute 245B, effective 7/1/10.
- A participant may be a staff person for another participant on a waiver if they meet the qualifications and/or requirements for the service to be provided.
- Staff will accrue paid time off (PTO) according to the union contract.
- Staff will receive holiday pay at 1.5% for the identified holidays in the union contract.
- Paying staff outside of the country is not allowed.
- Support staff bonuses are allowed. The bonus must be related to an overall compensation package and outcomes achieved by staff. The CSP must include the timeframes the bonus is to be given, amount given and outcomes achieved (e.g. punctual, longevity, specialized training, etc.). **A bonus must be pre-approved at least two months prior to usage. Parents, legal guardians, children, and spouses cannot be paid a bonus.**

Support Staff – Parent of Minor Child: Is fundable and is limited to 40 hours per week total for everyone paid, regardless of the number of children with disabilities and/or the number of parents, households, or custody issues. Parents include biological parents, stepparents, and adoptive parents. Payment must be for tasks above and beyond typical age-appropriate parenting. Child must have at least one dependency on the “Minnesota Department of Human Services Supplemental Assessment for Children under 18”. Parent must meet the staff qualifications described in the CSP. The CSP must include a work schedule and work tasks. The maximum hourly rate paid to a parent is set by DHS.

Support Staff – Spouse of Client: Is fundable and is limited to 40 hours per week. Payment must be for tasks above and beyond typical spousal responsibility. Client must have at least one dependency. Spouse must meet the staff qualifications described in the CSP. The CSP must include a work schedule and work tasks. The maximum hourly rate paid to a spouse is set by DHS.

Treatment and Training

This expense category includes services that promote the participant’s ability to live in and participate in the community. This includes assistance in learning a new skill, improving a skill, or relearning a skill. **Participants on the IDD waiver must have at least one skill acquisition service or activity clearly detailed in their plan.**

Adapted Community Activities: Activities that are specifically for individuals with disabilities (such as Special Olympics, Miracle League, adaptive sports, project power, etc.) are fundable when outcomes are detailed in the CSP. Adaptive equipment is fundable along with related

staff time and mileage. Other equipment that is not adapted is not fundable (e.g. helmets, basketballs, non-adaptive equipment).

Adaptive Swim Lessons: Swim lessons that are adapted to meet the individual needs of the participant due to their disability. Swim lessons listed as adaptive are allowed and 1:1 instead of group lessons are considered adaptive and allowable.

Alternative Therapy: Is non-experimental therapy (see Unallowable Category for definition of experimental) that is not covered by straight MA. It may be allowed with a prescription by a Minnesota MA enrolled *physician*. In addition, the physician will be asked to complete the “Alternative Treatment Tool for MHCP-Enrolled Physicians” form. The prescription and the alternative treatment form must be attached to the CSP. Related equipment and supplies do not require a separate physician’s prescription. (Prescriptions will need to be renewed annually). Examples include: music therapy, hippotherapy, aromatherapy, therapeutic listening program, massage therapy, behavioral therapy, feeding therapy, biofeedback, etc.

Camps: Camps offer a variety of experiences and are also often used as respite and may be fundable with a CSP. The camp must be related to the disability and may be specialized to enhance or build skills. Camps that are not skill building or specialized would be in the personal support category.

Community Activities: Related staff time and mileage is fundable. Community activities specifically for individuals with disabilities (Special Olympics, Project Explore) are fundable. See “Community Activities” in the Unallowable Category for what is not fundable. Activities NOT related to the disability that are typically paid by parents of non-disabled children are not allowed.

Community Education Classes: For skill development; may be fundable when part of an approved plan. For persons with Intellectual Developmental Disabilities the classes should be related to the disability and associated with a skill acquisition or goal. Exception: Classes related to fitness and exercise for minors is not allowed.

Day and Employment Services and Activities: Formal and informal adult day care options or vocational/employment related services. Licensed agencies must bill the fiscal and the rate should be determined by utilizing the rate management system. The rate will be provided by your case manager. Creative vocational options are welcomed and approvable.

Driver’s Education: Driver’s education assessment (Courage Center, certified agency) for vision testing, reaction time, memory/problem solving, strength and coordination, cognitive processing skills, and assessment for adaptive driving equipment. Driving lessons are allowed above and beyond what’s typical and must be an approved outcome in the CSP.

Extended Therapy: Extended therapies beyond what insurance will cover (e.g. physical, pool, occupational, chiropractic, speech) can be covered with Dr. Order.

Fitness and Exercise Programs for Adults: Are fundable when necessary and appropriate to treat a physical condition or improve or maintain the client’s physical conditions as identified in the CSP and monitored by a MHCP-enrolled physician. A prescription will be required to document care by a physician. The CSP must delineate how the client will use the program and how the usage will be documented. This documentation may be requested by the case manager.

Formal Licensed Waiver Services: (NON-HOME CARE) Are fundable. All costs must be billed through the Fiscal Support Entity and come out of the individual budget. Rates for licensed services must be determined by utilizing the rate management system. Participants will need to work with their case manager to obtain the provider’s rate for services and supports. Staff must meet the requirements in state law and the qualifications described in the CSP.

Person Centered Thinking and Planning: A facilitated discovery process to help participants and family members gain clarity in what is possible for the future and to express what they desire for their lives over their lifetime. Ask you case manager for a list of facilitators.

Support Staff – Habilitation Activities (Skill Building): Are waiver fundable.

- Activities must be directed toward increasing and maintaining physical, intellectual, emotional, and/or social functioning.
- May include therapeutic activities assistance, training, supervision, and monitoring in the areas of self-care, sensory and motor development, interpersonal skills, communication, reduction or elimination of maladaptive behavior, community living and integration, mobility, healthcare, money management, and household chores.
- Things that are “unallowed” such as tickets, food, and going to restaurants may not be purchased even if they are used for habilitation purposes.
- This can be done by paid or unpaid staff for persons with Intellectual Developmental Disabilities.

Support Staff – Informal: Same guidelines apply as under personal assistance staffing.

Training for Caregiver: The registration fees for conferences, classes, and workshops are fundable. Expenses for travel, lodging, or meals related to training are not fundable.

Tutoring/Post High School Programs: Tutoring is fundable when it is above and beyond what school is required to provide based on the client’s Individual Education Plan (IEP). Can utilize agencies or independent contractors. Post high school programs such as: Bethel Build Program or MN Life College are partially fundable. Classes that focus on skill building and independent living skills can be funded. Discuss this option with your case manager for additional breakdown of approved services and supports.

Environmental Modifications and Equipment Guidelines

Environmental modifications and provisions include supports, services, and goods provided to the recipient to maintain a physical environment that assists the person to live in and participate in the community or are required to maintain health and safety.

The modification/adaptation or equipment items:

1. Are necessary for the health, welfare, and safety of the person.
2. Enable the person to function with greater independence.
3. Are of direct and specific benefit due to the person's disability.
4. Are the most cost-effective solution.

The waiver is able to reimburse the purchase, installation, maintenance, and repairs of environmental modifications and equipment provided that the repairs are cost efficient compared to the replacement of the item(s). Before equipment or supplies are approved the case manager may request a recommendation, assessment, or denial from other funding sources before a decision can be made.

Clients accessing CDCS through the CAC, CADI, TBI, or DD waivers must utilize their individual CDCS budget to cover up to \$5,000 worth of modifications/adaptations or equipment in their budget year. For modifications or equipment costing more than \$5,000, the client may request that Washington County consider further expenditures outside of their individual budget. The county will review requests based on the current status of total waiver expenditures, total numbers of paid staff hours per week, prior history of unspent money yearly, and amount of natural family support.

Modifications over \$10,000 need at least two comparison itemized bids. Labor reimbursement to a family member is an unallowable expense. If a home construction project is likely going to be over \$10,000, an assessment by a physical therapist and/or an occupational therapist will be requested. The current state set maximum per year for modifications for each individual consumer is \$40,000.

The only time a recipient can add square footage to a home is for a bathroom if a person is in a wheelchair and it is the only way to make it accessible. The project has to be cost neutral so all services including the modification are required to be paid out of the annual CDCS budget. An occupational therapist's recommendation is required and DHS has to approve the project before payment is made. See the DHS Disability Services Program Manual for adding additional square footage guidelines:

www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_145944#

Refer to WCCS Home Modification policy for additional guidelines.

Adapted Play Items: Adapted toys/play items may be funded when recommended by a physician or therapist. Suggested limit of \$350 per year. Age-appropriate items and items that are the responsibility of the parent or spouse to provide are not allowable.

Adaptive Chairs/Lift Chairs: Are fundable if not covered by MA or other insurance.

Alarm Systems: Approved if it is the most cost-effective means to notify participant leaving. Suggested limit is \$1,200 for installation and monitoring. Monthly monitoring fees can be paid but not in advance.

Alternative Therapy Supplies: Is a non-experimental therapy not covered by MA. An “Alternative Treatment Tool” form should be used to prescribe the therapy by an MA-enrolled physician. Related equipment and supplies are allowed and do not require a separate physician’s prescription.

Assistive Technology: Technology that allows individuals to communicate functions or perform activities of daily living. This includes vision and reading aids, speech and communication aids, writing and typing aids, accessible software, adaptive keyboards, adaptive utensils, switches, and dressing aids.

Bed: Adaptive beds/mattresses that are not covered by MN MA. Must be for health and safety. Must have a letter of recommendation from an appropriate therapist.

Bed Linens/Protective Covers: Only bed linens with an explanation of medical or behavioral need are acceptable fundable expenditures. Suggested limit is \$300.

Behavioral Rewards/Reinforcers: Behavior rewards that look very similar to parental responsibility (such as toys, videos, books, etc.) may be fundable with a structured behavior program written by a therapist/health care provider and described in detail in the CSP. (Things that are “unallowed” such as tickets, food, going to restaurants may not be purchased as reinforcers). Suggested limit is \$350 annually.

Bikes: Are fundable when adaptive. Only modifications to non-adaptive bike is fundable. Suggested limit is \$5,000 annually.

Books and Subscriptions: Are allowed when related to the client’s disability and are needed to support an outcome in the CSP or is disability related training for a caretaker. Suggested limit is \$250 annually.

Carpet/Car Cleaning: Allowed due to incontinence or bodily fluids. Includes professional cleaning or rental of equipment (including cleaning supplies). Purchase of carpet cleaner will be considered if cost-effective. Limit of 2x per year of carpet cleaning.

Chore/Heavy Cleaning: Such as lawn mowing or snow removal are allowed when it is used to enable the caregiver to support the client or when a client’s disability prevents them from completing these tasks. Chore services will be covered only if no one in the household is capable of providing this service. Related supplies such as chemicals, Chemlawn, etc., are not fundable.

Clothing: Clothing purchased that has adaptations built into the clothes by design is fundable. Replacement clothing due to excessive wear and tear as related to the disability is fundable. Alterations to clothing due to the disability are fundable. Suggested limit is \$400 annually.

Computers/Tablets/Software: Including peripheral equipment/supplies (e.g. printer, scanner, printer ink, paper) are fundable. The need for items must be listed in the CSP and should

include: specific reference to the use and relation to the disability, is the person capable of using it, and is it the most cost-effective item to meet the need.

- Computers/tablets and the peripheral equipment suggested limit is \$1,200. Software that is related to the disability is fundable; suggested limit \$1,000 annually.
 - Replacements for computers purchased with CDCS funds will be considered if the computer is more than 3 years old.
- iPads: \$599 plus tax. If a carrying case/protective cover is recommended, this is fundable. The suggested limit will be \$700 for iPad and accessories.
 - Training for assistive technology is also approved and recommended, if needed.
 - Replacements for computers purchased with CDCS funds will be considered if the computer is more than 3 years old.
 - CDCS will only provide financial compensation for **a computer or iPad – not both.**

Internal/Nutritional Products: Prescribed product adding nutritional value to participant’s diet through a tube (enternal) or through the mouth needed because of a specific disability or condition. Needs to be prescribed by a MHCP provider and denied by insurance.

Fences: Must be related to the disability and to ensure health and safety and should include the most effective materials and height to meet the identified need. The age of the child will also be taken into consideration when requesting a fence. Expenditure is \$10,000 which must include labor and installation.

Food/Liquid Thickening Agent: Products such as “thick it” are allowable after insurance has been pursued and denied. Will need a doctor’s statement of need.

Global Positioning Device (GPS): The device and the monthly monitoring fee are allowable for tracking those with elopement issues and/or those who are not able to communicate their whereabouts.

Home Delivered Meals (Adults ONLY): Provided to participants not able to prepare their own meals and for whom there is no other person available to do so.

Home Modifications: May include but are not limited to such items as installation and maintenance of ramps, grab bars, widening of doorways, modification of bathrooms and kitchens, installation of electric or plumbing systems to accommodate medical equipment, shatterproof windows, or floor coverings for mobility purposes. All projects over \$10,000 will need two bids from qualified vendors and an assessment by a consultant may be required to determine/evaluate the need and appropriate modifications and/or adaptations.

Internet Access: May be funded if it is the most cost-effective way to meet the person’s assessed outcomes and goals. The internet must be for the direct benefit of the person and related to his or her disability and included in the person’s CSP support plan. CDCS will not pay for enhanced features or upgrades beyond basic service such as higher speed. If the internet services are bundled with other services, an itemized statement that verifies the separated cost

of the internet service is needed and potential cost estimates from available providers to ensure cost-effectiveness. CDCS funds may cover:

- Additional costs for the set-up and equipment if the person moves
- Equipment maintenance and repair
- Initial costs for set-up and equipment (e.g. router, installation, modem, equipment lease, etc.) if they are necessary for the internet service's operation
- Monthly internet service fee

Laundry Costs: Extra supplies/cost of utilities resulting from the person's disability are fundable with a suggested limit of \$600 annually or \$3.50 per load.

Mileage Reimbursement to Support Staff (Including Other Family Members):

Is fundable when transporting to non-medical activities identified and approved in the CSP. The rate cannot exceed the federal mileage reimbursement rate and it must be documented. The suggested limit per year is \$2,600. Parents of minors or spouses cannot be paid for mileage (the only reimbursable service for parents and spouses is personal assistance).

Parking Reimbursement to Support Staff:

Is fundable when the need is related to the transportation of the consumer to medical or non-medical activities identified and approved in the CSP.

Personal Care Supplies that ARE Disability Related: That are above and beyond typical personal care supplies are fundable as described in the CSP and are unfunded by MA or another payer source. Examples include: adaptive utensils, clothing protectors, electric toothbrushes, and incontinence supplies, etc.

Portable Generators: Are fundable to maintain life-sustaining medical equipment.

Property Damage: May be funded when directly related to the client's disability and is replacing the property with adaptive material or equipment to prevent future damage. Replacing property due to normal wear and tear is not funded. Excessive wear and tear related to the disability may be considered. For each maladaptive behavior that results in property damage, there must be a documented prevention plan in the CSP. Increased parental or staff supervision alone is not an acceptable behavior intervention plan. Vinyl flooring up to \$3.50 per square foot and the installation of vinyl flooring. The consumer can upgrade at their own expense.

Ramps: Are fundable.

Safety Equipment: Such as alarms, monitors, and shatterproof windows are allowable expenditures.

Sensory Supplies and Equipment: Are fundable and require a therapist's recommendation. This includes swings, weighted vests/blankets, fidgets, etc.

Special Diets: Must be prescribed by a physician and be related to the disability. We will reimburse up to 25% of the USDA food cost liberal plan amount according to the age and gender of the individual. Example: child is age 9 and the monthly liberal budget is \$278.10. We can pay up to \$69.53 per month for specialized diet. For current prices please refer to: www.cnpp.usda.gov/USDAFoodCost-Home.htm. Fruits and veggies are naturally gluten-free but not specialized so are not allowable purchases. Vitamins and dietary supplements are not allowable; even with a prescription.

Storage/Locked Cases: For specific equipment and medications are fundable.

Transportation: Transportation expenses such as Metro Mobility, Lyft, and Uber are fundable. Medical transportation must be used for medical appointments.

Vehicle Adaptations: For the person's primary means of transportation. Must have two itemized estimates that include the most cost-effective materials. The first \$5,000 must come out of the person's annual budget. This may cover, but is not limited to, lifts, ramps, tie downs, handrails and grab bars, or repairs to this equipment.

Video Monitoring Systems: There must be a documented need in the CSP related to the disability or condition. Video monitoring in bedrooms cannot be purchased without approval from MN DHS unless a parent of a minor requests for health and safety reasons. The following form will need to be completed: [MN – DHS-6789 Monitoring Technology Authorization form](#). The purchase of video monitors in the bathroom are never allowed.

Wheelchairs/Adaptive Strollers/Scooters: Are fundable if not covered by MA or other insurance.

MA Home Care Service (PCA, Home Care, or Nursing Service)

This category includes licensed services provided by a homecare agency including Personal Care Attendant (PCA), Skilled Nursing, Home Health Aide, and Private Duty Nursing.

The service must be listed separately and billed directly to DHS (or managed care entity if applicable) by the homecare agency. These services are not billed through the fiscal agency. By a licensed certified agency. State set rate used and deducted from the CDCS budget.

Home Care Nursing: State plan home care service with a state set rate. Deducted from CDCS budget and provided by a licensed and certified agency. Extended home care nursing comes directly out of the CDCS budget.

Home Health Aide (HHA): State plan home care services are provided by a licensed certified agency. State set rate used and deducted from the CDCS budget. Extended HHA comes directly out of the CDCS budget and filled through the fiscal.

Personal Care Assistance (PCA): PCA staff must meet the state requirements from the identified home care agency and meet qualifications described in the CSP. Rates established by

the state, separated into six month amounts, and must have supervision of 96 units per year. Extended PCA comes directly out of CDCS budget and billed through the fiscal.

Self-Direction Support Activities

Employee Health Insurance: Is fundable for the primary employee only who works at least 20 hours average per week.

Employer Costs: Employer costs such as payroll FICA, FUTA, SUTA, Workers' Compensation, wages, employer shares of benefits, and liability insurance are fundable. Processing fees are fundable.

Fiscal Support Entity Fees: Are fundable.

Recording Keeping Costs: Such as postage, copying, print cartridges, printer, scanner, and supplies are fundable. Suggestive limit of \$300 annually.

Self-Direction Support Activities: Including services and expenses incurred for administering or assisting the consumer or their representative in administering CDCS; such as advertising for staff, PTO for employees, office supplies, or for employee-related expenses.

Support Planner: Is fundable and may be purchased from an individual or agency and must be certified by the state. Parents of adults may be certified by the state and act as the support planner, but if being paid as a support planner, they cannot also be paid as staff. Parents of minors cannot be paid as a support planner.

Other

The following are other important CDCS information and reminders:

Admission to Hospital: CDCS services may not be billed during a time when a participant is in the hospital. The waiver must be closed if the hospital stay is over 30 days.

Admission to Nursing Home: CDCS services must be ended immediately once the participant is admitted into the nursing home.

Amending the Plan: The approved Community Support Plan is considered the plan in effect unless and until any proposed changes are submitted to the case manager and approved. The Community Support revision form must be submitted and approved by the case manager and/or Waiver review team. No changes can be made to the plan the last 30 days of the plan year.

Appendix A: Unallowed Expenses

- **Advocacy Services**
- **Babysitting**
- **Cable Television**

- **Cell Phones:** DHS views this as a utility. Free phones are available for individuals who have a limited income.
- **Community Activities:** Memberships to the zoo, Science Museum, YMCA (for minors), etc. are not fundable. Restaurant food is never allowable. Tickets to sporting events, plays, movies, etc. are not allowable.
- **Compounds:** Are not fundable. Compounds are defined as prescriptions prepared in accordance with Minnesota Rules 6800.3100. Compounded prescriptions are not commercially available.
- **Dietary Supplements:** Are not fundable, even with a prescription. Dietary supplements, including things such as Ensure, are considered over-the-counter medications.
- **Educational Costs:** Anything the school would be financial responsible for; including tuition and home schooling supplies.
- **Experimental Treatments and Therapy:** Experimental treatment is defined as “drugs, therapies, or treatments that are unproven, have been confined largely to laboratory use, or have progressed to limited human application and trials, and lack wide recognition from the scientific community as a proven and effective measure of treatment.”
- **Guardianship/Conservatorship Costs**
- **Health and Fitness Activities for Minors**
- **Legal Fees**
- **Medical Co-Pays:** Including Tefra, MA, PMAP, and private insurance.
- **Medical Marijuana**
- **Medical Mileage:** Not funded because it is fundable through straight MA. Requests for medical mileage are through MNET: 1-866-467-1724.
- **Memberships to Non-disability Related Agencies.**
- **Mileage for Spouses and Parents of Minors**
- **Over-the-Counter Medications**
- **Personal Care Supplies NOT Disability Related**
- **Pets/Animals and Related Costs**
- **Pools/Hot Tubs**
- **Prescriptions**
- **Recreational/Leisure Activities**
- **Room and Board**
- **Sibling Care**
- **Socialization**
- **Solutions:** Are not fundable. Solutions are dose forms of prescriptions or over the counter medications available either commercially or compounded individually by a pharmacist. Examples are: irrigating solutions, wound care solutions, solutions made from tablets or capsules for those who can’t swallow a tablet or capsule.
- **Toys/Games/Videos**
- **Training for Caregiver/Related Expenses:** Lodging, meals, and travel related to conferences, classes, and workshops are not fundable.
- **Vacation Expenses**
- **Vehicles**
- **Vitamins/Supplements**
- **Wills and Trusts**