

Aging and Disability Services Consumer Directed Community Supports (CDCS) Guide to DHS Policy- Unbundled

May 2026

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IMPORTANT INFORMATION ABOUT THIS DOCUMENT	
CDCS policy can be found in the CDCS Policy Manual and the CBSM. For up-to-date information on policy updates, click HERE. These guidelines were developed to assist the lead agency with navigating policy outlined by DHS in the CDCS Policy Manual and CBSM. Ramsey County will not create or implement additional policies in addition to or that are inconsistent with DHS policies.	
CDCS RESOURCES	
Consumer Directed Community Supports (CDCS) Policy Manual-This manual is the primary source for CDCS policy and is a reference for lead agencies, fiscal agents, CDCS support planners and people who use CDCS. Community-Based Services Manual (CBSM)- The CBSM is a resource for lead agencies who administer home and community-based services that support older adults and people with disabilities. The Aging and Adult Services (AASD) and Disability Services (DSD) divisions publish guidance on and explanation of policy in the manual. DHS – CDCS: This page gives an overview of CDCS and provides contact information for questions and assistance. DHS – CDCS and home care nursing frequently asked questions: Includes frequently asked questions and DHS responses about the home care nursing process for people who use CDCS.	
GENERAL GUIDELINES	
What is CDCS?	Consumer Directed Community Supports (CDCS) CDCS is a service option available to people on home and community-based services (HCBS) waivers and the Alternative Care (AC) program. CDCS gives a person flexibility in service planning and responsibility for self-directing their services, including hiring and managing support workers. CDCS may include traditional services and goods, as well as self-designed services.
Eligibility for CDCS	Participants must meet the following eligibility criteria: • Have Medical Assistance based on disability (Except for AC) • Have waived services or AC services • Participant is not currently on the Minnesota Restricted Recipient Program or “MRRP”. • Participant is not receiving any of the following services: ○ Licensed foster care while residing in a residential setting licensed by DHS ○ Customized living services. ○ Integrated community supports. For a person currently using CDCS, if they exit the waiver/AC more than once during their support plan year, they are ineligible for CDCS for the remainder of that support plan year. For individuals with active child/adult protection cases, case manager should consult with the coordinator to ensure CDCS is a healthy/safe option. (From the lead agency manual “Unless a consumer’s plan, including personal risk management, results in unaddressed health and safety issues that are so significant that a referral to Adult Protective Services or Child Protective Services will result, a plan should not be denied for health and safety reasons.”)
CDCS Process and Procedure	The CDCS Process and Procedure page outlines the process if starting CDCS services from the assessment to plan approval and oversight. It clarifies the responsibilities of the Lead Agency, the

	person or their managing party, and the FMS.
CDCS Trainings	Participants: DHS has designed a training module for those interested in or receiving CDCS services. Prior to starting CDCS, the person or their managing party needs to take the DHS training CDCS: Is it right for you?. Case Managers: Can find CDCS Training requirements for Ramsey County in the document, “New Case Manager/New Supervisor CDCS Training Guide”.
Budgets	A person’s individual CDCS budget amount is calculated using a formula developed by the state. DHS calculates budget amounts according to federal authority for each program and issues CDCS budgets at least annually. Each person’s annual state-set budget is the amount available to them to purchase allowable goods and services. The individual CDCS budget must include the costs of all the person’s waiver services and Medical Assistance (MA) state plan home care services. For information on Budget Methodology, Legislative Budget changes, prorating budgets, etc., see the CDCS Budgets page in the CDCS Policy Manual. (Note: Ramsey County prorates per diem (daily) instead of monthly. This is more accurate and aligns with calculations in the WMS system. Communicating CDCS Budget information: Lead agencies must provide CDCS budget information to the person and their legal representative. For more information, refer to CDCS Manual – Resource: Communicating CDCS budget information for people using waivers and AC. Exception to the CDCS Budget Methodology for BI, CAC, CADI, and DD waivers: The CDCS budget exception increases individual CDCS budgets once, by 30%, for people who meet the eligibility requirements. To be eligible for the exception, the person must meet one of the following sets of requirements. Go to the Policy for more information on eligibility criteria and the process. CDCS Enhanced Budgets: The purpose of the CDCS enhanced budget is to help people with high needs attract and retain qualified workers. A 12.5% CDCS enhanced budget is available for work that is: • Provided by a worker who has completed qualifying trainings. • Provided to a person who is eligible for 10 or more hours per day of state plan PCA and/or has the home care rating EN. Go to the policy for more information.
The CDCS Plan	Because CDCS is a Self-Directed program, the participant or managing party is responsible for writing the plan. The case manager’s role is to provide training on CDCS along with providing participants with written information to educate participants on available service options, their responsibilities, and service limitations. For information on writing a CDCS Community Support plan, go to the policy. Support Planning Services is an optional service that helps with the development of the CDCS plan and helps with changes throughout the year. Payment for the services comes from the CDCS budget. For the form, refer to: CDCS CSP, DHS-5788A.

Allowable/ Unallowable	<u>Allowable and unallowable goods and services under CDCS-</u> Allowable CDCS expenditures may include traditional goods and services available through the state plan, waiver and AC programs, as well as alternatives designed by the person. Because waiver/AC funds pay for covered CDCS goods and services, the goods and services must meet waiver/AC criteria for allowable expenditures. A good or service must meet all of the following criteria: • Included in the person’s CDCS community support plan (CSP). • Necessary to meet a need identified in the person’s assessment. • Related to the person’s disability and/or condition. • For the direct benefit of the person, with the exception of services that provide relief or training for caregivers if the person chooses and benefits from that support (e.g., respite, homemaker, chore services, family training and counseling, specialist services, family caregiver services). In addition to traditional state plan and waiver/AC services and goods, the following are also allowable CDCS expenditures if they meet the allowable waiver expenditure criteria and fit into one of the service categories: • Specialized therapies or behavioral supports not available through other funding sources, such as Medical Assistance (MA). • Additional or specialized foods a person needs for a prescribed diet (refer to CDCS Manual – Guidelines for special diets [pre-unbundling]) • Expenses related to CDCS CSP development and implementation. • Financial management services (FMS) provider costs related to managing the person's budget. CDCS can cover goods and services that support the person’s assessed needs for community integration and inclusion, as long as the goods and services meet the criteria on this page and are not listed in the unallowable section. Unallowable Expenditures The waiver/AC does not cover goods and services when they: • Are provided before the person develops their support plan. • Are not included in the support plan. • Are recreational or diversionary in nature. • Are for comfort or convenience. • Duplicate other services in the support plan. • Substitute natural supports appropriately meeting the person’s needs. • Are not the least costly and effective means to meet the person’s needs. • Are available through other funding sources (refer to the section below). • Pay for the cost of educational expenses. • Pay for the cost of utilities. The waiver/AC cannot be used for good/services that are available through other funding sources, including, but not limited to: • MA state plan.
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	(Examples: Medical, dental, orthodontic services, OT, PT, Speech, medical transportation, chiropractic, acupuncture. For items/services covered under MA, check the MHCP PROVIDER MANUAL) • Medicare. (For items/services covered under Medicare, check Medicare.gov.) • Educational expenses. (Examples: College classes for credit, home based schooling, transportation to and from school, tutoring while eligible for public education) • Title IV-E of the Social Security Act. • Vocational services available and funded under Section 110 of the Rehabilitation Act of 1973 (refer to CBSM – Guidance for employment services authorization). • Long-term care insurance. • Other liable third parties. “Available” means the good/service is funded by the other source, regardless of the person’s eligibility, provider preference (i.e., person wants services from non-enrolled provider), desire for an upgraded version of a comparable covered item, responsible third-party payer or convenience. If a good/service is available through another source, the person must work with the entity responsible for funding that good/service to access it. If the person is not eligible or the good/service is denied, the person must follow the reconsideration or appeal process. Unallowable CDCS expenditures include: • Travel, lodging or meal expenses. • Items or support normally provided by the person or their parents, family or spouse (e.g., parent helping their two-year old child with toileting. Other examples could include general household maintenance, household appliances/supplies.) • All prescription and over-the-counter medications, compounds (as defined in Minn. R. 6800.3100), solutions and related costs (including premiums and co-pays). • Animals, including service animals, and their related costs. • Attorney costs or costs related to advocate agencies. • Experimental treatments. • Fees incurred by the person (e.g., MHCP fees and co-pays). • General vehicle maintenance. • Membership dues or costs, except those related to fitness or physical exercise for adults as specified in the person’s support plan. • Home modification of a residence other than the person’s primary residence, including the residence of the parent(s) of a minor when the minor does not live there. • Home modification that adds square footage. Exception: The lead agency can request DHS approval to increase a home’s square footage when the increase is necessary to build or modify a wheelchair accessible bathroom. For more information, refer to CBSM – Additional square footage. • Insurance. Exception: CDCS can cover employee insurance for direct support workers. • Room and board. • Personal items. • Tickets and related costs to attend sporting or other recreational events. • Vacation expenses beyond direct service costs. • Internet access
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	• CDCS services for any person who is placed on the Minnesota Restricted Recipient Program (MRRP). A person is prohibited from using CDCS during the time period they are in the MRRP. IMPORTANT NOTE: In addition to the above items listed on the allowable/unallowable goods and services page of from CDCS policy manual, each CDCS category has its own list of allowable/unallowable items as well that need to be considered. List of common requests that do not meet waiver criteria, and are therefore not allowable: Items or support normally provided by the person or their parents, family or spouse and items that are recreational or diversionary in nature are not allowable: • Cable TV/Streaming apps/TV • Video Game systems • Full size trampolines (Note: individual could be considered for sensory needs) • Toys (toys that meet a sensory need could be an exception) • Furniture (non-adapted) • Food (unless related to special diet, and approved in the plan) • Beds/Mattresses (if a specialized bed is needed, also unallowable as the waiver/AC cannot be used for good/services that are available through other funding sources, such as MA or Medicare.) • Vacation packages-(Ex. Search Beyond Adventures, Ventures Travel, Wilderness Inquiry etc. Staffing for travel is allowable) Not Related to the person's disability and/or condition • Storage • General computer software (Norton Anti-virus, Adobe, etc.) Items/services for comfort or convenience: • Door dash/uber eats delivery fees (grocery delivery is allowable) For the direct benefit of the person, with the exception of services that provide relief or training for caregivers if the person chooses and benefits from that support • Replacement of items damaged by participant, not belonging to the person The waiver/AC cannot be used for good/services that are available through other funding sources. • Repair of home, fence, etc. due to storm damage (Homeowners insurance) Items that are generally determined to be unallowable when above criteria is applied, and will depend on the specific items requested: ○ Behavioral Rewards/Reinforcements- All items approved need to meet all elig criteria above. ○ Property Destruction/Replacement of items. (This does not include adaptations/modifications due to property destruction.) Items or support normally provided by the person, or their parents, family or spouse and the waiver/AC cannot be used for good/services that are available through other funding
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	sources, including, educational expenses: • Tutoring for children • Homeschooling Costs • Tuition/fees • Post-secondary tuition/costs Items that violate the provisions of Minnesota Rules, chapter 9544. Minnesota Rules, chapter 9544 are not allowed. • Seat belt harness or buckle guards • Other items used for restraint of the person
Unbundled Service Categories	Under CDCS, a person can choose traditional goods and services available through the Alternative Care (AC) program and home and community-based services (HCBS) waivers. They also can design services to meet their specific needs. The goods and services approved in the person's CDCS community support plan (CSP) must be categorized into one of the following CDCS service categories: • Personal assistance. • Community integration and support. • Treatment and training. • Individual-directed goods and services. • Environmental modifications – home modifications. • Environmental modifications – vehicle modifications. • Financial management services (FMS). • CDCS support planning services.
Important information about staffing	The following information applies to all unlicensed CDCS staffing hired by the FMS whether in the Personal Assistance section, or in the Community Integration and support categories below. Background Studies: All paid persons in the CSP must pass a background study through MN DHS Licensing Department. • FMS's and Licensed Service Providers are responsible for coordinating background studies on all prospective employees. • Anyone who fails to pass the background study are disqualified from providing CDCS Services. • All Background studies are paid for through Ramsey County and not the CDCS Budget. Restricted MA- Anyone who is on restricted MA, will not be able to be paid staff. This includes Paid Parent of Minor and Paid Spouse. Services outside of MN- Staffing can be used for temporary out of state travel or if a person is attending an out of state post-secondary school. In addition, someone may have a need to use a provider who is out of state. This is allowable only if in the local trade area of ND, SD, IA, or WI. Go HERE for more information about out of state services. Waiver services, including CDCS, cannot be used outside of the United States. Staffing agencies- If requesting staffing through an agency/provider other than the FMS, they MUST be a licensed 245D provider or properly enrolled with DHS. Enrollment will depend on the services the staff will provide. Participants should consult with their case manager before setting up services with a staffing agency. Case managers need to consult with the coordinator to determine if the staffing

	agency can be approved.
Employee Related Costs	Tax Questions Workers are responsible for checking with their FMS and tax advisor regarding implementation regarding any tax related questions: • The IRS Website regarding 2014-7 Exclusion Rule states that certain wages earned by employees providing services to individuals on a Medicaid Waiver can be excluded from federal and state income taxes. • FMS will determine the specific payroll taxes rate for each employee.
PERSONAL ASSISTANCE	
Definitions	CDCS personal assistance: 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.
Covered Services	Direct support (CDCS Staffing or PPOM/Spouse) • Assistance with ADLs. • Assistance with IADLs. • Caregiver relief. Employer-related costs (fees, taxes, benefits). See CDCS policy manual for detailed information, but includes: • Fees and taxes • PTO and Holiday pay • Employer share of health insurance • Bonuses to workers Bonuses to workers directly employed by the person: The person can incorporate an optional worker bonus into their CDCS community support plan (CSP) to help them recruit, reward and retain their workers. The person's CSP must describe the bonus in detail, including: • Purpose and intent of the bonus. • What the worker must achieve to receive a bonus (e.g., length of service, job performance, extra hours worked, taking open shifts). • Bonus amount. • Evaluation period • Frequency of bonus distribution. Remote support: Workers can deliver CDCS personal assistance through remote support. Services delivered through remote support must meet all of the requirements listed on CBSM – Remote support.

Non-Covered Services	The person or representative cannot pay workers to provide: • Services to the person while they travel outside the country. • Services and tasks a spouse or parent of a minor typically is responsible to perform. • Services that function solely as a substitute for childcare. The person or representative cannot reimburse themselves to: • Develop or administer the CDCS CSP. • Hire, train or manage workers.
Worker Ratio	CDCS workers provide services on a 1:1 basis unless both the following are true: • The lead agency approves the use of shared services. • The person has an assessed need that requires more than one worker to provide personal assistance at the same time. Note: The person's CDCS CSP must identify and summarize the person's assessed need and describe why they need additional worker support. The lead agency must approve additional worker support before implementation. Examples of assessed needs that may require more than one worker to provide personal assistance at the same time include, but are not limited to: • A specific ADL (e.g., shower/bath, transfer). • Behavioral challenges. • Covered IADL.
Provider Qualification	The person or their representative (if applicable) directly hires their workers. As the employer of the workers, the person or their representative are responsible to recruit, select, employ, train and manage their worker(s). Workers are excluded from licensure under Minn. Stat. §245A.03, subd. 2 (1) and (2) but must meet the requirements of both: • Minn. Stat. §245D.06 for incident reporting and prohibited and restricted procedures. • Minn. Stat. §245D.061 for the emergency use of manual restraint. See CDCS policy manual for detailed information on provider qualifications.
Determining staff wages	A person who uses CDCS or their representative determines the hourly wage rate for the CDCS worker. A person can pay a worker an hourly wage rate that aligns with the: • Worker's experience and credentials. • Skills the person hires the worker to perform. A person should consider the following when determining their worker's hourly wage rates: • Person's level of care/assessed needs (e.g., supporting a person with challenging behaviors; complex needs; physically demanding care like lifting, transferring or total care). • Skills and experience required to perform the job tasks the worker has been hired to perform. • Work schedule (e.g., difficult-to-fill days/times).

	Note: Wages for workers with similar job duties may vary across the state. In addition, a worker supporting a person with higher needs (e.g., behavior, physically demanding care), could receive higher wage rates in all areas of the state.																							
Paying a spouse or parent of minor	Personal assistance services are the only services for which a spouse or parent of a minor may be paid with consumer directed community supports (CDCS) funds. While a spouse or parent of a minor may also serve in other supportive roles (e.g., support planner, managing employer), the spouse/parent cannot be paid to serve in these roles or provide other supports. To pay a spouse or parent of a minor for personal assistance services, the person receiving services must be assessed as dependent in at least one activity of daily living (ADL). Criteria that must be met to pay spouse or minor for services: • Fall within the description and allowable costs of the personal assistance service category described on CDCS Manual – Unbundled service category: Personal assistance. • Be related to the person's disability or assessed needs. • Be necessary to meet at least one of the person's identified ADL dependencies, as described above. • Not be an activity a spouse or parent of a minor would typically perform or be responsible to perform. These activities may include, but are not limited to, age-appropriate supervision, transportation of children or average household maintenance (e.g., house cleaning, meal preparation, laundry). The spouse or parent of a minor may be paid if they must assist the person with tasks beyond what is considered typical responsibility (e.g., doing additional laundry for a 12-year-old child who is incontinent). • Other assessed needs may include supervision for health and safety or behavioral concerns beyond what is considered age appropriate. PPOM/Spouse Wages: Minimum wage and maximum wages for PPOM/Spouse fluctuate to be consistent with PCA rates. SEIU Minimum Wage:\$20.00 PPOM/Spouse Maximum Wage (PCA rate): <table> <tr> <th>Staff/Participant Ratio</th><th>PPOM/Spouse Wage with PTO</th><th>PPOM/Spouse Wage waiving PTO</th><th>PPOM/Spouse ENHANCED rate with PTO</th><th>PPOM/Spouse ENHANCED rate waiving PTO</th></tr> <tr> <td>1:1</td><td>\$26.68</td><td>\$27.92</td><td>\$29.99</td><td>\$31.38</td></tr> <tr> <td>1:2</td><td>\$40.12</td><td>\$41.98</td><td>\$45.07</td><td>\$47.15</td></tr> <tr> <td>1:3</td><td>\$52.75</td><td>\$55.20</td><td>\$59.15</td><td>\$61.89</td></tr> </table>				Staff/Participant Ratio	PPOM/Spouse Wage with PTO	PPOM/Spouse Wage waiving PTO	PPOM/Spouse ENHANCED rate with PTO	PPOM/Spouse ENHANCED rate waiving PTO	1:1	\$26.68	\$27.92	\$29.99	\$31.38	1:2	\$40.12	\$41.98	\$45.07	\$47.15	1:3	\$52.75	\$55.20	\$59.15	\$61.89
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	Hours per week Community First Services and Supports (CFSS) also will allow a person’s spouse or the parent of a minor to receive payment. When a spouse or parent of a minor receives payment to provide services, the service limits apply to the total combined hours from both CFSS and CDCS. When a spouse or parent of minor provides personal assistance services, the following limitations apply. <i>One parent</i> If only one parent provides personal assistance services to their minor child(ren), the parent may provide up to 60 hours of paid support in a seven-day period, regardless of the number of children they serve in the household who use CDCS or CFSS. <i>Multiple parents</i> If more than one parent of a minor is paid to provide personal assistance services to their minor child(ren), each parent may provide up to 40 hours of paid support in any seven-day period, regardless of: • The number of children in the household who use CDCS and/or CFSS. • The number of households in which the child(ren) receive CDCS and/or CFSS services. • The number of parents in the household(s). • The actual number of hours of care each parent provides. The total number of combined hours of CDCS/CFSS provided by all of the parents cannot exceed 80 hours in a seven-day period. <i>Spouse</i> If a person's spouse provides personal assistance services, the spouse may provide up to 60 hours of paid support in a seven-day period. <i>Spouse and parent</i> A person cannot be paid for more than 60 hours in a seven-day period if the person provides personal assistance as both a paid spouse and a paid parent of a minor. Non-covered Services: <i>Nursing:</i> The Home Care Nursing (HCN) Hardship Waiver is not available to people who use CDCS. <i>Mileage-</i> <i>A spouse or parent of a minor cannot receive reimbursement for mileage expenses.</i> Please see “Paying a spouse or parent of a minor for personal assistance (unbundled)” in the CDCS policy manual, for more information on: • Definition of “parent” • Conditions for licensed residential settings • Financial Considerations • Lead agency responsibilities
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COMMUNITY INTEGRATION AND SUPPORT	
Definition	<u>Community integration and support:</u> Services that focus specifically on successful participation in community membership. These services provide the person with access 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.
Covered Services	Community integration and support services must meet the criteria on CDCS Manual – Allowable and unallowable goods and services under CDCS. Direct support Under CDCS community integration and support, covered services include payment to workers directly hired by the person for support and training to help the person: • Engage in activities that facilitate, develop and strengthen personal relationships with community members chosen by the person. • Self-design day support services that provide the person with opportunities for regular connections to community members. • Self-design independent living skills training based on the person’s assessed needs. • Participate in local community events, community support groups, organizations and clubs, formal and informal community associations and neighborhood groups. • Assist with a person’s preferred volunteer experiences focused on community contribution rather than employment preparation. Employer-related costs (fees, taxes, benefits). See CDCS Policy page for detailed information, but includes: • Fees and taxes • PTO and Holiday pay • Employer share of health insurance • Bonuses to workers Employer-related costs- Includes fees, taxes and benefits. for more information. • Bonuses to workers directly employed by the person (optional): The person can incorporate an optional worker bonus into their CDCS community support plan (CSP) to help them recruit, reward and retain their workers. The person’s plan must describe the bonus in detail, including: ○ Purpose and intent of the bonus. ○ What the worker must achieve to receive a bonus. (e.g., length of service, job performance, extra hours worked, taking open shifts). ○ Bonus amount.

	○ Evaluation period. ○ Frequency of bonus distribution. Bonuses to workers directly employed by the person: The person can incorporate an optional worker bonus into their CDCS community support plan (CSP) to help them recruit, reward and retain their workers. The person's CSP must describe the bonus in detail, including: • Purpose and intent of the bonus. • What the worker must achieve to receive a bonus (e.g., length of service, job performance, extra hours worked, taking open shifts). • Bonus amount. • Evaluation period • Frequency of bonus distribution Remote support: Workers can deliver CDCS Community integration and support services through remote support. Services delivered through remote support must meet all of the requirements listed on CBSM – Remote support.
Non-covered services	The person cannot use community integration and support for: • Expenses related to community participation other than wages and mileage reimbursement to workers. • Tickets and related costs to attend sporting or other recreational events. • Expenses for travel, lodging or meals related to training the person, their representative or paid or unpaid caregivers. • Insurance other than costs related to employer share of health insurance for direct support workers. • Membership dues other than costs related to fitness or physical exercise for adults as specified in the person's CDCS CSP. • Vacation expenses other than the cost of direct services. For more information, refer to the out-of-state services section of CBSM – Waiver, AC and ECS general process and procedures. • Animals (including service animals) and their related costs.
Provider Qualification	Please read the CDCS policy page for information on Provider standards and qualifications.
TREATMENT AND TRAINING	
Overview	This page includes policy and procedure about the CDCS treatment and training service category that covers: • Specialized therapies and behavioral supports. • Training and education for paid and unpaid caregivers. • Training and education for the person. For information about other CDCS service categories, refer to CDCS Manual – Unbundled service categories. CDCS treatment and training can be delivered through remote support. Services delivered through

	remote support must meet all the requirements listed on CBSM – Remote support .
General Covered and Non-covered Services	All services and goods must meet the criteria on CDCS Manual – Allowable and unallowable goods and services under CDCS. This CDCS service category does not cover: • Fees incurred by the person, such as MHCP fees and co-pays. • Prescription or over-the-counter medications, compounds, solutions or related fees, including premiums and co-pays. • Animals (including service animals) and their related costs.
Specialized Therapies and Behavioral Supports	<i>Specialized therapies and behavioral supports</i> This CDCS service category covers specialized therapies and behavioral supports when the services meet all the following criteria: • Prescribed by an MHCP medical provider licensed to practice in Minnesota (physician, physician’s assistant or advanced practice registered nurse [APRN]). • Not available through other funding sources, such as Medical Assistance (MA). • Relieve the person’s disability and/or health condition. The person’s medical provider must complete and sign CDCS Specialized Therapy Request Form, DHS-5788C and/or CDCS Behavioral Support Request Form, DHS-5788B. The lead agency reviews the form to determine whether CDCS can fund the requested specialized therapy or behavioral support. This CDCS service category does not cover: • Medical treatment or services available through other funding sources, such as MA state plan or waivers. • Items or goods. • Experimental treatments as defined under Minn. R. 9525.3015, subp. 16. • Medical treatment or services that exceed current MA coverage limits. Note: These services cannot replace medical treatment or services available through MA. Provider Standards and Qualifications: Providers of specialized therapies or behavioral supports must: • Meet the certification or licensing requirements in state law related to the service being provided (e.g., hippotherapy from a provider certified by the American Hippotherapy Certification Board or occupational therapy, physical therapy or speech-language therapy from a board-certified provider). • Be included in the person’s CDCS CSP.
Training and Education for Paid and Unpaid	<i>Training and education for paid and unpaid caregivers</i> This CDCS service category covers the cost of training and education for paid and unpaid caregivers to support their ability to care for the person when the training and education meet all the following

Caregivers	criteria: • Directly related to a need identified in the person’s assessment due to their disability and/or health condition. • Helps the caregiver provide the person’s care or support. • Identified as the least costly and most effective means to meet the person’s needs. • Included in the CDCS community support plan (CSP) to meet the person’s assessed needs. Examples of covered expenses include: • Registration fees to attend classes, conferences and courses. • Time for paid caregivers to attend classes, conferences and courses. This CDCS service category does not cover expenses for travel, lodging or meals related to classes, conferences and courses. Provider Standards and Qualifications: Training and education providers must hold relevant professional licenses, credentials or certifications as required by state law. For training and education that does not require professional licenses, credentials or certifications, the person can define provider qualifications in their CDCS CSP.
Training and Education for the Person	This CDCS service category covers the cost of training and education for the person to increase their ability to manage their CDCS services when the training and education meet all the following criteria: • Directly related to a need identified in the person’s assessment due to their disability and/or health condition. • Identified as the least costly and most effective means to meet the person’s needs. • Included in the CDCS CSP to meet the person’s assessed needs. Examples of covered expenses include registration fees to attend classes, conferences and courses. This CDCS service category does not cover: • Expenses for travel, lodging or meals related to classes, conferences and courses. • Payment to the person to attend classes, conferences and courses. • Services covered by other liable third parties (e.g., educational expenses under the Individuals with Disabilities Education Act [IDEA] or Vocational Rehabilitation Act). • Ongoing skills training covered by other CDCS service categories. • 1:1 training to the person in their home. Provider Standards and Qualifications: Training and education providers must hold relevant professional licenses, credentials or certifications as required by state law. For training and education that does not require professional licenses, credentials or certifications, the person can define provider qualifications in their CDCS CSP.
Lead Agency Responsibilities	Before the person receives services, the case manager must: • Verify the provider holds the license, credential or certification required by state law for the service.

	• Ensure the provider has not had state or county agency contracts or provider agreements discontinued due to fraud. • Ensure the provider has not been disqualified under the criminal background check according to the standards in Minn. Stat. Ch. 245C.03 (Background Studies Act). If state law does not require the provider of the service to hold a license, credential or certification, the case manager is responsible to verify the provider meets the qualifications defined in the CDCS CSP. The person must maintain documentation of provider qualifications.
INDIVIDUAL-DIRECTED GOODS AND SERVICES	
Overview	Individual-directed goods and services: A CDCS service category that 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. CDCS individual-directed goods and services can be delivered through remote support. Services delivered through remote support must meet all the requirements listed on CBSM – Remote support.
Criteria	People using CDCS may purchase individual-directed goods and services that meet all the following basic waiver/AC requirements: • Necessary to meet a need identified in the person’s assessment. • Related to the person’s disability and/or condition. • For the direct benefit of the person receiving services. • Included in the person’s CDCS community support plan (CSP). In addition, goods and services must meet all the following requirements: • Decrease the need for other MA services. • Promote inclusion in the community. • Increase the person’s safety in their home. Important note: The lead agency may request input from a medical provider or specialist. However, the lead agency cannot approve goods and services solely based on a prescription or recommendation from a doctor, occupational therapist (OT), physical therapist (PT) or other therapist. Requested items must meet all basic waiver/AC criteria for allowable expenditures on CDCS Manual – Allowable and unallowable goods and services under CDCS before approval. A recommendation does not determine who is responsible to pay for the good/service.
Goods and Services Examples	This section includes examples of goods and services a person could purchase if they meet requirements in the criteria for covered goods and services section. <i>Additional or specialized foods for a prescribed special diet</i> For information about specialized diets, refer to CDCS Manual – Guidelines for special diets (unbundled). <i>Thickening agents</i> CDCS funds can pay for thickening agents when the person’s medical provider determines the person

	has a medical need. <i>Oral and enteral nutritional products</i> For information about nutritional products, refer to CBSM – Waiver oral and enteral nutritional products. <i>Adaptive clothing</i> CDCS funds can pay for adaptive clothing that is specially designed to increase a person's independence in dressing, grooming, toileting or bathing or is designed to endure abnormal movement patterns or acting out. Adaptive clothing could also include items prescribed by the person's doctor that are not covered by the person's health insurance. <i>Supplies and equipment</i> CDCS funds can pay for devices (including assistive technology; refer to note below), controls, medical appliances or supplies that allow the person to do one of the following: • Perform activities of daily livings (ADLs). • Perform instrumental activities of daily living (IADLs). • Communicate with others. • Perceive, control communicate or interact with their environment. Note: The payment for assistive technology assessments depends on the person's program: • Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI) and Developmental Disabilities (DD) waivers: Assistive technology assessments are paid through the county/tribal nation waiver budget and must be included on separate service agreement line items. • Alternative Care (AC) and Elderly Waiver (EW): Assistive technology assessments are paid through the person's CDCS budget. Covered supplies and equipment could include, but are not limited to: • Supplies and equipment not available under the MA state plan, including items that exceed the covered MA state plan service limits. This includes durable and non-durable medical supplies and equipment necessary to meet functional limitations. • Add-ons to otherwise-approved MA state plan items determined necessary to meet the needs identified in the person's CDCS CSP. • Standalone equipment (e.g., shower chair, portable/travel ramp for use in the community) that is not part of a home or vehicle modification project. • Electronic tablets, both as part of a system of environmental controls and as an augmentative communication device. • Equipment repair and maintenance, unless covered by the manufacturer's warranty. • Items necessary for life support and supplies necessary for the proper functioning of the life support items. • Pre-moistened cleansing wipes to aid in continence care related to the person's disability and/or health condition. • Items and expenses necessary and reasonable for the person to transition from an eligible setting to their own home. • Used equipment; refer to the next section.
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Used equipment

The lead agency may authorize funding for used equipment when one of the following professionals has evaluated the equipment:

- Specialized equipment and supplies provider.
- Occupational therapist who specializes in selling, installing or assessing equipment.
- Physical therapist who specializes in selling, installing or assessing equipment.

The professional evaluating the equipment must ensure:

- The used equipment meets the person's assessed needs.
- The used equipment has been determined to be in good, working order.
- Fair market value is established for the equipment.
- The used equipment is cost-effective compared to purchasing new equipment.

Worker recruitment

CDCS funds can pay for costs related to advertisement and recruitment of direct support workers (including newspaper ads, online job postings, online matching services to connect job seekers and people who receive services, etc.) when the expense is on a monthly basis or per job post/ad (i.e., not an annual fee).

Once the person recruits a direct support worker, they must hire the worker directly, with assistance from the financial management services (FMS) provider.

Transportation

CDCS funds can cover transportation costs when the need for the transportation service is due to the person's functional limitation. Reimbursable transportation costs include the cost of the transport (e.g., mileage or fares) and the person providing the transportation (i.e., driver).

Note: If the person needs assistance while being transported, costs for directly hired workers accompanying and/or driving is covered under [CDCS Manual – Unbundled service category: Personal assistance](#).

Housecleaning services and outdoor maintenance tasks

CDCS funds can pay for housecleaning or outdoor maintenance services (e.g., snow removal, lawn mowing) if both of the following are true:

- The supports are necessary to maintain a clean, sanitary and safe home environment.
- The person cannot perform these tasks due to a functional limitation.

Health clubs and fitness centers

CDCS funds can pay for health clubs and fitness center memberships for adults when the service is necessary and appropriate to treat, improve or maintain the person's condition. The condition must be both:

- Identified in the person's CDCS CSP.
- Monitored by a Minnesota Health Care Programs (MHCP) medical provider.

The payment structure must be cost-effective for the person's actual and projected use of the health

	club or fitness center. The person must periodically provide verification to the lead agency that they are using the health club or fitness center. <i>Home care nursing services performed by independent contractors</i> CDCS funds can pay for a licensed nurse who is an independent contractor. The person must include these nursing services in their CDCS CSP under the individual-directed services category and include the costs in their CDCS budget. For specific instructions, refer to DHS – CDCS and home care nursing frequently asked questions. <i>Modifications to recreational activities</i> CDCS funds can pay for additional costs of a camp, sports, leisure, hobby or craft class/session that has been modified, adapted or specialized to meet the person’s disability and/or condition-related needs (e.g., special instructor, additional staffing, smaller class size, adaptive equipment). Because these activities are considered recreational in nature and normally paid for by the person or their parents/family, coverage is limited to any additional costs when they exceed the cost without modifications/adaptations. In addition, CDCS funds can be used to support the person to participate in these activities by paying a worker to: • Transport the person to the activity (both the driver’s time and their mileage) when the person is unable to transport themselves. • Accompany the person to the activity and support them with any assistance needed. Note: When authorizing out-of-home respite services provided in a camp setting, refer to CDCS Manual – Purchasing traditional AC/waiver goods and services under CDCS (unbundled)
Non-covered goods and services	CDCS funds cannot pay for the following goods: • Any prescription and over-the-counter medications, compounds and solutions and related fees, including premiums and co-pays. • Room and board. • Personal items. • Oral nutritional products and electrolyte products (BI, CAC, CADi and DD only). • Items available through other funding services, including, but not limited to MA state plan, Medicare, education expenses and other liable third parties. • Items that do not provide direct medical or remedial benefit to the person. • Utilities that operate the equipment or supplies • Items that restrain the person or restrict their rights. • Tickets and related costs to attend sporting or other recreational events. • Animals (including service animals) and their related costs. CDCS cannot pay for the following services: • Costs for health clubs or fitness centers for people younger than age 18. • Experimental treatments. • Internet access.

	• Services that are recreational in nature. • Any fees incurred by the person (e.g., MHCP fees and co-pays). • Attorney costs or costs related to advocate agencies. • Transportation that a parent of a minor or spouse would be expected to provide (e.g., transportation to an after-school activity, day care, shopping centers or recreational events). • Transportation to medical appointments. • Classes, courses or conferences for paid/unpaid caregivers or the person covered under CDCS Manual – Unbundled service category: Treatment and training. • Services that function solely as a substitute for childcare.
Purchasing Traditional waiver/AC services	A person can use their individual CDCS funds to purchase any of the waiver/AC goods and services currently available under their program. The good or service approved in the person's CDCS CSP must be categorized under individual-directed goods and services. For more information, refer to: • CDCS Manual – Purchasing traditional AC/waiver goods and services under CDCS (unbundled). • CDCS Manual – Purchasing home care services under CDCS.
Provider Standards and Qualification	Individuals and vendors providing individual-directed goods and services must: • Have all necessary professional and/or commercial licenses required by federal, state and local statutes and regulations, if applicable. • Have a valid business license in good standing, if applicable. • Bill through the FMS provider. • Be able to demonstrate to the person receiving services that they have the capacity to perform the requested work and the ability to successfully communicate with the person. <i>Special standards and qualifications</i> Transportation providers Private individuals may provide transportation when they meet the person's needs and preferences in a cost-effective manner. They can substitute for common carriers (e.g., Metro Mobility, buses, taxis) if they are a cost-effective option. They must have a valid driver's license and meet state requirements for insurance coverage. Housecleaning or outdoor maintenance vendors Housecleaning and outdoor maintenance vendors must meet the person's standards and expectations. For example, the person may purchase snow removal from a person who does snowplowing or heavy housecleaning from a cleaning service. The person can choose to require the vendor to be bonded or insured. Nursing services performed by independent contractors Home care nursing is ongoing, physician-ordered, hourly nursing services provided by a registered nurse (RN) or licensed practical nurse (LPN). The nurse must: • Receive orders and implement interventions delegated, ordered or prescribed by a licensed health care provider. • Maintain signed physician's orders for the person in their files.

	An RN must supervise an LPN independent contractor. The person may negotiate payment rates for a nurse who is an independent contractor, but that rate cannot exceed any state-established service rates (including bonuses).
Verification of Provider Standards and Qualification	<i>Lead agency's responsibilities</i> Before approving services, the lead agency case manager/care coordinator must verify that the individuals/vendors have: • All necessary professional and/or commercial licenses required by federal, state and local statutes and regulations, if applicable. • A valid business license in good standing, if applicable. <i>Person's responsibilities</i> The person must ensure the individuals/vendors have: • The capacity to perform the requested work. • The ability to communicate successfully with the person. When using nursing services performed by independent contractors, the person must: • Verify each independent nurse's qualifications/license. • Obtain copies of verification of each nurse's license, liability coverage and any other requirements. • Provide copies of this documentation to the FMS provider and lead agency case manager/care coordinator upon request. <i>FMS provider's responsibilities</i> For independent nurse contractors, the FMS provider must check the excluded provider list to ensure the nurse can be a paid provider. Although not required, the FMS provider can choose to conduct its own verification of independent contractor qualifications as part of its standard business practices.
ENVIRONMENTAL MODIFICATIONS- HOME MODIFICATIONS	
Overview	All CDCS services must meet the criteria on CDCS Manual – Allowable and unallowable goods and services under CDCS. This CDCS service category covers the following services: • Home modification. • Monitoring technology.
Non-Covered services	This CDCS service category does not cover home modifications that: • Add any square footage, with the exception square footage necessary to make a bathroom accessible.

	Note: The lead agency can request DHS approval to increase the square footage of a home to build or modify an accessible bathroom by following the process on CBSM – Environmental accessibility adaptations (EAA) additional square footage. Modify a residence other than the person’s primary residence or, in the event of a minor with parents not living together, the parents’ primary residences.
BI, CAC, CADI, and DD	Assessments- For people on BI, CAC, CADI and DD, EAA home assessments are paid through the county/tribal nation waiver budget and must be included on separate service agreement line items using code T1028 – EAA/Home Assessment. Service Limits: For all people on BI, CAC, CADI and DD waivers (including people using CDCS), lead agencies must follow the service limit and exception process (if applicable) of \$40,000 per service agreement/waiver year for environmental accessibility adaptations, which includes both CDCS vehicle modifications and home modifications. Exceptions: <i>A case manager may request an exception from DHS to exceed the annual limit of \$40,000. Approved exceptions allow the lead agency to authorize an additional \$40,000 from the person’s service allotment for the following year, for a maximum of \$80,000 for a two-year period.</i> For more information, refer to the BI, CAC, CADI and DD service limits section of CBSM – EAA. Costs: For monitoring technology and home and vehicle modifications, a person on BI, CAC, CADI or DD must pay the first \$5,000 from their CDCS budget during the service agreement/waiver year of the expenditure(s) for home modifications, vehicle modifications and monitoring technology. Regardless of the number of modifications and technology items needed during the plan year, the person’s annual contribution is limited to \$5,000. When costs exceed \$5,000 and the lead agency approves additional funding, the lead agency can use its overall waiver allocation (when applicable) to pay for item(s). The lead agency should authorize these costs on the service agreement separately outside of the person’s individual CDCS budget (refer to Instructions for Completing and Entering the LTCC Screening Document and Service Agreement into MMIS, DHS-4625 [PDF]). For more information, refer to the CDCS on disability waivers section on DHS – EAA frequently asked questions. If a person chooses to use more than \$5,000 from their budget to pay for more assistive technology, monitoring technology or home and vehicle modifications, they can choose to do so.
AC and EW	Assessments- For people on AC and EW, EAA home assessments are paid through the CDCS waiver budget using code T2028. Service Limits: For all people on AC and EW (including people using CDCS), lead agencies must follow the service limits located on Long-Term Services and Supports Service Rate Limits DHS-3945 (PDF) per service agreement/waiver year for environmental accessibility adaptations, which includes both CDCS vehicle modifications and home modifications. For more information, refer to the AC and EW service limits section of CBSM – EAA. Costs: People on AC or EW uses funds from their individual CDCS AC or EW waiver budget to pay for home modifications.

	For more information, refer to the CDCS on AC and EW section on DHS – EAA frequently asked questions .
Lead Agency Process	Lead agency has a standard operating procedure for case managers to guide participants through a home modification.
Monitoring Technology	A person who wants to use CDCS funds to purchase monitoring technology must follow service guidelines on CBSM – Monitoring technology usage .
ENVIRONMENTAL MODIFICATIONS- VEHICLE MODIFICATIONS	
Overview	Services and goods must meet the criteria on CDCS Manual – Allowable and unallowable goods and services under CDCS. This CDCS service category covers vehicle modifications, regardless of the age of the vehicle, if the vehicle modification provider determines the vehicle: • Is in working order. • Can be modified to meet the person’s assessed needs. Examples of modifications include: • Adapted seat devices. • Door handle replacements. • Door widening. • Handrails and grab bars. • Lifting devices. • Roof extensions. • Wheelchair securing devices. This CDCS service category may also cover: 1. Installation. 2. Maintenance. 3. Repairs of vehicle modifications when they are cost-effective given the condition of the item and compared to replacement of the item. 4. Equipment. 5. Used vehicle modifications (for policy information, refer to CBSM – Environmental accessibility adaptations [EAA]). For information about home modifications, refer to CDCS Manual – Unbundled service category: Environmental modifications – home modifications.
Non-covered Services	This CDCS service category does not cover general vehicle maintenance.
BI, CAC, CADI, DD	Assessments: For people on BI, CAC, CADI and DD, EAA vehicle assessments are paid through the county/tribal nation waiver budget and must be included on separate service agreement line items using code T2039 UD – EAA/Vehicle Assessment.

	Service Limits: For all people on BI, CAC, CADI and DD waivers (including people using CDCS), lead agencies must follow the service limit and exception process (if applicable) of \$40,000 per service agreement/waiver year for environmental accessibility adaptations, which includes both CDCS vehicle modifications and home modifications. Exceptions A case manager may request an exception from DHS to the annual limit of \$40,000. Approved exceptions allow the lead agency to authorize an additional \$40,000 from the person's service allotment for the following year, for a maximum of \$80,000 for a two-year period. For more information, refer to the BI, CAC, CADI and DD service limits section of CBSM – EAA. Costs: For monitoring technology and home and vehicle modifications, a person on BI, CAC, CADI or DD must pay the first \$5,000 from their CDCS budget during the service agreement/waiver year of the expenditure(s) for home modifications, vehicle modifications and monitoring technology. Regardless of the number of modifications and technology items needed during the plan year, the person's annual contribution is limited to \$5,000. When costs exceed \$5,000 and the lead agency approves additional funding, the lead agency can use its overall waiver allocation (when applicable) to pay for item(s). The lead agency should authorize these costs on the service agreement separately outside of the person's individual CDCS budget (refer to Instructions for Completing and Entering the LTCC Screening Document and Service Agreement into MMIS, DHS-4625 [PDF]). For more information, refer to the CDCS on disability waivers section on DHS – EAA frequently asked questions. If a person chooses to use more than \$5,000 from their budget to pay for more assistive technology, monitoring technology or home and vehicle modifications, they can choose to do so.
AC and EW	Assessments: For people on AC and EW, EAA vehicle assessments are paid through the CDCS waiver budget using code T2028. Service Limits: For all people on AC and EW (including people using CDCS), lead agencies must follow the service limits located on Long-Term Services and Supports Service Rate Limits DHS-3945 (PDF) per service agreement/waiver year for environmental accessibility adaptations, which includes both CDCS vehicle modifications and home modifications. For more information, refer to the AC and EW service limits section of CBSM – EAA. Costs: People on EW and AC use funds from their individual CDCS AC or EW waiver budgets to pay for vehicle modifications. For more information, refer to the CDCS on AC and EW section on DHS – EAA frequently asked questions.
FINANCIAL MANAGEMENT SERVICES (FMS)	
Definition	Financial management services (FMS): 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. For information, refer

	to CDCS Manual – FMS providers (unbundled) .
Covered Services	FMS providers perform vendor fiscal/employer agent (VF/EA) tasks. This means the FMS provider's role is to support the person to fulfill their responsibilities in being the employer of their workers. In this role, the FMS provider performs tasks that include, but are not limited to: • Billing DHS and paying vendors or the person's individual workers for authorized goods and services. • Ensuring what the person spends their funds on follows the rules of the program and the lead-agency-approved plan. • Helping the person obtain workers' compensation. • Educating the person on how to employ workers. • Documenting and reporting all spending of program funds. • Initiating background studies for workers. • Filing federal and state payroll taxes for workers on the person's behalf.
FMS Provider information	https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/fms.jsp
CDCS SUPPORT PLANNING SERVICES	
Overview	CDCS support planning services: 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. A certified support planner provides CDCS support planning services to help the person develop their CSP and comply with established CDCS policy, self-direction principles and federally approved waiver plans. For more information about the support planner's role and qualifications, refer to CDCS Manual – Support planners (unbundled).
Covered Services	Services must meet the criteria on CDCS Manual – Allowable and unallowable goods and services under CDCS. CDCS support planning services include tasks outlined in the written work agreement established between the person and the support planner. Tasks could include, but are not limited to: • Provide information about CDCS and provider options. • Apply person-centered thinking and planning principles to facilitate the development of a person-centered CSP. • Develop a quality CSP that includes all required components and information required to authorize CDCS services. • Ensure the CSP is developed based on assessed needs identified in the person's assessment. • Submit the CSP to the lead agency for approval. • Implement, monitor and evaluate the approved CSP and budget on an ongoing basis. • Modify the CSP as needed, including revisions and addendums. • Help and teach the person to recruit, screen, hire, train, schedule and monitor workers. • Provide information about community resources related to the CSP.

Non-Covered Services	CDCS support planning services do not cover tasks that: • Duplicate services provided under required case management or other services available to the person (e.g., services provided by certified assessors, financial management services [FMS] providers, Office of the Ombudsman, advocacy organizations, free civil legal assistance with appeals and other direct services covered under Minnesota Health Care Programs). • Are not included in the written work agreement between the person and the support planner. • Are not approved in the person's CSP.
TECHNICAL ASSISTANCE AND SUPPORTS	
Required case managers may provide additional technical assistance and support over and above the standard training and materials due to an identified need. When a 4th occurrence requiring additional technical assistance beyond reasonable efforts arises, the person will be immediately discharged from CDCS and may choose to receive other waiver and/or state plan home care services.	
Reasons for Technical Assistance	Reasons for technical assistance may include but are not limited to: • Notices from the financial management services (FMS) provider to the person requesting missing information. • Not following the person's Community Support Plan (CSP). • Not receiving services, supports and/or items identified as critical for health and safety. • Not spending enough dollars for services/supports and/or items needed to support health and safety without a reasonable explanation. • Ongoing difficulty in arranging for services, support and/or items needed for health and safety. Other examples of technical assistance may include: • Not writing a complete CDCS plan (when there is lots of "back and forth") • Submitting an unreasonable number of changes/addendums for the plan year (changes the total plan itself) • Inaccurate/incomplete time sheets • Not turning in time sheets by deadline • Pre-signing time sheets • If hospitalized – submitting time sheets • Submitting timecard when M.A. is closed. • Unapproved overlapping hours • Unapproved overtime • Repeatedly returning items purchased • Not purchasing items needed in the CSP.
Reasonable Efforts/ Notices of Technical Assistance	Three documented events of need for additional technical assistance and support during one service plan year. Documentation must include: • Identification of the problem. • Need corrective action. • Timeline in which to accomplish the action.

	These events are described as ‘documented’ so required case manager may choose to offer support for less significant concerns, without rising to this level of documentation. The required case manager will document additional technical assistance and support. This action may occur up to three times. An event that would otherwise trigger a fourth notice is cause for involuntary exit from the CDCS service for the remainder of the service plan year.
IMMEDIATE EXIT	
Persons will be immediately exited from CDCS and offered waiver services and/or MA state plan home care services under the following instances: • Immediate health and safety concerns • Maltreatment of the person • Purchases or practices not allowable in CDCS • Suspected fraud or misuse of funds by the person, their authorized representative and/or service provider	
INVOLUNTARY EXIT PROCEDURE	
In the event the person is involuntarily exited from using CDCS, the following procedure will be followed: • Required case manager discovers and documents a reason for immediate involuntary exit from CDCS or a 4th event requiring additional technical assistance and support. • Required case manager immediately begins planning with the person and implementing access to other waiver and/or state plan home care services. • Required case manager sends notice informing the person of return to other waiver services and/or MA state plan home care services. • Person receives other waiver and/or MA state plan home care services. If health, safety or abuse concerns are suspected, the case manager must report to the appropriate agencies, such as the county vulnerable adult or child protection agencies. The case manager must report suspected fraud to Surveillance and Integrity Review Division. Go HERE for information on appealing an involuntary exit.	
CLOSING CDCS FOR OTHER REASONS	
Participant Choice- Participants can choose to go off CDCS and opt for licensed services or MA/state planned services. Participants can choose to go off CDCS anytime during the plan year. Not eligible for the waiver based on the MnCHOICES assessment- Case manager will then need to provide other service options to the person.	