

PARTICIPANT GUIDE TO COMPLETING A CDCS PLAN

This is a guide to provide support to participants while creating their CDCS Plans. This is based on DHS policies and guidelines which are followed by Ramsey County. This guide is only used to offer support to participants and does not take the place of DHS guidelines and supports.

When writing your CDCS plan, reference your MnCHOICES assessment and the following policy resources:

- [Consumer Directed Community Supports \(CDCS\) Policy Manual](#)
- [Community-Based Services Manual \(CBSM\)](#)
- [DHS – CDCS and home care nursing frequently asked questions](#)
- “Participant Guide to DHS Policy-CDCS Unbundled” is a summary of DHS policy with links to assist with navigating these policy manuals.

CDCS Community Support Plan; [CDCS CSP, DHS-5788A](#)

Plan Details: Make sure budget is accurate, correct waiver type is chosen, and the plan type. Don’t forget to indicate here if you get the 30% exception or 12.5% enhanced budget.

Describe yourself: Describe strengths, needs in all areas of life (activities of daily living, independent living skills, likes/dislikes, and all diagnoses.)

Personal Assistance: Review the linked policy. This section includes Direct support Staff providing support with ADLs, IADLs, or caregiver relief. Employer related costs (Fees/taxes, PTO, MN Paid Family Medical leave, Employer share of Health ins., Bonuses)

- **Support Staff-** Includes non PPOM/Spouse staffing hired through the FMS helping w/ ADLs, IADLs, or caregiver relief.
 - **Put “Support Staff” on the service line**
 - If support staff will be providing staffing to 2-3 participants at the same time using **shared services**, refer to shared services section below.
 - **Determining wages-** SEIU minimum wage is \$20.00 effective 1/1/2025. See personal assistance policy linked above for information on determining wages for your staff. **NOTE:** If the requested wage exceeds \$28.00/hour (the current 1:1 CFSS rate is \$27.92) justification must be documented in the CDCS Plan. (Eg. Worker’s Experience credentials, person’s level of care etc)
 - **Fill in number of hours/week and number of weeks** (Full year- 52.14 or 52.29 on leap years) Initial plans will be prorated, so will be for less than 52.14 weeks)
 - **Check with your FMS** to determine whether payroll taxes, PTO, and worker’s comp apply and get the rates. Indicate Y or N and fill in the rates.
- **PPOM/SPOUSE- Review the linked policy.** Must have At least 1 ADL dependency on assessment to include PPOM/SPOUSE in the plan. If eligible:
 - **Put “PPOM or Paid Spouse” on the service line**
 - If PPOM will be providing staffing to 2-3 participants at the same time using **shared services**, skip to shared services section below.

- **Determining wages-** Minimum wage and maximum wages for PPOM/Spouse fluctuate to be consistent with CFSS rates. SEIU Minimum Wage: \$20.00 effective 1/1/2025. Determine PPOM/Spouse Maximum Wage (CFSS rate) below. Highlighted is 1:1 with, or without PTO. Other rates are applicable if using [shared services](#). (information below) or have an [enhanced budget](#).

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

- **Check with your FMS** to determine whether payroll taxes, PTO, and worker's comp apply and get the rates. Indicate Y or N and fill in the rates.
 - **Skip the number of hours for now....**skip down to the question, "I plan to hire my spouse or parent of a minor as a worker", and click YES.
 - **Complete the "Waiver/AC task and job duties worksheet"**. This determines the number of hours PPOM/Spouse can be paid to provide (should the budget allow). **Remember, PPOM/Spouse:**
 - Cannot be paid for activities they would usually perform or be responsible to perform as a spouse/parent of a minor. Include only time needed to assist the person with ADLs/IADLs that are "above and beyond what is "typical" responsibility.
 - Can assist supervision for health and safety and behavioral concerns, beyond what is considered "age appropriate".
 - Cannot perform nursing duties, or med administration.
 - Support to FIND a job cannot be included, as this cannot be covered by the waiver, and a VRS referral would be needed.)
 - **Complete the work schedule-** Should be outside of school hours, sleep time, etc. For minors, there must be time in the day to provide activities that are "parental responsibility" so short, frequent shifts.
 - Now, go back to the **PPOM/Spouse budget line and fill in the number of hours** you are requesting.
 - Hours cannot exceed the total hours on the "Task and job duties worksheet."
 - Hours cannot exceed a certain number, depending on the situation. Click [HERE](#) under "Hours per Week" to make sure you are following policy.
 - Check with your FMS to determine whether payroll taxes, PTO, and worker's comp apply and get the rates. **Fill in number of hours/week and number of weeks** (Full year- 52.14 or 52.29 on leap years) Initial plans will be prorated, so will be for less than 52.14 weeks)
- **Shared Services-** Services provided at the same time, by the same direct support worker, to CDCS participants who have entered into an agreement to share CDCS services.
- **Review the linked policy** and document all required details in your plan. (Your case manager will use a "Shared Care Checklist" when reviewing your plan. You can request this from your case manager, to assist with the documentation needed.)
 - **Determining wages-**
 - **PPOM/SPOUSE:** Minimum wage and maximum wages for PPOM/Spouse fluctuate to be consistent with CFSS rates. SEIU Minimum Wage: \$20.00 effective 1/1/2025. For PPOM/SPOUSES that are at max wages, the grid below can be used to determine shared services wages. Otherwise, the Shared services wage is typically determined by taking the 1:1 rate and multiplying that wage by 1.5 for 1:2 and multiplying by 2 for 1:3.

- **For non-PPOM/support staff-** SEIU Minimum Wage: \$20.00 effective 1/1/2025. Click [here](#) and go to “Wage rates” to determine a 1:1 rate for your staff. Staff who are at the 1:1 rates in the grid below, can use the rates in the grid. Otherwise, the Shared services wage is typically determined by taking the 1:1 rate and multiplying that wage by 1.5 for 1:2 and multiplying by 2 for 1:3. **NOTE:** If the requested base wage exceeds \$28.00/hour (current 1:1 CFSS rate is \$27.92) justification must be documented in the CDCS Plan. (Eg. Worker’s Experience credentials, person’s level of care etc)

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

- **Putting hours/pay rate on plans:** Depending on the FMS, you can either split the hours at the full rate between the plans or split the wage and put the full hours on the plans.
- **Check with your FMS** to determine whether payroll taxes, PTO, and worker’s comp apply and get the rates. Indicate Y or N and fill in the rates.
- **If your shared services are PPOM or Spouse,** skip the number of hours for now....go to the question, “I plan to hire my spouse or parent of a minor as a worker”, and click YES. If not, click NO, and skip these bullet points.
 - **Complete the “Waiver/AC task and job duties worksheet”.** This determines the number of hours PPOM/Spouse can be paid to provide (should the budget allow). **Remember, PPOM/Spouse:**
 - Cannot be paid for activities they would usually perform or be responsible to perform as a spouse/parent of a minor. Include only time needed to assist the person with ADLs/IADLs that are “above and beyond what is “typical” responsibility.
 - Can assist supervision for health and safety and behavioral concerns, beyond what is considered “age appropriate”.
 - Cannot perform nursing duties, or med administration.
 - Support to FIND a job cannot be included, as this cannot be covered by the waiver, and a VRS referral would be needed.)
 - **Complete the work schedule-** Should be outside of school hours, sleep time, etc. For minors, there must be time in the day to provide activities that are “parental responsibility” so short, frequent shifts.
- For participants who live in the same household, A **FULL family staffing** schedule, including other HH members that may be receiving services (waiver/CDCS, CFSS/CSG/PCA/nursing) is needed to provide a clear picture of the staffing in the home. This can be included on the 6633D, within the plan, or attached as a separate document. For those receiving shared care, the schedule should match during shared care hours. (**Note:** Shared care can only be done with those on CDCS.)
- Now, go back to the **budget line and fill in the number of hours** you are requesting.
 - For PPOM/Spouse, hours cannot exceed the total hours on the “Task and job duties worksheet.”
 - For PPOM/Spouse, hours cannot exceed a certain number, depending on the situation. Click [HERE](#) under “Hours per Week” to make sure you are following policy.

- **Fill in number of hours/week and number of weeks** (Full year- 52.14 or 52.29 on leap years) Initial plans will be prorated, so will be for less than 52.14 weeks)
- Need a [shared services agreement](#) for each participant. Work schedules should match.
- **Description of Services-**
 - Describe why you need the service, and include the assessed needs from your MnCHOICES assessment
 - What tasks will workers perform to help with needs identified above- (This is your “staff job description”)
 - Qualifications- You set the qualifications, skills, and training
- **Remote support:** If yes, complete the drop down. Following must be included:
 - The person’s assessed needs and identified goals that can be met using remote support.
 - How remote support will support the person to live and work in the most integrated community settings.
 - The person’s needs that must be met with in-person support.
 - How remote support will not replace in-person support provided as a core service function.
 - Note:** In-person support still must be included in the delivery of any of the approved services.
 - The plan for providing in-person and remote support based on the person’s needs, to ensure their health and safety.
 - Whether the person or their guardian (if applicable) agrees to the use of cameras for service delivery
 - Amount, frequency and duration of remote support use.
- **Service Goals and Evaluation-** What are the goals, how will they be implemented, and how will you track results. (**Note:** If goal is a continued goal from last year, click “yes” and complete the drop down to review the goal.)
- Make sure services requested are [allowable](#). In addition to this link, check the covered and non-covered services on the [Personal Assistance](#) page.
- **NOTE: Add a line for MN Paid Family Medical Leave** (.44% of payroll in the Personal Assistance Category)

Community Integration and 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 with the following:

- 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.

Community Integration and Support Staff-

- Includes non PPOM/Spouse staffing hired through the FMS to support participants in the areas above.
- This cannot be a shared service
- PPOM/Spouses cannot be paid to provide this service.
- If you also have support staff in Personal Assistance, you can put all the staffing hours in that category, indicating that staff will provide Community Integration and Support as well, and direct them to the goals in this section.
- If there is no support staffing in Personal Assistance:
 - **Put “Support Staff” on the service line**
 - **Determining wages-** SEIU minimum wage is \$20.00 effective 1/1/2025. Go [HERE](#) under “wage rates” for information on determining wages for your staff. SEIU Minimum Wage: \$20.00 effective 1/1/2025. Click [here](#) and go to “Wage rates” to determine a rate for your staff. **NOTE:** If the requested base wage exceeds

\$28.00/hour (the current 1:1 CFSS rate is \$27.92) justification must be documented in the CDCS Plan. (Eg. Worker's Experience credentials, person's level of care etc)

- **Fill in number of hours/week and number of weeks** (Full year- 52.14 or 52.29 on leap years) Initial plans will be prorated, so will be for less than 52.14 weeks. Your case manager will give you your initial prorated span and budget amount.)
- **Check with your FMS** to determine whether payroll taxes, PTO, and worker's comp apply and get the rates. Indicate Y or N and fill in the rates.
- **Add a line for MN Paid Family Medical Leave** (.44% of payroll in the Personal Assistance Category)
- **Description of Services-**
 - Describe why you need the service, and include the assessed needs from your MnCHOICES assessment
 - What tasks will workers perform to help with needs identified above- (This is your "staff job description")
 - Qualifications- You set the qualifications, skills, and training
- **Remote support:** If yes, complete the drop down. Following must be included:
 - The person's assessed needs and identified goals that can be met using remote support.
 - How remote support will support the person to live and work in the most integrated community settings.
 - The person's needs that must be met with in-person support.
 - How remote support will not replace in-person support provided as a core service function. **Note:** In-person support still must be included in the delivery of any of the approved services.
 - The plan for providing in-person and remote support based on the person's needs, to ensure their health and safety.
 - Whether the person or their guardian (if applicable) agrees to the use of cameras for service delivery
 - Amount, frequency and duration of remote support use.
- **Service Goals and Evaluation-** What are the goals, how will they be implemented, and how will you track results. (**Note:** If goal is a continued goal from last year, click "yes" and complete the drop down to review the goal.)
- Make sure services requested are [allowable](#). In addition to this link, check the covered and non-covered services on the [Community Integration and Support](#) page.

Treatment and Training: CDCS service category that promotes the person's health and ability to live and participate in the community. ***This section includes only Training and Education, Specialized Therapy, or behavioral supports ONLY.***

- **Indicate if you are requesting Training and Education**, by selecting "yes" or "no". **If you choose "yes":**
 - Complete the information on the budget line.
 - Must include how the services will meet assessed needs of the person from the MnCHOICES assessment.
- **Indicate if you are requesting Specialized Therapy** by selecting "yes" or "no". **If you choose "yes":**
 - Complete the information on the budget line.
 - Include a [CDCS Specialized Therapy Request Form, DHS-5788C](#) with your plan. This needs to be completed by a MHCP medical provider licensed to practice in Minnesota (physician, physician's assistant or advanced practice registered nurse [APRN])
- **Indicate if you are requesting Behavioral supports** by selecting "yes" or "no". **If you choose "yes":**
 - Complete the information on the budget line.
 - Include a [CDCS Behavioral Support Request Form, DHS-5788B](#) with your plan. This needs to be completed by a MHCP medical provider licensed to practice in Minnesota (physician, physician's assistant or advanced practice registered nurse [APRN])
- **If Training and Education, Specialized Therapy, or Behavioral support services will be provided remotely**, click yes and follow the [Remote Support](#) policy. If yes, complete the drop down. Following must be included:
 - The person's assessed needs and identified goals that can be met using remote support.

- How remote support will support the person to live and work in the most integrated community settings.
 - The person's needs that must be met with in-person support.
 - How remote support will not replace in-person support provided as a core service function.
Note: In-person support still must be included in the delivery of any of the approved services.
 - The plan for providing in-person and remote support based on the person's needs, to ensure their health and safety.
 - Whether the person or their guardian (if applicable) agrees to the use of cameras for service delivery
 - Amount, frequency and duration of remote support use.
- **Enter Provider qualifications for Training and Education, Specialized Therapy, or Behavioral support services:** Providers must have the certification or licensing as required in state law related to the training, specialized therapies and behavioral support provided. If the training, therapy or behavioral support does not require professional licenses, credentials or certifications, what qualifications would you like the provider to have?
 - **Make sure all Training and Education, Specialized Therapy, or Behavioral support services/items requested are [allowable](#).** In addition to this link, check the [Treatment and Training](#) page.

Individual Directed Goods and Services: Goods and services that address an identified need and are not otherwise provided through traditional waiver/AC services or other funding sources. For example, you can include independent contractor nurses, modifications to recreational activities, health clubs and fitness centers (for adults only), housecleaning services, transportation, CDCS worker recruitment costs, supplies and equipment, adaptive clothing, additional costs of a specialized diet, etc.

- **Individual Directed Goods-** Yes or no. If yes, complete drop down.
 - Complete the information on the budget line.
 - [Special Diet-](#) **Review the linked policy for information on criteria, allowable diets, etc.**
 - Minnesota Supplemental Aid (MSA) special needs allowance for a special diet, MSA pays for the special diet **before** the waiver covers the costs.
 - Waiver funds do not pay for food items themselves, so coverage is limited to the extra cost of additional or specialized foods. (Cost showing breakdown is required in the plan)
 - If you are requesting a special diet, your doctor will need to complete a [CDCS Special Diet Request Form DHS-5788D](#), to be submitted with your plan.
 - If you are **not receiving Traditional waiver/AC services, or individual directed goods and services, skip to "Service Goals and Evaluation" below**
- **Traditional waiver/AC services-** Yes or no. If yes, complete the drop down.
 - Get the Provider NPI number and rate from your case manager.
 - Complete the information on the budget line.
- **Individual Directed Services-** Yes or no. If yes, complete the drop down.
 - Complete the information on the budget line.
- **Description of Services-** Include assessed needs from the MnCHOICES assessment, and how the services/goods will help with those needs.
- **Remote support:** If any of the services in this section will be delivered remotely, click yes, and complete the drop down. Following must be included:
 - The person's assessed needs and identified goals that can be met using remote support.
 - How remote support will support the person to live and work in the most integrated community settings.
 - The person's needs that must be met with in-person support.

- How remote support will not replace in-person support provided as a core service function. **Note:** In-person support still must be included in the delivery of any of the approved services.
 - The plan for providing in-person and remote support based on the person's needs, to ensure their health and safety.
 - Whether the person or their guardian (if applicable) agrees to the use of cameras for service delivery
 - Amount, frequency and duration of remote support use.
- **Provider qualifications-** Must fill out with the qualifications of the provider. If good or service requires professional licenses, credentials, or certifications, include those here. If state law does not require, you need to determine the qualifications of your provider.
 - **Service Goals and Evaluation-** What are the goals, how will they be implemented, and how will you track results. (**Note:** If goal is a continued goal from last year, click "yes" and complete the drop down to review the goal.)

Environmental Modifications- Home Modifications and Monitoring Technology: This section includes home modifications and monitoring technology. The first \$5000 of Environmental Modifications (home and vehicle) and Assistive technology must come from CDCS, and your case manager can apply for additional funds to cover the rest.

- **Complete the budget line**
- **Description of Services-** Include assessed needs from the MnCHOICES assessment, and how the services/goods will help with those needs.
- **Provider qualifications-** Must fill out with the qualifications of the provider. If good or service requires professional licenses, credentials, or certifications, include those here. If state law does not require, you need to determine the qualifications of your provider. (Ask your case manager for help if needed)
- **Service Goals and Evaluation-** What are the goals, how will they be implemented, and how will you track results. (**Note:** If goal is a continued goal from last year, click "yes" and complete the drop down to review the goal.)

Environmental Modifications-Vehicle- This section includes physical adaptations to your primary vehicle that are necessary to ensure your health and safety or enable you to function with greater independence (e.g., adapted seat devices, door handle replacements, door widening, handrails, grab bars, lifting devices, roof extensions, wheelchair securing devices). The first \$5000 of Environmental Modifications (home and vehicle) and Assistive technology must come from CDCS, and your case manager can apply for additional funds to cover the rest.

- **Complete the budget line**
- **Description of Services-** Include assessed needs from the MnCHOICES assessment, and how the services/goods will help with those needs.
- **Provider qualifications-** Must fill out with the qualifications of the provider. If good or service requires professional licenses, credentials, or certifications, include those here. If state law does not require, you need to determine the qualifications of your provider.
- **Goal/s-** What is the goal, how will it be implemented, and how will you track results. (Note: If goal is a continued goal from last year, click "yes" and complete the drop down to review the goal.)

Financial Management (FMS fees):

- FMS Fees- Can be found [HERE](#). You can also contact your FMS for help with what to put on the plan.
- Add additional qualifications if desired

CDCS Support Planner: -If you are writing your own plan, there will not be a certified support planner, so this section can be skipped.

CDCS Exceptions:

- Check yes if receiving the extra 30% and complete.
- Choose the category/categories that apply (what is your basis of eligibility)
- Describe how you applied the funds within this plan for the category you selected. (Approximately 30% of the budget needs to be allocated to the area of eligibility (employment, own home, behavioral, discharge from institutional setting.)

DD waiver- Skip if not on DD waiver. This only shows up if you choose DD waiver at the top for the plan. [Habilitation](#) is required. They need to choose one of 3 boxes:

SCENARIO 1: Is habilitation provided by any of the following? (If yes, BOX 3 should be checked)

- CDCS staff working on habilitative goals (Including PPOA)
- Alternative Therapies/specialists/training
- Behavior Therapy

****Make sure the service and habilitative goals are described in the dropdown box. Needs to be consistent throughout the year. Services covered by MA do not meet the habilitative requirement. (Ex. OT, Speech, PT.)**

SCENARIO 2: Is there a licensed habilitative service in the individual-directed services section? (If yes, BOX 1 should be checked.) Licensed Habilitative DD waiver services include:

- [Individualized home supports with training](#)
- [Individualized home supports with family training](#)

SCENARIO 3: If there are no other habilitative services, parent/parents can provide unpaid habilitation, and BOX 2 can be checked. There should be one of 2 descriptions in the drop-down box:

- **Habilitation is provided by the UNPAID caregiver, AND the plan includes PAID caregiver relief, respite, or homemaker, to free up the caregiver to provide UNPAID Habilitation.**
 - Paid caregiver relief would go in the personal assistance category. Traditional waiver Respite, traditional waiver Homemaking, or a cleaning company go in the individual directed goods and services category.
 - Make sure there is a description of the habilitative goals supported by the unpaid caregiver.
- **Habilitation is provided by the UNPAID caregiver, AND the plan includes UNPAID caregiver relief or assistance with cleaning, to free up the caregiver to provide UNPAID Habilitation.**
 - Make sure there is a description of the habilitative goals supported by the unpaid caregiver.
 - Make sure there is information about natural/unpaid supports for caregiver relief or help cleaning. The following can be considered "caregiver relief"
 - Family or friends
 - School
 - Significant time away for therapies
 - 2nd parent provides unpaid caregiver relief to the parent providing unpaid habilitation.

Annual Budget Plan/Medical Assistance (MA) state plan services:

State plan services include skilled nursing visits, home health aide, home care nursing and Community First Services and Supports (CFSS). If applicable, these services must be listed here. Contact your case manager for the rates for these services.

Monitoring

- Health and safety-
 - List who is responsible to monitor and how often.

- For DAILY, mark “other” then type “daily”
- For SPENDING
 - Person or legal rep must monitor spending Monthly
 - Lead Agency must monitor quarterly
 - FMS provider as needed, at least monthly.

Confirmation

Check the box that you understand you are responsible to provide or arrange training for your staff hired through the FMS.

Health and safety plan

There is a separate Health and Safety Form that is preferred, however if you choose to include your Health and Safety Plan in the plan document, you must do a comprehensive review of all of the risks, and how caregivers will mitigate the risks. Health and safety plan can be found on the [Ramsey County website](#), under “documents”

What will I do in case

This is an emergency back up plan. Please list 2 contacts.

Participation Agreement

Please read through this carefully, as it covers PPOM/spouse and Participant responsibilities. Bullet point on right, enter “30”, as no changes or revisions can be made to the CDCS plan during the last 30 days of the plan year.

Signatures

Whoever is indicated on this plan under “Who is helping the person manage this plan, if applicable?” MUST sign the plan. This is the managing party. Could be the person, legal rep, or someone else.

Best practice is to get the following signatures, but not required to approve:

- Legal guardian if not managing party
- Person if not managing party

Make sure you have all documentation necessary to submit:

- **Schedule and & Job Description for Paid Parent of Minor/Spouse-** Should be in the plan itself
- **Job Description for CDCS staff-** Should be in the plan under “What tasks will workers perform to help you with the needs identified” in either Personal Assistance or Community Integration and support. If not, need a separate form.
- **Family Schedule needed if more than one person in the HH is on CDCS, CFSS, CSG, showing no overlap.**
- **Shared Services:**
 - [shared services agreement](#) and shared schedule
- **Alternative/specialized therapies-** [CDCS Specialized Therapy Request Form, DHS-5788C](#)
- **Behavioral Supports-** [CDCS Behavioral Support Request Form, DHS-5788B](#)
- **Special Diet-** [CDCS Special Diet Request Form DHS-5788D,](#)
- **Health and Safety Plan**

Submit to your case manager for review!