

CONSUMER DIRECTED COMMUNITY SERVICES ORIENTATION

Dakota County Social Services
Dakota County Public Health



Contents of this Orientation

- ▶ History and Waiver Origins
- ▶ Personal Centered Planning/Personal Futures Planning
- ▶ Client Driven Community Supports– CDCS
- ▶ Support Planning
- ▶ Fiscal Management Services– FMS



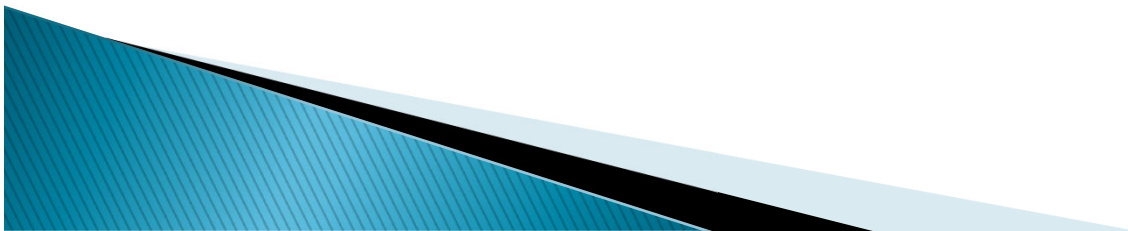
Intro– A little History– Two Trends that Set us on the Person Centered Path

Cultural Shift

A Shift from service managed support to Person Centered supports.

Legislative Shift

Waiving the regulations that comes with federal dollars so small settings in the community could be accessed.



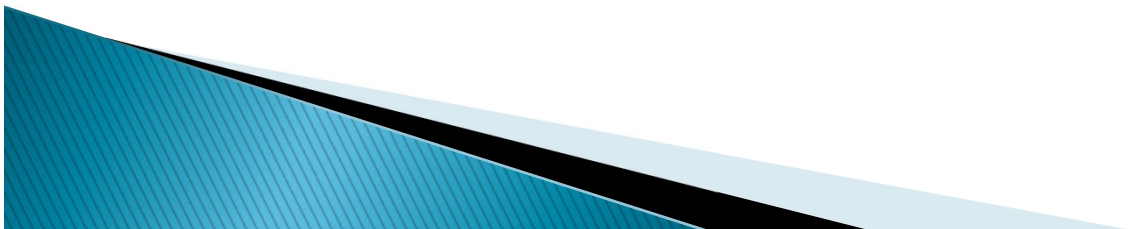
Intro- A little History

Historical transition to person centered philosophy and community inclusion

➤ Institution ➡ Group Home ➡ Community

➤ What is Personal Futures Planning?

A planning process to help transition a person to an inclusive community with choice and opportunity.



Intro– A little History cont.

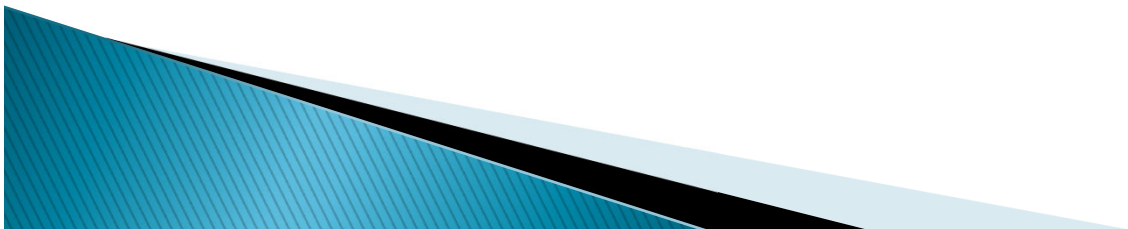
What is Personal Futures Planning?

- ▶ Personal Futures planning is a person centered planning process that demonstrates a whole new way of thinking about serving and planning with a person with a disability.
- ▶ CDCS is the implementation of person centered planning.



WHAT IS CDCS?

- ▶ A flexible service option offered through Dakota County Social Services MnChoices
- ▶ One of a menu of services available in the different waiver programs: CAC, CADI, TBI, EW, DD, and the AC program.



What is CDCS? cont

- ▶ CDCS gives a client an individual budget amount that they can direct within parameters and guidelines.
- ▶ CDCS allows the client to develop and direct individualized supports using informal, formal and generic services.



WHO CAN PARTICIPATE?

- ▶ Waiver & AC recipients who:
 - Attend an orientation session
 - Follow the terms of the Participation Agreement and Policy
 - Develop a plan
 - Arrange their services and support
 - Select a Fiscal Management Service(FMS) and method for paying staff
 - Submit documentation as required to the FMS for payment and/or reimbursement.
 - Pay fees as required.



How does CDACS work?

1. Client receives an individual budget.
2. The client/legal representative and whomever they choose to assist them develops a plan.
3. The plan is implemented.



WHERE DOES MY BUDGET COME FROM

MnChoices is the State designed assessment or reassessment that will be done for all waivers annually. You will be cued 2 months before for your plan is to start and set up an appointment for an assessor or re-assessor to come out and assess.

The assessment is downloaded to the state and the budget amounts are then set by the state for that year.



WHERE DOES MY BUDGET COME FROM?

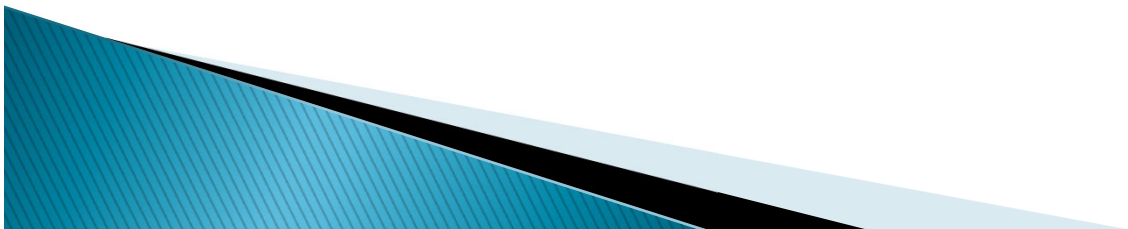
This is the traditional way budgets are determined

- ▶ DHS sets individual maximum resource allocations,
 - CAC, CADI, TBI, EW, AC: based on most recent Assessment or Reassessment/MnChoice assessment
 - DD: based on most recent Mnchoice Assessment or reassessment
 - State looks at historical expenditures of similar individuals in similar living situations
 - Budget is 70% of historical expenditures for CADI, CAC, TBI and DD; 100% of historical expenditures for EW & AC, based on case mix.

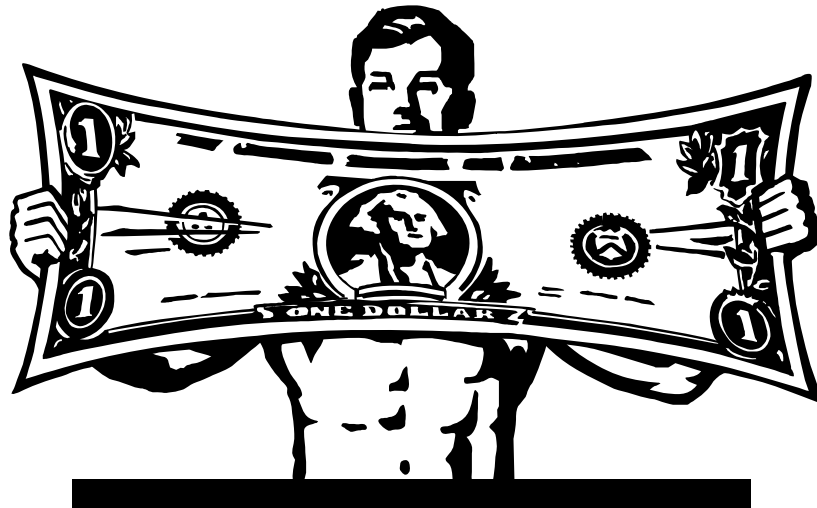


DOES MY BUDGET EVER CHANGE?

- ▶ If there is a change in any of the categories on your MnChoice Assessment or reassessment, it **MAY** change the maximum resource allocation either way.



WHAT MUST THE BUDGET COVER?

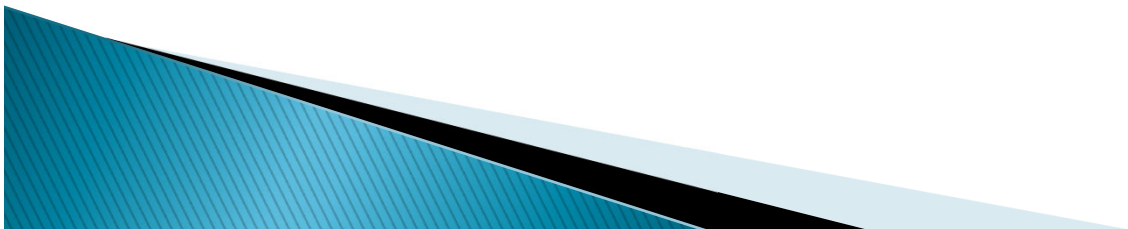


- ▶ ALL waiver and home care services you have, including:
 - Support Staff – family & others you choose
 - Agency-provided PCA services
 - Agency-provided In Home Support or ILS services
 - Day Services
 - Supported Employment Services
 - Allowable supplies and equipment not covered by “straight MA”.



HOW CAN THE MONEY BE USED?

- ▶ Expenditures must be consistent with the following parameters:
 - Client Driven
 - Health and Safety
 - Fiscal Responsibility
 - Defensible Use of Taxpayer Dollars



Can Dakota County Terminate Someone's Use of CDCS?

- ▶ Yes, if funds are not being used according to the approved plan, and state and county guidelines, or
- ▶ If the client does not meet the criteria for participation and management of funds.



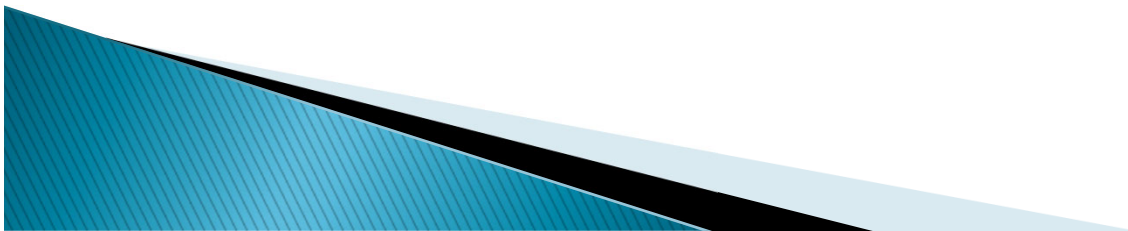
Client Driven

- ▶ Proposed expenditures directly relate to the client's needs and priorities.



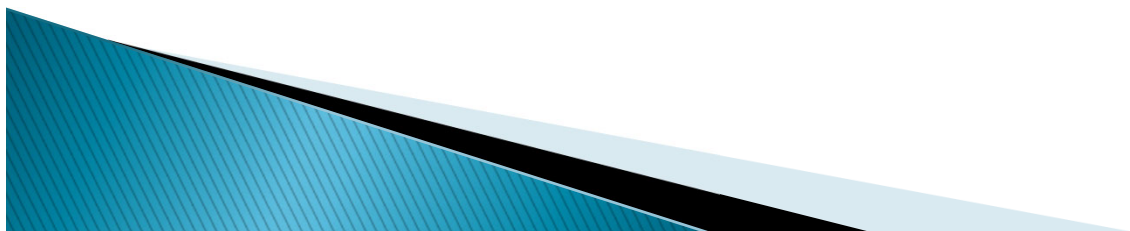
Health & Safety

- ▶ Proposed expenditures support the client's health, safety and general well-being.

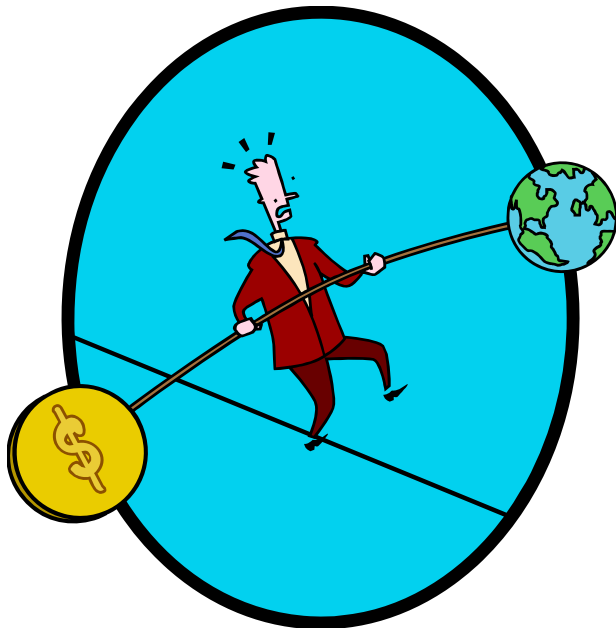


Fiscal Responsibility

- ▶ Proposed expenditures cannot be covered by other sources (MA, SSI, private insurance, etc), or those sources have been exhausted.
- ▶ Proposed expenditures fall within a customary range for similar support, goods and services.
- ▶ Proposed expenditures are the least costly alternative that reasonably meets the individual's needs.



Defensible Use of Taxpayer Dollars



- ▶ Proposed expenditures are defensible to the taxpayer and the funding source.



WHAT CAN IT PAY FOR?

Handout: CDCS
Expenditure Guide

- ▶ Goods and services are allowable when they:
 - Maintain the ability of the client to remain in the community
 - Enhance community inclusion and family involvement
 - Develop or maintain skills
 - Decrease dependency on formal services
 - Increase independence of the client
 - Increase ability of unpaid family members and friends to receive training and education to provide support.



EXAMPLES:

- ▶ Traditional goods and services provided by the waivers as well as alternatives that support clients.
- ▶ Goods and services that augment State plan (straight MA) services
- ▶ Goods and services that provide alternatives to State plan services(MA)
- ▶ Therapies, special diets and behavioral supports not available through State plan services when approved by a physician who is enrolled as a Minnesota MA provider. The physician completes the “Alternative Treatment Form for MHCP–Enrolled Physicians.”
- ▶ Expenses related to developing and implementing a community support plan.
- ▶ Costs incurred to manage the budget.
- ▶ Fitness and Exercise Programs for ADULTS only.



WHAT CAN'T IT PAY FOR?



- ▶ Services covered by other sources (straight MA, private insurance, SSI).
- ▶ Service, goods or supports provided to or benefiting persons other than the client.
- ▶ Room and board and personal items not related to the disability.
- ▶ Home modifications that add square footage. Some exceptions related to bathrooms.
- ▶ Home modifications to other than primary residence(s).



WHAT CAN'T IT PAY FOR?

- ▶ Lodging, meals and travel related to conferences and workshops
- ▶ Home-based schooling
- ▶ Membership dues or costs, except for fitness and exercise programs for ADULTS only
- ▶ Vacation expenses
- ▶ Vehicle maintenance, except to adaptations
- ▶ Tickets to anything
- ▶ Pets (animals) and related costs; including service animals
- ▶ Over the counter medications
- ▶ Prescriptions, including compounds and solutions
- ▶ Dietary supplements



Participation Agreement

I understand that I will have the authority to spend/direct the Consumer Directed Community Support (CDCS) budget for the above named client as I see fit, as long as the expenditures follow the approved Community Support Plan (CSP) and the Consumer Directed Community Support Policy established by Dakota County and the Minnesota Department of Human Services. Dakota County has responsibility for determining the appropriateness of participation in CDCS and sole discretion regarding methods for disbursement of funds.

I understand that I am responsible for preparing a Community Support Plan and may include whomever I chose to prepare my plan. My Dakota County social worker/public health nurse, along with their supervisor, must review and approve the plan before any distribution of funds can occur. If there is a denial of a particular expenditure request, I may request that a deputy director review the expenditure. If the deputy director denies the request, I understand I have a right to appeal the action taken.

I understand that my approved Community Support Plan is the plan in effect, unless and until I discuss changes with my Dakota County social worker/public health nurse and the requested changes are approved.

I understand that I am responsible for deciding who will arrange for the supports and services identified in the Plan. I will also propose by what mechanism supports and services will be paid. I assume full responsibility for my choices of person(s) to provide unlicensed support. I understand they are not Dakota County employees and will not hold Dakota County responsible for any act or omission on the part of this person(s) in provision of that support.

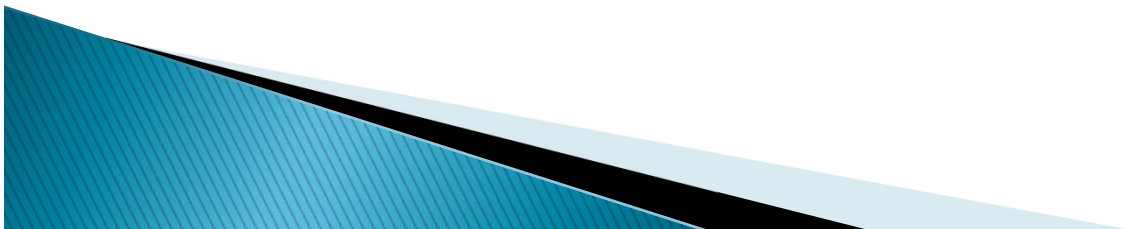


Participation Agreement

I understand that the persons I select to provide support are mandated reporters of suspected abuse and neglect. As such, by law they are required to report incidents of suspected abuse and neglect of the above named client.

I understand that the amount of funds allocated annually by Dakota County for the above named client is the sum total of funds available for that budget year. If a change in condition or situation arises, I can inquire about the availability of additional funds under regular County procedural guidelines.

I understand I must take part in periodic reviews to assure the effectiveness of the Plan.



Participation Agreement –cont.

I understand that I must submit documentation that substantiates all support and services provided and items purchased. If I misuse funds, I will be required to immediately return the funds. I understand that I must cooperate with any investigation regarding misuse of funds. Falsified documentation will result in county and/or state action.

I have been given a copy of the Consumer Directed Community Support Policy and have reviewed it and understand and will comply with its requirements as a condition to remain a participant.

This Participation Agreement and the terms in it continue in effect for the duration of my participation in the program.



WARNING: FRAUD



- ▶ DHS has asked Dakota County to remind participants that the funding for CDCS is through Medical Assistance.
- ▶ Fraudulent use of even \$1 of MA dollars is a felony.
- ▶ Suspected fraud is investigated by the state and may prevent future participation in consumer directed services.



What Happens When the Money Isn't all Spent?

Funds may not be carried over from year to year. Individual budgets are not reduced the following year due to unexpended funds.



DOES CDCS DEFINE HOW PLANS ARE DONE?

- ▶ Yes.
- ▶ The plan is called a Community Support Plan (CSP).
- ▶ Handouts: Dakota County Guide to Completing the Annual Community Support Plan; CDCS Community Support Plan.(pink)



WHAT MUST THE CSP INCLUDE?

- ▶ A description of the client's assessed needs.
- ▶ Outcomes for the client that the plan will address.
- ▶ A description of all of the planned supports, goods and services that will be provided to meet the consumer's needs through the CDCS option.
- ▶ Provider education and training requirements.



WHAT MUST MY PLAN INCLUDE (cont.)?

- ▶ The provider of each service or support.
- ▶ How often the service will be delivered.
- ▶ The total number and type of unit that will be provided during the plan year for each designated support.
- ▶ The rate per unit of each service.
- ▶ Annual cost for each service/support and total annual cost of all services/supports for the plan year.
- ▶ Criminal Background check



WHAT MUST MY PLAN INCLUDE (cont.)?

- ▶ Description of safeguards that are required to reasonably maintain the health and safety of the client.
- ▶ The person(s) who will be responsible for assuring that all education and training requirements are met.
- ▶ The person(s) responsible for monitoring the plan.
- ▶ The plan for monitoring the services/supports in the plan.
- ▶ Signatures of all responsible parties.



WHAT ARE THE EXPENDITURE CATEGORIES?

- ▶ Personal Assistance
- ▶ Treatment and Training
- ▶ Environmental Modifications and Provisions
- ▶ Self Direction Support Activities



WHAT IS PERSONAL ASSISTANCE?



- ▶ Formal and informal supports for personal care and relief of primary caregivers
- ▶ Examples:
 - Staff who perform personal care work
 - Staff who relieve primary caregivers
 - Payment of parent(s) of minor
 - Payment of spouse



ARE THERE SPECIAL RULES FOR PARENTS OF MINORS AND SPOUSES

WHO PAY THEMSELVES?



- ▶ Yes. Parents means biological, adoptive and step parents of children under age 18.
- ▶ The child must have at least one dependency on the Long Term Care Consultation (LTCC) Supplemental Form for the Assessment of Children under 18.
- ▶ The adult must have at least one dependency on the LTCC Functional Assessment: Activities of Daily Living for the spouse to be paid.



PAYING PARENTS OF MINORS/SPOUSES

- ▶ Parents as staff means working 1 to 1 on the supports and skills identified in the assessment.
- ▶ Support provided must be described in the Personal Assistance category of the plan.
- ▶ The rate of pay, including all employer related costs and fees, cannot exceed the current PCA rate. This rate is set by the state.



PAYING PARENT OF MINORS/SPOUSES



- ▶ Parents can only be paid for time spent doing things above and beyond what parents of similar-aged children without disabilities would normally do .
- ▶ Spouses can only be paid for time spent doing things above and beyond typical spousal responsibility.



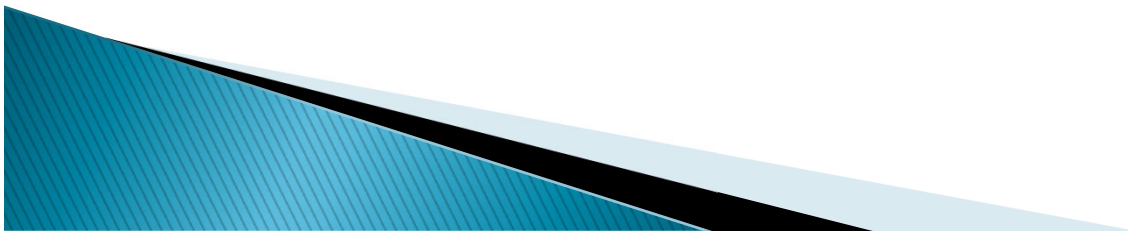
PAYING PARENTS OF MINORS/SPOUSES

- ▶ Parents/spouses must keep timesheets.
- ▶ Parents/spouses must include a simple work schedule and tasks in the plan (# of hours per week and things to be done).
- ▶ Variations must be requested and approved.



PAYING PARENTS OF MINOR/SPOUSES

- ▶ Parent(s) in combination, regardless of the number of children and the number of households, cannot be paid for more than 40 hours per 7 days.
- ▶ Spouses cannot be paid for more than 40 hours per 7 days.



PAYING PARENTS OF MINORS/SPOUSES

- ▶ There must be monthly reviews of all expenditures.
- ▶ The social worker or public health nurse must do at least quarterly reviews of expenditures, and health & safety.
- ▶ The social worker or public health nurse must see the client at least 2 times per year.



Are There Other Considerations When Paying Parents of Minors/Spouses?

- ▶ Take care to consider other needed professional supports and not use all staffing for parents as paid staff.
- ▶ Affect on relationship.
- ▶ An increase income may mean
 - An increase in parental fees.
 - An increase in income taxes.
 - A change in eligibility for other public assistance programs.



Considerations for Paid Parent as Staff

Caution to parents, this is what we know:

- ❖ Parents rise to the occasion and often do more than what can be paid
- ❖ Parents are almost always the best providers of staff to their children
- ❖ Parents often have to limit their employment to care for their children with disabilities
- ❖ Parents don't have to wear all the hats
- ❖ Parents need respite
- ❖ Parents often need professional support
- ❖ Parents may have to cut hours to use professional support
- ❖ Parents need to base hours on child's needs not on financial needs. Those child's needs can change and you are out income if you've factored your hours into your personal budget.



Labor Agreement: SEIU and State of MN

All direct care employees will be covered under a labor agreement between the State of MN and SEIU Healthcare Minnesota effective 7/1/15.

Requirements under the labor agreement include:

- ▶ This labor agreement contains a provision for PTO (Paid Time Off) for all direct care staff. Staff will earn 1 hour of PTO for every **40** hours worked. Staff may use their PTO after working 600 hours. FMS will begin tracking PTO
- ▶ **Minimum wage 13.25 as of July 1st, 2019**
- ▶ All direct care staff must be enrolled with DHS and receive a 10 digit UMPI (Unique MN Provider Identifier).
- ▶ FMS will ensure compliance and assist with this process.
- ▶ Background studies for direct care staff will be complete by “Net Studies” and will include fingerprinting.



Union Related Costs

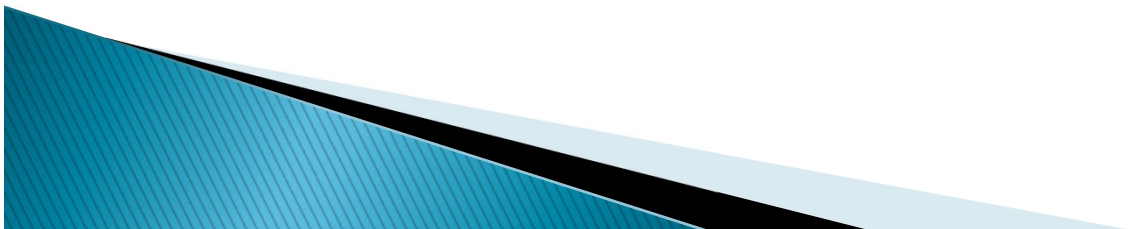
Legislative funding bump of 3.1% to cover PTO costs effective July 1st 2019. Automatically put in budget.

QUESTIONS??

Please direct questions to SEIU Healthcare Minnesota:

Member Hotline 1-855-282-3769

Member Action Center 651-294-8100 or
mac@seiuhealthcaremn.org



Criminal Background Studies

- ▶ Direct contacts with participants of unlicensed services must have a Net Studies background study completed by DHS. Sent in by FMS. This paid for by the county outside of the CDCS plan.
- ▶ All direct care staff, all workers who are not providing service under a company who is responsible for best practices, certification, and licensing.
- ▶ The CDCS plan must define how many back ground studies are needed and who needs them. (see Criminal Background Studies Employee List included in packet. This form must be completed and attached to the CDCS plan.



WHAT IS TREATMENT AND TRAINING?

- ▶ Formal and informal supports/services for specialized health care, extended therapies, habilitation (skill building), caregiver/consumer training, day services
- ▶ Examples:
 - Staff who are training the client in particular skill(s).
 - Alternative therapies (requires Alternative Treatment Form signed by MA Physician)
 - Supported employment
 - Day Services
Nursing



WHAT ARE ENVIRONMENTAL MODIFICATIONS AND PROVISIONS?

- ▶ Assistive technology, home and vehicle modifications, supplies and equipment, adaptive clothing, special diets, environmental supports such as chore services, transportation
- ▶ Examples:
 - Cell phone
 - Computer
 - Fence
 - Mileage reimbursement (non-medical)
 - Adapted bathroom
 - Special diet
 - Disability-related personal care supplies
 - Supplies related to training, therapy, behavior programs, etc.



WHAT ARE SELF DIRECTION SUPPORT ACTIVITIES?

- ▶ Fiscal Management Services fees, worker's comp, liability insurance, payroll expenses, employer share of benefits, recruiting costs, support planner.
- ▶ Examples:
 - FICA, FUTA, SUTA
 - Newspaper ads for staff



Modifications / Equipment

- ▶ CAC, CADI, TBI, & DD waivers: The 1st \$5000 of equipment must come out of individual budget. Amounts beyond \$5000 can be requested from the county-administered waiver pool.
- ▶ EW: Equipment limit per plan year of \$20,000.



CSP EXAMPLE



CDCS Annual Community Support Plan

Date: _____ to _____

PERSONAL INFORMATION

Client Name: _____	PMI #: _____ <small>(8 digit Medical Assistance #)</small>	Phone: Home: _____ Work: _____ Cell: _____
Date of Birth: _____	Case #: _____ <small>(10 digit Dakota County case #)</small>	
Address: _____		
Email: _____		
Waiver Type: <input type="checkbox"/> AC <input type="checkbox"/> CAC <input type="checkbox"/> CADI <input type="checkbox"/> DD <input type="checkbox"/> EW <input type="checkbox"/> TBI-NF <input type="checkbox"/> TBI-NB		
County of Residence: _____		County of Financial Responsibility (CFR): Dakota

Parent/Legal Representative/Responsible Party (if any): _____	
Address: _____	
Phone: Home: _____	Email: _____
Work: _____	
Cell: _____	

Social Worker/Public Health Nurse: _____	Phone: 651/554- _____
	Fax: 651/554- _____
Address: 1 Mendota Road West – Suite _____ West St. Paul, MN 55118- _____	
Email: _____@co.dakota.mn.us	

Fiscal Support Entity: (Agency that bills and reimburses)	Contact Name: _____
<input type="checkbox"/> CIP <input type="checkbox"/> Lifeworks <input type="checkbox"/> MRCI	
Address: _____	
Phone: _____	Fax: _____

Annual Community Support Plan for: _____

You may want to refer to the "Dakota County Guide To Completing the Annual Community Support Plan" when completing this form.

When developing the Annual Community Support Plan, think about and describe the individual, his or her strengths and needs, likes and dislikes, and how the disability/condition impacts his or her life. Some people find these questions easy to answer and can do so without assistance. Others have found it helpful to participate in a facilitated person-centered planning process. Information about planning processes is included at the end of the guidebook. Remember all goods and services must be directly related to the disability and/or condition and based on the intended outcomes described in this Community Support Plan.

Brief Description (Age, disability/condition, how disability impacts life)

Brief Summary of Last Plan Year's Progress (Describe the accomplishments or progress made on things you wanted to do or achieve.)

1. What do you want to do?

2. What unpaid and paid support will you need?

A. PERSONAL ASSISTANCE (Support for personal care, relief of caregiver, etc.)

PROVIDER QUALIFICATIONS:

TRAINING:

B. TREATMENT AND TRAINING (Support/services for training, therapy, etc.)

PROVIDER QUALIFICATIONS:

TRAINING:

C. ENVIRONMENTAL MODIFICATIONS AND PROVISIONS (Supplies, equipment, modifications, special diets, chore services, mileage, etc.)

PROVIDER QUALIFICATIONS:

D. SELF DIRECTION SUPPORT ACTIVITIES (Support Planner, Fiscal Support Entity fees, payroll costs, newspaper ads, etc.)

PROVIDER QUALIFICATIONS:

TRAINING:



Annual Community Support Plan for:

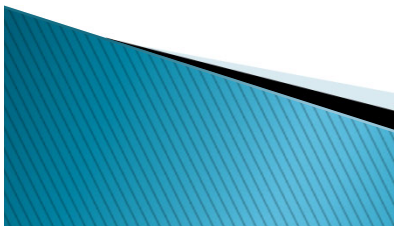
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2. What unpaid and paid support will you need?

█

A. PERSONAL ASSISTANCE *(Support for personal care, relief of caregiver, etc.)*

█

PROVIDER QUALIFICATIONS:

█

TRAINING:

█

B. TREATMENT AND TRAINING *(Support/services for training, therapy, etc.)*

█

PROVIDER QUALIFICATIONS:

█

TRAINING:

█

C. ENVIRONMENTAL MODIFICATIONS AND PROVISIONS *(Supplies, equipment, modifications, special diets, chore services, mileage, etc.)*

█

PROVIDER QUALIFICATIONS:

█

D. SELF DIRECTION SUPPORT ACTIVITIES *(Support Planner, Fiscal Support Entity fees, payroll costs, newspaper ads, etc.)*

█

PROVIDER QUALIFICATIONS:

█

TRAINING:

█



AMENDING THE PLAN

The approved Plan is considered the plan in effect unless and until any proposed changes are submitted to the Social Worker/Public Health Nurse and approved. Changes should be limited to once per calendar quarter



The plan must be amended and reapproved when:

- ▶ Moving funds from one category to another (e.g., from Personal Assistance to Environmental Modifications and Provisions.)
- ▶ Adding an item or service to the current Plan.
- ▶ Revising the pay and/or work schedule for a parent of minor or spouse.
- ▶ Substituting an item costing more than \$500 for a similar previously approved item.
- ▶ The budget amount changes.

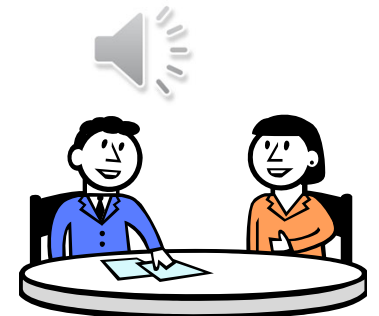


Social Worker Role in Plan Development



DOES CDCS DEFINE HOW I WORK WITH MY SOCIAL WORKER OR PUBLIC HEALTH NURSE?

- ▶ Yes.
- ▶ CDCS defines 2 functions:
 - Required Case Management
 - Support Planning
- ▶ Handout: Case Management and Consumer Directed Community Support.



FUNCTIONS

▶ REQUIRED CASE MANAGEMENT:

- County **MUST** provide.
- Not part of budget.
- Includes:
 - Determining eligibility
 - Offering services
 - Informing about resources
 - Approving plans
 - Authorizing services
 - Evaluating and monitoring



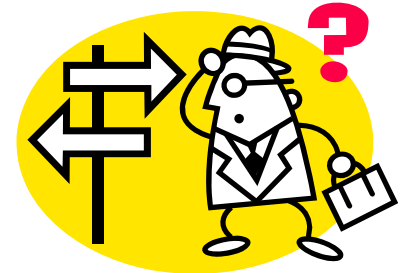
▶ SUPPORT PLANNING

- County **MAY** provide
- May purchase from someone else, or not use at all.
- Paid for within budget.
- Can include:
 - Providing CDCS info
 - Facilitating plan development and revisions
 - Facilitating community access
 - Assisting with staffing
 - Training staff
 - Assisting with budget
 - Monitoring



WHAT IF A CLIENT DOESN'T WANT TO BUY SUPPORT PLANNING

- ▶ You may buy it from someone else.
- ▶ You don't have to have it at all.
- ▶ Your social worker/public health nurse will **NOT** be available to help you develop and revise your plan. You, or another support planner if you have hired one, will complete the paperwork for plan renewal and revisions, and submit them to the county for approval.
- ▶ Your social worker/public health nurse will do things that are required case management.



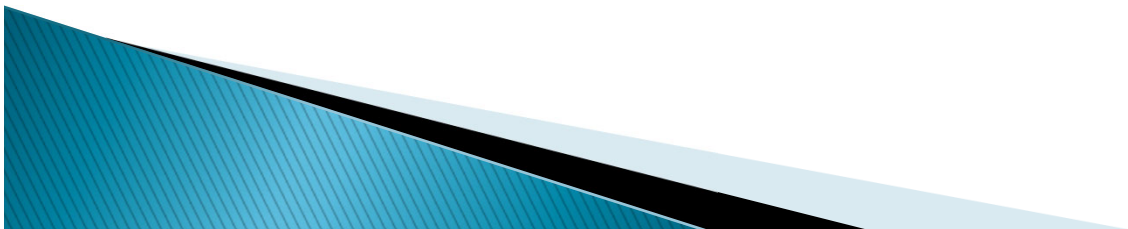
Support Planner/Broker Service State Web Information

To hire a Support Planner Please refer to
MinnesotaHelp.info

www.minnesotahelp.info

and search “Support Planner”

The search will return a topic of “Support Broker Services”
open this topic for a complete list of State Certified Support
Planners



ARE THERE QUALIFICATIONS FOR SUPPORT PLANNER'S?



- ▶ At least 18 years of age.
- ▶ Receive training in person centered planning.
- ▶ Pass a DHS-approved training.
- ▶ Provide a copy of their training certificate to client.
- ▶ Additional requirements as requested by client.
- ▶ Not have a financial interest in service provision.
- ▶ Not be the employer of client's staff.
- ▶ Complete 20 hours of training and pass a recertification test every 2 years.

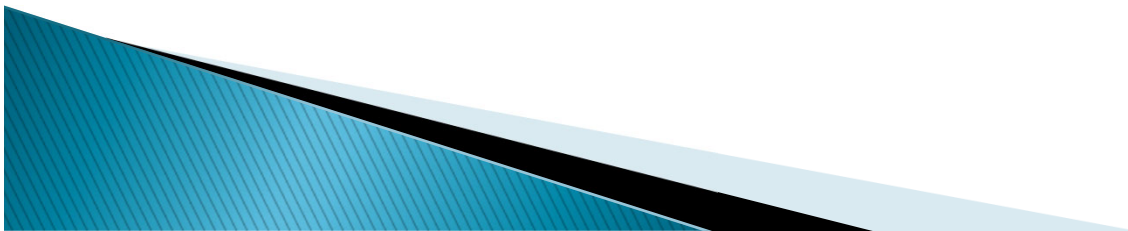


WHO CAN'T PROVIDE SUPPORT PLANNING T?

- ▶ An agency or person that provides direct services to a client cannot provide support planning to that same client.
- ▶ Examples of Direct Service:
 - Services from a licensed agency (ILS, DT&H, PCA, etc.)
 - Staff who provide direct care or training to the client.
 - Fiscal Management Services



Fiscal Management Services



DOES CDACS DEFINE HOW THE MONEY FLOWS?

- ▶ YES.
- ▶ EVERYTHING, except certain home care services, must be paid through one entity, a Fiscal Management Service, (FMS).



Fiscal Management Services

- ▶ You must choose a Fiscal Management Service to participate in CDCS.
- ▶ These services help consumers of self directed support services assure payment of worker and/or vendors, and comply with applicable federal and state laws.
- ▶ Dakota county doesn't endorse and particular FMS.



WHAT IS A FISCAL MANAGEMENT SERVICES (FMS)?

- ▶ Offers a range of financial management service
- ▶ Facilitates clients' use of Consumer Directed Community Supports (CDCS)
- ▶ Enrolled as an MA provider



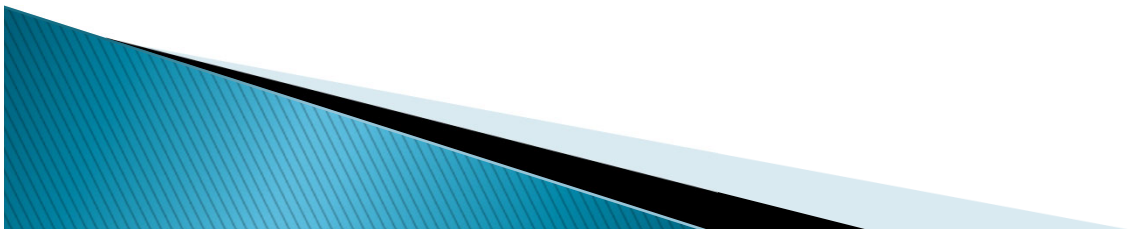
WHAT DOES AN FMS DO?

- Process and pay vendor and agency invoices for goods and services
- Bill DHS for CDCS payment
- May manage state and federal employment taxes and payroll for support workers



WHAT DOES AN FMS DO?

- ▶ Maintain records and track all expenditures
- ▶ Provide clients with monthly summaries of expenditures.
- ▶ Establish and make public rates for services.



WHEN HIRING PEOPLE


- ▶ When hiring individuals to provide support, the client is responsible for
 - Recruiting, selecting and training staff.
 - Identifying tasks to be done (job description), determining work schedules and wages.
 - Complying with applicable federal and state laws regarding FICA, workers' comp, unemployment, and tax withholding.
 - People hired by clients are NOT employees of Dakota County. Dakota County is not responsible for their actions or performance.



◦ .



WHAT ARE THE QUALIFICATIONS TO BE AN FMS?

- ▶ Be an MA enrolled provider.
- ▶ Bill DHS for services.
- ▶ Comply with applicable federal and state rules & regs.
- ▶ Pass a DHS Readiness Review 



FMS – Continued

- ▶ To find a Fiscal Management Service refer to www.minnesotaHelp.info
- ▶ Search Fiscal Management Services The Search will return a topic of “Participant Directed Financial Management Organizations”
- ▶ Open this topic for a complete list of Fiscal Management Services.



WORKING SUCCESSFULLY WITH YOUR FMS

- ▶ Choose the FMS you think is the best match for how you want to manage your CDCS.
- ▶ Contact your FMS to help you decide your best option.



WORKING SUCCESSFULLY WITH YOUR FMS

- ▶ Inquire about specifics from each FMS.
- ▶ Items – Submit (fax, scan, mail):
 - Receipt – e.g. Target
 - Bill – e.g. alternative therapy provider
 - Expense summary – e.g. mileage reimbursement; log for laundry
- ▶ All FMSs can Purchase large ticket items in your plan with VISA to avoid you having to upfront costs.



WHAT ARE MY RESPONSIBILITIES?

- ▶ Sign a Participation Agreement, a commitment to follow the program rules and procedures. Sample in folder.
- ▶ Follow the CDCS Policy in folder.
- ▶ Follow employment and labor laws.
- ▶ Keep track of expenditures.
- ▶ FOLLOW YOUR PLAN!



WHAT HAPPENS NEXT?



- ▶ Find out your individual budget amount.
- ▶ Think about (and research costs) the things you would like to do.
- ▶ Decide if CDCS is for you.
- ▶ Set up a time to meet with your social worker or public health nurse to develop your first plan.



Planning– a year in the life of CDCS

- 3 months before plan start –think about what is needed next and prepare for reassessment
- 2 months before plan start– reassessment
- 1 month before plan start – written plan in to case manager.



THANK YOU
FOR
ATTENDING!



Certificate Of Completion

At the end of this presentation please print out the certificate of completion, sign it, and attach it to an email, fax it, or mail it to:

Team C

Northern Service Center, Suite 300

West St. Paul, MN. 55118

or

Fax 651-554-6043

or

TeamCSocserv@co.dakota.mn.us





Dakota County CDCS Orientation

CERTIFICATE OF COMPLETION

Name (managing party): _____

HAS MET THE REQUIRED TRAINING TO PARTICIPATE IN CDCS FOR

Participants Name: _____

DATE OF COMPLETION

MANAGING PARTY'S SIGNATURE