



Care Coordinator CDCS Plan Approval Checklist

Instructions: Care coordinators use this form to indicate they have gathered the necessary information to accompany a member's CDCS support plan for UCare approval.

Member Name	Assessment Date
Case Mix	CDCS Waiver Span
CC Name	

	The expenditures are for the direct benefit of the person, as opposed to the caregiver or other household members. Example: Massage therapy may be approved for the person but cannot be approved for the caregiver who has back problems due to transferring of the person.
	All expenditures are included in the person's DHS-6532 CSP. All expenditures must include a description of the item and the related need for the item.
	The expenditures are necessary to meet one of the member's assessed needs identified in the MnCHOICES Assessment. If the member has a need that is not mentioned in the MnCHOICES Assessment, the CDCS Plan must include a description of the need, as well as a description of the item.
	Plans including adaptive therapies (i.e., swim, dance, cheer, music), behavioral supports, special diet or alternative medications must include DHS-5788 Alternative Treatment Form addressing the member's disability and outcomes of the alternative treatment signed by the member's Primary Care Provider (not OT/PT). CC has verified the therapies/request is not covered by MA or private insurance.
	CC ensures assessed behavioral supports/interventions are reflected in the member's CDCS plan to address all needs.
	If the plan includes home modifications (including fences) or specialized equipment, at least 2 bids should be submitted for CC/Supervisor for review. Printed pictures of requested equipment items should also be provided.
	CDCS plans that include hired support staff needs to have a completed staff schedule in the CDCS plan outlining how hours will be provided to verify there is no duplication
	The expenditure is the most cost-effective alternative to meet the assessed need.
	Agency supervisor has reviewed CDCS plan and signed below.
	Member has provided acknowledgement to: <ul style="list-style-type: none"> Initial viewing the DHS-CDCS Member Online training Receiving the DHS-4124 DHS Member Flyer DHS-4317 CDDS Handbook UCare CDCS Member Guide to Allowed Expenditures

Items may be denied if any of the following are checked

	An expenditure is listed on the UCare Member Guide to Allowed Expense as not allowed.
	An expenditure is covered by the state plan (MA), Medicare, or other liable third parties (including education and vocational services). CDCS is a payor of last resort so other funding sources must be utilized before an expenditure can be considered on CDCS.
	An expenditure includes travel, lodging, or meal expenses related to training for the person, his or her representative, or paid or unpaid caregivers.
	The expenditure is provided to or directly benefiting individuals other than the person who uses CDCS.
	An expenditure is diversionary or recreational. These items are considered typical household responsibility.

	<p>Example: Memberships to zoo, science museum, YMCA, restaurant food, tickets to sporting events, plays, movies, etc.</p>
	<p>An expenditure is used for comfort or convenience. These items are considered personal choice. Example: typical beds, animals, trailers, tuition, wills and trusts, etc.</p>
	<p>An expenditure would normally be provided by the member, parents, family, or spouse. Example: A parent helping a two-year old child with toileting is considered a typical parental responsibility. A parent helping an adult with toileting is considered above and beyond typical household responsibility.</p>
	<p>An expenditure is not the most cost-effective alternative to meet the assessed need.</p>
	<p>An expenditure is provided prior to the start date of the plan or before the expenditure was approved by the care coordinator. The only exception is Support Planner services may be billed for services to write the plan, prior to the plan's start dated.</p>
	<p>NOTES:</p>

Supervisor Use Only

By signing below, the Supervisor attests to having reviewed and approved the member's CDCS plan.

Supervisor Signature

Date