Consumer Directed Community Supports (CDCS)

Member Agreement and Checklist

CDCS is designed to allow you to manage your own services and supports, but with increased control comes increased responsibility and accountability. UCare has the responsibility for determining the appropriateness of participation in CDCS. All funds must go through a contracted Fiscal Management Service (FMS). If you choose to participate, you will be responsible to state the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| I have completed [DHS CDCS online training](https://pathlore.dhs.mn.gov/courseware/DisabilityServices/3-DirectAccess/CDCS_intro/1/story.html) before starting my initial CDCS plan. |  |  |  |
| I have reviewed the UCare CDCS Allowable Expenditures Member Guide and DHS-4124 CDCS Overview. |  |  |  |
| I have received the annual CDCS budget limit from my care coordinator. |  |  |  |
| I have developed a DHS-5788A CDCS Community Support Plan (CSP) detailing all planned uses of my annual budget and worked with my care coordinator to approve the plan. |  |  |  |
| I will maintain Medical Assistance eligibility to prevent interruption of services. |  |  |  |
| I will arrange for all needed services and support, including my FMS. |  |  |  |
| I will maintain records of all one-time expenditures within the plan and supply information to my FMS provider to ensure payments. |  |  |  |
| I will communicate with my care coordinator any changes to my plan by updating the DHS-5788A CSP or completing UCare’s CDCS Plan Change form. |  |  |  |
| Members who employ support workers are responsible for the following tasks: | | | |
| I will hire, direct, manage and if necessary, discharge support workers. |  |  |  |
| I will ensure the qualification and competency of support workers. |  |  |  |
| I will conduct criminal background checks on potential support workers, as identified in my plan, or have those checks done by my FMS. |  |  |  |
| I will acquire and maintain necessary insurance coverage. |  |  |  |
| I will maintain records of support workers’ hours and wages and supply information to my FMS provider to ensure payments. |  |  |  |
| I will file all employer related taxes or have my FMS complete. |  |  |  |
| I will keep all tax and insurance records, or have these records kept by my FMS. |  |  |  |

By signing below and checking all applicable boxes, I acknowledge that I have read and understand the Consumer Directed Community Supports (CDCS) guidelines and that this material may change in the future as Minnesota Home and Community Based Services (HCBS) wavier policy is subject to State, Federal, County and UCare’s approval and interpretation.

Member signature:       Date:

Legal representative signature:       Date:

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*Reference: DHS-4317* [*CDCS Consumer Handbook*](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4317-ENG) *pg. 24*

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