



## Member Guide to CDCS Allowed Expenditures

The following is information and updates regarding the Consumer-Directed Community Supports (CDCS) program option. This material **may change** as the Minnesota Home and Community Based Services (HCBS) waiver policy is subject to State and Federal approval and interpretation.

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## Consumer Directed Community Supports (CDCS) overview

Consumer Directed Community Supports (CDCS) is a program option for Home and Community-Based Services (HCBS) waivers. This option offers senior members a person-centered approach, allowing more flexibility and responsibility for directing their own services and supports, including hiring and managing direct care staff. It may include services, supports, and/or goods currently available through licensed waivers and additional services/goods that provide needed “unlicensed” support to you. There are specific requirements for all services, supports and/or goods available through HCBS waivers, including CDCS.

Services under CDCS offer you support, care, and assistance to prevent institutionalization and allow you to live an inclusive life in your community. Supports are designed to build, strengthen, or maintain your informal community support networks. It allows you to purchase services that best meet your needs from people you have selected and trust, such as family and friends. You will identify staff qualifications and training requirements and direct your assigned resource allocation within the established state, federal, and UCare-approved parameters, as well as guidelines. All services must be paid within the person’s CDCS resource allocation. Approval of certain services or goods may be denied if health, safety and/or welfare concerns are unmet or, if funds are misused or if certain criteria are not met. (For example, a behavioral issue or respite need is identified in the MnCHOICES assessment, which is not addressed or utilized during a developed plan year).

Waiver members who utilize the CDCS option must understand their rights and responsibilities when using these services. People who are well informed may more easily exercise increased freedom, authority, and control of resources through CDCS. UCare provides information about the CDCS option through assigned care coordinators and written information to educate members on available service options, their responsibilities, and the service limitations.

**Elderly Waiver funds, using the CDCS service option, does not equate to a cash allowance.** UCare authorizes services and/or goods that may be purchased as part of an approved person-centered plan using a preset individualized resource allocation. **A signed UCare CDCS Member Agreement and Checklist must be obtained before submission of a DHS-6532-CSP.**

All CDCS waiver fund expenditures must be **prior approved** and traceable back to an authorized service or good approved in the DHS-6532-CSP.

## Definitions

**Allowable Expenditure:** A good or service that is covered under CDCS and can be purchased using waiver funds.

**Activities of Daily Living (ADL):** Tasks essential to perform routine self-care functions (e.g., dressing, combing hair, brushing teeth, bathing, eating, transfers, mobility, positioning, toileting).

**Alternative Treatment Form (ATF):** The DHS-5788 Alternative Treatment form is used to request non-experimental therapies, treatments or supports outside the scope of the Medical Assistance State Plan or other waiver services. The form is completed by the participant's MN healthcare provider and forwarded to the care coordinator.

**Community-Based Services Manual (CBSM):** A resource for care coordinators who administer home and community-based services that support older adults.

**Community Support Plan (CSP):** The DHS-6532 CSP is a written plan that includes detailed descriptions of the individual and the requested items. UCare uses the DHS-6532 CDCS Community Support Plan.

**DHS:** The Minnesota Department of Human Services (DHS) helps people meet their basic needs so they can live in dignity and achieve their highest potential.

**Financial Management Service:** You must have a financial management services (FMS) provider to access CDCS. An FMS provider is an MA-enrolled provider for CDCS who reimburses service providers for authorized CDCS services, supports and/or items. Also referred to as Fiscal Support Entity (FSE).

**Insurance:** Medical Assistance, Medicare, managed care, MSHO, MSC+, and private insurance.

**Member/Participant:** Refers to the UCare enrollee who is receiving waived services.

**Minnesota Health Care Programs (MHCP):** Adults with low incomes who meet eligibility rules may qualify for Minnesota Health Care Programs. Programs include Medical Assistance (MA), MinnesotaCare, Minnesota Family Planning Program and others.

**MnCHOICES MCO Assessment:** The required assessment tool to determine eligibility for Elderly Waiver and CDCS supports.

**MnCHOICES Assessment Summary:** This document summarizes what the certified assessor discovered through the assessment process and identifies the next steps based on your needs. The certified assessor works to understand the types of supports you want to receive, including any plans to use informal supports, assistive technology, or other important support preferences. The certified assessor provides it to you, regardless of whether they are eligible for Minnesota Health Care Programs (MHCP) or choose to receive publicly funded home and community-based services (e.g., waivers) or state plan services.

**Notice of Technical Assistance:** A formal notification when needing more assistance and oversight with their DHS-6532-CSP. The NTA indicates noncompliance with CDCS requirements.

**Service Employees International Union (SEIU):** FMS works with SEIU when staffing employees.

**Support Planner:** Also referred to as a Flexible Case Manager or Service Coordination. An individual selected by you and reimbursed through your CDCS budget to help develop and implement your person-centered CDCS Community Support Plan (CSP). The support planner may work independently or be employed by an agency. See [CDCS support planner / Minnesota Department of Human Services \(mn.gov\)](#).

### IMPORTANT!

All services and items should be the most cost effective or may have suggested limits. Limits are included as a guide to what is considered “customary” and “fiscally responsible”. Requested amounts beyond what is suggested will require additional written explanation in the CDCS CSP and/or evaluation.

## CDCS Information and Reminders

The following is important information and reminders to consider under the CDCS option:

### Admission to Hospital

CDCS services may not be utilized while you are in the hospital. If a hospital admission occurs, you must notify the care coordinator. The waiver must be closed if your hospital stay is over 30 days.

### Admission to Nursing Home

CDCS services are immediately suspended once you are admitted into a nursing home. You are to notify the care coordinator when entering a nursing home.

### Amending the Plan

The approved DHS-6532 CSP is considered the plan in effect unless and until any proposed changes are submitted to the care coordinator and approved. The DHS-6532 CSP revision radio button or UCare DHS-6532 CSP Plan Change Form must be submitted and approved by the care coordinator when:

- Adding an item or service to the DHS-6532 CSP
  - and/or
- Revising the wage and/or work schedule for a paid caregiver or spouse
- Moving money from one approved item/service in a plan to another only requires an email from you for the request and the care coordinator's approval

**IMPORTANT:** New services, supports, or goods may not be added to the DHS-6532 CSP 30 days before the end of your annual service plan date unless approved by the care coordinator for critical health and safety.

## Unused Funds

The DHS-6532 CSP is approved for up to 12 months. Unused funds cannot be carried over to the next year, and your annual resource amount will not be reduced the following year due to unused funds.

## Appeals

You have the right to appeal when services are denied, terminated, or reduced. UCare will send you a formal notice explaining your appeal rights. Before the appeal process, more technical assistance and support to seek solutions will be provided.

## Criminal Background Study

All paid persons in the DHS-6532 CSP must pass a background study through the MN DHS Licensing Department **before being compensated for any hours in the plan.**

- Licensed service providers and FMS providers are responsible for coordinating background studies on all prospective employees
- Individuals who fail to pass the background study are disqualified from providing CDCS services
- All staff are required to pass a background study at least annually
- All background studies are paid for outside the CDCS allocation

## Exclusion Rule/IRS Notice 2014-7

Paid caregivers living with a disabled person may qualify for a Difficulty of Care (DOC) payment exclusion. This excludes the caregiver from paying federal and state income taxes on that income. All the conditions on the IRS Notice 2014-7 Certification must be met to be eligible. Ask for this form from your FMS or consult with a tax advisor. Income may still affect cash assistance programs and/or other income-based programs. Consult with your county economic assistance worker / financial worker for more information.

## Providing Care Outside the State of MN

- Staff are allowed to provide care to you on vacation within the US
- If you are out of the country, waiver funds may not be used
- If you are outside the state of MN for more than 30 days, MA and the waiver must close. The elderly waiver can be reopened upon return.

## Notice of Technical Assistance

Notice of Technical Assistance (NTA) is given to you when you have difficulty with CDCS participation. The following are examples of when a notice of technical assistance would be issued:

- Not utilizing services needed to support health and safety without a reasonable explanation
- Consistent delay/misuse of CDCS funds agreed upon in the DHS-6532 CSP (e.g., overspending, plan not in on time etc.)
- Not receiving goods or services identified as critical for health and safety
- Not following the DHS-6532 CSP
- Incomplete paperwork required by FMS

Your care coordinator will request a face-to-face meeting to discuss the issues and offer additional support by the 3<sup>rd</sup> Notice of Technical Assistance within the same plan year. Upon the 4<sup>th</sup> Notice of Technical Assistance, within the same plan year, the CDCS option will be ended, and you will go back to using traditional, licensed waived services.

- CDCS is unavailable to you during an appeal when the involuntary exit criteria are met. The ability to discontinue CDCS service due to an involuntary exit, pending appeal, is unique to this service and differs from other waiver services that require services to stay intact pending an appeal hearing.

Reference: [CBSM CDCS - Involuntary Exit](#)

## Exiting/Involuntary Exiting

You may voluntarily terminate participation in the CDCS option by notifying the care coordinator.

- If you exit the elderly waiver more than once in a plan year, you are ineligible for CDCS for the remainder of that plan year.
- UCare, care coordinator and supervisor reviewers will follow the [DHS Involuntary Exit](#) protocol. An immediate concern jeopardizing health and safety will result in an involuntary exit to “traditional” waived services. Examples:
  - Immediate health and safety concerns
  - Maltreatment of the person
  - Purchases or practices not allowable in CDCS
  - Suspected fraud or misuse of funds by you, your authorized representative and/or service provider
  - **You will also be involuntarily exited after being issued the fourth Notice of Technical Assistance within the waiver span period**

## Financial Management Services (FMS)

You are required to use Financial Management Services (FMS) to manage the CDCS resource allocation. The FMS will only disburse funds according to the approved DHS-6532 CSP. You will have a choice of providers. Your FMS must be enrolled with MN DHS and pass a DHS Readiness Review.

The FMS provides orientation regarding its services, union services, and fees. The FMS completes a budget worksheet or expense summary and submits it to the care coordinator. The worksheet/summary must be updated as support/goods are added or changed on the DHS-6532 CSP. The cost of these services must fit within your total waiver allocation budget.

Your FMS agency cannot provide Support Planning Services or direct care to you in addition to FMS.

## Repayment of Goods and Items Returned or Sold

Items are purchased for you and should remain with/be available to you to the extent possible. The reimbursement must be applied to your service plan if an item is returned or sold. Communicate the refunded amount with your FMS. The same applies to any discounts or credits.

## Support Planner

A support planner is a service that assists in the initial and/or ongoing development of a person-centered support plan. Support planners are certified by MN DHS.

### Expectations of Support Planner:

- Support planners should determine each other's roles in consultation with you.
- A support planner may hire, recruit and model staff expectations. Direct care is NOT in the scope of a support planner.
- Any paid staff (including paid parents) should not act as support planners (due to Conflict of Interest).
- A support planner must provide you with a job description outlining the specific duties they will perform on their behalf (vs. care coordinator). Specific duties cannot be duplicative of the care coordinator's role.
- Any additional job duties beyond plan development MUST be specified in the DHS-6532-CSP (e.g., interview staff, staff training, staff recruitment, etc.)
- The care coordinator may approve additional support planner hours throughout the plan year through the additions/addendum process when justified and approved.

Support planner (aka service coordination/flexible case management)—this may be purchased from an individual or agency. \*Make sure you have a written agreement with the support planner regarding what is expected and the cost estimate.

**NOTE:** The DHS support planner Certificate must be attached to the DHS-6532 CSP for consumer protection.

## Forms and Resources

<a href="#">DHS Online CDCS Participant Training</a>	DHS-6789 <a href="#">Video Monitoring Form for DHS approval</a>
DHS-5788 <a href="#">CDCS Alternative Treatment Form</a>	DHS-6532 <a href="#">CDCS Plan (DHS-6532 CSP)</a>
DHS <a href="#">CDCS Consumer Handbook</a>	UCare: CDCS Notice of Technical Assistance & Additional Oversight
DHS <a href="#">CDCS Lead Agency Operations Manual</a>	UCare: CDCS DHS-6532 CSP Change Form / Addendum
DHS-6633D <a href="#">Shared Services Agreement</a>	UCare: CDCS Member Agreement and Checklist

## Allowed Expenditures by Service Category

### Personal Assistance

This service category includes services to help you with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) through hands-on assistance, cues, prompts, and instruction.

Personal Assistance may include:

- Help with ADLs (e.g., bathing, eating, dressing)
- Help with IADLs (e.g., shopping, basic home maintenance, help with paying bills, laundry, meal preparation)
- Caregiver Relief/Respite
- Mobility and transfer support
- Behavioral Redirection

Whenever there is a staffing need for personal assistance, the worker must be hired through the FMS or a 245d licensed service. Recruitment services may be paid using waiver funds, but staff must be hired through the FMS.

Including staff responsibilities, qualifications, and training in the explanation is important. The number of hours of approved staffing is not based on the allocation amount but rather on the need for services and must be clearly explained in the DHS-6532 CSP.

### *Support Staff (Personal Support or Skill Acquisition)*

Staff Requirements:

- All staff must meet the qualifications as described in the DHS-6532 CSP
- Pass a Net 2.0 background study
- Must be employable in the United States
- Have a Unique Minnesota Provider Identifier (UMPI): The Minnesota Department of Human Services requires ALL prospective CDCS employees to apply for a UMPI number through the FMS to track the number of hours worked across various agencies.

CDCS Support staff cannot complete tasks that require a license and/or oversight –i.e., Licensed Practical Nurse (LPN) or Registered Nurse (RN)

### *Hours/Wages/benefits:*

- Hourly wages need to be at least minimum wage as determined by the union AND within a range that is customary and reasonable (current State-set rate maximum for PCA)
- Rates may vary depending upon the qualifications and training of the person to be employed, which is necessary to meet the unique needs and preferences of you

- Wages need to be comparable to “like” services in the community in which you reside. The suggested maximum wage is up to 15% **over** the current PCA rate at the lead agency's discretion.
- Anything above a maximum requires an explanation in the DHS-6532 CSP about why this wage is necessary to meet your unique needs as it is higher than what is customary. This would include specially trained staff, staff with specialized licenses, etc.
- All staff must have a job description on file with the FMS, and all Department of Labor Regulations must be followed. Specific staff job descriptions may be requested by UCare or the care coordinator as an attachment to the plan
- The care coordinator may request a detailed schedule for support staff to address health and safety concerns as outlined in your MnCHOICES assessment and/or planning summary
- If there is more than one member/child in the home receiving services, a specific schedule of hours provided for each member/child (daily) needs to be included in DHS-6532 CSP

### *Overtime*

Typically, staff is limited to 40 hours /week; intermittent overtime is allowed at a time and a half of their current wage but must be PRIOR APPROVED in the CSP or through a Support Plan revision.

### *Holiday Pay*

The Service Employee International Union contract allows staff working the following holidays to be paid at one and a half their typical wage: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Labor Day, and Thanksgiving Day, plus two floating flexible days. Flexible days must be coordinated with the managing party, and FMS must give notice. The plan needs to explain any exclusion of holiday pay or hours of flexible days.

### *Bonuses*

A bonus must relate to an overall compensation package **and** outcomes achieved by staff.

- The DHS-6532 CSP **must** include:
  - The timeline for the bonus is to be given
  - Amount given
  - Outcomes achieved
- A bonus **must be preapproved at least two months** before usage and must be a reasonable amount as determined by the care coordinator
- Bonuses up to <<\$500>> do not need additional justification beyond reasons such as punctuality, longevity, specialized training, etc.
- A bonus cannot be paid as a signing bonus, holiday bonus, or to use up the remaining funds in the budget
- Parents, legal guardians, and spouses cannot be paid a bonus

### *Health Insurance*

If you agree, the employer portion of health or dental insurance may be paid to staff.

Typically, the employer may pay up to 75% of the premium. Eligible staff must work at least 30 hours/week.

- Spouses must fit this benefit within their wage limit
- Family policies are not allowed
- Must indicate cost-effective use of Waiver Funds
- This must be documented in the Self-Directed Category

### *Paid Time Off (PTO)*

All staff will accrue PTO according to the SEIU union contract unless they qualify and choose to opt-out. Opting out of PTO is an option any time after the start. A limited number of hours can be carried over from year to year. PTO must be documented in the Self-Directed Service Category.

According to the SEIU collective bargaining agreement and MN Department of Human Services, regardless of whether you are a union member, ALL employees (regardless of full or part-time status) will accrue paid time off (PTO). PTO will be taken out of gross wages as a fee to be used for this benefit by employees when “mutually agreed upon” with the managing party/member.

### *Staffing Considerations*

#### Double Staffing

- (2 staff to 1 member) is allowed if prior approved and specified when appropriate in the DHS-6532 CSP
- Examples of this could be behavioral or physical needs that require two staff at a time
- Overlapping staff must be approved in the CSP to support the need

### *Shared Care Staffing*

Services provided at the same time, by the same direct support worker with 2 or 3 CDCS participants who have entered into an agreement to share CDCS services.

- The person enters into a written shared services agreement and needs to be submitted on [DHS 6633D Shared Services Agreement](#) and in the plan
- The people sharing services use the same financial management services (FMS) provider
- Line items in the support plan need to be separated by hours of shared staffing with similar goals outlined and hours of 1:1 staffing with specific goals outlined

### *Temporary Travel*

Paid parents and staff cannot be paid when you are traveling outside of the country. You are to notify your FMS and care coordinator when planning to travel outside the country. Staff traveling with you may be paid if traveling within the country. This information needs to be shared with the FMS and care coordinator. Supported travel using support staff may be approved for up to <<\$200>> daily. Additional travel costs, such as meals and lodging for both the participant and Support Staff, are the participant’s responsibility. Overtime wages for Support Staff should be considered in travel planning.

### *Support by Spouse of Member*

Personal assistance for which the paid spouse must:

- You must have at least one identified ADL dependency indicated in the MnCHOICES assessment to qualify
  - Fall within the description and allowable costs of the personal assistance category
  - Not be an activity a spouse or parent of a minor would ordinarily perform or be responsible for. These activities may include age-appropriate supervision or transportation of children.
- OR
- Be related to your disability or functional limitation

### *Spouses of Member*

Spouses cannot be paid to train the staff, schedule appointments for you, or perform service coordination/support planning and/or other administrative tasks. Waiver funds cannot be used by spouses to be paid as nurses.



### Work Schedule

The work schedule needs to identify general days of the week AND am or pm hours. Exact hours on time sheets may vary from week to week. Actual hours worked should be reflected on the time card. Total hours per pay week cannot exceed the approved hours per week in the plan. A CDCS Technical Assistance will be issued if hours exceed approved weekly hours.

### Support Staff or Paid Parent of an Adult (PPOA)

- Support is limited to 40 hours a week per parent/guardian per Department of Labor laws.
- Parent/guardian cannot receive a bonus.
  - Work schedule needs to identify days of the week AND AM or PM hours (such as 2 hours in the morning on Mondays). Exact hours on time sheets may vary due to unforeseen situations. However, the total hours per pay week **cannot exceed the approved hours**.
  - All staff time must be spent with the participant in real-time. All staff time must be 1:1 unless otherwise noted.
    - Shared Care is allowed with other waiver participants when documented as a separate pay rate under the Personal Assistance category and outlined in your approved DHS-6532 CSP. People who share services must use the same FMS provider. To share services, the person who receives services must enter into a written shared service agreement using the Shared Services Agreement form DHS-6633D.
  - If there is more than one child in the home receiving services, a specific schedule of hours provided for each child (daily) needs to be included in DHS-6532 CSP
  - A CDCS Notice of Technical Assistance will be issued if exceeding approved weekly hours (see [Notice of Technical Assistance](#) Section)

**NOTE:** see the section titled [Exclusion Rule/IRS Notice 2014-7](#) for information regarding possible tax exclusions.

### Caregiver Relief

Caregiver relief is intended to provide relief to a primary caregiver. Relief may be provided in or out of your primary home setting.

- Family members who reside in your home may **NOT** provide caregiver relief
- Caregiver staff is paid hourly for ALL hours he/she is with you, including sleep time. This may put some staff into overtime, which is allowed IF PRIOR APPROVED by the care coordinator
- Sleep overnight rate of pay must be at least minimum wage
- Awake overnight rate must be an assessed need

### Nursing

- Nursing services not covered by MA or other insurance are allowed. For additional information, see [CDCS and home care nursing frequently asked questions](#).

## Treatment and Training

This expense category includes services that promote your ability to live in and participate in the community.

- Skill-building activities that may include the use of Day/Employment Services, Alternative Therapies, Specialized Diets, Training/Education for caregivers or individuals and all other waiver-licensed services.
- Assistance with learning a new skill, improving a skill, or relearning a skill in such areas as self-care, communication, interpersonal skills, home and community living, sensory/motor development, reduction/elimination of challenging behaviors and mobility.

Most often, these services must be provided by someone who meets the certification or licensing requirements in the state law related to that service (e.g., music therapist certification) and must be documented in the DHS-6532 CSP.

- For *any* therapies or behavioral supports, the DHS-5788 CDCS Alternative or Specialized Therapy/Treatment Form must be completed and signed by a MN Health Care Programs enrolled provider. Experimental Treatment and/or investigative treatment are unallowable and defined under MN Rules 9525.3015 subp.16. Ask your care coordinator for the most up-to-date version of this form
- Staff time and mileage are allowable when working on skills acquisition, but no other staff costs are allowed (such as tickets, food, going to restaurants, etc.) even if they are used for skill acquisition purposes
- Activities solely for social/recreation/leisure/or diversionary/distraction (i.e., redirection using an iPad) purposes are not allowed

### *Adapted Community Activities*

Activities specifically for individuals with disabilities (such as Special Olympics, Miracle League Baseball, adapted sports, etc.) are allowable when specific outcomes (other than recreation/leisure) are detailed in the DHS-6532 CSP.

- Adapted equipment required to participate in the activity is allowable
- Equipment that is not adapted is not allowable (e.g., uniforms, helmets, basketball, etc.)
- Related staff time and mileage is allowable
- NO ATFs ARE REQUIRED FOR ADAPTIVE SPORTS, but specifics are needed to determine whether sports are adaptive

### *Adaptive Swim Lessons*

Swim lessons that are adapted to meet your individual needs due to your disability. The DHS-6532 CSP needs a clear goal related to safety ONLY and a way to measure it for approval of this item.

- Swim lessons listed as adapted for a child with disabilities are allowable
- Care coordinator may request additional information about the class
- Alternative Treatment Forms are not required for adaptive sports; however, specifics may be requested to determine if adaptive is needed

### *Alternative or Specialized Therapies/Treatments*

Non-experimental therapies or treatments not currently available through insurance must be prescribed by an MHCP Physician or nurse practitioner (APRN certified).

Complete the DHS-5788 CDCS Alternative or Specialized Therapy/Treatment Form (ATF)

- Examples include music therapy, therapeutic horseback riding (hippo therapy), aromatherapy, therapeutic listening program, massage therapy, aquatic therapy, cognitive/educational therapy, behavioral therapy, feeding therapy, biofeedback, etc. (traditional, licensed providers of Music/Art/Recreation therapist do not need to complete an ATF)
- The prescribed therapy/treatment must be provided by a therapist licensed or certified according to the Provider Qualifications requirements in the Lead Agency Manual Section 7.2
- Related equipment and supplies to the therapy/treatment (e.g., headphones, diffusers, etc.) are allowed and do not require a separate physician's statement; however, they must be reasonable and cost-effective. Instrument costs are not allowed
- The care coordinator may require a professional in the industry to submit a specific plan to help recommend and monitor appropriate treatment and determine what is reasonable, customary, and cost-effective (e.g., aroma therapy requires a plan with outcomes and a breakdown of essential oils needed and cost)
- It is your responsibility to obtain a signed ATF, if necessary
- **A completed Alternative or Specialized Treatment Form does not guarantee approval. The therapy or treatment must still meet all waiver criteria.**
- All CBD and THC products are not approvable

### *Independent Living Skills (ILS) Therapies*

[Independent Living Skills \(ILS\) therapies](#), including art, music and recreational therapies, require additional provider qualifications when included on the DHS-6532-CSP.

Art Therapists must meet both of the following requirements:

- Be a graduate of a master's program in art therapy.
- Hold one of the following credentials under the Art Therapy Credentials Board (ATCB):
  - Art therapist registered (ATR)
  - Art therapist registered – board certified (ATR-BC)
  - Art therapist registered – provisional (ATR-P) and under the supervision of an ATR or ATR-BC

Music Therapist – must meet all of the following requirements:

- Be a graduate from an institution accredited by the American Music Therapy Association
- Be credentialed under the Certification Board for Music Therapists
- Be board-certified as a music therapist

Recreational Specialists – must meet all of the following requirements:

- Be a graduate from an accredited baccalaureate program
- Complete an internship of 360 hours under the supervision of a certified therapeutic recreation specialist
- Pass the National Council for Therapeutic Recreation Certification (NCTRC) exam
- Be certified as a therapeutic recreation specialist

### *Community Classes/Fitness and Exercise Activities*

This is allowable when it is recommended and monitored by your primary MHCP physician/nurse practitioner to improve or maintain your physical condition or behavioral health.

- Adults should first seek eligibility through UCare health plan options
- The DHS-6532 CSP must clearly define how this is related to your disability/condition and specific outcomes
- Fitness classes/memberships/personal training and nutritional classes could be allowable when it is recommended **and** monitored by your primary MHCP physician/nurse practitioner to improve or maintain your physical condition or behavioral health
- Alternative or Specialized Therapy/Treatment Form required
- Basic home fitness equipment will be considered if needed to treat a medical condition and is the most cost-effective than other explored options

### *Day Support Services/Adult Day Service/Employment Services*

Formal and informal adult day options or vocational/employment-related services

- Vocational Rehabilitative Service (VRS/DEED) should be used before licensed employment providers
- Creative vocational activities are welcome (e.g., volunteer activities)
- Formal or informal waived services need to bill the fiscal agency for payment
- Waiver Rate Management Rules apply for licensed 245D providers
- Waiver is the payor after other funding is accessed and exhausted

### *Extended Therapy*

Extended therapies beyond what insurance will cover (including Physical Therapy, pool therapy, Occupational Therapy, Speech, Chiropractic services, etc.).

### *Post-Secondary Settings*

Post-secondary school tuition for a degree is **Not allowable**.

- CDCS can fund staffing support and independent Living and Employment skills training in post-secondary settings. However, it cannot fund tuition, room and board or food plans, as these would be typical student responsibilities.
- Either in the plan or as a supporting document, a detailed breakdown of the different costs is required. The cost of classes should be broken down into monthly amounts.
- Some post-secondary institutions provide disability-related, independent living curricula. Examples of these programs include Bethel's BUILD Program, Minnesota Independence College and Community (MICC), Beyond Limits, Central Lakes College Occupational Skills Program, Ridgewater College Occupational Skills Program and Franklin Center. Tuition, room and board, and meals are not allowed on CDCS. While the full cost of tuition is not allowed, some components of these programs may be allowed if disability related. Itemized statements of support and curriculum should be included in the DHS-6532-CSP.
- Many of these programs allow for grants and VRS/DEED support. CDCS funds can be used only after subtracting other resources from the program.

### *Licensed Waiver Services/Non-Home Care Services*

Non-MA Home Care services should be listed in this section

- Examples include individualized home supports, integrated community supports, companion services, behavior specialist services, housing stabilization services, etc.
- Rates are set by the State of MN
- The staff person(s) or program must meet the state requirements from the identified agency (e.g., 245d provider) and meet the qualifications described in the DHS-6532 CSP
- Licensed waiver services must be billed through the FMS

### *Metro Crisis Coordination Program – Referral comes from the Care Coordinator*

- Consultation services by a Positive Support Specialist
- Reference: <https://metrocrisis.org/>
  - Collection of pertinent information (review of documents provided to MCCP by team members, interviews, observations)
  - Attendance at team meetings
  - Consultations with the individual's team members, including professionals currently providing services to the individual (e.g., Occupational Therapist, Psychiatrist, Psychologist, Therapist, Teacher, school staff)
  - Formulation of Crisis Plan and/or written Assessment and Considerations
  - Provision of accompanying tools/teaching aides
  - Caregiver or staff training
  - All communication with team members, including phone calls, e-mails, notes, conversations
  - Documentation/administration tasks as required by MN DHS Licensing
  - Transportation time to and from appointments/visits/observations/meetings
- Parameter of service – 120 – 15-minute units or 30 hours
- Check with the Metro Crisis Coordination Program (MCCP) for current rates
- MCCP bills the FMS you utilize. The funding for MCCP services comes directly from the individual's CDCS budget.
- Billing for services occurs bi-weekly

### *Person-Centered Thinking and Planning Training*

A facilitated discovery process to help you and your family members gain clarity in what is possible for the future and to express what they desire for their lives over their lifetime. Ask your care coordinator for a list of facilitators.

### *Training for Members and/or Paid/Unpaid Caregivers*

Training and education of caregivers to increase their ability to care for you.

- Registration fees for conferences, classes and workshops are allowable. Classes for college credit are not allowed. Classes taken at a college or university are allowed if taken as an audited class.
- Staff time for attending workshops is allowed
- Materials being provided by the training are allowed
- Expenses for travel, lodging or meals related to training are not allowed
- The name of the training, description and cost for each training is required in the DHS-6532 CSP, including training at family camps
- Training outside of MN is only allowed in bordering states of WI, IA, SD, and ND
- Educational books, DVDs, magazines/periodicals related to your disability/condition are allowable.
- On-line based training is allowable
- Classes or college internships are allowable if not for college credit or working towards a degree. All activities must be related to your disability/condition.
- Travel, lodging or meal expenses related to the training are not allowed
  - Support Staff wages to attend training are not allowed

## Environmental Modifications and Provisions

Supports, services and goods provided to you to maintain a physical environment that helps you live and participate in your community and are required to support your health and safety.

### *Assistive Technology*

Devices, equipment, or a combination of both that improve your ability to communicate in the community, control or access their environment, or assist with activities of daily living (ADLs).

### *Applications, Books, Subscriptions & Software*

The cost of application, books, subscriptions, and software must be for skills acquisition based on assessed needs that are documented in the CSP.

- May include educational software, apps for behavior, time management, etc.
- Recommendation from a professional is required for any apps or software over <<\$75>>
- Educational software/apps must be non-age appropriate to be considered

### *Computers & Tablets*

Tablets are intended to assist you with developing life skills and gaining independence. Occupational Therapist or similar professional recommendation is required.

- Suggested maximum amount: limit to one device that is most cost-effective for need, and up to
  - Computers: <<\$1,200 every 3 years>>, including typical accessories (e.g., cases)
  - Tablets: <<\$700>> for tablets
  - Can only have one or the other without justification
- A protective case is REQUIRED for all tablets. However, under exceptional circumstances (such as a history of destructive behavior), service plans and/or repair will be allowed if they are cost-effective and necessary to keep the device functional. The case can be repaired or replaced once every two years.
- Replacement due to the device being stolen may require further documentation

- In the event of theft, the recipient must file a police report for a replacement to be considered

#### Allowable Uses:

- iPad/tablets funded through CDCS MUST have other uses beyond communication (e.g., emotional regulation, behavioral, scheduling, etc.)

#### Unallowable Uses:

- CDCS does NOT pay for iPads/tablets to enhance educational experiences or self-directed purposes
- iPads/tablets requested solely for employment-related activities are not typically allowed. More cost-effective options include a library, MN Workforce Centers

### *Personal Safety or Emergency Response Items*

The device and the monthly monitoring fee are allowable for the caregiver to locate you in the community and ensure your health and safety while there. Examples include Angel Sense, Gizmo, Jiobit, and Lifeline Pendants.

### *Internet Access*

It must be the most effective way to meet members' outcomes/goals and assessed needs.

- Initial cost for set up and equipment, if necessary, for internet services operation (e.g., router, modem, equipment lease, etc.)
- Equipment maintenance and repair
- Must be basic internet (e.g., not high speed)
- You will be expected to submit a bill to your FMS for reimbursement. (itemized if sharing the cost or bundled)
- Suggested shared or individual cost is up to <<\$50/mo>>

### *Environmental Supports*

Providing a clean, sanitary, and safe home environment is a typical parental or household responsibility. When there are other capable persons living in the home, environmental supports may not be approved. A company may be hired to perform primarily deep cleaning tasks and/or outdoor chores. The care coordinator will evaluate your unique needs (including living in the family home or your own home) and household dynamics to determine what support is needed, **above and beyond what is typical**, to maintain a clean, sanitary, and safe home environment.

### *Environmental Supports Considerations:*

- CDCS funds are intended to help you function with greater independence. If you are able and/or interested in learning these tasks as part of developing your IADLs, staff and caregivers should provide support and training for you to learn the necessary skills.
- If you live in a home where another family member can do these chores/household activities (such as a spouse, etc.), these services are considered typical family responsibility, and it should be expected that the family incur the costs
- Environmental supports are limited to certain indoor areas: the primary living space, including the bedroom, bathroom, kitchen, and other common areas
- Additional consideration may be given if you have medical needs that require additional support above and beyond what is typical
- Lawn mowing or snow removal ONLY. If you live in a home where another family member (such as a spouse or able-bodied adult, etc.) is able to do these chores/household activities, then these services are considered typical family responsibility and would be expected that the family incur the costs.
- Prepayment of service plans is allowed if cost-effective. Does NOT include landscaping, leaf pickup, fertilizing
- Adults: When you are unable to perform general house cleaning and other household activities due to functional limitations, an individual may be hired to assist with light or deep house cleaning, home

management (grocery shopping, scheduling appt., laundry, household repairs, etc. ) and/or assisting with activities of daily living

- The DHS-6532 CSP must include frequency and hourly/weekly cost. Suggested annual maximum: <<\$4000>>

### *Air Conditioner/Air Purifier*

These are only approved if directly related to a health condition (e.g., congestive heart failure, severe allergies, temperature regulation issues, etc.)

- Must obtain supporting documentation from your primary care provider that the item is needed as a medical necessity and is a direct benefit to you
- The most cost-effective option will be reviewed
- Installation of a central air conditioner unit NOT allowed
- Air purifier is a standalone device and must be for the direct benefit of you

### *Car Cleaning Services (Professional Cleaning)*

Interior car cleanings due to incontinence or bodily fluids and are related to your disability/condition are allowed.

- Not allowed for normal wear and tear, such as food stains and spills

### *Carpet Cleaning (Professional Cleaning)*

Carpet cleaning may be allowed due to incontinence or bodily fluids and is related to your disability/condition.

- Professional cleaning
- Rental of a carpet cleaner
- Not allowed for normal wear and tear
- Behavioral consideration: For food stains/spills beyond normal wear and tear, cleaning will be allowed with a prevention plan outlined in the DHS-6532 CSP and/or other flooring options pursued
- Purchase of carpet cleaner may be considered if cost-effective
- Limit two times/year. If needed more often, consider flooring adaptation

### *Essential Oils*

You must work with a homeopathic professional (aroma therapist, chiropractor, etc.) qualified to recommend these oils, and the scope of treatment should be addressed in the DHS-6532-CSP.

- Additional requirements:
  - Supporting diagnosis for each oil (disability-related)
  - Alternative therapy form
  - Oils cannot duplicate each other
  - CBD/THC products are not allowed
- Related equipment and supplies to the therapy/treatment (e.g., headphones, diffusers, etc.) are allowed
- Suggested maximum: <<\$250 annually>>
- Cost is <<\$15>> or less per bottle of oil, based on typical cost-effectiveness
- Purchasing one essential oil per need to determine which oil is benefitting the participant

### *Chore/Housekeeping Services*

Also see “unallowable expenses”. These services may be allowed when you have support needs that do not allow household members to safely complete these tasks. When chore services are allowed, consider the following:

- Rational for expenses should include why other household members are unable to complete this household responsibility

- Lawn mowing is allowable. Additional lawn care services are considered typical household responsibility and are not allowed
- Housekeeping services are allowed if provided by support staff
- Cleaning supplies are typically NOT allowed unless the assessment supports and identifies a need for special cleaning supplies

### *Mattress Replacement*

Mattress replacement due to incontinence, excessive wear and tear, or excess bodily secretions related to the disability/condition is allowable. The frequency of replacement will be reviewed and evaluated.

- Waterproof mattress covering must be used along with mattress purchase when due to incontinence
- Mattresses must be no larger than full size unless there is a documented need for a larger mattress
- Mattress cost must be customary and reasonable
- Specialized mattresses or preferred mattresses require documentation of need from a primary care provider

### *Incontinence Products*

Medical Assistance (MA) benefits for diapers, briefs, and incontinence products must be used first. Additional products exceeding the MA limit or typical use may be allowed with documented need in the MNCHOICES assessment and justification in the DHS-6532-CSP.

### *Moving Expenses*

An unlicensed company may be used to help you move to their own home. This includes truck rental, packing, and/or unpacking.

### *Utilities*

- Consider eligibility for UCare supplemental benefits first
- Electric and Trash only for Medically Fragile people ONLY
- At a minimum, utility costs must exceed <<\$330 per house or \$85 per apartment>>
- To be considered for reimbursement, electric and trash costs must be attributed to your disability, exceed the average household costs and be documented in the DHS-6532 CSP. The costs for extra electricity and trash must be documented, and the method of determining the cost must be clearly identified in the DHS-6532 CSP.

### *Home and Vehicle Modifications*

#### *Alternative Pathway*

Modifications that are determined necessary for safety, such as allowing you access to the home entrance, yard, or street for transportation pickup.

- Whichever is less, concrete or asphalt

#### *Fences*

This would include enclosing a customary outdoor area that will provide adequate freedom of movement while ensuring your safety from elopement.

- The fence should not replace supervision needs
- The homeowner remains responsible for any decorative posts and/or fence tops and for upgrading to comply with neighborhood regulations/rules
- The most cost-effective material to meet your needs should be used
- Reasonable fence repairs (above and beyond normal wear and tear) may be allowable
- Installation of a fence for a rented property requires written property owner approval and must follow EAA guidelines



- The suggested maximum expenditure: <<\$45 per linear foot or \$13,000, whichever is less.>> A typical area of 300 linear feet is considered reasonable. (e.g., mini-mesh 48" or non-climbable cedar board 6 ft).

### Flooring

This is an option for accessibility purposes. It may also be allowable in cases where bodily fluids have damaged existing flooring.

- Will only consider common areas and member's bedroom (e.g., living room, hallway, family room, bathroom)
- The expenditure product allowances are as follows:
  - Hard surface flooring (e.g., plastic laminate or vinyl plank/tile) - <<\$3/sq. ft.>> for product))
  - Ceramic tile flooring/wall (for bathrooms) – up to <<\$5/sq. ft.>> for flooring, up to <<\$4.50/sq./ft.>> for walls
- The change in flooring MUST resolve the issue, not just replace a damaged floor
- Carpeting is not allowed
- Refinishing cost to wood floors is NOT allowed

### HOME Modifications

Environmental Accessibility Adaptations (EAA) are modifications and physical adaptations (including equipment) to your home environment necessary to help you have greater independence.

**A Home Modification Assessment and work scope are required to determine/evaluate the need for appropriate modification and/or adaptations for cost-effectiveness for modifications over <<\$1,000.>>**

Any item over <<\$1,000>> requires at least two quotes to determine cost effectiveness unless specifically assessed by a professional for the most appropriate product and fit. An insurance denial may also be requested on some items prior to approval.

CDCS allows for the modification/adaptation of your **primary** residence if the following four principles are met:

- Are necessary for your health, welfare, and safety
- Enable you to function with greater independence
- Are of direct and specific benefit due to your disability and/or condition
- Are the most cost-effective solution

The modification must be of direct and specific benefit to you due to your disability. When an item is covered by insurance, it should be billed first to the extent of the limitations. Non-covered items may be covered under CDCS if all other criteria are met.

The CDCS budget can reimburse the purchase, installation, maintenance and repairs of environmental modifications and equipment, provided that the repairs are cost-effective compared to replacing the item(s).

When using CDCS on an Elderly Waiver, you must utilize your individual CDCS budget to cover the full scope of modifications/adaptations or equipment. Environmental accessibility adaptations may not exceed <<\$20,600 per waiver year.>> For this purpose, your care coordinator calculates the waiver year on a 365-day period, which is determined by counting back from the **service agreement header end-date**. It may include previous service agreements if the 365 days crosses previous service agreements. Once you reach the service limit, additional spending must wait until the next year.

**Reference:** [CBSM - Environmental accessibility adaptations \(state.mn.us\)](#) | [EAA - Home and Vehicle Modification](#)

### Other Things to Consider

Adaptations to your primary residence or construction of a new primary residence may include but are not limited to:

- Safety equipment to meet life safety and fire codes, installation and maintenance of ramps, grab bars, and widening of doorways
- Modifications of bathroom (handheld shower, grab bars) and kitchens
- Widening doorways to access common areas of the home
- Installation of electric or plumbing systems to accommodate necessary medical equipment
- Lift equipment (e.g., stair guide, platform, ceiling mount lift)
- Shatterproof windows or film over windows for documented behavioral safety needs in the MnCHOICES Support Plan
- Floor coverings for allergenic, incontinence, or mobility purposes
- Modifications to meet egress requirements that are not the homeowner's responsibility and are related to assessed needs
- Alarm systems/safety equipment to meet life safety and fire codes due to disability
- Installation of monitoring or surveillance systems, including cameras, motion detectors, GPS trackers, home security systems, door and window alarms
- Providers of home modifications must have a current license or certificate, if required by Minnesota Statutes or administrative rules, to perform their service. The provider of modification services must be enrolled with the MN DHS and meet all professional standards and/or training requirements that may be required by Minnesota Statutes or administrative rules. Contractors need a license number or certificate. MN DHS enrolled provider not required. If there are questions from you or from a supervisor regarding the safety or use, a home modification Accessibility Specialist may be requested.

### *RAMPS*

Ramps are allowed with disability or condition related to need is documented in the MnCHOICES assessment or other assessment, if not covered by Medical Assistance (MA) or other insurance or benefit options.

### *Stair Lift Chair/Platform Lift*

Medical Assistance (MA) typically pays for the mechanical portion of the chair needed for standing.

- Must get MA denial if requesting waiver to pay for the entire purchase price
- Maintenance/ Repair - Only allowed for your disability-related equipment (e.g., lift repair, etc.)
- Requires two bids and then approved by care coordinator

### *Vehicle Modifications*

Adaptations are based on documented needs as described in the DHS-6532 CSP and are only allowable for the vehicle that is your primary means of transportation.

- The request for funds for a vehicle modification must be based on a medical or assessed need
- Examples of modifications include, but are not limited to:
  - Door handle replacements
  - Door widening
  - Roof extensions
  - Lifting devices
  - Wheelchair securing devices
  - Adapted seat devices
  - Handrails/grab bars
- Required ongoing maintenance for adapted equipment is allowed
- Waiver funds may not be used to purchase a vehicle
- **NOTE:** The entire cost for vehicle modification comes from the annual CDCS budget
- Warranty - only allowed if a routine preventative maintenance plan is necessary for the proper functioning of the disability-related equipment

### *Monitoring Technology*

The use of equipment to oversee, monitor, and supervise someone who receives waiver/AC services can help keep people safe and support independence. The equipment used may include alarms, sensors, cameras and other devices. When using monitoring technology, you are required to complete DHS-6789B Participant Consent for Use.

Monitoring technology equipment usage and supervision must meet the following four requirements.

- Allow a caregiver to see, hear, or locate you
- Be the most appropriate means (and your preferred method) to address the assessed need(s) and goal(s)
- Monitor in real time
- Achieve one of the following:
  - Increase independence
  - Address a complex medical condition or other extreme circumstance
  - Reduce or minimize critical incidents

Monitoring technology must be for an individual, cannot be shared, and would follow you if and/or when they move. It cannot be used for the convenience of the caregiver or support staff or to monitor other support staff.

### *Alarm System*

This includes door/window alarms and /or motion detectors to notify caregivers and support staff of elopement. Other less costly options must first be explored, and the rationale for why a sophisticated system is needed is described in the DHS-6532 CSP.

- Waiver funds can ONLY be used to install a system, NOT to fund the monthly fee
- Typically, technology for convenience is not allowable
- The maximum installation amount is <<\$1200>>
- Exception: Home Security Systems monthly monitoring fees are allowed

### *Cell Phone including Service/Minutes/Emergency Assistance*

- Most adult members qualify for free phones if they have limited income and can get free cell phones through the government and/or other companies. (e.g., Lifewireless.com or Assurancewireless.com)
- Care coordinators may provide you with information on free or low-cost phone resources
- Cell phones and cell phone service are considered typical household responsibilities. With a documented need in the MnCHOICES assessment and detailed justification included in the DHS-6532 CSP, a cell phone may be allowed. Cell Phone purchases up to <<\$150>> and cell phone services up to <<\$40 per month>> are allowable. The includes prepaid and monthly contract options.
  - Examples of when a cell phone may be allowed:
    - 24-hour emergency assistance, including on-call counseling and problem-solving and/or immediate response for assistance at your home due to a health or personal emergency
    - Global Positioning System (GPS) required cell phone service
    - Rideshare Transportation services requiring smartphones (such as Lyft and Uber)
    - Substitution for Support Staff Supervision to promote independence

### *Personal Emergency Response System (PERS)/Lifeline*

- The cost of the installation, monthly leasing and service fees are allowed

### *Video Monitoring System*

Allowed with a disability-related need documented by your care coordinator in the MnCHOICES support plan. The DHS-6789 B [Member Consent for Use of Monitoring Technology](#) form must be completed by you. Monitoring technology must be for something other than the convenience of the provider. Additionally, the following are prohibited:

- Auto-door and window locks
- Cameras located in bathrooms

- Concealed cameras

## *Nutrition*

### *Enteral/Nutritional Products*

Nutritional products may be covered with the UCare health plan benefit. Consider eligibility for UCare supplemental benefits first.

These products are only allowed if all the following are true:

- Not covered by Medical Assistance (MA) or other insurance
- The product addresses a documented chronic care need and is not reimbursable through other payment options
- The product is necessary to meet your nutritional needs and maintain his/her strength to live in the community
- The order from the physician includes why you cannot obtain his/her caloric intake without the product
- Your needs and goals related to the product are documented

### *Home Delivered Meals*

Provided to you when you are not able to prepare your own meals and for whom there is no other person available to do so OR when a home-delivered meal is more cost-effective than staff preparation of a nutritious meal.

- Examples: Meals on Wheels, Mom's Meals, Home Style Direct, Optage, Cap Agency
- Maximum limit of one meal per day

### *Specialized Diets*

Special diets are allowed when prescribed by a primary care provider and denied by insurance or exceeding what insurance will cover. CDCS Alternative or Specialized Therapy/Treatment form must be completed. Monthly allowable amounts are based on the Minnesota Supplemental Assistance (MSA) percentages of the current Official USDA Liberal Food Plan (LFP). No other diets or food items beyond this list are allowed.

The following is the MN Department of Human Services list of allowable special diets:

- Anti-dumping – 15% of LFP
- Controlled protein diet (40-60 grams AND requires special products) – 100% LFP
- Controlled protein diet (<than 40 grams AND requires special products) – 125% LFP
- Gluten-free diet – 25% LFP, does not include casein-free diet. No fruits and vegetables are allowed unless MHCP prescribes organic fruits and vegetables to be necessary.
- High protein diet (minimum 80 grams/day) = 25% LFP
- High residue diet – 20% LFP
- Hypoglycemic diet – 15% LFP
- Ketogenic diet – 25% LFP
- Lactose-free diet – 25% LFP (dairy-free or casein-free diets are not allowed)
- Low cholesterol diet – 25% LFP
- NOTE: diets are not listed/covered or allowed to include non-dairy, non-soy and non-casein-free diets
- Refer to current Official USDA Food Plans and average monthly food cost for monthly maximum based on the percentages above
- You with only special diet items must be submitted to the FMS for reimbursement

When requesting payment for more than one diet, use the following guidelines to determine payment:

- If the recommended diets overlap one another with respect to their dietary components, go with the more costly diet
- If there is no overlap in the recommended dietary components of the prescribed diets, allow the total for both or all of the prescribed diets

### *Thickening Agent – Food/Liquid*

Products such as “Thick It” are allowable after insurance has been pursued and denied. A doctor's signed statement of need is required.

### *Support and Equipment*

Covered items include supplies and equipment not available under Medical Assistance, including supplies, devices, or controls that increase independence or community integration.

Items that are adapted or modified need a detailed explanation of how they meet the assessed needs and must be the least restrictive method to meet an assessed need. The waiver cannot pay for items that restrain or restrict a person's rights.

### *Adapted/Specialized Equipment*

This refers to specialized adapted equipment not covered by insurance and supported in the DHS-6532 CSP with sufficient documentation of need and related to the disability/condition.

- Examples include eating utensils, a stroller, a feeding chair, positioning equipment, a mat, wedges, a stander, a portable ramp, adaptations to a computer, adaptations in order to participate in an activity, etc.)
- Included may be materials needed to adapt/create communication or skills acquisition
- Bike Adaptations/Adapted Bike/Stroller – Suggested Maximum <<\$2500>>
- Adapted Bikes require an assessment by Occupational/Physical Therapy
- Modifications to typical bikes, such as wider tires or attachments, are allowed, but the cost of the bike is a personal expense
- **Mobility Devices** should be adaptive in nature or clearly explained in the plan how the device is adapted specifically to you based on their disability/condition. Examples include – adaptive strollers, hand cycles, mobile devices, modified canes and scooters (not motorcycles). WAC may request denial from insurance and/or a letter from the therapist.

Your care coordinator may require an insurance denial letter and/or a consultant/therapist to determine the appropriate equipment for the identified need.

### *Bed Adaptations/Adapted Bed*

- Must have insurance denial to pursue an adaptive bed
- Waiver funds can be used to modify an item to make it functional for you due to their disability. (i.e., for safety, adding mesh bed rails with no bars)
- If approvable, the item will be the most cost-effective option

ENCLOSED BEDS: May be covered through Medical Assistance when:

- Considered medically necessary
- **And** the least costly alternative

\*\*The DHS-6532 CSP does not allow an enclosed bed unless Medical Assistance approves it.

### *Bedding Replacement*

Replacement of bedding linens due to incontinence, excessive wear and tear, or excess bodily secretions related to your disability/condition is allowable.

- Must be above and beyond what is typical for replacement

### *Clothing- Adaptive*

- Clothing purchased that is altered/designed to meet disability-related needs

- Covered when the cost exceeds typical member responsibility
- Itemization of purchases is required
- Alterations due to the disability are allowable
- Examples of items **NOT** allowed could include tag-less clothing, replacement clothing after weight gain/loss, non-specialized footwear
- Specialized footwear – insurance denial documented in DHS-6532 CSP and must be related to your disability. Examples include diabetic shoes, therapeutic orthopedic shoes, inserts, AFOs, seamless socks, etc.
- Links to items should be included with the plan

### *Clothing Replacement*

Replacement of clothing due to incontinence, excessive wear and tear, or excess bodily secretions related to your disability/condition is allowable.

- Must be above and beyond what is typical member responsibility
- Links to items should be included with the plan

### *Eyeglasses*

It must be documented in DHS-6532 CSP that insurance will not pay for more durable frames or an extra pair (e.g., titanium frames).

- Only pay for lenses if current lenses do not fit in the more durable frames
- Replacement pair of glasses is allowed with insurance denial and support of the need for another pair in DHS-6532 CSP
- “Transition lenses” are only allowed if related to a specific medical condition (e.g., corneal transplant) and with a recommendation from an MHCP provider
- Additional pairs are not approvable when for convenience. Must have disability-related needs

### *Durable Medical Equipment or Supplies*

These items are allowed if not otherwise covered by insurance:

- Examples include safety helmets for seizures, hearing aids, medication dispensing machine, and incontinence supplies/diapers (age 4+)
- The care coordinator may request insurance denial

### *Laundry*

Costs for extra laundry needs above and beyond typical loads due to incontinence or bodily fluids are allowable above and beyond typical household laundry costs.

- Determine additional loads needed in the DHS-6532 CSP based on your needs
- Washers and Dryers are **NOT** an allowable expense
- Typical all-inclusive costs of doing laundry are <<\$6 per load.>> Laundry detergent purchases are **Not allowable**.

### *Non-Specialized Equipment*

You may purchase item(s) that will directly benefit you, result in improved adaptive behavior, assist in your development and maintenance of relationships, developmental purposes or other reasons that are **due to your disability/condition**. Suggested maximum: <<\$2500/year.>>

- A skill-building program using this item(s) must be clearly detailed in the DHS-6532 CSP, and the item must be clearly identified as “non-specialized equipment.”
- Examples in this category include sensory items, sand table, trampoline, white noise machine, noise-canceling headphones, blackout curtains, educational software or play items (non-age appropriate)
- Supporting documentation is required for care coordination review and approval
- Summarize the category of items on lines and define items in the goal area of the plan. ( i.e., Sensory Items online, chewies, lights, etc., in the goal area, along with links)

### Personal care

Supplies (such as incontinence items, wipes, and gloves) that are above and beyond typical personal care supplies are allowable as described in your DHS-6532 CSP. If insurance pays for some of these items, the covered amount needs to be exhausted before CDCS funds can be used.

- Summarize the category of items on lines and define items in the goal area of the plan (i.e., Personal care supplies, wipes, chucks, etc., in the goal area along with links)

### Positive Behavioral Reinforcers

Allowed if there is a structured Behavior Plan in place.

- The structured Behavior Plan should be written in consultation with a professional (e.g., therapist, skills worker, behavior analyst) and must be included in the DHS-6532-CSP for care coordination review and approval
- Only specific items listed in the approved Behavior Plan will be reimbursed by an FMS. **The Behavior Plan must include target behaviors to be addressed, a structured reinforcement schedule, and a list of effective reinforcers.**
- **Not Allowed:** Personal items unrelated costs to disability, tickets and related costs to attend sporting or other recreational events, meals, cash gift cards, high-speed internet, or video games/consoles
- Progress must be reported annually in the DHS-6532 CSP
- **Skill Acquisition Equipment and Supplies** – Materials that look very similar to household responsibility (such as toys, etc.) or recreational activities ( videos, books) must be related to a skill-building program that is described in detail ( targeted skills, plan for teaching skills, and description of method of teaching targeted skills in the DHS-6532-CSP)
- Program-related expenses (such as supplies for Picture Exchange Communication System, schedule boards, behavioral/charts, lamination sheets, etc.) must be for the direct benefit of you - Up to <<\$300/year>>

### Safety Equipment

- Items approved must be the most cost-effective alternative that reasonably meets your documented need
- Examples include – helmets for seizures, specialty goggles, chair lifts, lock boxes, or shatterproof glass for windows

### Sensory Equipment

Your care coordinator may require a recommendation by an OT or other qualified professional for an identified sensory processing need.

- Examples include weighted blanket/vest, sensory sac, chew items, frog swing
- MA will pay for weighted blankets if OT recommends if needed for “medical necessity” and proof of evidenced practice”
- Must be listed individually in the DHS-6532-CSP with specific goals
- If needed, CDCS funds may be used to pay for a sensory evaluation
- Suggest maximum: <<\$2000/year>> (including any additional non-specialized equipment; see section above)
- Summarize the category of items on lines and define items in the goal area of the plan. ( i.e., Sensory Items online, chewies, lights, etc., in the goal area, along with links)

### Sunlamp/SAD Light

Only allowed if used as “therapy” to treat a disability or identified mental health condition (e.g., depression). Medical Assistance denial is required.

- SAD light for seasonal affect disorder
- Must complete Alternative Therapy Form signed by MHCP provider

- Review if you are eligible for the UCare Stress and Anxiety MSHO benefit Kit first

### *Specialized Recreation Equipment*

Equipment that is more recreational in nature must be specifically related to your disability.

- Your care coordinator may request a recommendation by a primary doctor and/or OT/PT/Speech Therapist, depending upon the item
- Example: adapted pool equipment

### *Transportation*

The waiver is not intended to pay for all transportation costs, as transportation is a typical expense. For example, if you can access public transportation independently, you would be responsible for paying for transportation costs to visit friends.

### *Driver's Education*

Driver's Education Assessment (e.g., Courage Kenny) for vision testing, reaction time, memory/problem solving, strength and coordination, cognitive processing skills, prescription for adaptive driving equipment, etc.

- Driving lessons for the purpose of practicing the use of adapted equipment is allowable
- Driving lessons are allowed above and beyond what is typical and must be an approved outcome in the DHS-6532 CSP
- Agencies must be certified in this industry

### *Non-Medical Transportation (i.e., Cab/Uber/Lyft)*

- Bus passes are allowed if you are unable to drive yourself
- Cab services are allowed if cost-effective, and there are no other transportation options

### *Mileage*

- Staff mileage reimbursement (including parking costs) for transporting you to and from your work site, community activities, or alternative therapies **related to an outcome approved in the DHS-6532 CSP**
- Mileage must be documented with FMS and available for review
- Reimbursement rates to staff will be the same as the current Federal Mileage Rate

The following mileage/transportation costs are **NOT** allowed:

- Transportation costs for a spouse – the spouse would be expected to provide transportation for activities in the community (e.g., transportation to a shopping center) is NOT allowed
- Mileage to and from medical appointments is not allowed (Reimbursable through MA)
- Mileage to and from caregiver training is not allowable

### *Wheelchair*

Wheelchairs are allowable if not covered by insurance and when needed, as described in your DHS-6532 CSP. For example, you may need a manual, portable additional wheelchair in certain situations.

## Self-Direction Support Activities

CDCS is a service category that includes services, supports, and expenses incurred for helping you or a representative administer CDCS. Self-directed activities must be:

- Chosen by you
- Outlines in the CDCS Community support plan
- Purchased under agreements between you and the provider that specify tasks to be performed, schedules, and negotiated fees

Examples of expenses could include:



- Fees charged by Financial Management Service (FMS)
- Employer-related fees and taxes (FICA, FUTA, SUTA, Workers' Compensation, unemployment)
- CDCS Support Planning services
- Costs for Worker Recruitment
- Contact FMS for any changes to PTO or wages

### *Financial Management Services (FMS)*

FMS is a service that provides help with financial tasks, billing and employer-related responsibilities for people who self-direct their services through CDCS. It is a required service that **ALL** members must utilize.

- All FMSs utilize the Payroll (FEA) Model
- FMS fees vary by agency. Your care coordinator can provide you with a list of FMS providers to choose from
- For households with more than one member receiving CDCS, a family work schedule will be required and must use the same FMS

\*Talk with your care coordinator if you are interested in changing FMS providers. The change must occur at the beginning or end of a quarter during the waiver span.

### *Employee Health Insurance*

This can cover the employer's share of benefits as part of a support staff's compensation package. Insurance benefits must be cost-effective and are limited to support staff paid on your DHS-6532 CSP.

### *Employer Costs*

Employer costs, including payroll costs for FICA, FUTA, and SUTA, as well as workers' compensation, wages, employer shares of benefits, paid time off (PTO), and liability insurance, are allowed. FMS fees are also allowed.

### *Record Keeping Costs*

This could include postage, copying, print cartridges, and supplies, which are allowed with a disability or condition-related need documented in the DHS-6532-CSP.

### *Support Planner Fees*

The following are guidelines for what is considered customary and reasonable expenditures for support planner Services:

- Development of the initial DHS-6532 CSP; Maximum 15 hours
- Renewing the DHS-6532 CSP: Maximum 8 hours
  - Initial Plan Year Total: Max 15 hours + Renewal Plan Total: MAX of 8 hours = 23 Total Hours
  - Renewal Plan Year Total: Max. 8 hours
  - Any hours beyond the maximum amount require further explanation and care coordinator approval

**NOTE:** Additional hours will be allowed if working with you in which English is not your primary language and an interpreter is needed

## MA Home Care Services: PCA, Home Care or Nursing Services

This category includes licensed services provided by a Home Care Agency, including Personal Care Attendant (PCA), Skilled Nursing, Home Health Aide, and Private Duty Nursing.

The service must be listed separately and billed directly to UCare by the home care agency

- These services are NOT billed through the FMS
- PCA services must be split into six-month unit amounts and include supervision costs

### *Home Health Aide (HHA)*

State-plan home care services are provided by a licensed, certified agency.

- State set rate used and deducted from CDCS budget
- Extended HHA comes directly out of the CDCS budget and is **billed through FMS**

### *Personal Care Attendant (PCA)*

PCA staff must meet the state requirements from the identified home care agency and meet the qualifications described in the DHS-6532 CSP.

- State eligibility criteria and service rates apply. This includes PCA and extended PCA
- The number of PCA units and rates must be recorded separately in the MA Home Care section of the DHS-6532 CSP
- Units of PCA must be split into six-month amounts
- Supervision of 96 units/year is required. If units are not going to be used, the care coordinator can shift units to be used for other services/supports
- Services are billed directly by the home care agency to UCare
- PCA assessment renewed annually via completion of MnCHOICES Assessment
- Extended\_PCA comes directly out of the CDCS budget and is **billed through FMS**

### *Extended PCA Hours (through a licensed agency)*

Licensed PCA hours in excess of the PCA assessed hours must be listed in the plan under this section and billed through the FMS. The initial approved PCA hours are listed in the MA Homecare Section and listed separately on the service agreement.

### *Home Care Nursing/Private Duty Nursing (PDN)/ Skilled Nurse Visits (SNV)*

State Plan home care services provided by a licensed, certified agency:

- State set rate used and deducted from CDCS budget
- Extended\_Home Care Nursing/SNV comes directly out of the CDCS budget and is **billed through FMS**

## **Additional Unallowable Expenditures**

Any item/services expended without prior approval will result in a Notice of Technical Assistance to you and may require a face-to-face meeting with your care coordinator to create a correction plan so that no further violations occur. Your FMS shall also be notified and receive a copy of this Notice of Technical Assistance (see specific section).

A good or service is an unallowable waiver expenditure if it:

- Duplicates other goods or services in the DHS-6532 CSP
- Is available through other funding sources
- Is not the least costly and most effective way to meet your needs
- Is provided before the DHS-6532 CSP development
- Supplant natural supports that apparently meet your needs
- Is listed in the items below

### Adaptations that Add Any Square Footage

- Constructing or finishing a roughed-in room in the home or typical home repairs/improvements are NOT waiver allowable
- For EW - the square footage can be increased when the increase is necessary to build or modify a wheelchair-accessible bathroom
- A checklist needs to be followed, and approval must be given by DHS. See [DHS Environmental Modification and Equipment Guidelines](#)

### Appliances

“Major “appliances such as stoves, dishwashers, refrigerators, water heaters, etc., are NOT allowed.

- Smaller appliances are allowed if they meet criteria or are related to disability/condition and increase independence (e.g., modified can opener, blender for pureeing food, etc.)

#### Attorney/Advocate Fees

- Includes any others who do not provide direct services authorized in the service plan

#### Burial/Cremation Services

- Not allowed

#### Cable or Paid Television

- Is NOT allowable (e.g., Direct TV, Netflix, Comcast, etc.)

#### Cameras/Video Monitors in Bathrooms

- Not allowed

#### Camp Outside of the State of MN

- May consider camp in bordering states WI, IA, SD, ND

#### Carpeting

- Not allowed

#### CBD/THC products

- Not allowed

#### Central Air Conditioner

- Considered a general utility and NOT cost-effective

#### Clothing

- Apparel/clothing for everyday use is the member's responsibility. Includes pants, shirts, shoes etc.

#### Compounds

- A prescription prepared in accordance with Minnesota Rules 6800.3100. See E. extemporaneous compounding on an individual basis. In other words, compounded medications are not commercially available, so the pharmacist must prepare the product individually. This could be due to a particular combination of ingredients, strength requested (such as for use in a child), or dose form requested (such as not available as a suppository)
- Other examples include magic mouthwash and specialized diaper rash cream/ointment
- Check if available through insurance

#### Computer for Caregiver Training and Self-Direction Service Only

- Not allowed

#### Constructing a Garage or Adding to an Existing Garage

- Not allowed

#### Deck

- Adding a deck to a home is not allowed; however, making safety modifications to an existing deck would be considered (e.g., hand railings, zero thresholds to get onto the deck)

#### Dental Services or Fees (including orthodontia)

- Not allowed

#### Dietary Supplements

- Are NOT allowed, even with a prescription
- Dietary supplements, like vitamins or CBD/THC products, are considered over-the-counter medications
- MA may cover some dietary supplements

#### Diversions or Recreational Services/Items/Support

- Are NOT allowed
- Examples Include – video gaming systems, Apple Watches, and iPods to listen to music

#### Driveways

- Homeowner's expense.

#### Educational Costs

- Post-secondary school tuition for a degree is NOT allowable

#### Equipment and/or Supplies Related to Managing CDCS

- Not allowed

#### Experimental Treatments and Therapy (including supplies) – Minnesota Rules, 9525.3015, sub.16)

- Experimental treatment is defined as “drugs, therapies, or treatments that are unproven, have been confined largely to laboratory use, or have progressed to limited human application and trials, and lack wide recognition from the scientific community as a proven and effective measure of treatment.”
- A Physician or Nurse Practitioner (APRN) makes this determination using the Alternative Therapy form and lets the MD answer whether or not it is experimental or alternative (e.g., a Zyto scanner—considered a medical/diagnostic device not proven to work).

#### Food

- Only allowed if prescribed as a “Special Diet” item

#### Fundraisers

- Not allowed

#### Furniture

- The waiver does not pay for basic furniture (e.g., bed, couch, table, dresser, basic and office furniture etc.)
- The waiver does not pay for property damage to these items
- See Environmental Modifications and Provisions for adaptable/modified options

#### Generator

- Unless using life-sustaining equipment and only to be used for that specific equipment

#### Gift Cards (e.g., as reinforcers)

- Visa gift cards, restaurant and miscellaneous gift cards are not allowable
- iTunes cards are not allowable

#### Health Insurance/Medical Costs:

- Is not allowable except for insurance costs related to employee coverage as a benefit
- Co-pays (e.g., prescription drugs), deductibles, and premiums are not allowed. Includes spenddowns, health insurance, or any other medical fees not covered by insurance, including MA, PMAP and private insurance, are not allowable

#### Health Savings Account Deductions

- Not allowed

#### Home Repairs/Remodel

- Typical upkeep and repairs of the home and property are the homeowner’s responsibility, even if damage was done by you as a result of that member’s disability
- However, see the Environmental Mods section for home modification options
- CDCS funds may be considered if the damage is above and beyond normal wear and tear but still meets specific needs based on disability/condition
- Behavioral services and supports should be utilized to eliminate/reduce behavior and to determine the most effective environmental modification

#### Home Schooling Costs – Education is considered the school’s financial responsibility.

- Staffing will not be allowed during daytime hours when a child is typically in school except for therapy appointments

#### Hot Tub/Pool/Related Expenses

- Not allowed

#### Household Items Broken Due to Property Damage

- Homeowners are expected to take protective/preventative measures to protect property when a member is prone to property damage behaviors. Lifestyle choices such as expensive large TVs, china, etc. will **NOT** be replaced.

#### Items that Seclude, Restrain, or Inhibit an Individual from their Property or Belongings

- Talk to your care coordinator about more proactive approaches
- The care coordinator will review any locks, helmets, and seatbelt restraints for appropriateness

#### Items Required by Law

- Car Seats, Bike Helmets

#### Laundry Appliances

- Examples: Washer and Dryer
- Allow extra supplies and laundromat fees

#### Light Housekeeping:

- Tasks such as daily or routine sweeping, mopping, vacuuming, dusting, wiping counters /appliances, and picking up clutter and/or trash are considered typical member responsibilities. Cleaning supplies are not allowed,

#### Legal Fees

- Any legal action or advocacy expenses, including memberships, are not allowable. See “Wills & Trust”

#### Medical Co-Pay

- Any service or fees, including premiums, deductibles and spenddowns for any health insurance or any other medical fees, are not covered by insurance. Including MA, PMAP (Prepaid Medical Assistance), and private insurance are not allowable.

#### Medical Costs (Including Transportation)

- Not allowed

#### Medical Mileage

- Requests are made through MNET with at least three business days’ notice. The phone number for MNET is 1-866-467-1724

#### Medication Prescriptions

- Not allowed

#### Memberships

- Examples Include Zoo, Science Museum, etc.
- Exception: Fitness center for adults if cost-effective and not available as a supplemental benefit

#### Mileage Out of State for Recreational and Leisure Purposes

- Not allowed

#### Mileage Reimbursement to Spouses

- Not allowed

#### Monitoring Fees for Security Systems (ongoing) – installation ONLY allowed

- Not allowed

#### Movies/Videos

- Excluding DVDs for training purposes

#### Over-The-Counter Medication

- Even when prescribed by an enrolled MHCP physician
- Defined as a drug that can be purchased without a prescription, such as Prilosec OTC
- Vitamins and dietary supplements are considered an over-the-counter medication

#### Overtime

- NOT allowed UNLESS prior approved by care coordinator or holiday approved by SEIU

#### Parental Fees

- Fees for TEFRA or other human service fees

#### Personal Care Supplies that are not Disability Related

- Examples include toothpaste, soap, shampoo, menstrual supplies, deodorant, etc.

#### Pets/Animals and Related Costs

- This includes service animals

#### Post-Secondary Tuition

- Classes and staffing allowed at post-secondary locations if directly related to outcomes in the DHS-6532 CSP related to the disability/condition, and classes don’t count towards the degree

#### Recreational/Leisure Activities

- Examples include sporting events, community events/activities, games, toys, video game consoles, movies, books, etc.

#### Room and Board

- The waiver does not pay for room and board, housing or rental space in any setting (e.g., house, group home, or apartment)

#### Seat Belt Restraints

- Not allowed

#### Services Provided Outside of Minnesota

- There are very specific criteria in which services can occur outside of MN

- May only be considered in bordering states of ND, SD, IA or WI
- An Exception to this is direct care staff traveling with family and providing similar services
- NO services can be provided when you are out of the country, including direct care
- staff. If out of the country or state for more than 30 days, CDCS must close

Services Provided to or by Individuals, Representatives, Providers, or Caregivers That Have at any Time Been Assigned to the Primary Care Utilization and Review Program (PCUR)

- Not allowed

Socialization

- No allowed. If skill building occurs, this may be allowable if the outcome is in the approved DHS-6532 CSP.

Solutions

- Defined as a dose form of a prescription or over-the-counter medication. Solutions are either available commercially or compounded individually by the pharmacist
- Examples of solutions are irrigating solutions, wound care solutions, solutions made from tablets or capsules if you cannot swallow a tablet or capsule etc.

Staff as Independent Contractor – Unless FMS agrees that they qualify

- Not allowed

Staffing Outside of the Country

- Not allowed

Staff Program Expenses

- See: "Mileage Reimbursement to Support Staff" under Personal Assistance (e.g., Movie ticket)

Training for Caregiver – Related Expenses

- Lodging, meals, travel and parking related to conferences, classes and workshops are not allowed

Transportation

- No mileage can be reimbursed for spouses
- Vehicles are not paid/leased for by any funding source. No medical mileage
- If you are traveling for a medical appointment with a Minnesota MA enrolled physician who is out of state, a request for travel reimbursement should be made through MNET

Utilities to Maintain a Household

- Not allowed

Vacation Expenses

- Vacations are not allowed, including airfare, lodging, meals, and transportation

Vehicles

- Not allowed

Vehicle Maintenance

- Does not include annual maintenance to adapted equipment/modifications that are related to the disability
- Typical vehicle maintenance, i.e., oil changes

Vendor Travel Time and/or Mileage

- Not allowed

Vitamins/Supplements

- Cannot be funded even if prescribed by a physician or part of a specialized diet

Warranty

- Only allowed if a routine preventative maintenance plan is necessary for the proper functioning of the disability-related equipment

Wills and Trusts

- Cannot be paid for by any government funding source, including financial planning, savings account, investments and other financial vehicles, including supplemental trusts

Window replacement (Frame and glass)

- See [DHS Environmental Adaptations](#)

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປຣໄພາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

## Civil Rights Notice

**Discrimination is against the law. UCare** does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: [cag@ucare.org](mailto:cag@ucare.org)

**Auxiliary Aids and Services: UCare** provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

**Language Assistance Services: UCare** provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

### U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:



- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights  
 U.S. Department of Health and Human Services  
 Midwest Region  
 233 N. Michigan Avenue, Suite 240  
 Chicago, IL 60601  
 Customer Response Center: Toll-free: 800-368-1019  
 TDD Toll-free: 800-537-7697  
 Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

### **Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
 540 Fairview Avenue North, Suite 201  
 St. Paul, MN 55104  
 651-539-1100 (voice)  
 800-657-3704 (toll-free)  
 711 or 800-627-3529 (MN Relay)  
 651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

### **Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service