



# CARVER COUNTY

**Consumer Support Grant  
(CSG)**

**Guidelines / Expenditures**

## I. PURPOSE

The Consumer Support Grant (CSG) provides monthly grants for children and adults with functional limitations who require ongoing supports to live in the community. These individuals often incur higher-than-average expenses that are directly related to the functional limitation. The purpose of CSG is to prevent or delay the out-of-home placement of a person with functional limitations through the provisions of grant funds to offset some of these expenses.

The Program is designed to:

- Provide participant more control, flexibility, and responsibility over needed supports
- Promote local program management and decision making
- Encourage the use of informal and typical community supports
- Offer a more cost-effective long-term care alternative to participant

## II. AUTHORITY

Minnesota Statutes section 256.476 provides the legislative authority for the Consumer Support Grant.

## III. ELIGIBILITY

- A person is eligible to apply for a Consumer Support Grant if they have a **current** home care authorization and meet all the following criteria:
- The person is eligible for Medical Assistance (MA) or Managed Care (PMAP) and **maintains** eligibility for the duration of time CSG is received.
- The person can direct and purchase his/her own care and supports, or if the person is unable to direct his/her own care, a family member, legal representative or authorized representative is available and willing to purchase and arrange supports on the person's behalf.
- The person has a functional limitation, requires ongoing supports to live in the community and is at risk of or would continue out-of-home placement without supports.
- The person lives or will live in a home. For the purposes of this program, "home" is defined as the person's own home or the home of the person's family member. These homes are natural home settings and are not licensed by the Department of Health or Human Services.

**Persons may not concurrently receive a Consumer Support Grant if they are:**

- Receiving Home and Community-Based waivers (DD, CAC, CADI, TBI, EW) under United States Code 7, title 42, section 1396h(c); or
- Receiving personal care attendant service, home care nursing, or home health aide service under Minnesota Statutes section 256B.0625; or
- Receiving the Family Support Grant; or
- Receiving Alternative Care services under MN Statute 256B.0913; or
- Residing in an institutional or congregate care setting

A participant or their authorized representative who have had their eligibility restricted at any time by the Primary Care Utilization Review (PCUR) are not eligible for CSG.

Participants involved in an active child protection or adult protection case may not be eligible for CSG.

#### **IV. PROGRAM DESCRIPTION**

The Consumer Support Grant replaces services the participant is currently receiving through the Personal Care Attendant services (PCA), Home Health Aide services (HHA), or Home Care Nursing services (HCN). CSG is to be used to pay for those additional expenses related to the care of the person with functional limitations.

- The Department of Human Services (DHS) assigns a monthly grant amount to participants based on their home care rating. This rating is determined by their annual PCA or MnCHOICES assessment. The grant is funded by the State portion of Medical Assistance.
- CSG monthly amounts may change as determined by DHS.
- The monthly grant amount is used to develop a CSG Narrative Plan/CSG Expenditure Plan. All goods, services and staffing in the plan must follow the Expense Categories and Statement of Informed Consent. The CSG Narrative Plan/CSG Expenditure Plan must be **approved** by Carver County.

## **Grant Award Period**

A Consumer Support Grant will become effective on the first of the month following completion of:

- County determination of eligibility
- Signing of all applicable CSG forms
- **Carver County approval of the CSG Narrative Plan/CSG Expenditure Plan**

CSG is a monthly grant. If all requirements are met, CSG will continue through the end date of the **current** PCA, MnCHOICES, HHA or HCN assessment. CSG dollars **cannot** be carried over from one plan year to the next. Goods, services and staffing must have been purchased and received during the plan year to be considered expended in that year. CSG is subject to Legislative and County changes.

## **V. FINANCIAL MANAGEMENT SERVICES (FMS)**

A participant is required to use a Financial Management Service to access CSG. Carver County will provide a list of FMS providers. The FMS will direct the participant on details of their service, their fees, and how they can work together to meet the individual's needs as outlined in the CSG Narrative Plan/CSG Expenditure Plan. The cost of these services is a part of the participant's CSG budget. Per Carver County, all support staff must complete a background study. The FMS will also provide a monthly expenditure summary to the participant and the Carver County representative.

## **VI. PARTICIPANT RESPONSIBILITIES**

### **Initial Application**

- A. Complete a MNChoices assessment to determine eligibility.
- B. Sign the CSG Participation agreement after reading the CSG Guidelines and viewing the Consumer Support Grant Orientation Video.
- C. Complete CSG Narrative Plan/CSG Expenditure Plan.
- D. Review and sign the Statement of Informed Consent and Release from Liability.
- E. Review and Sign CSG Working Agreement
- F. Sign Release of Information for FMS and Carver County
- G. Fill out Health and Safety Plan

- H. Complete County Approval of Payment of Parent of Minor to Provide PCA Services, Designation of Authorized Representative, and Home Care Nursing Consumer Agreement (if applicable).
- I. Notify current home care agency to terminate service agreement **prior** to the month CSG will start. (Only applicable if currently on PCA Program)

### **Ongoing**

- A. Maintain Medical Assistance (MA) or Managed Care (PMAP) eligibility.
- B. Maintain a current home care authorization for PCA, HHA or HCN.
- C. Maintain ongoing relationship with the FMS.
- D. Participate in an annual CSG review with the case manager/county representative.
- E. Inform the case manager/county representative of any issue, which might affect the eligibility and participation in the CSG program (e.g. MA closing, hospitalization, nursing home, incarceration)
- F. Follow the Carver County CSG Expenditure Guidelines.
- F. Hire and manage support staff.
- G. Purchase only services/goods that are approved on the CSG Narrative Plan/CSG Expenditure Plan.
- H. Verify that services were delivered in accordance to the CSG Narrative Plan/CSG Expenditure Plan.
- I. Manage the grant amount (participant is responsible for repaying any grant funds if budget is overspent or MA closes).
- J. Participant's replacing Home Care Nursing must have monthly skilled nursing visit.
- K. If a participant's needs significantly change, a new assessment may be completed at any time with a physician recommendation. This may result in a change in the home care rating/grant amount.

### **Annual Renewals**

- A. Ensure a MNChoices reassessment is completed prior to the CSG annual end date to determine eligibility.
- B. Complete an updated CSG Narrative Plan/CSG Expenditure Plan. The plan must be approved by Carver County.
- C. Review and sign all required annual CSG signature forms.

## **VII. QUALITY ASSURANCE**

Carver County will monitor the provisions of supports and participant satisfaction with services through visits and meetings with the participant and their legal representative. Any incidents of suspected abuse, neglect or exploitation will be reported in accordance with applicable child protection or vulnerable adult statutes. Participants and their legal representatives will be responsible for arranging supports that promote the health and safety of the participant as signed off on the Statement of Informed Consent.

## **VIII. EXITING THE PROGRAM**

### **Move to Another County**

The Consumer Support Grant is not an excluded time service. If the other county is participating in CSG, Carver County will assist with coordinating the transition. It is ultimately up to the participant to make sure the CSG will resume in the new county.

### **Termination of Grant**

The Consumer Support Grant will be terminated if any of the following instances occur:

- Suspected fraud or misuse of CSG funds by the participant/authorized representative
- The participant no longer meets all the eligibility criteria for the program(including the closure of MA or PMAP)
- Immediate health and safety concern
- Funds are not being used in accordance with the approved CSG Narrative Plan/CSG Expenditure Plan
- The participant moves out of state
- The participant enters a nursing home, licensed foster care facility, or other institutional setting
- The participant's ability to direct his/her own care diminishes to a point where they can no longer do so and there is no responsible person available to do it for them
- The participant needs an authorized representative to manage his/her services and there is no one available to perform that function
- The participant refuses services
- A participant or their legal representative has been convicted of wrongfully obtaining public assistance or disqualified from obtaining assistance via an administrative fraud hearing
- 3<sup>rd</sup> occurrence in a plan year requiring additional technical assistance and/or supports by the County (as defined below).

The definition of additional technical assistance and/or support is an identified need for County involvement over and above the standard training and materials. This may be triggered by discoveries during the County or FMS monitoring efforts that the CSG Narrative Plan/CSG Expenditure Plan is not being followed. These occurrences requiring additional technical assistance and support will be documented on the Technical Assistance form. This may include but is not limited to:

- Not spending enough for services needed to support health and safety without a reasonable explanation
- Not receiving goods or services identified as critical for health and safety
- Ongoing difficulty in arranging for services needed for health and safety
- Not following the plan
- Notices from the FMS requesting missing information. The FMS will be copying the county representative on all notices requesting missing required information or notifications that request to purchase services or materials that are not included in the approved plan.

When such action is taken, it is only the CSG service option that is terminated. The participant could return to his/her former home care services (PCA, HHA or HCN).

## **Appeals**

Participants have the right to appeal a denial, suspension, or termination of services under this program pursuant to Minnesota Statutes section 256.045, subdivision 3

# Allowable Expenditures:

## ADULT DAYCARE

Adult Day Care is available to participants who are 18 years of age or older.

## ASSISTIVE TECHNOLOGY

Equipment or services that improve the participant's ability to perform activities of daily living, control/access their environment or communicate. Examples: switches, communication devices, communication supplies (laminators, paper, etc.)

Computer/Tablet: Protective case and warranty is mandatory.

**Expenditure limit is \$1,000 every three years including other accessories.**

**Supporting documentation from a qualified professional is required.**

**(Please see Computer/Tablet Request form)**

Software or apps: Specifically designed to increase a participant's ability to communicate, perform activities of daily living or control their environment.

**Supporting documentation from a qualified professional is required for anything over \$75**

## CAMP

Camp is for skill building or primary caregiver relief. Total cost of day and overnight camp is funded.

## CHILD CARE

For children age 10 and over.

## CONSUMER SUPPORT GRANT EXPENSES

Consumer Support Grant Expenses includes: Financial Management Service (FMS) and fees. Support Planner costs to assist the participant in managing the grant and/or services, if needed.

## **ENVIRONMENTAL MODIFICATIONS**

Environmental modifications include physical adaptations to the home or vehicle.

Examples: bathroom adaptations, door alarms, ramps and van lifts.

A home accessibility or safety assessment by a qualified professional may be funded. Alarm system: Installation only

**Maximum installation cost is \$1,200**

**Monthly monitoring fee is not allowed**

Alternative flooring: Only in situations regarding accessibility issues or to provide a cleanable surface for issues relating to bodily fluids. New flooring must result in the presenting problem being resolved, not just replacement.

**Expenditure limit is \$10.00 per square foot, which includes removal of existing flooring, materials and installation**

Fence: To support a safe environment and prevent a participant from elopement.

**Expenditure limit is up to \$30 per lineal foot and not to exceed 275 lineal feet. Any modification over \$500 requires that two bids be submitted to the County.**

## **EQUIPMENT**

Adapted Equipment: Examples: bicycles, body brushes, chewy tubes, eating utensils, feeding chairs, GPS locators and monitoring fee, positioning mats, standers, strollers, swings, therapy balls and wedges.

**Weighted blankets/vests not allowed (MA will cover)**

Durable Medical Equipment: Examples: disposable gloves, hearing aids, mattress replacement due to incontinence, reusable/washable incontinence pads or Chucks, specialty glasses/goggles and wipes.

Non-Specialized Items: To be used for communication, fine motor, gross motor, and sensory processing needs related directly to the participant's disability.

## **HOMEMAKER/CHORE SERVICES**

Examples of these include basic house cleaning, lawn mowing and snow removal.

**The expenditure limit is \$200 per month per household**

## **MILEAGE**

Mileage includes transporting participant to activities that are listed on the approved CSG Narrative Plan/CSG Expenditure Plan.

## **SKILL BUILDING ACTIVITIES/CLASSES**

Areas of training include communication, mobility, motor development, self-regulation and social skill development.

**Equipment, uniforms and additional expenses are not allowed**  
**Health Club memberships for minors are not allowed**

## **SPECIAL CLOTHING**

Clothing: Specially designed clothing or alterations. Replacement clothing due to excessive wear and tear (behavioral or excess bodily fluids)

Bed linens: Extra bed linens for a participant due to incontinence.

Additional coin laundry costs

**Does NOT include tag less clothing such as shirts and underwear**

## **SPECIAL DIET**

Specialty foods that lessen the impact of the participant's disability (example: gluten free bread, lactose free dairy).

**Not allowed: Food due to preference, excessive amounts of typical food and sugar free food. Annual prescription by a physician is required – See Alternative Treatment Form**

## **SUPPLEMENTS & OVER THE COUNTER MEDICATION**

Nutritional supplements (example: Boost, Ensure), food thickener, and over the counter medication (example: melatonin and MiraLAX).

**Annual prescription by a physician is required - See Alternative Treatment Form.**

**Reminder: must relate directly to the participant's disability**

## **THERAPY**

Traditional: Examples: OT, PT, Speech, Talk therapy (if more than what MA will cover)

Alternative: Examples: Acupuncture, Aroma, Massage, Music, Social Skills, Hippotherapy

**Annual prescription by a physician is required**

**Must be provided by a licensed/certified practitioner**

## **TRAINING/EDUCATION/COUNSELING**

Training/Education/Counseling for paid or unpaid staff, family members and/or participant.

Examples: CPR or First Aid certification, participant or family counseling, membership to a disability specific organization.

**Not covered – travel expenses**

## **SUPPORT STAFF**

Support staff includes assistance with activities of daily living, instrumental activities of daily living, supervision, community inclusion and respite for primary caregiver.

Rates vary depending upon the qualifications and training of the person to be employed and how it relates to the needs of the participant receiving services. The range of gross pay is minimum SEIU (Union) wage to the maximum PCA rate. Department of Labor Regulations must be followed for all staff. Staff will accrue PTO. The FMS will assist the managing party in exploring their options.

Support by the parent/guardian of a minor child

Parents are defined as biological, step, adoptive or legal guardian. Support is limited to 40 hours per week regardless of the number of children on CSG/CDCS and/or the number of parents being paid. Parents must have a specific hourly work schedule that is approved and detailed in the CSG Narrative Plan/CSG Expenditure Plan.

Support by the parent/guardian of an adult

Support is limited to 40 hours a week per parent/guardian.

Support by family members (example sibling)

Support is limited to 40 hours a week per family member who lives in the household.

Support by the participant's spouse

Support is limited to 40 hours per week. Spouse must have a specific hourly work schedule that is approved and detailed in the CSG Narrative Plan/CSG Expenditure Plan.

Bonuses- must relate to an overall compensation package and outcomes achieved by staff. It must be detailed in the plan when the bonus is given, what amount, what for and who will receive it. A bonus must be preapproved no later than two months prior to usage. A bonus must be paid through the FMS and comply with applicable rules, regulations, and taxes.

**Parents of minors, guardians and spouses are not eligible for bonuses**

### **Pay as You Go Cell Phone**

Emergency use only for staff while out in the community with the participant. There is a \$10 per month maximum. Monthly plans are not allowed.

**Alternative Treatment Form DHS 5788**– If a requested behavioral support, special diet or therapy is outside the scope of Medical Assistance State Plan, you must ask your MHCP-enrolled physician to complete this form before CSG may be used to fund the alternative treatment. Include the completed form with other documentation to CSG Email.

## **Unallowable Expenditures (This is not an all-inclusive list.)**

Activities to reduce family stress  
Adaptations that add square footage, constructing a finished room, or adding an attached garage  
Admission costs of activities for staff and participant  
Advocacy services  
Cable television  
Cell phones  
Child care for non-disabled siblings  
Co-pays/deductibles/premiums for health care (see Therapy)  
Computer games  
Dental care or orthodontia  
Experimental treatments, medications, therapies and related supplies  
Extended day kindergarten  
Food (See Specialized Diets)  
Furniture (No basic furniture)  
Gift cards  
Guardianship/Conservatorship costs  
Health Club memberships for minors  
Home repairs or improvements (e.g. roof repair, central air conditioning, furnace)  
Household items broken due to behaviors  
Insurance  
Internet  
Legal fees and any expenses related to legal action or advocacy  
Major household appliances  
Medical marijuana  
Non-FDA approved medications  
Non-specialized items required by law for either child or adult (e.g. life jackets, car seats)  
Parental fees. This includes fees for TEFRA or other human service fees or premiums. Personal care items  
Post-Secondary Education (for credit)  
Room and board  
Required clothing, equipment, or additional expenses for activities or sports.  
School and any related costs (e.g. transportation, home schooling, private school tuition)  
Service or therapy animals and related costs  
Storage  
Toys  
Transportation costs to school and any community activities  
Vacations/Trips and any related expenses  
Vehicles  
Video games/apps and Video game system (e.g. Wii, Play Station, Xbox)  
Wills, trusts and other financial planning

**Your Appeal Rights DHS-1941-ENG**