

Elderly Waiver Customized Living Tool Kit

Instructions for Use of Customized Living Tools - Individual CL Plan

I. Purpose

This document contains instructions to complete the plan for customized living and 24 hour customized living services under the Elderly Waiver program, using the Customized Living Rate-setting Excel Workbook. The Customized Living Rate-setting Excel Workbook has two major functions:

- Development of an Individual Customized Living Plan based on assessed need and the CL or 24 CL (CL/24CL) service delivery plan
- Calculation of an amount to be authorized for the individual based on component services planned, component rates, and service rate limits

II. Worksheets contained in the workbook

There are a number of worksheets contained in the workbook. Each worksheet is labeled with a tab at the bottom of the page. They are listed here in the order in which they appear in the workbook from far left to right tabs. Helpful computer and software hints related to using the Excel Workbook are found in Appendix A. Worksheets that require data entry are also referred to as “forms”. The reference worksheets listed below are attached as Appendices B-F.

- **Screening Document Input Form.** Captures assessment information about an individual and used to populate the individual services planning or Individual CL Plan worksheet
- **Individual CL Plan.** Form completed by the case manager/care coordinator to outline types and amounts of component services to be delivered by the CL provider
- **EW Services Authorized.** Form used by case managers/care coordinators to compute all EW services to be authorized for an individual
- **Print CSP.** When printed in combination with the “Print Customized Living Plan, can be used as the Community Support Plan (CSP) required under HCBS programs if all elements are completed. In order to use this as the CSP, all other informal and/or quasi-formal supports must be included on the Individual CL Plan worksheet, and signatures must be obtained. The individual receives a copy of the two worksheets.
- **Print Customized Living Plan.** Used by case manager/care coordinator to print the individualized customized living plan and other services. Copy to individual and provider.
- **Component Rates.** Reference only. Populates fields within the workbook, needed for computation within the workbook, lists the comparative rate limits used for component rates established by the Department of Human Services. (Appendix B)
- **N(ursing) H(ome) Geog(raphical) Group.** Reference only. Used to select CL service rate limits within the workbook based on the county of the housing with services establishment. (Appendix C)

- **CL Rate Limits 10.** Reference only. Populates fields within the workbook, needed for computation within the workbook, includes the service rate limits for CL and 24 hour CL service and community budget or case mix caps. (Appendix D)
- **EW Service Menu Information.** Reference only. Populates fields within the workbook when a case manager or care coordinator adds other EW services to the individual's plan; needed for computation within the workbook; contains procedure codes and rates for other EW services. (Appendix E)
- **Hours per Month.** Totals all estimated component service units from the Individual CL Plan worksheet, populates the summary page of the Individual CL Plan and Print CL Plan worksheets. (Appendix F)

III. The First Step: Complete the Individual Screening Document Input Worksheet

First, lead agency staff enters data from the recipient's most recent Long Term Care Consultation (LTCC) assessment as captured in the Long Term Care Screening Document (DHS Form 3427). This data entry form captures information about various assessed needs. The scores used and the meaning attached to the scores are the same as in the LTCC Assessment (DHS Form 3428 or 3428A). "SD#" indicates the field number from DHS Form 3427 in which each data element can be found and is included for ease of reference. The worksheet will give an error message if a score is entered that is not within the valid range of scores for the item. Use the tab key to advance to the next cell. If an arrow appears at the cell, there is a drop down list to select from.

The first section on the form captures client information such as address and county of residence. The person's health plan is selected, when applicable, and the case manager or care coordinator information is included. The remainder of the worksheet captures assessment information about activities of daily living (ADLs) like bathing or dressing, and instrumental activities of daily living (IADLs) like shopping or transportation. Several items from the assessment that are included on this worksheet (vision, hearing and communication) have been added to the Long Term Care Screening Document subsystem in MMIS.

In addition, the item related to **medication management** has been updated on the forms and in MMIS and includes new valid values or scores:

- Score = 1 Independent, needs no help with medications
- Score = 6 Needs medication set up only
- Score = 7 Needs reminders only
- Score = 8 Needs reminders and set up
- Score = 9 Needs medication setups and assistance with administration, including self-administration.
- Score = 5 Takes no medications

An item related to **insulin dependency** was added to the LTCC assessment tool, the Screening Document form and MMIS; the scores for this item are:

- Score = 1 Not diabetic
- Score = 2 No insulin required, diet controlled only
- Score = 3 Oral medications
- Score = 4 Sliding scale insulin and oral medications
- Score = 5 Scheduled daily insulin
- Score = 6 Scheduled daily insulin plus daily sliding scale

Sample Screens from the Workbook

The next page shows a “print screen” of the worksheet “Screening Document Input Form” and is populated with information about a fictional person, Billy Bailey. Throughout the remainder of these instructions, Mr. Bailey and a sample provider are used for purposes of illustration.

When viewed on your computer, the worksheet has colored cells. Green cells always indicate a field where data can or must be entered. No other cells will allow data to be entered and are referred to as “protected” or “locked” cells. Locking cells prevent accidental deletion of formulas used within the workbook.

IV. The “print screens” contained in these instructions, shown in black and white for purposes of readability, are presented in the order in which they are seen when the workbook is open and in use on your computer.

For training 11 09



Information from Individual's Screening Document

SD#		SD#	
1	Client Last Name <input type="text" value="Bailey"/>		Assigned SD# <input type="text"/>
2	Client First Name <input type="text" value="Billy"/>	4	PMI <input type="text" value="00123400"/>
	Street Address <input type="text" value="123 Wonder Lane"/>		Assessment Date <input type="text" value="10/15/2009"/>
	City <input type="text" value="Lake Woebegone"/>	State <input type="text" value="Mn"/>	Zip <input type="text" value="99999"/>
13	County of Residence <input type="text" value="Stearns"/>		Health Plan <input type="text" value="None"/>
22	Case Manager <input type="text" value="Bobby Benton"/>		Health Plan ID <input type="text"/>

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SD#		SD#		SD#	
39	Dressing <input type="text" value="2"/>	40	Grooming <input type="text" value="2"/>	41	Bathing <input type="text" value="4"/>
42	Eating <input type="text" value="2"/>	43	Bed Mobility <input type="text" value="1"/>	44	Transferring <input type="text" value="1"/>
45	Walking <input type="text" value="1"/>	46	Behavior <input type="text" value="1"/>	47	Toileting <input type="text" value="3"/>
49	Clinical Monitoring <input type="text" value="0"/>	51	Case Mix <input type="text" value="D"/>	52	Orientation <input type="text" value="1"/>
53	Self Preservation <input type="text" value="1"/>	56	Hearing <input type="text" value="2"/>	57	Communication <input type="text" value="1"/>
58	Vision <input type="text" value="1"/>	59	Mental Status <input type="text" value="7"/>	61	Telephone Calling <input type="text" value="1"/>
62	Shopping <input type="text" value="2"/>	63	Meal Preparation <input type="text" value="3"/>	64	Light Housekeeping <input type="text" value="2"/>
65	Heavy Housekeeping <input type="text" value="4"/>	66	Laundry <input type="text" value="4"/>	67	Medication <input type="text" value="8"/>
69	Money management <input type="text" value="1"/>	70	Transportation <input type="text" value="2"/>	68	Insulin Dependency <input type="text" value="1"/>
	Wheeling <input type="text" value="0"/>				

Note changes to medication scoring

IV. Creating the Individual Customized Living Plan

After the data has been entered into the Screening Document Input form, the case manager or care coordinator moves on to complete the Individual CL Plan Worksheet. This is also a data entry form. To access the Individual CL Plan Worksheet, click on the link, "Individual Customized Living Plan" at the bottom of the Screening Document Input Form, or click on the "Individual CL Plan" green tab at the bottom of your screen. On this form, information about assessed needs from the Screening Document will appear.

A brief description of the need, limitation or dependency that corresponds with the recipient's score in each assessment item is provided. Again, all cells are locked, except those that are light green (when viewed as an Excel document, cells are colored). The tab key can be used to move across rows from left to right and down. The enter key can be used to move down columns without having to move across the rows. A mouse or pointing device can also be used to move around the form. **Starting at the top of the form:**

1) **Navigation.** At the top right of the form there are links that allow you to go the Screening Document Input worksheet or the EW Services Authorized worksheet

Go To [Screening Document Input Form](#)
[EW Services Authorized](#)
[Print CL Plan](#)

2) **Recipient & Provider Information:** Information about the person automatically populates in this worksheet from the Screening Document Input Worksheet. DHS is working to provide lead agencies with a worksheet that contains needed information about all enrolled 24 hour/customized living providers. Until that worksheet is available, the case manager or care coordinator will have to enter the necessary data about the provider for which the service delivery plan is being developed.



Individualized EW Customized Living Plan

Go To [Screening Document Input Form](#)
[Print CL Plan](#)

Client Last Name	<input type="text" value="Bailey"/>	Client First Name	<input type="text" value="Billy"/>	Home Care Provider Name	<input type="text" value="Beta Home Health Care"/>
PMI	<input type="text" value="00123400"/>	Provider NPI or UMPI	<input type="text" value="07878787"/>	Housing with Services Street Address	<input type="text" value="1233 A Avenue"/>
Case Mix	<input type="text" value="D"/>	Housing with Services City	<input type="text" value="Lake WoeWasGone"/>	Housing with Services Zip Code	<input type="text" value="55351"/>
County/Tribe	<input type="text" value="Stearns"/>	Housing with Services County	<input type="text" value="Stearns"/>	Housing with Services Registration ID #	<input type="text" value="6666666"/>
Case Manager	<input type="text" value="Bobby Benton"/>				
Health Plan	<input type="text" value="None"/>				
Recipient Health Plan ID	<input type="text"/>				

3) Enter the **start date** for the customized living service, using xx/xx/xxxx format.

Start Date for CL Service	11/01/2009
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This field is currently limited to 12/31/09 on the tool. If you are planning customized or 24 hour customized living services after this date, please download the most recent version of the tool from http://www.dhs.state.mn.us/dhs16_143983.

4) **Orientation and Mental Status** information populates from the Screening Document Input worksheet for reference in support planning.

Mental Status Evaluation	7	
Orientation	1	Minor forgetfulness
Self Preservation	1	Minimal supervision

5) Documentation of Need for 24 Hour Customized Living.

In the next section, the case manager or care coordinator will see whether the person has met any one of several statutory criteria for eligibility for 24 hour customized living. Information is transferred from the Screening Document Input form about those assessment items used to establish this criteria. The **“Dependency Description”** contains text taken from the LTCC assessment form itself to describe the need indicated by the score.

For purposes of establishing eligibility for 24 hour customized living, the **“Need Documented?”** column populates automatically with “yes” or “no” based on the **dependency** score in those ADLs and other items related to the criteria for 24 hour customized living. The dependency score is the level of need that must be indicated for purposes of case mix classification. In this example, while the person has some need for assistance in transferring, the level of need does not meet the definition of “dependency” (which, for this ADL, is a score of 2 or higher) and the Need Documented column indicates no. Mr. Bailey does meet the criteria for needs related to continence. See the note on the next page related to eligibility based on medication administration needs combined with 50 hours of CL service.

“In CL to meet need?” The case manager/care coordinator in consultation with the recipient will indicate whether the need will be met through the customized living plan and provider by selecting “yes” or “no” in the green column, using the drop down box. The last column, **“In CL Plan?”** automatically populates based on the two columns to the left. You will note that only when “yes” is indicated in *both* the “Need Documented?” and “In CL Plan to meet need?” columns will “yes” populate in the last column, “In CL Plan.” This combination of an indication of need and a choice in how the need will be met is used throughout the tool to support the creation of an Individual Customized Living Plan.

24 Hour Support Needed for	SD Ref	Score	Dependency Description	Need Documented?	... meet need?	In CL Plan?
Toileting Dependency	47	3	Incontinence only at night	yes	yes	yes
Transferring Dependency	44	1	Needs some one to guide, but can move in and out of a bed or chair	no	no	no
Active Behavioral Support	46	1	Needs occasional staff intervention in the form of redirection , responds to cues	no	no	no
Clinical Monitoring	49		Less than once a day	no	no	no
Med Admin + 50 hrs/mo of CL service	67	8	Needs med setups and reminders	yes	yes	yes

A note about Med Admin + 50 hrs/mo of CL service: When a case manager or care coordinator initially opens this worksheet after completing the Screening Document Input form, the row related to medication administration combined with at least 50 hours of CL service per month will remain “no” in the “Need Documented” column UNTIL the other sections of the Individual CL Plan are completed. This criteria can be met only if, at some point, the worksheet calculates that 50 hours of CL services have been planned and the individual has a need for medication assistance. In this example, the Need Documented? column reads “yes” because Mr. Bailey needs medication assistance AND because, if you look at page19 you can see that the tool has summarized the hours of CL service contained in the Plan and that total is at least 50 hours.

6) Summary information is based on county of residence, case mix classification and documented need for 24 Hour Customized Living. These cells will populate based on the recipient information entered on the Screening Document Input form and the documented need for 24 hour CL. Dollar amounts are pulled from reference worksheets contained in the workbook. For the sample individual, the Community Budget Cap is based on his case mix classification of D, the information indicates Mr. Bailey meets criteria for 24 hour CL, and the service rate limit for both CL and 24 hour CL are indicated. If no criteria for 24 CL are met, only the CL service rate limit will populate.

Community Budget Cap	\$ 3,098.00
Individual Eligible for 24 Hr CL	yes
CL Service Rate Limit	\$ 1,639.00
24 Hr CL Service Rate Limit	\$ 2,951.00

7) Sensory and Communication Information provides a summary of any sensory and communication needs. While no time or dollar values are captured in this section, the care coordinator and/or case manager may need to consider this information when planning services. In the example below, Mr. Bailey has communication needs that do translate into the need for specific services later in the service plan.

Sensory and Communication Status	SD Ref		Provide brief description of recipient's needs. Consider recipient's sensory and communication needs when completing the remainder of the plan.
Hearing	56	2	Hears only very loud sounds Staff need to remind Billy to wear his hearing aide when coming to group socialization
Vision	58	1	Has difficulty seeing at level of print Provide materials in larger print when possible
Communication	57	1	Communicates needs with difficulty but can be understood When communication is more difficult for Billy, it's a good sign he's very frustrated with something. Has speech therapy plan in place.

8) Homemaking. The homemaking tasks that are allowable components of EW customized living are listed at the left. "SD Ref" refers to the number of the field on the Screening Document. "Dependency Description" is a brief definition of the level of the person's need, limitation, or dependency indicated by the score. "Need Documented" indicates whether or not the person needs any level of assistance based on their assessment score. It is important to note that, unlike establishing criteria for 24 Hour CL service when *dependency* is required, for purposes of services planning *any* level of need will allow services to be planned throughout the remainder of the tool.

In the next column "In CL to meet need?" (shaded light green when looking at the tool on a computer monitor), enter "yes" or "no" to (again using the drop down box) to indicate whether or not the recipient wants this need to be met as a component of the CL Plan. Note that cells "In CL Plan?" automatically populate as "yes" only if both the "Need documented" and "In CL to meet need?" are both "yes."

Need Documented? + In CL to Meet Need? = In CL Plan

Yes	Yes	Yes
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The tool will calculate time and dollars for component services only when "In CL Plan" is "yes". If the need is being met in the customized living plan, enter a brief description in the space provided. The case manager or care coordinator may also want to note how needs are going to be addressed outside of the CL Plan, if applicable.

Enter the number of minutes per day, per week and/or hours per month of staff time needed to perform the service, task, or activity described. Please note that all of these increments of time are multiplied and added into Total Hours/Month. Do not duplicate time. When time is entered, the monthly dollar amount for each component service, homemaking in this case, is automatically populated by the worksheet (the formula multiplies the Total Hours/Month x the applicable rate for each component service).

In Mr. Bailey’s plan, the case manager has indicated time per day, and per week, as made sense given the description of service to be provided. In the example below, home management needs will be met both within the CL Plan and by an informal caregiver. The daily and weekly time has been calculated as monthly hours, and multiplied by the home management component rate. There is also a monthly subtotal amount calculated for “Homemaking” service overall.

Homemaking	SD Ref	Score	Dependency Description	Need Documented?	In CL to meet need?	In CL Plan?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	Monthly Rate per Component	
Light housekeeping	64	2	Needs some help or occasional supervision	yes	yes	yes	Trash daily, mopping and bathroom weekly, Billy does his own light vacuuming	10	30		7.22	\$ 125.98	
Heavy housekeeping	65	4	Needs total assistance	yes	yes	yes							
Laundry - personal	66	4	Needs total assistance	yes	no	no							
Laundry-linens	66	4	Needs total assistance	yes	yes	yes	Billy's daughter does his personal laundry. Linens are changed weekly.		30		2.17	\$ 37.71	Sub-total homemaking
Shopping	62	2	Needs some help or occasional supervision	yes	no	no	Billy's daughter takes him shopping once a month, and Billy can do his own shopping when transported by Beta.					\$ -	\$ 163.69

9) Congregate Meal and Snack Preparation. This section requires estimation of the number of meals and snacks the person will eat per month. The case manager will enter the total number of congregate meals or snacks per month anticipated for the person. If a recipient will eat a meal every day, that equals 30.4 meals per month for that meal.

In the example below, the person prefers to have breakfast about half of the time, and purchases his own snacks. While not included in this example, an individual can also receive one-to-one staff assistance for meal preparation in their own apartment. Avoid duplication of services between congregate meals and individual assistance when indicated. Also please note that congregate meals are the only service that can be authorized when the person’s assessment indicates no need, since congregate meals may be the only type of meals available in some settings.

Meal Preparation	SD Ref	Score	Descript of Need	Need ?	In CL to meet need?	In CL Plan?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	
Individual Assistance w Meal Prep in Own Apartment	63	3	Needs a lot of help or constant supervision	yes	no	no	Billy never cooks with the exception of making coffee.					\$ -
Congregate Meal Prep					Score	Service Description		# per Month	Total Monthly			
Breakfast prep	63	3	Needs a lot of help or constant supervision	yes	yes	yes	Billy has breakfast about half the time, otherwise just coffee.	15	15.00	\$ 53.55		
Lunch prep	63	3	Needs a lot of help or constant supervision	yes	yes	yes	Likes the sociability of eating with others.	30.4	30.40	\$ 135.58		
Supper prep	63	3	Needs a lot of help or constant supervision	yes	yes	yes	Watches TV over supper in is own room on Sundays	30.4	30.40	\$ 135.58		
Snack prep	63	3	Needs a lot of help or constant supervision	yes	no	no	Billy enjoys snacks in the afternoon which he purchases himself and keeps in his room			\$ -		
										Sub-total Meal Preparation	\$ 324.72	

DHS has established a per-meal rate that can be found in the Component Rates worksheet in the workbook (see Appendix B for component service rates). These rates are used to calculate the monthly amount for congregate meals based on the information contained in this section. The meal rates do not include raw food cost, which is not to be funded with waiver services funding.

10) Supportive Services. Supportive services under customized living include assistance with appointments, arranging for non-medical transportation, money management, and socialization. The assessment items related to the activities and competencies necessary to complete these activities will be updated. Case managers should indicate why, for example, a person cannot make his or her own appointments. Note in the example below that there are documented needs for some but not all supportive services, and family members are providing some needed support.

While the Long Term Care Consultation assessment includes many items related to social roles and relationships of the person, there are no socialization needs that are captured as “scores” on the Long Term Care Screening Document in MMIS. Case managers/care coordinators should write a brief description of need for socialization, determine whether or not there is a need for staff assistance to meet socialization needs, and fill in the cells accordingly.

Socialization Group Size: An individual may choose one-to-one socialization to meet socialization needs, or can choose, with the assistance of the case manager or care coordinator, to plan to meet socialization needs through group socialization activities, including varying group size. When an individual receives “shared” services, the

worksheet will use a component rate to calculate dollars that reflects shared staff resource. The component rates associated with the varying group sizes are also found in the Component Rates worksheet in the workbook (see Appendix B for component service rates).

The sample person has the need for and participates in both types of activities. Mr. Bailey has one-to-one socialization service, and also some group socialization services at two levels of group size: 2-5 residents, and 6-12 residents. The component rates used for shared services of varying group size are also found in Appendix B and on the Component Rates worksheet within the workbook. The description of services below also notes that Mr. Bailey has EW companion service to meet socialization needs.

Supportive Services	SD Ref	Score	Dependency Description	Need Documented?	In CL to meet need?	In CL Plan?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	Monthly Rate per Component
Making appts	61	1	Needs no help or supervision	no	no	no	Billy's daughter makes his medical appointments.					\$ -
Arrange Non-medical Transportation	61	1	Needs no help or supervision	no	no	no	Billy signs up for scheduled trips, and his daughter provides transportation when Billy calls her.					\$ -
Money Mgt	69	1	Needs no help or supervision	no	no	no	Daughter helps with balancing checkbook and understanding bills.		45			\$ -
Ratio Staff/Resident												
Socialization - Individual	1:1		Billy also has a companion. He likes to go visit another friend once a month	yes	yes	yes	Staff support Billy in looking over options and deciding where he and friend go once a month.			1	1	\$ 17.42
Ratio of staff to residents participating in group socialization activities	1 Staff to 2-5 Residents		Outings are important to Billy. For outings, he prefers small groups	yes	yes	yes	Billy's friend occasionally accompanies		120	1	9.66	\$ 48.08
	1 Staff to 6 - 12 Residents		At home, Billy prefers groups of 6 - 12.	yes	yes	yes	Billy signs up by himself and need no assistance to participate, will encourage other.		30	1	3.17	\$ 6.13
	1 Staff to 13 - 20 Residents					no						\$ -
	1 Staff to over 20 Residents					no						\$ -
Sub-total Supportive Services												\$ 71.63

Also note that, in the cells shaded above for illustration, while 45 minutes per week have been indicated under Money Management, since there is no need documented, no total monthly time or dollars have been calculated by the worksheet for this type of supportive service.

Group Size - # of Riders - More than 11	70	2	N/A	N/A	no						\$ -	\$ 107.05
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12) Personal Care. These sections are completed in the same fashion as earlier sections. Note that information on dependency in wheeling is not included in MMIS. It can be found in the LTCC assessment form. Please enter the score manually and also the description of need.

Personal Care	SD Ref	Score	Dependency Description	Need Documented?	In CL to meet need?	In CL Plan?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	Monthly Rate per Component	
Dressing	39	2	Need some help from another person	yes	yes	yes	Billy needs some assistance with shaving when he asks for it. Dressing: shoes and socks are difficult for him to put on.						
Grooming	40	2	Need some help from another person	yes	yes	yes	Bathing: needs help washing hair. Has bath chair and bars. Staff help in and out only.	15	30		9.77	\$ 232.50	
Bathing	41	4	Needs and get help washing and drying	yes	yes	yes							
Eating	42	2	Needs help with cutting up food	no	no	no	Preparation of meals and service tasks are included below in congregate meal charges.					\$ -	
Continance Care	47	3	Incontinence only at night	yes	yes	yes	Billy uses a night time schedule, briefs , needs only occasional staff assist to meet this need, one additional hour of service is added to account for infrequent need to help with washing up at night. Manages own incontinence			1	1.00	\$ 27.18	
Walking	45	1	Walks with help of a cane, walker, crutch	no	no	no						\$ -	
Wheeling	None		Does not use wheelchair, or receives no personal help wheeling	no	no	no						\$ -	
Transferring	44	1	Needs some one to guide, but can move in and out of a bed or chair	yes	yes	yes	Needs occasional assist to get up from low chairs in common areas - will ask for help when needed. No staff assistance is required in Billy's room; Billy has equipment that meets this need for assistance.		30		2.17	\$ 58.84	
Positioning	43	1	Sometimes needs help to sit up	yes	no	no	No staff assistance is required; Billy has equipment that meets this need.	10				\$ -	\$ 318.53
												Sub-total Personal Care	\$ 318.53

Because bathing, dressing, and grooming tend to occur together, time can be planned in these need areas together to avoid duplication. Note that individuals who need help with dressing and/or grooming typically need it on a daily basis, while bathing is typically less frequent. In the example, 15 minutes per day accounts for the assistance in dressing and grooming, while 30 minutes per week account for staff assistance getting in and out of a weekly bath.

This section also contains the demonstration of a feature within the workbook, as indicated by the cells shaded above for illustration: Under “Positioning”, *while the need is documented*, the need will not be met under the CL plan, as indicated by the case manager/care coordinator in the column labeled “In CL to Meet Need?” (He meets this need with equipment). As a result, “no” appears in the column labeled “In CL Plan?”. In order for time to be translated into monthly units of service and dollars, all three columns need to be coded as “Yes” as follows:

- Need Documented?: Populated with “yes” when any level of need is indicated in the assessment information
- In CL Plan to Meet Need?: The case manager or care coordinator has to code yes or no (using the drop down), based on the person’s choices, assistance from informal caregivers, or other waiver services the person prefers to meet the need.
- In CL Plan?: Will be populated by the tool and can only be “Yes” if the first two fields are yes.

13) Delegated Health Services. Note that any dependency for therapeutic exercise must be entered manually. In the example below, for medication management, the person needs reminders and set ups only.

Other Delegated Health Services	SD Ref	Score	Dependency Description	Need Documented?	In CL to meet need?	In CL Plan?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	Monthly Rate per Component	
Med Administration or assistance with self-administration	67	8	Needs med setups and reminders	no	no	no						\$ -	
Verbal or Visual Medication Reminders	67	8	Needs med setups and reminders	yes	yes	yes	Billy needs reminders to take medications in the evening	5			2.53	\$ 60.32	
Insulin Injections	68	1	Not diabetic	no		no						\$ -	
Therapeutic Exercises	N/A	N/A	Needs reminders to do balancing exercises	yes	yes	yes	Reminders to do exercises prescribed by PT 3 times a week		15		1.08	\$ 29.42	
Delegated clinical monitoring	49		Less than once a day	no		no						\$ -	
Other delegated tasks	49					no						\$ -	
						no						\$ -	\$ 89.74

**Sub-total
Other
Delegated
Health
Services**

14) Medication Management by Licensed Nurse. Medication management (including insulin draws) time by a licensed nurse includes time for documentation, setups and consultation, as necessary with prescribing physicians. It does not include supervision and training of unlicensed staff doing medication administration or providing medication reminders (this is included as an expense on the medication administration service itself). It also does not include medication administration itself as this task is to be done by unlicensed staff.

Medication Mgt by Licensed Nurse	Score	Dependency Description	Need Documented?	In CL to meet need?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	Monthly Rate per Component	Sub-total Med Management	
Med Set Ups and Monitoring	67	8	Needs med setups and reminders	yes	yes	yes	Pharmacy sets up one of 2 medications, RN does other weekly		15	1.08	\$ 35.56	\$ 35.56
Insulin Draws	68	1	Not diabetic	no	no	no				\$ -		

15) Personal Security. The need for “supervision” that is not provided as part of the delivery of other services described in the sections above is divided into two sections for purposes of planning: Personal Security, and Active Cognitive and/or Behavioral Support services (described in the next section). Personal Security addresses whether the person is able to summon assistance if needed, and whether they can respond to an emergency that calls for action on their part, including evacuation.

Personal Security

Awareness of need for assistance

Will the person summon assistance when necessary?

If yes, how will they summon help? What mechanism will they use?

Billy will use pull cord, will seek out staff for assistance, can call 911.

Summoning Device

Is the mechanism included in the CL Rate?

\$ 30.00

\$ 30.00

If no, how will staff know when the person needs assistance?

Self-Preservation

Self-Preservation Score

Minimal supervision

Can the person evacuate in an emergency?

If no, what is the emergency plan?

In the example, the person will summon assistance when needed, and, because of a hearing impairment, has visual aids for emergency notification. Staff are responsible to ensure evacuation. This is also the section where the Provider Information about means for summoning assistance and the monthly charge for that means is captured, if, as in the example, that means of summoning assistance is to be included in the CL rate for the person.

16) Active Cognitive and/or Behavioral Support. This section captures staff time needed to deliver active behavioral or cognitive support services. In order to be included in the CL Plan, this service must be based on:

- An evaluation completed by a professional who is qualified to evaluate and develop interventions for the type of behavioral or cognitive need indicated
- A formal, written plan for intervention
- Completion of staff training about the intervention, including documentation requirements, if any.

In the example below, there is a need for additional staff time spent in helping reduce frustration that occurs with speech difficulty. This staff intervention, in turn, is intended to decrease anxiety that results. As described in the Summary illustrated in 17) below, a speech therapist has completed an evaluation, staff have been trained and understand the intervention, and documentation requirements related to how the intervention is working.

Active Cognitive or Behavioral Support

Does the recipient need service at additional times over and above those specified above to address needs specified in the table below? If yes, please specify the amount and type of service needed below.

Allowable Component Service	SD Ref	Score	Dependency Description	Need Documented?	In CL to meet need?	In CL Plan?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	Monthly Rate per Component
Implementation of written individual plan to address:												
Wandering	52	1		yes		no						
Orientation issues	52	1		yes		no						\$ -

**Competencies of Staff
Implementing Active Cognitive
and/or Behavioral Support**

Staff who typically provide other services to Billy, HCA

**Training and Supervision of Staff
Implementing Active Cognitive
and/or Behavioral Support**

Primary staff have met with speech therapist to review the plan, other staff have reviewed the speech therapist's plan, all understand how to document changes, and the actions to take to decrease frustration.

V. Summary of Services and Computation of CL or 24 HR CL Rate

The last section of the Individual CL Plan worksheet accumulates both units of time and dollar amounts from the various service component sections completed above. This is also where a case manager or care coordinator can indicate whether the person has been approved by DHS for a “conversion” rate (a process that can result in an approved budget cap that exceeds the case mix budget caps when a person needs more funding to support needed services in order to move from a nursing facility after a qualifying stay of at least 30 days).

The case manager or care coordinator, in planning with the individual, can also anticipate planned leave days per year (NOT to be used for nursing facility or hospital admissions). “Leave” is planned to accommodate absences such as planned vacation with family or friends or holiday stays, for example. Up to 12 days per year can be planned in this section. Indicating leave days will result in a higher per month rate to allow the provider to capture some fixed costs over time to account for non-billable days of service when the person is absent from the setting.

The final section “recaps” the funding available to the individual, other EW services planned by the case manager or care coordinator, and CL and 24 CL service rate limits in order to compare to the proposed CL rate as calculated within the workbook (by adding all subtotals, etc).

- **Estimated Monthly Hours of CL Service by Component Type:** Summarizes the hours per month planned for each component service category. Other fields also total all hours of service planned for a month, as well as an average number of hours of CL service per day.
- **CL Budget Recap:** Posts the monthly CL/24CL service rate limit for this person based on county of residence (NF Geographic Group) and their case mix classification, the proposed CL rate, including any adjustment calculated for planned leave days. If this proposed CL rate does not exceed the CL or 24CL service rate limit, the proposed rate is listed here as the Individual Customized Living Rate.
- **EW Budget Recap:** Posts the community budget cap amount based on case mix, the cost of non-CL EW services the case manager may have planned, the total of the non-CL and the Individual Customized Living rate amount, and any individual monthly budget amount remaining.

Scheduled CL Service Rate	\$ 1,502.83
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The Scheduled CL Service Rate is the total of all subtotals for component service. This amount may need to be adjusted to account for planned leave, as well as adjustments if the amount here exceeds the CL or 24 CL service rate limit.

Has DHS approved a conversion rate for this recipient?

If so, what is the rate?

Anticipated Days Absent Per Year?

Projected Hours of CL Service by Component Type

	Per Month	Week	Day
Home Management/Homemaking and Support Services:	<input type="text" value="35.86"/>	8.34	<input type="text" value="1.18"/>
Home Care Aide Services:	<input type="text" value="27.50"/>	6.39	<input type="text" value=".9"/>
Home Health Aide Services:	<input type="text" value="4.25"/>	.99	<input type="text" value=".14"/>
Medication Setups by Licensed Nurse:	<input type="text" value="1.08"/>	.25	<input type="text" value="0.04"/>
Total hours:	<input type="text" value="68.69"/>	15.97	<input type="text" value="2.26"/>

For training 11 09

CL Budget Recap

Monthly CL/24 CL Service Rate Limit

EW Budget Recap

EW Community Budget Cap

Monthly Cost of Proposed Non-CL EW Services

Proposed Customized Living Rate with Adjustment for Days Absent	\$1,502.83	Proposed Monthly EW Budget	\$ 1,871.66
Individual Customized Living Rate	\$1,502.83		

In the example above, the monthly rate that would be authorized for the CL plan would be **\$1,502.83**. This amount reflects no adjustment for leave days for the sample person. If a case manager determines the person will be gone on occasion from the setting, up to 10 days per year can be included which will adjust the monthly amount upward slightly.

If the proposed monthly EW budget amount exceeds the EW Community Budget Cap, service costs (and units of service) must be adjusted to be equal to or less than the Community Budget Cap. This adjustment might occur within the CL plan or within other EW services.

The case manager or care coordinator should also consider whether the person's most recent assessment and resulting case mix classification is an accurate reflection of current needs. If not, reassessment should be completed and the Screening Document Input worksheet updated to reflect any changes.

VI. EW Services Authorized Worksheet

The case manager or care coordinator uses this worksheet to plan other EW services such as case management or waiver transportation. In the example included here, the individual has case management, companion services, mobility devices (authorized under extended supplies and equipment, 24 HR CL, and mileage for the companion. For purposes of space, only those lines from the worksheet that are planned from the example are included here. The actual worksheet contains *all services available under the EW program*. In the example, Mr. Bailey has case management, case aide, companion, transportation (mileage for the companion) and specialized equipments and supplies included in his Community Support Plan as well as customized living. It can be seen in the example as well that, while Mr. Bailey meets criteria for 24 CL service, the amount to be authorized falls below the 24 CL rate limit. This amount to be authorized is based on the units of services planned, the presence of an informal source of some supports, and choices Mr. Bailey has made in terms of meeting some of his needs independently.



EW Services Authorized

EW Service Name	Unit	Provider Name and Number	# of Units/ Month	Unit Rate	Totals	Start Date	End Date
Case Management	15 minutes	Stearns County	8	\$ 24.01	\$ 192.08	07/01/09	06/30/10
Companion Services	15 minutes	LSS	35	\$ 2.05	\$ 71.75	08/15/09	06/30/10
Customized Living Services	Monthly		1	\$ -	\$ -		
24 Hr Customized Living	Monthly	Beta	1	\$ 1,502.83	\$ 1,502.83	11/01/09	6/30/10
Supplies and Equipment	Total/Month	Mobility devices		\$ 50.00	\$ 50.00		
Transportation, Non-commercial	Per Mile	LSS (for companion)	100	\$ 0.55	\$ 55.00		

Total of All Proposed EW Services	\$ 1,871.66
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Total All EW Less CL Services	\$ 368.83
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VII. Print CL and Print Community Support Plan

These worksheets can be printed to capture the service delivery plan for the CL provider or 24 HR CL provider. In addition, the Print CSP worksheet provides a summary of other services and includes spaces for required participant signatures. When combined, the Print CL Plan and Print CSP forms constitute the required EW Community Support Plan. This Community Support Plan summarizes all services, including those to be provided by informal caregivers and any personal risk management plans the person has adopted to meet needs for which the person prefers no service. The individual receives a copy of both the Print CL Plan and the Print CSP worksheets; the CL provider receives a copy of the Print CL Plan worksheet.

The Print CL Plan worksheet copies the information entered by the case manager or care coordinator about those services needs that will be met within the CL plan and by the CL provider. This worksheet also contains a summary of hours, by component service, and as a monthly total and average daily amount. The worksheet also captures the descriptions of service delivery that the case manager or care coordinator entered into the Individual CL Plan worksheet.

The Print CSP worksheet provides the detail about the other services that are part of the approved Community Support Plan, and also contains the signatures page that is required as part of an approved Community Support Plan.