

Instructions on Use of Customized Living Rate-setting Workbook- Individual CL Plan

I. Purpose

The Customized Living Rate-setting Workbook has three major functions:

- 1) Computation of shared services component rates for a provider
- 2) Development of an Individual Customized Living Plan based on assessed need and the CL or 24 CL service delivery plan
- 3) Calculation of an amount to be authorized for the individual based on component services planned, component rates, and service rate limits

II. Helpful computer/software related hints:

Save the workbook. Save the workbook to a convenient location on your computer. When statewide provider information is available, the workbook will contain all shared services component rates for all enrolled providers and settings. If the lead agency chooses to use the rate-setting workbook before the universal workbook is issued, a workbook containing each provider's information should be created and saved. Use "file, save as" and the name of the provider.

Save the individual's workbook. After completion of an individual's plan and authorization, **and in a secure location on your computer**, use "file, save as" and name the file the name of a customized living program name of the person.

Opening the workbook. When you click on the attachment the first time, it should open to the Provider Input Form. After that, it will open to the worksheet that you last used.

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.

- **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.** 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.
- **Provider Input Form.** Used by providers to input information that will be used to compute shared service component rates for non-medical transportation, socialization, and congregate meals. This is the worksheet that will appear when the workbook is first opened.
- **Provider Information.** Form populated by information in the Provider Input Form that computes the provider component rates for shared services

- **Component Rates** (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)
- **N(ursing) H(ome) Geog(raphical) Group** (For reference only, are used to select CL service rate limits within the workbook)
- **CL Rate Limits 10** (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)
- **EW Service Menu Information.** (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.)
- **Hours per Month.** Totals all component service units from the Individual CL Plan worksheet, populates the summary page of the Individual CL Plan and Print CL Plan worksheets

Navigating around the worksheets. The worksheets are protected. This means that users can only enter information in unlocked cells. This allows users to use the tab key to move from one unlocked cell to the next. The horizontal and vertical scroll bars, the up and down arrows and a mouse can also be used to move around on the sheet. There are also navigation links provided at the top and bottom of some of the worksheets.

Changing the active worksheet. There are tabs at the bottom of the screen with the names of the worksheets. When you click on a tab, it will display that worksheet. Not all tabs are visible at the same time. You can use the arrows to the left of the worksheet tabs to expose additional worksheets.

Set the screen display to zoom percentage 79%. Find this on the Excel standard toolbar. This will allow you to view the entire width of the worksheet within your window. (It's the toolbar window showing "xx%" with a drop-down arrow to the right.)

Viewing the formulas. If you want to see the formulas that are used for various calculations within the worksheets, use the CL Workbook Formulas." This allows the user to see the formulas for the current cell. You can also go to "Tools," then "Formula Auditing," and then click on "Formula Auditing Mode." Column width can be adjusted for ease of printing.

Viewing the Rows and Columns: If you want to see the rows and columns go to "Tools," then "Options," and then check the box "Row and column headers."

III. Complete the Provider Input Sheet. (This must be done FIRST by the provider if the lead agency will use the rate-setting tool before statewide provider information is available October 1st, 2009.) Providers will use the "Instructions for Use of Customized Living Tools – Component Rates" found in a separate PDF documents. Completion of this Input Worksheet will populate the Provider Information Form.

This instruction will be updated to instruct case managers and/or care coordinators in how to select a provider and Housing with Services setting from the workbook when all provider information is included.

IV. Complete the Individual Screening Document, Individual CL Plan and EW Authorized Services Worksheets

Throughout the remainder of these instructions, a sample consumer and sample provider are included for purposes of illustration.

A. Individual Screening Document Input Form. **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. This data entry captures the information about assessed needs. The scores used and the meaning attached to the scores are the same as in the LTCC assessment.

This is a data entry form. Lead agency staff enter the information (scores) from the most recent Long Term Care Screening Document (DHS Form 3427). The Screening Document (DHS Form 3427) field number 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 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 includes client information, as well as the county or tribe that completed the most recent Long Term Care Consultation assessment. The person's health plan is selected, and the case manager or care coordinator information is included. The remainder of the worksheet captures assessment information about activities of daily living (ADL) like bathing or dressing, instrumental activities of daily living (IADL) like shopping or transportation. Several items have been added to the Long Term Care Screening Document subsystem in MMIS and are also reflected here:

- Vision
- Hearing
- Communication

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

- Score = 1 Independent, needs no help with medications
- Score = 2 Needs medication set up only
- Score = 3 Needs reminders only
- Score = 4 Needs reminders and set up
- Score = 5 Needs assistance with administration, including self-administration. This can include help with set ups and reminders as well.
- Score = 6 Takes no medications

There is also an item related to insulin dependency:

- Score = 1 Not diabetic
- Score = 2 No insulin required
- Score = 3 Oral medication
- Score = 4 Sliding scale insulin
- Score = 5 Scheduled daily insulin
- Score = 6 Scheduled daily insulin plus daily sliding scale insulin

Information from Individual's Screening Document

SD#		SD#	
1	Client Last Name <input style="width: 100%;" type="text" value="Bailey"/>	4	PMI <input style="width: 100%;" type="text" value="00123400"/>
2	Client First Name <input style="width: 100%;" type="text" value="Billy"/>		
	Street Address <input style="width: 100%;" type="text" value="123 Wonder Lane"/>		
	City <input style="width: 100%;" type="text" value="Lake WoebeGone"/>	State <input style="width: 100%;" type="text" value="MN"/>	Zip <input style="width: 100%;" type="text" value="56201"/>
14	County/Tribe of Resp <input style="width: 100%;" type="text" value="Stearns"/>		Health Plan <input style="width: 100%;" type="text" value="None"/>
22	Case Manager <input style="width: 100%;" type="text" value="Bobby Benton"/>		Health Plan ID <input style="width: 100%;" type="text"/>

SD#		SD#	
39	Dressing <input style="width: 30px;" type="text" value="2"/>	40	Grooming <input style="width: 30px;" type="text" value="2"/>
42	Eating <input style="width: 30px;" type="text" value="2"/>	43	Bed Mobility <input style="width: 30px;" type="text" value="1"/>
45	Walking <input style="width: 30px;" type="text" value="1"/>	46	Behavior <input style="width: 30px;" type="text" value="1"/>
49	Clinical Monitoring <input style="width: 30px;" type="text" value="0"/>	51	Case Mix <input style="width: 30px;" type="text" value="D"/>
53	Self Preservation <input style="width: 30px;" type="text" value="1"/>	56	Hearing <input style="width: 30px;" type="text" value="2"/>
58	Vision <input style="width: 30px;" type="text" value="1"/>	59	Mental Status <input style="width: 30px;" type="text" value="7"/>
62	Shopping <input style="width: 30px;" type="text" value="2"/>	63	Meal Preparation <input style="width: 30px;" type="text" value="3"/>
65	Heavy Housekeeping <input style="width: 30px;" type="text" value="4"/>	66	Laundry <input style="width: 30px;" type="text" value="4"/>
69	Money management <input style="width: 30px;" type="text" value="1"/>	70	Transportation <input style="width: 30px;" type="text" value="2"/>
		41	Bathing <input style="width: 30px;" type="text" value="4"/>
		44	Transferring <input style="width: 30px;" type="text" value="1"/>
		47	Toileting <input style="width: 30px;" type="text" value="3"/>
		52	Orientation <input style="width: 30px;" type="text" value="1"/>
		57	Communication <input style="width: 30px;" type="text" value="1"/>
		61	Telephone Calling <input style="width: 30px;" type="text" value="1"/>
		64	Light Housekeeping <input style="width: 30px;" type="text" value="2"/>
		67	Medication Mgt <input style="width: 30px;" type="text" value="4"/>
		68	Insulin Dependency <input style="width: 30px;" type="text" value="1"/>

B. Individual Customized Living Plan Form. After the data has been entered into the Screening Document Input, the case manager or care coordinator moves on to the Individual CL Plan Form. To access the Individual CL Plan Form, 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, as will information about the provider that comes from the Provider Information Form.

A brief description of the need or dependency that corresponds with the recipient's score in assessment items is provided. All cells are locked, except those that are light green that require data input. This is designed to prevent accidental deletion of formulas. 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 and Provider Information** should automatically populate.

Client Last Name Client First Name
PMI
Case Mix
County/Tribe
Case Manager

Home Care Provider Name
Provider NPI
Housing with Services Establishment Address
Health Plan
Recipient Health Plan ID

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

Start Date for CL Service

This field is currently limited to 10/31/09 on the tools – the date updated tools will be available.

4) **Orientation and Mental Status** Information populates from the Screening Document Input worksheet for your reference.

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

5) **Documentation of Need for 24 Hour Customized Living.** The “Need Documented?” column populates automatically based on the dependency score in those domains that are considered criteria for 24 hour Customized Living. The case manager/care coordinator in consultation with the recipient should indicate whether the need is appropriately met through the customized living plan and provider and should accordingly indicate “yes” or “no” in the green column, using the drop down box. The last column, “In CL Plan?” 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, “yes” will populate in the last column, “In CL Plan.”

24 Hour Support Needed for	SD Ref	Score	Dependency Description	Need Documented?	In CL to 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	4	Needs med setups and reminders	yes	yes	yes

6) **Summary information** based on county, case mix and 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.

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 sensory and communication needs the care coordinator and/or case manager may need to consider when planning other services.

Sensory and Communication Status			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	yes	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	no	Provide materials in larger print when possible
Communication	57	1	Communicates needs with difficulty but can be understood	no	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#" refers to the number of the item on the Screening Document. "Dependency Description" is a brief definition of the level of the person's need or dependency. "Need Documented" indicates whether or not the person needs assistance based on their assessment score.

In the column to the right, enter "yes" or "no" to (again using the drop down box) indicate whether or not the recipient wants this component in their CL Plan. Note that cells "In CL Plan?" automatically populate as "yes" only if both the "Need documented" and "Does the recipient want this in the CL Plan" are both "yes."

If the need is being met in the customized living plan, enter a brief description in the space provided. You 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. Please note that all of these are added into the Total Hours/Month. Do not duplicate time. The monthly rate for each component is automatically populated by multiplying the Total Hours/Month x the applicable component rate (Home management/homemaking) in this case).

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		7.23	\$ 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

In the example here, needs are met both within the CL Plan and by an informal caregiver.

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 is only asked to enter the total number of congregate meals or snacks per month. If a recipient will eat a meal every day, that equals 30.4/month.

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. 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.

Prescription diets can also be indicated. These require a physician’s prescription and are not simply “low salt”, for example. When special diets are prescribed, the unit cost will be based on the expectation that unlicensed staff are preparing these diets under the supervision of an registered nurse or registered dietician.

Meal Preparation	Prescription for special diet requiring special preparation under the oversight of RN or RD?				no	no	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	
	yes	no	yes	no								
Individual Assistance w Meal Prep in Own Apartment	63	3	Needs a lot of help or constant supervision	yes	no	no	Billy never cooks					\$ -
Congregate Meal Prep	Score				yes	yes	Service Description	# per Month	Total Monthly			
Breakfast prep	63	3	Needs a lot of help or constant supervision	yes								yes
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	\$ 105.91		
Supper prep	63	3	Needs a lot of help or constant supervision	yes	yes	yes	Watches TV over supper in his own room on Sundays	30.4	30.40	\$ 132.39		
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	\$ 287.30

The price-per-meal used to complete these calculations is imported from the Provider Information worksheet, and is based on the number of staff hours involved in meal preparation, service and clean up, and the average number of residents scheduled to eat each meal and snack. It does not include raw food, which is not to be funded with waiver services funding.

10) Supportive Services. 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. Note in the example below that there are documented needs for some but not all supportive services, and family members are providing support. The provider may have indicated both large and small group socialization available in the setting. In the example below, the provider indicated 5 people in participate in small groups on average, and 10 in large (from the Provider Input worksheet). Pricing for these units of shared service are based on the rates calculated on the Provider Information worksheet. The sample person participates in both types of activities. The description also notes that he has companion service, and receives one-to-one staff assistance to meet socialization needs as well.

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, his daughter provides transportation when Billy calls her.					\$ -
Money Mgmt	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 a friend go once a month			0.5	0.50	\$ 8.71
Small Group Socialization		1 : 5	Outings are important to Billy. For outings, he prefers small.	yes	yes	yes	Billy's friend occasionally accompanies		120	1	9.66	\$ 33.66
Large Group Socialization		1 : 10	At the residence, Billy prefers larger group.	yes	yes	yes	Billy signs up by himself and needs no assistance to participate, will encourage others		30	1	3.17	\$ 5.51
												Sub-total Supportive Services
												\$ 47.88

Also note that, while 45 minutes per week have been indicated under Money Management, since there is no need documented, no dollars calculated for this type of supportive service.

11) Transportation. Note that this is non-medical transportation. (Access Transportation to all medical services is covered by the MA State Plan for all EW recipients and should not be part of the CL Plan, or delivered by any other waiver transportation provider.) Transportation is differentiated based on whether it is provided only for the recipient or for a group of residents. In addition to estimated time, case managers/care coordinators should also fill in the estimated miles traveled for both shared and individual trips. Like socialization, in the example below, the person has both types of transportation planned.

For purposes of this example, the Provider Input form indicated a "group" consists of 3 people for transportation; the mileage rate of \$.55 per mile is established by DHS.

Non-Medical Transportation		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
Driver 1:1 Non-medical Transportation	70	2	Needs some help or occasional supervision	yes	yes	yes	Monthly outing with friend			3	3.00	\$ 52.26	
Driver Group Non-Medical Transportation	70	2	Needs some help or occasional supervision	yes	yes	yes	Bi-Weekly outings		30		2.17	\$ 12.57	
Miles Per													
Day Week Mo Total Miles/Mo													
1:1 mileage	70	2	N/A	N/A	yes	yes	Monthly outing with friend			50	50.00	\$ 27.50	
Group mileage	70	2	N/A	N/A	yes	yes	Bi-Weekly outings		30		129.90	\$ 23.82	
Sub-total Non-medical Transportation													
\$ 116.15													

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 documentation 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. Bathing: needs help washing hair. Has bath chair and bars. Staff help in and out only.	15	45		10.85	\$ 258.28	
Grooming	40	2	Need some help from another person	yes	yes	yes	Preparation of meals and service tasks are included below in congregate meal charges.					\$ -	
Bathing	41	4	Needs and get help washing and drying	yes	yes	yes	Billy uses a night time schedule, briefs and needs only occasional staff assistance 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			1	1.00	\$ 27.18	
Eating	42	2	Needs help with cutting up food	no	no	no							
Continance Care	47	3	Incontinence only at night	yes	yes	yes							

						incontinence												
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 for assistance.											\$ -
																	Sub-total Personal Care	\$ 344.30

Because bathing, dressing, and grooming tend to occur together, time can be planned in these need areas together to avoid duplication. This section also contains the illustration of a feature within the workbook: Under "Positioning", while the need is documented, it will not be met under the CL plan, as indicated in the column labeled "In CL to Meet Need?" (he meets this need with equipment), so "no" appears in the column labeled "In CL Plan?". In order for time to be translated into 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 CL Plan to Meet Need?: the case manager or care coordinator has to code yes or no, 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	4	Needs med setups and reminders	no	no	no						\$ -

15) Personal Security. The need for “supervision” that is not provided as part of the delivery of other services as noted above are divided into two sections for 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 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?

Summoning Device

Is the mechanism included in the CL Rate?

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

Self-Preservation

Self-Preservation Score

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 aides 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 is captured, if, as in the example, that means of summoning 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. This service is based on an evaluation completed by a qualified professional, a formal plan for intervention, and 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, which, in turn, is intended to decrease anxiety that results.

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						\$ -	
Anxiety	46	1	Frustration with speech difficulty	yes	yes	yes	Staff spend additional time with Billy during other tasks encouraging slow speech. Billy likes to talk about fishing, his grandchildren, the weather, and what Washington is up to these days.						
Verbal aggression	46	1		yes		no							
Physical aggression	46	1		yes		no							
Repetitive behavior	46	1		yes		no							
Agitation	46	1		yes		no							
Self-injurious behavior	46	1		yes		no							
Property destruction	46	1		yes		no		30			15.20	\$ 361.91	
Other need related to mental health or cognitive challenge													
		1		yes		no							\$ -
		1		yes		no							\$ -
		1		yes		no						\$ -	
Sub-total Active Cognitive or Behavioral Support												\$ 361.91	

17) Summary of Active Cognitive and/or Behavioral Support

This section, which has narrative text boxes only, allows the case manager or care coordinator to describe the cognitive and/or behavioral support service in more detail. In particular, how often the intervention is delivered, the mode of contact, and staff training or competencies needed to deliver the support.

Summary of Active Cognitive and/or Behavioral Support

Frequency of contact. Indicate expected minimum as well as frequency at different times during the day/night.

At least 3 times per day for 10 minutes during other tasks and during socialization activities

Mode of contact. Include description of how resident will request assistance or how staff will know when assistance is required.

Face to face

**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**

Have reviewed the speech therapist's plan, understand how to document changes, and the actions to take to decrease frustration.

18) **Computation of CL or 24 HR CL Rate.** This section accumulates both units of time and dollar amounts from the various service component sections completed above. In this section, the case manager or care coordinator also 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.

Has DHS approved a conversion rate for this recipient?

If so, what is the rate?

Anticipated Days Absent Per Year?

Estimated Monthly Hours of CL Service By Component Type

Home Management/Homemaking and Support Services:	<input type="text" value="32.36"/>
Home Care Aide Services:	<input type="text" value="11.93"/>
Home Health Aide Services:	<input type="text" value="4.25"/>
Medication Setups by Licensed Nurse	<input type="text" value="1.08"/>
Active Cognitive or Behavioral Support:	<input type="text" value="15.20"/>

Estimated hours of CL per month:

Estimated hours of CL per day:

CL Budget Recap

Monthly CL/24 CL Service Limit

Proposed Customized Living Rate with Adjustment for Days Absent

Individual Customized Living Rate

EW Budget Recap

EW Community Budget Cap

Monthly Cost of Proposed Non-CL EW Services

Proposed Monthly EW Budget

Individual Monthly Budget Remaining

This section pulls in the individual's community budget or case mix cap, the monthly 24 HR CL or CL monthly rate limit, and the cost of other proposed services (from the EW Services Authorized worksheet, discussed below). The worksheet also calculates whether there are dollars available to the individual (by comparing the case mix cap to the proposed monthly cost of both planned CL/24 HR CL and other EW services). In the example above, the monthly rate that would be authorized for the CL plan would be \$1,375.33. If the proposed monthly EW budget 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.

19) 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.

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 Cty	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	\$ 1,375.33	\$ 1,375.33	08/01/09	
Home Health Telehomecare					\$ -		
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	\$ 1,744.16
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Total All EW Less CL Services	\$ 368.83
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C. 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 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.

Note that row height can be adjusted to accommodate longer text in the cell by 1) checking the “row and column headers” under Tools – Options and 2) select the row you want to change, then drag the lower row boundary down.

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