

“Deciding your future is in your hands”
Ramsey County’s
Consumer Directed Community Support
Participation Agreement

Client Name _____

By signing this agreement, I commit to participating in Ramsey County’s Consumer Directed Community Supports. I understand that as a participant I am entering into a new way of doing things which could change according to state, federal and county regulations. I will be accountable for spending funds within my approved plan. I am willing to learn together with others and give feedback along the way.

Participant Responsibilities

- I understand that my guardian/ conservator (if applicable) and I are responsible for developing a Community Support Plan, managing and monitoring my services, recruiting, hiring, training, scheduling monitoring and paying workers, and facilitating community access and inclusion. ***My county case manager will not assist with these tasks.*** I may also select and hire a Support Planner to assist in these tasks. Any fees for Support Planners must be included in my budget. This support plan must assure my minimum health and safety.
- I understand that my approved Community Support Plan will be the plan in effect. I can only purchase supports and items identified in this plan. Any changes to the plan must be approved in writing via the addendum process prior to purchasing. Purchases made without receiving proper authorization are not guaranteed to be approved for reimbursement.
- I have read and understand Ramsey County’s current policies and procedures.
- I have read and understand MN DHS Involuntary Exit Policy.
- I understand my budget can only be spent in the time period stated in my plan and that expenditures cannot exceed the approved amount, nor may unspent funds be carried over to the next plan year.
- All addendums to the current plan are due 30 calendar days prior to the plan’s end date.
- If at any time funding is misused, health and safety of the client is being compromised, or Ramsey County’s process is not followed, I understand that CDCS may no longer be an option and that I may instead need to access other formal services offered under the waiver.
- I understand that I assume full responsibility for my choices of person(s) to provide support. I agree not to hold Ramsey County and/or its employees responsible for any act or omission on the part of the person providing the unlicensed support under this agreement.
- I understand that I must have documentation that substantiates all supports provided and items purchased. Falsified documentation will result in county and/or state action.
- I understand that if I misuse funds, it may be reportable as Medicaid fraud and I may be required to immediately return the funds given to me or face recovery action of the funds by Ramsey County or the State of Minnesota. I understand that I must cooperate with any investigation regarding misuse of funds.

- I understand in order to participate I must sign this Participation Agreement and my annual Community Support Plan.

Ramsey County's Responsibilities

Your Case Manager is available to:

- Provide you with resources to assist you in managing this service.
- Notify you of your annual budget amount.
- Evaluate that your health and safety needs are expected to be met given the care plan including provider training and standards.
- Evaluate if the plan is appropriate including that the goods and services meet the service description(s) and provider qualifications, rates appear to be appropriate, etc.
- Discuss whether you are satisfied with the services you are receiving and educate you about those services.
- Advocate for services needed.
- Offer opportunities for resolution of disputes regarding a CDCS plan including formal conciliation and/or appeal.

Specific responsibilities will be described in the Personal Support Plan.

Client Signature

Date

Parent/ Guardian/ Conservator Signature

Date

Ramsey County Case Manager Signature

Date