



The Worksheet for Personal Care Assistance-Consumer-Directed Services (CDS) (HCBS-3c) shall be used to temporarily develop the person centered care plan (PCCP) for Medicaid State Plan (MSP) and Independent Living Waiver (ILW) CDS, when the Division of Senior and Disability Services (DSDS) or its designee, cannot gain access to the Home and Community Based Services (HCBS) Web Tool. The [HCBS-3c](#) is designed to provide information identifying the tasks to be completed on a regular basis, and to ensure the participant is aware of the service authorization and suggested tasks to be completed. In addition, it is part of service planning, and is designed to assist in the development of a more uniform and consistent approach when determining the appropriate amount of services necessary to meet a participant's unmet needs.

Each of the services included on the HCBS-3c are task-oriented and generally authorized on an ongoing basis.

- ◆ Suggested times and frequencies have been developed with the care needs of an average or typical participant in mind. In the development of the PCCP, consideration shall be given regarding the size of the home, geographic location, specific participant limitations, formal and informal supports, and other factors that might affect the amount of time necessary to complete required tasks.
- ◆ CDS shall not be authorized when the task is one that members of a household may reasonably be expected to share or do for one another, unless the task is above and beyond typical activities that would be provided for a household member without a disability.

The HCBS-3c is an Excel document. When filling out the form electronically, there are auto-calculations built within the body of the document. In addition, there are certain restricted fields which do not allow data entry. In order to navigate the form efficiently, it is suggested to use the **tab key** to go from field to field.

NUMBER OF COPIES

When necessary, one copy of the HCBS-3c shall be made.

INSTRUCTIONS

The HCBS-3c shall be completed on all CDS service authorizations, when DSDS, or its designee, cannot gain access to the HCBS Web Tool.

PARTICIPANT NAME: Enter the participant's name.

DCN: Enter the participant's Departmental Client Number (DCN).

IHS: Check if the participant currently receives, or is being authorized for, other HCBS in addition to CDS.

PROVIDER NAME: Enter the name of the participant's chosen provider.

PROVIDER PHONE: Enter the chosen provider's phone number.

PERSONAL CARE ASSISTANCE: Check the type(s) of program in which the participant is enrolled (i.e., MSP or ILW). After calculating the monthly units, enter the monthly units after the type of assistance.

WORKSHEET FOR CONSUMER DIRECTED SERVICES

START DATE: Enter the earliest date CDS can begin.

SUGGESTED TIME: **No Entry.** Lists the suggested amount of time required to perform each task.

SUGGESTED FREQUENCY: **No Entry.** Indicates the most common frequency for each task.

#MIN/DAY: Enter the estimated amount of time required to complete each task per day, specific to the participant's individual needs.

#DAYS/WEEK: Enter the number of days per week required to meet the participant's needs.

TOTAL MIN/WEEK: **No Entry.** When calculating by hand: multiply the # MIN/DAY needed for each task by the # DAYS/WEEK to determine the total number of minutes per week. Add the TOTAL MIN/WEEK down to get the SUBTOTAL.

DESCRIPTION OF NEEDS: Enter any comments regarding care planning needs to be used as a reference upon return to the office. Completion of this column is only mandatory for Independent Living Waiver (ILW) requests and the information should provide clear explanation of why each task is being requested and why the amount of time requested is appropriate.

TOTAL UNITS/MO: When entering the #MIN/DAY and #DAY/WEEK into the Excel document, the total units will automatically be calculated.

When tabulating by hand, complete the following calculations:

- $\text{MIN/WK} \div 15 = \text{UNITS/WEEK} \div \text{MAX DAYS/WK} = \text{UNITS/DAY} \times \text{MAX DAYS/MO} = \text{UNITS/MO}$ (Round up partial units on all calculations).

Example of Total units per month:

- $1534 \text{ (minutes/week)} \div 15 = 102.266 \text{ (rounded up from 102.266)} \div 5 \text{ (visits/week)} = 21 \text{ units/day (rounded up from 20.6)} \times 23 \text{ (max days/month)} = 483 \text{ units/month.}$

After calculating the total units per month, enter that amount in the Personal Care Assistance line next to the appropriate checked program at the top of the form.

Example: MSP 483 or ILW 483

To calculate transportation, enter the total number of minutes per month of transportation and the units will calculate automatically (see Policy 3.25). Transportation units shall be added to the total units of the PCCP.

INDEPENDENT LIVING WAIVER (ILW) SERVICES: Indicate if ILW service (i.e., case management, financial management services, specialized medical equipment/supplies, and environmental accessibility adaptations) are being requested.

- ◆ Any participant, who requires more units per month of MSP Personal Care (i.e., Agency Option Model and/or Consumer-Directed Model) than allowed within the established cost maximums, must be considered for participation in the ILW to meet that need. Approval for ILW services must be obtained from the Bureau of Program Long Term Services and Supports (BLTSS), prior to authorization.

COMMENTS: Enter any comments or necessary information here.

ASSESSOR SIGNATURE AND DATE: The individual completing the document shall sign and date the HCBS-3c on the date the worksheet is completed.

EMERGENCY CONTACT/PHONE: Enter the participant's emergency contact name and phone number.