

Section 5

Initial Forms and On-going Paperwork Obligations (non-fiscal)

A primary objective of self-directed services is to make the bureaucratic process as simple and invisible as possible to people with disabilities. A broker plays the key role ensuring all bureaucratic requirements are met in an accurate and timely manner, thus allowing people with disabilities to live their lives.

TYPE OF CHANGE

CURRENT

CHANGE TO

Estimated Effective Date of Change:

- New
- Broker Change
- SDS to Other SDS
- SDS to Contract

- Avenues Broker
- Arc Broker
- UCP Broker
- TJ Inc Broker
- Cath Char Broker
- TA Inc Broker
- PCS Broker
- County Case Manager

- Broker

EXAMPLE

- SDS
- County Directed SDS
- Non SDS

	PARTICIPANT	GUARDIAN	SUPPORT BROKER	ASSIGNED MGR
Name				
Address				1202 NORTHPORT DR
Apt #				
City				MADISON
State	WI		WI	WI
Zip				53704
Phone number				242-6
E-Mail				@co.dane.wi.us
ACS#/Agency				DCHS
SS#				
DOB				
Rep Payee				

Process:	Completed By	Date	Rates	Agencies	Contact Person
Databases Updated	EM		SDS Rate \$		
Notification Sent	EM		Residential Rate \$		
Copies to All	EM		Vocational Rate \$		
Type of Funding				Copies to:	
Recert Month				FA	
Protective Placement?				Broker	
Protective Services?				Diane Cobb	
				Dane County Manager	
				Mickey Roiland	
				Agency Director	



**Dane County
Department of Human Services
Division of Adult Community Services**

Director – Lynn Green
Division Administrator - Fran Genter

KATHLEEN FALK
DANE COUNTY EXECUTIVE

TO: First Last
FROM: Developmental Disabilities Intake Unit
DATE: January 29, 2004
RE: Self-Directed Supports

Example

2004 Grad Rate Letter

I am writing to confirm that a rate has been established for you to purchase services for **vocational support**. The funding that would typically be allocated for your vocational support will be \$15,470 per year. This rate is based upon your current level of support at your place(s) of employment but can change should you increase/decrease this amount of support by the end of the school year.

The funding allocated for your supported employment services will become available after you are no longer in high school and all available DVR funds are used. As a result, the full \$15,470 for services from Dane County will most likely not become available until 2005.

A copy of the Dane County Transition Policy is enclosed for you to review. Feel free to contact your County Case Manager with any questions regarding this letter.

This rate is contingent upon available funding.

Cc: Erik Osterberg, County Case Manager
First Last, Guardian
Carol Richards, FA, Inc.
Diane Cobb, ACS
Eric Miller, SDS Coordinator
Mickey Roiland, ACS
Donna Winnick, ACS Manager

---- 610 DIAGNOSIS CODES (commonly used) ----

Developmental Disabilities – Diagnoses	
Code	Name
299.00	Infantile Autism
310.90	Non-Psychotic Disorder Due Organic Brain Damage
315.90	Unspecified Delay In Development
315.02	Dyslexia
317.00	Mental Retardation – Mild (IQ 50-70)
318.00	Mental Retardation – Moderate (IQ 35-49)
318.20	Mental Retardation – Profound (IQ under 20)
319.00	Mental Retardation – Unspecified
343.00	Cerebral Palsy
345.00	Epilepsy
854.00	Intracranial Injury (Brain Trauma) D.D.

Above is a list of commonly used diagnosis codes for completing Dane County’s 610 or Monthly Client Services Report.

The 610 or Monthly Client Services Report along with the accompanying instructions are online on the County’s website and can be found here:

http://www.danecountyhumanservices.org/xls/dcdhs_610_v2.1.3.xls (online 610 report)

http://www.danecountyhumanservices.org/pdf/dcdhs_610_aoda_instructions.pdf (instruction guide)

If you have specific questions regarding the report or instructions, please contact your agency’s contract manager.

Case Note Components

- Date of contact
- Length of contact (to nearest quarter hour)
- Type of contact (phone call, face to face visit, team meeting, annual plan, doctor visit, etc.)
- Summary of contact (such as: names of people present at meeting, short summary of contact)

Why are case notes important?

- **You can use this information when compiling and writing an annual plan or CIP update.**
- You can refer back to this information for court reports or other documents that you may have to write.
- You develop a written history of a person's life. For example, you can answer the question, "What year did we stop that medication?" or "When did Billy move to the duplex?"
- Medicaid waiver (CIP) requires case notes.
- Every year the state completes a random audit of case management and broker records. This might mean you!!



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DD System Change Form

When consumers have a change in living situation, Dane County needs to be notified by using the “DD System Change Form” and/or the “Natural Setting Assessment”.

This form is multi-purpose because it performs many functions. It is used to change and update: the Residential Directory, SSI-E eligibility, payrolls, MA cards, Representative Payee records (Dane County), SDS databases, ISP’s, etc.

Please **completely** fill out the “DD System Change Form” whenever:

- The consumer moves
- Changes in the consumer’s Adult Family Home (sponsor, rate, address, etc.)
- Changes in the type of living arrangement
- Certification/decertification of SSI-E
- Change in Provider Agency
- Change in Support Broker (new broker completes DD change form)
- Change in Guardian or Guardian’s Contact Information

Because of changes in how SSI/SSI-E benefits are being handled, you must fill in the INCOME section of the “DD System Change Form” completely. By correctly completing this section, we will know whom to notify of changes in the consumer’s living situation.

Fill out the “Natural Setting Assessment” whenever the consumer is being initially certified or when someone changes from a Substitute Care Setting to a Natural Setting. Also, when requesting initial certification for a Natural setting, return an “Application for SSIE Certification Exceptional Expense Supplement” with a signature from consumer or Rep. Payee and fill in Line #5 ONLY. Return all copies of the self-carboned “Application for SSIE Certification Exceptional Expense Supplement” with the “DD System Change Form”.

If an individual received services from a County Support and Services Coordinator, then the Coordinator is responsible for submitting the forms OR arranging to have the Support Broker do so.

Please fill out the forms **completely** and return to Nan Cline by the 20th of the month.

DD SYSTEMS CHANGE FORM (Rev 9/07)

CONSUMER NAME:

ACS #:

SS#: _____

DOB: _____

SDS Participant? ___ Yes ___ No

COMMUNITY SUPPORTS

OLD or current:
 Consumer Address: _____
 Consumer Phone: _____

NEW: Effective Date: _____
 Consumer Address: _____
 Consumer Phone: _____

Type of Living Arrangement: (Must check one)

<input type="checkbox"/>	Home ->	Type:	<input type="checkbox"/> SHC	<input type="checkbox"/> DLS
<input type="checkbox"/>	Foster Care	Sponsor Name :		
<input type="checkbox"/>	AFH ->	Rate: \$	per month	
<input type="checkbox"/>	Other			

Type of Living Arrangement: (Must check one)

<input type="checkbox"/>	Home ->	Type:	<input type="checkbox"/> SHC	<input type="checkbox"/> DLS
<input type="checkbox"/>	Foster Care	Sponsor Name:		
<input type="checkbox"/>	AFH ->	Rate: \$	per month	
<input type="checkbox"/>	Other			

CM/Broker & Agency:

Residential Agency: _____
 Vocational Agency: _____
 Guardian Name: _____
 Guardian Address: _____
 Guardian Phone: _____

CM/Broker & Agency:

Residential Agency: _____
 Vocational Agency: _____
 Guardian Name: _____
 Guardian Address: _____
 Guardian Phone: _____

INCOME: (Must be filled in with a dollar amount!)

SSI \$ _____
 SSIE \$ _____
 SSDI \$ _____
 VA \$ _____
 OTHER \$ _____

Representative Payee (Must be filled in completely!)

Payee: _____
 Address: _____
 Phone (H) _____
 Phone (W) _____

CHECK ONE: Has consumer applied for SSI? Yes No Denied

CHECK ONE: (One box must be checked!)

- Certify for SSI-E in Substitute Care Setting (CBRF, Adult Family Home, Foster Care)
- Certify for SSI-E in Natural Setting (PLEASE COMPLETE "Natural Setting Residential Assessment")
- Submit address change for SSI-E in Substitute Care Setting (CBRF, Adult Family Home, Foster Care)
- Submit address change for SSI-E in Natural Setting
- Decertify for SSI-E → (check one) Natural Substitute
- Does not qualify for SSI-E

Submitted by: Name _____
 Address _____
 Telephone _____
 Fax _____
 E-mail _____

Comments: _____

By the 20th of each month, either MAIL to Nan Cline, DCHS-ACS, 1202 Northport Dr RM 312, Madison WI 53704, or FAX: 242-6531 or E-MAIL to cline.nan@co.dane.wi.us