

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

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

CURRENT

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

CHANGE TO

- Arc Broker

Estimated Effective Date of Change:

- 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			ARC WI	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	
				Manager	
				Mickey Roiland	
				Duncan McNelly, Arc WI	



**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

Section 5

Insert current "HSRS LONG-TERM SUPPORT MODULE DESKCARD"

---- 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_v2.1.5.xls (online 610 report)

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

Remember, each client on your caseload must have at least .25 billable hours per month (assuming they are residing in a billable locale). Only record on your 610 form, units provided in a CIP billable setting. If you include units on your 610 that aren’t provided in a CIP billable setting, i.e. hospital, nursing home, ICF-MR, or jail then you are actually decreasing your agency’s overall unit rate.

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!!

DD CLIENT INFORMATION CHANGE (Rev 1/2010)

Client Name _____ ACS Number _____ Effective Date of Change _____

Changes submitted by: Name _____ Agency _____

Check the box in the left column for the category/ies being changed

NEW INFORMATION ** Leave space blank if no change **

<input type="checkbox"/> Address Change	Current Address	New Address
	Street	Street
	Additional Address	Additional Address
<input type="checkbox"/> Moving out of State	City/State/Zip	City/State/Zip
<input type="checkbox"/> Phone # Change	Current Phone	New Phone
<input type="checkbox"/> Broker Change	Current Broker Agency	New Broker Agency
<input type="checkbox"/> Death	Date of death	<i>Notify County Manager and Send Critical Incident Report to Maya Fairchild</i>
<input type="checkbox"/> Guardian Change	Current Guardian	New Guardian
<input type="checkbox"/> Guardian Moved	Current Guardian Address	New Address
	Additional Address:	Additional Address:
	City/State/Zip:	City/State/Zip:
<input type="checkbox"/> Guardian Phone	Current Guardian Phone	New Guardian Phone
<input type="checkbox"/> Living Arrangement check one:	<input type="checkbox"/> Family or Supported Living	<input type="checkbox"/> Family or Supported Living
	<input type="checkbox"/> Adult Family Home	<input type="checkbox"/> Adult Family Home
	<input type="checkbox"/> Other: Nursing Home/Other Institutional Setting	<input type="checkbox"/> Other: Nursing Home/Other Institutional Setting
<input type="checkbox"/> Name Change	New Name	Date of legal name change:
<input type="checkbox"/> Rep Payee Change (Note: it is not necessary to list Fiscal Assistance's Address or phone)	Current Rep Payee	New Rep Payee
	Current Address	New Address
	Additional Address	Additional Address
	City/State/Zip	City/State/Zip
	Current Phone	New Phone
<input type="checkbox"/> Res Provider Change	Current Provider	New Provider
<input type="checkbox"/> Voc Provider Change	Current Provider	New Provider
<input type="checkbox"/> Other Provider Change	Current Provider	New Provider

Comments:

BROKER - HAVE YOU NOTIFIED:

- Team members (guardians, family members, Voc providers, friends)
- Transportation (Metro Para-transit and/or STS provider)
- SSA Office and/or Rep Payee
- CLA MAPC
- WIN Nurses
- Sound Response
- TIES/Crisis
- DD Intake if consumer has moved out of state or permanently into an institution? DD Intake will complete the appropriate SSI-E form and will notify the State of such changes.



Please submit this form by the 20th of each month to Nan Cline, DCHS-ACS by e-mail to: cline.nan@co.dane.wi.us e-mail is preferred!
 You may also FAX: 242-6531 or mail: 1202 Northport Drive, Madison WI 53704.
 Phone 242-6470 with questions
 Rev 1/2010