

Steps to Getting Consumer Support Grants (CSG)

Consumer Support Grants (CSG) offer an alternative funding source for parents who desire greater flexibility and are able to self direct care for their children. This allows expenses not covered by Medical Assistance (MA) such as music, art, horse therapies, or special diets to be covered, and gives parents the ability to provide personal care attendant (PCA) services. The budget for a CSG is determined by a formula based on the amount of home care services an individual qualifies for on their home care assessment. Straight MA funds consist of state and matching federal dollars. If parents choose to write a CSG, only state dollars are available to fund the grant, which means there is significantly less funding compared to straight MA. To participate in this program, the participant must be eligible for, or receive MA (for disabilities) or TEFRA. Here are the steps to apply for a Consumer Support Grant:

1) MnChoices Assessment

This is an assessment by the county to determine eligibility for:

- Health care programs
- In-home services
- Disability services
- Personal Care Attendant (PCA) services

An intake person comes to your home and meets with you and your child

2) State Medical Review Team (SMRT)

- The MnChoices Assessor collects all the required paperwork and submits it to the State Medical Review Team (SMRT)
- This state committee determines whether or not an applicant is disabled
- They provide the “disability certification” needed to access disability service
- The Social Security Blue Book, which are the criteria used by Social Security to make a disability determination, are used by SMRT to determine if a child’s condition is severe enough to be considered a disabling condition

3) To be eligible for CSG, you:

- Must have straight MA (based on disability) or TEFRA
- Cannot be on a managed care product, (except Special Needs Basic Care (SNBC))
- Cannot be on a waiver
- Cannot simultaneously receive any home care services such as Personal Care Attendant (PCA), Home Health Aide (HHA), or Home Care Nursing (HCN) through straight MA or TEFRA. You must be assessed for these services and purchase these services with the grant money
- Must live in a county that offers CSG (not all counties do)

4) Work with county case manager or tribal agency to develop a plan and obtain a budget

The state uses a formula to determine your budget. This is based on the number of home health care hours an individual qualifies for, such as Personal Care Attendant (PCA), nursing, or other in-home services.

5) Hire a Financial Management Service (FMS):

- This is an individual who will be responsible for payment of all your purchases and function as the intermediary to receive money from the state, and pay the bills, including payroll to hired employees
- Here is a list of agencies approved by the state:
<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/fms.jsp>

6) Identify all goods and services to be purchased for the plan, and how the costs will be documented

- Services designed to keep the individual with a disability at home
- Covered services must relate directly to the disability, and are above the cost of what a person without a disability would have to pay. This could include:
 - Companion services
 - Chore services
 - Family counseling
 - Home or vehicle modification
 - Home Health Care, including personal care assistance or a home health aide
 - Respite care
 - Special equipment
 - Nutritional services
 - Supported employment
 - Transportation services
 - Special therapies not covered by MA, such as hippo therapy, music therapy, and art therapy

7) Submit plan for approval; all costs must be within the allotted CSG budget