

CONSUMER CHOICES OPTION (CCO) BUDGETS

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$$\frac{\sqrt{D^2 + E^2 - 4F}}{2}$$

$$T = 2\pi \sqrt{\frac{1}{g}}$$

$$f = \frac{1}{2\pi} \sqrt{\frac{g}{1}}$$

$$\begin{bmatrix} d_1 \\ d_1 + d_2 \\ \frac{N}{2}(n-1) \end{bmatrix}$$

Med

Topics

- ▶ Responsibilities
- ▶ Building a budget

Key Elements of CCO

- ▶ Choice and Control
- ▶ Person Centered Planning
- ▶ Person-Centered Service Plan
- ▶ Support of CCO
- ▶ Financial Management Services

Responsibilities

Member Responsibilities

▶ Act as Employer Authority

- Recruiting and hiring employees
- Supervise and train employees
- Identify primary and “backup” employees
- Termination of employees when needed
- Certify that employee documentation is timely, comprehensive, and complete
- Ensure any applicable contracts and workman’s compensation are in place for businesses providing support

Member Responsibilities

(continued)

▶ Act as Budget Authority

- Manage CCO budget to obtain goods and services to meet individualized assessed needs
- Ensure employees do not exceed the allocated monthly budget
- Establish employee wages
- Review and approve employee timesheets
- Amend CCO budget as needed

Member Responsibilities

(continued)

- ▶ If needed, assign a Delegation of Budget Authority
- ▶ Access at least one of the following types of services:
 - Self-Directed Personal Care
 - Self Directed Community Support and Employment
 - Individual Directed Goods and Services
- ▶ Complete all required paperwork

Member Responsibilities

(continued)

- ▶ Regularly review employee documentation and provide necessary training and remediation
 - Documentation must be comprehensive and clearly outline the supports and services being rendered.

- ▶ Routinely complete outreach with the Case Manager about goods and services being received

Case Manager Responsibilities

- ▶ Develop a person-centered service plan led by the member with the help from the Interdisciplinary Team
 - Document type and amount of services based on the assessed needs
 - Services should never be determined based on the rate of pay an employee may receive
 - Determine the monthly amount of CCO dollars available to the member to self-direct

Case Manager Responsibilities (continued)

- ▶ Authorize CCO
- ▶ Assist the member in choosing an Independent Support Broker (ISB)
- ▶ Complete the Home and Community-Based Services (HCBS) Consumer Choices Option Informed Consent and Risk Agreement (form 470-4289)
- ▶ Monitor the usage of all services

Case Manager Responsibilities (continued)

- ▶ Monitor the usage of all services
 - Review employee documentation quarterly
 - Conduct routine outreach to member or delegate authority to discuss progress on goals applicable to CCO

- ▶ Review and update the person-centered service plan when needed

ISB Involvement

- ▶ Classified as an independent contractor
- ▶ Acts under the direction of the member or delegate authority
- ▶ Must complete and maintain documentation of services provided
- ▶ Must complete training required for ISBs

ISB Involvement (continued)

- ▶ Required contact with members
 - Monthly contact for the first four months of implementation
 - Quarterly contact after the initial monthly timeline is complete.
- ▶ May be compensated for up to six hours for assisting with the initial budget in the first planning month
- ▶ Maximum of 30 hours of service for an individual member during a 12-month period without prior approval from the department

ISB Responsibilities

- ▶ Develop budget(s)
- ▶ Support with the completion of employment packet paperwork
- ▶ Interview potential employees, negotiate rates of pay, obtain background check forms, and determine employee qualifications
- ▶ Assists with contracts and payment methods for services and supports received from a business

ISB Responsibilities

(continued)

- ▶ Develop an emergency backup plan for employees
- ▶ Review expenditure reports from the Financial Management Service
- ▶ Ensure budgeted services are provided within the allocated CCO budget
- ▶ Document member satisfaction and if the budget is meeting the member's needs on the timecard

CCO Employee Responsibilities

- ▶ Authorize the completion of required background checks
- ▶ Provide documentation of training/experience as requested by the member
- ▶ Provide member-directed personal care, community & employment supports, goods & services as identified in the employee agreement
- ▶ Document services provided on the member-approved form
- ▶ Complete and sign timesheets

Financial Management Service Responsibilities

- ▶ Ensure necessary paperwork is completed
- ▶ Receive Medicaid funds electronically
- ▶ Enter the individual budget into applicable systems
- ▶ Process and pay for all CCO services and invoices
- ▶ Verify timesheets and payment requests with individual budget

Let's Build a Budget!

Lois

Mrs. Lois Mertes is a 65-year-old woman who has multiple health problems including chronic lung disease, severe osteoporosis, arthritis and chronic depression. She has no cognitive limitations and is very capable of making decisions about what she wants. She is capable of cooking and doing light housekeeping but uses her health as an excuse not to. Although technically she is not bedridden, she spends most of her days in her bed watching television and talking on the telephone. She lives with her husband (83 years of age) who has his health problems but does not appear to need services other than perhaps housekeeping and meal preparation. He is able to prepare meals but usually does not and the couple eats prepared frozen and canned foods most of the time. Mrs. Mertes doesn't mind eating so simply but her physician has indicated that the high salt content in these prepared meals is dangerous for her blood pressure problem. Mr. Mertes is not a good choice for providing services as he has early dementia and is openly hostile towards his wife.

Mrs. Mertes is extremely isolated except for the home health aide that comes in twice a week. Mrs. Mertes is extremely lonely and wants to get out of the house. She is ashamed of her personal hygiene and the messy conditions of her house.

Mrs. Mertes is currently enrolled in the Consumer Choices Option. Mrs. Mertes has \$1000 a month to spend from her individual budget. Mrs. Mertes' team has determined that her needs include personal care tasks, meal preparation, light housekeeping and socialization. In addition, she receives services through a home health aide. Mrs. Mertes doesn't like the home health aides that the agency sends. She doesn't feel the aides have been doing enough for her. She is a difficult woman to work for because she is very demanding and inconsistent in what she expects for her workers. The couple has no extended family in the area and Mrs. Mertes has experience with computers before retirement. Saving for a laptop to reduce isolation is something that could be done to reduce depression, isolation, etc.

Consumer Choices Option Individual Budget

Consumer Name:	Lois	M.	Mertes	Medicaid State ID#	123456E
	(First)	(MI)	(Last)	Consumer's Phone	
Effective Date:					1-Jan-13
My Financial Management Service	Veridian Credit Union Attn: CCO		PO Box 4502 Waterloo, IA 50704		319-236-6775
	Name		Address		Phone
My Independent Support Broker	Sally Caregiver		1200 Penn Ave. Des Moines, IA 55555		515-222-4444
	Name		Address		Phone
My Representative (if applicable)	N/A				
	Name		Address		Phone
Guardian/Dual Power of Attorney (if applicable)	N/A				
	Name		Address		Phone
				Total Available Monthly Allowance	\$ 1,000.00
Monthly available allowance obtained from my case manager/service worker:					

Service Required Costs: Budget Start Up Example

Always \$72.28/mo

SERVICE REQUIRED								
Financial Management Service Fee								\$ 72.28
Total Financial Management Service Fee								\$ 72.28
SERVICE REQUIRED								
Independent Support Broker Fee								
	Name	Activities	Hourly pay	X	Total Hours month	X	No taxes	Monthly Cost
<i>Budget Start up plans (six hours maximum with a maximum of \$15.15 per hour)</i>	Mabel Sturges	Start Up Budget	\$ 12.00		2		\$ -	\$ 24.00
<i>Follow up support (cannot exceed 30 hours a year with a maximum of \$15.15 an hour)</i>							\$ -	\$ -
Total Independent Broker Fees:								\$ 24.00
REQUIRED FEES SUBTOTAL								\$ 96.28

ISB assisting with budget start up, not to exceed 6 total hours.

Will be subtracted from Monthly Allowance

Service Required Costs: Follow Up Support Example

Always
\$72.28/mo

SERVICE REQUIRED								
Financial Management Service Fee								\$ 72.28
Total Financial Management Service Fee								\$ 72.28
SERVICE REQUIRED								
Independent Support Broker Fee								
	Name	Activities	Hourly pay	X	Total Hours month	X	No taxes	Monthly Cost
<i>Budget Start up plans (six hours maximum with a maximum of \$15.15 per hour)</i>								\$ -
<i>Follow up support (cannot exceed 30 hours a year with a maximum of \$15.15 an hour)</i>								
	Mabel Sturges	Follow up support	\$ 15.00		2		\$ -	\$ 30.00
Total Independent Broker Fees:								\$ 30.00
REQUIRED FEES SUBTOTAL								\$ 102.28

ISB assisting with follow up support, after budget start up is complete.

Will be subtracted from Monthly Allowance

Service Options

The next three sections of the budget address the services/supports the member will be purchasing with the remaining CCO monies.

1. Self-Directed Personal Cares – under this section, the member may hire an employee to provide assistance and support for the member.
2. Self-Directed Community Supports and Employment – this section addresses skill development in the home and the community. Again, the member hires an employee to provide these services. In this service, the member is being taught to be more self-sufficient.
3. Individual Directed Goods and Services – in this budget section, the member is now purchasing a service or support from an agency, a business, etc.

Service Options

First and Last

What service will be provided

Enter hourly wage

SERVICE OPTION	Name	Description	Hourly pay	X	Total Hours month	X	Taxes at 10.35%	Monthly Cost
Self Directed Personal Care								
Employee #1							\$ -	\$ -
Employee #2							\$ -	\$ -
Employee #3							\$ -	\$ -
Employee #4							\$ -	\$ -
Employee #5							\$ -	\$ -
Employee #6							\$ -	\$ -
Employee #7							\$ -	\$ -
Employee #8							\$ -	\$ -
Other Services							\$ -	\$ -
Other Services							\$ -	\$ -
Total Self Directed Personal Care costs:								\$ -
Self Directed Community Supports and Employment								
Employee #1							\$ -	\$ -
Employee #2							\$ -	\$ -
Employee #3							\$ -	\$ -
Employee #4							\$ -	\$ -
Employee #5							\$ -	\$ -
Employee #6							\$ -	\$ -
Employee #7							\$ -	\$ -
Employee #8							\$ -	\$ -
Other Services							\$ -	\$ -
Other Services							\$ -	\$ -
Total Self Directed Community Supports and Employment								\$ -

Example

In this case, Mildred is an hourly employee who will work 30 hours per month.

- Her wage is \$10.00 per hour.
- $\$10.00 \times 30 \text{ hours per month} = \300
- Employer taxes are applied to all employee services based on the member's employer tax rate. To determine the amount of employer taxes for a service, you will take the hourly pay rate, multiply it by the number of hours, and then multiply it by the tax rate:
 - $\$10.00 \times 30 \times .1035 = \31.05
 - \$Total monthly cost:
 - $\$300.00 + \$31.05 = \$331.05$

SERVICE OPTION	Name	Description	Hourly pay	Total Hours month	Taxes at 10.35%	Monthly Cost
Self Directed Personal Care						
Employee #1	Mildred Cink	Personal Care	\$ 10.00	30	\$ 31.05	\$ 331.05
Employee #2	Helen Hayes	Cleaning/Light Housekeeping	\$ 195.00	1	\$ 20.18	\$ 215.18
Employee #3	Suzie Caregiver	Cooking/Transportation	\$ 10.00	20	\$ 20.70	\$ 220.70
Employee #4					\$ -	\$ -
Employee #5					\$ -	\$ -
Employee #6					\$ -	\$ -
Employee #7					\$ -	\$ -
Employee #8					\$ -	\$ -
Other Services					\$ -	\$ -
Other Services					\$ -	\$ -
Total Self Directed Personal Care costs:						\$ 766.93

Self-Directed Community Supports and Employment

SERVICE OPTION	Name	Description	Hourly pay	Total Hours month	Taxes at 10.35%	Monthly Cost
Self Directed Personal Care						
Employee #1						-
Employee #2						-
Employee #3						-
Employee #4					\$ -	\$ -
Employee #5					\$ -	\$ -
Employee #6					\$ -	\$ -
Employee #7					\$ -	\$ -
Employee #8					\$ -	\$ -
Other Services					\$ -	\$ -
Other Services					\$ -	\$ -
Total Self Directed Personal Care costs:						\$ -

Enter hourly wage

First and Last

What service will be provided

SERVICE OPTION	Name	Description	Hourly pay	Total Hours month	Taxes at 10.35%	Monthly Cost
Self Directed Community Supports and Employment						
Employee #1					\$ -	\$ -
Employee #2					\$ -	\$ -
Employee #3					\$ -	\$ -
Employee #4					\$ -	\$ -
Employee #5					\$ -	\$ -
Employee #6					\$ -	\$ -
Employee #7					\$ -	\$ -
Employee #8					\$ -	\$ -
Other Services					\$ -	\$ -
Other Services					\$ -	\$ -
Total Self Directed Community Supports and Employment						\$ -

Individual Directed Goods and Supports



- Good or service purchased from a business
 - Goods and services in this section are not subject to employer or employee taxes.
 - Must be in care plan before purchasing
 - Must include completed form 470-5019 Non-Payroll Reimbursement Request

Individual Directed Goods and Services Example

SERVICE OPTION	Description of Item or services	Cost per item/service	Frequency	Monthly Costs	Total per month
Individual Directed Goods and Services					
Joann's Deep Cleaning Service	Rug Shampooing/Window Washing/Deep Cleaning	\$30/hour	2	\$ 60.00	\$ 60.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Total Directed Goods and Services					\$ 60.00

Savings

Needs identified in the service plan must be met prior to creating savings plan

- Can save for specific items or purchase additional services
- Cannot include items of convenience
- Must come from efficiencies, you can not shorten the approved hours to pay for it.

Indicate a start and end date for savings

- Item or service must be purchased prior to end of the plan year.
 - Always submit new budget to be in effect after savings is completed

Savings Example

Savings	Description of Item or services	Total Cost of item	Start Date - End Date	Monthly Costs	Total per month
Computer	laptop	\$600.00	3/1/12-12/31/12	\$75	\$ 75.00
					\$ -
					\$ -
					\$ -
Total Savings					\$ 75.00
GRAND TOTAL					\$ 996.93

Budget Example

Savings	Description of Item or services	Total Cost of item	Start Date - End Date	Monthly Costs	Total per month
Computer	laptop	\$600.00	3/1/12-12/31/12	\$75	\$ 75.00
					\$ -
					\$ -
					\$ -
Total Savings					\$ 75.00
GRAND TOTAL					\$ 996.93

Total cost of all expenses thus far

BUDGET					
Monthly Available Allowance					\$ 1,000.00
Less Total Costs					\$ 996.93
Balance					\$ 3.07

Amount left after subtracting Total Cost from Monthly Allowance

Emergency Back Up Plan

Required for all members

- Must have backup plan for each identified service need

Paid for with money already identified in the budget

- Does not affect the total budget amount
- Used when the regularly identified provider will not be providing services, therefore will not be paid.

Back up service providers must complete employee packet prior to service delivery

Approval

Approval	
Consumer Signature:	Date:
Representative Signature (if applicable):	Date:
Guardian/Dual Power of Attorney Signature (if applicable):	Date:
Independent Support Broker Signature	Date:
Financial Management Service	Date Received:
The Financial Management Service will be processing your individual budget worksheet. To insure that services begin by the first of the month needed, receipt of this worksheet must be no later than the 25th of the month prior. (e.g. Services needed February 1st, budget must be received by January 25th . All services will begin on the first of the month only.)	

Never sign a blank budget, this is only signed AFTER the budget is complete.

Consumer Choices Option Individual Budget

Consumer Name: Lois M Mertes Medicaid State ID# 1234567A
 (First) (MI) (Last) Consumer's Phone 555-222-3333

Effective Date: _____

My Financial Management Service Veridian Credit Union 1200 Penn Ave Waterloo, IA 50000 555-222-4444
 Name Address Phone

My Independent Support Broker Mabel Sturges 100 Maple, Massena IA 55555 555-333-5555
 Name Address Phone

My Representative (if applicable)
 Name Address Phone

Guardian/Dual Power of Attorney (if applicable)
 Name Address Phone

Monthly available allowance obtained from my case manager/service worker:	Total Available Monthly Allowance	\$ 1,000.00
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SERVICE REQUIRED	Amount
Financial Management Service Fee	\$ 72.28
Total Financial Management Service Fee	\$ 72.28

SERVICE REQUIRED	Name	Activities	Hourly pay	X	Total Hours month	X	No taxes	Monthly Cost
<i>Budget Start up plans (six hours maximum with a maximum of \$15.15 per hour)</i>							\$ -	\$ -
<i>Follow up support (cannot exceed 30 hours a year with a maximum of \$15.15 an hour)</i>	Mabel Sturges	Follow up support	\$ 15.00		2		\$ -	\$ 30.00
Total Independent Broker Fees:								\$ 30.00

REQUIRED FEES SUBTOTAL **\$ 102.28**

SERVICE OPTION	Self	Name	Description	Hourly pay	X	Total Hours month	X	Taxes at 10.35%	Monthly Cost
Directed Personal Care									
Employee #1		Mildred Cirk	Personal Care	\$ 10.00		30		\$ 31.05	\$ 331.05
Employee #2		Helen Hayes	Cleaning/Light Housekeeping	\$ 195.00		1		\$ 20.18	\$ 215.18
Employee #3		Suzie Caregiver	Cooking/Transportation	\$ 10.00		20		\$ 20.70	\$ 220.70
Employee #4								\$ -	\$ -
Employee #5								\$ -	\$ -
Employee #6								\$ -	\$ -
Employee #7								\$ -	\$ -
Employee #8								\$ -	\$ -
Other Services								\$ -	\$ -
Other Services								\$ -	\$ -
Total Self Directed Personal Care costs:									\$ 766.93



SERVICE OPTION	Self	Name	Description	Hourly pay	X	Total Hours month	X	Taxes at 10.35%	Monthly Cost
Directed Community Supports and Employment									
Employee #1								\$ -	\$ -
Employee #2								\$ -	\$ -
Employee #3								\$ -	\$ -
Employee #4								\$ -	\$ -
Employee #5								\$ -	\$ -
Employee #6								\$ -	\$ -
Employee #7								\$ -	\$ -
Employee #8								\$ -	\$ -
Other Services								\$ -	\$ -
Other Services								\$ -	\$ -
Total Self Directed Community Supports and Employment									\$ -

SERVICE OPTION	Description of Item or services	Cost per item/service	Frequency	Monthly Costs	Total per month
Individual Directed Goods and Services					
Joann's Deep Cleaning Service	Rug Shampooing/Window Washing/Deep Cleaning	\$30/hour	2	\$ 60.00	\$ 60.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Total Directed Goods and Services					\$ 60.00

Savings	Description of Item or services	Total Cost of item	Start Date - End Date	Monthly Costs	Total per month
Computer	laptop	\$600.00	3/1/12-12/31/12	\$75	\$ 75.00
					\$ -
					\$ -
					\$ -
Total Savings					\$ 75.00
GRAND TOTAL					\$ 998.93

BUDGET

Monthly Available Allowance	\$ 1,000.00
Less Total Costs	\$ 998.93
Balance	\$ 3.07



MY NEEDS

This individual budget helps me with the following needs. Check all needs that apply to you.

- | | | |
|---|---|---|
| <input type="checkbox"/> Walking/Mobility | <input type="checkbox"/> Day activity | <input type="checkbox"/> Homemaking assistance |
| <input checked="" type="checkbox"/> Do heavy chores | <input checked="" type="checkbox"/> Companionship | <input type="checkbox"/> Medical care |
| <input checked="" type="checkbox"/> Do light housekeeping | <input type="checkbox"/> Behavioral needs | <input type="checkbox"/> Medical supplies |
| <input type="checkbox"/> Prepare meals | <input type="checkbox"/> Communication | <input checked="" type="checkbox"/> Personal care |
| <input type="checkbox"/> Do shopping | <input type="checkbox"/> Respite | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Take medication | <input type="checkbox"/> Daily living skills | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Transportation | <input type="checkbox"/> Lawn care | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Personal errands | <input type="checkbox"/> Equipment | |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Employment or other training | |

Emergency Backup Plan

All consumers must have a plan for emergency situations. This emergency plan may be paid through your individual budget, but reductions may need to be made from other services on your budget anytime this is accessed. The Financial Management agency must have an employee packet completed if your emergency back up provider is to be paid.

Name of Service	Provider	Plan Cost Hour/Unit	#	Emergency Costs
Cleaning/Cooking/Transportation	Sharon Tidy	\$10	10	\$ 100.00
Personal Cares	Mary Neighbor	\$10	15	\$ 150.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

Approval

Consumer Signature: _____	_____	Date: _____
Representative Signature (if applicable): _____	_____	Date: _____
Guardian/Dual Power of Attorney Signature (if applicable): _____	_____	Date: _____
Independent Support Broker Signature _____	_____	Date: _____
Financial Management Service _____	_____	Date Received: _____

The Financial Management Service will be processing your individual budget worksheet. To insure that services begin by the first of the month needed, receipt of this worksheet must be no later than the 25th of the month prior. (e.g. Services needed February 1st, budget must be received by January 25th . All services will begin on the first of the month only.)



Christopher

Chris is 23 and lives with his parents, he accesses the ID waiver. He utilizes 40 hours a month of SCL through a traditional provider. His parents would also like to access Respite services. Since Chris accesses the ID waiver, he can have up to \$7334.62 a year in respite. Chris would also like a gym membership to the YMCA to help him with his exercise goal. The membership cost is \$25 a month. He would like to create an efficiency in his budget to cover this cost.

Christopher

610.40 per month in
respite
X 12

7324.80 annual in respite
ID waiver



Monthly available allowance obtained from my case manager/service worker: **Total Available Monthly Allowance** \$ 610.40

SERVICE REQUIRED								
Financial Management Service Fee								\$ 72.28
Total Financial Management Service Fee								\$ 72.28

SERVICE REQUIRED								
Independent Support Broker Fee	Name	Activities	Hourly pay	X	Total Hours month	X	No taxes	Monthly Cost
<i>Budget Start up plans (six hours maximum with a maximum of \$15.00 per hour)</i>							\$ -	\$ -
<i>Follow up support (cannot exceed 20 hours a year with a maximum of \$15.00 an hour)</i>	Bob	Follow up	\$ 16.32		2		\$ -	\$ 32.64
Total Independent Broker Fees:								\$ 32.64

REQUIRED FEES SUBTOTAL \$ 97.64

SERVICE OPTION								
Self Directed Personal Care	Name	Description	Hourly pay	X	Total Hours month	X	Taxes at 10.35%	Monthly Cost
Employee #1	Donald Duck	Respite	\$ 12.48		35		\$ 45.21	\$ 482.01
Employee #2							\$ -	\$ -

SERVICE OPTION			Cost per item/service	Frequency	Monthly Costs	Total per month
Individual Directed Goods and Services	Description of Item or services					
Camp Courageous	Gym Membership		20.00	1	\$ 20.00	\$ 20.00

BUDGET							
Monthly Available Allowance							\$ 610.40
Less Total Costs							\$ 606.93
Balance							\$ 3.47

T2015	U3		21.62	\$ -	38.27	\$ -
S5150			5.61	\$ -	5.61	\$ -
S5150	UC	140	4.36	\$ 610.40	4.36	\$ 610.40
H2015	HI		5.31	\$ -	8.21	\$ -
H2016	HI		173.43	\$ -	179.43	\$ -

Total Monthly Budget for T2025 \$ 610.40 \$ 610.40

Things to Remember



When employees are paid different wages, the hours should be assigned as expected to be delivered.

For example:

Name	Description	Hourly pay	X	Total Hours month	X	9.25	Monthly Cost
Maggie Simpson	SCL	\$ 18.00		15		\$ 24.98	\$ 294.98
Bart Simpson	SCL	\$ 16.00		25		\$ 37.00	\$ 437.00
						\$ -	\$ -

It should not show all of the hours assigned one person, especially if they are not an active staff. The hours need to reflect how they will be intended to be provided. We understand it may not work out exactly that way, but this will help to keep from going over budget.

Name	Description	Hourly pay	X	Total Hours month	X	9.25	Monthly Cost
Maggie Simpson	SCL	\$ 18.00				\$ -	\$ -
Bart Simpson	SCL	\$ 16.00		40		\$ 59.20	\$ 699.20
						\$ -	\$ -
						\$ -	\$ -

NEVER

- ▶ Sign a blank timesheet
- ▶ Sign a blank budget

Resources

- ▶ <https://www.veridianfiscalsolutions.org/cco/forms.aspx>
- ▶ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/member-services/cco>

Questions

Christy Casey
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Health and
Human Services