Community Service Coordinators (CSCs) are available to assist consumers to self and/or agency-direct their services and request assistive services funds. Community Service Coordination has an annual cap of 480 units (one unit = 15 minutes), or 120 hours; however, exceptions may be made on a case-by-case basis for consumers who require additional hours. Consumers are not required to use the maximum number of CSC hours that are available each year. You can only bill in whole-unit increments; partial units will not be accepted. Service Types are listed at the end of this form.

**Name of Participant:** First and last name

**CSC Agency:** Agency Name

**CSC Name:** CSC Name

**Date of Service:** Enter date **Units:** Number of Units

**Beginning time service was provided:** Start time **End time of service provided:** End time

**Service Type:** Choose an item **How service was provided:** Choose

**Service Provided:** Please describe what you did, why, and the outcome.

**Date of Service:** Enter date **Units:** Number of Units

**Beginning time service was provided:** Start time **End time of service provided:** End time

**Service Type:** Choose an item **How service was provided:** Choose

**Service Provided:** Please describe what you did, why, and the outcome.

**Date of Service:** Enter date **Units:** Number of Units

**Beginning time service was provided:** Start time **End time of service provided:** End time

**Service Type:** Choose an item **How service was provided:** Choose

**Service Provided:** Please describe what you did, why, and the outcome.

**Date of Service:** Enter date **Units:** Number of Units

**Beginning time service was provided:** Start time **End time of service provided:** End time

**Service Type:** Choose an item **How service was provided:** Choose

**Service Provided:** Please describe what you did, why, and the outcome.

**Date of Service:** Enter date **Units:** Number of Units

**Beginning time service was provided:** Start time **End time of service provided:** End time

**Service Type:** Choose an item **How service was provided:** Choose

**Service Provided:** Please describe what you did, why, and the outcome.

**Date of Service:** Enter date **Units:** Number of Units

**Beginning time service was provided:** Start time **End time of service provided:** End time

**Service Type:** Choose an item **How service was provided:** Choose

**Service Provided:** Please describe what you did, why, and the outcome.

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| --- | --- |
|  |  |
| CSC Signature | Date |

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| --- |
| **Service Types** |
| **Assessment**   * requesting a mid-assessment revision of participants Service Plans requesting from the MCO CC/CM based on a change in needs, or a complete re-assessment any time participants experience dramatic changes in their physical or behavioral conditions * requesting a continuation of Independent Living Skills Training, Pre-Vocational Training and/or Supported Employment from the STEPS Program Manager, providing documentation of necessity |
| **Support Development**   * assisting participants to develop the skills necessary to self-direct services by helping them access one of the two on-line training programs provided on the *Working Healthy* website, or other available tools * assisting participants to locate providers of personal assistance and direct them to the FMS provider to enroll * assisting participants to interview, hire, supervise, and terminate personal assistants * assisting participants to utilize the Electronic Visit Verification (EVV) system * assuring that representatives, conservators, guardians, and/or those with any type of Power of Attorney for participants are not providing personal assistance or any other STEPS service * confirming that agencies have completed required background checks on agency- employed staff providing personal assistance for STEPS participants * assisting Participants to document and submit requests for reimbursements to the FMS provider in a timely manner * assisting participants to purchase or obtain safety equipment, i.e., smoke detectors, carbon monoxide detectors, fire extinguishers, and weather alert devices * assisting participants to develop an Emergency Back-Up Plan that is viable and includes all criteria specified in the STEPS Program Policy Manual * obtaining approval for the Emergency Back-Up Plans from the MCO CC/CM * assisting with completing required STEPS Assistive Services Request Form; facilitating requests for approval of assistive services from the STEPS Program Manager * assisting participants with forms and paperwork to access other services e.g., medical, Vocational Rehabilitation, affordable housing, SNAP, etc. |
| **Transition Planning**   * facilitating participants understanding of the STEPS program and the use of program services * actively coordinating with MCO CM/CCs, STEPS Program Manager, *Working Health*y Benefits Specialists, community partners and other state agencies to ensure optimum service provision for participants * initiating the transition of a participant to and/or from STEPS and a waiver/waitlist |
| **Referral and Related**   * assisting Participants to locate transportation providers * assisting participants to locate providers of alternative Personal Assistance Services, i.e., Enhanced Supports, PERS and Meal Support * assisting participants to access Independent Living Skills training, Pre-Vocational and Supported Employment resources, obtaining recommendations from appropriate community providers, and conveying these to CC/CMs for incorporation into participants STEPS Service Plans * assisting Participants to obtain Non-Emergency Medical Transportation (NEMT), ensuring that this is not billed to the FMS provider * referring participants to other resource agencies as needed to address needs that contribute to the social determinants of health |
| **Monitoring and Follow-up**   * communicating any changes in status, needs, problems, etc., to participants MCO CC/CMs * assisting participants to complete annual Medicaid eligibility paperwork and six months desk review, if applicable * notifying the STEPS Program Manager and the MCOs CC/CMs when it appears participants are not capable of self-directing services and require representatives and/or agency directed services * notifying the STEPS Program Manager and the MCOs CC/CMs when participants lose employment * notifying the STEPS Program Manager and the MCOs CC/CMs when participants change MCOs * reporting health and safety concerns to the STEPS Program Manager and MCOs CC/CMs when it appears participants’ health and/or safety are in jeopardy * reporting when participants, personal assistants or other providers are not following STEPSprogram policies and procedures * reporting emotional abuse, physical abuse, exploitation, fiduciary abuse, maltreatment and/or neglect of participants to the STEPS Program Manager, MCO CC/CMs and the Division of Children and Families (DCF) Adult Protective Services (see K.S.A. 39-1430 and K.S.A. 39-1431) * documenting all community service coordination performed for participants, following DHCFs documentation requirements |
| **Non-billable**   * advocacy * assistance with, or testifying at, appeals * travel * anything not specified in the STEPS Policy Manual under Community Service Coordinator Responsibilities. |