



Recipient Guide to CFSS Services

Metropolitan Community Services

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WELCOME

Welcome to the CFSS (Community First Services and Supports) handbook. This guide is designed to help you understand and navigate the services available to you. Whether you are new to CFSS or already receiving support, this handbook provides essential information on accessing and making the most of the services offered. Our goal is to empower you with the knowledge and resources needed to ensure you receive the care and assistance that best fits your needs.

Introduction to Metropolitan Community Services

At Metropolitan Community Services, we are committed to empowering individuals with disabilities and older adults to lead independent, fulfilling lives in their own homes and communities. As a trusted provider of Community First Services and Supports (CFSS) consultation services, we specialize in guiding individuals and families through the CFSS process with the care, knowledge, and support they need.

Our dedicated team of consultants works closely with clients to develop person-centered plans that reflect their unique needs, preferences, and goals. We understand that every individual's situation is different, and we are here to ensure that you have access to the resources and services necessary to achieve the highest quality of life.

Our CFSS Consultation Services Include:

- **Personalized Planning and Support:** Helping clients navigate the CFSS program, including developing a care plan tailored to their specific needs.
- **Education and Resources:** Providing comprehensive information about CFSS, eligibility requirements, and available options for care and support.
- **Advocacy:** Assisting individuals in accessing the services they are entitled to, ensuring they receive the care and support they deserve.
- **Ongoing Consultation:** Offering continued support and consultation as needs change, ensuring that care plans remain effective and aligned with the client's goals.

Our mission is to simplify the process and ensure that every client feels supported, informed, and empowered to take control of their own care. Whether you're just beginning your CFSS journey or need assistance updating your care plan, our agency is here to help at every step.

Let Metropolitan Community Services be your trusted partner in achieving independence, security, and well-being through CFSS consultation.

For more information or to schedule a consultation, please contact us at:

- **Phone:** 952-658-8995
- **Email:** CFSS.Consult@mcsmn.com

TRANSITION FROM PCA AND CSG TO CFSS

In October 2024, the Minnesota Department of Human Services began the transition from Personal Care Assistance (PCA) and the Consumer Support Grant (CSG) to the new Community First Services and Supports (CFSS) program.

Why is DHS making this change?

The Affordable Care Act created opportunities for DHS to implement improvements that empower people with greater flexibility and autonomy in using services. The transition to CFSS is part of this effort to offer more personalized and participant-directed care options.

What will not change for people using PCA?

Many aspects of PCA will remain the same under CFSS, including:

- Eligibility requirements for services.
- The assessment process.
- Covered services for activities of daily living (ADLs), instrumental activities of daily living (IADLs), health-related procedures, tasks, and behavioral support.
- Provider agencies will continue to support participants in the CFSS agency model.
- People will still direct their own care, or a representative can act on their behalf.

What will change for people using PCA?

Consultation Services Providers

CFSS introduces consultation services providers, who will help participants understand the program, make informed decisions, and write service delivery plans that meet their needs. PCA did not include these providers.

Budget Model

The CFSS budget model offers participants greater control over employment-related activities. Financial Management Services (FMS) providers will support individuals using this model. PCA did not have a budget model.

Family Members Serving as Workers

Under CFSS, a participant's spouse or the parent of a minor can now provide CFSS services. While PCA did not allow this, it changed on October 1, 2024, allowing these family members to also provide services.

Participants as Workers

CFSS enables individuals who receive services to provide CFSS services to others. This approach promotes competitive employment opportunities and increases the pool of potential workers. In PCA, individuals could not serve as workers for others.

Purchase of Goods and Services

CFSS allows participants to purchase goods and services that enhance independence or reduce the need for human assistance. Examples include tools for dressing or laundry services. PCA did not allow these purchases.

Purchase of Personal Emergency Response Systems (PERS)

CFSS participants can purchase PERS to help them stay safe while alone at home, a service not available in PCA.

Worker Training and Development

CFSS provides a dedicated budget for worker training to meet the specific needs of each participant. The annual budget for this training is \$1,272.96, offering flexibility to customize training. In PCA, the Qualified Professional (QP) handled worker training and supervision.

Flexibility of Dollars/Units

CFSS provides more flexibility in distributing units or dollars throughout the service plan year. In PCA, participants could use only 75% of their units in each half of the year, but CFSS allows for greater customization, except for those on the Minnesota Restricted Recipient Program (MRRP).

What will not change for people using CSG?

For CSG users, most elements will remain unchanged, such as:

- Eligibility.
- The assessment process.
- The ability to have a budget, employ workers, and work with FMS providers if the budget model is selected.
- The ability for spouses or parents of minors to serve as support workers.
- The ability to purchase allowable goods and services, though there may be additional restrictions under CFSS.

What will change for people using CSG?

Service Models

CFSS offers two models: the budget model and the agency model. CSG users may prefer the budget model to maintain control as the employer of their workers. Both models provide more options than PCA, including paying spouses and parents of minors for services and purchasing goods and services.

Consultation Services Providers

Participants will benefit from consultation services providers in CFSS, who will assist in understanding the program and developing service delivery plans. In CSG, lead agencies performed this role if needed.

Budget

Under CFSS, CSG participants who select the budget model will have a budget approximately twice the size of their previous one, unless their eligibility changes or they use CSG for home care nursing needs. Those who select the agency model will receive service units and work with a provider agency instead of having a budget.

Purchase of Goods and Services

While CSG participants already had the ability to purchase goods and services, CFSS aligns its laws with both state and federal guidelines, which may affect covered items. Consultation services providers will help identify any differences.

Purchase of PERS

As with PCA users, CSG participants will now be able to purchase PERS for safety when alone at home.

Worker Training and Development

Both service models in CFSS offer a dedicated budget for worker training, with the same flexibility mentioned above. CSG participants using the agency model will rely on the provider agency for training, while those using the budget model will manage worker training independently.

This transition brings several new features while maintaining essential services, helping to ensure people have more control and flexibility in managing their care.

SERVICE OPTIONS

Comparison of PCA and CFSS

Similarities

Both PCA and CFSS:

- Provide two models for the person to choose from.
- Offer the option for shared care.
- Allow flexible use of services.

Differences

- **In PCA:**
 - People can use their units flexibly, but within two 6-month periods.
 - They have choice and control over employer responsibilities through the PCA Choice option.
- **In CFSS:**
 - People can use their units flexibly throughout the entire year.
 - There is more choice and control over employer responsibilities with the CFSS budget model.
 - People can purchase goods and services.
 - They can also purchase an electronic back-up system, such as a personal emergency response system (PERS).

Overview

Once the lead agency determines a person's need for PCA or CFSS services, the person must decide how they will receive services. Both programs offer options/models that give the individual more control over their care while ensuring their health and safety.

PCA Service Options

- **Traditional PCA:** In this option, the PCA provider agency handles all employer-related responsibilities.
- **PCA Choice:** This option allows the person to take on some of the employer-related responsibilities.

Additional Choices

In either PCA option, people can:

- **Share care** (refer to the *Shared Service Option for PCA/CFSS*).
- **Use services flexibly** (refer to the *Flexible Use of PCA/CFSS Services*).

CFSS Service Models

- **CFSS Agency Model:** In this option, the person receives units and selects a CFSS provider agency that employs workers.
- **CFSS Budget Model:** In this option, the person receives a dollar budget instead of units, employs workers directly, and works with a financial management services (FMS) provider to handle employer-related tasks.

A consultation services provider can assist the person in choosing the model that best meets their needs.

Additional Choices

In both CFSS models, people can:

- **Purchase goods and services** (refer to the *Goods and Services through CFSS* section).

- **Purchase electronic back-up systems**, like a personal emergency response system (PERS) (refer to the *PERS through CFSS* section).
- **Share care** (refer to the *Shared Service Option for PCA/CFSS*).
- **Use services flexibly** (refer to the *Flexible Use of PCA/CFSS Services*).

SERVICE MODELS

Comparison of PCA and CFSS

Similarities

In both PCA and CFSS:

- Individuals can choose between two service options or models (Traditional PCA or PCA Choice for PCA; CFSS Agency Model or CFSS Budget Model for CFSS).
- If the individual is unable to direct their own care, a responsible party or participant's representative can manage the care on their behalf.

In Traditional PCA, PCA Choice, and the CFSS Agency Model:

- The individual selects a provider agency.
- The lead agency authorizes service units (time) to the individual's provider agency.

In PCA Choice and the CFSS Budget Model:

- Individuals have more control over employment-related activities.
- The person cannot be enrolled in the Minnesota Restricted Recipient Program (MRRP).

Differences

- In CFSS, the **Budget Model** provides more control over employment-related tasks and additional responsibilities.
 - **PCA Choice:** The individual selects a PCA Choice agency.
 - **CFSS Budget Model:** The individual selects a financial management services (FMS) provider. The lead agency authorizes a budget (in dollars) to the FMS provider.
 - **CFSS Additional Options:** Individuals in the CFSS Budget Model can also choose to purchase goods, services, and personal emergency response systems (PERS), even if they do not receive personal care services.

Definitions

- **Traditional PCA:** A service option where the PCA provider agency manages all employment-related tasks on behalf of the individual.
- **PCA Choice:** A service option where the individual is responsible for some employment-related tasks.
- **CFSS Agency Model:** Similar to Traditional PCA, where the lead agency authorizes service units and the individual selects a CFSS provider agency that employs workers.
- **CFSS Budget Model:** A model in which the lead agency authorizes a dollar budget, and the individual employs their own workers with assistance from an FMS provider.
- **Responsible Party (RP) / Participant's Representative (PR):** An adult (18+) capable of directing care on behalf of someone who cannot manage their own care. In PCA, this individual is known as the **Responsible Party (RP)**, while in CFSS, they are called the **Participant's Representative (PR)**.

Overview of CFSS Service Models

An individual using PCA or CFSS must choose a service option or model before receiving services.

Individuals using CFSS must select one of the following models:

- CFSS Agency Model
- CFSS Budget Model

Similarities Between CFSS Models

In both models:

- The individual directs their services.
- A consultation services provider assists in understanding CFSS options and supports the individual in developing a service delivery plan.
- The individual creates and submits their service delivery plan for review and approval by the lead agency.
- The individual can purchase goods, services, and PERS.
- Spouses and parents of minors may be paid to provide services, with certain limitations.
- The individual reviews and approves their worker's documentation of time worked.
- Covered and non-covered services remain the same across both models.

Differences Between CFSS Models

In the CFSS Agency Model:

- The lead agency authorizes service units (time).
- The individual selects a CFSS provider agency.
- The CFSS provider agency helps finalize the individual's service delivery plan.
- The provider agency is responsible for employing and managing the workers.
 - *Note:* The individual can request specific workers, decline workers, or ask for new workers.

In the CFSS Budget Model:

- The lead agency authorizes a dollar budget instead of service units.
- The individual selects an FMS provider and is the employer of the workers.
- The individual is responsible for recruiting, hiring, training, and terminating workers.
- The individual sets workers' wages and benefits within program guidelines.
- Workers are part of the SEIU Healthcare Minnesota and Iowa bargaining unit, where applicable.
 - *Note:* The individual can choose to only purchase goods, services, and PERS without receiving personal care services. In this case, the individual must use the budget model.

Budget Calculation

The total budget for the individual is calculated by multiplying the total number of eligible service units by the current state-set rate. If the person qualifies for an enhanced rate, the budget is calculated using the enhanced rate.

Lead Agency Responsibilities

After completing the assessment, the lead agency must:

- Inform the individual about the two available models.
- Provide a list of consultation services providers.
- Authorize consultation services.
- Approve the service delivery plan.
- Authorize services to the selected CFSS provider agency or FMS provider.

Individual Responsibilities

After the assessment, the individual must:

- Select a consultation services provider.
- Choose a service model.
- Select a CFSS provider agency and/or FMS provider.
- Develop their service delivery plan (with assistance from the consultation services provider, if desired).
- Direct their care.
- Review and approve the worker's documentation of time worked.

Additional Responsibilities for the CFSS Agency Model

If an individual in the CFSS Agency Model wishes to purchase goods and services, they must work with an FMS provider to coordinate the purchase.

Additional Responsibilities for the CFSS Budget Model

If an individual in the CFSS Budget Model receives personal care services, they assume all employment-related tasks as the employer of their workers, with support from the FMS provider. They must complete the **Worker Information for CFSS Budget Model, DHS-6893T** for each worker.

When determining worker wages, the individual must:

- Comply with the SEIU Healthcare Minnesota and Iowa collective bargaining agreement.
- Follow all federal, state, and local minimum wage laws.
- Set wages within a reasonable range of similar services in their community.
- Ensure wages align with the required skills and experience for the job tasks.

If the individual's worker is their spouse or parent of a minor, their wage cannot exceed the current state-set CFSS rate as detailed in the **LTSS Service Rate Limits, DHS-3945**.

If the individual only purchases goods, services, or PERS (without personal care services), they have no employer responsibilities.

Consultation Services Provider Responsibilities

Consultation services providers must:

- Explain the similarities and differences between the two models.
- Answer any questions about the models.
- Remain neutral regarding the individual's choice of model or provider.
- Provide a list of enrolled CFSS provider agencies, FMS providers, and PERS providers.

For individuals in the CFSS Budget Model, consultation services providers must:

- Provide education and support on being an employer.
- Assist individuals in managing employer responsibilities.

- Support individuals who may struggle with their employer duties.
- Recommend removal from the budget model to DHS, if necessary.

CFSS Provider Agency Responsibilities

If an individual selects the CFSS Agency Model, the provider agency is responsible for:

- Employing the workers.
- Supervising, training, and evaluating the workers.
- Arranging backup staffing if necessary.
- Billing DHS for approved services.
- Receiving input from the individual regarding worker selection.

FMS Provider Responsibilities

For individuals in the CFSS Budget Model, the FMS provider is responsible for:

- Educating the individual about employing workers.
- Supporting the individual in carrying out employment-related activities.
- Ensuring compliance with the SEIU Healthcare Minnesota and Iowa collective bargaining agreement.
- Billing DHS for covered services.

CFSS BUDGET MODEL REQUIREMENTS

Comparison of PCA and CFSS

Individuals who receive **CFSS** services have the option to choose between two service delivery models: the **budget model** or the **agency model**, both described in the CFSS service models section. In contrast, **PCA** does not offer a budget model.

Definitions

- **CFSS Budget Model:** A service delivery option that allows individuals to directly manage a budget and employ their support workers.
- **Participant's Representative (PR):** A person aged 18 or older who is capable of managing care for someone receiving CFSS services when the individual is assessed as unable to direct their own care. In CFSS, this individual is referred to as the Participant's Representative (PR).

Overview

Any person using CFSS may choose the budget model, with the following exceptions:

- They are enrolled in the Minnesota Restricted Recipient Program (MRRP).
- They choose to exit the budget model during the service plan year.
- DHS removes them from the budget model.

Person's Responsibilities

The person or their PR is responsible for fulfilling the employer-related duties.

Consultation Services Provider's Responsibilities

If the individual or their PR is not meeting their responsibilities as an employer under the budget model, the consultation services provider must:

- Provide training and offer additional support to help the person/PR fulfill their duties.
- Recommend that DHS remove the individual from the budget model, if necessary.

Appeal Process

If DHS decides to remove an individual from the budget model, they have the right to appeal this decision within 30 days. To do so, they can submit a written appeal request using one of the following methods:

Complete the form **Appeal to State Agency, DHS-0033**.

Send a written appeal to:

Minnesota Department of Human Services

ATTN: Appeals Division

P.O. Box 64941

St. Paul, MN 55164-0941

GOODS AND SERVICES THROUGH CFSS

Comparison of PCA and CFSS

Key Differences

One of the main differences between **PCA** and **CFSS** is that **CFSS** allows individuals to purchase goods and services, while **PCA** does not.

Definition

Goods and Services: Items or services purchased through CFSS that either:

- Increase the individual's independence.
- Reduce the individual's need for assistance from another person.

Overview

Individuals using **CFSS** are eligible to purchase covered goods and services.

Note: People receiving CFSS services may also purchase a **Personal Emergency Response System (PERS)** as an electronic back-up system, but PERS is not included under the CFSS goods and services policy.

Covered Items

Goods and services purchased through CFSS must meet the following criteria:

- Address an assessed need.
- Provide a direct benefit to the individual.
- Enhance the person's independence or reduce their reliance on others.
- Be specified in the individual's service delivery plan.

Examples of eligible goods include, but are not limited to:

- Grab bars.
- Wheelchair ramps.
- Assistive technology.
- Specialized devices for dressing or grooming.

Examples of eligible services include, but are not limited to:

- Meal delivery.

- Laundry service.

Non-Covered Items

CFSS funds cannot be used to purchase:

- Goods or services that:
 - Are unrelated to an assessed need.
 - Serve as a replacement for human assistance not covered by CFSS services.
 - Do not provide a direct benefit to the individual.
 - Are not the most cost-effective option to meet the individual's needs.
 - Are covered under any other state plan service.
 - Are the responsibility of another entity (e.g., school, Medicare, private insurance).
- Medical supplies or equipment covered by Medical Assistance (MA).
- Insurance premiums or copays.
- Room and board costs.
- Vacation expenses.
- Vehicle maintenance, except for disability-related modifications.
- Tickets to recreational events.
- Camps or classes.
- Legal or advocacy-related fees.
- Experimental treatments.
- Membership fees, unless the service is necessary for the individual's health and monitored by an MHCP-enrolled provider.

Limitations

- Individuals who only purchase goods and services (without using personal care services) must use the CFSS budget model.
- People on a waiver cannot use extended CFSS units/dollars to purchase goods and services.
 - **Note:** The Alternative Care program does not include extended CFSS.

Process and Procedure

To purchase goods or services using CFSS funds, individuals must follow this process:

1. Service Delivery Plan:

The individual must include the following information in their service delivery plan:

- The goods and services they plan to purchase.
- The cost of the goods and services.
- How the goods and services address an assessed need, increase independence, or reduce the need for assistance.

2. Consultation Services Provider Review:

- The consultation services provider reviews the individual's service delivery plan.
- They provide guidance on whether the proposed goods and services meet the eligibility requirements.
- They submit the service delivery plan to the lead agency for authorization.

3. Selection of FMS Provider:

- The individual selects a financial management services (FMS) provider to facilitate the purchase of the goods and services.
4. **Lead Agency Review:**
 - The lead agency reviews and approves the service delivery plan.
 - The lead agency issues a service authorization that includes a separate line item for goods and services, which also accounts for FMS provider fees.
 - **Agency Model:** The FMS fee is included in the goods/services line, and the service units are calculated by deducting the cost of goods and services from the individual's total units.
 - **Budget Model:** The FMS fee is separate from the goods/services line.
 5. **Purchase:**
 - The individual or the FMS provider purchases the goods or services.
 6. **Receipt Submission:**
 - If the individual purchases the goods or services, they must submit receipts to the FMS provider.
 7. **Billing:**
 - The FMS provider bills DHS for the goods and services.
 8. **Reimbursement:**
 - If the individual purchased the goods or services, the FMS provider reimburses them upon receipt submission.

Person's Responsibilities

The individual must:

1. Identify the goods and services that meet their needs.
2. Estimate the cost of the goods and services.
3. Include the following in their service delivery plan:
 - Goods and/or services.
 - Cost of goods and/or services.
 - How the goods and/or services meet an assessed need and increase independence or reduce reliance on assistance.
 - The selected FMS provider and associated fee (if using the agency model).
4. Save receipts and submit them according to the FMS provider's policy if they make the purchase.

Consultation Services Provider's Responsibilities

The consultation services provider must:

- Review the service delivery plan.
- Offer guidance on whether the goods and services meet the criteria for covered items.
- Assist the individual in identifying covered alternatives if they propose a non-covered item.
- Provide guidance on ensuring the purchase of goods and services does not prevent the individual from meeting critical health and safety needs.

Lead Agency's Responsibilities

The lead agency must:

- Review and approve the service delivery plan.

- Ensure goods and services do not duplicate those already provided through a waiver, if applicable.
- Authorize approved goods and services.
- Issue a notice of action if goods and services are denied.

CFSS Provider Agency’s Responsibilities

The CFSS provider agency is not responsible for authorizing or purchasing goods and services.

FMS Provider’s Responsibilities

The FMS provider must:

- Fulfill all responsibilities, including billing DHS within a year of the purchase.

PERS THROUGH CFSS

Comparison of PCA and CFSS

Similarities

Both **PCA** and **CFSS** require individuals to have a backup plan in case their regular support worker is unavailable.

Differences

CFSS offers individuals the option to use a portion of their units or budget to purchase a **Personal Emergency Response System (PERS)** as an electronic backup system. **PCA** does not include this option.

Definition

Personal Emergency Response System (PERS): A service under CFSS that provides an electronic device, such as a pendant or bracelet, with an alert or panic button the individual can press in case of an emergency, such as a fall. The service also includes installation and ongoing monitoring of the device.

Overview

Individuals receiving CFSS services have the option to purchase PERS as an electronic backup system. However, the policy for PERS is separate from the CFSS goods and services policy, and PERS is not considered part of those goods and services.

Eligibility

An individual using CFSS can use part of their units or budget to purchase PERS if they meet at least one of the following criteria:

- Lives alone or is alone for significant periods during the day.
- Lacks a regular caregiver for extended periods and requires support or supervision.
- Has no identified backup support.

Note: PERS is not required as part of an individual’s service delivery plan.

Covered Services

CFSS covers the following PERS-related services:

- Purchase of the PERS equipment, including any training on its use (up to \$1,500).
- Installation, setup, and testing of the PERS equipment (up to \$500).
- Monthly monitoring fees (up to \$110 per month).

Non-Covered Items

CFSS does not cover:

- PERS for individuals who do not meet the eligibility criteria.
- PERS from a provider not enrolled as an MHCP PERS provider.
- Equipment used for delivering Medical Assistance (MA) or other MHCP services.
- Systems that sense or monitor without requiring activation by the individual.
- Supervision of activities of daily living (ADLs) that fulfill the requirements of another service.
- Telehealth or biometric monitoring devices.
- Video equipment.

Extended CFSS units or dollars cannot be used to purchase PERS.

Process and Procedure

To purchase PERS, individuals must:

1. Include the services they need (purchase, installation, or monitoring) and the provider they select in their service delivery plan.
2. Have their consultation services provider review the service delivery plan.
3. Obtain approval from the lead agency for the service delivery plan.
4. Have the lead agency authorize the units or dollars to the selected provider.
5. The selected provider will then bill DHS or the managed care organization (MCO) for the services provided.

Person's Responsibilities

The individual is responsible for:

- Selecting a PERS provider.
- Including the specific services they need (purchase, installation, monitoring) and their selected provider in their service delivery plan.
- Communicating any necessary changes with their consultation services provider.

Consultation Services Provider's Responsibilities

The consultation services provider is responsible for:

- Answering any questions the individual has about PERS.
- Reviewing the service delivery plan to ensure it meets the eligibility criteria.
- Submitting the service delivery plan to the lead agency for approval.

Lead Agency's Responsibilities

The lead agency is responsible for reviewing and approving the individual's service delivery plan, including the authorization for PERS.

Provider Agency's Responsibilities

Neither the CFSS provider agency nor the FMS provider has responsibilities related to the purchase or authorization of PERS.

FLIXIBLE USE

Comparison of PCA and CFSS

Similarities

Both **PCA** and **CFSS** allow individuals to use the units or dollars authorized by the lead agency with flexibility.

Differences

- In **PCA**, the total units are divided into two 6-month periods, with some limitations on how they can be used within each half of the service year.
- In **CFSS**, individuals can use their units or dollars flexibly throughout the entire service plan year without such restrictions.

Requirements for Using Units/Dollars Flexibly

An individual receiving **PCA** or **CFSS** services can use their units or dollars flexibly, unless one of the following conditions applies:

- The individual is on the Minnesota Restricted Recipient Program (MRRP).
- The lead agency denies flexible use.
- DHS revokes or denies flexible use.

When using PCA/CFSS units or dollars flexibly, the individual is not allowed to:

- Transfer unused units or dollars from one service plan year to the next.
- Add additional units or dollars, unless they experience a significant change in their condition.

Individual's Responsibilities

A person using **PCA** or **CFSS** must:

- Communicate any changes in their condition that might require additional services to relevant providers (e.g., consultation services provider, PCA/CFSS provider agency, FMS provider).
- Determine how to utilize their total authorized PCA/CFSS services in a way that meets their needs and ensures their health and safety.
- Develop a month-by-month plan for the use of PCA/CFSS units or dollars as part of their service delivery plan.
- Monitor their usage of PCA/CFSS services to ensure the authorized amount of units or dollars lasts throughout the service plan year.

Overview

In **CFSS**, individuals can use their units or dollars flexibly throughout the service plan year unless restricted for reasons outlined in the requirements section above.

Lead Agency's Responsibilities

The lead agency is responsible for:

- Checking whether the individual is on the MRRP and, if applicable, authorizing one line per month.
- Authorizing the total units or dollars in the Minnesota Medicaid Information System (MMIS) once the individual selects a model and a CFSS provider agency or FMS provider.

Consultation Services Provider's Responsibilities

The consultation services provider must:

- Assist the individual in determining how to use the total authorized amount of CFSS services to meet their needs and ensure their health and safety, if requested.
- Help the individual develop a month-to-month plan for using CFSS units or dollars as part of their service delivery plan, if requested.
- Review the service delivery plan and ensure the planned monthly use of units or dollars can effectively meet the individual's needs.

CFSS Provider Agency's Responsibilities

For individuals using the **CFSS agency model**, the CFSS provider agency must:

- Ensure the individual creates a month-to-month plan for the use of their CFSS units and includes it in their service delivery plan.
- Monitor the individual's usage of CFSS units.
- Notify the individual or their representative if they are using more CFSS hours than planned.

FMS Provider's Responsibilities

For individuals using the **CFSS budget model**, the FMS provider must:

- Provide monthly reports to the individual and/or their representative detailing how many dollars have been used and how many remain for the service plan year.
- Provide monthly reports to the individual's case manager or care coordinator, if applicable.

SHARED SERVICES

Comparison of PCA and CFSS

Similarities

Both **PCA** and **CFSS** offer a shared service option, where one worker provides services to two or three individuals simultaneously.

Differences

The only difference in shared services between PCA and CFSS is that in **CFSS**, all individuals sharing services must use the same model (either the agency model or the budget model).

Definition

Shared Service Option for PCA/CFSS: This is an option where one worker provides support to two or three individuals at the same time.

Overview

Individuals receiving PCA/CFSS services may choose to share their care services with others, provided the following conditions are met:

- Only one worker provides the shared services at a time.
- The individuals receiving care are in the same location during the service.
- All individuals have chosen to use the shared service option.
- All individuals share the same provider agency or financial management services (FMS) provider.
- For CFSS, all individuals must use the same service model (agency or budget model).

During the transition year from PCA to CFSS, individuals receiving PCA services may share services with those using the CFSS agency model.

An individual may opt out of the shared service agreement at any time, but shared services do not result in additional units or dollars of care.

Covered Services

A PCA/CFSS worker can provide shared services to two or three individuals at the same time.

Non-Covered Services

Shared services are not covered in the following situations:

- A worker provides services to multiple individuals in different locations at the same time.
- A single worker is providing services to more than three individuals simultaneously.
- The service is not covered under PCA/CFSS, including meeting child care program staffing requirements.
- In CFSS, when individuals sharing services are using different service models (agency and budget).
- In PCA/CFSS, when individuals are using different provider agencies or FMS providers (for the CFSS budget model).

Note: If individuals sharing services in the CFSS agency model are also purchasing goods, they do not need to use the same FMS provider for goods.

Service Locations

PCA/CFSS shared services can be provided wherever PCA/CFSS services are allowed, including:

- In the home or family foster home of one or more individuals sharing services.
- Outside the home or shared care site, in the community.

For more information, refer to **CFSS covered services**.

Individual's Responsibilities

The individual or their RP/PR must:

- Inform the assessor during the assessment if they wish to use the shared service option.
- Sign the **Home Care Shared Services Agreement (HCN or PCA/CFSS), DHS-5899 (PDF)**.
- Collaborate with others sharing services to develop training and contingency plans that meet everyone's needs.
- Notify the provider agency or FMS provider if they wish to stop sharing services.

Lead Agency's Responsibilities

The lead agency must:

- Provide information about the shared service option during the assessment.
- Indicate in the individual's assessment and service agreement whether they can use the shared service option in MMIS.

PCA/CFSS Provider Agency's Responsibilities

For individuals using the PCA or CFSS agency model, the provider agency must:

1. Perform standard supervision responsibilities (refer to **PCA Manual – Qualified Professional (QP) services** or **CFSS Manual – CFSS provider agency evaluation of services**).
2. Offer the individual the choice of shared services, one-to-one services, or a combination of both.

3. Obtain signatures from everyone sharing services using the **Home Care Shared Services Agreement (HCN or PCA/CFSS), DHS-5899 (PDF)** and keep it on file.
4. Ensure the shared service option is appropriate by evaluating the compatibility and coordination of the individuals' assessed needs.
5. Monitor and assess the effectiveness of shared services.
6. Develop contingency plans for each individual in case one of the individuals sharing services is absent due to illness or other reasons.

Note: For PCA shared services, responsibilities 4-6 are handled by the QP. If the QP is conducting the minimum required visits (once every six months), all visits must be in person.

FMS Provider's Responsibilities

For individuals using the **CFSS budget model**, the FMS provider must gather signatures from everyone sharing services using the **Home Care Shared Services Agreement (HCN or PCA/CFSS), DHS-5899 (PDF)** and maintain the records.

Consultation Services Provider's Responsibilities

For individuals using either the CFSS agency or budget model, the consultation services provider must:

- Review the individual's service delivery plan.
- Ensure the plan indicates when shared services will be used and when one-to-one services will be provided, if applicable.

MINNESOTA RESTRICTED RECIPIENT PROGRAM

Comparison of PCA and CFSS

The policies and procedures for the **Minnesota Restricted Recipient Program (MRRP)** are the same for both **PCA** and **CFSS**, with no differences between the two programs.

Overview

In both **PCA** and **CFSS**, the **Department of Human Services (DHS)** may place an individual on MRRP if:

- Their use of PCA or CFSS services leads to abusive or fraudulent billing practices.
- They have used **Minnesota Health Care Programs (MHCP)** services beyond what was medically necessary.

If a person is placed on MRRP, there are certain restrictions on how they can use PCA or CFSS services, as outlined below. Typically, individuals remain on MRRP for two years, after which the restrictions are lifted.

Requirements for Individuals on MRRP

Individuals on MRRP are restricted from:

- Using **PCA Choice** or the **CFSS budget model**.
- Working with more than one provider agency.
- Using their units flexibly across a six-month period (PCA) or service plan year (CFSS).

However, individuals on MRRP can still access other service options available to all PCA/CFSS users, including:

- Traditional PCA or the CFSS agency model.
- Flexible use of units within each month of the service authorization.

- Shared care.
- Purchase of goods and services (CFSS only).
- Purchase of personal emergency response systems (PERS) (CFSS only).

Lead Agency Responsibilities

If the Person is Already on MRRP at the Time of Assessment

When a person is on MRRP during their assessment, the lead agency must:

- Issue a service authorization for **traditional PCA** or the **CFSS agency model**.
- Provide a separate line item for each month's services.

The rest of the service process remains unchanged.

If DHS Places a Person on MRRP

If DHS places an individual on MRRP, the following steps occur:

1. DHS notifies the lead agency.
2. The lead agency conducts a new assessment.
3. The lead agency issues a service authorization for **traditional PCA** or the **CFSS agency model**, with a separate line item for each month.

The rest of the process remains the same.

Person's Responsibilities

The individual is responsible for adhering to all MRRP restrictions throughout their time on the program.

PCA/CFSS Provider Agency Responsibilities

The PCA/CFSS provider agency must:

- Check the **Medical Assistance (MA)** status of each individual they serve every month.
- If they find that an individual is on MRRP but not limited to traditional PCA or the CFSS agency model, they must notify DHS by submitting the **PCA/CFSS Technical Change Request (DHS-4074A)**.

For individuals placed on MRRP due to their use of PCA/CFSS services, the **qualified professional (PCA)** or **supervising professional (CFSS)** must monitor services monthly and report service usage to the provider agency.

DHS Responsibilities

DHS is responsible for updating the service agreement of a person on MRRP when informed by the PCA/CFSS provider agency that the service agreement does not reflect their MRRP status.

Note: If the individual is enrolled in a **managed care organization (MCO)**, the MCO follows its own process upon receiving information that the service agreement does not reflect MRRP status.

Right to Appeal

An individual may appeal their placement on MRRP by submitting a written request to their county/tribal nation or to the **DHS Appeals Division**. The individual can use the **Appeal to State Agency (DHS-0033)** form to submit their appeal.

Note: If the individual is enrolled in an MCO, they should contact their MCO for appeal process information.

USING MULTIPLE PROVIDER AGENCIES

Comparison of PCA and CFSS

Similarities

In both **PCA** and **CFSS**, an individual can:

- Use multiple provider agencies if they are using **traditional PCA** or the **CFSS agency model**.
- Combine services with **home health services** and/or **home care nursing** services.

However, individuals using **PCA Choice** or the **CFSS budget model** cannot work with multiple provider agencies or financial management services (FMS) providers.

Differences

There are no differences in this policy between PCA and CFSS.

Definition

Responsible Party (RP) / Participant's Representative (PR): A person aged 18 or older who is capable of directing care on behalf of someone receiving PCA/CFSS services when the individual is assessed as unable to manage their own care. In PCA, this person is referred to as the **RP**, while in CFSS, they are called the **Participant's Representative (PR)**.

Using Multiple PCA/CFSS Provider Agencies

Individuals using **traditional PCA** or the **CFSS agency model** can choose to work with more than one provider agency. Each agency must have a separate line item in the individual's service agreement, and multiple provider agencies can bill for the same type of service on the same day.

For individuals using the **CFSS agency model** and purchasing goods and services, they can work with multiple provider agencies for their direct care services but are limited to a single FMS provider for goods and services.

Those using **PCA Choice** or the **CFSS budget model** are not allowed to use multiple provider agencies or FMS providers.

Combining Services

Individuals receiving **PCA/CFSS** services may also qualify for additional services, including:

- **Skilled Nursing Visits (SNV)**.
- **Home Health Aide (HHA)** services.
- **Home Care Nursing (HCN)**.

PROCESS OVERVIEW

Overview

This page provides an overview of the process to access PCA and CFSS services. It is intended as a guide to help you understand the entire process from start to finish. For specific details about each step, please refer to the relevant policy pages listed in the resources section.

While the steps are generally followed in the order listed below, some steps may occur simultaneously or in a different sequence depending on individual circumstances.

CFSS Agency Model Process

To access CFSS services under the agency model:

1. **Request an Assessment:** The individual contacts the lead agency to request an assessment of their need for services.
2. **Assessment and Eligibility:** The lead agency conducts the assessment and determines the individual's need for CFSS services.
3. **Service Selection:** If eligible, the person selects CFSS services.
Note: If the individual is eligible for a waiver or Alternative Care (AC), they may choose to use those services instead of, or in addition to, CFSS.
4. **Consultation Provider Selection:** The lead agency provides a list of consultation services providers for the person to choose from.
5. **Notification of Consultation Provider:** The individual selects a consultation services provider and informs the lead agency.
6. **Service Authorization for Consultation:** The lead agency issues an authorization for consultation services.
Note: During the transition period, the lead agency will authorize three months of PCA personal care services and Qualified Professional (QP) units to prevent gaps in service.
7. **Selection of Agency Model and Providers:** The individual chooses the CFSS agency model, a CFSS provider agency, and, if needed, a financial management services (FMS) provider.
Note: An FMS provider is required if the individual will be purchasing goods and services.
8. **Service Delivery Plan:** The individual, with help from the consultation services provider if desired, creates a service delivery plan.
9. **Review of Service Delivery Plan:** The consultation services provider reviews the service delivery plan.
10. **Approval of Service Plan:** The lead agency approves the service delivery plan.
11. **Service Authorization for Providers:** The lead agency issues service authorizations to the CFSS provider agency, PERS provider, and FMS provider, if applicable.
12. **Service Plan Finalization:** The individual and CFSS provider agency finalize any remaining details of the service delivery plan.
13. **Training of Workers:** The individual and CFSS provider agency train the workers.
14. **Delivery of Services:**
 - Workers provide care according to the service delivery plan.
 - FMS providers facilitate the purchase of goods and services (if applicable).
 - PERS providers deliver equipment and services (if applicable).
15. **Oversight and Evaluation:** The individual and the CFSS provider agency monitor and evaluate the services being delivered.
16. **Reassessment:** The CFSS provider agency requests a reassessment 60 days before the end of the current service authorization.

CFSS Budget Model Process

To access CFSS services under the budget model:

1. **Request an Assessment:** The individual requests an assessment from the lead agency.
2. **Assessment and Eligibility:** The lead agency conducts the assessment to determine eligibility for CFSS.
3. **Consultation Provider Selection:** The lead agency provides a list of consultation services providers for the individual to choose from.

4. **Notification of Consultation Provider:** The individual selects a consultation provider and informs the lead agency.
5. **Service Authorization for Consultation:** The lead agency issues a service authorization for consultation services.
Note: Similar to the agency model, during the transition, the lead agency authorizes three months of PCA personal care services and QP units to avoid gaps.
6. **Selection of Budget Model and FMS Provider:** The individual selects the budget model and an FMS provider.
7. **Service Delivery Plan:** The individual writes their service delivery plan with assistance from the consultation services provider if needed.
8. **Review of Service Delivery Plan:** The consultation services provider reviews the service delivery plan.
9. **Approval of Service Plan:** The lead agency approves the service delivery plan.
10. **Service Authorization for Providers:** The lead agency issues a service authorization to the FMS provider and, if applicable, the PERS provider.
Note: Service authorizations during the transition follow a similar process as outlined in the agency model.
11. **Training of Workers:** The individual trains the workers (if applicable).
12. **Delivery of Services:**
 - Workers deliver care as outlined in the service delivery plan.
 - FMS providers manage the purchase of goods.
 - PERS providers deliver equipment and services (if applicable).
13. **Oversight and Evaluation:** The individual oversees and evaluates the services.
14. **Reassessment:** The FMS provider requests a reassessment 60 days before the current service authorization ends.

SERVICE DELIVERY PLAN

Comparison of PCA and CFSS

Similarities

In both **PCA** and **CFSS**, individuals must have a service delivery plan that outlines the services they will receive and how those services will be provided.

Differences

- In **PCA**, this document is referred to as the "care plan," while in **CFSS**, it is called the "service delivery plan."
- There are differences in the covered and non-covered services between PCA and CFSS, as well as the processes for developing a service delivery plan. For more information, refer to **PCA/CFSS covered services** and **CFSS service delivery plan development**.
- In the **CFSS budget model**, individuals must include additional information in their service delivery plan about their responsibilities as the employer of their workers.

Definitions

Service Delivery Plan: A written, person-centered document that outlines the **PCA/CFSS** services an individual will receive based on their assessed needs and how those services will be delivered.

Responsible Party (RP) / Participant's Representative (PR): A person aged 18 or older who is capable of directing care on behalf of someone receiving PCA/CFSS services when the individual is unable to direct their own care. In **PCA**, this person is called the **RP**, and in **CFSS**, they are referred to as the **Participant's Representative (PR)**.

Overview

A service delivery plan for **PCA/CFSS** must be created or updated:

- Before the individual begins receiving services.
- Whenever there is a change.
- Annually, at the time of reassessment.

A copy of the most current service delivery plan must be kept:

- In the individual's home.
- In the provider agency's file (if applicable).
- At the location where shared services occur (if applicable).
- In the consultation services provider's file (CFSS only).
- In the FMS provider's file (if applicable; CFSS only).

Note: All workers must be aware of the location of the service delivery plan.

Plan Requirements

For Both PCA and CFSS

The service delivery plan must include the following:

- **Total Units/Dollars:** The plan must list the total units (PCA or CFSS agency model) or total dollars (CFSS budget model) authorized.
- **Basic Information:**
 - Individual's name, address, and phone numbers.
 - Individual's Medical Assistance (MA) member number (PMI).
 - Date of birth.
 - RP/PR contact information (if applicable).
 - Start and end dates of the plan.
 - Dated signature of the individual or their RP/PR.
- **Services:** Only covered services can be listed in the plan. Non-covered services cannot be included.
- **Service Instructions:**
 - The individual's needs and goals.
 - Services provided by the worker.
 - Any special instructions or procedures.
- **Emergency Plan:** This should include:
 - Emergency contact numbers.
 - Procedures for serious or unexpected situations.
 - Backup plans for worker absences.
 - Measures addressing safety or vulnerability issues.
 - Backup staffing plan (if applicable).

- Abuse prevention plan.

Additional Requirements

In addition to the above, a CFSS service delivery plan must also include:

- **Worker training and development plan.**
- **Description and cost of goods and services** (if applicable), and how they meet the criteria for covered goods and services.
- **PERS provider and costs** (if applicable).
- **Skill maintenance and enhancement plan** (if applicable).
- **Job descriptions for workers** (CFSS budget model only).

Individual's Responsibilities

For PCA

The individual or their RP must:

- Write their service delivery plan with assistance from the **Qualified Professional (QP)** if desired.
- Implement the service delivery plan with help from the PCA provider agency.

For CFSS

The individual or their PR must:

- Write their service delivery plan with help from the consultation services provider, if desired.
- Submit the service delivery plan to their consultation services provider for review.
- Implement the plan with help from the CFSS provider agency (agency model only).
- Document that they are following the worker training and development plan (budget model only).
- Document the competency of workers performing tasks listed in the service delivery plan (budget model only).

Consultation Services Provider's Responsibilities (CFSS only)

For CFSS, the consultation services provider must:

- Assist the individual in developing the service delivery plan, as desired.
- Review the plan and provide guidance on whether it meets all necessary requirements.
- Submit the service delivery plan to the lead agency for approval.
- Keep a copy of the service delivery plan on file and provide copies to the individual, the provider agency, and the FMS provider (if applicable).
- Help the individual make changes to the service delivery plan as needed.

Lead Agency's Responsibilities

The lead agency is responsible for reviewing and approving the service delivery plan. For more details, refer to the **CFSS service delivery plan development and approval process**.

PCA/CFSS Provider Agency's Responsibilities

For individuals using **PCA** or the **CFSS agency model**, the provider agency must:

- Assist the individual in writing the service delivery plan and ensure it is complete with only covered services (PCA only).
- Work with the individual to finalize details not included in the lead agency-approved plan (CFSS only).

- Keep a copy of the plan on file, in the individual’s home, and at shared service locations (if applicable).
- Provide only the services listed in the plan.
- Document that they are following the worker training and development plan (CFSS only).
- Verify worker competency for tasks listed in the service delivery plan.

FMS Provider’s Responsibilities (CFSS only)

For individuals using the **CFSS budget model** or purchasing goods and services, the FMS provider must:

- Keep a copy of the service delivery plan on file.
- Only bill for covered goods and services listed in the plan.

SERVICE DELIVERY PLAN DEVELOPMENT

Comparison of PCA and CFSS

Similarities

In both **PCA** and **CFSS**, individuals must have a written document outlining the services they will receive and how those services will be provided.

Differences

- In **PCA**, this document is called the "care plan." It is developed by the individual and a **qualified professional (QP)**, who ensures the plan meets the individual's needs and maintains their health and safety.
- In **CFSS**, the document is called the "service delivery plan." The individual creates this plan with assistance from a consultation services provider, as desired.

Definition

CFSS Service Delivery Plan: A written, person-centered document that identifies the **CFSS** services an individual will receive based on their assessed needs and how those services will be delivered.

Overview of Service Delivery Plan Process

Once an assessment determines eligibility for **CFSS** services, the following steps occur:

1. The individual chooses to receive **CFSS** services.
2. The individual selects a **consultation services provider**.
3. The consultation services provider provides information and helps the individual write the **service delivery plan**.
4. The individual writes the service delivery plan with assistance from the consultation services provider, if desired. A template is available in the **CFSS Individual Service Delivery Plan, DHS-6893P**.
5. The consultation services provider reviews the plan and ensures it is:
 - Complete.
 - Meets the individual’s assessed needs.
 - Contains only covered **CFSS** goods and services.
6. The consultation services provider submits the plan to the lead agency.
7. The lead agency reviews and approves the service delivery plan, then authorizes the services.
8. The lead agency sends a copy of the approved plan to:
 - The individual.

- The consultation services provider.
- The **CFSS** provider agency and/or **financial management services (FMS)** provider.

Person-Centered Planning Process

The **consultation services provider** must use a person-centered approach when assisting the individual in developing their service delivery plan. This process must:

- Include individuals chosen by the person.
- Maximize the person's control over the process.
- Provide information to help the person make informed decisions.
- Be timely and occur at the person's convenience.
- Respect cultural considerations.
- Include strategies for resolving conflicts and set clear conflict-of-interest guidelines.
- Provide the person with choices about the services and supports they receive and who delivers those services.
- Offer a method for the person to request plan updates.
- Document any alternative home and community-based settings considered by the person.

Individual's Responsibilities

The individual is responsible for writing their **service delivery plan** and submitting it to the consultation services provider. The person can request as much help as needed from the provider. They must:

- Monitor the effectiveness of the plan with the **CFSS** provider agency (agency model) or independently (budget model), making changes if needed with consultation provider support and lead agency approval.

Consultation Services Provider's Responsibilities

The consultation services provider must:

- Provide the individual with the **CFSS Individual Service Delivery Plan, DHS-6893P** template.
- Assist the individual in writing the plan, as much as desired.
- Review the plan to ensure it meets all **CFSS** requirements and excludes non-covered services or goods.
- Submit the service delivery plan to the lead agency within 10 business days.

Lead Agency's Responsibilities

The lead agency must:

- Review the service delivery plan to ensure it complies with **CFSS** requirements and only includes covered services.
- Work directly with the individual or refer them to the consultation services provider if changes are needed.
- Approve or deny the plan within 30 calendar days. If denied, the lead agency must provide a **notice of action** explaining the reasons for the denial.
- Send the approved plan to the individual, consultation services provider, and the **CFSS** provider agency and/or **FMS** provider.

CFSS Provider Agency's Responsibilities (Agency Model)

If the individual uses the **CFSS agency model**, the provider agency is responsible for:

- Reviewing the approved service delivery plan.
- Finalizing additional details, such as worker training, development plans, and the abuse prevention plan.

FMS Provider's Responsibilities (Budget Model)

If the individual uses the **CFSS budget model** or purchases goods/services through the agency model, the **FMS** provider must:

- Review the approved service delivery plan.
- Only bill for services and goods outlined in the plan.

SERVICE DELIVERY PLAN CHANGES

Comparison of PCA and CFSS

Similarities

For both **PCA** and **CFSS**:

- A service delivery plan is required.
- Workers may only provide services listed in the service delivery plan.
- The service delivery plan can be updated at any time and as many times as needed.
- Some changes to the service delivery plan require authorization or approval.

Differences

The responsibility for writing and updating the service delivery plan varies between **PCA** and **CFSS**:

- In **PCA**, the **qualified professional (QP)** and the person collaborate to create and update the service delivery plan as needed.
- In **CFSS**, the **consultation services provider** and the person develop and update the service delivery plan.

Definitions

Service Delivery Plan: A written, person-centered document detailing the **PCA/CFSS** services an individual will receive, based on their assessed needs, and outlining how those services will be delivered. In **PCA**, this plan is also called the care plan.

Changes That Do Not Require Authorization

Certain updates to a **CFSS** service delivery plan do not need authorization or approval, such as:

- Changes to the person's or representative's contact information.
- Minor adjustments to how approved tasks are performed (e.g., switching from baths to showers).
- Updates to the worker's job description (budget model only).
- Changes to the backup plan, unless it involves purchasing a personal emergency response system (PERS).

Agency Model

For the **agency model**, the person and provider agency work together to update the service delivery plan.

Budget Model

For the **budget model**, the person is responsible for updating the service delivery plan and providing a copy to the **financial management services (FMS)** provider.

Changes That Require Authorization or Approval

Certain changes require authorization from the lead agency or **DHS**, including:

- Changing providers (refer to **CFSS Manual – Changing PCA/CFSS providers**).
- Changing representatives (refer to **CFSS Manual – PCA/CFSS service agreement technical changes and corrections**).
- Switching service models (refer to **CFSS Manual – PCA/CFSS process to change service options/models**).
- Adjusting the ratio of direct care services to goods, services, or **PERS**.

Changes Requiring Lead Agency Assessment

If a person's condition changes for more than 45 days, the lead agency must complete a reassessment. For details, refer to **CFSS Manual – PCA/CFSS change in condition or health status**.

Changes Requiring Review or Approval

The following require review by the consultation services provider:

- Changing service models (also requires authorization from the lead agency or **DHS**).
- Changing the ratio of direct care services to goods, services, or **PERS** (also requires authorization).
- Adding or removing goods, services, or **PERS**.

Instructions for People Without a Case Manager/Care Coordinator

1. **The person** updates the service delivery plan with support from the consultation services provider, if desired.
2. **The consultation services provider** reviews the plan and ensures it is:
 - Complete.
 - Meets the person's assessed needs.
 - **Only contains covered CFSS services.**
3. **The consultation services provider** sends the updated plan to the lead agency.
4. **The lead agency** reviews and approves the plan.
5. **The lead agency** submits a request to **DHS** to update the service agreement.
6. **DHS** updates the agreement, and **MMIS** generates and sends a copy to the provider agency and/or **FMS** provider.
7. **The consultation services provider** shares the updated plan with the provider agency and/or **FMS** provider.

Instructions for People with a Case Manager/Care Coordinator

1. The person updates the service delivery plan with support from the consultation services provider, if desired.
2. The person can request the consultation services provider review the plan for completeness and to ensure it meets the assessed needs.

3. The consultation services provider or person submits the plan to the case manager/care coordinator.
4. The case manager/care coordinator reviews and approves the updated plan.
5. The lead agency updates the service agreement and sends a copy to the provider agency and/or **FMS** provider.

PERSON'S RIGHTS AND RESPONSIBILITIES

Comparison of PCA and CFSS

Similarities

Both PCA and CFSS uphold the rights of individuals receiving services. These rights must be respected and protected by workers, providers, lead agency staff, and DHS.

Differences

- **In PCA:** The rights of individuals are outlined in the *Home Care Bill of Rights*. PCA provider agencies are required to give each person a copy of the *Home Care Bill of Rights* at the start of services.
- **In CFSS:** The rights of individuals are listed on this page and in Minnesota Statutes (*Minn. Stat. §256B.85, subd. 20b and 20c*). remaining content of this page applies specifically to CFSS.

Person's Rights

Individuals using CFSS have the following rights:

Choices

People using CFSS have the right to:

- Choose or change service options (with some exceptions).
- Select their providers.
- Participate in person-centered planning and developing their service delivery plan.
- Choose their support workers.

Information

People using CFSS have the right to be informed about:

- Their rights and responsibilities.
- Service options and available providers.
- The services their provider offers before services start, including costs and any circumstances in which they might be responsible for costs.
- Staffing details (for the CFSS agency model), including proposed frequency and schedule of services.
- How to change services and providers.
- How to file complaints with providers without fear of retaliation.
- How to contact the Ombudsman Office for Long-Term Care.

Services

People using CFSS have the right to enter into an agreement with their provider(s) detailing the services they will receive.

For the CFSS agency model, they have the right to:

- Receive services from workers trained and determined competent by a supervising professional with the appropriate background.

- Have their worker preferences documented and met whenever possible.

Changes

People using CFSS have the right to:

- Refuse or terminate services.
- Change services and providers, including coordinated transfers between providers.

Notices

People using CFSS have the right to timely notices regarding:

- Reduction, termination, or denial of services (with a minimum of 10-day notice).
- Provider discontinuation of services (with a minimum of 30-day notice, with some exceptions).

Appeal Rights

People using CFSS have the right to appeal:

- The results of their assessment.
- Denials of their service delivery plan.
- Removal by DHS or the lead agency from the CFSS budget model.

CFSS participants have the right to continue receiving services until the outcome of their appeal regarding service reduction or termination is determined.

Safety and Dignity

People using CFSS have the right to:

- Privacy (as outlined in *Information Access and Privacy, DHS-2667*).
- Freedom from maltreatment.

Person's Responsibilities

General Responsibilities for CFSS Participants

The person or their representative must:

- Enter into an agreement with providers about services to be received.
- Orient their workers to their needs and preferences.
- Direct workers as they deliver services.
- Track the services and goods provided.
- Verify that worker time records accurately reflect the services provided.
- Report any issues with service quality to the appropriate provider, case manager, or care coordinator.
- Notify the provider agency or FMS provider of changes that affect the service delivery plan, such as hospitalization or change of residence.
- Participate in the evaluation of services (agency model) or evaluate services themselves (budget model).

Additional Responsibilities for CFSS Budget Model Participants

People using the CFSS budget model must also:

- Use an FMS provider contracted with DHS.
- Follow state and federal policies required by the FMS provider.
- Recruit, hire, train, and supervise their workers.
- Verify and document that workers are competent.

- Schedule workers and evaluate their performance within 30 days of hiring.
- Evaluate workers when service plans change and, if necessary, terminate workers.
- Comply with employment laws and the collective bargaining agreement with SEIU Healthcare Minnesota and Iowa.
- Notify the FMS provider of any changes in a worker's employment status.

Lead Agency Responsibilities

The lead agency is responsible for:

- Conducting the assessment.
- Providing a list of consultation services providers.
- Issuing notices of action and appeal rights when services are denied, reduced, or terminated.
- Participating in the appeals process.
- Continuing services during an appeal for reduction or termination.

Additional Responsibilities for Managed Care Organizations (MCOs)

MCOs must ensure that participants use the MCO's appeal process before filing an appeal with the DHS Appeals Division. MCOs are responsible for managing the appeals process.

Consultation Services Provider Responsibilities

Consultation services providers must:

1. Provide individuals with information on their rights and responsibilities, policies and procedures, and how to file a complaint.
2. Enter into a written agreement with the person that outlines the roles and responsibilities of both parties.
3. Provide information to assist in making service choices, including differences between agency and budget models, risks, and responsibilities.
4. Protect the individual's right to privacy and freedom from maltreatment.
5. Perform all duties required by the CFSS consultation services.

Provider Agency Responsibilities

CFSS provider agencies must:

1. Ensure individuals know their rights by providing a copy of the *CFSS Rights and Responsibilities* document within five working days of starting services and annually thereafter.
2. Enter into written agreements detailing roles and responsibilities.
3. Provide information about policies, service costs, complaint procedures, and staffing details.
4. Ensure worker competency and supervision for the services provided.
5. Perform all duties required by the CFSS provider agency.

FMS Provider Responsibilities

FMS providers must:

1. Provide statements on service costs, complaint procedures, and access to records.
2. Enter into written agreements with the person that describe roles and responsibilities.

3. Ensure individuals can transfer services and file complaints without retaliation.
4. Perform all duties required by FMS providers.

DHS Responsibilities

DHS is responsible for:

- Making policies publicly available, free to use, accurate, and written in plain language.
- Processing appeals and making decisions through the DHS Appeals Division.
- Providing technical assistance to counties and tribal nations and working with all parties involved to implement decisions.

COVERED SERVICES

Comparison of PCA and CFSS

Similarities Between PCA and CFSS

Both PCA and CFSS provide assistance with:

- Activities of Daily Living (ADLs)
- Instrumental Activities of Daily Living (IADLs)
- Observation and redirection of behaviors
- Health-related procedures and tasks
- Driving

Key Differences Between PCA and CFSS

- **Qualified Professional (QP) Services:**
PCA provides services delivered by a QP, which includes assistance in writing the service delivery plan, worker training, supervision, and service evaluation.
- **Skill Development and Consultation Services (CFSS only):**
CFSS includes assistance with skill development, maintenance, and enhancement, as well as consultation services to help participants understand their options and develop a service delivery plan.
- **Worker Training and Development (CFSS only):**
CFSS offers dedicated training and development specific to the participant's needs.
- **Goods and Services (CFSS only):**
CFSS allows the purchase of goods and services to support the individual's independence.
- **Financial Management Services (FMS) (CFSS only):**
FMS supports people in managing employment-related tasks when using the CFSS budget model or purchasing goods and services under the agency model.

Eligibility Requirements

A person can receive PCA/CFSS services if the following criteria are met:

- The lead agency conducts an assessment that determines the person's eligibility.
- A service delivery plan outlines the required assistance.
- The person has prior authorization for PCA/CFSS services.

A worker can provide services if:

- Their competence is verified by the agency (PCA or CFSS agency model) or the person (CFSS budget model) within 30 days of starting service.
- The worker completes individualized training for the participant's specific needs.
- All services are documented and reviewed by the participant or their representative.

Covered Services

Activities of Daily Living (ADLs)

A PCA/CFSS worker may assist with:

- Dressing
- Grooming and personal care
- Bathing
- Eating and feeding
- Transfers (helping move between seating or reclining areas)
- Mobility (ambulation and wheelchair use)
- Positioning
- Toileting and related hygiene

Instrumental Activities of Daily Living (IADLs)

For individuals 18 and older, a worker can assist with:

- Medical appointments
- Community participation
- Bill paying and communication
- Essential household tasks (e.g., meal prep, shopping)
- Driving the person, including to medical appointments

Note: For individuals under 18, IADL support is only provided under specific conditions as outlined in their service plan.

Observation and Redirection of Behaviors

A worker may observe and redirect behaviors that need attention as identified in the service delivery plan.

Health-Related Procedures and Tasks

For details on how a worker can assist with health-related tasks, refer to the *CFSS Manual – PCA/CFSS Health-Related Procedures and Tasks*.

PCA-Specific Covered Services

- **Qualified Professional (QP) Services:** PCA includes QP assistance with writing the service plan, supervising workers, and evaluating services. For more information, refer to the *PCA Manual – QP Services*.

CFSS-Specific Covered Services

- **Skill Development:** CFSS covers time spent helping the participant develop, maintain, or enhance the skills needed for ADLs, IADLs, and health-related tasks.
- **Consultation Services:** CFSS includes consultation services to educate and assist participants in developing their service delivery plan. For more information, see the *CFSS Manual – CFSS Consultation Services Overview*.

- **Worker Training and Development:** CFSS provides tailored worker training to meet the participant’s specific needs. Refer to the *CFSS Manual – CFSS Worker Training and Supervision*.
- **Goods and Services:** CFSS allows for the purchase of certain goods and services to support independence. See the *CFSS Manual – Goods and Services through CFSS*.
- **Financial Management Services (FMS):** FMS is available for participants using the budget model or purchasing goods/services under the agency model. More details are in the *CFSS Manual – FMS for CFSS*.

Driving Requirements

When a PCA/CFSS worker drives the participant, the following must be ensured:

- The worker has a valid driver’s license.
- The vehicle is registered and insured.
- The service delivery plan documents the preferred mode of transportation.

In PCA, workers must document transportation time, including start and stop times and origin/destination points.

Non-Covered Services

PCA/CFSS does not cover services outside of the authorized plan, including but not limited to:

- Services provided without authorization.
- Tasks unrelated to the assessed need.
- Sterile procedures or restraint application.
- Homemaking, home maintenance, or child care services.
- Services provided by non-enrolled providers or those not covered by other funding sources (e.g., DME or IEP-related services).

Location of Services

Participants can receive PCA/CFSS services in various locations, such as:

- Their home
- The home of a family member or friend
- Community locations
- Licensed childcare programs

HEALTH-RELATED PROCEDURES AND TASKS

Comparison of PCA and CFSS

Similarities

Both PCA and CFSS cover the same health-related procedures and tasks.

Key Differences

The primary difference between PCA and CFSS lies in who is responsible for training and supervising the worker:

- **In PCA:** The **Qualified Professional (QP)** is responsible for training and supervising the PCA worker.
- **In CFSS:** The responsibility depends on the service model:
 - **Agency Model:** The agency ensures that the person who trains and supervises the worker has the necessary license, education, training, or work experience for the task.

- **Budget Model:** The individual receiving services is responsible for training and supervising the worker.

Definitions

- **Health-Related Procedures and Tasks:** These are procedures and tasks performed by a PCA/CFSS worker that a licensed health care professional can delegate under Minnesota law.
- **Responsible Party (RP)/Participant's Representative (PR):** An individual aged 18 or older who directs care on behalf of a person receiving PCA or CFSS services when the person cannot do so themselves. In PCA, this individual is called the *Responsible Party (RP)*, while in CFSS, they are known as the *Participant's Representative (PR)*.

Overview of Health-Related Procedures and Tasks

A licensed health care professional may delegate health-related procedures and tasks to a PCA or CFSS worker if the following criteria are met:

1. **The task is a covered service.**
2. **A competent individual provides training and supervision**, which varies by program/model:
 - *In PCA*, the QP is responsible for training and supervising the worker.
 - *In the CFSS agency model*, the agency ensures that the trainer has appropriate qualifications.
 - *In the CFSS budget model*, the individual receiving services is responsible for training and supervising the worker.
3. **The worker demonstrates competence** in completing the tasks safely.
4. **The person or their representative chooses** to have the PCA/CFSS worker perform health-related procedures and tasks.

Covered Services

Health-related procedures and tasks covered under PCA and CFSS include:

- Assistance with self-administered medications.
- Monitoring and interventions for seizure disorders.
- Range-of-motion and passive exercises to maintain strength and muscle function.
- Clean technique tracheostomy suctioning and services for those using ventilator support.
- Other activities within the scope of health-related procedures and tasks.

Non-Covered Services

PCA and CFSS do not cover:

- Sterile procedures.
- Injections of fluids or medications into veins, muscles, or skin.
- Application of restraints or similar procedures.
- Activities beyond the scope of PCA/CFSS services.

Note: PCA/CFSS workers are not authorized to determine medication dosages or timing.

Responsibilities of the Person Receiving Services

- In PCA and the CFSS agency model, the individual receiving services works with the provider agency to ensure workers are trained and competent.

- In the CFSS budget model, the individual receiving services is responsible for:
 - Training the worker on specific tasks.
 - Ensuring the worker is competent to perform the tasks.
 - Documenting the worker's training and competence.

Provider Agency Responsibilities

The PCA or CFSS provider agency is responsible for documenting the following information in the person's service delivery plan, as well as in the person's and worker's files:

- A description of the delegated procedure or task.
- The person's need for the procedure or task.
- The worker's specific training for the procedure or task.
- The worker's competence in performing the procedure or task.

Documentation responsibilities differ by program:

- **In PCA**, the QP is responsible for documentation.
- **In the CFSS agency model**, the individual who provides the training must document it, and the agency must confirm that the trainer has the necessary qualifications.
- **In the CFSS budget model**, the person or their representative is responsible for documentation.

Consultation Services Provider Responsibilities (CFSS Only)

In CFSS, the consultation services provider ensures the service delivery plan includes training for workers on health-related procedures and tasks.

For the CFSS budget model, the consultation services provider must also have policies and procedures in place to:

- Advise the individual on general methods for training workers.
- Follow up to ensure the worker has been trained and is competent to perform the health-related procedures or tasks.

SELF-ADMINISTERED MEDICATION

Comparison of PCA and CFSS

Similarities

In both PCA and CFSS, the following applies:

- Workers can assist the person with self-administered medication.
- The person or their responsible party (RP)/representative must direct the worker's actions.

Differences

There are no significant differences in how PCA and CFSS handle assistance with self-administered medications.

Definitions

- **Self-Administered Medication:** Medication taken orally, by injection, via nebulizer, through insertion, or applied topically without assistance.

Overview

A PCA or CFSS worker may assist with the self-administration of medication as part of health-related procedures and tasks.

The PCA or CFSS worker must follow the service delivery plan, as directed by:

- The person (if they are managing their own care).
- The RP/representative (if the person is unable to direct their care).

For medications administered on an as-needed (PRN) or intermittent basis:

- The person must instruct the PCA or CFSS worker on when to provide assistance.
- If applicable, the worker must notify the RP/representative before assisting with the medication.

Covered Services

A PCA or CFSS worker can assist with the following tasks under the direction of the person or their RP/representative:

- Opening medication containers, including nebulizers.
- Organizing medication (e.g., placing pills in a daily pill organizer).
- Bringing medications to the person.
- Reminding the person to take scheduled medications, including nebulized medications.
- Bringing food or liquid for the person to take with their medications.

Non-Covered Services

A PCA or CFSS worker cannot:

- Determine medication dosage or timing.
- Evaluate the person's need for medication or assess its effectiveness.
- Independently set up medication.
- Perform sterile procedures.
- Administer injections of fluids or medications into veins, muscles, or skin.

Responsibilities of the Person Receiving Services

For individuals who direct their own care, they are responsible for:

- Instructing the worker on how to assist with medications.
- Determining when as-needed (PRN) medications should be taken.

If the individual cannot manage their own care, the RP/representative must ensure the medication is prepared in individual doses and labeled with:

- The medication's name and dosage.
- The time the medication is to be administered.
- The method of administration (e.g., orally, nebulizer).

Note: The RP/representative does not need to be present when the worker assists with medication.

Additional Responsibilities for CFSS Budget Model

For individuals using the CFSS budget model, the person or their representative is also responsible for:

- Documenting the delegated task.
- Describing how the CFSS worker will assist with self-administered medication.
- Verifying the worker's competence to perform the task.

- Supervising the worker.
- Ensuring that the worker’s time and activity documentation matches the service delivery plan.

Provider Agency Responsibilities

In PCA and the CFSS agency model, the qualified professional (PCA) or the provider agency (CFSS agency model) is responsible for documenting:

- The delegated task.
- How the worker will assist with the medication.
- Verification of the worker’s competence.
- Ongoing supervision of the worker.
- Ensuring the worker’s documentation aligns with the service delivery plan.

Worker’s Responsibilities

The PCA or CFSS worker is responsible for:

- Following the instructions provided by the person and the RP/representative.
- Complying with the provider agency’s policies (for PCA and CFSS agency model workers).
- Completing proper documentation after each task is completed.

PCA/CFSS SERVICES OUTSIDE OF MINNESOTA

Comparison of PCA and CFSS

Similarities

Both PCA and CFSS allow individuals to use services outside of Minnesota, following the same guidelines.

Differences

There are no differences between PCA and CFSS in terms of using services outside of Minnesota.

Overview

A person can use PCA or CFSS services outside of Minnesota, but only within the 50 United States and the District of Columbia, if they meet the following criteria:

- They can direct their own care or have an RP/representative who directs their care while outside of the state.
- They have a current, authorized service agreement.
- They remain enrolled in a Minnesota Health Care Program (MHCP) and meet residency requirements.
- They receive an annual assessment at their residence in Minnesota.
- They are temporarily living outside Minnesota for education, training, employment, or vacation purposes.

PCA and CFSS services cannot be used outside of the United States.

Responsibilities of the Person Receiving Services

Before leaving Minnesota, the individual must inform their PCA/CFSS provider agency or financial management services (FMS) provider of their intention to use services out of state.

The person must also document the following in their service delivery plan:

- How their care needs will be met during their time out of state.
- Emergency back-up plans.

Provider Agency’s Responsibilities

All PCA and CFSS provider agencies must be enrolled with MHCP before offering services, regardless of their location.

Provider agencies are required to comply with all MHCP enrollment requirements and program policies.

FMS Provider’s Responsibilities

FMS providers must be contracted and enrolled with DHS to provide FMS services to individuals receiving CFSS, no matter where the person is located.

FMS providers must adhere to all applicable program policies.

SERVICES IN HCBS SETTINGS

Comparison of PCA and CFSS

Similarities

Both PCA and CFSS have the following in common:

- A person living in their own home can receive PCA/CFSS services.
- A PCA/CFSS provider cannot provide housing if they own or control the person’s housing.
- PCA/CFSS providers may deliver services to someone living in housing owned or controlled by a different provider under certain conditions.

Differences

There are no differences between PCA and CFSS regarding this policy.

Definition

Own Home: A single-family home or a unit in a multi-family home (e.g., an apartment) that the person or their family owns or rents, where the service provider does not own, operate, or lease the home/unit or have any financial interest in the person's housing.

If the home is rented, the person or their family must maintain control over the unit, as demonstrated by a lease agreement. A person’s own home does not include settings where the PCA/CFSS provider agency, Financial Management Services (FMS) provider, or consultation services provider has a sublease or master lease agreement.

Allowable Settings

PCA/CFSS services are covered for individuals who:

1. Live in their own home as defined above.
2. Reside in the following settings, provided the provider of the setting is not responsible for delivering the same services:
 - Assisted living facilities under Minn. Stat. Ch. 144G (e.g., facilities offering customized living services).
 - Integrated community supports settings.
 - Family foster care settings licensed for six or fewer people, provided the individual is not on a waiver.

- Family foster care settings licensed for more than six people if DHS has granted a variance for a non-waiver person.

Variance for Foster Care Settings

PCA/CFSS services are allowed in a family foster care setting licensed for more than six people if all the following conditions are met:

- The individual is a minor.
- The individual is not on a waiver.
- The family foster care provider is not responsible for providing the same services.
- DHS has granted a variance to allow more than six people in the setting for a sibling group.

Disallowed Settings

PCA/CFSS services cannot be used in the following settings:

- Hospitals
- Nursing facilities
- Institutions for mental diseases (IMD)
- Intensive Residential Treatment Services (IRTS)
- Intermediate care facilities for individuals with developmental disabilities (ICF/DD)
- Community residential settings
- Child corporate foster care
- Family foster care settings licensed for more than six people, except in cases where a variance has been granted as described above.

Documentation Requirements

Documentation must clarify which provider is responsible for delivering the services the person will receive. The location of the documentation depends on the person's situation:

- **For individuals on a waiver/AC:** This is documented in the support plan.
- **For individuals receiving customized living services:** It must be included in both the customized living service plan and the support plan.
- **For individuals not on a waiver/AC:** It should be in the placement paperwork.

Responsibilities of the Person Receiving Services

Individuals on a waiver/AC who live in a Home and Community-Based Services (HCBS) setting are responsible for communicating their preferences about which provider will deliver which services to their case manager or care coordinator.

Lead Agency Responsibilities

For individuals on a waiver/AC, the lead agency must collaborate with the person, the waiver service provider (e.g., customized living or integrated community supports provider), and the PCA/CFSS provider to determine and document who delivers which services.

For individuals not on a waiver/AC, the lead agency must ensure that each provider's responsibilities are clearly outlined in the placement paperwork.

PCA/CFSS Provider and FMS Provider Responsibilities

PCA/CFSS providers are responsible for ensuring they do not provide services that are the responsibility of the HCBS provider.

Consultation Services Provider Responsibilities

Consultation services providers' responsibilities remain the same.

CONSULTATION SERVICES

Comparison of PCA and CFSS

As the Minnesota Department of Human Services (DHS) transitions from PCA to Community First Services and Supports (CFSS), one significant difference is that PCA does not include consultation services, whereas CFSS does.

Definitions

Consultation Services Provider: A Minnesota Health Care Programs (MHCP) provider that supports individuals receiving CFSS by:

- Educating individuals on how to make informed decisions to meet their needs using CFSS.
- Assisting individuals in writing their service delivery plans if desired.
- Reviewing and ensuring that service delivery plans meet program guidelines.
- Providing ongoing support as needed.

Session: An instance of providing covered consultation services, which can vary in duration and involve multiple tasks. Sessions can be conducted in person or remotely.

Overview

All CFSS users must choose a consultation services provider, who must have a contract with the state to offer these services.

Covered Services

Consultation services providers offer the following covered services:

1. **Service Setup and Orientation**
 - Educating the person about CFSS and available service options.
 - Assisting with writing the service delivery plan, as desired by the person.
 - Reviewing the service delivery plan for completeness and coverage of eligible services.
 - Submitting the plan to the lead agency for approval.
2. **Ongoing Consultation and Support**
 - Addressing questions and concerns throughout the service plan year.
 - Assisting with necessary changes to the service delivery plan.
 - Providing continuous support for those using the budget model.
3. **Quality Assurance Support**
 - Conducting a semi-annual review for individuals without a case manager/care coordinator whose spouse or parent serves as their worker.
 - Assisting those using the budget model if they are struggling with their employer duties.
 - Recommending removal from the budget model to the lead agency or DHS if necessary.

Non-Covered Services

Consultation services are not covered in the following situations:

- Without prior authorization.
- If provided by an entity not contracted with DHS.
- If offered by a subcontractor of a consultation services provider.
- If the consultation provider is also the person's CFSS provider agency, FMS provider, or case management provider.
- If more than one session is billed per day.
- If more than six sessions are provided per year without preapproval by DHS or the person's MCO.

Consultation Services Provider Responsibilities

General Responsibilities

All consultation services providers must:

- Educate individuals about CFSS and the differences between the agency model and budget model.
- Assist in writing the CFSS service delivery plan if desired by the person.
- Review and submit the service delivery plan to the lead agency for approval.
- Guide the person in ensuring the plan contains only covered services.
- Provide lists of CFSS provider agencies (for the agency model) or FMS providers (for the budget model).
- Answer questions and assist in making changes to the service delivery plan, model, or providers.
- Conduct semi-annual reviews for individuals without a case manager whose spouse or parent serves as their worker.
- Assist DHS with surveys and data collection when requested.
- Document and report complaints to DHS and review complaint policies annually.
- Develop policies and procedures to meet the needs of culturally diverse individuals.
- Share policy updates and clarifications from DHS with the individuals they serve.
- Comply with all specific DHS requirements.

Legal Compliance

Consultation services providers must comply with legal obligations such as:

- Mandated reporting.
- Reporting suspected fraud or abuse.
- Data privacy laws.
- Americans with Disabilities Act (ADA) requirements.

Financial Interest Disclosure

If a consultation services provider has any direct or indirect financial interest in the delivery of services (e.g., CFSS personal care services, FMS, worker training, or goods and services), they must disclose this in writing to the person. The person must sign a document acknowledging their understanding of this information and confirming their service choices.

Written Agreement

Before providing services, consultation providers must establish a written agreement with the person that outlines:

- The duties and responsibilities of both parties.
- Methods of service delivery (e.g., in-person, phone, or video).
- Start and end dates of services.
- Contact information for both parties.
- Any additional provider policies beyond DHS requirements.

Neutrality

Consultation services providers must remain neutral regarding:

- The service model selected by the person.
- The providers chosen by the person.
- The existence of Service Employees International Union (SEIU) Healthcare Minnesota and Iowa and workers' decisions about union membership.

Documentation

Consultation services providers must:

- Maintain a written agreement for each person they serve.
- Document complaints and their resolutions.
- Record each consultation session using the **CFSS Consultation Services Session Documentation, DHS-6893S**, including:
 - Date, duration, and type of session.
 - Consultation staff involved.
 - Type of contact and description of work performed.

Customer Service

Consultation services providers must:

- Respond to inquiries within one business day.
- Have a website providing information on consultation services.
- Communicate using the person's preferred method (e.g., email, text, phone, or video).
- Offer translation and interpreter services when needed.
- Provide materials in accessible formats, such as large print.
- Maintain processes for tracking communications and complaints.
- Conduct satisfaction surveys annually and report the results to DHS.

Responsibilities for the Budget Model

Consultation providers working with individuals in the budget model must:

1. Collaborate with the FMS provider to offer ongoing support for the employer role.
2. Regularly check in with the person to ensure they are fulfilling employer responsibilities, including:
 - Worker training and competency verification.
 - Evaluating workers within 30 days of hire or after service plan changes.
 - Maintaining documentation of worker competency.
3. Provide support and, if necessary, recommend removal from the budget model.

Limitations

Consultation services providers cannot:

- Determine program eligibility.
- Support appeals related to assessment results.
- Perform employer functions for those using the budget model.
- Act as the person's FMS provider or medical provider (e.g., registered nurse, home health aide).
- Provide services to individuals living in housing owned by the consultation provider.
- Offer training to workers employed by individuals they serve through consultation.

CFSS WORKERS

Comparison of PCA and CFSS

Worker Criteria and Services

Similarities

In both **PCA** and **CFSS**:

- Workers must meet the same basic qualifications and provide the same essential services.
- **DHS** will not reimburse provider agencies or **FMS** providers for any hours worked beyond 310 hours per month, regardless of how many individuals the worker supports or the number of agencies they work for. This 310-hour cap applies to combined hours across both **PCA** and **CFSS** during the transition period.
- Providers must adhere to all relevant labor laws. For more details, refer to **DOLI – PCA/CFSS workers and employers**.
- Effective October 1, 2024, individuals can serve as workers for their spouses or minor children.

Differences

In **PCA**:

- An individual who receives **PCA** services cannot work as a **PCA** worker for others.
- **PCA** workers must be at least 16 years old.

In **CFSS**:

- Individuals receiving **CFSS** services can also work as **CFSS** workers for others.
- There is a budget for worker training and development.
- Specific limitations exist on the number of hours a spouse or parent of a minor can work. For more information, refer to **CFSS Manual – Paying a spouse or parent of a minor for PCA/CFSS services**.
- Different age-related restrictions apply to workers under 18.

Criteria for PCA/CFSS Workers

Initial Requirements

To become a **PCA/CFSS** worker, an individual must:

- Pass a standardized certification test.
- Pass a background study initiated by the provider agency or **FMS** provider.
- Begin the enrollment process to work as a **PCA/CFSS** worker.

Ongoing Requirements

Once employed, **PCA/CFSS** workers must:

- Complete training and orientation specific to the individual's needs.
- Communicate effectively with the person receiving services and the provider agency or **FMS** provider.
- Provide services according to the individual's service delivery plan and as directed by the person or their **RP/PR**.
- Respond appropriately to the individual's needs.
- Accept feedback from the person, their **RP/PR**, and the provider agency (if applicable).
- Document the services they provide and the time spent.
- Be supervised by a **qualified professional (QP)** (in **PCA**) or agency staff with relevant qualifications (in the **CFSS agency model**).
- Report changes in the person's condition to the **QP** or provider agency.

Additional Requirements for Workers Aged 16-17 in PCA

- Must work for only one **PCA** provider agency that is responsible for ensuring compliance with labor laws.
- Must be monitored by a **QP** every 60 days.

Additional Requirements for Workers Under 18 in CFSS

- Must have an employer responsible for complying with labor laws.
- All evaluations of the worker must be conducted in person at the service location.

Certification Training and Testing

Anyone interested in becoming a **PCA/CFSS** worker can access free standardized training online at any time. The potential worker must pass a certification test with a score of 80% or higher. They may review the training materials as often as needed to prepare for the test.

Limitations

Relationship to the Person Receiving Services

Workers cannot provide **PCA/CFSS** services if they are:

- The **RP** (in **PCA**).
- The **Participant's Representative (PR)** (in **CFSS**).
- A paid legal guardian.
- A licensed foster care provider unless they live with the person receiving services.

A person receiving **PCA** services cannot work as a **PCA** worker, but someone receiving **CFSS** services can work as a **CFSS** worker.

Hour Limits

Only the first 310 hours a **PCA/CFSS** worker provides each month are eligible for reimbursement, regardless of:

- The number of people the worker supports.
- The number of agencies or **FMS** providers involved.

Note: The 310-hour limit applies to all hours worked in both **PCA** and **CFSS** during the transition period.

Collective Bargaining Agreement

The employment terms for workers in **PCA Choice** or the **CFSS budget model** are governed by the agreement between the **Service Employees International Union (SEIU)** Healthcare Minnesota and Iowa and the State of

Minnesota. To read the agreement, refer to **SEIU Healthcare – Home Care**. For provider agencies and **FMS** providers, the **SEIU Contract Compliance Training** provides guidance on compliance with the agreement.

CFSS WORKERS TRAINING AND SUPERVISION

Comparison of PCA and CFSS

Similarities

In both **PCA** and **CFSS**:

- The worker's employer is responsible for training, supervising, and evaluating the worker.
- **DHS** sets a maximum limit of 310 work hours per month per worker. This limit applies regardless of how many people or agencies the worker serves and includes combined **PCA** and **CFSS** hours during the transition year.
- Employers must comply with all applicable labor laws.
- As of October 1, 2024, spouses and parents of minors can be paid to provide **PCA/CFSS** services.

Differences

In **PCA**:

- A **qualified professional (QP)** is responsible for training, supervising, and evaluating the worker's competency.
- The lead agency authorizes **QP** units to cover the **QP's** time for these tasks.

In **CFSS**, the entity responsible for these duties depends on the service model:

- In the **CFSS agency model**, the CFSS provider agency's supervising professional(s) manage these responsibilities.
- In the **CFSS budget model**, the person (or their representative) is responsible for these tasks.

Both **CFSS** models provide a worker training and development budget that the worker's employer (agency or person) can use flexibly to support training, supervision, and skill development.

Definitions

- **Responsible Party (RP)/Participant's Representative (PR)**: An adult (18+) responsible for directing care when a person receiving **PCA/CFSS** services cannot do so. In **PCA**, this individual is called the **RP**; in **CFSS**, they are called the **Participant's Representative (PR)**.
- **CFSS Worker Training and Development Budget**: A budget available to the employer of **CFSS** workers (agency or individual) to cover training, supervision, and coaching activities to improve the worker's ability to meet the person's needs.
- **Employer**: The entity responsible for hiring, training, supervising, and, if necessary, firing workers. In the **CFSS agency model**, the **CFSS** provider agency is the employer. In the **CFSS budget model**, the person or their representative is the employer.
- **Supervising Professional**: An individual with the necessary background (education, training, or experience) to train, supervise, and evaluate workers. In **CFSS**, this role is similar to the **QP** role in **PCA**, and a qualified **QP** can serve as a **CFSS** supervising professional with the proper training.

CFSS Worker Training and Development Process

Agency Model

1. The person identifies worker training needs while writing their service delivery plan.
2. The lead agency authorizes a worker training and development budget.

3. The **CFSS** provider agency, in collaboration with the person, develops a worker training plan.
4. The supervising professional trains the worker and evaluates their competency.
5. The worker may attend applicable classes.
6. The **CFSS** provider agency bills **DHS** for supervising professional time and class fees.

Budget Model

1. The person, with help from a consultation services provider if desired, includes a worker training plan in their service delivery plan.
2. The consultation services provider reviews and submits the plan to the lead agency for approval.
3. The person trains their worker and ensures their competency.
4. The worker may attend applicable classes.
5. The **FMS** provider bills **DHS** for the cost of the classes.

Covered Services

Training, Supervision, and Evaluation

In the **CFSS agency model**, the training and development budget covers the supervising professional's time for:

- Training and demonstrating tasks to the worker.
- Observing and coaching the worker.
- Evaluating the worker's competency.
- Documenting the worker's performance.

In the **CFSS budget model**, the budget cannot be used to pay the person or their representative for fulfilling employer responsibilities.

Classes and Workshops

In both models, the employer can use the training and development budget to cover fees for classes or workshops that align with the person's needs. Classes can be one-on-one, in a traditional classroom, or online.

Non-Covered Services

The training and development budget cannot be used for:

- Training for anyone who is not the **CFSS** worker.
- Training provided by the consultation services provider.
- General agency or orientation training.
- Worker wages during training.
- Training provided by the person or informal supports.
- Training beyond the amount authorized by **DHS** unless additional funds are approved.

Employer Responsibilities

Agency Model

In the **CFSS agency model**, the provider agency is responsible for training, supervising, and evaluating the worker's performance. The worker training plan must include:

- Training needs of the worker.
- Qualifications of the supervising professional.
- A supervision and evaluation plan.
- Details of any applicable classes.

Budget Model

In the **CFSS budget model**, the person or their representative is responsible for training and supervising workers. The worker training plan must include:

- Specific training needs.
- A plan for supervision and evaluation.

The employer must evaluate the worker's competency within 30 days of starting services, with in-person evaluations required for workers under 18. Performance reviews must be conducted annually.

Billing

Agency Model

In the **agency model**, the **CFSS** provider agency bills the training and development budget for:

- Time spent training, evaluating, and supervising workers.
- Worker class fees (if applicable).
- Worker wages must be covered by the agency's operational costs, not the training and development budget.

Budget Model

In the **budget model**, the **FMS** provider bills on the person's behalf, covering costs for training, worker wages, and other authorized expenses.

Additional Responsibilities

- **Consultation Services Provider:** Provides guidance and support for developing the worker training plan and assists with changes.
- **FMS Provider:** For people on the budget model, the **FMS** provider handles billing for worker classes and training time as specified in the service delivery plan.

PAID PARENTS OF MINORS AND PAID SPOUSE

Comparison of PCA and CFSS

Similarities

Effective October 1, 2024, both **PCA** and **CFSS** allow a person's spouse or the parent of a minor to provide paid services, following specific conditions outlined for each model.

Differences

- In **PCA**, provider agencies must use the **U2** claims modifier when billing **DHS** for services provided by a spouse or parent of a minor.
- In **CFSS**, there are limitations on the number of hours a spouse or parent of a minor can work each week.
- **CFSS** provider agencies and **FMS** providers bill for services provided by a spouse or parent of a minor just like they do for other workers, with no special modifier.
- In the **CFSS budget model**, there is a cap on how much can be paid to a spouse or parent of a minor.

Definitions

- **Parent:** Refers to adoptive, biological, stepparents, legal guardians, or legally responsible individuals of minors.
- **Minor:** Anyone younger than 18 years of age.
- **Spouse:** Legally married partner.

- **Seven-day period:** A consistent payroll week set by the **FMS** provider or provider agency.

Criteria

To qualify for payment, the spouse or parent of a minor must meet the following conditions:

- **Qualifications:** Must meet all **PCA/CFSS** worker criteria, qualifications, and standards specified in the service delivery plan.
- **Covered Services:** Paid services must go beyond ordinary parental or spousal duties, such as extra care for a child with special needs. Basic parental tasks like typical child supervision, meal prep, or laundry are not eligible.
- **Role:** While providing **PCA/CFSS** services, the spouse or parent must function as a paid worker and adhere to all worker policies, including logging work hours and following the job description and schedule.

Pay Rate (CFSS Budget Model Only)

In the **CFSS budget model**, the total compensation (including wages, benefits, and taxes) for a spouse or parent of a minor cannot exceed the state’s established rate for **CFSS** services. This rate is listed in the **DHS Long-Term Services and Supports Service Rate Limits**. Payment must also comply with local, state, and federal wage laws and the **SEIU** Healthcare Minnesota and Iowa collective bargaining agreement.

Hours Per Week (CFSS Only)

When a spouse or parent provides **CFSS** or **CDCS** (Consumer Directed Community Supports) services, the maximum number of paid hours is as follows:

- **Spouse or Single Parent:** No more than 60 hours per week.
- **Both Parents:** If both parents are providing services, the combined total cannot exceed 80 hours per week, with each parent limited to 40 hours.

This limit applies regardless of how many children in the household receive **CFSS/CDCS** services or how many households are involved.

Financial Considerations

- **Income:** Wages earned through **PCA/CFSS** services by a spouse or parent of a minor are considered income and can be used as they see fit.
- **Eligibility:** The additional income may affect the worker’s eligibility for income-based programs.

Semiannual Review (CFSS Only)

For **CFSS**, a semiannual review of services provided by a spouse or parent of a minor is required. This review is conducted by the case manager or care coordinator. If the person has no case manager or care coordinator, the consultation services provider will conduct the review. The review can be done in person or remotely.

ENHANCED RATE/BUDGET

Comparison of PCA and CFSS

Similarities

For both **PCA** and **CFSS**:

- An enhanced rate or budget (7.5% increase) is available for certain services.
- The eligibility criteria for the enhanced rate or budget are the same across both programs.

Differences

- In **PCA**, the process is the same for both **traditional PCA** and **PCA Choice**.

- In **CFSS**, the process differs between the **CFSS agency model** and the **CFSS budget model**.

Definitions

- **Enhanced rate or budget for PCA, CFSS, and Consumer Support Grant (CSG):** A 7.5% increase in reimbursement for services provided by a worker who has completed qualifying training and is caring for a person eligible for 10 or more hours of PCA/CFSS services per day or has a home care rating of **EN**.

Qualifying Training

To qualify for the enhanced rate, workers must complete approved training and submit proof of completion through the **Minnesota Direct Support Worker Training** system.

Passing on the Enhanced Rate

- **Traditional PCA, PCA Choice, and CFSS Agency Model:** Once a worker qualifies, the **PCA/CFSS** provider agency must pass on the 7.5% enhancement in wages and associated costs (such as employer taxes and worker's compensation) to the worker.
- **CSG and CFSS Budget Model:** The **FMS** provider works with the person to update their service delivery plan to reflect the 7.5% wage increase for the qualifying worker.

Person's Responsibilities

CFSS Agency Model

The person using the **CFSS agency model** should follow the **CFSS calculations** guidelines to incorporate the enhanced rate into their service delivery plan.

CFSS Budget Model

Person with a qualifying worker at assessment:

- Write the service delivery plan with an enhanced budget, using the **CFSS calculations**.
- Provide a copy of the worker's confirmation letter to the **FMS** provider.
- Allocate the enhanced budget to wages for the qualifying worker.

Person who finds a qualifying worker after assessment:

- Request the confirmation letter from the worker and submit it to the **FMS** provider.
- Collaborate with the **FMS** provider to update the service delivery plan.
- Use the enhanced budget to pay the worker who completed the qualifying training.

PCA/CFSS Provider Agency Responsibilities

PCA/CFSS provider agencies must:

- Keep records of confirmation letters from qualifying workers.
- Bill **DHS** at the enhanced rate for eligible services.
 - Note: **DHS** will adjust claims if the worker is not eligible.
- Pass the 7.5% wage increase to qualifying workers.

FMS Provider Responsibilities

CFSS Agency Model

For the **CFSS agency model**, the **FMS provider's** responsibilities remain the same as usual.

CFSS Budget Model

For the **CFSS budget model**, the **FMS provider** is responsible for:

1. Keeping records of confirmation letters from workers.

2. Verifying worker eligibility via the **MN-ITS** system.
3. Assisting the person in passing the 7.5% enhancement on to the qualifying workers.
4. Ensuring the person does not exceed their non-enhanced budget if they do not have a qualifying worker.

Consultation Services Provider Responsibilities

Consultation services providers must:

- Answer questions about the enhanced rate and guide the person on how to:
 - Determine eligibility from assessment results.
 - Calculate their budget, including how to account for goods, services, or **PERS** using the **CFSS calculations**.