

Chapter 23

Personal Care Assistance (PCA) Services and Community First Services and Support (CFSS)

NOTE: Please review the following detail for specific processes and expectations with South Country Health Alliance (South Country). South Country may vary from the MHCP Manual and Minnesota Department of Human Services Guidelines. For additional detail on this chapter, please go to the Minnesota Health Care Programs Provider Manual at [MHCP Provider Manual](#).

Billing Information – Please review the [South Country Provider Manual Chapter 4 Provider Billing](#) for general billing processes and procedures.

Personal care assistance (PCA) services provide assistance and support for persons with disabilities, living independently in the community. This includes the elderly and others with special health care needs. PCA services are provided in the member's (recipient's) home or in the community when normal life activities take him/her outside the home.

Members on Prepaid Medical Assistance Programs (PMAP), MinnesotaCare and Special Needs BasicCare (SNBC) will receive Personal Care Assistance (PCA) services through the State of Minnesota Fee-For-Service Medical Assistance. It is not a benefit through managed care, South Country Health Alliance.

Definitions

Activities of Daily Living (ADL): Eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning.

Care Plan – PCA: A written description of how the member's needs identified during the assessment process will be met. This is developed by the QP or the member/responsible party with the assistance of the member's physician. This is a requirement of the PCA program.

Community First Services and Supports (CFSS) offer flexible options to meet the unique needs of South Country members with disabilities. CFSS allows members greater independence in their homes and communities. This includes the elderly and others with special health care needs. CFSS services are provided in members' homes or in the community when normal life activities take them outside the home. **CFSS replaced Personal Care Assistance (PCA) and the Consumer Support Grant (CSG) effective Oct. 1, 2024. PCA and CSG will be phased out as members transition to CFSS.

DSD: Disability Services Division Waiver is a publicly funded program to support people with a variety of disabilities including: brain injury, developmental/physical disabilities, chronic medical conditions- including HIV/AIDS.

EW: Elderly Waiver is a publicly funded program providing home and community-based services for people who need the level of care in a nursing home but choose to live in the community and qualify for medical assistance.

Fiscal Agent Option: See PCA choice option.

Flexible Service Use Option: When prior authorized, PCA units may be used in varying amounts over the duration of the authorization. Planned and approved use of authorized PCA service hours/units in a six-month flexible schedule to more effectively meet the needs of the

person. The use of service units may differ from day to day or week to week but must only be used for covered care needs as identified in the PCA assessment. Flexible use does not increase the total amount of authorized PCA units. Units may not be transferred from one six-month period to another.

Health-Related Functions: Functions that can be delegated or assigned by a licensed health care professional under state law to be performed by a personal care assistant.

Personal Care Assistant (PCA): An individual employed by a personal care assistance provider agency, enrolled with the Minnesota Department of Human Services (DHS), and who provides personal care assistance services (MN Stat. sec. 245A, MN Stat. sec. 252A.02, subd. 3a, MN Stat. sec. 256B.0659, subd. 11). QPs include a registered nurse (RN), licensed social worker, mental health professional, or qualified developmental disabilities specialist (QDDS).

Personal Care Provider Organization (PCPO): An agency that meets DHS standards to provide PCA services, also known as a personal care provider or PCA Agency.

Personal Care Assistance (PCA) Assessment: A review and evaluation of a member's need for home care services. This assessment must be performed by a county PHN or PHN contracted with the county. A new assessment is required annually.

Personal care assistance care plan: A written description identifying the PCA services to be delivered to the recipient.

Personal Care Assistance (PCA) Choice Option: A member-directed option within the PCA program under which the recipient of services, or his/her responsible party, is responsible for hiring, firing, training, and directing his/her PCA. PCA Choice allows the member more choice and control over his/her services as well as decreased administrative overhead expense.

Qualified Professional (QP): A professional providing training, supervision, and evaluation of PCA services and staff. A QP must be one of the following:

- Registered nurse as defined in [Minn. Stat. §148.171 to 148.285](#)
- Licensed social worker as defined in [Minn. Stat. §148E.010](#) and [Minn. Stat. §148E.055](#)
- Mental health professional as defined in [Minn. Stat. §245.462, subd. 18](#), or [Minn. Stat. §245.4871, subd. 27](#)
- Qualified developmental disabilities specialist [Minn. Stat. §245D.081, Subd 2\(b\)](#).

Registered Nurse: Must hold current licensure from the MN State Board of Nursing and be enrolled with the Department of Human Services as an independent nurse.

Residence: The place where a member lives/resides. A residence does not include a hospital, nursing facility, or intermediate care facility (ICF-DD).

Self-administered medication: Is medication taken orally, by injection, nebulizer, insertion or is applied topically without the need for assistance.

SNBC: Special Needs BasicCare program for members with disabilities. South Country products included are: SingleCare, SharedCare, and AbilityCare.

Overview

Personal care assistance (PCA) services provide assistance and support for people with disabilities who are living independently in the community. This includes the elderly and others with special health care needs. PCA services are provided in the member's home or in the community when normal life activities take him or her outside the home.

Community First Services and Supports (CFSS) will ultimately replace PCA and the Consumer Support Grant (CSG). The Minnesota Department of Human Services (DHS) implemented

CFSS on Oct. 1, 2024. However there have been extensions which allow members who have had PCA services to continue with them upon reassessment until CFSS services can be fully set up/implemented.

For additional information regarding the transition and implementation, refer to the DHS webpage: [Transition from PCA and CSG to CFSS](#).

Re-assessment for PCA Services

PCA services are participant centered. Members must have an assessment for PCA services by an assessor through a lead agency (member's care coordinator). During the re-assessment, the assessor determines if:

- The member is able to direct his or her own care or needs a responsible party (RP) to act on their behalf.
- The member meets PCA/CFSS eligibility criteria.

If PCA services are assessed to be appropriate, most members have flexible use of their PCA services allowing them to use the assessed services how and when they want within a six-month period. The member /RP also chooses whether they want to receive either or both of the following:

- The PCA Choice option, which allows the member to decide which direct care staff will be providing the services.
- The shared service option for PCA services, which allows the member to receive services from the same individual PCA, at the same time and in the same setting as another recipient receiving PCA services.

Members/RPs must also select a Minnesota Health Care Programs (MHCP)-enrolled PCA provider agency they want to provide their PCA services. When the member selects the PCA choice option, they must select an agency enrolled specifically to provide PCA Choice services. Members on the Minnesota Restricted Recipient Program are prohibited from using the PCA Choice option and flexible-use options. Members on the Minnesota Restricted Recipient Program are prohibited from using the PCA Choice option and flexible-use options.

DHS is in the process of replacing PCA and CSG to CFSS. MN Choices assessment tool will determine eligibility of CFSS. All assessments beginning 10.1.2024 are for CFSS services.

Supervision for PCA Services

Supervision of PCAs is an important component of ensuring recipients receive services and that the services they receive are appropriate for their needs. State statutes require that all PCAs be supervised by a QP. South Country's contract with DHS also requires PCAs to be supervised by a QP as described in state law. Statutes state:

The qualified professional shall evaluate the personal care assistant within the first 14 days of starting to provide regularly scheduled services for a recipient, or sooner as determined by the qualified professional.... Subsequent visits to evaluate the personal care assistance services provided to a recipient...shall occur:

- (1) at least every 90 days thereafter for the first year of a recipient's services;
- (2) every 120 days after the first year of a recipient's service or whenever needed for response to a recipient's request for increased supervision of the personal care assistance staff.

Statutes also state, “Under personal care assistance choice, the recipient or responsible party shall...supervise and evaluate the personal care assistant with the qualified professional, who is required to visit the recipient at least every 180 days.”

All members receiving PCA services are required to have QP supervision services. The QP works for the PCA agency to provide oversight and evaluation of the individual personal care assistance service delivery, to ensure the member’s PCA service needs are met following the [QP services](#) policy.

- The PCA agency is responsible for ensuring the QP:
- Meets the requirements in the [QP criteria](#);
- Develops the member [care plan](#);
- Completes the minimum required QP visits.

Eligible Providers

South Country requires eligible providers to be MHCP enrolled and reimburses the following types of provider agencies to provide PCA services:

- Medicare-certified, comprehensive homecare licensed home health agency;
- Personal care provider organizations (PCPOs);
- PCA Choice agencies.

South Country does not pay individual PCAs directly. South Country does not require a PCPO or PCA Choice agency to have a license or certification to provide PCA services. However, PCA agencies with license/certifications must comply with the requirements of both the MHCP PCA program and whatever license/certification they hold.

All agencies choosing to provide PCA services for South Country recipients/members must meet MHCP PCA agency enrollment requirements described in more detail below.

PCA Agency Enrollment

Agencies must do the following to enroll or maintain enrollment with South Country to provide PCA services by:

- Follow the DHS PCA Provider Agency Enrollment Requirements as delineated in the MHCP provider manual.

Verifying Credentials for Qualified Professionals (QPs)

The QP works for and is reimbursed by the PCA provider agency. MHCP does not enroll the QP as an individual provider to identify on claims. PCA provider agencies are responsible for verifying the credentials of the QP and keeping verification of those credentials in their agency files. Prior to having the QP provide services, the PCA agency must:

- Ensure the QP is not on the [Office of Inspector General \(OIG\) Exclusions Database](#);
- Initiate and receive confirmation that the QP has passed a background study or has a set aside from [Minnesota Department of Human Services \(DHS\) licensing](#);
- Have the QP complete and submit the [QP Acknowledgment \(DHS-4022C\) \(PDF\)](#) form to MHCP Provider Enrollment; and
- Meet [provider training requirements](#) set by DHS.

Enrolling Individual PCAs

MHCP is the official registrar for enrolling and affiliating individual Minnesota PCA providers for the purpose of identifying the individual PCA who provides the services to recipients on both fee-for-service and managed care organization (MCOs) claims.

PCA agencies must [enroll individual PCAs with MHCP](#) and affiliate individual PCAs with their agencies. MHCP assigns a Unique Minnesota Provider Identifier (UMPI, an NPI equivalent) to the individual PCA during their enrollment process. The PCA agency uses the UMPI on the claim, to report the individual as the person who rendered the services to the recipient. Prior to making the request, the MHCP provider manual identifies the PCA agency must ensure that each individual PCA they employ:

- Meets the [PCA/CFSS worker criteria](#);
- Successfully completes [Individual PCA/CFSS standardized training](#) requirements;
- Does not appear on the [Office of Inspector General \(OIG\) Exclusion Database](#); and
- Successfully completes the background study using [DHS Licensing](#) through MN DHS licensing.

MHCP also ensures the individual PCA provider is not on the OIG Exclusion list and passes the background study with the agency, and shares this information with the MCOs, on a weekly basis.

PCA provider agencies may not have or enforce any agreements, requirements or non-compete clause prohibiting, limiting or restricting an individual PCA from working with a recipient or different PCA provider agency after leaving a PCA provider agency, regardless of the date the agreement was signed.

MHCP requires PCA agencies to comply with data and other information requests from the PCA Quality Assurance (QA) as written in the PCA QA policy.

Eligible Members

South Country members age 65 and over who have Medical Assistance (Medicaid). Members age 65 and over who are on Waiver Service Programs (Disability-DSD or Elderly waivers).

Covered Services

South Country reimburses PCA/CFSS covered services detailed in the MHCP provider manual for enrolled members. South Country may reimburse for assistance with self-administered medications or services outside of Minnesota when identified on the member's assessment, service plan and/or care plan documents.

South Country covers PCA driving time when the need for driving is documented in the member's care plan. This means a PCA provider agency may be reimbursed for time a PCA worker spends driving an adult member into the community, including to medical appointments.

A PCA worker may assist the person with the following ADLs:

- Dressing – Including application of clothing and special appliances or wraps;
- Grooming – Including basic hair care, oral care, shaving, basic nail care, applying cosmetics and deodorant, care of eyeglasses and hearing aids;
- Bathing – Including basic personal hygiene and skin care;
- Eating – Including completing the process of eating, including hand washing and application of orthotics required for eating, transfers and feeding;

- Transfers – Including assistance to transfer the person from one seating or reclining area to another;
- Mobility – Including assistance with ambulation, including use of a wheelchair; not including providing transportation;
- Positioning – Including assistance with positioning or turning a person for necessary care and comfort; and
- Toileting – Including helping person with bowel or bladder elimination and care. This includes transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area, inspection of the skin and adjusting clothing.

A PCA worker may assist an adult with the following IADLs:

- Accompany to medical appointments;
- Accompany to participate in the community;
- Assist with paying bills;
- Communicate by telephone and other media; and
- Complete household tasks integral to the PCA services, such as:
 - Plan and prepare meals.
 - Shop for food, clothing, and other essential items.
- Drive the person into the community, including to medical appointments. For additional information, refer to the requirements for driving section below.

A PCA may observe and provide redirection to the member for episodes of behavior needing redirection as identified on the care plan.

A PCA may assist with self-administered medication, as defined above, as a health-related procedure and task within the scope of PCA services. The PCA must follow the PCA care plan and must be directed either by the member who can direct his or her own care or by the member's responsible party. The PCA can:

- Assist with self administration of medication such as opening medication under the direction of the member or responsible party, including medications given through a nebulizer;
- Organizing medications, such as putting in a weekly pill container, if under the direction of a person who directs his or her own care;
- Bringing the medication to the person;
- Reminding the member to take his or her prescribed medication as directed by a licensed medical professional, including medications given through a nebulizer and
- Bring the member food or liquid to take with medications

Observe and provide redirection to the person for episodes of behavior that need redirection, as identified in the person's service delivery plan.

The PCA cannot:

- Determine the medication dose or time the medication should be given;
- Determine the need for medication or evaluate the effectiveness of the medication;

- Set up medications, except for the medication organization described as a covered service;
- Provide services not related to the person's assessed need and not included in the approved in the service delivery plan;
- Attempt to control or discipline the person by limiting their access to something they need or want
- Apply restraints
- Provide home maintenance, heavy housekeeping or chore services (e.g., lawn care, snow removal, packing belongings).
- Provide homemaking services that are not an integral part of the person's assessed need for PCA/CFSS services.
- Provide services that duplicate or replace services provided through other funding sources.
- Provide services covered by Medicare or any other insurance.
- Purchase goods and service
- Perform sterile procedures; and
- Inject fluids and medications into veins, muscles, or skin.
- IADLs for people other than the person receiving services (e.g., a family member's laundry or dishes).
- IADLs for people younger than age 18, except when they meet the criteria in the covered services section.
- Services that are the responsibility of a residential or program license holder under the terms of a service agreement and administrative rules
- Services provided by a non-relative who owns or otherwise controls the living arrangement.
- Services that only provide child care.
- Services provided by a provider not enrolled in MHCP
- Leisure, recreation and hobbies

Noncovered Services

South Country does not reimburse for the following services provided by individual PCAs:

- Above Identified noncovered PCA/CFSS services;
- Transportation for the sole purpose of transporting.

South Country covers the **travel time** an individual PCA spends accompanying a member while that member is being transported to the destination where the individual PCA will assist the member in the community. PCA agency policies, procedures and agreements with members determine whether that agency allows an individual PCA employee to transport a member using their own or a member's vehicle. PCA agencies must consult with their legal advisors/business consultants about the liabilities of transporting members.

Requirements for Driving:

For all PCA workers driving people into the community, PCA provider agencies must ensure:

- The PCA worker has a valid driver's license.
- All vehicles used are registered and insured as required under Minn. Stat. Ch. 65B.
- The PCA worker documents time spent transporting the person in the time and activity documentation.

The PCA worker's documentation must include:

- Start and stop times.
- Origination site and destination site.

“Authorization” Requirements for PCA services vary by member product and waiver enrollment. Refer to the following summary:

The following products DO NOT have PCA benefits covered by South Country, and you must bill State of Minnesota (DHS), PCA services are authorized and paid by DHS.

- SNBC-SingleCare, SharedCare and AbilityCare;
- Medical Assistance (PMAP); and
- MinnesotaCare.

The following products DO have benefits with South Country and providers are required to work through the Care Coordinator or DSD Waiver Case Manager. PCA services for these members are coordinated through the county.

- SeniorCare Complete (MSHO).
- MSC+.

MSC+ and SeniorCare Complete members with no waiver (EW, BI, CAC, CADI or DD): PCA services for these members are coordinated through the care coordinator

and communicated to PCA providers. Their PCA services are listed in the members' MnCHOICES Support Plan. Additional authorization is not required.

EW members “authorizations” are completed by the EW CM/care coordinator in the MnCHOICES Support Plan and on the EW care plan service agreement.

Service Agreements (SA) may be either temporary (45 days), or long-term (up to 365 days or 366 days in a leap year).

DSD (BI, CAC, CADI or DD) waiver members: the waiver case manager should communicate needed services to the South Country care coordinator via the 5841 form and list them on the members' MnCHOICES Support Plan. Again, utilization management authorization is not required.

Documentation Requirements

PCA agencies must have all the following documentation before submitting a claim to MHCP for reimbursement of PCA or QP services:

- A copy of either the member's [CFSS Assessment \(DHS-6893A\) \(PDF\)](#) or the MnCHOICES PCA Provider Report, or a similar document.
- Service authorization for PCA services

- PCA time and activity documentation for all individual PCA providers delivering services to the member. Refer to [Electronic Visit Verification](#) webpage for more information.
- QP documentation supporting the QP visit being billed
- Written agreement signed by the agency and member or responsible party, in addition including the [PCA Program Responsible Party/CFSS Participant Representative Agreement \(DHS-6893F\) \(PDF\)](#)
- [Home Care Shared Services Agreement \(HCN, PCA or CFSS\) \(DHS-6893E\) \(PDF\)](#) signed by all members sharing PCA services (if applicable)

PCA agencies must have documentation supporting that the service has been provided for both individual PCA and QP services. MHCP requires PCA agencies ensure that the individual PCA records all required components when completing the agency's [PCA/CFSS provider time and activity documentation](#) process.

PCA agencies may use [electronic visit verification \(EVV\)](#) or the DHS template [PCA Time and Activity Documentation \(DHS-4691\) \(PDF\)](#) to document time and activities. PCA agencies determine the documentation methods used for recording time and activities for individual PCAs and QPs.

PCA agencies must follow the direction of the [Minnesota Department of Labor and Industry \(DLI\)](#) when paying their individual PCA providers and QPs for services the PCA agency told them to provide. PCA agencies must comply with the terms of the Service Employee's International Union Healthcare Minnesota and Iowa collective bargaining agreement for workers serving members using PCA Choice. Refer to the [Personal Care Assistance \(PCA\) Choice and financial management services \(FMS\) provider information](#) webpage for more information.

Tiered Rates and Wage Floors

Tiered reimbursement rates for all PCA agencies

Reimbursement rates for PCA services provided by a direct support worker will be increased based on the experience level of the specific worker providing those services. PCA provider agencies must use the increase in the reimbursement rate for wages and wage-related costs for the direct support worker.

Tiered minimum wages, or wage floors for PCA Choice

The hours of PCA services a direct support worker has provided since July 1, 2017, determines the minimum wage floor for direct support workers in the PCA Choice model. Direct support workers in PCA Choice must be paid at least the appropriate minimum wage on the tiered wage schedule starting Jan. 1, 2025.

For additional information, see [PCA and CFSS tiered rates and wage floors](#) webpage.

PCA provider agencies can view which tier direct support workers are in by logging into MN-ITS and downloading the Tiered Wage PCA/CFSS list. Find instructions for how to access the list in MN-ITS in the MN-ITS User Manual in the [Provider Lists](#) section.

Submitting PCA Claims

Providers submit claims for reimbursement of PCA services in the following manner:

- Use the (837P) Professional transaction;
- Report the individual PCA who provided the PCA services as the rendering provider on the claim line; and
- Enter one claim line per date of service, per individual PCA or QP, per HCPCS code or HCPCS/modifier combination. No date spans are allowed for PCA services.

- Enter U2 modifier on PCA claim when service is being provided by a parent of a minor or spouse.

If eligible for the enhanced rate, bill using the TG modifier and the enhanced rate.

South Country follows DHS HCPC codes and modifiers as found in the MHCP provider manual for reimbursement of PCA services.

PCA agencies must follow the directions for documentation requirements as detailed in the MHCP provider manual before submitting claims.

PCA Payment Limits

- South Country Health Alliance will seek monetary recovery for PCA providers that exceed 310 hours of PCA services per month.
- Only one PCA provider per claim. Claims submitted with multiple PCA providers on the claim will be returned to provider.
- Claims billed with HCPCS - T1019 (PCA Services) - (no modifier) require the UMPI in Box 24J or electronic equivalent.
- PCA providers must be enrolled and active with MN DHS.
- PCA agencies NPI is required on all PCA RN Supervision – (T1019 code and UA modifier) claims.
- Claims billed in the 837I format will be denied.

For members enrolled in the Special Needs BasicCare, PMAP and MinnesotaCare programs, follow fee-for-service guidelines to obtain authorizations.

Before requesting an authorization:

- Verify South Country eligibility via MN-ITs or South Country Provider Portal;
- Obtain all health insurance coverage information; and
- Use all insurance and Medicare benefits.

Unable to provide Continued Services

If a PCA provider is unable to continue services to a member/recipient, the provider must notify the member/recipient, responsible party, and the members care coordinator or waiver case manager at least ten (10) days before terminating the service and assist the member/recipient in transitioning to another provider. If the termination is a result of sanctions on the provider, the provider must give the member/recipient a copy of the home care bill of rights at least thirty (30) days before terminating services.

Recovery of Excessive Payments

South Country Health Alliance will seek monetary recovery from home care providers who exceed coverage and payment limits. This does not apply to services provided to a member/recipient at the previously authorized level pending an appeal.

Telephone Numbers

- Provider Contact Center 1-888-633-4055

Care coordinator contact information is available by contacting the county the member resides in or South Country Member Services at 1-866-567-7242.

Community First Services and Supports (CFSS)

Overview

Community First Services and Supports (CFSS) offer flexible options to meet the unique needs of South Country members with disabilities. CFSS allows members greater independence in their homes and communities. This includes the elderly and others with special health care needs. CFSS services are provided in members' homes or in the community when normal life activities take them outside the home.

Eligible Providers

South Country reimburses the following types of provider agencies to provide CFSS services:

- Home health agencies
- CFSS provider agencies
- Consultation services providers
- Financial management services (FMS) providers (CFSS financial tasks, billing and employer-related responsibilities)
- Personal emergency response systems (PERS) providers (See [PERS](#) section of the CFSS Policy Manual for eligible provider requirements)

FMS and consultation providers must be contracted with the Department of Human Services (DHS) to provide or bill for CFSS services.

CFSS provider agency enrollment

Provider agencies must do the following to enroll or maintain enrollment with MHCP to provide CFSS services to South Country members:

- Follow the requirements and steps described in [Community First Services and Supports \(CFSS\) Provider Agency Enrollment Criteria and Forms](#).
- Complete [revalidation](#) when required and report organization or individual provider changes when they occur.

Home health agency enrollment

Home health agencies who wish to provide CFSS, refer to [Home Health Agency Enrollment Criteria and Forms](#).

Enrolling CFSS individual workers

CFSS provider agencies and financial management services (FMS) providers must enroll individual CFSS workers with MHCP and affiliate workers with their provider agency or FMS. Before enrolling and affiliating a worker, the CFSS provider agency or FMS must ensure that each individual CFSS worker:

- Meets the requirements listed in [Direct Support Worker \(DSW\), Individual Enrollment Criteria and Forms](#).
- Successfully completes [individual PCA and CFSS training](#) requirements. DHS will require current CFSS workers with a PCA support worker training certificate dated before April 15, 2020, to obtain a new certificate.
- Does not appear on the [Office of Inspector General \(OIG\) Exclusion list](#).

- Successfully completes the background study using NETStudy 2.0. Refer to the [Background studies webpage](#) for more information.

CFSS provider agencies submit claims to South Country Health Alliance (South Country) on behalf of their workers. South Country pays the agency for CFSS services that individual CFSS workers provide to eligible participants. South Country does not pay individual CFSS workers directly.

FMS providers submit claims to South Country on the behalf of the CFSS participant. See the [FMS for CFSS](#) policy manual page.

Noncompete ban

CFSS provider agencies and FMS providers cannot have or enforce any agreements, requirements or noncompete clause prohibiting, limiting or restricting an individual worker from working with a member or different CFSS provider agency or FMS provider after leaving a CFSS provider agency, regardless of the date the agreement was signed.

Eligible Members

South Country members age 65 and over who have [Medical Assistance \(Medicaid\)](#) and members age 65 and over who are on [Waiver Service Programs](#) (Disability-DSD or Elderly waivers) are eligible for CFSS services.

Members on Prepaid Medical Assistance Programs (PMAP), MinnesotaCare and Special Needs BasicCare (SNBC) will receive CFSS services through the State of Minnesota Fee-For-Service Medical Assistance. It is not a benefit through South Country Health Alliance.

Roles and Responsibilities

Lead agencies

CFSS services are person-centered. Members who participate in CFSS services must first request a lead agency (a county, tribal government or managed care organization) to conduct an [assessment](#) for CFSS services. A lead agency must conduct an assessment within 20 business days of receiving the request. During the assessment, the assessor determines:

- The CFSS participants' ability to direct his or her own care, or the need for a representative to act on their behalf.
- CFSS services are appropriate to meet the CFSS participant's assessed needs.
- Amount of service units or dollars or both that the CFSS participant is eligible for.

Consultation providers

After the MCO/lead agency assesses the CFSS services to be appropriate, the participant or participant's representative (responsible party) will choose a [consultation services provider](#). The consultation services provider assists the participant (member). Refer to [CFSS consultation services provider requirements](#) for more information.

CFSS participants or participant representatives

- The member participating in CFSS or the [participant's representative \(responsible party\)](#) will write the service delivery plan. Refer to [Person's rights and responsibilities in CFSS](#).
- Their service delivery plan must meet all requirements described on the [PCA/CFSS service delivery plan](#).

- The CFSS participant can choose from two service models (CFSS agency model or CFSS budget model).

Financial management services (FMS) providers

An FMS provider is an organization that members use to help them with employer-related responsibilities, purchase goods and services and complete other financial tasks. DHS contracts with all FMS providers for these services and enrolls them as South Country providers. For more information about the services, FMS fee and background study see [Financial management services \(FMS\) provider requirements for CFSS](#)

CFSS participants who use the CFSS agency model and do not purchase goods and services do not need to choose an FMS provider.

The following CFSS participants must choose an FMS provider:

- Participants who use the CFSS budget model.
- Participants who use the CFSS agency model who also purchase goods and services.

CFSS provider agencies

CFSS participants who use the CFSS agency model must choose a CFSS provider agency. For more information see [PCA/CFSS provider agency requirements overview](#).

CFSS provider agencies must ensure the supervising professional has the appropriate licensing, certifications and meets appropriate requirements.

CFSS provider agencies must follow the direction of the Minnesota [Department of Labor and Industry \(DLI\)](#) for individual CFSS workers who provide CFSS services. CFSS provider agencies are also responsible for the requirements found in the following:

- [PCA/CFSS provider agency worker wage and benefit requirements](#) (agency model only)
- [enhanced rate requirements](#) (both agency and budget model)
- [parent/spouse requirements](#) (both agency and budget model)

PERS Providers

People who receive CFSS services have the option to purchase personal emergency response systems (PERS) as an electronic backup system. A PERS provider is enrolled with MHCP to provide PERS services (installation and monitoring of the device). For more information, refer to [PERS](#) in the CFSS Policy Manual.

Service Delivery Models

The participant will choose between one of the following [service delivery models](#).

CFSS agency model:

- The lead agency authorizes units (1 unit is 15 minutes of service) for the CFSS participant to the CFSS provider agency. The participant (member) or participant's representative (responsible party) selects a CFSS provider agency that serves as the employer for the CFSS worker. This means the CFSS provider agency is responsible to recruit, hire, train, supervise and pay CFSS support workers.
- The CFSS participant and CFSS provider agency are responsible to monitor the effectiveness of the service delivery plan together.

- If the CFSS participant will purchase goods or services, the participant must also select an FMS provider.

CFSS budget model:

- The lead agency authorizes dollars (the total budgeted amount of money) for the CFSS participant. The participant (member) is the employer of their support workers and will recruit, hire, train and supervise their support workers. The participant will select an [FMS provider](#) to help with employer-related tasks.
- The CFSS participant or the participant's representative is responsible to monitor the effectiveness of the service delivery plan.

Tiered Minimum Wages for CFSS Budget Model

The minimum wage is determined by the number of PCA and CFSS hours a direct support worker has provided since July 1, 2017. Direct support workers providing CFSS in the **budget model** must be paid at least the appropriate minimum wage on the tiered wage schedule. The tiered wage schedule is listed on the [PCA and CFSS tiered rates and wage floors webpage](#).

To support members' budgets to be able to pay higher wages for more experienced workers in the CFSS budget model, DHS is adding funding to the service authorizations of people using the CFSS budget model.

Beginning in July 2026, people who use the CFSS budget model will have their budgets increased each calendar quarter to cover the higher minimum wages of direct support workers with more than 1,000 hours of experience. People who don't have workers with more than 1,000 hours of experience will not receive a budget increase. When funding is added, FMS providers will receive a budget increase letter in the SAL folder of their MN-ITS mailbox.

Financial management services (FMS) and CFSS provider agencies can view which tier direct support workers are in by logging into MN-ITS and downloading the **Tiered Wage PCA/CFSS list**. Find instructions for how to access the list in the MN-ITS User Manual in the [Provider Lists](#) section.

If a participant wants to switch CFSS service models:

1. the participant works with their consultation services provider to update their CFSS service delivery plan,
2. the consultation services provider submits the participant's revised plan to the lead agency for approval, and
3. the lead agency approves the plan and updates the participant's service agreement (people receiving waiver services).

The CFSS participant or participant's representative also chooses whether they want to receive the [shared service option for PCA/CFSS](#), which allows the CFSS participant to receive services from the same individual CFSS worker, at the same time and in the same setting as another participant receiving CFSS services. Participants who share services must use the same service delivery model and the same CFSS provider agency or FMS.

Covered Services

CFSS services are eligible for payment from Medical Assistance:

- The services listed at [PCA/CFSS covered personal care services](#)
- Travel time (personal care services)

- Accompanying the CFSS participant into the community to provide covered CFSS personal care services
- Driving the CFSS participant into the community, including to medical appointments
- CFSS agency policies, procedures and agreements with CFSS participants determine whether that agency allows an individual CFSS employee to transport a participant using the CFSS's or a CFSS participant's vehicle. CFSS agencies must consult with their legal advisors or business consultants about the liabilities of transporting CFSS participants. (Applies to agency model only.)
- The service delivery plan documents the person's chosen mode of transportation.
- The provider agency or FMS must meet the documentation requirements described on [PCA/CFSS covered personal care services](#),
- Background Study (personal care services)
- For CFSS workers providing services through the budget model, the FMS provider can include the cost of the CFSS worker's background study in a personal care (T1019) claim for covered CFSS services performed by that worker. If the background study fails, FMS providers can bill for the failed background study using a specific procedure code and modifiers.
- The CFSS provider agency cannot bill for background studies under the agency model.
- The purchased [Goods and Services](#) defined in the CFSS Policy Manual
- In both (agency or budget) models, if the participant wishes to purchase goods and services, the participant must work with the FMS provider to coordinate the purchase.
- [CFSS worker training and supervision](#)
 - The lead agency authorizes a CFSS worker training and development budget that the worker's employer (the agency or CFSS participant) can use flexibly to pay for training, observation, monitoring and coaching of CFSS workers.
- [Personal Emergency Response Systems \(PERS\)](#)
- [Consultation Services](#)
- [FMS services](#)

Service Authorization

Authorization requirements for CFSS services vary by member product and waiver enrollment. Refer to the following summary:

The following products DO NOT have CFSS benefits covered by South Country, and the provider must bill State of Minnesota (DHS), CFSS services are authorized and paid by DHS.

- SNBC-SingleCare, SharedCare and AbilityCare
- Medical Assistance (PMAP);
- MinnesotaCare

The following products DO have benefits with South Country and providers are required to work through the care coordinator or Elderly/DSD Waiver case manager.

- SeniorCare Complete (MSHO)
- MSC+

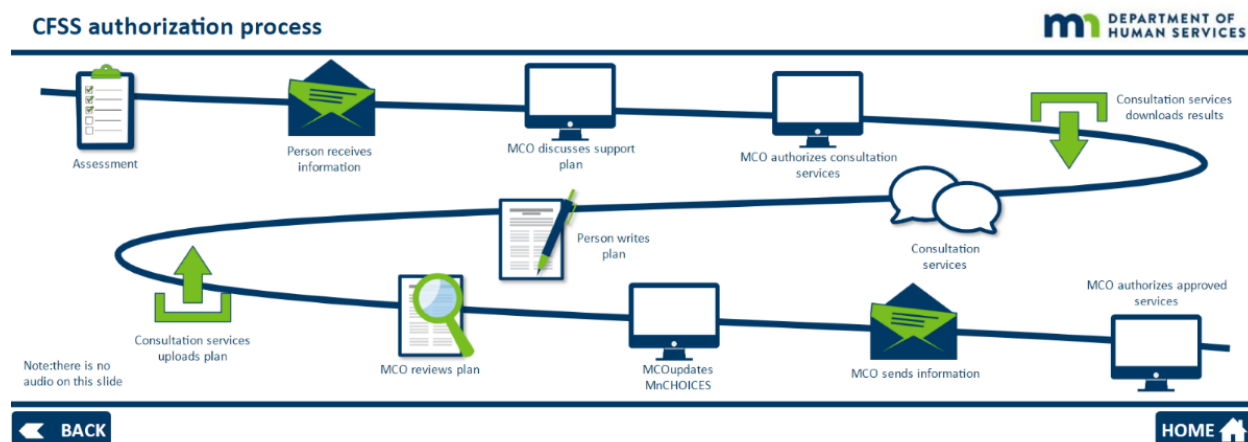
MSC+ and SeniorCare Complete members with no waiver: CFSS services for these members are coordinated through the county care coordinators and communicated to CFSS providers. Their CFSS services are listed in the members' MnCHOICES Support Plan. Providers will receive a letter with a summary of assessed and approved services.

EW members authorizations are completed by the EW CM/care coordinator in the MnCHOICES Support Plan and on the EW care plan service agreement.

Service Agreements (SA) may be either temporary (45 days), or long-term (up to 365 days or 366 days in a leap year).

DSD (BI, CAC, CADI or DD) waiver members who are age 65 or older: the waiver case manager should communicate needed services to the South Country care coordinator via the 5841 form and list them on the members' MnCHOICES Support Plan. The care coordinator will send CFSS providers a letter with a summary of assessed and approved services.

See the diagram below, South Country care coordination teams replace MCO where indicated.



For South Country to pay claims:

- Providers must be actively enrolled and have current credentials to provide the approved service(s).
- Members receiving CFSS services must maintain their South Country eligibility for the authorization to be valid.
- Providers are responsible for ensuring the service(s) provided have been assessed and approved.
- Providers must verify program eligibility for each CFSS member see Provider Manual Chapter 12. here <https://www.mnscha.org/providers/provider-manual/>

CFSS service authorization changes

- Case managers and care coordinators update EW service agreements for people who receive waiver that also receive CFSS services. All other community well (CW) service authorization changes are documented on the member's MnCHOICES Support Plan and communicated to the CFSS provider(s).
- Depending on the CFSS service delivery model, either the agency model provider or the financial management services (FMS) provider must send the [Referral for Reassessment for PCA/CFSS Services \(DHS 6893B\) \(PDF\)](#) to the lead agency for the members who want to continue receiving CFSS past their approved authorization span. This referral must be made 60 days before the end date of the member's current service authorization.

Billing Information – Please review the [South Country Provider Manual Chapter 4 Provider Billing](#) for general billing processes and procedures.

Documentation

CFSS provider agencies and FMS providers must have documentation supporting that a CFSS worker provided a CFSS service. South Country requires CFSS provider agencies to ensure that the individual CFSS worker documents all of the minimum requirements by completing the agency's [CFSS time and activity documentation](#) process. CFSS agencies determine the documentation methods used for recording time and activity.

CFSS provider agencies

A copy of the CFSS member's CFSS Assessment (DHS-6893A) (PDF) or the MnCHOICES assessment information

Service delivery plan and lead agency addendum or alternative forms

Service authorization for CFSS services

CFSS time and activity documentation for all individual CFSS support workers delivering services to the member. Refer to electronic visit verification (EVV)

Any CFSS workers training and supervision

Any evaluation of CFSS services and service delivery plan

A written agreement signed by the agency and CFSS member or participant's representative, in addition to the [PCA Program Responsible Party/CFSS Participant Representative Agreement \(DHS-6893F\) \(PDF\)](#)

[Home Care Shared Services Agreement \(HCN, PCA or CFSS\) \(DHS-6893E\) \(PDF\)](#) signed by all CFSS members sharing CFSS services (if applicable)

CFSS agencies must follow the direction of the Minnesota Department of Labor and Industry (DLI) when paying their individual CFSS providers for services the CFSS agency told them to provide

FMS providers

Service delivery plan and lead agency addendum or alternative forms

Service authorization for CFSS services

CFSS time and activity documentation for all individual CFSS support workers delivering services to the member. Refer to electronic visit verification (EVV)

Any CFSS workers training and supervision

A written agreement signed by the agency and CFSS member or participant's representative, in addition including the [PCA Program Responsible Party/CFSS Participant Representative Agreement \(DHS-6893F\) \(PDF\)](#)

[Home Care Shared Services Agreement \(HCN, PCA or CFSS\) \(DHS-6893E\) \(PDF\)](#) signed by all CFSS members sharing CFSS services (if applicable)

Receipt or invoice for all goods and services

Refer to the FMS provider documentation and reporting for CFSS in the CFSS Policy Manual for more information.

In addition, CFSS provider agencies and FMS providers are required to document their time and activities and maintain records supporting that the CFSS worker provided PCA/CFSS covered personal care services. Review the required components for documenting time and activities under PCA/CFSS personal care time and activity documentation in the CFSS Policy Manual.

Providers may use electronic visit verification (EVV) or the DHS template [CFSS Worker Time and Activity Documentation \(DHS-6893C\) \(PDF\)](#) to document time and activities. CFSS agencies and FMS determine the documentation methods used for recording time and activity.

Consultation Providers

Consultation providers must keep documentation for services they provide. Refer to [CFSS consultation services provider requirements](#) in the CFSS Policy Manual.

Submitting CFSS Claims

Bill only for assessed and approved services already provided. Please review the South Country Provider Manual Chapter 4 Provider Billing for general billing processes and procedures.

For additional CFSS billing resources, please refer to the following links:

- [Agency and Budget Model Billing for CFSS Personal Care Services \(T1019\)](#)
- [CFSS Agency and Budget Model billing for Goods and Services \(T5999\)](#)
- [CFSS Agency and Budget Model Billing for Worker Training and Development \(S5116\)](#)
- [CFSS Billing for FMS Fee and Failed Background Study \(T2040\)](#)
- [CFSS Billing for Consultation Services \(T1023\)](#)
- [Personal Emergency Response System Billing \(S5160, S5161 and S5162\)](#)