COMMUNITY FIRST SERVICES AND SUPPORTS (CFSS)

Guidance

BlueCross BlueShield Minnesota

Community First Services and Supports (CFSS)

Community First Services and Supports (CFSS) is a Minnesota healthcare program that offers flexible options to meet members' unique needs. CFSS allows people greater independence in their homes and the community. CFSS will replace Personal Care Assistance (PCA) and the Consumer Support Grant (CSG). The CFSS Policy Manual is the primary source of truth to guide care coordinators authorizing CFSS.

CFSS covers all the services PCA does and offers more choices for who can serve as the CFSS worker, such as a spouse or minor child. Members who use CFSS can also serve as the CFSS worker for others. Members have a worker training and development budget, the ability to purchase goods, services, and PERS, and the choice between two service models: agency or budget.

Members who use the CFSS option must understand their rights and responsibilities when using these services. Well-informed recipients may more easily exercise the increased freedom, authority, and control of resources through CFSS.

Agency and Budget Models

CFSS funds using the Agency or Budget service option do not equate to a cash allowance. The care coordinator authorizes services and/or goods that may be purchased as part of an approved person-centered plan. All CFSS expenditures must be written in the member's CFSS Support Plan and prior approved by the care coordinator, along with being entered into Bridgeview.

Agency Model: The CFSS model involves a member having approved units and a chosen provider agency that is the employer of the member's workers and will complete the required employer tasks. This model is like traditional PCA. The agency manages recruiting, hiring, training, supervising, scheduling, and setting workers' wages. The members still have a say in who their workers are, and in setting their workers' schedules. Members can also take part in training and supervising their workers.

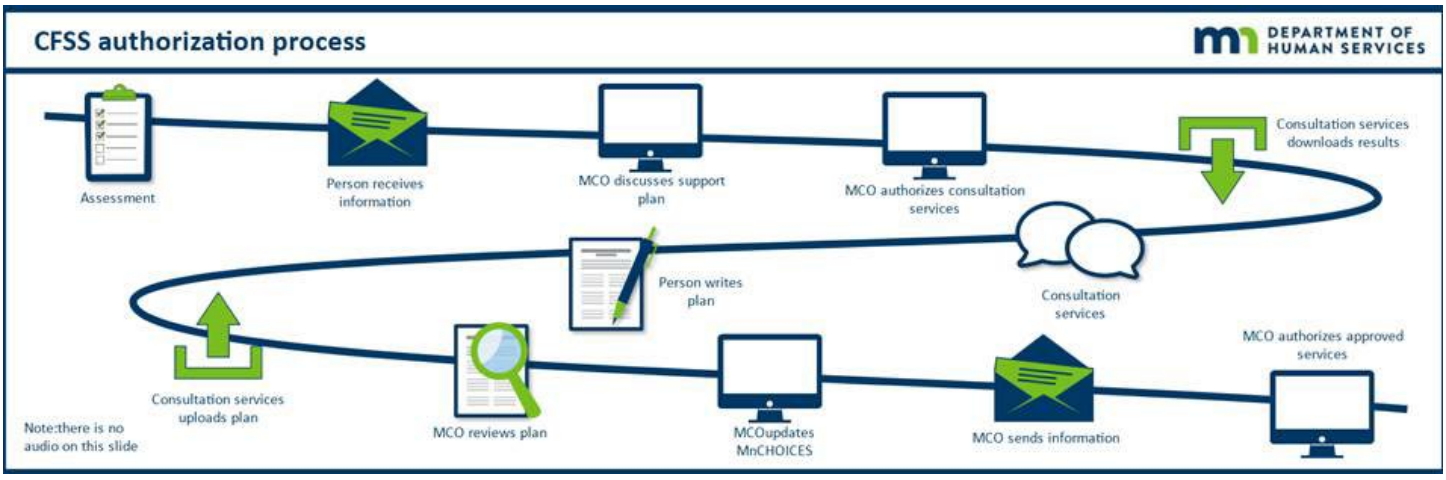
- Members may NOT choose the Agency Model if only using goods, services and/or PERS
- Agency Model MUST be used for a 45-day temporary start of CFSS
- The agency pays workers
- The member must select an FMS provider to help with purchasing goods and services
- Provider agency requests reassessment 60 days before current authorization ends

Budget Model: The CFSS model where a member has a budget with dollars and is the employer of their workers. The member selects an FMS to help with the employer-related tasks outlined in the Budget Model.
Members MUST choose the Budget Model when CFSS purchases only goods, services and/or PERS without personal care services.

- Members on the Minnesota Restricted Recipient Program (RRP) are NOT allowed to use the Budget Model
  - CCs can confirm participation in the MN RRP program in MN-ITS
- The member handles recruiting, hiring, training, supervising, and scheduling workers, sets workers' wages, and arranges for backup staffing.
- Neither the members nor the participant representatives may use the worker training and development budget to meet employer responsibilities
- The member arranges for backup staffing
- The member must select an FMS Provider to assist with payroll tasks and the purchase of goods and services

- The member reviews and submits support workers' timesheets to the FMS provider
- The FMS Provider requests reassessment 60 days before the current authorization

CFSS Authorization Process Flow



CARE COORDINATOR RESPONSIBILITIES

COMPLETE DHS ONLINE TRAINING:

Complete Overview of CFSS for Lead Agencies (CFSS_LA) TrainLink training course before the initial CFSS implementation and keep updated on changes in DHS rules and requirements related to CFSS.

- Utilize the CFSS Policy Manual and the DHS CFSS FAQ to reference current DHS policy and guidance.

MNCHOICES/LEGACY ASSESSMENT AND SUPPORT PLAN:

Complete an annual or reassessment with the member within 365 days of the last assessment and before waiver end date if EW, 30 days of enrollment notification, or 20 days of the request.

PROVIDE EDUCATION TO MEMBER AT ASSESSMENT:

The Care Coordinator should provide information to the member so they can make informed choices about services. Example of conversation:

- Discuss the services that could meet the person's needs i.e. CFSS models (Agency | Budget)
- Explanation of self-direction and the roles and responsibilities of member, care coordinator, Consultation Provider, etc.
- Assist the member with locating contracted Consultation Providers and/or CFSS provider agencies.
    - Make sure the Consultation Provider has the capacity to work with the member.
- What CFSS could provide for the member i.e., goods, services, and supports the person can purchase with their CFSS budget.

CARE COORDINATOR TASKS AFTER ASSESSMENT:

Send member/representative and provider (if known or once known) within **10 business days** of the assessment:

- A copy of Supplemental Summary Charts and Assessment Summary from the MnCHOICES assessment.
- A copy of the Support Plan, if complete (with member's documented approval)
- A copy of My Supports of the Support Plan if the Support Plan is not completed

Members that will require a 6-month transition from PCA:

- Enter the 6-month PCA and 6 consultation service (full year) authorizations in Bridgeview.
- Ensure that the member selects a Consultation Provider and gets connected with them.

Members that are new to CFSS:

- Enter Consultation Services authorization in Bridgeview.

REFERENCE ON HOW TO ENTER INTO BRIDGEVIEW:

- Agency CFSS BV Service Agreements
- Budget CFSS BV Service Agreements

CFSS SUPPORT PLAN:

- The Consultation Service Provider is responsible for uploading the member's DHS-6893P Individual Service Delivery Plan to MnCHOICES as an attachment and notifying the CC when it is ready for review.
  - The care coordinator reviews the member's DHS-6893P to ensure it meets all requirements (refer to CFSS Manual—PCA/CFSS service delivery plan) and does not include services or goods that are not covered (refer to CFSS Manual—PCA/CFSS covered services).
    - Care Coordination approves/denies the Service Delivery Plan DHS-6893P within **30 days of receipt**.
      - Approved: sign the DHS-6893P Service Delivery Plan and send the DHS-6893W Lead Agency Addendum to CFSS Individual Service Delivery Plan to the member
        - Enter authorizations into Bridgeview
      - Denied: If the CC denies part or all of the plan, they must DTR the item(s) or plan.
        - Complete the DHS-6893W Lead Agency Addendum to CFSS Individual Service Delivery Plan with the changes and get appropriate signatures.
  - The CC must send the final copy of the approved DHS-6893P to the member, CS provider, CFSS provider agency, and/or FMS provider.

ONGOING MONITORING OF DHS-6893P:

- Care coordinators monitor and evaluate the plan's implementation, including the member's health, safety, satisfaction, effectiveness, and possible need for revision, at least every six months, and document this in case notes.
- The FMS provides a spending summary.
  - CCs document in the member's case notes a review of the spending summary.
    - If concerns are present, the CC follows up with the member/consultation services provider to review and provide guidance.
- Care coordinators may not conduct early assessments if members exhaust their budget before completing their CFSS authorization. However, if a member's condition has changed, a new assessment may be appropriate.

IMPORTANT: If the member completes the DHS-6893P Service Delivery Plan before completing the PCA 6-month transition authorization, the member may elect to move to CFSS between months 4-6. A member cannot transition to CFSS during months 1-3 of the 6-month transitional PCA.

RESOURCES ON THE NEXT PAGE

Resources

CFSS Policy Manual
CFSS Forms and Documents
CFSS Frequently Asked Questions (FAQ)
CFSS Budget Calculator
CFSS Consultation Services Provider List
DSD Training Handouts Archive