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| **CFSS Guidelines:**  **CFSS Updates from DHS Office Hours on February 7th**   * A person cannot be both the participant representative and the worker. Assessors must explain this during the assessment to avoid disappointment later. * Members can switch between PCA and CSG during the 6-month transition to CFSS.   **Consultation Provider Update:**   * DHS met with providers; most are taking new clients, but some have waitlists. Providers struggle with getting signatures and returning calls due to high voicemail volumes.   **Annual Reassessment Timeline:**   * FMS or CFSS agency submits Referral for Reassessment for PCA/CFSS Services - DHS-6893B 60 days before the service agreement ends. * Lead agency completes reassessment between day 60 and day 30. * Consultation services provider and member develop the service delivery plan between day 30 and day 0. * The lead agency approves the plan before the current service agreement ends. * Care Coordinators must complete everything on time. Late service delivery plans result in service gaps.   **Service Delivery Plan Revisions:**   * Attach revised plans to the person’s record without deleting previous documents.   **Care Coordinator Responsibilities:**   * Discuss with the consultation provider before creating an authorization, to ensure that they have capacity to work with the member. * Complete a DTR if the member has gone 60-90 days with no contact or movement in selecting a provider.   + This will ensure the member receives their appeal rights.   **Service Delivery Plan Approval:**   * The CFSS agency provider does not need to return the plan after completing the “Individual Abuse Plan” and “Worker Training and Development Plan.” Care Coordinators can approve it beforehand.   **Approved Care Hours:**   * Members can ask the CFSS provider agency or FMS provider for an hour’s breakdown and will receive relevant documents and reports.   **45-Day Temporary Increase:** an increase to CFSS services for up to 45 days when the person has had a significant change in condition or a change in need of services:   * Phone assessment using the Community First Services and Supports (CFSS) Assessment - DHS-6893A as a template * Applies to both waiver and state plan * The services delivery plan does not need to be revised * Lead agency will add a T1019 U6 line to the SA   **Extended CFSS Services:**   * Waiver services that follow MA state plan CFSS policies but are exceeding state plan limits based on assessed need, not for change in condition. The lead agency will add a T1019 UC line on the SA. This is not included in CFSS service delivery plan.   **Additional Notes:**   * Personal care recipients should have a Worker Training and Development service authorization. * All service lines should be listed on the Lead agency addendum to CFSS Individual Service Delivery Plan – DHS 6893W. * Providers must offer interpreter services.   As DHS updates its guidance, we will continue to revise our CFSS Guidance, which is available on the [Care Coordination website](https://carecoordination.bluecrossmn.com/care-coordination/). Check for new highlights and communications to ensure you are current with the latest information and best practices.  Care Coordinators are encouraged to explore the [DSD Training Archives](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_143138#CFSS) and review the [Community First Services and Supports (CFSS)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_143138#CFSS) archived office hours and handouts. These resources provide valuable insights into MCO and County questions and answers, helping to enhance the understanding and implementation of CFSS guidelines. |