UCare CFSS FAQ

Frequently asked questions regarding PCA to CFSS Transition 10/1/24

This document addresses frequently asked questions related to Community First Services and Supports (CFSS) for MSC+/MSHO members from UCare's Clinical Liaison Quarterly Meeting, Office Hours and inquiries received through the Clinical Liaison inbox.
Responses are subject to change as CFSS evolves and additional information is received from DHS.

DHS has a CFSS Frequently Asked Questions (FAQ) page that is being updated weekly. Please refer to the DHS CFSS FAQ page regularly with questions prior to submitting questions to UCare. You may also refer to the DHS CFSS Policy Manual.

1. **Is it mandatory to complete both CFSS_LA and the CFSS_PO in TrainLink if you are a seasoned worker?**
   Answer: All care coordinators must complete the Community First Services and Supports (CFSS) for lead agencies training in TrainLink (Course Code: CFSS_LA). DHS recently released CFSS Policy Training for New Lead Agency Staff (Course Code: CFSS_PO) as an optional training for new staff who may be unfamiliar with PCA/CFSS eligibility.

2. **Where do we find a list of providers for Consultation Services and FMS?**
   Answer: All Consultation Service (CS) Providers and Financial Management Service (FMS) providers must be enrolled with DHS. DHS has published a list of DHS CFSS Consultation Services Providers and Financial Management Services (FMS) Providers in the CFSS Policy Manual. A list of DHS enrolled FMS providers can also be found on MinnesotaHelp.info.

3. **How does a member know which CS providers they can choose from?**
   Answer: The DHS list of Consultation Providers found here includes all providers that are contracted with DHS but who may or may not be *enrolled*. Refer to the column titled *Enrolled?* Providers marked ***YES*** are enrolled with DHS and can be used for this service. Those marked ***NO*** are not enrolled with DHS and should not be used. The CS provider list will be updated regularly by DHS as providers submit their paperwork to enroll.

4. **Are care coordinators required to send the member a list of FMS providers in addition to CS providers enrolled with DHS? Will this information be available in multiple languages?**
   Answer: Care coordinators must provide the member with a list of Consultation Services providers to have informed choice and select their provider. If a member is using the CFSS budget model or are using the agency model and receiving goods and services, the consultation services provider is to provide the FMS provider options. Like CDCS, FMS providers are listed in the MinnesotaHelp.info. DHS has not published this information in other languages.

5. **Can a member (new or existing) decline Consultation Services?**
   Answer: No. All members who use CFSS must select a CS provider that is enrolled with DHS to provide consultation services. If a member does not choose a consultation service provider, CFSS services will remain denied until one is chosen. CC should complete a DTR for CFSS if a member declines CS.

6. **How will care coordinators refer members for CFSS consultation? Is there a form?**
   Answer: CCs provide members with the DHS enrolled Consultation Services options. Generally, the member would reach out to the selected CS provider to initiate services. If needed, the CC can assist members by contacting the CS provider to share the member's information. Each CS provider may have their own intake forms they would like CC's/members to use. Once CS provider is chosen and accepts the member for services, the CC is required to submit the PCA/CFSS Communication Form to UCare to authorize this service.

7. **Will UCare require an authorization for Consultation Services?**
   Answer: Yes, an authorization for Consultation Services is required for members seeking CFSS. The PCA/CFSS Communication Form has been updated with necessary information as it relates to CFSS. All members utilizing CFSS should receive an initial 6 sessions of CS services authorized with their chosen provider. If additional units are needed, the CS must provide documentation to the CC. The updated PCA/CFSS Communication Form is to be submitted to pca_cfss@ucare.org.

8. **Does the care coordinator need to keep the assessment open in MnCHOICES until the member selects a CS provider?**
   Answer: No, the care coordinator will close the assessment when finalized. The consultation services must be captured in the support plan once the member chooses a provider.

9. **What is the eDoc for the CFSS Service Delivery Plan?**
   Answer: The eDoc for the CFSS Individual Service Delivery Plan is DHS-6893P. Members who use CFSS must write a service plan and utilize this document to ensure they have included all required elements with the support of their CS provider.

10. **Who is responsible to upload the CFSS Service Delivery Plan to MnCHOICES?**
    Answer: The consultation services provider will upload the service delivery plan into the Revised MnCHOICES as an attachment for care coordinator review and approval.

11. **What is sent to the member within 10 business days of the MnCHOICES Assessment?**
    Answer: DHS requires that members receive a copy of their CFSS eligibility in writing within 10 business days of the assessment. UCare defines eligibility results as the "Assessment Summary" from MnCHOICES. This is a change from current practice of sending the "Supplemental Summary Charts" which does not include eligibility information. In addition, DHS is requiring CCs provide members with a list of consultation services providers and the DHS-8477A CFSS Fact Sheet w/in 10 days of the assessment.

12. **Are timelines changing and how will care coordinators complete support plans while waiting on the member to choose a CS provider and the DHS-6893P Service Delivery Plan?**
    Answer: All current timelines for assessments and support plans remain in place as outlined in the UCare Requirements Grids. Support Plans continue to be completed within 30 days of the assessment. Revisions to support plans are made as providers are chosen and service authorizations are approved.

13. **What is the timeline for Consultation Services to send the completed 6893P Individual Service Delivery Plan back to the CC for review/approval? How does this impact our support plan timeline requirements?**

Answer: DHS has indicated that they are not providing Consultation Services providers with a required timeline to allow flexibility during CFSS implementation. DHS has stated that additional guidance may be provided in the future.

14. **Would we need to complete a support plan revision after the PCA 6 month transition auth?**
    Answer: Upon creation of the support plan, the 6-month transition PCA has established begin and end dates. A revision would not be needed to stop the transition PCA. When other changes to services are added (see #15), revisions would be needed.

15. **With all of the support plan revisions that will be needed, do we need to mail out the support plan each time and receive another signature?**
    Answer: Current DHS policy indicates that when there are changes to the plan that affect how the service is provided (e.g., changes to service frequency, number of units, updated tasks assigned to the provider, addition of a new provider, etc.) you must revise the support plan, provide a copy to the member and provide a copy to the provider and obtain their signature (based on the person's informed decision to share the partial or entire plan with the provider(s).

16. **For members choosing the agency model, can they use the same provider that they currently use for PCA services?**
    Answer: If the PCA provider enrolled with DHS as a CFSS provider and is in-network with UCare, then yes this would be possible. If the PCA agency is not registered with DHS for CFSS, the member would need to locate a new in-network CFSS provider.

17. **Can someone who has a current assessment and authorized PCA hours start using a parent or spouse as their PCA worker on October 1, 2024, without transitioning to CFSS?**
    Answer: Yes, starting 10/1 PCAs can be a spouse or parent of a minor. The care coordinator does not need to do anything to allow the parent or spouse to become the PCA worker and the member should work with their current PCA agency. If the spouse or parent is the current responsible party and the member wants to make them their PCA, the member would need to elect a new responsible party.

18. **Would an initial/new member who has not accessed PCA/CFSS wait months to get services in place since there is no PCA 6 month transition authorization?**
    Answer: Historically, members may have been approved for PCA and were not able to start services until a provider with staffing availability was able to be located. If a member has an urgent need for care prior to an assessment being completed, the CC can continue to use the 45-day CFSS temporary start using the agency model.

19. **How does CFSS work for people on a disability waiver (BI, CAC, CADI, BI)?**
    Answer: UCare care coordinators do not manage disability waivers. If a member is open to one of these waivers, the county waiver case manager would complete the MnCHOICES Assessment, support plan and authorization. The DHS-5841 remains the process for county case managers to authorize state plan services.

20. **Starting 10/1, are we no longer required to complete the PCA/CFSS conversion sheet?**
    Answer: The conversion worksheet is no longer needed as of 10/1/24.

21. **Are we still going to be sending paperwork to UCare to authorize PCA/CFSS?**
    Answer: Yes, the PCA/CFSS Communication Form, Assessment Results and Supplemental Chart will be sent to pca_cfss@ucare.org. These will only need to be sent with the first CFSS authorization. UCare has developed a CFSS Care Coordination Guidance document which includes information on how to authorize CFSS as well as have updated our MSC+/MSHO Assessment Checklist Job Aid.

22. **What happens if a member is using the budget model and spends all of their CFSS dollars prior to the end of their service plan?**
    Answer: Unlike PCA where the authorization is for 2- 6 month spans, the CFSS budget line is for the whole length of the service agreement span and the member can spend funds flexibly throughout the year. The care coordinator, CS provider, and FMS provider are responsible for monitoring spending. An early reassessment should NOT be completed in this scenario to access additional funds.

23. **Will regular PCA still be available once all members are switched to CFSS?**
    Answer: No, in DHS Transition Phase III, DHS will discontinue PCA services after all people have transitioned to CFSS.

24. **Is DHS-4690 Communication to Physician Form required for existing members receiving 6-month transition PCA?**
    Answer: No. DHS-4690 Communication to Physician is no longer required. DHS retired this form on 10/1/24 and the form is no longer available for use. The Requirements Grids will be updated on 1/1/25 to reflect this change.

25. **Can we still authorize extended PCA with the transition to CFSS?**
    Answer: Yes, if member is currently receiving extended PCA and continues to be waiver eligible and meets the criteria, a member may be authorized for 6 months of extended PCA along with their 6-month transition PCA. Extended CFSS services may be authorized if the person is eligible and on a waiver. Visit the Extended CFSS Services page of the CFSS Policy Manual for more information.

26. **If a member does not select their CS provider within 90 days, how many actionable attempts does the CC need to make before a DTR is issued?**
    Answer: A care coordinator should make a good-faith effort to reach the member, provide them with their CS options, and assist with the referral. A CC should clearly document all outreach attempts in the member's record. CFSS services are DTR'd using the PCA/CFSS Communication Form.

27. **If the member doesn't choose a CS provider within 90 days and a DTR is issued, do we need to do another assessment if the member wants CFSS at 5 months into the assessment year?**
    Answer: No, a new MnCHOICES assessment is not needed unless the member's needs have significantly changed. Submit the PCA/CFSS Communication Form, Supplemental Summary Charts & Assessment Results to pca_cfss@ucare.org to begin authorization. A new in-person assessment is required if the member has had a change in condition.

28. **Can a CS provider start services prior to the start of the member's new service span?**
    Answer: No, authorize an initial 6 sessions/units of consultation services starting no sooner than the start of the new authorization period through the end of the new span. If the CS provider is selected after the start of the new span, use a start date of when the CS provider was selected

through the end of the new span. If more than 6 units/sessions are needed, the CC must receive a request from the CS provider with justification/documentation. The CC must provide approval and submit a new PCA/CFSS Communication form with a justification noted in the description on the form.

29. **Can we proceed with the service delivery plan if it is not signed by the member? What is the CC's responsibility in obtaining a signature on the 6893P?**
Answer: No, the service delivery plan MUST be signed by the member or their RP/representative. The CS provider should work with the member to obtain a signature.

30. **What is the process for authorization to UCare for CFSS?**
Answer: Refer to UCare's CFSS Care Coordination Guidelines document and MSC+/MSHO Assessment Checklist MnCHOICES for specifics related to authorization for CFSS. CCs utilize UCare's PCA/CFSS Communication Form for all PCA/CFSS related authorizations for non-waiver and EW members.

31. **What is the process for disability waiver CFSS assessment for delegates? Who submits paperwork to UCare?**
Answer: Disability Waiver Case Managers are responsible for completing the MnCHOICES PCA/CFSS assessment for members on other disability waivers (CADI, BI, DD, CAC). The disability waiver case manager submits the DHS-5841 to UCare to authorize any/all CFSS services. Care Coordinators ensure collaboration with the disability waiver case manager to ensure there is no gap in services. Care coordinators also assist with ensuring the PCA/CFSS agency is an in-network UCare provider.

32. **When are new member signatures required for CFSS Support Plan Revisions in MnCHOICES?**
Answer: If the member elects CFSS at the time of the assessment and the member signature is received, CCs do not need to request a new member signature once each CFSS service is added to the support plan (CS, CFSS Agency, FMS, PERS).
    - When revising the support plan: Are signatures required? Select No.

A new signature is needed when CFSS is not elected at the time of assessment and is started mid-service period, starting a new service delivery plan outside of the assessment. If open to EW, follow EW provider signature process

33. **How is CFSS different than CDCS?**
Answer: A person may use both CFSS and CDCS, if desired. CFSS is foundationally a personal care service. People may decide to use some of their CFSS funds to purchase other things that are allowable. If they choose to use only personal care in CFSS, people on a waiver may use waiver funds to receive other items/services that are coverable on a waiver.

34. **What letter/form/script do we use to send the CS provider list to the member by day 10 after the assessment?**
Answer: The Health Resource Letter is available to accompany any member mailings sent outside of the support plan and is posted on the MSC+/MSHO page, Letter Templates drawer. If requesting EW provider signature, utilize the EW Provider Support Plan Letter and if requesting the member signature, utilize the Support Plan Signature Letter.

35. **How do we locate an in-network CFSS agency?**
    Answer: Locate DHS enrolled & UCare in-network CFSS provider agencies using our Provider Search Tool. Using the "Places" tab, pick your plan from the dropdown, search by name "Community First Services" and choose a location. Changing the distance to greater than 60 miles will expand your search to include all DHS enrolled and UCare in-network CFSS provider agencies available to the member.

36. **Is there a timeline for the care coordinator to approve or deny a member's service delivery plan?**
    Answer: A care coordinator must approve or deny the service delivery plan within 30 calendar days of receipt from the consultation service provider.

37. **Who must receive a copy of the approved 6893P?**
    Answer: The care coordinator must send the signed copy of the approved DHS-6893P to the member, CS provider, and CFSS provider agency and/or FMS provider. The CC must also upload the signed service delivery plan to MnCHOICES.

38. **What start date do we put on the PCA/CFSS Communication Form for the start of CFSS service lines?**
    Answer: The start date of the CFSS service lines for authorization is the date the care coordinator signed and approved the service delivery plan or the date providers are chosen, whichever date is later.