

Goods and services through CFSS

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Legal authority	Minn. Stat. §256B.85, subd. 6, subd. 9 and subd. 17	
Comparison of PCA and CFSS	<p>DHS is in the process of replacing PCA with CFSS. For more information about this transition, refer to CFSS Manual – Transition from PCA and CSG CFSS.</p> <p>Differences CFSS allows people to purchase goods and services, and PCA does not. The rest of this page applies to CFSS only.</p>	
Definition	<p>Goods and services: Items or services purchased through CFSS that either:</p> <ul style="list-style-type: none"> • Increase the person’s independence. • Decrease the person’s need for assistance from another person. 	
Overview	<p>All people who use CFSS may purchase covered goods and services. For information about purchasing personal emergency response system (PERS), refer to CFSS Manual – PERS through CFSS.</p>	
Covered items	<p>Goods and services purchased through CFSS must meet all of the following criteria:</p> <ul style="list-style-type: none"> • Related to an assessed need. • For the direct benefit of the person. • Increase the person’s independence or decrease their need for assistance from another person. • Included in the person’s service delivery plan. <p>Examples Covered goods could include, but are not limited to:</p> <ul style="list-style-type: none"> • Grab bars. • Wheelchair ramps. • Assistive technology. • Specialized devices for dressing or grooming. <p>Covered services could include, but are not limited to:</p> <ul style="list-style-type: none"> • Meal delivery. • Laundry service. 	
Non-covered items	<p>A person cannot use CFSS funds to purchase:</p> <ol style="list-style-type: none"> 1. A good or service that is: <ul style="list-style-type: none"> • Not related to an assessed need. • A replacement for human assistance that is not a covered CFSS service listed on CFSS Manual – PCA/CFSS covered services. • Not for the direct benefit of the person. • Not the most cost-effective option to meet the person’s need(s). Note: If the person prefers a version of an item that is more expensive than the least costly alternative, they can purchase that item and pay for the difference in cost. • Covered under any other state plan service. • The responsibility of another entity (e.g., a person’s school, Medicare or private insurance). 2. Medical supplies or equipment covered by Medical Assistance (MA). 3. Insurance premiums and copays. 4. Room and board costs. 5. Vacation expenses. 6. Vehicle maintenance, except for maintenance of disability-related 	

	<p>modifications.</p> <p>7. Tickets to recreational events.</p> <p>8. Camps and classes.</p> <p>9. Legal or advocacy-related fees.</p> <p>10. Experimental treatments.</p> <p>11. Membership fees or costs, except when the service is necessary for the person's health condition and monitored by a Minnesota Health Care Programs (MHCP)-enrolled physician, advanced practice registered nurse or physician's assistant.</p>
Limitations	<p>People who only purchase goods and services (i.e., not using personal care services) must use the CFSS budget model.</p> <p>People on a waiver cannot use extended CFSS units/dollars to purchase goods and services.</p> <p>Note: Alternative Care does not include extended CFSS.</p>
Process and procedure	<p>If a person identifies good(s) and/or service(s) to purchase using CFSS funds, they must follow this process:</p> <ol style="list-style-type: none"> The person includes the following information in their service delivery plan: <ul style="list-style-type: none"> The goods and services. The cost of the goods and services. How the goods and services meet an assessed need and increase their independence or decrease their need for assistance from another person. The consultation services provider: <ul style="list-style-type: none"> Reviews the person's service delivery plan. Offers guidance on whether the goods and services meet the requirements in the covered items section on this page. Submits the service delivery plan to the lead agency for authorization. The person selects a financial management services (FMS) provider to facilitate the purchase of the goods and services. The lead agency: <ul style="list-style-type: none"> Reviews and approves the person's service delivery plan. Issues a service authorization that includes a line for goods and services that is separate from the line for units. The line for the good or service includes the cost of the good/service and the FMS provider fees. <p>Notes:</p> <ul style="list-style-type: none"> In the agency model, the goods/services line includes the FMS fee, and the line for the units is determined through this calculation: (Total number of units for which the person is eligible) minus (cost of goods and services divided by current CFSS rate). In the budget model, the line for the FMS fee is separate. <ol style="list-style-type: none"> The person purchases the goods or services, or the FMS provider purchases the goods or services for the person. If the person purchased the goods or services, the person submits a receipt to the FMS provider. The FMS provider bills DHS. If the person purchased the goods or services, the FMS provider reimburses the person.
Person's	The person must:

responsibilities	<ol style="list-style-type: none"> 1. Identify the goods and services to meet their needs. 2. Identify the cost of the goods and services. 3. Add the following information to their service delivery plan: <ul style="list-style-type: none"> • Goods and/or services. • Cost of the goods and/or services. • How the goods and/or services meet an assessed need and increase their independence or decrease their need for assistance from another person. • FMS provider the person selected. • FMS provider fee (for people using the agency model only). 4. Save receipts and submit them according to the FMS provider's policies if the person purchases the goods and services.
Consultation services provider's responsibilities	<p>The consultation services provider must:</p> <ul style="list-style-type: none"> • Review the service delivery plan. • Provide guidance to the person about whether the goods and services in their service delivery plan are covered, according to information in the covered items section on this page. • Work with the person to find covered options to meet their needs if they include a non-covered good/service in their service delivery plan. • Provide guidance about whether the purchase of goods/services prevents the person from meeting assessed needs critical to their health and safety (e.g., spending a large portion of their budget on goods and services without a plan to meet their other needs with formal or informal supports).
Lead agency's responsibilities	<p>The lead agency must:</p> <ul style="list-style-type: none"> • Review and approve the person's service delivery plan. • Ensure the goods and services do not duplicate a good or service the person receives through their waiver, if applicable. • Authorize approved goods and services. • Give the person a notice of action if they deny the goods and services (refer to CBSM – Notice of action).
Provider agency's responsibilities	<p>The CFSS provider agency has no responsibilities related to authorizing or purchasing goods and services.</p>
FMS provider's responsibilities	<p>The FMS provider must fulfill all of their usual responsibilities, including billing DHS within a year of the purchase of the good or service. For information about FMS provider responsibilities, refer to CFSS Manual – FMS provider requirements for CFSS.</p>
Calculating costs	<p>The following sections explain how to calculate the person's direct care unit/dollars available when purchasing goods, services or PERS. The following tools can also perform these calculations:</p> <ul style="list-style-type: none"> • CFSS agency model calculator. • CFSS budget model calculator. • CFSS service delivery plan template, DHS 6893P (coming soon). <p>CFSS agency model without goods, services or PERS There are no calculations necessary for a person on the CFSS agency model who does not purchase goods, services or PERS.</p> <p>CFSS agency model with goods, services and/or PERS If a person purchases goods, services and/or PERS, the calculation for the units available for direct care is as follows:</p>

	<p>1. Divide the total cost of the person's goods, services and PERS by the current state-set rate.</p> <p>2. Subtract this number from the total number of units for which the person is eligible to calculate the units available for direct care.</p> <p>CFSS budget model</p> <p>The person's total budget is the total units for which they are eligible multiplied by the current state-set rate.</p>
<p>Additional resources</p>	<p>CBSM – Notice of action</p> <p>CFSS Manual – FMS provider requirements for CFSS</p> <p>CFSS Manual – PCA/CFSS covered services</p> <p>CFSS Manual – Transition from PCA and CSG to CFSS</p>