

Assessment for PCA/CFSS services

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Legal authority	Minn. Stat. §256B.85, subd. 5 , Minn. Stat. §256B.0659	
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 to CFSS.</p> <p>Similarities In both PCA and CFSS:</p> <ul style="list-style-type: none"> • The assessment documents the person’s needs and authorizes services. • DHS is in the process of transitioning from the paper-based legacy assessment to the MnCHOICES assessment. • The lead agency must conduct an assessment each year and whenever the person has a significant change in condition. • The lead agency must conduct an in-person assessment for people who only access PCA/CFSS. • The lead agency may conduct assessments remotely for people eligible for a waiver or the Alternative Care program in certain circumstances. For more information, refer to CBSM – Assessment applicability and timelines. <p>Differences There are no differences in the assessment process for PCA and CFSS.</p>	
Definitions	<p>MnCHOICES Assessment: A tool to determine eligibility for CFSS. For more information, refer to CBSM – MnCHOICES.</p> <p>Legacy assessment: A paper-based assessment. Some lead agencies have not fully transitioned to MnCHOICES and use CFSS Assessment, DHS-6893A. A certified assessor or a public health nurse completes the legacy assessment. Lead agencies must have DHS’ approval to use the paper-based legacy assessment.</p> <p>The MnCHOICES assessment and DHS-6893A use the same criteria and formula to determine eligibility for PCA/CFSS.</p> <p>Responsible party (RP)/participant’s representative: An individual who is age 18 or older and capable of directing care on behalf of a person receiving PCA/CFSS services when the person is assessed as unable to direct their own care. In PCA, this individual is called the RP. In CFSS, this individual is called the participant’s representative.</p> <p>Note: All references to “representative” on this page refer to the participant’s representative, unless otherwise specified.</p>	
Process	<p>Effective Oct. 1, 2024, all assessments are for CFSS services. If the lead agency conducted the assessment before Oct. 1, 2024, and enters the service agreement on or after Oct. 1, 2024, they will enter a PCA service agreement. A person interested in accessing CFSS services must receive an assessment to determine their need for services through the following process:</p> <ol style="list-style-type: none"> 1. The person requests an assessment from the responsible lead agency. 2. The lead agency schedules and conducts the assessment (refer to the certified assessor responsibilities section on CBSM – Support planning for LTSS). 3. The lead agency authorizes services based on the results of the assessment (refer to the case manager responsibilities section on CBSM – Support planning for LTSS). 4. The PCA/CFSS provider agency (PCA and CFSS agency model) or the financial management services (FMS) provider (CFSS budget model) requests a reassessment at least 60 days before the end of the person’s service agreement (refer to CFSS Manual – Reassessment for PCA/CFSS services). <p>For a more detailed overview of the process, refer to CFSS Manual – Overview of</p>	

	<p>the PCA and CFSS process.</p> <p>People age 65 and older enrolled in a managed care organization (MCO) If a person is age 65 or older and enrolled in an MCO, the MCO follows its own process for assessment and service authorization.</p>
Person's responsibilities	The person is responsible to provide accurate and complete information during the assessment.
Lead agency's responsibilities	<p>Effective Oct. 1, 2024, the lead agency is responsible to:</p> <ol style="list-style-type: none"> 1. Make arrangements to complete an in-person assessment in one of the following locations: <ul style="list-style-type: none"> • The person's home. • A location where services take place. • An institution the person is planning to leave. • Remotely, when allowed. For more information, refer to CBSM – Assessment applicability and timelines. 2. Conduct an assessment within 20 business days of receiving the request that: <ul style="list-style-type: none"> • Documents the person's health status. • Determines the person's need for a representative. • Determines the person's need for services. • Determines the amount of services to authorize. • Identifies service options. • Provides the person with a list of CFSS consultation services providers. • Refers the person to other resources, when appropriate. 3. Enter the service agreement into MMIS or the MCO's authorization system with: <ul style="list-style-type: none"> • Six sessions of consultation services. • Six months of PCA or CSG services if the person is currently using PCA or CSG. <p>For MMIS instructions, refer to DSD MMIS Reference Guide – Type B service agreement for PCA/CFSS.</p> 4. Send CFSS eligibility results within 10 business days to the: <ul style="list-style-type: none"> • Person. • Representative (if applicable). • PCA/CFSS provider agency (if known). • Consultation services provider (if known). 5. Review the service delivery plan from the consultation services provider within established timeframes and approve or deny it. For timeline information, refer to CBSM – Support planning for LTSS. <p>If the lead agency approves the CFSS service delivery plan, they must:</p> <ul style="list-style-type: none"> • Update the support plan and service agreement. • Send the support plan to the person and their providers. <p>If the lead agency denies the CFSS service delivery plan, the lead agency must follow the requirements described on CBSM – Notice of action.</p> <p>Temporary start of service for up to 45 days If a person not currently using PCA or CFSS services has an immediate need to begin services, the lead agency can conduct a telephone assessment for a temporary start of CFSS services. For more information about that process, refer to CFSS Manual – 45-day temporary start of CFSS services.</p> <p>Temporary increase to an existing service agreement for up to 45 days If a person currently using PCA or CFSS has a temporary change in condition that requires more support, the lead agency can conduct a telephone</p>

	assessment for a temporary increase. For more information about that process, refer to CFSS Manual – 45-day temporary increase of PCA/CFSS services .
PCA/CFSS provider agency's responsibilities	For a person using PCA or the CFSS agency model (including a person using the CFSS agency model and purchasing goods/services), the PCA/CFSS provider agency is responsible to request a reassessment 60 days before the end of the person's current service authorization.
FMS provider's responsibilities	For a person on the CFSS budget model, the FMS provider is responsible to request a reassessment 60 days before the end of the person's current service authorization. If the FMS provider works with a person who uses the CFSS agency model and purchases goods/services, the FMS provider is not responsible to request a reassessment for that person.
Additional resources	CBSM – Assessment and support planning overview CBSM – Assessment applicability and timelines CBSM – MnCHOICES CBSM – Support planning for LTSS CFSS Manual – 45-day temporary increase of PCA/CFSS services CFSS Manual – 45-day temporary start of PCA/CFSS services CFSS Manual – Overview of the PCA and CFSS process CFSS Manual – Reassessment for PCA/CFSS services CFSS Manual – Transition from PCA and CSG to CFSS DHS – County and tribal nation offices DSD MMIS Reference Guide