

Transition from PCA and CSG to CFSS

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In October 2024, DHS started the transition from personal care assistance (PCA) and the Consumer Support Grant (CSG) to Community First Services and Supports (CFSS).

This page provides information about the following topics:

- [Why is DHS making this change?](#)
- [What will not change for people using PCA?](#)
- [What will change for people using PCA?](#)
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- [What will change for people using CSG?](#)
- [Transition plan: Phase I \(ended Sept. 30, 2024\)](#)
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Why is DHS making this change?

The Affordable Care Act allowed DHS to implement changes that will give people more choice and control of how they use services.

What will not change for people using PCA?

Many things will stay the same for people using PCA, including, but not limited to:

- Eligibility, as described on [CFSS Manual – Eligibility for PCA/CFSS services](#) and [CFSS eligibility training](#).
- Assessment process.
- Covered services for activities of daily living (ADLs), instrumental activities of daily living (IADLs) (including driving), health-related procedures and tasks, observation and redirection of behaviors, as described on [CFSS Manual – PCA/CFSS covered services](#).
- Provider agencies support people in the CFSS agency model.
- The person directs their care, or a representative directs care on the person's behalf.
Note: In PCA, this representative is called the "responsible party (RP)." In CFSS, this representative is called the "participant's representative."

For more information, refer to [CFSS roles and responsibilities training](#).

What will change for people using PCA?

The following sections provide brief descriptions of what will change for people using PCA. For additional information, refer to [CFSS overview training](#).

Consultation services providers

CFSS consultation services providers will help a person succeed by ensuring they:

- Understand how CFSS works.
- Can make informed decisions.
- Write a service delivery plan that meets the person's needs and follows program rules.

For more information, refer to [CFSS Manual – CFSS consultation services overview](#), [Consultation services provider training](#) and [CFSS roles and responsibilities training](#).

PCA does not include consultation services providers.

Budget model

The CFSS budget model gives a person more control over employment-related activities. Financial management services (FMS) providers will support people using the budget model. For more information, refer to [CFSS Manual – PCA service options and CFSS service models](#), [Agency and budget models training](#), [CFSS math training](#) and [CFSS roles and responsibilities training](#).

PCA does not have a budget model.

Family members serving as workers

In CFSS, a person's spouse or parent of a minor will be able to provide CFSS services to that person. DHS recognizes the value of allowing people to receive supports from family members. For more information, refer to [CFSS Manual – Paying a spouse or parent of a minor for PCA/CFSS services](#) and [New potential workers training](#).

In PCA, a person's spouse or parent of a minor previously was not able to provide PCA services. However, starting on Oct. 1, 2024, they will be able to provide services. For more information, refer to the [July 30, 2024, eList announcement](#).

People using CFSS serving as workers

A person using CFSS will be able to provide CFSS services to other people. There are many benefits when people who receive services are also able to provide services. People who receive services have a right to competitive employment opportunities. Expanding the pool of potential workers benefits everyone who uses these services.

People often ask DHS how it is possible for people who receive services to also provide services. People who use CFSS have a wide variety of skills and needs. For example, a person might need support eating because of a swallowing disorder, and they are able to provide services to another person who needs support with transfers. For more information, refer to [New potential workers training](#).

In PCA, a person using PCA cannot serve as a PCA worker for another person.

Purchase of goods and services

In CFSS, a person will be able to purchase allowable goods and services to replace the need for human assistance and/or give the person more independence and control. Examples of goods and services include:

- Grabbing tool to help a person get dressed.
- Laundry service.

For a person on the CFSS agency model, a CFSS provider agency will employ their workers, and an FMS provider will support them with purchasing goods and services.

For a person on the CFSS budget model, an FMS provider will support them with purchasing goods and services.

For more information, refer to [CFSS Manual – Goods and services through CFSS, Goods, services and personal emergency response systems \(PERS\) training](#) and [CFSS math training](#).

In PCA, a person is not able to purchase goods and services.

Purchase of PERS

In CFSS, a person will be able to purchase PERS to help them remain safe while alone in their own home. For more information, refer to [CFSS Manual – CFSS PERS](#) and [Goods, services and PERS training](#).

In PCA, a person is not able to purchase PERS.

Worker training and development

In CFSS, agencies and people who employ CFSS workers will have a separate, dedicated budget for training about the specific needs of the person the worker supports. This will give agencies and people who employ workers more flexibility in training workers, and it will allow workers to best serve people's specific needs. When CFSS launches, the worker training and development budget will be \$1,272.96 per year. The rate may change in the future in response to legislation. For more information, refer to [CFSS Manual – CFSS worker training and supervision](#) and [Worker training and development training](#).

In PCA, the qualified professional (QP) is responsible to train and supervise PCA workers. The worker training and development budget replaces QP units.

Note: The CFSS agency's supervising professional will still be responsible to train the worker, ensure they are competent and supervise them. However, the qualifications are more flexible, and multiple supervising professionals can work with a person's workers, if appropriate.

For more information, refer to [CFSS roles and responsibilities training](#).

Eligibility for rating LT

In CFSS, a person who continues to meet the eligibility for the current rating LT will now have the rating P, Q or R and be eligible for at least five units per day. The rating LT will no longer exist in CFSS.

In PCA, a person with the rating LT receives two units per day.

For more information, refer to [CFSS Manual – PCA/CFSS unit determination](#) and [CFSS eligibility training](#).

Flexibility of dollars/units

In CFSS, a person will have increased flexibility for distributing units/dollars throughout the year. They can choose to distribute units/dollars through their service plan year, unless they are on the Minnesota Restricted Recipient Program (MRRP). For more information, refer to [CFSS Manual – Flexible use of PCA/CFSS services](#).

In PCA, a person has some flexibility for distributing units/dollars, but not as much flexibility as they will have in CFSS. In PCA, a person not on the MRRP can only use up to 75% of their units in each half of the service plan year.

What will not change for people using CSG?

Many things will stay the same for people using CSG, including, but not limited to:

- Eligibility (if the person is using CSG as an alternative to PCA).
Note: If the person is using CSG as an alternative to home care nursing, the lead agency must offer the person a MnCHOICES assessment and work with the person on how to meet their needs based on the assessment results.
- Assessment process.
- The person can have a budget, be the employer of their workers and work with an FMS provider if they choose to use the CFSS budget model.
- The person's spouse or parent (if they are a minor) can serve as their support worker.
- The person can purchase allowable goods and services.
Note: There are more restrictions in CFSS for covered goods and services.

For more information, refer to [CBSM – CSG transition to CFSS](#).

What will change for people using CSG?

The following sections provide brief descriptions of what will change for people using CSG. For additional information, refer to [CBSM – CSG transition to CFSS](#), [CFSS transition from CSG training](#) and [CFSS overview training](#).

Service models

In CFSS, there will be two service models: the budget model and the agency model. A person using CSG may wish to select the budget model to continue being the employer of their workers. Both CFSS models will include more options than were available in PCA, including paying spouses and parents of minors to provide services and purchasing goods and services.

Consultation services providers

CFSS consultation services providers will help a person succeed by ensuring they:

- Understand how CFSS works.
- Can make decisions.
- Write a service delivery plan that meets the person's needs and follows program rules.

CSG does not include consultation services providers. In CSG, the lead agency performs the functions of the consultation services provider, if needed.

Budget

If a person using CSG selects the budget model, their budget will be approximately twice as large as it was before, unless:

- Their eligibility changes.
- They are using CSG to meet their home care nursing needs.

If a person using CSG selects the agency model, they will get service units and work with a provider agency instead of having a budget.

Purchase of goods and services

A person using CSG is already able to purchase goods and services.

The federal government is helping fund CFSS services, so DHS must align its laws and policies with both state and federal guidelines. Because of federal guidelines, a person may see some changes to

the goods and services that are covered. Their consultation services provider will help them identify any differences that might affect them.

Purchase of PERS

In CFSS, a person will be able to purchase PERS to help them remain safe while alone in their own home.

Worker training and development

In CFSS, agencies and people who employ CFSS workers will have a separate, dedicated budget for training about the specific needs of the person the worker supports. This will give agencies and people who employ workers more flexibility in training workers, and it will allow workers to best serve people's specific needs. When CFSS launches, the worker training and development budget will be \$1,272.96 per year. The rate may change in the future in response to legislation.

In the CFSS agency model, the provider agency will be responsible to train the workers. In the CFSS budget model, the person will be responsible to train the workers.

In CSG, the person is responsible to train the workers.

Transition plan: Phase I (ended Sept. 30, 2024)

What did DHS do?

During Phase I, DHS:

- Posted training for workers (April 2020).
- Posted training for current provider agencies (July 2021).
- Contracted with consultation services providers (January 2022).
- Posted online training for consultation services providers (January 2022 and March 2022).
- Started training consultation services providers (February 2022).
- Started providing webinars for consultation services providers (February 2022).
- Submitted an application to the federal government for approval (March 2022).
- Posted training for lead agencies (June 2022).
- Met with managed care organizations (MCOs) about their computer system updates (October 2022).
- Posted [DHS – CFSS service agreement and claims codes](#) (October 2022).
- Resubmitted an application to the federal government for approval (November 2023).
- Received final approval of the state plan amendment from the federal government (February 2024).
- Started sharing information about CFSS with people using PCA and CSG and notifying them about the upcoming changes (May 2024).
- Obtained approval for waiver amendments including extended CFSS (June 2024).
- Posted [Training for new CFSS provider agencies](#) (July 2024).
- Posted training for FMS providers in [TrainLink](#) (July 2024.)
- Posted most new forms and documents and added them to [CFSS Manual – Forms and documents](#) (July through September 2024).
- Posted [CFSS service agreement calculator tools](#) (July 2024).
- Posted the [CFSS Policy Manual](#) (August 2024).
- Posted the [Self-paced online course: CFSS MMIS Updates Training](#) (September 2024).
- Began holding office hours with lead agencies and consultation services providers (September 2024).
- Started offering Consultation Services Resources and MN-ITS Training (September 2024).
- Started enrolling provider agencies as CFSS providers.
- Started meeting with MCOs.
- Started enrolling consultation services providers.

What did people receiving services (PCA or CSG) or their representative need to do?

People receiving services did not need to do anything during Phase I. As of Oct. 1, 2024, lead agencies started giving people information at their reassessment, and consultation services providers started educating people about CFSS.

People receiving services could review [General training on CFSS](#) during Phase I.

What did lead agencies need to do?

During Phase I, lead agency assessors, case managers and care coordinators:

- Completed "Community First Services and Supports (CFSS) for lead agencies," an online training in [TrainLink](#) (course code CFSS_LA).
- Reviewed the CFSS Policy Manual.
- Reviewed the CFSS MMIS Manual and completed the CFSS MMIS online training if they are involved in MMIS entry.

What did current PCA provider agencies need to do?

During Phase I, current PCA provider agency owners:

- Completed the online [CFSS transition training and test for PCA agency owners/managers/QPs](#) to continue providing services in CFSS.
- Submitted required paperwork from the CFSS transition training and test to DHS, as described in the email they received upon successful completion of the test.
- Updated their policies, procedures and documents for CFSS.
- Ensured DHS has a PCA/CFSS support workers training certificate for all PCA workers on file before they begin providing CFSS services. PCA workers who completed the test after April 15, 2020, have already met the requirement. For more information, refer to [MHCP Provider Manual – Individual PCA or DSW enrollment criteria and forms](#).

What did current QPs and designated billing people need to do?

During Phase I, current QPs who will continue to provide training and supervision in CFSS completed the [CFSS transition training for PCA agency owners/managers/QPs](#) to continue providing services in CFSS.

What did current FMS providers need to do?

During Phase I, current FMS providers:

- Completed FMS CFSS training available in [TrainLink](#) under course code CFSS_FMS.
- Updated their policies, procedures and documents for CFSS.

What did current PCA workers need to do?

Current PCA workers did not need to do anything in Phase I, but DHS encouraged them to complete the [Personal Care Assistance \(PCA\) and Community First Services and Supports \(CFSS\) Training and Test](#).

Workers who took the test after April 15, 2020, and have a certificate titled "PCA and CFSS Support Worker Training" have already met this training requirement.

Workers who took the test before April 15, 2020, and have a certificate titled "Personal Care Assistant Training" will need to complete the new training before providing services to a person using CFSS.

What did current CSG workers need to do?

During Phase I, current CSG workers needed to complete the [Personal Care Assistance \(PCA\) and Community First Services and Supports \(CFSS\) Training and Test](#) and enroll as CFSS workers. The person's provider agency or FMS provider assisted the worker with enrollment.

What did consultation services providers need to do?

DHS contracted with 22 consultation services providers, as announced in the [March 31, 2022, eList announcement](#). During Phase I, those providers:

- Completed all training required by DHS.
- Enrolled with DHS as consultation services providers.
- Developed policies, procedures and documents.

Transition plan: Phase II (current phase, 15 months)

DHS started phase II on Oct. 1, 2024. During the transition year, people will transition to CFSS at the time of their assessment. For more information, refer to [CFSS transition process training](#).

What has DHS done?

DHS completed the following tasks:

- Updated MMIS with CFSS codes before rollout (Sept. 30, 2024).
- Updated MMIS to allow the entry of CFSS service agreements (Sept. 30, 2024).
- Posted [DSD MMIS Reference Guide – MMIS transition from PCA and CSG to CFSS](#) to provide more information about the MMIS transition (Sept. 30, 2024).
- Instructed MCOs to update their authorization systems (September 2025).
- Updated CFSS MMIS training in [TrainLink](#) with additional information (Oct. 1, 2024).
- Added CFSS rates to [DHS – CFSS codes and rates](#) (Oct. 1, 2024).
- Updated most pages in the [DSD MMIS Reference Guide](#) to include CFSS information (October 2024).
- Updated the [SEIU contract compliance training for PCA providers and FMS providers](#) with information about CFSS (October 2025).
- Added CFSS rates to the [Long-Term Services and Supports Service Rates Limits, DHS-3945 \(PDF\)](#) (November 2025).
- Published [Choosing a CFSS model: A tool for a person using CFSS and their consultation services provider](#) (November 2025).
- Finished enrolling all [CFSS consultation services providers](#) (November 2025).
- Sent the [Nov. 26, 2024, eList announcement](#) to announce that people who currently use PCA/CSG services will receive up to six months of PCA/CSG services while they transition to CFSS. For additional information, refer to [CFSS Transition Timelines](#).
- Posted [CFSS: Being an Employer](#) (December 2025).
- Began holding office hours with PCA/CFSS provider agencies (January 2025).

What does DHS still need to do?

In phase II, DHS will:

- Continue to meet with MCOs.
- Continue to share information about CFSS with people using PCA and CSG and notify them about the upcoming changes.
- Continue to communicate with all interested parties.
- Post new forms, update remaining forms and add links to [CFSS Manual – Forms and documents](#).
- Edit forms based on feedback, as needed.
- Continue to have all training materials available.
- Provide ongoing support to those who need it.
- Develop further training and communications based on feedback from those who find existing content confusing or difficult.
- Post a service duplication policy page.
- Post a CFSS worker time and activity documentation policy page.
- Continue to meet with the CFSS Development and Implementation Council.
- Find and fix issues in MMIS.
- Continue to hold regular office hours with lead agencies and consultation services providers.
- Finish enrolling all provider agencies as CFSS providers.
- Post instructions to enter denials, terminations and reductions in the [DSD MMIS Reference Guide](#).
- Find and update references to PCA and CSG in the Community-Based Services Manual (CBSM) and other manuals.
- Update existing service agreements in MMIS with three months of PCA/CSG services to six months of PCA/CSG services for people not on a waiver/AC. For more information, refer to the [Nov. 26, 2024, eList announcement](#).

- Post calculator tools for changing models (i.e., agency model or budget model) on [CFSS service agreement calculators](#).

What do people receiving services (PCA or CSG) or their representative need to do?

After their next assessment, people receiving services will:

- Select a consultation services provider.
- Select a model.
- Select a provider agency and/or FMS provider.
- Write their service delivery plan and submit it for approval.
- Oversee their services (budget model) or work with their provider agency to oversee their services (agency model).

What do lead agencies need to do?

Lead agencies must:

1. Continue completing assessments as usual.
2. Offer MnCHOICES assessments to people using CSG as an alternative to home care nursing.
3. Provide all the following information to people at assessment:
 - [DHS – List of consultation services providers](#).
 - [Information for People Who Use CFSS, DHS-6893U](#).
 - For people currently using PCA/CFSS, [CFSS Information Sheet – English, DHS-8477A-ENG \(PDF\)](#) or translated version:
 - [CFSS Information Sheet – Hmong, DHS-8477A-HMN \(PDF\)](#).
 - [CFSS Information Sheet – Karen, DHS-8477A-KAR \(PDF\)](#).
 - [CFSS Information Sheet – Somali, DHS-8477A-SOM \(PDF\)](#).
 - [CFSS Information Sheet – Spanish, DHS-8477A-SPA \(PDF\)](#).

Note: Lead agencies can print documents for people who cannot access content electronically.

4. Add a line to the service agreement for consultation services once people select a consultation services provider.
5. Add lines to the service agreement to avoid a gap in services:
 - PCA: Six months of personal care services (T1019) and six months of worker training/supervision (T1019 UA).
 - CSG: Six months of CSG (T2025) authorized to the person's FMS provider and six months of the county/tribal nation admin fee (T2025) authorized to the county/tribal nation.
6. Begin approving people's CFSS service delivery plans.

Note: Consultation services providers will review the service delivery plans for compliance with CFSS program rules.

7. Take the appropriate action to authorize CFSS services the person selects:

- **Person not on waiver/Alternative Care (AC) (i.e., state plan services only):** End the current service agreement and enter a new service agreement that starts on the day after the end of the six-month service agreement and ends on the last day of the person's service plan year. For most people, this new service agreement lasts for six months.

Note: The county/tribal nation can ask DHS to end the person's six-month PCA/CSG service agreement early using [CFSS Request Form, DHS-6893I](#) if all the following are true:

1. The person has an approved CFSS service delivery plan.
 2. The person selected enrolled providers.
 3. The person wants to start CFSS before the end of their PCA/CSG service agreement.
 4. The start date of their new service agreement will be at least three months after the start date of their six-month PCA/CSG service agreement.
- **Person on a waiver/AC and not enrolled in an MCO:** End the person's PCA lines and enter new lines on the existing service agreement for the person's approved CFSS services. The new lines start on the day after the end of the six-month lines and end on the last day of the person's service plan year.

- **People age 65 and older who receive PCA/CFSS through their MCO:** Follow the MCO's process for authorization.

Note: Effective Nov. 26, 2024, people who currently use PCA/CSG services will receive up to six months of PCA/CSG services while they transition to CFSS. DHS changed the service extension from three to six months to avoid gaps in service for people as they transition to CFSS. For more information, refer to the [Nov. 26, 2024, eList announcement](#) and [CFSS Transition Timelines](#).

Examples of authorization to avoid gap in services

State plan

The person's six-month PCA or CSG authorization is for Jan. 1, 2025, through June 30, 2025. After approving the person's CFSS service delivery plan, the county/tribal nation enters a new service agreement for July 1, 2025, through Dec. 31, 2025, with:

- A six-month consultation services line with six sessions.
- A six-month worker training and development line for the full amount allowed (if applicable).
- Six-month lines for the person's other CFSS services.

Waiver/AC

The person's six-month PCA or CSG authorization is for Jan. 1, 2025, through June 30, 2025. After approving the person's CFSS service delivery plan, the county/tribal nation updates the existing service agreement with lines for July 1, 2025, through Dec. 31, 2025, with:

- A six-month consultation services line with six sessions.
- A six-month worker training and development line for the full amount allowed (if applicable).
- Six-month lines for the person's other CFSS services.

What do current PCA provider agencies need to do?

Current PCA provider agencies will continue providing PCA services as long as people are receiving PCA through the agency. As people transition to CFSS, the provider agency must:

- Ensure all of a person's workers have a PCA/CFSS training certificate on file with DHS before that person begins using CFSS. PCA workers who complete the test after April 15, 2020, have already met the requirement. For more information, refer to [MHCP Provider Manual – Individual PCA or DSW enrollment criteria and forms](#).
- Participate in a coordinated transfer of services for any person who chooses the CFSS budget model.
- Comply with requirements for paying out paid time off (PTO), if applicable (for more information, refer to [DHS – PCA Choice and FMS provider information](#)).
- Start offering CFSS services.

What do FMS providers need to do?

FMS providers must:

- Start offering CFSS FMS services.
- Complete CFSS Financial Management Services Provider Training in [TrainLink](#) (if not already complete).
- Complete a CFSS-specific PCA/CFSS agency resource and MN-ITS training.

What do consultation services providers need to do?

Consultation services providers must:

- Start offering consultation services.
- Complete CFSS Consultation Services Provider Training in [TrainLink](#) (if not already complete).
- Help people write service delivery plans for six months of services.
- Submit service delivery plans to lead agencies through MnCHOICES.
- Attend DHS' office hours.

What do current workers need to do?

PCA workers must:

- Take the [Personal Care Assistance \(PCA\) and Community First Services and Supports \(CFSS\) Training and Test](#) before providing CFSS services.

Note: Workers who completed the training and test after April 15, 2020, have already completed this requirement.

- Receive training from the employer about any changes in the person's plan and/or needs.

Transition plan: Phase III

In phase III, DHS will discontinue PCA and CSG services after all people have transitioned to CFSS.

To do this, DHS will:

- Update statute and waiver plans.
- Update MMIS.
- Send reminders to providers.
- Sunset PCA/CSG legislative language.
- Remove any transitional trainings.
- Remove references to PCA and CSG from the CFSS Policy Manual and DSD MMIS Reference Guide.
- Continue supporting providers and lead agencies.