

PCA/CFSS personal care time and activity documentation

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Legal authority	Minn. Stat. §256B.0659, subd. 12, 28 (4), 24 (2) (3) (5) (7)	
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"> • Provider agencies and financial management services (FMS) providers must meet PCA/CFSS documentation requirements and electronic visit verification (EVV) requirements described on CBSM – EVV compliance policy. • Workers must document the services they provided for timely payment. • People using services or their representatives must review and sign the documentation for timely payment of their workers' wages. • Providers cannot bill for services that are not properly documented. • Providers must comply with all applicable labor laws, including paying PCA/CFSS workers for hours they work for which the provider agency/FMS provider cannot bill DHS or the person's managed care organization (MCO). • Providers can use an optional DHS template to track time and activity. <p>Differences In PCA:</p> <ul style="list-style-type: none"> • PCA Time and Activity Documentation, DHS-4691 (PDF) is the optional DHS template. • PCA provider agencies are responsible for documentation. <p>In CFSS:</p> <ul style="list-style-type: none"> • CFSS Worker Time and Activity Documentation, DHS-6893C (PDF) is the optional DHS template. • CFSS provider agencies are responsible for documentation for people using the CFSS agency model. • FMS providers are responsible for documentation for people using the CFSS budget model. 	
Definitions	<p>PCA/CFSS time and activity documentation: A written or electronic method to record the delivery of PCA/CFSS personal care services. This page only applies to personal care services. It does not apply to other PCA/CFSS services.</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>	
Overview	<p>PCA/CFSS workers must document all time and activity they provide to each person daily. The documentation:</p> <ul style="list-style-type: none"> • May be web-based, electronic or paper documentation. • Must include all required components described on this page. <p>Providers use the collected information to bill DHS or the person's MCO for authorized PCA/CFSS services. Providers must:</p> <ul style="list-style-type: none"> • Only bill DHS or the MCO for PCA/CFSS time and activity authorized and described in the PCA care plan or CFSS service delivery plan. 	

	<ul style="list-style-type: none"> • Comply with EVV requirements described on CBSM – EVV compliance policy. <p>Providers can choose to either:</p> <ul style="list-style-type: none"> • Use an EVV system that also meets the requirements described on this page. • Use two separate methods for EVV and PCA/CFSS time and activity documentation. <p>Note: All references to “providers” on this page include PCA provider agencies, CFSS provider agencies and FMS providers, as applicable.</p>
<p>Required components</p>	<p>The provider must either:</p> <ul style="list-style-type: none"> • Use PCA Time and Activity Documentation, DHS-4691 (PDF) or CFSS Worker Time and Activity Documentation, DHS-6893C (PDF). • Develop their own documentation format that contains the required components described below. <p>Required components</p> <p>All PCA/CFSS time and activity documentation must contain, at a minimum:</p> <ul style="list-style-type: none"> • Provider information: Provider agency/FMS provider name and phone number. • Information about person using services: Name, Minnesota Health Care Programs identification (MHCP ID) number (or date of birth) and dates and location of the person’s stays in a hospital, care facility or incarceration. • PCA/CFSS worker information: Name and Unique Minnesota Provider Identifier (UMPI). • Dates of service: Day, month and year of each service, in consecutive order. • Service information: Arrival and departure times of each visit, including a.m. and p.m. notations. • Shared services: Staff-to-person ratio and location of visit (if serving people using shared services, as described on CFSS Manual – Shared service option for PCA/CFSS). • All covered personal care services provided: For a list of services, refer to CFSS Manual – PCA/CFSS covered personal care services. • Total time: Total time for each shift. • Fraud statement: Directly above signatures, include the following language: I declare under penalty of perjury that all hours worked and descriptions of work performed contained in the submitted shifts are true and correct with full knowledge that all of this information may be subject to investigation and that any false or dishonest information contained on these shifts may be grounds for denial of payment and/or reporting of findings to the investigation unit of the Department of Human Services. • PCA/CFSS worker acknowledgement and signatures: Signature of the worker after they complete all other fields. • Person/representative acknowledgement and signatures: Signature of the person receiving services or their representative after they review the completed time and activity documentation for accuracy. • Date(s) of signatures: Date(s) the form is signed by each party.

Provider's responsibilities	<p>The provider is responsible to:</p> <ul style="list-style-type: none"> • Ensure time and activity documentation is separate for each person receiving shared services. • Ensure documentation is filed in the person's health record. • Train workers on the use of their time and activity documentation system and/or EVV system. • Verify documentation of each PCA/CFSS worker's hours worked. • Pay PCA/CFSS workers based on all hours worked, including hours for which the provider cannot bill DHS or the person's MCO. • Have a template with English translation available when using time and activity documentation in another language.
Worker's responsibilities	<p>The PCA/CFSS worker is responsible to:</p> <ul style="list-style-type: none"> • Complete their time and activity documentation each day they provide services using the process established by the provider agency or FMS provider. • Sign the documentation to acknowledge the fraud statement and affirm they entered complete and accurate information.
Person's responsibilities	<p>The person/representative is responsible to:</p> <ul style="list-style-type: none"> • Review the worker's documentation. • Sign the documentation to acknowledge the fraud statement and affirm the worker entered complete and accurate information. • Submit the worker's time and activity documentation using the process and timeline established by the provider agency or FMS provider.
Non-covered time	<p>The provider cannot bill DHS or the MCO for time the PCA/CFSS worker was not providing covered services. The provider must:</p> <ul style="list-style-type: none"> • Pay the worker to comply with labor law. • Have a method to record hours the worker spent providing covered PCA/CFSS services versus hours the worker spent on non-billable activities. <p>Additional information for provider agencies The PCA/CFSS provider agency must pay for the worker's time spent on non-billable activities using their overhead costs.</p> <p>Additional information for FMS providers For people using the budget model, the FMS provider must bill for a worker's time by including the employer costs of paying for the worker in a claim for the covered personal care services the worker performed.</p> <p>Example: A worker provided four hours (i.e., 16 units) of personal care services and attended a two-hour class. The FMS provider:</p> <ul style="list-style-type: none"> • Submits a claim for 16 units of services under the code T1019. • Includes the employer cost of paying for six hours of the worker's time (including the worker's wages, PTO and other payroll costs). • Maintains documentation with details about the training and the time the worker spent attending it.
Timelines	<p>The PCA/CFSS worker must:</p> <ul style="list-style-type: none"> • Complete their time and activity documentation each day they provide services using the process established by the provider agency or FMS provider. • Submit PCA/CFSS time and activity documentation to the provider at least monthly. • Follow the provider's policies for the submission of time and activity

	<ul style="list-style-type: none"> documentation to be paid wages in a timely and accurate manner. The provider can have policies requiring more frequent submission.
Additional resources	CBSM – EVV compliance policy CFSS Manual – CFSS worker training and supervision CFSS Manual – PCA/CFSS covered personal care services CFSS Manual – Shared service option for PCA/CFSS CFSS Manual – Transition from PCA and CSG to CFSS CFSS Worker Time and Activity Documentation, DHS-6893C (PDF) PCA Time and Activity Documentation, DHS-4691 (PDF)