

Community First Services and Supports (CFSS)

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Overview

Community First Services and Supports (CFSS) offer flexible options to meet the unique needs of Minnesota Health Care Programs (MHCP) members with disabilities. CFSS allows members greater independence in their homes and communities. This includes the elderly and others with special health care needs. CFSS services are provided in members' homes or in the community when normal life activities take them outside the home. CFSS replaced Personal Care Assistance (PCA) and the Consumer Support Grant (CSG) effective Oct. 1, 2024. PCA and CSG will be phased out as members transition to CFSS. Refer to the [CFSS Policy Manual](#) for CFSS policy information.

Eligible Providers

MHCP enrolls and reimburses the following providers to provide CFSS services:

- Home health agencies
- CFSS provider agencies
- Consultation services providers
- Financial management services (FMS) providers (CFSS financial tasks, billing and employer-related responsibilities)
- Personal emergency response systems (PERS) providers (Refer to [PERS](#) section of the CFSS Policy Manual for eligible provider requirements)

FMS and consultation providers must be contracted with the Department of Human Services (DHS) to provide or bill for CFSS services.

CFSS provider agency enrollment

Provider agencies must do the following to enroll or maintain enrollment with MHCP to provide CFSS services:

- Follow the requirements and steps described in [Community First Services and Supports \(CFSS\) Provider Agency Enrollment Criteria and Forms](#).
- Complete [revalidation](#) when required and report organization or individual provider changes when they occur.

Home health agency enrollment

Home health agencies who wish to provide CFSS, refer to [Home Health Agency Enrollment Criteria and Forms](#) for information.

Enrolling CFSS individual workers

CFSS provider agencies and financial management services (FMS) providers must enroll individual CFSS workers with MHCP and affiliate workers with their provider agency or FMS. Before enrolling and affiliating a worker, the CFSS provider agency or FMS must ensure that each individual CFSS worker:

- Meets the requirements listed in [Direct Support Worker \(DSW\), Individual Enrollment Criteria and Forms](#).
- Successfully completes [individual PCA and CFSS training](#) requirements. DHS will require current CFSS workers with a PCA support worker training certificate dated before April 15, 2020, to obtain a new certificate.
- Does not appear on the [Office of Inspector General \(OIG\) Exclusion list](#).
- Successfully completes the background study using NETStudy 2.0. Refer to the [Background studies](#) webpage for more information.

CFSS provider agencies submit claims to MHCP on behalf of their workers. MHCP pays the agency for CFSS services that individual CFSS workers provide to MHCP members. MHCP does not pay individual CFSS workers directly.

FMS providers submit claims to MHCP on the behalf of the CFSS member. Refer to the [FMS for CFSS](#) policy manual page for more information.

Noncompete ban

CFSS provider agencies and FMS providers cannot have or enforce any agreements, requirements or noncompete clause prohibiting, limiting or restricting an individual worker from working with a member or different CFSS provider agency or FMS provider after leaving a CFSS provider agency, regardless of the date the agreement was signed.

Eligible Members

MHCP members with eligibility for one of the following MHCP programs are eligible to participate in CFSS services:

- AC** Alternative Care Program
- EH** [Emergency Medical Assistance](#) with an approved care plan certification
- KK** MinnesotaCare State funded coverage for children through the end of the month they turn 19 years old.
- LL** MinnesotaCare State and federally funded coverage for children through the end of the month they turn 19 years old.
- MA** Medical Assistance (even if they are also eligible for QM)
- NM** State-funded Medical Assistance (MA)
- RM** Refugee Medical Assistance

Roles and Responsibilities

Lead agencies

CFSS services are person-centered. Members who participate in CFSS services must first request a lead agency (a county, tribal government or managed care organization) to conduct an [assessment](#) for CFSS services. A lead agency must conduct an assessment within 20 business days of receiving the request. During the assessment, the assessor determines:

- The CFSS member's ability to direct his or her own care, or the need for a representative to act on their behalf.
- CFSS services are appropriate to meet the CFSS member's assessed needs.
- Amount of service units or dollars or both that the CFSS member is eligible for.

Consultation providers

After the lead agency assesses the CFSS services to be appropriate, the member or participant's representative (responsible party) will choose a [consultation services provider](#). The consultation services provider assists the member. Refer to [CFSS consultation services provider requirements](#) for more information.

CFSS members or participant representatives

- The member participating in CFSS or the [participant's representative \(responsible party\)](#) will write the service delivery plan. Refer to [Person's rights and responsibilities in CFSS](#).
- Their service delivery plan must meet all requirements described on the [PCA/CFSS service delivery plan](#).
- The CFSS member can choose from two service models (CFSS agency model or CFSS budget model).

Financial management services providers

An FMS provider is an organization that members use to help them with employer-related responsibilities, purchase goods and services and complete other financial tasks. DHS contracts with all FMS providers for these services and enrolls them as MHCP providers. For more information about the services, FMS fee and background study see [Financial management services \(FMS\) provider requirements for CFSS](#)

The following members receiving CFSS must choose an FMS provider:

- Members who use the CFSS budget model
- Members who use the CFSS agency model who also purchase goods and services

Required spreadsheets for CFSS budget model members

FMS providers must ensure that members using the CFSS budget model follow the requirements in the Service Employees International Union (SEIU) Healthcare Minnesota and Iowa contract. This includes providing workers' compensation and other required benefits for their workers. DHS requires FMS providers to submit spreadsheets tracking required data for CFSS workers'. Review the [SEIU collective bargaining agreement contract compliance course](#) for how to correctly complete and submit spreadsheets.

CFSS agency model members not purchasing goods and services

CFSS members who use the CFSS agency model and do not purchase goods and services do not need to choose an FMS provider.

CFSS provider agencies

CFSS members who use the CFSS agency model must choose a CFSS provider agency. For more information see [PCA/CFSS provider agency requirements overview](#).

CFSS provider agencies must ensure the supervising professional has the appropriate licensing, certifications and meets appropriate requirements.

CFSS provider agencies must follow the direction of the Minnesota [Department of Labor and Industry \(DLI\)](#) for individual CFSS workers who provide CFSS services. CFSS provider agencies are also responsible for the requirements found in the following:

- [PCA/CFSS provider agency worker wage and benefit requirements](#) (agency model only)
- [enhanced rate requirements](#) (both agency and budget model)
- [parent/spouse requirements](#) (both agency and budget model)

CFSS provider agencies must submit a completed cost report. DHS may stop paying you for services you provide if you fail to complete the cost report. Refer to the [CFSS cost reporting](#) webpage for more information and timelines about when your agency will be selected to complete cost reporting. For more questions about CFSS cost reporting providers can email dhs.costreport@state.mn.us.

PERS Providers

People who receive CFSS services have the option to purchase personal emergency response systems (PERS) as an electronic backup system. A PERS provider is enrolled with MHCP to provide PERS services (installation and monitoring of the device). For more information, refer to [PERS](#) in the CFSS Policy Manual.

Service Delivery Models

The member will choose between one of the following [service delivery models](#).

CFSS agency model:

- The lead agency authorizes units (1 unit is 15 minutes of service) for the CFSS member to the CFSS provider agency. The member or participant's representative (responsible party) selects a CFSS provider agency that serves as the employer for the CFSS worker. This means the CFSS provider agency is responsible to recruit, hire, train, supervise and pay CFSS support workers.
- The CFSS member and CFSS provider agency are responsible to monitor the effectiveness of the service delivery plan together.
- If the CFSS member will purchase goods or services, the member must also select an FMS provider.

Tiered Reimbursement Rates for CFSS Agency Model

Reimbursement rates for CFSS services in the CFSS agency model increase based on the hours of service the worker has provided since July 1, 2017. CFSS provider agencies must use the increase in the reimbursement rate for wages and wage-related costs for the direct support worker.

The tiered reimbursement rate table is listed on the [PCA and CFSS tiered rates and wage floors](#) webpage.

CFSS budget model:

- The lead agency authorizes dollars (the total budgeted amount of money) for the CFSS member. The member is the employer of their support workers and will recruit, hire, train and supervise their support workers. The member will select an [FMS provider](#) to help with employer-related tasks.
- The CFSS member or the participant's representative is responsible to monitor the effectiveness of the service delivery plan.

If a member wants to switch CFSS service models:

1. the member works with their consultation services provider to update their CFSS service delivery plan,
2. the consultation services provider submits the member's revised plan to the lead agency for approval, and
3. the lead agency approves the plan and either updates the member's service agreement (people receiving waiver or AC services) or submits the [PCA/CFSS Request Form \(DHS-4292\)](#) to request that DHS update the service delivery plan (person not receiving waiver or AC).

The CFSS member or participant's representative also chooses whether they want to receive the [shared service option for PCA/CFSS](#), which allows the CFSS member to receive services from the same individual CFSS worker, at the same time and in the same setting as another member receiving CFSS services. Members who share services must use the same service delivery model and the same CFSS provider agency or FMS.

Tiered Minimum Wages for CFSS Budget Model

The hours of PCA Choice and CFSS budget model services a direct support worker has provided since July 1, 2017, determines the minimum wage floor for the workers providing these services. Direct support workers providing CFSS in the **budget model** must be paid at least the appropriate minimum wage on the tiered wage schedule starting Jan. 1, 2025. The tiered wage table is listed on the [PCA and CFSS tiered rates and wage floors](#) webpage.

Financial management services (FMS) and CFSS provider agencies can view which tier direct support workers are in by logging into MN-ITS and downloading the **Tiered Wage PCA/CFSS list**. Find instructions for how to access the list in the MN-ITS User Manual in the [Provider Lists](#) section.

Covered Services

CFSS services are eligible for payment from Medical Assistance:

- The services listed at [PCA/CFSS covered personal care services](#)
 - Travel time (personal care services)
 - Accompanying the CFSS member into the community to provide covered CFSS personal care services
 - Driving the CFSS member into the community, including to medical appointments
 - Refer to [Requirements for driving](#) under PCA/CFSS covered personal care services in the CFSS Policy Manual for more information.
 - CFSS agency policies, procedures and agreements with CFSS members determine whether that agency allows an individual CFSS employee to transport a member using the CFSS worker's vehicle or a CFSS member's vehicle. CFSS agencies must consult with their legal advisors or business consultants about the liabilities of transporting CFSS members. (Applies to agency model only.)
 - The service delivery plan documents the person's chosen mode of transportation.
 - The provider agency or FMS must meet the documentation requirements under [PCA/CFSS covered personal care services](#) in the CFSS Policy Manual.
 - Background Study (personal care services)
 - For CFSS workers providing services through the **budget model**, the FMS provider can include the cost of the CFSS worker's background study in a personal care (T1019) claim for covered CFSS services performed by that worker. If the background study fails, FMS providers can bill for the failed background study using a specific procedure code and modifiers.
 - The CFSS provider agency **cannot bill** for background studies under the **agency model**.
 - The purchased [Goods and Services](#) defined in the CFSS Policy Manual
 - In both (agency or budget) models, if the member wishes to purchase goods and services, the member must work with the FMS provider to coordinate the purchase.
 - [CFSS worker training and supervision](#)
 - The lead agency authorizes a CFSS worker training and development budget that the worker's employer (the agency or CFSS member) can use flexibly to pay for training, observation, monitoring and coaching of CFSS workers.
 - CFSS agencies can also use the CFSS worker training and development budget to [evaluate the CFSS services](#).

- [Personal Emergency Response Systems \(PERS\)](#)
- [Consultation Services](#)
- [FMS services](#)

Service Authorization

All CFSS services require a lead agency assessor to complete a service authorization (SA).

A service authorization allows the provider to provide services and then bill DHS to receive payment. MHCP will pay only services listed on the service authorization. However, an approved service authorization is not a guarantee of payment.

For DHS to pay claims:

- Providers must be actively enrolled and have current credentials to provide the approved service(s).
- The CFSS member must maintain their MHCP eligibility for the authorization to be valid.
- Providers are responsible for ensuring the service authorization is accurate when they receive their service authorization letters (SAL) in their MN-ITS mailbox.
- Providers must verify program eligibility for each CFSS member through the MHCP phone-based eligibility verification system (EVS) or online through MN-ITS before providing services.

CFSS service authorization changes

- Case managers update service authorizations for people who receive waiver or Alternative Care (AC) and also receive CFSS services.
- Care coordinators update service authorizations for people 65 and older enrolled in a managed care organization (MCO) plan who receive CFSS services.
- DHS updates all other service authorizations for people receiving CFSS services through fee-for-service. Refer to [PCA/CFSS service agreement technical changes and corrections](#) in the CFSS Policy Manual for more information.

Documentation

Providers must have the following documentation for CFSS services they are providing in their agency's records before submitting a claim to MHCP for reimbursement.

CFSS provider agencies

- A copy of the CFSS member's [CFSS Assessment \(DHS-6893A\) \(PDF\)](#) or the MnCHOICES CFSS Provider Report
- [Service delivery plan](#) and lead agency addendum or alternative forms
- Service authorization for CFSS services
- CFSS time and activity documentation for all individual CFSS support workers delivering services to the member. Refer to [electronic visit verification \(EVV\)](#)
- Any [CFSS workers training and supervision](#)
- Any [evaluation of CFSS services and service delivery plan](#)
- A written agreement signed by the agency and CFSS member or participant's representative, in addition to the [PCA Program Responsible Party/CFSS Participant Representative Agreement \(DHS-6893F\) \(PDF\)](#)
- [Home Care Shared Services Agreement \(HCN, PCA or CFSS\) \(DHS-6893E\) \(PDF\)](#) signed by all CFSS members sharing CFSS services (if applicable)
- CFSS agencies must follow the direction of the [Minnesota Department of Labor and Industry \(DLI\)](#) when paying their individual CFSS providers for services the CFSS agency told them to provide

FMS providers

- A written agreement signed by the agency and CFSS member or participant's representative, in addition including the [PCA Program Responsible Party/CFSS Participant Representative Agreement \(DHS-6893F\) \(PDF\)](#)
- [Home Care Shared Services Agreement \(HCN, PCA or CFSS\) \(DHS-6893E\) \(PDF\)](#) signed by all CFSS members sharing CFSS services (if applicable).

Refer to the [FMS provider documentation and reporting for CFSS](#) in the CFSS Policy Manual for more information.

In addition, CFSS provider agencies and FMS providers are required to document their time and activities and maintain records supporting that the CFSS worker provided [PCA/CFSS covered personal care services](#). Review the required components for documenting time and activities under [PCA/CFSS personal care time and activity documentation](#) in the CFSS Policy Manual.

Providers may use [electronic visit verification \(EVV\)](#) or the DHS template [CFSS Worker Time and Activity Documentation \(DHS-6893C\) \(PDF\)](#) to document time and activities. CFSS agencies and FMS determine the documentation methods used for recording time and activity.

Consultation Providers

Consultation providers must keep documentation for services they provide. Refer to [CFSS consultation services provider requirements](#) in the CFSS Policy Manual for more information.

Billing

All CFSS provider types must follow general MHCP billing policies and guidelines in the [Billing Policy Overview](#) section under Provider Basics in the MHCP Provider Manual when submitting claims to MHCP.

Submitting CFSS claims

Bill only for services that are documented, already provided, and approved on the service authorization (SA).

When you submit claims for CFSS services:

- Bill on 837P claim format. Refer to the [MHCP MN-ITS 837P Professional User Guides](#).
- Enter a diagnosis code when submitting claims for CFSS services. Use the most current and approved diagnosis code on the SA.
- Enter the approved service authorization number in the claim. Note: Services that require a service authorization cannot be billed on the same claim as services that do not require an SA.
- Enter one line per date of service, per HCPCS or procedure code and modifier combination.
- T1019 code requires the rendering CFSS worker(s) UMPI/NPI on the service line per date of service.
- Submit your usual and customary charge
- Refer to the [Long-Term Services and Supports Service Rate Limits \(DHS-3945\) \(PDF\)](#) for a complete list of CFSS codes and modifiers. Some modifiers are claim only and are not required to be on an SA.

Follow the directions under [enhanced rate/budget](#) in the CFSS Policy Manual for all people eligible for the enhanced rate. CFSS provider agencies and FMS providers can verify that a worker is qualified for the enhanced rate by following the steps in the **Personal Care Assistance (PCA) Providers A – Z** section under Other Applications in [Provider Lists](#) in the MN-ITS User Manual.

Managed Care Members

CFSS provider agencies providing CFSS services to eligible members aged 65 **and over**, who are enrolled in a health plan, must follow the MCO rules and guidelines to enroll with, obtain authorizations if necessary, and bill the health plan. This includes:

- Minnesota Senior Health Options (MSHO)
- Minnesota Senior Care Plus (MSC+) health plan

Refer to the [MCO contacts for MHCP providers](#) webpage for contact information and the health plan procedures.

CFSS provider agencies providing CFSS services to eligible members aged 64 **and younger** are carved out of MCO coverage and are covered through fee-for-service Minnesota Health Care Programs. CFSS providers must follow fee-for-service guidelines to obtain authorization and bill to MHCP directly. This includes:

- Special Needs Basic Care (SNBC)
- Medical Assistance for Families and Children (also referred to as a Prepaid Medical Assistance Program [PMAP])

Legal References

[Minnesota Statutes, 245.462](#) (Definitions)

[Minnesota Statutes, 256.8](#) (Community First Services and Supports)

[Minnesota Statutes, 256B.04](#), subdivision 21 (Provider enrollment)

[Minnesota Statutes, 62A.61](#) (Usual and Customary Charge)

[Minnesota Statutes, 256B.851, subdivision 8](#) (Personal care provider agency; required reporting of cost data; training)