

Responses to Public Comments on 1915(k) State Plan Amendment (SPA)

DHS received a total of 59 timely items of correspondence from participants/family members/interested parties (49%), advocacy and professional organizations (20%), lead agencies (counties and managed care organizations (19%), providers (9%), and other professionals (3%). The public comments ranged from general support or opposition to the SPA, to specific questions and detailed comments and recommendations. A summary of the public comments and our responses are below.

In Support of

Many commenters expressed support of the following features of CFSS:

- The state's efforts to improve the current Personal Care Attendant (PCA) program through cost effective measures that will increase access to the right amount of service in the right setting
- The use of both the 1915(k) and 1915(i) to ensure that people who meet CFSS eligibility but do not meet nursing facility level of care (NF LOC) are able to access supports through CFSS.
- The increase in services for persons currently receiving PCA services who are limited to two units per day (30 minutes).
- The decision to offer two models of service delivery: the agency model and the budget model
- The opportunity for participants to use their service authorization to pay for items intended to increase a participant's independence or substitute for a participant's dependence on human assistance.
- The inclusion of services that assist with "acquisition, maintenance, or enhancement of skills."
- The decision to include spouses, parents of minors, step-parents or legal guardian as paid staff
- The use of Person-Centered thinking and planning (MN Choices) for the assessment process and implementation of CFSS.
- The creation of a new Consultation Service to assist participants in creating their service delivery plans and directing their own services.
- The State's position that Financial Management Services (FMS) contractors not be allowed to also provide Consultation Services.
- The state's intention to contract with FMS providers to assist participants and the state in delivering and managing budget model CFSS services.

In Support of

- Defining the role of lead agencies in providing information about service options, choices in providers and rights and responsibilities.

RESPONSE: We appreciate the commenters' support.

General Comments

(1) COMMENTS: Some commenters (participants, lead agencies) questioned why the state is redesigning the PCA program, and suggested delaying implementation for a variety of reasons, including; the lack of information provided to the public (and current participants); changes occurring simultaneously with other state program changes, which commenters felt is difficult for lead agencies; the assessment tool referenced in the SPA (MnCHOICES) won't be completely rolled out when CFSS is implemented. One commenter expressed concerns that many county case managers in their area are completely unaware of how this will impact their caseloads and what role the lead agencies will have.

(1a) RESPONSE: We appreciate the commenters concerns. Communication about the transition from PCA services to Community First Services and Supports (CFSS) will be key to helping participants, providers, lead agencies and other stakeholders understand the changes. A Development and Implementation Council, a stakeholder advisory group required by the 1915(k) federal authority has been created and is actively providing input into the design of this new service. In addition DHS is developing a transition plan that will be submitted to CMS explains how the state will transition from PCA to CFSS including the communication strategies that will be used. DHS plans to use existing paper based assessments until MnCHOICES is completely launched.

(2) COMMENTS: Numerous commenters expressed concern that the SPA did not include a description of how a person could obtain CFSS services in a timely fashion when they are in crisis or have a dramatic change in their circumstances (emergency use of CFSS).

(2a) RESPONSE: We understand the commenters' concern that CFSS permit emergency access. This information was not included in the SPA language because CMS did not require this level of detail. However, Minnesota Statutes 256B.85 does include language that allows for the temporary authorization for CFSS services to be provided under the agency-provider model.

General Comments

(3) COMMENTS: One commenter expressed concerns that there appears to be a rush to get CFSS implemented, even though there are still many unanswered questions. It was suggested that the state should not rush implementation of CFSS.

(3a) RESPONSE: We appreciate the commenter's concern. The state will continue to work with the Implementation Council to ensure that a thorough plan of operation is developed prior to implementing CFSS.

I. Eligibility

(4) COMMENTS: Many commenters expressed their belief that Minnesota's definition of dependency is more restrictive compared to the nursing facility level of care (NF LOC). Many commenters urged the state to change to definition of dependency to remove the word "constant." Some commenters stated that they are concerned that some individuals with serious mental illness and other cognitive disabilities will not qualify for CFSS. It was suggested that the definition of dependency required to qualify for the CFSS program (MN Statute 256B.85, subd. 2(i)) be included in the eligibility section of the State Plan Amendment.

(4a) RESPONSE: We appreciate the commenters concerns however, CFSS will be using the same criteria to determine eligibility and authorize services that are used for the current PCA program, which includes the current definition of dependency. Changes to the definition would increase costs to the program that weren't anticipated. Any changes to the definition would have to be approved by the legislature.

(5) COMMENTS: We received comments from several people who have children that currently receive funds through the Consumer Support Grant. They expressed concern that because CFSS will replace the Consumer Support Grant (CGS) program, they will no longer have the same flexibility to purchase supports, services, and goods. They stated that their current use of the grant funds has been very beneficial to their children in the areas of assistive technology, alternative therapies and treatments, home maintenance, homemaker services, and other allowable expenditures.

(5a) RESPONSE: Unlike the current CSG program, CFSS will utilize a combination of federal and state funds to offer a self-directed service option that will provide participants with flexibility and control in how they use the service. While there will be differences in what can be purchased under CFSS, participants will have the option to incorporate both support worker services and goods such as

I. Eligibility

assistive technology to increase independence in their CFSS plan.

II. Self-Directed Service Delivery Methods

(6) COMMENTS: DHS received a variety of questions about the definition of ‘Participant’s Representative’.

- Several commenters requested clarification about who make the determination that participants are unable to fulfill their obligations under CFSS and wondered if a representative will be appointed.
- One commenter requested clarification about the written authorization in regards to how it will be initiated, signed, and maintained.
- One commenter wanted more information about the role and legal and ethical responsibility of the Participant’s Representative.
- One commenter wanted further clarification describing specifics regarding how the representative needs to be available while care is being provided.
- A few commenters did not agree that there is a need to have a separate participant representative assigned in situations where a spouse or parent of a minor is involved. Several commenters expressed concern that the definition states that “the participant's representative may not also be a paid service provider for the participant” and wanted clarification about situations where parents are the ‘participant representative’ for their children but would also like to be paid providers.

(6a) RESPONSE: We would like to clarify the language about the definition, and role of, the Participant’s Representative. The 1915(k) regulations are very specific; a participant’s representative may NOT be a paid provider of services for the participant. The assignment of a participant representative who is not a paid caregiver is a quality assurance and program integrity measure to assure that the participant’s approved plan is being followed. The participant’s representative is required to monitor CFSS services to verify hours of service and ensure the participant’s needs are being met. So while CFSS does allow the payment of spouses and parents of minors if they are also the participant’s representative they cannot be paid to provide the service.

II. Self-Directed Service Delivery Methods

The state will continue to work with the Implementation Council in the development of policies and procedures to include specific operational guidelines and requirements regarding the use of and role of participant's representatives.

(7) COMMENTS: Several commenters requested additional information about the requirements of the individuals performing the Worker Training and Development service. One commenter wondered if Worker Training and Development Services had a role in supervision of the support workers. One commenter wanted clarification on how the participant would initiate this service for individuals using either the agency or the budget models. One commenter stated that Worker Training and Development services will be a critical component of the program and it is vital that the training be accessible and effective. One commenter wanted to know more about the qualification of the providers of this service.

(7a) RESPONSE: We agree that this is a crucial component of CFSS. Worker Training and Development Services include a variety of services that assist participants under either model with developing support worker skills. These services will be provided or arranged by the employer of the support worker and consist of training, education, direct observation, evaluation, or consultation to direct support workers. We expect that employers will use Worker Training and Development Services to assure that support workers are meeting participants' needs. We are in the process of developing policies and procedures that will include specific operational guidelines, qualifications and requirements of Worker Training and Development Services.

III. Service Package

(8) COMMENTS: Several commenters responded to the description of CFSS services; specifically, 'assistance with ADLs through hands-on assistance and/or constant supervision and cueing. Many comments expressed concern that by limiting ADL assistance to people who require hands-on assistance or *constant* supervision and cueing, the state excludes people who need supervision and/or cueing to complete their ADLs, which will include many children and adults with mental illnesses. As stated above, commenters recommended that the state remove the word 'constant' from both the definition of dependency and the description of CFSS services.

(8a) RESPONSE: Please see the answer to comment number 4. Current PCA policy including the definition of dependency will be used to determine eligibility and authorization of services for CFSS.

III. Service Package

(9) COMMENTS: The current SPA language states the following; “Assistance in accomplishing instrumental activities of daily living (IADLs) related to living independently in the community and an assessed need: meal planning, preparation, and shopping for food; shopping for clothing or other essential items; cooking; laundry; housecleaning; assistance with medications; assistance with managing money; assist with individualized communication needs; arranging supports; assistance with participating in the community; and other IADL services that are an integral part of assessed CFSS needs.”

- Several people commented that the IADL language is not consistent with federal regulations and suggested that the state replace the words ‘laundry’ and ‘house cleaning’ with the phrase “performing essential household chores.”
- Several commenters suggested that the state include the term, “traveling around” in conjunction with “participating in the community.”

(9a) RESPONSE: In regards to the use of the terms, ‘laundry’ and “housecleaning’, DHS will work with the Development and Implementation Council to determine guidelines for assistance in accomplishing IADLs.

DHS found the term ‘traveling around’ to be somewhat ambiguous and believes that by using the phrase ‘assistance with participating in the community’ meets the intent of the 1915(k) requirements.

(10) COMMENTS: One commenter stated that consultation services may not ‘streamline access” because participants may find it difficult to navigate through an additional layer of service delivery.

(10a) RESPONSE: We appreciate the commenter’s concerns and will work to make access to this service as streamlined as possible when developing our policies and operational guidelines. DHS believes that Consultation Services is a vital component of CFSS.

(11) COMMENTS: Several commenters requested more clarification about the use of CFSS with the school system; specifically, who will facilitate and manage the use of CFSS between the state and the school, and who is responsible to provide direction to the worker.

(11a) RESPONSE: CFSS will be provided in schools in the same way that PCA is today. DHS intends to further clarify how CFSS will operate in schools as we continue to develop specific operational procedures.

(12) COMMENTS: One commenter recommended that the state include adaptive equipment and sensory equipment (not covered

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by MA), and over the counter medications/vitamins/supplements recommended by an MA physician under the list of allowable CFSS services.

Several commenters expressed concerns about the following items that the state has included in the list of services not covered:

a) “Membership dues or costs, except when the service is necessary and appropriate to treat a physical condition or to improve or maintain the participant's physical condition. The condition must be identified in the participant's CFSS plan and monitored by a physician enrolled in a Minnesota health care program.”

- Many commenters suggested that we change the term “physical condition” to “health condition.”

b) “Medical supplies and equipment”

- Several commenters suggested that medical supplies and equipment be removed from the SPA list of services not covered. It was felt that medical supplies and equipment which are not covered by MA may meet the requirements of CFSS to increase independence.

c) “Travel, Lodging, or meals related to training.”

- One commenter expressed a concern that CFSS would not cover travel expenses to attend conferences.
- One commenter suggested that the state include travel as part of the service delivery so support workers would be able to transport participants into the community.

Several commenters expressed concerns about the following items that the state has included in the list of services not covered (continued):

d) “Homemaker services that are not an integral part of the assessed CFSS service”

- A few commenters whose children currently receive Consumer Support Grant funds expressed concern that homemaker services will not be offered under CFSS.

e) “Assistive technology devices and assistive technology services other than those for back-up systems or mechanisms to ensure continuity of service and supports.”

- Several commenters expressed concern that some assistive technology devices that were previously covered by the

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Consumer Support Grant will not be covered under CFSS.

- One commenter suggested that CFSS should clearly state that internet access is a funded service, especially for those who need internet access to fully use many assistive devices.

f) Tickets to attend sporting or entertainment events; Vehicle maintenance or modifications; Home maintenance or chore services”

- One commenter expressed concern that these types of expenditures were previously covered by the Consumer Support Grant and will not be covered under CFSS.

(12a) RESPONSE:

- *Membership dues or costs:* DHS agrees that the term ‘physical condition should be changed to ‘health condition’ and will make these changes in statute and in the state plan amendment.
- *Medical supplies and equipment:* The intent of CFSS is to cover items not otherwise covered by Medical Assistance that meet criteria, and we have made changes in the SPA to provide this clarification.
- *Travel, Lodging, or meals related to training and tickets to attend sporting or entertainment events:* CFSS allows for the purchase of permissible services and goods. Expenses to cover travel, lodging, or meals related to training or tickets to attend sporting or entertainment events would not meet the criteria of a permissible CFSS service or good.

(13) COMMENTS: One commenter expressed concerns that the current home care ratings do not meet the needs of participants; specifically, those with high medical needs.

(13a) RESPONSE: The amount of CFSS authorized will be based on the participants home care rating, which is determined through the person centered assessment. The state will maintain the current PCA methodology used to determine the total service units for CFSS for each home care rating. The increased flexibility available in the budget model may allow participants to more effectively meet their needs.

As in PCA services today, if participants require more assistance than PCA or CFSS will allow, participants may also have access to

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other services such as private duty nursing, skilled nurse visits, and home health aide and possibly waiver services to meet their needs in the community.

V. Disenrollment

(14) COMMENTS: Several commenters were concerned that the language regarding disenrollment between service delivery models is too limiting. They felt that participants should have the flexibility to change service models more frequently if needed and should not be required to remain in a model that isn't working for them.

One person commented on MN Statute 256B.85 language that states that providers are prohibited from providing both agency provider services and financial management services. The commenter stated that if this were allowed, participants could more easily switch between the two service delivery models.

One commenter suggested that the lead agency be notified when there is movement between the models, including date of request and date of change.

(14a) RESPONSE: DHS would like to clarify SPA language that describes disenrollment from service model options. Although the language states that participants may only disenroll from one model of service to the other model once during the service year, this is in **addition** to having an opportunity to change models each year at reassessment.

VI. Assurances

(15) COMMENTS: Two commenters expressed concern that due to the potential for fraud in this type of self-directed program, they are requesting DHS to provide detail and policy on how the "health and welfare of individuals" will be protected and how to provide adequate safeguards. One commenter asked if oversight of support workers will be required based on varied participants' level of vulnerability.

VI. Assurances

(15a) RESPONSE: DHS will work with the Development and Implementation Council to develop policies and procedures that provide operational guidance to address safeguards to protect the participant and oversight of support workers.

VII. Service Plan

(16) COMMENTS: One person commented that the SPA states that “the budget allocation for the budget model or the agency-provider model can be used in a flexible manner over the term of the service authorization.” The phrase “term of the service authorization” may lead to budget being prorated and ended throughout the year. An individual would have to ‘save’ dollars throughout the year in order to purchase larger budget items. It was suggested that the language be added to specify that a participant could use their dollars flexibly within their annual budget.

(16a) RESPONSE: DHS believes that additional language is not needed due to the way state plan services are authorized on service agreements. Participants will be able to use their budget allocation in a flexible manner.

(17) COMMENTS: Several commenters requested clarification about the ‘plans’ described in the SPA. They questioned whether the Coordinated Services and Support Plan (CSSP) will be required or if the Service Delivery Plan will replace the CSSP.

(17a) RESPONSE: The Service Delivery Plan is developed based on information in the Coordinated Services and Support Plan (CSSP) which is a result of the assessment. The Service Delivery Plan will include more detail and specifics about how the authorized services will be used.

(18) COMMENTS: Service Delivery Plan: Some commenters requested clarification about the role of participants, lead agencies and consultation service providers in regards to the development, approval, monitoring and evaluation of the CFSS service delivery plan.

(18a) RESPONSE: The lead agency will complete the assessment and will determine CFSS eligibility. The lead agency will distribute CFSS information to the participant and the participant will select a Consultation Service provider. The Consultation Service provider will assist participants with developing the CFSS service delivery plan and will finalize the plan (for those without a waiver or AC case manager or care coordinator) based on the assessment. Service will be authorized by the certified assessor.

VII. Service Plan

DHS will develop specific operational guidelines and requirements to clarify the role of participants, lead agencies and consultation service providers in regards to the development, approval, monitoring and evaluation of the CFSS service delivery plan.

VIII. Quality Assurance and Improvement Plan

(19) COMMENTS: One commenter recommended that DHS work closely with the State Quality Council to develop quality assurance procedures and quality measurements that are grounded in the experience of CFSS participants. Another commenter recommended that consumer satisfaction and participant results from CFSS services be added to the quality assurance and quality measurements.

The quality assurance section of the SPA describes the auditing process that DHS will conduct to assure that “CFSS support planning addresses health and welfare needs, reflects assessed needs, and reflects participant choice-making”. One commenter expressed concern that during a DHS audit, the agency provider could be held responsible if the service delivery plan fails to comply with all regulations, even though the agency provider did not assist with the development of the plan.

One commenter expressed concern that DHS’s Quality Assurance and Improvement Plan is lacking in content related to ensuring the support worker has the appropriate skills to meet the needs of the service plan and is competent to provide the needed services. The commenter requests that DHS have more checks and balances in place as their observation has been that the current PCA program is frequently misconstrued to be an income maintenance program verses a service to promote individual independence. This is especially true due to the program structure that permits participants to hire family members.

(19a) RESPONSE: We appreciate the commenters’ concerns regarding the Quality and Improvement Plan. The quality assurance measures detailed in the SPA establish federal reporting standards that serve as a foundation for the quality assurance system we will continue to develop. DHS will work with the Development and Implementation Council to develop measurements of the experience of CFSS participants, further program integrity mechanisms, and a fair and effective auditing process.

IX. Risk Management

COMMENTS: No comments received addressing this section.

X. Qualifications and Duties of Providers of CFSS Services

(20) COMMENTS: Support Workers

- 275 hours per calendar month: Many commenters expressed concern that the SPA states that a support worker must not provider more than 275 hours of CFSS per calendar month, regardless of the number of participants being served. Some commenters felt that this limits the ability of participants to flexibly use their services and suggested that exceptions be made in the case of emergencies or when additional coverage is needed due to worker illness.
- 40 hour per week limitation: Many commenters also expressed concern about the limitation on the number of hours per week that a parent, stepparent, or legal guardian of a minor, or a spouse may be paid to provide. As stated in the SPA, spouses and parents of minors can be paid to provide services, “except they may not provide CFSS in excess of 40 hours per 7 day period.” Numerous commenters recommended that this limitation should have an exception for emergencies caused by illness, weather, or a sudden change in need.
- Paying Spouses and parents of minors: Some lead agencies supported the 40-hour per week limitation, but requested that DHS provide additional guidance that will clearly outline the appropriate use of CFSS for minors when provided by parents as caregivers. One commenter expressed concerns that because CFSS will allow spouses and parents of minors to be paid as caregivers, some current PCAs may lose their jobs. One commenter expressed concern that when paying parents and minors for CFSS services, there will need to be more supervision, evaluation, and oversight due to the potential for fraud. There is a concern that the draw of an income into the household could possibly supersede the best needs of the recipient.

Support Workers

- Written records: Some commenters expressed concern about the requirement that support workers must “maintain daily written records.” Commenters recommended that DHS provide additional clarification to clearly define the documentation requirement.
- One commenter recommended that support workers (currently Picas) have opportunities for better training, an increase in

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pay, and that the state conduct more extensive background checks.

- One commenter requested clarification in regards to who will be responsible to supervise CFSS support workers.
- Support Workers that receive CFSS services: A few commenters disagreed with the limitation that support workers cannot be a participant of CFSS, unless the support services provided differ from those provided to the support worker. Two advocacy/professional organizations recommended that DHS eliminate this limitation. One commenter expressed concern about the implementation of this language. The commenter stated that employers cannot ask if a person is receiving services. The commenter also stated that it may be difficult to monitor as participant's assessments (including the support workers receiving CFSS services) could change from year to year.

Age of Support Workers: Current SPA language states that a support worker "must be at least 18 years of age, except that a 16 or 17 year old may be a support worker if they meet all of the requirements for the position, have supervision every 60 days, and are employed by only one CFSS provider agency; or if employed under the budget model, as allowed under state and federal child labor laws." One commenter requested additional clarification about who will be responsible for providing this supervision. One commenter suggested that the state use child labor laws to set the age for employees regardless of the model.

(20a) RESPONSE:

- 275 hours – DHS determined that there would be a cost to removing the limit of 275 hours and this change would need to be legislatively authorized.
- 40 hours per week - DHS supports paying spouses and parents of minors to provide CFSS services. The program limitation of 40 hours per week applies only to spouses and parents of minors and not to any other family members
- Paying spouses and parents of minors -DHS is in the process of developing policies and procedures to include specific operational guidelines when spouses and parents of minors are being paid to provide CFSS services.
- Written records-DHS will continue to work with the Implementation Council and workgroups to clearly define the documentation requirement.
- CFSS participants as paid support workers –CFSS will allow participants to be paid support workers of CFSS services with the current limitation stated in the SPA and Minnesota Statute 256B.85.

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- Age of Support Worker – DHS agrees that the language about 16 and 17 year old support workers is not clear and will remove references to the age requirement of CFSS support workers.

(21) COMMENTS: Consultation Services

Numerous commenters provided input and requested clarification regarding the design of and provision of Consultation Services.. One commenter suggested that the state work collaboratively with self-advocates in the development of implementation of this new service.

One commenter had concerns about the communication between the Consultation Service provider and the agency provider in regards to the development and implementation of the service delivery plan. The commenter stated that, in their opinion, Consultation Services will be a greater value to individuals who have selected the budget model verses the agency provider model, because participants may be unsure of who will be providing assistance when plan or service changes need to be made.

One commenter did not agree that the state used the term ‘remediation’ when describing one of the roles of the Consultation Service provider.

(21a) RESPONSE: Providers of Consultation Services will provide basic orientation and standardized information about CFSS and the service models, along with assisting participants in developing their service delivery plan. The provision of Consultation Services is required for all CFSS participants. The Consultation Service provider will provide information to assist the participant in selecting either the agency-provider model or the budget model. All participants will choose a provider of consultation services following their assessment. The Consultation Service provider will have access to a summary of information from the participant’s assessment which will be used to build the Service Delivery Plan with the participant. DHS is required to assure access to Consultation Service providers for all participants. We agree that it will be important for the Consultation Service providers to be culturally competent and knowledgeable about community resources.

(22) COMMENTS: Financial Management Services (FMS)

Many commenters supported the budget model option to provide individuals with an opportunity to directly employ their own support workers. Several commenters requested that the SPA be clear regarding who sets the wage, in relation to a community standard under the budget model. A few commenters wanted clarification on how a participant using the agency provider model would be able to purchase goods. Another commenter suggested that forms used by the FMS providers be available in multiples

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languages.

One commenter pointed out that the SPA includes language that indicates that the FMS is responsible for ensuring accountability of CFSS funds. The commenter requested that the state provide additional information to indicate who is responsible for over-payments in the budget model.

One commenter had numerous questions about how the budget model will be operationalized including who will pay for worker's compensation, employment, insurance, taxes, liability, and bonds. This person commented that there is an assumption that all PCA Choice recipients will choose the budget model, but this commenter stated, "We simply are not seeing that at all."

(22a) RESPONSE: DHS appreciates the input provided and will take those suggestions into consideration when developing policies and procedures that are required to operationalize the service. DHS agrees that the SPA language should be clarified regarding support worker wages. We changed the language to reflect the participant's role in setting support worker wages and deleted the reference to the financial management services vendor. The SPA language states that, "recipients may not pay a base wage that exceeds the community standards for a comparable service."

(23) COMMENTS: Agency Providers

One commenter expressed concern that the SPA implies that agency providers will be responsible for over-payment recoupment. This commenter stated that within the description of Worker Training and Development there aren't as many references to "supervision" as there are in the PCA program. The commenter noted that if the agency providers are not closely involved with service plan development or clearly assigned supervision responsibilities, potential overpayment might be difficult to monitor.

(23a) RESPONSE:

Worker Training and Development Services include a variety of services that assist participants under either model with developing support worker skills. These services will be provided or arranged by the employer of the support worker and consist of training, education, direct observation, evaluation, or consultation to direct support workers. We expect that employers will use Worker Training and Development Services to provide the oversight of service provision necessary to assure services are being delivered in accordance with the participant's plan and authorized service level. DHS will develop policies and procedures that will include specific operational guidelines, qualifications and requirements of Worker Training and Development Services that will provide greater clarity regarding roles and responsibilities.

XI. Permissible Purchases

COMMENTS: No comments received addressing this section.

XII. Interaction with Personal Care Services

COMMENTS: No comments received addressing this section.

Misc. (Financial Considerations):

(24) COMMENTS: One person commented that administrative costs under the budget model are referenced without any description detail. This commenter questioned how the amount of administrative costs which will reduce a person's self-directed budget amount be determined and requested details on this methodology. The commenter also requested that the state use all of the increased 6% federal funds to cover direct CFSS costs.

Another commenter stated that because eligibility is not being expanded and there is no proposal they are aware of to increase reimbursement for CFSS services, the commenter would like further information on what the extra 6% in federal matching funds will be used for that Minnesota will receive by implementing CFSS.

(24a) RESPONSE. DHS appreciates the commenters concerns. The 6% enhanced match was appropriated through the legislative process. The legislature appropriated funding to accommodate anticipated growth as more people are projected to use CFSS than projected under PCA, increased the minimum amount of time that would be authorized for participants, and allocated funds to meet other human service priorities. DHS has reviewed with stakeholders the reinvestment of the projected 6% increase in federal matching funds.

Miscellaneous

DHS received several comments and suggestions about items unrelated to the SPA.

RESPONSE: Since these comments and suggestions are outside of the scope of CFSS as it is defined in statute and regulation, we will share your comments with applicable DHS service areas.