



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

**COMMUNITY FIRST CHOICE
Policy Manual**

Section: Eligibility for Services

Subject: General Provisions and Services

Reference: ARM 37.40.1002, 37.40.1007, 37.40.1008, ARM 37.40.1110, 37.40.1115, and 37.40.1117.

PROGRAM DESCRIPTION

Self-Directed Community First Choice and Personal Assistance Services (SD-CFC/PAS) are services provided to Medicaid members who require hands-on assistance with activities of daily living (ADL). The program also provides assistance with instrumental activities of daily living (IADL), Health Maintenance Activities (HMAs) and Personal Emergency Response System (PERS).

The program is designed around a person-centered planning framework which promotes member choice and control in the planning and service delivery process. The goal of the program is to increase a member's ability to live in the community and promote a member's independence.

The self-directed (SD) model is available to members who choose to take the responsibility, or have a representative take the responsibility, of managing CFC/PAS services.

SD-CFC/PAS provided to members less than 21 years of age must be based on medical need, age appropriateness, and family support.

SERVICE LOCATION

1. SD-CFC/PAS are available to members who reside at home and must be provided to members in their home and local community. ADL services and health maintenance activities must be provided

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to the member in their home. Some IADL services may be provided to the member in the community. These IADL services are limited to medical escort, shopping, community integration (CFC-only), and off-site laundry.

2. A home residence, for purposes of receiving CFC/PAS services must allow for the following member choices in the home setting:
 - a. CFC/PAS provider agencies;
 - b. CFC/PAS attendants;
 - c. Attendant schedule and skill-set; and
 - d. Schedule of activities and services.

If the home residence is not owned by the member and is a group setting with more than four individual residents the member the member must have the option of signing a rent/lease agreement with the owners.

3. It is permissible for a member to receive essential SD-CFC/PAS when on vacation, travelling out of state, etc. The services provided may have to be adjusted to reflect the circumstances, i.e., no meal prep if eating in restaurants, etc.

In circumstances where services will be provided out of state the member must notify the provider agency. The provider agency must ensure the Service Plan is adjusted to meet the member's needs on the trip. A member cannot be out of state when the member's 180-day re-evaluation and annual visits are due. In these circumstances the agency may complete the visit prior to the trip. If the agency is unsure that it will be able to properly oversee the delivery of CFC/PAS services during the trip, the agency should contact the Regional Program Officer prior to approving the trip.

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SERVICES AND SUPPORTS

1. SD-CFC/PAS are attendant tasks and support services that are necessitated by a member's physical or mental impairment. Tasks and supports vary depending on the needs and requirements of each member.
2. Member needs and requirements are documented through the member Service Profile and the person-centered planning process. The Service Profile must be completed by a Mountain Pacific Quality Health (MPQH) registered nurse.
3. Attendant tasks involve direct assistance, from cuing and prompting, to total assistance. These tasks include the following activities:
 - a. Activities of Daily Living (ADL): These activities are the basic personal tasks a member needs to remain in their home. They are limited to: bathing, personal hygiene, transferring, positioning, mobility, eating (including tube feedings), dressing, toileting, assistance with an exercise routine (routine must be in and around the home and part of a daily routine for health purposes deemed medically necessary), self-administered medication assistance (including reminders), and meal preparation (this includes meal planning, storing, preparing, and serving food).
 - b. Instrumental Activities of Daily Living (IADL): These activities are designed to support and enhance a member's independence with living in the community.
 - i. Personal Assistance Service program IADL services are limited to the following: shopping for essential items and household tasks (which include laundry).
 - ii. Community First Choice program IADL services are limited to the following: shopping for essential items, household tasks (which include laundry), community integration, correspondence assistance, and yard hazard removal.

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- iii. Household tasks include assistance with activities related to housekeeping that are essential to maintaining the member's health and safety in the home. Examples of household tasks include, but are not limited to: changing bed linens, light housecleaning, cleaning of medical equipment, laundering, washing dishes, and arranging furniture.

Note: When a member lives with a family member it is expected that the family member or significant other will provide a majority of the household tasks.

- iv. Shopping is limited to items essential to the member's health care and nutritional needs (groceries and pharmaceuticals). Shopping should be done at an in-town (i.e. local) grocery store or pharmacy or in conjunction with medical escort or community integration (CFC-only). Shopping should be done with the member present unless the member's health condition prevents them from traveling and/or shopping safely. Personal Care Attendants (PCA) may not shop for the entire household or for items not associated with the member's specific health care or nutrition (i.e. stop by bank, post office, video store etc.).

Note: Shopping should be provided only when a family member or other informal caregiver is unavailable.

- v. Community Integration is designed to encourage and facilitate member integration into the local community. The service is authorized when a member is isolated or unable to participate in community activities without hands-on assistance. Community integration activities must be in the community and cannot occur in the member's home. Community integration includes attendant

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time taking the member to and from the community activity; however, it cannot be used as transportation only. The member must have a need for the PCA during the activity in order to receive transportation for community integration.

- vi. Correspondence Assistance is designed for cognitively capable members who can direct their PCA to act as their hands to assist the member in carrying out personal communications and organization activities. Examples include writing appointments on a calendar, dialing a phone, picking up the mail, filing, and writing letters. The service does not include money management, check writing, etc. If a member is not capable of directing the activity the member cannot be authorized for the service. A member who is on self-direct services and has a PR may not receive correspondence assistance.
- vii. Yard Hazard Removal is authorized to remove home hazards for personal safety of the member and attendant to get to and from the member's house. It includes snow removal, walkway maintenance, and moving garbage bins for routine pick-up. It does not include regular lawn maintenance, animal waste removal, or house maintenance.
- c. Medical Escort: Escort services include accompanying and personally assisting members on trips to obtain Medicaid reimbursable medical services.
- d. Escort services are available only to members who require hands on assistance en route to or at the destination and when a family member or caregiver is unable to accompany them. (Refer to SD-CFC/PAS 707)
 - i. Escort is authorized to the nearest appropriate Medicaid provider. Exceptions to this policy must be authorized by the Department or its designee based on medical necessity and cost

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effectiveness.

- e. Health Maintenance Activities (HMAs): HMAs are only available to members who select the SD option for CFC/PAS service delivery. HMA tasks include the following: urinary systems management, bowel care, wound care, and medication management. A HMA task must be listed on the Health Care Professional Authorization and signed by the member's health care professional, before the member may direct an attendant to deliver the HMA task.
 - f. Personal Emergency Response System (PERS): PERS is a service that provides members with an electronic, telephonic, or mechanical system to summon assistance in an emergency situation. The system alerts medical professionals, support staff, or other designated individuals to respond to the member's emergency request.
 - g. Skill Acquisition is a CFC-only service designed to support a member in achieving independence in a CFC approved ADL or IADL task. This service may be authorized when the member is expected to learn the skill and achieve independence performing the task within a three month timeframe.
4. IADL tasks and medical escort may only be authorized and provided when a member receives ADL tasks.

**PERSONAL CARE ATTENDANT (PCA)
SPECIFICATIONS**

- 1. A PCA is an employee of the provider agency. PCAs cannot operate as independent contractors.
- 2. A member's immediate family member is not considered a CFC/PAS PCA for purposes of the Medicaid program and is not eligible for reimbursement. Immediate family member is defined as the following:
 - a. Spouse;
 - b. Natural, adoptive, or foster parent of a minor child.

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3. Two PCAs cannot provide SD-CFC/PAS at the same time unless the MPQH service profile specifically states that it is medically necessary.
4. The PCA is chosen and trained by the member/PR.

AUTHORIZATION FOR ADDITIONAL TIME

Authorization for excess of the service limits will be based on a consideration of the following criteria:

1. Additional assistance is required for a short time as the result of an acute medical episode;
2. Additional assistance is required for a short time to prevent institutionalization during the absence of the normal caregiver;
3. Additional assistance is required for a short time during a post hospitalization period.

Note: When a member requires additional hours over their MPQH service authorization, the provider agency may document the need for services so long as it is for a period of 28 days or less and a temporary authorization is initiated (Refer to SD-CFC/PAS 417). Anytime the need exceeds 28 days, an amendment must be requested via the Service Plan (SLTC-175). This form must be faxed to MPQH (refer to SD-CFC/PAS 719).

SD MEMBER RESPONSIBILITY

1. The member must be capable of making choices about activities of daily living, understand the impact of these choices, and assume responsibility for the choices, or have someone immediately available who is willing to assist the member in making choices and directing their activities.
2. The member must be capable of managing all tasks related to service delivery. During the authorization visit, MPQH will determine capacity for program participation. This includes an assessment of the member's ability to manage recruitment, hiring, scheduling, training, directing, and dismissal of attendants. **Members who are incapable of managing these tasks will not be admitted to the SD option of the CFC/PAS program.** A PR may assume these responsibilities on behalf of the

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member (Refer to SD-CFC/PAS 716).

3. This responsibility includes notifying the agency when there are attendant or care issues. The following is a list of examples of issues, but is not an all-inclusive list:
 - a. Following the service plan;
 - b. Health and safety issues;
 - c. Scheduling attendants;
 - d. Suspected fraud;
 - e. Reporting a serious occurrence (Refer to SD-CFC/PAS 708).
4. The member must understand that the provision of services is based upon mutual responsibility between the member and the provider agency.
5. Members are required to participate in the review process which includes authorization of services and onsite in-person agency oversight visits. Missed reviews can lead to service termination.
6. Find adequate PCA to staff the member's service needs.