



**SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU**

**COMMUNITY FIRST CHOICE
Policy Manual**

Section: SERVICE REQUIREMENTS

Subject: Agency Requirements

Reference: ARM 37.40.1005, 37.40.1106, 37.40.1107, 37.40.1008, 37.40.1016, and 37.40.1023

PURPOSE

This policy outlines the provider agency responsibility to provide the appropriate staff and services to ensure quality services are provided through the Self Directed (SD) Community First Choice/Personal Assistance Services (CFC/PAS) program.

In the SD CFC/PAS, the member assumes responsibility for many aspects of the program. The provider agency assumes the responsibility of program oversight, including oversight of the member's participation in the program to ensure that member is directing their services within the parameters of the program. The provider agency must provide appropriate staff to meet the oversight and person-centered planning requirements of the program. Staff members performing these functions must meet minimum qualifications.

**STAFF POSITIONS/
QUALIFICATIONS**

1. Program Oversight: SD CFC/PAS providers must employ a staff member to perform the duties outlined in the Oversight Responsibilities Section 1. a-j below. This person is referred to as the Program Oversight staff member. The Program Oversight staff member must meet the following minimum qualifications:
 - a. Have at least one year's experience in aging and disability service;
 - b. Receive training in the SD CFC/PAS program by the provider agency; and,
 - c. Be free of the conflict of interest criteria outlined in SD CFC/PAS 720.
2. Person Centered Plan Facilitation: SD CFC/PAS provider agencies must employ a staff member to perform the duties of the Plan Facilitator as outlined in CSB 1101-1112. The person that performs these duties is referred to as the Plan Facilitator. The Plan Facilitator and the Program Oversight staff person may be the same person. The Plan Facilitator must meet the following minimum qualification:

		SD-CFC/PAS 701
Section: Service Requirements	Subject: Agency Requirements	

- a. Have at least one year's experience in aging and disability service;
- b. Receive certification in the person-centered planning process; and,
- c. Be free of the conflict of interest criteria outlined in SD CFC/PAS 720

**OVERSIGHT
RESPONSIBILITIES**

1. The provider agency must staff a Program Oversight staff member who is required to complete the following tasks:
 - a. Participate in Person Centered Planning visits;
 - b. When acting in the role of Plan Facilitator, the Program Oversight staff member is responsible for the completion of the Person Centered Plan (SLTC-200);
 - c. ➤ Complete intake process according to policy (Refer to SD CFC/PAS 411, 414 and 702);
 - d. Complete re-certification visit at intervals not exceeding 180 days, or when there is a significant change in condition (Refer to SD CFC/PAS 703);
 - e. Complete the required paperwork to implement a temporary authorization when there is a change in condition (refer to SD CFC/PAS 417);
 - f. Schedule case conferences to address member care needs and complete required paperwork, as necessary;
 - g. Address any health and safety issues using the risk negotiation process (Refer to CFC/PAS 914);
 - h. Complete the Service Plan (SLTC-175) according to program parameters (Refer to SD CFC/PAS 421);
 - i. Complete the program Compliance Tool (SLTC-167) as necessary to reevaluate member compliance with program rules (Refer to SD CFC/PAS 919); and,
 - j. Provide documentation to ensure the Personal Representative (when applicable) meets program participation criteria (Refer to SD CFC/PAS 715).

		SD-CFC/PAS 701
Section: Service Requirements	Subject: Agency Requirements	

2. Other on-going oversight responsibilities may be assumed by the Program Oversight staff member or by other provider agency staff, but the Program Oversight staff member is ultimately responsible for the coordination and oversight of the following tasks:
 - a. Review member service delivery records to ensure that services are delivered according to the Service Plan Schedule;
 - i. If member is not receiving services according to the Service Plan provide appropriate follow-up with the member.
 - b. Ensure the member has a current Health Care Professional Authorization Form;
 - c. Participate in the Department's Quality Assurance process and respond to Quality Assurance Communications in the Department's Quality Assurance Management System (QAMS); and,
 - d. ➤ Report Serious Occurrence Reports according in QAMS (Refer to 709).