



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

**COMMUNITY FIRST CHOICE
POLICY MANUAL**

Section: Forms

**Subject: PERS Prior Authorization Form
SLTC - 240**

PURPOSE: The Personal Emergency Response System (PERS) Prior Authorization form is used to send notification to Mountain Pacific Quality Health (MPQH) for the following purposes:

1. Referral to initiate a prior authorization/renewal for PERS services;
2. Change of PERS providers; and
3. Notification of member discharge from CFC or CFC PERS services. ◀

REFERRAL: A referral must be submitted upon completion of the member's CFC Person Centered Plan (PCP). The Plan Facilitator will complete the form and FAX it to MPQH. MPQH will enter the PERS prior authorization into the XEROX claims system and return the prior authorization number to the Plan Facilitator.

RENEWAL: PERS prior authorizations must be renewed annually (every 365 days) after the completion of the PCP meeting. Failure to renew the PERS prior to authorization in a timely manner will result in the inability of the PERS provider to bill for services and may interrupt member services.

CHANGE OF PERS PROVIDERS: When a member chooses to change PERS providers, the Plan Facilitator must submit a new PERS Prior Authorization form to MPQH to end date the old prior authorization and generate and

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assign a new prior authorization number for the new PERS provider.

**MPQH NOTIFICATION
OF MEMBER DISCHARGE FROM
CFC SERVICES OR CFC PERS
SERVICES:**

When a member discharges from CFC or discharges from CFC PERS services, the Plan Facilitator must notify MPQH in order for the prior authorization to be end dated. ⏪

INSTRUCTIONS:

The Plan Facilitator must complete the following (Check the appropriate box indicating the following action is occurring):

- 1. CFC PERS Initial Referral ⏪
- 2. Change of PERS Providers ⏪
- 3. Ending PERS Services – Date: _____ ⏪
- 4. CFC Discharge – Date: _____ ⏪
- 5. PERS Prior Authorization Renewal ⏪

Enter:

Plan Facilitator’s Name

Plan Facilitator’s Phone

Member’s Name

Member’s Medicaid ID #

PERS Provider Name

NOTE: The PERS provider must be contacted prior to the selection in order to determine the type of service provided, the cost of service per unit, and whether an installation fee is required.

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Upon form completion, the Plan Facilitator must fax the Prior Authorization form to MPQH. MPQH will enter the prior authorization into the XEROX system and return the form to the Plan Facilitator. MPQH will complete the information on the bottom half of the form, including the PERS prior authorization number, the total number of units authorized, and the date span. The MPQH reviewer will sign the form prior to faxing it to the Plan Facilitator.

Upon receiving the PERS prior authorization number from MPQH, the Plan Facilitator must complete the PERS Referral form, SLTC – 241, in its entirety. The Plan Facilitator will then submit the form to the PERS provider to initiate the member’s PERS services.

DISTRIBUTION:

A copy of this form must be retained by the Plan Facilitator in the member’s file.