

Self-Directed Community First Choice and Self-Directed Personal Assistance Services Member Agreement

The Self Directed Community First Choice and Self Directed Personal Assistance Programs (SD-CFC/SD-PAS) are the result of legislation developed by the Montana Coalition Concerned with Disabilities. These programs allow an elderly Member or a Member with a disability or their personal representative, to arrange for, train, and manage the personal assistant(s). These programs also include a limited exemption from the Nurse Practice Act. The exemption will allow you the opportunity to manage specific health maintenance tasks with the approval of a health care professional. These tasks may include urinary system management, bowel treatments, and administration of medication and wound care.

Participation in either of these two programs requires a clear understanding of your role and its associated responsibilities. Please review the following information and discuss and review your questions with your SD-CFC/SD-PAS Agency. Your dated signature at the end of this document indicates your Agreement to the following:

I understand that if I participate in the SD-CFC or SD-PAS program, I must receive the proper authorizations and follow all Medicaid policies and procedures. I understand that my failure to do this can lead to a Medicaid fraud investigation and/or discharge from the Program. If I have additional questions regarding the Self-Directed program, I may contact the local Regional Program Officer with the Senior and Long Term Care Division, Department of Public Health and Human Services.

To participate in this program, as the Member, you are responsible for the following:

1. Obtaining approval from your physician or a health care professional to participate. Under this program, a health care professional is defined as a physician assistant, certified nurse practitioner, registered nurse, or an occupational therapist.
2. Obtaining approval from the health care professional to manage health related tasks. This approval may be limited or include the full scope of the task. For any health maintenance tasks authorized by the health care professional, access to Medicaid Home Health services will be limited.
3. Choosing an approved SD-CFC/SD-PAS Provider who will become the employer of record for your attendants, assist with the necessary paper work, and act as a liaison with the Department.
4. Recruit, train, schedule, and manage all attendants who will provide services. You will also be prepared to resolve any attendant issues, which may arise.
5. Participation in compliance reviews conducted by the Department. These reviews are designed to insure that services are being delivered in accordance to the policies of the Department. This may include a review of home records.

6. Obtaining re-certification for continued participation every 180 days from the provider agency. Obtain annual approval from the health care professional.
7. Develop and maintain a service plan readily available in the home. It must include:
 - a. A Member profile completed by Mountain Pacific Quality Health to establish the service limit in terms of hours;
 - b. A Person Centered Plan; which has been developed in cooperation with the Plan Facilitator and Provider Agency and reviewed annually;
 - c. An emergency backup plan that addresses the process you will follow when and if an attendant fails to show. Your back up plan may not be Medicaid Personal Assistance Services managed by an agency or home health services for authorized health maintenance tasks. These services become available only when and if the emergency backup plan fails;
 - d. A training plan for attendants performing health related tasks, should your physician or health care professional authorize them;
 - e. The method you will use to recruit attendants; and
 - f. A schedule of oversight visits which is no less than once every 180 days.
8. Review, approve, sign, and date all service delivery records to ensure the service plan has been followed, thereby authorizing Medicaid to be billed. MISREPRESENTATION WITHIN THESE DOCUMENTS CONSTITUTES FRAUD.
9. Medical and related liability regarding the delivery of Personal Assistance Services. According to the statutory language that created this program, you will be responsible for any incidents of harm.
10. Amend your plan of care should you choose to no longer manage health maintenance tasks. As long as it appears on your plan of care, you are unable to access home health agency services for the same activity.

I agree to hold harmless the State and its agencies, representatives, and employees from the consequences of my choices as a Member in the Self Directed Community First Choice or the Self Directed Personal Assistance Program.

Member

Date

Agency Representative

Date