

## Self-Directed Community First Choice/Personal Assistance Services Health Care Professional Authorization

The self-directed CFC/PAS Programs allows an elderly person or a person with a disability (or their personal representative) to arrange for, train, and manage the personal assistant(s). This program also includes a limited exemption from the Nurse Practice Act covering urinary system management, bowel treatments, and administration of medication and wound care. Montana State Law requires a Health Care Professional to certify, on an annual basis, that the individual is capable of managing their own care, which may include skilled services delivered by non-licensed personnel.

**The following plan requires approval by a health care professional.** Questions about this plan can be directed to the Personal Assistance Program at the Mountain Pacific Quality Health at 1-800-268-1145, ext 5830.

|  |                           |                                    |                          |
|--|---------------------------|------------------------------------|--------------------------|
| Member Name:                             |                           | DOB:                               | ID#                      |
| Personal Representative (if applicable): |                           |                                    |                          |
|  |                           |                                    |                          |
| Bathing                                  | Dressing                  | Eating                             | Medical Escort           |
| Transferring                             | Positioning               | Exercise                           | Household Tasks/Cleaning |
| Grooming/hygiene                         | Mobility                  | Med. Reminder                      | Laundry                  |
| Toileting                                | Meal Prep                 | Community Integration              | Shopping                 |
| Yard Hazard Removal                      | Correspondence Assistance | Personal Emergency Response System | Skills Acquisition       |
|  |                           |                                    |                          |
| Medication Administration                |                           |                                    | Date Added:              |
| Bowel Treatment                          |                           |                                    |                          |
| Urinary Systems Management               |                           |                                    |                          |
| Wound Care                               |                           |                                    |                          |
| Total biweekly time for services:        |                           |                                    |                          |

***I agree that the member/personal representative listed above is capable of managing the indicated tasks and they understand the risks involved. I understand that the quality of care delivered rests solely upon the member/personal representative. I understand I may revoke this approval at any time. 37.40.1301 SELF-DIRECTED PERSONAL ASSISTANCE SERVICES, DESCRIPTION AND PURPOSE: (2) Members will provide their physician or health care professional evidence of ability to manage their personal assistance services. (a) The scope and detail of the evidence shall be determined by the physician or health care professional.***

\_\_\_\_\_  
Health Care Professional Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member/Personal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Date