



# Senior & Long Term Care Division Community Services Bureau

## Community First Choice/Personal Assistance Program Agency Based Policy Manual

**Title:** AB-CFC/PAS 703  
**Section:** SERVICE REQUIREMENTS  
**Subject:** 180-Day and Annual Recertification  
**Reference:** ARM 37.40.1005 and 37.40.1114  
**Supersedes:** AB-CFC/OAS 703 (April 1, 2018)

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### PURPOSE

This policy outlines the Agency Based (AB) Community First Choice/Personal Assistance Services (CFC/PAS) provider agency's responsibility to complete a mandatory in-person visit every six months after the initial intake visit. The provider agency Nurse Supervisor must complete the annual recertification visit. Either the Nurse Supervisor or Qualified Designee must complete the 180-day recertification visit. The recertification visits must occur with every member to continue providing and billing CFC/PAS services.

The recertification visit is intended to ensure that the member is receiving appropriate services within the parameters of the AB-CFC/PAS program. Once a year the recertification visit is conducted in coordination with the annual Person Centered Planning (PCP) meeting to ensure that services are delivered according to member's choice and preferences.

### ➤GENERAL GUIDELINES

The provider agency is required to conduct a recertification visit every six months with the member. This visit is referred to as the recertification visit. There are two types of recertification visits: the 180-day recertification visit and the annual recertification visits.

1. The Recertification form (SLTC-210) must be completed at every recertification visit.
  - a. ➤The Recertification form that is completed at the 180-day visit must be completed and signed by either the Nurse Supervisor or Qualified Designee. If the Qualified Designee completes the recertification form the Nurse Supervisor must review and sign-off on the form within ten days of its completion.
  - b. The Recertification form that is completed at

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the annual visit must be completed and signed by the Nurse Supervisor.

2. All Recertification forms must be signed by the member.

**NOTE:** The Plan Facilitator (PF) does not need to sign the Recertification Form.

3. Prior to completing the recertification visit, the provider agency should complete a pre-visit review of the member's service delivery records, Service Plan, PCP form, member progress notes, Serious Occurrence Reports, the member's Overview (SLTC-154) and Service Profile (SLTC-155) to determine whether services have been delivered according to the Service Plan.
4. The following components must be completed on the Recertification form (SLTC-210):
  - a. Service utilization; and
  - b. Issues identified during a review of the member's file, including the service delivery records, should be documented on the Recertification form and addressed during the recertification visit.
5. During the recertification visit, the Nurse Supervisor or Qualified Designee must review the following with the member:
  - a. Current care needs;
  - b. Service Plan Schedule;
  - c. Service Delivery Records;
    - i. The Nurse Supervisor or Qualified Designee must address issues that have been identified during the pre-visit review; including patterns of refused services, over/under utilization of tasks, and/or identical service delivery records that may indicate the SDR is being

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completed according to the sample SDR rather than capturing the actual service being delivered in the home.

- d. Member's participation in program;
  - e. Member, worker, or provider concerns;
  - f. Evaluate the member's perception of the quality of services provided by the personal care attendant (PCA);
  - g. Review the member's need for continued services; and
  - h. Document the member's evaluation of attendants.
6. Identified issues are to be documented on the Recertification form, along with an action plan to address the issue.
7. Upon completion of the recertification visit, the provider agency is responsible to track and follow-up on any action items that were identified during the visit. The agency should document follow-up activity in the member's chart notes.
8. When necessary, recertification visits may occur in a month prior to the month it is due. When this occurs all necessary components of the recertification visit must be completed for it to meet the mandatory visit requirements.

**NOTE:** When a member's Plan Facilitator is a case manager, the annual recertification schedule is based on the Case Manager Plan Facilitator's annual visit cycle. If a provider agency completes a 180-day recertification visit in a month prior to the six month and the Case Manger Plan Facilitator's annual will not occur within six months of that visit, the provider agency must complete a second 180-day recertification visit prior to the

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member's annual recertification visit. For example:

If the member's 180-day recertification visit is scheduled for June, and the annual coordinated recertification/PCP meeting is scheduled in December, and the provider agency chooses to complete the 180-day recertification visit in May, the provider agency will be required to complete a second 180-day recertification visit by the end of November and also attend the annual recertification visit/coordinated PCP meeting in December.

#### **➤180-DAY RECERTIFICATION VISIT REQUIREMENTS**

In addition to the requirements outlined in the general requirements section above, the following requirements must be met for the 180-day visit:

1. The 180-day recertification visit must be completed with the member in the member's home.
2. The 180-day recertification visit does not require the Plan Facilitator to be present and it does not require the completion of a new PCP form (SLTC-200) or new Service Plan (SLTC-170). However, the visit should include a review of both of these forms for continued relevance and accuracy.
3. The first 180-day recertification visit must be completed by the end of the sixth month from the month the intake visit occurred and must occur in the member's home.
  - a. The only exception is when the member transitions to case management within the first six months of service. When this occurs, there is a change in the member's Plan Facilitator, which prompts a new PCP form to be completed. In this case, the provider agency may opt to complete the paperwork required

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for the member's annual visit at the time of the member's intake to waiver.

4. All 180-day recertification visits, aside from the first one, must occur by the end of the sixth month from the annual recertification visit and must be done in-person in the member's home.
  - a. The only exception is when the member transitions to case management between the annual and 180-day recertification visit. When this occurs there is a change in the member's Plan Facilitator, which prompts a new PCP form to be completed. In this case, the provider agency may opt to conduct the member's annual at the time of the member's intake to Big Sky waiver. All of the required annual recertification documentation must be completed to qualify the visit as an annual.
5. If a change is identified during the 180-day recertification visit, the provider agency must take appropriate action; which may include implementing a temporary authorization or amendment.

## **ANNUAL RECERTIFICATION VISIT REQUIREMENTS**

In addition to the requirements outlined in the general requirements section above, the following requirements must be met for the annual recertification visit:

1. The annual recertification visit requires that the Nurse Supervisor participate, complete a new Recertification form and develop a new Service Plan (STLC-170).
2. The annual recertification visit includes coordination with the Plan Facilitator, who must coordinate the annual person-centered planning meeting and complete the annual PCP form.
3. The annual recertification visit must occur by the end of the sixth month from the 180-day recertification visit.
4. The annual recertification visit may be completed at a site other than the member's home. If it is a

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coordinated person centered planning meeting with the member and their Case Manager Plan Facilitator, the member and Plan Facilitator may determine another site is a more appropriate setting for the meeting.

5. The Nurse Supervisor must complete a new Service Plan at every annual recertification visit (Refer to CFC/PAS 421).
6. If a change is identified during the annual recertification visit, the provider agency must take appropriate action; which may include implementing a temporary authorization or amendment.

#### **SERVICE AUTHORIZATION**

In order to bill for AB-CFC/PAS services a provider agency must have a current Recertification form and Service Plan in the member's chart. If either form is not current, a repayment for services rendered after the form expired will be due.

**NOTE:** A recertification form expires at the end of the sixth month following the month of the last recertification visit. The Service Plan expires at the end of the twelfth month from the month of the last annual visit