



# Senior & Long Term Care Division Community Services Bureau

## Community First Choice/Personal Assistance Program Self-Directed Policy Manual

**Title:** SD-CFC/PAS 504  
**Section:** MOUNTAIN PACIFIC QUALITY HEALTH  
**Subject:** Service Profile (SLTC-155)  
**Reference:** ARM 37.40.1023 and 37.40.1132  
**Supersedes:**

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### PURPOSE

The Service Profile (SLTC-155) is a summary document that provides the bi-weekly authorization of services a member is eligible to receive. The Service Profile provides an instrument for collecting and documenting essential information needed to establish the member's functional limitations and ability to perform Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), and Health Maintenance Activities (HMA) (Self-Direct option only). It also documents information on service planning pertinent to service delivery.

### PROCEDURE

The Service Profile must be completed by the Mountain Pacific Quality Health (MPQH) Nurse Reviewer upon initial intake for Community First Choice (CFC) and Personal Assistance Services (PAS) and re-assessed annually and whenever a significant change in the member's condition or circumstance occurs.

### SECTION 1: GENERAL INFORMATION SECTION

1. **Service Type:** The top of the form indicates the service type to identify whether the member is participating in the PAS or CFC program and whether they are receiving Agency-Based (AB) or Self-Directed (SD) services.
2. **Profile Type:** The profile type indicates whether the MPQH Nurse Reviewer completed the service authorization for an "initial", "prescreen", "annual" or "amendment" assessment. The profile type will include whether the profile is "permanent" or "short-term".
3. **Span:** The service span indicates the dates the member is authorized by MPQH to receive services.
4. **Review Date:** The Review date indicates the date the

MPQH Nurse Reviewer completed the assessment with the member and/or their contact person.

5. Plan Facilitator: The Plan Facilitator lists the provider agency who is responsible for functioning as the member's Plan Facilitator. If the member has a case manager, the Service Profile will list the case management entity. If the member does not have a case manager, the CFC/PAS provider agency shall be listed as the member's Plan Facilitator.
6. Companion Case. If the member resides in the same household as someone else who is also receiving CFC or PAS services, the name of that person will be listed in the companion case box and the relationship of the companion case to the member will be listed in the relationship box.
7. Provider Name: The agency identified as the CFC/PAS provider agency is the only agency authorized to deliver CFC/PAS services to the member. If a provider agency is not listed and the agency is delivering CFC/PAS services, they may be at risk for payback.

## **SECTION 2: SERVICE AUTHORIZATION SECTION**

1. The service authorization section includes total bi-weekly authorized units for ADL, (HMA- SD program option only) and IADL tasks. Bi-weekly service units are authorized to be delivered in two-week periods (bi-weekly). If a task is listed on the Service Profile, it means it is authorized and the provider agency is expected to ensure the service is delivered.
  - a. IMP.: Impairment level is determined per task. This indicator is for informational purposes to assist the provider agency in working with the member to develop the individualized Service Plan. The six impairment level authorizations are:
    - i. 0-Independent: No functional impairment. The individual can conduct the activities without difficulty and has no need for assistance. Need is met

with adaptive equipment or service animal

**NOTE:** If a member has an impairment level of "0", the task cannot be authorized and will not show up on the MPQH Service Profile.

- ii. 1-Standby: Mild functional impairment. The individual can conduct the activity but does require standby assist or cuing.
- iii. 2-Limited Assist: Moderate functional impairment. The individual can conduct the activity with moderate difficulty and requires minimal assistance.
- iv. 3-Extensive Assist: Severe functional impairment. The individual has considerable difficulty completing the activity and requires extensive assistance.
- v. 4-Total Dependence: Total functional impairment. The individual is completely unable to carry out any part of the activity.
- vi. 5- Age Appropriate: The individual's ability to participate in and/or complete the task is consistent with average person of that age.

**NOTE:** If a member has an impairment level of "5", the task cannot be authorized because it is considered parental responsibility and it will not show up on the MPQH Service Profile.

- b. Days: Days indicates the number of days per week the member is authorized to receive a

task. ADL and HMA tasks are authorized 1-7 days per week. IADL services are authorized with an "A", which indicates the service is authorized and it is up to the provider agency to work with the member to schedule out IADL services in the individualized Service Plan.

**NOTE:** The member may elect to receive services at a frequency that differs from the frequency identified on the Service Profile. In this case, the provider agency must ensure the flexibility parameters identified in CFC/PAS 717 are met.

- c. **Comments:** Comments are intended to provide additional direction and expectations on how the service task must be delivered. A more detailed description of the member condition is provided in the Member Overview.
2. If the member qualifies for Medical Escort or Personal Emergency Response System (PERS), the Service Profile will indicate an "A" when the service is authorized.
3. **Grand Total:** This total includes the total bi-weekly authorization for ADL, HMA (when applicable) and IADL tasks. The total is provided in units and hours.

## **IMPAIRMENT LEVEL**

The MPQH nurse reviewer must determine which of the six impairment levels best describes the member being reviewed. Impairment in this context is a functional limitation, i.e., a limitation in the ability to carry out an activity or function.

1. A member has impairment with respect to an activity if he/she is limited, either physically or mentally, in their ability to carry out that activity. A "0" and "4" are absolutes in the sense that they indicate no functional impairment or total dependency. For example, if a member can perform any of the dressing tasks for himself, a "4" is not appropriate. If the member can perform the dressing task without difficulty, a "0" is appropriate.

2. If a member can conduct an activity with difficulty, and the difficulty is such that the member frequently cannot complete some part of the activity, then the member is impaired, even if the member at other times can complete the entire activity. In addition, if the degree of difficulty is such that the member requires at least minimal assistance with that activity, then the member is impaired, even if the member can (with difficulty) conduct the activity without assistance.
3. If the member can complete the activity, but needs cuing to do so, or, because of safety considerations, needs someone there while completing the task, they would require standby assist (i.e. "1" or "2"). If the difficulty with an activity does not affect the member's conduct of the activity or does not cause any problems for the member, the member is determined to not be impaired (i.e. "0").
4. The Service Profile is designed to rate a member's level of independence in self-care. In determining the impairment level for each task, the member's ability to self-care is determined, rather than member's access to an informal support to assist with the task.

**NOTE:** The member's use of informal supports will determine how the service is authorized on the Service Profile.

#### **TASK DESCRIPTION/ AUTHORIZATION**

The MPQH Nurse Reviewer determines whether the member needs assistance in the completion of the task and authorizes tasks accordingly. Tasks are authorized based on the assessment of whether the task is met, unmet, or partially met.

1. Reasons the task may be met include that the member may be independent in completing the task, or the need for help is being met by someone other than a personal assistance agency. Other sources for meeting the need include family, friends, Council on Aging, home health, Veteran's Administration Services, third party insurance coverage, etc.
2. Reasons the tasks may be partially met is that the

member requires help with the task and someone other than a direct care worker employed through a CFC/PAS provider agency is providing assistance with the task part of the time, or the member is currently able participate in a level of completing the task. For example, if a member can perform simple meal preparation for breakfast and lunch, but is unable to perform complex meal preparation for dinner, the task is considered partially met. Or, if a member requires help with meal preparation and the member eats breakfast and dinner with their family, but is home alone at lunch and needs assistance, the task is considered partially met.

3. The task is considered unmet if the member requires assistance with the task and the need is currently unmet.
4. The following is a list of ADL/HMA/IADL tasks and a description of the task that can be authorized on the MPQH Service Profile.
  - a. Bathing (ADL) - includes assistance with some or all of the following: setting out supplies, drawing and testing temperature of water, assisting member to chair or adaptive bathing device, getting in and out of tub or shower, bathing/cleaning body and hair and bed baths.
  - b. Dressing (ADL)- includes assistance with some or all of the following: laying out and selecting clothes, assistance with zippers, buttons, putting on socks and shoes, getting into garments (i.e. putting arms in sleeves, legs in pants, pulling up underwear and pants, hooking bra), and assisting with completion of the dressing task.
  - c. Hygiene (ADL) - includes assistance with some or all of the following: set out supplies, such as toothbrush, toothpaste, hair brush, deodorant, etc., brushing teeth, shaving, washing face, nail care, lotion on body, combing,

- applying deodorant, and assisting with adaptive devices.
- d. Toileting (ADL) - includes assistance with some or all of the following: assistance with urinary incontinence episodes or fecal incontinence, assistance with catheter or colostomy bag or care (this does not include the skilled task of insertion of a catheter), assistance with adult diapers, assistance on and off the toilet, and assistance wiping after toileting.
  - e. Transfer (ADL) - includes assistance with some or all of the following: assistance with rising to a standing position or moving to a wheelchair or in and out of bed or chair to prevent losing balance and falling.
  - f. Positioning (ADL) - includes assistance with some or all of the following: assistance with proper positioning and repositioning in bed, chair, wheel chair, etc.
  - g. Mobility (ADL) - includes assistance with some or all of the following: assistance with walking.
  - h. Meal Preparation (ADL)- includes assistance with some or all of the following: assistance with opening boxes, cans, containers and jars, removing items from fridge, cupboard or freezer, heating up items (microwave or stove), preparing food (chopping, mixing, storing, slicing, blending, etc.), and preparing, cooking and serving the meals.
  - i. Eating (ADL) - includes assistance with some or all of the following: assisting with cutting food, putting food on utensils, getting food and drink into mouth, assistance with adaptive

- devices, and assistance with completion of the eating task.
- j. Exercise (ADL) - includes assistance with some or all of the following: Support and guidance in completion of exercise routine and assistance with range of motion activity.
  - k. Medication Assistance (ADL) - includes assistance with some or all of the following: assistance with already set up medication per the direction of the member and reminders to take medication.
  - l. Bowel Program (HMA) - includes assistance with some or all of the following: help with suppository or on-going bowel program.
  - m. Wound Care (HMA) - includes assistance with some or all of the following: help with skilled wound care including dressing changes and self-care for wounds, incisions and decubiti.
  - n. Urinary Systems Management (HMA) - includes assistance with catheter insertion.
  - o. Medication Administration (HMA) – includes identifying correct medication, dose, time of day, and route to administer medication.
  - p. Medical Escort- includes assistance with some or all of the following: assistance with ambulation, transfer, mobility, (un)dressing, or toileting en-route to or at the medical appointment. Assistance is not provided for conveying medical information at the medical appointment.
  - q. Personal Emergency Response System (PERS) – authorized when member lives alone or is alone for parts of the day and is at risk for falling or having a medical event that would necessitate



- calling for assistance.
- r. House Cleaning (IADL)- includes assistance with some or all of the following: dusting, picking up, washing dishes, sweeping, making the bed, changing the towels, bed linens, taking out the trash, vacuuming, cleaning sinks, floors, toilets, counters, etc.
  - s. Laundry (IADL)- includes tasks include assistance with some or all of the following: hand washing, wringing and hanging dry, putting items in washing machine and dryer, removing items from dryer, folding clothes and putting them away.
  - t. Shopping (essential items) (IADL) - includes assistance with some or all of the following: with ambulation, transfer, mobility, or toileting en-route to or at the grocery store, pushing shopping cart, reaching for items, carrying shopping bags, and putting groceries away once home. Shopping list should be developed and directed by the member.
  - u. Community Integration (IADL) - includes assistance with some or all of the following: assistance with ambulation, transfer, mobility, or toileting en-route to or at the community activity. Community integration is not available for the sole purpose of providing transportation to a person.
  - v. Correspondence Assistance (IADL) - includes assistance with some or all of the following: at the direction of the member assistance collecting mail, opening mail, filing paperwork, dialing the phone, writing or typing correspondence and communication, sending mail, etc. This service does not include writing checks, paying bills, or acting as a payee for the member.

## **AUTHORIZED TIME**

MPQH authorizes time for tasks based on the time it takes a direct care worker to directly assist the member with each task. If a member needs complete hands-on assistance with the task, MPQH will authorize time for the personal care attendant to complete the entire task. If the member needs cuing and prompting to complete the task, MPQH will authorize time for the worker to provide the cue or prompt associated with the task, but will not authorize time for the worker to supervise the member to complete the task.

1. Generally, when a member lives with family or paid caregivers, the family and/or paid caregivers will provide the household, laundry shopping and meal preparation. Exceptions are considered on a case by case basis.
2. The determination of total authorized bi-weekly time is based on multiple factors; which include the service scope and definition, assessment of task for impairment level, evaluation of whether the task is met, partially met or unmet, use of assistive devices and informal supports, and medical necessity.

**NOTE:** The MPQH Service Profile is the bi-weekly prior authorization for services. It is not a stand-alone document. It is the responsibility of the provider agency to work with the member to develop a daily care plan and document that conversation on the member's Service Plan.