SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual	Section: ELIGIBILTY FOR SERVICES
	Subject: Health Care Professional Authorization

Reference: ARM 37.40.1001, *37.40.1006, ARM 37.40.1008, 37.40.1110*, *37.40.1115 and 37.40.1117*

PURPOSE The Health Care Professional (HCP) Authorization form (SLTC-160) is a document that certifies that a HCP has signed off on the member's ability to direct ADL, IADL and health maintenance activities (HMA) as they are authorized on the member's Service Plan (SLTC-175). The HCP Authorization form is required before a provider agency can deliver self-directed (SD) Community First Choice/Personal Assistance Services (CFC/PAS).

PROCEDURE

1. The HCP Authorization form must be completed and signed by the member's HCP in the following circumstances:

    - Prior to starting services. A member cannot begin services until the HCP authorization is obtained.

    - On an annual basis. A member cannot continue on services if an annual HCP authorization is not obtained by the end of the month in which it is due.

    - ➢ When there is a change in health maintenance activity. A change in HMA includes the addition or removal of a HMA or a change in the scope of the HMA as identified on the MPQH Service profile (SLT-155). A member cannot receive a new HMA until the HCP authorization is obtained; and

    - ➢When there is a change in Personal Representative (PR).

2. ➢ It is the Member's responsibility to obtain the HCP authorization.

3. If the HCP Authorization form is not obtained on an annual basis, the provider agency must suspend services until it is obtained. The provider agency should work with the member/PR to ensure the HCP Authorization form is signed by the end of the month in which it is due. If the provider agency documents that they have been working with the member/PR during the month the annual is due and the

member/PR and provider agency have been unable to obtain the annual HCP Authorization form the agency may continue to serve the member an additional 28 days from the date the annual HCP Authorization form expires before suspending services. If there is no documentation of the agency working with the member/PR to obtain the HCP Authorization form in the month it is due the provider agency must suspend services on the first day of the following month.

4. The service section of the HCP Authorization form should always be completed with the current Service Plan Schedule.

5. An individual who is employed by the member's provider agency shall **NOT** act as the health care professional.

6. The definition of a Health Care Professional can be found in ARM 37.40.1001 and 37.40.1110.

7. The Department will recover payment for services delivered without a HCP Authorization form signature.