	SD-CFC/PAS 920

SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual	Section: FORMS
	Subject: Self-Direct Health Care Professional Authorization Form SLTC-160

PURPOSE:

This form documents the Health Care Professional's understanding of the Community First Choice/Personal Assistance Program and his/her authorization of the member's ability to manage their personal assistance services indicated on the form as well as the member's recognition of the risks involved.

INSTRUCTIONS:

Enter the Members Name, date of birth and Medicaid ID#.

Enter the Personal Representative's Name (if applicable).

Custodial Tasks: Approved tasks should be circled and the bi-weekly frequency noted to the right of the tasks.

Health Maintenance Activities: List a description of the activity as described on the MPQH service profile and the date the task was added.

Health Care Professional will read the agreement, sign and date the form.

Member/Personal Representative will read the agreement, sign and date the form.

Enter the Agency Name and phone number.

DISTRIBUTION:

White copy – Provider Agency
Yellow copy - Member
Pink copy - Health Care Professional