DPHHS-SLTC-160
(Rev. 1/04; 7/14; 9/24; 10/25; 12/25)

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Self-Directed Health Care Professional Authorization

The self-directed Community First Choice Services (CFCS)/Personal Care Services (PCS)/Big Sky Waiver (BSW) - Employer with Budget Authority programs allow an elderly person or a person with a disability (or their personal representative) to arrange for, train, and manage their personal assistant(s). Programs also include a limited exemption from the Nurse Practice Act, covering urinary system management, bowel treatments, medication administration, and wound care. Montana state law requires a health care professional to certify, on an annual basis, that the individual can manage their own care, which may include skilled services delivered by non-licensed personnel.

The following plan requires approval of a health care professional. Questions about this plan can be directed to the provider listed at the end of this form.

Consumer Name:		DOB:		ID#	
Personal Representative (if applicable):					

Custodial Tasks: Approved tasks are circled/checked.
Biweekly frequency must be indicated.

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

Health Maintenance Activities:
Skilled nursing tasks are exempt from the Nurse Practice Act for this program.
Activity descriptions must be provided.

HMA Task	Description	Date Added
Medication Administration		
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 the quality of care delivered rests solely upon the member/personal representative. I understand I may revoke this approval at any time. This authorization is made pursuant to ARM 37.40.1008 (Self-Directed CFCS: Member Requirements) and 37.40.1117 (Self-Directed Personal Assistance Services: Member Requirements).

Health Care Professional Signature

Date

Consumer/Personal Representative Signature

Date

Agency Name

Phone Number