



## Self-Directed Community First Choice Services/Personal Care Services Health Care Professional Authorization

The self-directed CFCS/PCS 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). This program also includes 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 from a health care professional.** Questions about this plan can be directed to the Personal Assistance Program at Mountain Pacific at (406) 443-4020 or (800) 497-8232.

Consumer Name:		DOB:	ID#
Personal Representative (if applicable):			
<b>Custodial Tasks: Approved tasks are circled/checked</b> Biweekly frequency must be indicated.			
Bathing	Dressing	Eating	Medical Escort
Transferring	Positioning	Exercise	Household Tasks/Cleaning
Grooming/Hygiene	Mobility	Medication Reminders	Laundry
Toileting	Meal Prep	Community Integration	Shopping
Yard Hazard Removal	Correspondence Assistance	Personal Emergency Response System	Skills Acquisition
<b>Health Maintenance Activities:</b> <b>Skilled nursing tasks are exempt from the Nurse Practice Act for this program.</b> Activity descriptions must be provided.			
<b>Medication Administration</b>	<b>Description</b>		<b>Date Added</b>
Bowel Treatment			
Urinary Systems Management			
Wound Care			
Total biweekly time for services:			

I agree that the consumer/personal representative listed above is capable of managing the indicated tasks, and they understand the risks involved. I understand that the quality of care delivered rests solely upon the consumer/personal representative. I understand I may revoke this approval at any time. 37.40.1301 SELF-DIRECTED PERSONAL ASSISTANCE SERVICES, DESCRIPTION AND PURPOSE: (2) Consumers will provide their physician or health care professional with evidence of their ability to manage their personal assistance services. (a) The physician or health care professional shall determine the scope and detail of the evidence.

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Health Care Professional Signature

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Date

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Consumer/Personal Representative Signature

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Date

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Agency Name

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Phone Number