



**SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU**

**BIG SKY WAIVER
Policy Manual**

Section: PERSON CENTERED PLANNING

Subject: MPQH Authorized Documents

Reference: 37.40.1005, 37.40.1114

PURPOSE

The Plan Facilitator will receive several documents from Mountain Pacific Quality Health (MPQH). These will be sent via fax and it is the Plan Facilitators responsibility to review the documents and incorporate them into the Person-Centered Planning (PCP) process.

**AUTHORIZATION
DOCUMENTS**

1. Personal Assistance Referral (SLTC-154 pg. 1):

The referral is page one of the CFC/PAS functional assessment. This form is used as a referral document to request CFC/PAS services. It also lists important identifying information as well as pertinent health information concerning the member.

2. Personal Assistance Overview- aka Functional Assessment (SLTC-154):

The functional assessment is completed by MPQH during the initial MPQH intake and at the MPQH annual review. A nurse must perform the functional assessment. The intake assessment must be done on-site. Annual authorizations may occur over the phone.

NOTE: The annual MPQH annual review may not coincide with the CFC/PAS PCP annual visit. The Plan Facilitator is not responsible for tracking the MPQH annual review visits.

3. Personal Assistance Profile-aka Service Profile (SLTC-155):

This form provides essential information on the member's functional limitations and ability to perform Activities of Daily Living, Instrumental Activities of Daily Living and Health Maintenance Activities (self-directed option only). It also documents the biweekly units that are needed by the member.

The service profile is completed by the MPQH nurse coordinator at the MPQH initial intake, at the MPQH annual review and whenever a significant change in the member's condition occurs.

4. Pre-screen (SLTC-155):

The Prescreen is completed when MPQH is unable to complete an on-site visit with the member within 10 working days of receiving a CFC/PAS referral. The Pre-screen is a temporary profile authorization for services. MPQH must complete an on-site functional assessment within 30 days. Once the MPQH on-site visit has occurred the CFC/PAS overview and profile will be sent out to the Plan Facilitator and provider agency.

5. Capacity Addendum:

The nurse coordinator completes the capacity addendum to determine if the member or Personal Representative (PR) can manage personal care. Used for self-direct CFC/PAS services only.

NOTE: If a PR is indicated on the capacity addendum the PR must be present at the CFC/PAS PCP visits.

6. CFC/PAS Authorization (DPHHS-SLTC-152):

This form notifies the member of the results of the screening for CFC/PAS. It also provides the member with their fair hearing rights. MPQH uses this form for all initial CFC/PAS authorizations, decreases in authorizations and denials.