



## 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):			
<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	Med. Reminder	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>HMA Task</b>	<b>Description</b>		<b>Date Added</b>
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).

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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