

Care Coordinator FAQs

Community First Choice,

Prior to Care Coordinators using Harmony Data System

Final Draft March 1, 2019

Please note that questions and answers may change over time.

When Care Coordinators work within Harmony, processes and expectations will be different. More training and information available soon.

Questions? Email SDSTraining@alaska.gov

1. Does the “Plan of Care” have a different name now?

Yes – the Plan of Care is now called the Person Centered Support Plan, or Support Plan for short.

2. What’s different now about how Care Coordination services are reimbursed?

As of October 1, 2018:

- Initial application for all Waiver types and CFC is reimbursed under Targeted Case Management, a regular Medicaid service and code. (This includes application for ISW and IDD: the “application” for these waivers is the set of documents to request an ICAP assessment for the recipient.)
- Annual Support Plan development is also now reimbursed under Targeted Case Management, a regular Medicaid service.
- Ongoing care coordination (Monthly) for ALI, APDD, CCMC, ISW and IDD is reimbursed as a monthly unit under Waiver Medicaid. ISW Monthly has a different code modifier.
- Ongoing care coordination (Monthly) for CFC is reimbursed under Targeted Case Management (TCM), a regular Medicaid service.

3. Why this change?

- To respond to the legislative requirement to save Alaska Medicaid money by realigning services
- To comply with federal regulations to implement Community First Choice

4. Where can I see the current rates of reimbursement?

On the webpage: <http://dhss.alaska.gov/dsds/Pages/info/costsurvey.aspx>

5. NEW – Should a Care Coordinator put the annual support plan development under “Regular Medicaid Services” in the Support Plan form? Should a Care Coordinator put the annual support plan development and ongoing care coordination for CFC ONLY clients under “Regular Medicaid Services” in the Support Plan?

No. Continue to list all care coordination activities as the first service in Section IV-A Non Habilitative Services.

6. What is a “CFC only” plan?

Community First Choice (CFC) is an option available for Medicaid recipients who meet Nursing Facility Level of Care, ICF/IID Level of Care, or Institution for Mental Disease – Behavioral Health (IMD) Level of Care. *For IMD level of care only, the recipient must be under 21 or over 65 years of age.*

The available services in CFC are:

- **Care Coordination (Targeted Case Management):** Application, Annual Plan and ongoing Monthly case management.
- **Personal Care Services** – PCS, when delivered in a CFC plan is called “CFC-PCS”.
 - Hands on help with Activities of Daily living
 - Hands on help with Instrumental Activities of Daily Living

- **Skills Building** – through CFC-PCS: help given by trained PCA worker to help the recipient be more independent with an ADL/IADL that the person chooses. PCS agency representatives are attending required SDS training to be able to train their staff to do it.
- **Supervision and Cueing:** CFC-PCS service in which the PCA is in proximity to the recipient and only supervises and cues the recipient to perform an ADL or IADL. (Not hands on help time.)
- **Personal Emergency Response system (PERS):** Communication system installed by PERS provider for the person to be able to summon help at home.
- **Optional Training resources to manage own staff**

7. NEW – Is CFC a waiver?

No. CFC is not a waiver. It is a Medicaid option, similar to Personal Care Services (PCS). It includes the service of a care coordinator, providing targeted case management.

8. Is the recipient required to have ALL the CFC services?

No. The person can choose which ones to request.

9. NEW - My client has a Waiver and had PCS too and was auto-enrolled in CFC. He doesn't want any of the other CFC services, except the PCS. Shouldn't he just opt out and keep just PCS?

Auto-enrollment and its' opt out period has ended.

If a recipient with CFC and waiver wants to opt out of CFC, the recipient is choosing to discontinue CFC. The care coordinator submits the CFC-01 (CFC Amendment form) to remove CFC, which also removes the CFC-PCS services that are in CFC.

The recipient will need to reapply for PCS only, by applying through a PCS agency. The recipient should be aware that they may need a new assessment and services may be awarded at different levels than previously, based on the new assessment.

10. What is Care Coordination for a "CFC only" Support Plan?

- A "CFC only" plan means the recipient has some or all of the CFC services listed above. AND the recipient does not have any additional HCB waiver services in to the CFC services.

Care Coordination for a "CFC only" client is called "Targeted Case Management".

The Care Coordinator:

- Performs and requests reimbursement for ongoing monthly care coordination at the TCM monthly rate
- Portrays the frequency of face to face visits in the Support Plan, subject to review and approval
- Creates the application, the annual plan, CFC amendments and travel requests
- Performs all activities of care coordination found in the regulations and Conditions of Participation (COPs)
- Follows the approved Support Plan for the face to face visit schedule requested by the CFC only client

11. Can a Care Coordinator request the Visit Exception for a CFC Only Client?

No. The schedule of face to face visits to the recipient are proposed in the Support Plan, subject to approval. (Also see [CC TCM Conditions of Participation](#))

12. Are Personal Care Services (PCS) going away?

No. A Medicaid recipient who does not meet a facility Level of Care can still receive Personal Care Services. Recipients who do meet a facility level of care can still choose to receive only Personal Care Services and authorized Waiver services.

13. Can a person have both CFC and a Waiver?

Yes. The person must meet level of care for the Waiver they are enrolled in.

Most people who had Waiver and Personal Care Services were automatically enrolled in CFC as of October 1, 2018, (unless they opted out). SDS sent a letter to recipients in April 2018 about how to opt out. The majority of current recipients with both Waiver and PCS did not opt out and now have waiver and CFC-PCS.

- Please note – if a person wants to have a PERS, the recipient must be in the CFC program. **PERS is only offered as a CFC service as of Oct 1, 2018. If your client had a PERS and wants to keep it, or add one, they must participate in the CFC program.**

A current or future Waiver recipient can apply to add CFC services. The person can receive any of the CFC services, and Waiver services. **The services cannot duplicate each other, replace services provided by other resources, or replace things the person can do for themselves.**

14. If a recipient has both CFC and a waiver, does the care coordinator get reimbursed for 2 applications, 2 Support Plans, etc.?

No. Care Coordination “defaults” to the Waiver care coordination in responsibilities and reimbursement. However the Care Coordinator must follow certain requirements to help the recipient with CFC-PCS services.

15. How does a Care Coordinator apply on behalf of a new applicant for CFC and the ALI, APDD or CCMC waivers?

For ALI, APDD, CCMC and CFC only, the applicant will start by contacting the ADRC for an options counseling Person Centered Intake (PCI). Once completed the applicant will provide the options counseling form to the care coordinator. The care coordinator then completes and assembles the application packet.

The applicant will have a Consumer Assessment Tool (CAT) assessment scheduled, to determine Nursing Facility Level of Care (NFLOC). SDS sends a letter to the recipient and care coordinator about the level of care determination that tells if the person needs the same care as that provided to people living in a nursing facility. The Service Level Authorization (SLA) for CFC-PCS is created shortly after the CAT assessment. The SLA authorizes the amount CFC-PCS services that can begin prior to the Support Plan approval. The care coordinator will develop and submit the Person Centered Support Plan within 60 days.

16. What’s a “SLA”?

Service Level Authorization. This is the chart that the SDS assessor completes after the CAT (Consumer Assessment Tool) assessment to show what type of CFC-PCS supports are authorized how much of each.

17. Does the recipient need to wait for approval of the Support Plan to receive the CFC-PCS Services?

No. The CFC-PCS services can start the date of the Service Level Authorization (SLA).

18. Does the SLA include “Skills Building” and the PERS?

No. CFC Skills Building and PERS are requested on the Support Plan, subject to review and approval.

19. NEW - How is Institution for Mental Disease (IMD) level of care determined?

Through a partnership with Qualis Behavioral Health. SDS is working on the partnership with Qualis for this assessment. The person will have a level of care assessment through Qualis.

20. NEW - Can a Care Coordinator apply for CFC for someone who may meet the IMD level of care?

Yes. The applicant must:

- Be between age 6 and 21
- Or over age 65
- Have active Medicaid
- Have a PCI intake form completed with the ADRC
- Have a diagnosis from a psychiatrist or mental health professional
- Show some of the indicators of IMD level of care:

Indicators of IMD Level of Care, from 7 AAC 127.025:

The applicant must (1) require a level of care in an institution providing psychiatric services for individuals under 21 years of age or an institution for mental diseases for individuals 65 years of age and over; (2) have a mental illness or severe emotional disturbance that (A) has been diagnosed by a psychiatrist or mental health professional; (B) is likely to cause serious harm to self and others or is gravely disabled; and (C) has persisted six

months and is expected to persist for a total of 12 months or longer; and (3) absent appropriate intervention in the home and community, requires psychiatric hospitalization as documented by a mental health professional.

From AS 47.30.915 (definitions):

- **Gravely disabled** means a condition in which a person as a result of mental illness
 - (A) is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken; or
 - (B) will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior causing a substantial deterioration of the person's previous ability to function independently;
- **Likely to cause serious harm** means a person who
 - (A) poses a substantial risk of bodily harm to that person's self, as manifested by recent behavior causing, attempting, or threatening that harm;
 - (B) poses a substantial risk of harm to others as manifested by recent behavior causing, attempting, or threatening harm, and is likely in the near future to cause physical injury, physical abuse, or substantial property damage to another person; or
 - (C) manifests a current intent to carry out plans of serious harm to that person's self or another;
 - **Mental illness** means an organic, mental, or emotional impairment that has substantial adverse effects on an individual's ability to exercise conscious control of the individual's actions or ability to perceive reality or to reason or understand; intellectual disability, developmental disability, or both, epilepsy, drug addiction, and alcoholism do not per se constitute mental illness, although persons suffering from these conditions may also be suffering from mental illness

21. NEW – What does CFC do for a person with IMD level of care?

- a. The person will have a "CFC only" plan
- b. The person would not also have a Waiver because IMD level of care does not apply to Waivers
- c. The person will have a CAT assessment to determine the CFC-PCS service level authorization
- d. The person may have some of the CFC-PCS services, a PERS, and/or skills building
- e. Like all CFC, the person will have a care coordinator providing targeted case management

22. NEW - My Waiver client received a document that says he is eligible for CFC services, but he lives in an assisted living home. If the recipient lives in an assisted living home, a group home or family habilitation home, can the recipient get CFC services?

No. CFC services duplicate Waiver out of home residential service. The recipient received a document confirming possible eligibility for Alaska Medicaid long term services and supports (such as the Person Centered Intake form). The document does not authorize CFC services.

23. How does a Care Coordinator apply for CFC on behalf of a recipient who currently has only the ISW or IDD waiver?

For IDD and ISW only, the applicant will have a CAT assessment scheduled. The Service Level Authorization (SLA) for CFC will be created shortly after the CAT assessment. The SLA tells the authorized CFC-PCS services. The recipient and care coordinator will receive a copy of the SLA from SDS.

The care coordinator completes and assembles the application packet to have a CAT assessment completed and CFC-PCS Service Levels determined.

NEW - The ADRC Person Centered Intake (PCA) form is not required if the person already has a Waiver.

- Uni 04 Application (since the applicant will be requesting CFC-PCS the Care Coordinator should enter the name of the chosen CFC-PCS agency and CFC-PCS Agency Administrator/Representative name on the first page)
- Uni 07 Recipient Rights and Responsibilities
- Uni 09 Verification of Diagnosis
- Uni 12 Request for Expedited Consideration (if circumstances on form apply)
- Medical documentation that supports need for CFC or Waiver
- Proof of legal representative (if applicable)
- Proof of Medicaid eligibility: current Denali Card, Medicaid number, DPA printout or Enterprise printout

- The care coordinator submits the above to SDS via Direct Secure Messaging (DSM) to dsds.nfloc-initialapplication@hss.soa.directak.net

24. How does a Care Coordinator apply for CFC on behalf of a recipient who currently has only the ALI, APDD, or CCMC waiver?

NEW - The ADRC Person Centered Intake (PCI) form is not required if the person already has a Waiver.

- Uni 04 Application (since the applicant will be requesting CFC-PCS the Care Coordinator should enter the name of the chosen CFC-PCS agency and CFC-PCS Agency Administrator/Representative name on the first page)
- Uni 07 Recipient Rights and Responsibilities
- Uni 09 Verification of Diagnosis
- Uni 12 Request for Expedited Consideration (if circumstances on form apply)
- **NEW** - TWO Uni-16 Release of Information **check on Renewal*
 - **One with the Care Coordinator on the receiving info line**
 - **One with the PCS Agency Administrator on the receiving info line**
- Medical documentation that supports need for CFC or Waiver
- Proof of legal representative (if applicable)
- Proof of Medicaid eligibility: current Denali Card, Medicaid number, DPA printout or Enterprise printout
 - The care coordinator submits the above to SDS via Direct Secure Messaging (DSM) to dsds.nfloc-initialapplication@hss.soa.directak.net

25. My client has had an ICAP assessment and meets level of care for the IDD or ISW Waiver. Would my client also need to have a CAT assessment for CFC?

Yes. The CAT determines the CFC-PCS services the person could receive, which is shown in the Service Level Authorization (SLA). The SLA shows type, frequency, scope and duration of CFC-PCS services.

26. Does the recipient who has a Waiver and CFC need to wait for approval of the Support Plan to receive the CFC-PCS Services?

No. The CFC-PCS services can start on the date of the Service Level Authorization chart.

27. Does that include PERS and Skills Building?

No. The care coordinator requests PERS and Skills Building on the Support Plan or Amendment. The Support Plan or Amendment is subject to review and approval of SDS. PERS and Skills Building can be delivered when the Support Plan is approved.

28. Can a recipient be eligible for CFC under the 300% above FPL Medicaid category?

No. A Medicaid recipient can apply for the Waiver program that fits the needs. The recipient could apply for CFC after approved for Waiver. However the recipient cannot be eligible for only CFC under the 300% category.

29. NEW- What about a person who already had a Waiver and a PERS, who became eligible for the Waiver under the 300% above FPL Medicaid Category? Can the person keep the PERS or do they have to give it up?

As long as the person currently has Medicaid and remains eligible for the Waiver through meeting level of care, the PERS can be approved.

30. Does the PCS agency sign PCS amendments?

Yes, the newest [CFC-01 Amendment](#) form includes a signature line area.

31. Does the care coordinator send the amendment to the NFLOC e-mail as if it's a regular amendment or do we send it to the PCS Direct Secure Messaging (DSM) email?

Yes, send any CFC-01 amendment requests through the dsds.nflocwaiver@hss.soa.directak.net DSM.

NEW- DO NOT send CFC-01 to the PCS DSM email. PCS documents are now submitted by the PCS administrator through Harmony. You will receive a return email message stating that the application is not accepted to the PCS DSM address.

32. How will current Waiver Support Plans and CFC SLA dates align? Recipients that were auto-enrolled into CFC now have Service Level Authorizations ending before the current Support Plan. How is this handled?

Current and future Waiver (all types) recipients enrolled in CFC:

The CFC - PCS services are authorized until the end date of the Support Plan. This way they will automatically align going forward.

CFC only (no Waiver):

The start date of the CFC plan is the date of the Service Level Authorization (SLA) Chart

Current IDD/ISW Waiver recipients with CFC:

The CFC plan end date is adjusted by SDS to match the Waiver POC end date. This way they will automatically align going forward.

Current CFC recipients invited to apply for IDD/ISW:

When an individual is drawn from the registry, the CFC plan end date will be automatically adjusted accordingly to align with the IDD/ISW plan dates. This way they will align moving forward.

33. It sounds like requesting CFC services is now similar to requesting Waiver services from “vendors” in Waiver Support Plans. Is that true?

Yes. The care coordinator requests, renews and requests changes in CFC services on the recipient’s behalf, much like Waiver vendors in the Waiver Support Plan.

34. Who provides CFC services?

An agency which is currently certified by SDS to provide CFC-PCS services and which is currently enrolled in Alaska Medicaid.

35. How can a care coordinator know what a CFC-PCS recipient’s Service Level Authorization contains?

SDS will send a copy of the CFC-PCS recipients Service Level Authorization (SLA) to the care coordinator via DSM. When care coordinators are working in Harmony Data System, the SLA can be viewed there.

36. What can Care Coordinators ask the PCS agencies to submit through the SDS Harmony Data system?

The CC is ultimately responsible for submitting all requests to SDS. However the CC and the PCS agency can work together to submit these specific CFC documents through the PCS Agency in the SDS Harmony data system:

- [CFC-01 Amendment to Service Plan](#)
- [CFC-02 Request for CFC-PCS Services When Traveling](#)
- [CFC-03/PCS-16 Notification of Transfer Form](#)

All Applications and Support Plans must be submitted directly by the Care Coordinator through DSM until SDS Harmony access is granted.

Care Coordinator Processes & Forms for CFC clients

1. *No action is required until Re-Application for recipients that were auto-enrolled in CFC unless there is a need to:*

Amend the current Waiver Support Plan to add Supervision & Cueing or increase CFC-PCS authorized hours

Complete and Submit:

- CFC-01 Amendment to Service Plan
 - Include a description of the changes requested to currently authorized CFC-PCS services
 - Submit with supporting documentation

Amend the current Waiver Support Plan to add PERS, and or Skills Building

Complete and Submit:

- PERS Prescription or documentation and cost evidence per 7 AAC 127.085
- UNI-14B CFC overview Cost Sheet (Auto Calculates the time authorized for Skills Training)

2. **Apply for ALI, APDD or CCMC waiver with CFC services (initially and at renewal):**

The care coordinator completes and assembles the application packet:

Initial application only: The applicant will start by contacting the ADRC for an options counseling. Once completed the applicant will provide the options counseling form to the care coordinator.

The care coordinator then completes and assembles the application packet:

- ADRC Person Centered Intake (PCI) form (for ALI, APDD, CCMC and CFC only) ****Initial Only***
- Uni-04 Application -enter the name of the chosen CFC-PCS Agency and Agency Administrator/Representative name on the first page
- Uni-05 Appointment for Care Coordination Services ****Initial Only***
- Uni-07 Recipient Rights and Responsibilities
- Uni-09 Verification of Diagnosis
- Uni-12 Request for Expedited Consideration (if applicable circumstances)
- **NEW** TWO Uni-16 Release of Information ****check on Renewal***
 - ***One with the CC on the receiving info line***
 - ***One with the PCS Agency Administrator on the receiving info line***
- Medical documentation that supports need for CFC or Waiver services
- Proof of legal representative (if applicable)
- Proof of Medicaid eligibility: current Denali Card, Medicaid number, DPA printout or Enterprise printout
- For APDD only – copy of Developmental Disability (DD) Eligibility Determination letter from SDS ****Initial Only***

The care coordinator submits the above to SDS via Direct Secure Messaging (DSM) to

dsds.nfloc-initialapplication@hss.soa.directak.net

3. **Apply for IDD or ISW waiver with CFC services (initially* and at renewal):**

The care coordinator completes and assembles the application packet:

- ADRC Person Centered Intake form (PCI), required for CFC ****Initial Only***
- Uni-04 Application - enter the name of the chosen CFC-PCS Agency and Agency Administrator/Representative name on the first page
- IDD -03 ICAP Consent OR IDD-10 Interim ICF/IIID level of care -per recipient age/ICAP cycle
- Uni-05 Appointment for Care Coordination Services ****Initial Only***
- Uni-07 Recipient Rights and Responsibilities
- Uni-09 VOD- Verification of Diagnosis
- IDD-13 QDC-Qualifying Diagnosis Certification
- IDD- 15 request for day habilitation in residence exception if circumstances apply
- Uni-12 Request for Expedited Consideration if circumstances apply
- **NEW** TWO Uni-16 Release of Information ****check on Renewal***
 - ***One with the CC on the receiving info line***
 - ***One with the PCS Agency Administrator on the receiving info line***
- Medical documentation that supports need for CFC or waiver services

- Proof of legal representative (if applicable)
- Proof of Medicaid eligibility: current Denali Card, Medicaid number, DPA printout or Enterprise printout

The care coordinator submits the above to SDS via Direct Secure Messaging (DSM) to IDD Unit DSM address per region.

4. Support Plan for a CFC only client:

Complete and submit:

- Uni-02 Support Plan for All Waivers and CFC
 - Summarize CFC-PCS services authorized for the recipient on the Service Level Authorization (SLA) in the plan document
 - Request CFC Skills Building per recipient request on the support plan; no more than 3% of CFC-PCS total time authorized (auto calculates on the 14B CFC Overview)
 - Uni-14B CFC Services Overview and Cost sheet (if requesting PERS or Skills training)
- If PERS requested, attach prescription or documentation and cost evidence per 7 AAC 127.085
- Uni-15 Person Centered Plan Questionnaire
- Legal rep/guardianship documents if changed

5. Support Plan for ALI, APDD or CCMC waiver with CFC services:

Complete and submit:

- Uni-02 Support Plan for All Waivers and CFC
 - Summarize CFC-PCS services authorized for the recipient on the Service Level Authorization (SLA) in the plan document
 - Request CFC Skills Building per recipient request on the support plan; no more than 3% of CFC-PCS total time authorized (auto calculates on the 14B CFC Overview)
- Uni-14 Services Overview and Cost sheet
 - AND, Uni-14B CFC Services Overview and Cost sheet (if requesting PERS or Skills training)
- If PERS requested, attach prescription or documentation and cost evidence per 7 AAC 127.085
- If SME requested attach prescription or documentation and cost evidence per 7 AAC 103.305
- If EMOD requested attach documentation and process per CC COPS and 7 AAC 130.300
- Uni-15 Person Centered Plan Questionnaire
- Uni-10 Care Coordinator request for visit exception (if circumstances apply)
- Legal rep/guardianship documents if changed

6. Support Plan for IDD or ISW waiver with CFC services:

Complete and submit:

- Uni-02 Support Plan for All Waivers and CFC
 - Summarize CFC-PCS services authorized for the recipient on the Service Level Authorization (SLA) in the plan document
 - Request CFC Skills Building per recipient request on the Support Plan; no more than 3% of CFC-PCS total time authorized (auto calculates on the 14B CFC Overview)
- Uni-14 Services Overview and Cost sheet (IDD) or Uni-14A ISW Services Overview and Cost sheet
 - AND, Uni-14B CFC Services Overview and Cost sheet (if requesting PERS or Skills training)
- If PERS requested attach prescription or documentation and cost evidence per 7 AAC 127.085
- If SME requested attach prescription or documentation and cost evidence per 7 AAC 103.305
- If EMOD requested attach documentation and process per CC COPS and 7 AAC 130.300
- Uni-15 Person Centered Plan Questionnaire
- Uni-10 Care Coordinator request for visit exception (for IDD only, if circumstances apply)
- Legal rep/guardianship documents (if changed)

7. Request CFC while traveling

Complete and submit:

- CFC-02 Request CFC-PCS Services While Traveling

8. Request transfer of CFC-PCS Agency or Change the service model (AB or CD)

Complete and submit:

- CFC-03/PCS-16 Notification of Transfer Form

9. Request Passive Range of Motion (PROM) during CFC-PCS services:

Have recipient’s prescriber complete and CC submit:

- [PCA-02 Request for Passive Range of Motion](#) filled out by prescriber of PROM
- Copy of prescriber’s written plan of care with detailed guidance for the movement of extremities for the PCA to follow
- Medical documentation that supports the prescriber’s recommendation

10. Add or renew request for supervision of eating during CFC-PCS services:

Have completed by licensed medical professional and CC submit:

- Swallow study conducted not earlier than one year prior to application or reapplication indicating the need for supervision of eating during CFC-PCS services.
- Swallow study states the person needs supervision during eating and they do not need physical help with eating ie spoon-to-mouth. Swallow studies are done by Physical therapist, Occupational therapist, Speech pathologist/therapist, or other licensed medical professional
- Can include with initial application or renewal UNI-04
- CFC-01 amendment for Service Plan if added during current plan year

11. Information & Resources for the recipient about how to select and manage staff for CFC-PCS

NEW - PCS admin/agency will do this for CFC-PCS recipient, and will provide copy of CFC-04 to care coordinator.

CC may also use training resource “Your PCA and You” available from SDS Training unit, offer materials to the recipient and review with them if recipient wishes.

See updated forms on the SDS Approved Program Forms page:

<http://dhss.alaska.gov/dsds/Pages/info/approvedforms.aspx>

12. NEW – When filling out the CFC-01 (CFC Amendment) to add a Personal emergency Response System (PERS):

Use the Description of change(s) text box to request the PERS as seen below:

Description of change(s)	Date(s) of the change(s): 10/25/2018	Describe the change(s) in the text box below:
<p>Waiver Consumer would like to Add Personal Emergency Response System through CFC and have the most recent assessment reviewed for PCS Services.</p> <p>*please include the CFC Cost sheet along with this amendment with signatures. The PERS provider signature is a requirement. (Depending on the situation this may require a New assessment to be conducted)</p>		

Requested adjustments to the Service Level Authorization for Personal Care Services or other CFC

Do Not use the PCS services area of the form.

NEW – if using CFC-01 to request a PERS only, the CFC-01 must be signed by the PERS provider.