

Community First Choice (CFC) Form and Process Requirements for Care Coordinators/PCS Administrators
March 1, 2019 FINAL DRAFT of interim processes (before Care Coordinators working in Harmony Data System)
Information subject to change, please email SDSTraining@alaska.gov with questions.

Form name or process	Updated form and name if applicable	Care Coordinator	PCS Administrator	Specifics
CFC – 01 Amendment to Service Plan		Completes form	Not applicable	To add or change any current CFC services (CFC-PCS, PERS, Supervision and Cueing) Needs signature from CFC-PCS provider. <i>If adding PERS only – needs signature from PERS provider.</i>
CFC-02/PCS-15 Application for CFC PCS While Traveling		Completes form for CFC	Completes form for PCS	Instructions on form.
CFC-03/PCS-16 Notification of Transfer Form		Completes form for CFC	Completes form for PCS	Instructions on form.
CFC-04/PCS-07 Consumer/Legal Representative Agreement		Gets copy from PCS admin	Completes form for CD-CFC recipient	PCS Administrator assists recipient review and sign for total contents of the form. PCS Admin gives a copy to CC if the recipient has CD-CFC-PCS. For CD-CFC, this documents that recipient was offered CFC training materials on how to manage own staff.
CFC only Initial Application Checklist		Guidance for CC		This is a reference document
CFC only Renewal Application Checklist		Guidance for CC		This is a reference document
(Process only) Requesting initial or renewal CFC-PCS for supervision while eating		Submit swallow study for CFC recipient with Uni-04 or CFC-01 as applicable	Submit swallow study for recipient who has PCS	Need swallow study from within last 12 months.
PCA-02 Passive Range of Motion	2019.PCA-02.CFC-05.PROM	Facilitates for CFC recipient	Facilitates for PCS recipient	Form is for medical provider prescribing PROM to fill out. Attach PROM plan of care written by prescriber. Submit with Uni-04 or CFC-01 as needed.
PCA-10 PCS Representative Designee	2019.PCA-10.Representative Designee	Gets copy from PCS admin	Completes form for CFC recipient and for PCS recipient	Form for recipient's representative to designate someone to manage CDPCS or CDCFC services for the recipient. c.
PCA-17 Shared agency service agreement		Not applicable	Completes form for PCS recipient only	For CFC, if adding another CFC agency, care coordinator uses CFC-01
Uni-11 Recipient change of status	2019.Uni-11ChangeofStatus	Completes for CFC recipient	Done in Harmony using notes/types and uploading required documentation (not Uni-11)	Only for situations described on the form. Attach documents as required (see form).
Uni-12 Request for Expedite	2019.Uni-12RequestForExpedited Consideration	Completes for CFC recipient.	Completes for PCS recipient if circumstances apply, submits thru Harmony	If circumstances apply, Care Coordinator submit with Uni-04 for CFC through DSM.