



## SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

### COMMUNITY FIRST CHOICE Policy Manual

**Section: FORMS**

**Subject: ➤ Agency Admit (SLTC-163)**

#### PURPOSE

The agency Admit form informs Mountain Pacific Quality Health (MPQH) that a provider agency has completed the CFC/PAS intake visit and intends to provide services to the member.

#### PROCEDURE

1. ➤ The provider agency completes this form after they have completed the member intake visit for Community First Choice/Personal Assistance services.
2. ➤ If the agency intake visit with the member is delayed beyond ten days from receiving the MPQH referral, the agency must document the reason.
3. ➤ The provider agency has ten days from the date of the intake visit to submit the form to MPQH.

#### SPECIAL INSTRUCTIONS

1. ➤ **Date of Intake Visit:** Enter the date the CFC/PAS provider completed the in-home intake visit. This includes the date of the high-risk intake visit or re-admit visit.
2. ➤ **Diagnosis Code (ICD-10 Number):** Enter the diagnosis code number that will be entered on the claim to bill for CFC/PAS services.
3. ➤ **Reason Intake Delayed:** Mark a reason if the intake was delayed beyond ten days from receiving the MPQH referral.

		<b>AB-CFC/PAS 908</b>
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**DISTRIBUTION**

The Agency Admit form is completed by the provider agency and faxed to MPQH.

- The provider agency retains a copy in the member's file and provides a copy to the member and member's Plan Facilitator.