

GHEs should be completed for all HCBS participants receiving agency model personal care or advanced personal care tasks. Participants who do not require GHE authorizations include those authorized for:

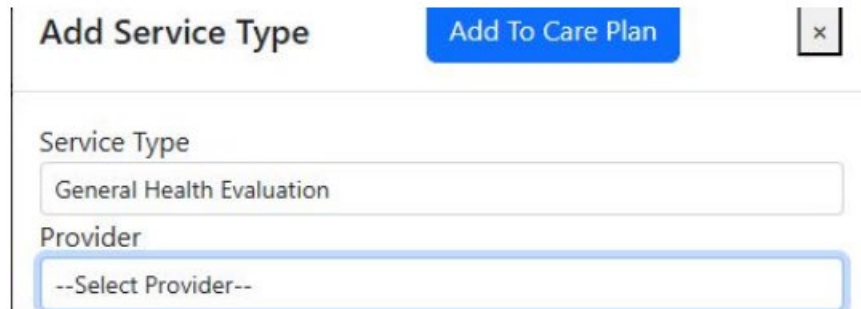
- Personal Care Services (Agency Model) in a Residential Care Facility (RCF) or Assisted Living Facility (ALF);
- Aged and Disabled Waiver services **only**;
- Personal Care Assistance (Consumer-Directed Model) **only**;
- Independent Living Waiver **only**; and
- Adult Day Care Waiver **only**

GHEs are authorized for the 4<sup>th</sup> and 10<sup>th</sup> months of the authorization period. These months are selected by counting from the **month the assessment was completed**. The chart below provides a quick reference for calculating the 4<sup>th</sup> and 10<sup>th</sup> months and can also be found in HCBS Policy 3.15.

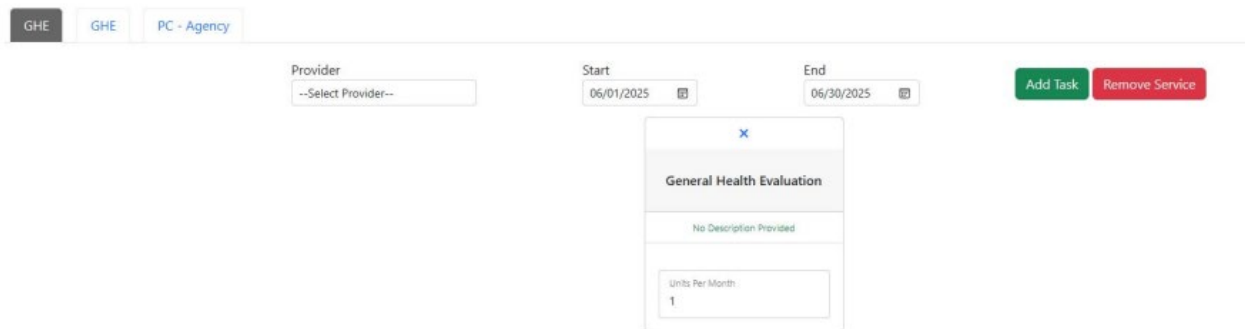
Month of Assessment	4 <sup>th</sup> Month	10 <sup>th</sup> Month
January	April	October
February	May	November
March	June	December
April	July	January
May	August	February
June	September	March
July	October	April
August	November	May
September	December	June
October	January	July
November	February	August
December	March	September

## How to Authorize Participants without monthly nurse visits:

- When a participant is authorized for agency model personal care, add GHEs by clicking “Add Service” and select General Health Evaluations, select the Provider for the Basic PC and then click “Add To Care Plan”.



- Both GHEs will automatically be added to the care plan for the 4<sup>th</sup> and 10<sup>th</sup> month of the authorization period.



## How to Authorize Participants with monthly nurse visits:

- Add the nurse visit with the RN task.
- Enter the first month's GHE in the “GHE 1” box. The “GHE 2” will automatically populate.

