

State of Alaska • Department of Health and Social Service • Senior and Disabilities Services
Application for Personal Care Services When Traveling

Recipient Name _____ Agency Name & PCG# _____
Legal Representative Name _____ Agency Staff Name _____
Recipient Medicaid number _____ Agency contact phone number _____
Agency facsimile number _____
Date of Application _____

The Division will pay for a recipient's approved services for up to 30 days annually while the recipient is away from their residence, for medical necessity, an educational opportunity not available in the state or for a vacation. Additional time may be granted for medical necessity or if the department determines that the benefits to the recipient of an educational opportunity justify a longer temporary absence.

The Division must authorize the travel before it begins; the services must be necessary to maintain the recipient's current level of functioning; the recipient may not be able to meet their needs by any means other than being accompanied by a personal care assistant and the services to be provided during the recipient's temporary absence must be the same as those provided when the recipient is at home. 7 AAC 125.050(c)(d). The Division will not pay for transportation, room or board for a personal care assistant to travel with a recipient. 7 AAC 125.050(e)(1)

To Be Completed by Recipient or Legal Representative

Purpose of Travel

- Medical Necessity (**attach documentation** of medical necessity from a licensed physician that is qualified to practice under AS 08.64 or 7 AAC 105.200(c))
- Educational opportunity not available in recipient's community or in the state (**attach documentation** that the educational opportunity will further the recipient's capacity for vocational or professional employment)
- Vacation

Dates of Travel

Start date _____ End date _____

Travel Destination

City _____ State _____ U.S. Territory _____
(If applicable)

Has the recipient submitted and had authorized, a *Personal Care Services When Traveling Application* this calendar year? Yes No

If Yes state dates of travel this calendar year _____

Is the recipient requesting the same services the recipient currently receives? Yes No

State why Personal Care Services are necessary to maintain the recipient's current level of functioning _____

State why the recipient's need for assistance with ADLs, IADLs, and other covered services during the travel period can be met only by a personal care assistant _____

Does the recipient anticipate a temporary absence for more than 30 days? Yes No

If No proceed to signatures If Yes, answer the following:

Purpose of Extended Travel

Medical Necessity (**attach documentation** of medical necessity for a temporary absence of more than 30 days from a licensed physician that is qualified to practice under AS 08.64 or 7 AAC 105.200(c))

Educational opportunity not available in recipient's community or in the state (**attach documentation** that the educational opportunity is of sufficient benefit to the recipient to justify a temporary absence of more than 30 days)

Signatures

I certify, under penalty of perjury, that the information provided herein is true, accurate, and correct to the best of my knowledge. I understand my responsibilities regarding 7 AAC 125.050(c), (d) above.

Recipient Signature _____

Legal Representative Name _____

Legal Representative Signature _____

Provider Agency Staff Name _____

Provider Agency Staff Signature _____

DSDS Staff Only Below this Line

Approved as Submitted

Returned to Submitter See Attachments;

All other determinations –see-PCA Services When Traveling Determination letter

SDS Staff Name _____

SDS Staff Signature _____

Recipient Information

Recipient Copy

Senior and Disabilities Services (SDS) administers the Personal Care Services program, a Medicaid service that provides assistance with activities of daily living to enable eligible individuals of any age to remain at home or to be employed. SDS determines whether PCA services are billable for recipients currently approved for PCA services who request that services be provided away from a recipient's municipality of residence.

Individuals currently approved for services and interested in services during the period in which they are away from their municipality of residence must, prior to the dates of travel submit a complete travel request with information about the travel. SDS will make one of the following determinations based on the information provided: Approved as submitted, approved with changes and denied within regulatory allowance. 7 AAC 125.010, 7 AAC 125.050, 7 AAC 125.030, 7 AAC 125.040

Definitions

- (A) "Complete travel request" means a completed travel request form including all necessary information regarding travel and all required supporting documents for Medical and Educational travel.
- (B) "Annually" means annual calendar year, January through December.
- (C) "Before travel begins" means SDS receives the complete travel form prior to the start date of the travel.
- (D) "Legal representative" means a parent, guardian, or other individual with legal authority to act on behalf of an applicant/recipient.
- (E) "Referring physician" means the physician, physician assistant, or advanced nurse practitioner who provides the referral to another treating physician, physician assistant, or advanced nurse practitioner for medically necessary treatment away from the recipient's municipality of residence.
- (F) "Treating physician" means the physician, physician assistant, or advanced nurse practitioner who provides medical necessary treatment away from the recipient's municipality of residence.
- (G) "Recipient" means an individual who is enrolled in the Personal Care Services program.
- (H) "Provider Agency" means an agency certified by SDS to offer personal care services to recipients.

Responsibilities

1. The **applicant/recipient** or legal **representative** is responsible for
 - a. completing travel request form;
 - i. start date
 - ii. end date
 - iii. type of travel
 - iv. destination, if multiple list separately
 - v. why services are necessary to maintain the recipient's current level of functioning
 - vi. why assistance cannot be provided by any other means than being accompanied by a personal care assistant
 - vii. services requested are the same as services currently receiving
 - viii. recipient/legal representative signature
 - b. obtaining and providing a copy of documentation required for type of travel requested
 - c. Providing completed travel request and supporting documentation if necessary to provider agency prior to travel beginning
 - d. Providing supporting documentation for emergency if submitting within 10 business days prior to start of travel.
2. The **provider agency** is responsible for
 - b. Obtaining, and retaining a copy of all documents required for a complete travel request and submitting the request prior to travel beginning.