

STATE OF ALASKA

Department of Health and Social Services
 Division of Senior and Disabilities Services
 PCA Program – **Change of Information**



Recipient's name:		Agency contact name:	
Recipient's Medicaid #:		Agency contact phone #:	
Agency name & PCG #:		Agency fax #:	

When do changes about my information need to be reported?

Changes must be reported to your PCA provider agency no more than 15 days after the date that the change occurred.

What changes need to be reported on this form?

Use this form to report any changes such as your:

- Living situation, such as moving into or out of an assisted living home, nursing home
- Contact information, such as name change, mailing address, telephone number
- Legal representative appointee, his/her contact information, mailing address, telephone number
- Primary medical provider
- Duplicative services, such as hospitalization, hospice, Waiver Chore, Meal, or Residential Habilitation Services
- Any improvement or decline that occurs in your mental, physical, or medical condition that may require a change in your personal care service level authorization, to include routine medical and dental appointments..
- Instrumental Activities of Daily Living (IADL) eligibility, such as
 - turning 18 years of age
 - marital status
 - spouse's capability to perform Instrumental Activities of Daily Living

	Effective Date	Description
LIVING SITUATION		
RECIPIENT CONTACT INFORMATION		
LEGAL REPRESENTATIVE APPOINTEE OR CONTACT INFORMATION		
PRIMARY MEDICAL PROVIDER		
DUPLICATIVE SERVICES SUCH AS WAIVER CHORE, MEAL, RESIDENTIAL HABILITATION, ETC.		
CHANGE IN MENTAL, PHYSICAL, OR MEDICAL CONDITION MUST SUBMIT COPIES OF MEDICAL RECORDS TO INCLUDE DURATION OF CHANGE IN CONDITION, SUPPORTING CHANGE IN CONDITION SINCE LAST ASSESSMENT DATE.		TREATING PROVIDER'S NAME: PHONE #: FAX#:
IADL ELIGIBILITY MARITAL STATUS, TURNING 18, WAIVER CHORE		
OTHER		

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Please read the following statements and initial each to indicate you have read and understand each statement:

- I have participated in the planning of my own care and agree with the above reported change of information.
- I agree to the release of any documentation requested by SDS or its agents including the PCA agency to support this request.

By my signature below, I understand and affirm that all information contained in this form is true and correct to the best of my knowledge and that I have met and must continuously comply with the Changes in Personal Care Service Level Authorization and Reporting Changes requirements in 7 AAC 125.026 and 7 AAC 125.028 (see attached).

Recipient signature: _____ Date: _____

By my signature below, I understand and affirm that all information contained in this form is true and correct to the best of my knowledge and that I have met and must continuously comply with the Changes in Personal Care Service Level Authorization and Reporting Changes requirements in 7 AAC 125.026 and 7 AAC 125.028 (see attached).

Legal representative: _____ Date: _____
 Documentation of status as legal representative is attached, or was submitted to SDS at an earlier date.

Witness signature: _____ Date: _____

Witness printed name: _____ Date: _____

Witness relationship to client: _____
Witness is required if recipient signs with an "X". Witness may not be Care Coordinator, PCA or PCA agency representative.

By my signature below, I understand and affirm that I have met and must continuously comply with the Changes in Personal Care Service Level Authorization and Reporting Changes requirements in 7 AAC 125.026 and 7 AAC 125.028 (see attached).

Agency Representative signature: _____ Date: _____

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7 AAC 125.026. Changes in personal care service level authorization. (a) If the department confirms that a recipient has had a material change in condition, the department may increase, reduce, or terminate services or the number of hours of service authorized under 7 AAC 125.010 - 7 AAC 125.199.

(b) If a change to a personal care service level authorization is made before the end of the current authorization period,

(1) a personal care services agency must support the change by

(A) completing the form provided by the department for that purpose; and

(B) sending the department any medical or other relevant documentation of the recipient's condition that supports the change; and

(2) the department will record the change in the recipient's personal care service level authorization records.

(c) A change to a personal care service level authorization may be made

(1) to provide personal care services as needed outside the recipient's residence; and

(2) without personal observation of the recipient by the department.

(d) For purposes of this section, a material change in condition is confirmed if the department had determined in its records that

(1) the recipient's medical condition has changed since the last assessment;

(2) the recipient's living conditions have changed since the last assessment, including an improvement in the physical living environment, supportive services, or caregiver services; or

(3) the recipient was receiving personal care services

(A) based upon a medical prescription for one of the following and that prescription has not been renewed:

(i) foot care under 7 AAC 125.030(d)(5);

(ii) walking and simple exercises under 7 AAC 125.030(b)(3)(B);

(iii) range of motion or stretching exercises under 7 AAC 125.030(e);

(B) under a time-limited amendment to the recipient's personal care service level authorization and that amendment has expired; or

(C) that are no longer authorized under 7 AAC 105 - 7 AAC 160. (Eff. 1/26/2012, Register 201)

Authority: AS 47.05.010 AS 47.07.030

7 AAC 125.028. Reporting changes. (a) The recipient shall report to the recipient's personal care agency any change that may affect the recipient's eligibility for personal care services. The report must be received no later than 15 days after the recipient knows of the change. The recipient may report the change by telephone, by facsimile transmission, by electronic mail, in writing, or in person. A change that may affect the recipient's eligibility for personal care services includes

(1) a change in place of residence or living arrangement;

(2) new personal contact information;

(3) a change in legal representation;

(4) a change of medical provider;

(5) receiving hospital, home and community-based waiver, or other health care services that may duplicate personal care services;

(6) an improvement or decline in mental, physical, or medical condition; and

(7) a change in age or marital status that would alter the recipient's eligibility for those personal care services that consist of assistance under 7 AAC 125.030(c) so that the recipient may complete an IADL.

(b) A personal care agency shall report, on a form provided by the department, any change that occurs in the recipient's mental, physical, or medical condition that may require a change in the recipient's service level authorization or an increase or decrease in the level of service provided to the recipient. The report form must be received no later than 15 days after the personal care agency knows of the change. The personal care agency may submit the report form by facsimile transmission, by electronic mail, by United States mail, or in person.

(c) Upon receipt of a report under (a) or (b) of this section, or based upon its own determination of need, the department may conduct a new assessment of a recipient or may accept an assessment completed by the personal care agency. (Eff. 1/26/2012, Register 201)

Authority: AS 47.05.010 AS 47.07.030