

State of Alaska Department of Health and Social Services
Senior and Disabilities Services Personal Care Assistance Program

Request for Expedited Consideration

Applicant/Recipient

Request for an Expedited Assessment Request for an Expedited COI

Name:

Date of Birth:

Medicaid Number:

Service Plan Start Date:

Service Plan End Date:

Agency information

Date of Request:

Requesting Agency:

Name of staff completing form:

Agency Telephone Number:

Agency Fax Number:

Supporting medical documents: Attached

Fax request form and documentation to (907) 269-8164 or email to all OAs via DSM. (See PCA page on SDS website for list of staff contacts.)

Please call 1-800-478-9996 or (907) 269-3666 to verify this request has been received by SDS.

Reasons for request

Supports are not available currently and the following circumstances are present:

Imminent or recent discharge from an acute care or nursing facility.

Terminal diagnosis (0-6 months to live).

Significant change in physical condition, not already captured in the most recent PCAT, which will require immediate hospitalization or placement in a nursing facility if PCA services are not provided or increased.

Primary caregiver absence because of an emergency or because declining health makes him/her unable to continue to provide care to the applicant/recipient, and the applicant/recipient will require immediate hospitalization or placement in a nursing facility if PCA services are not provided or increased.

Identify the location where assessment is needed:

Describe the conditions underlying this request:

For SDS Use Only

Approved on: Reason:

Denied on: Reason:

Other:

Agency notified on:

SDS Nurse Signature: _____ Date: _____