

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: PCA Program	Number: 10-10	Page: 1
	SUBJECT: Transfer of Services for PCA		
	APPROVED: /s/ Rod Moline		DATE: 8/1/07
	<i>RENUMBERED POLICY 2007-10</i>		

POLICY:

Senior and Disabilities Services (SDS) will receive, document and prior authorize transfer requests for consumers between agencies or between Consumer-Directed PCA and Agency Based PCA (or vice versa).

PROCEDURE:

Consumers who wish to transfer their services between agencies or between Consumer Directed PCA and Agency Based PCA (or vice versa) must work with their agencies to submit a completed Transfer and/or Shared Agency Agreement Form (attached) to the PCA Program.

Across Agency Transfers

PCA agencies that have consumers transferring services to their agency will submit a signed transfer form and must include Release of Information to the PCA agency that the consumer is transferring their services out of in order to obtain the Assessment, Service Plan and other relevant and necessary consumer documentation. Upon receipt of a Release of Information and signed transfer form, those PCA agencies a consumer is transferring out of must release the requested information in accordance with HIPAA in order to allow the consumer to avoid a gap in services during the transfer. The PCA agency the consumer is transferring out of will complete the transfer form, provide the requesting agency a copy of the completed transfer form and submit a copy of the completed transfer form to SDS for processing within 10 business days.

Model Service Type Transfers

PCA agencies that have consumers transferring their services between Consumer Directed PCA and Agency Based PCA (or vice versa) within the same agency will submit a signed transfer form SOS for processing within 10 business days.

Consumers transferring from the Agency Based PCA program into the Consumer Directed PCA program must have scored cognitively capable on their most recent assessment to qualify to manage their own care. A consumer that did not score as cognitively capable on their most recent assessment to manage their own care must obtain a Legal Representative to manage their care in order to switch from Agency Based PCA to Consumer-Directed PCA. A consumer may also have their medical provider sign

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a form provided by the Department (attached) identifying the consumer as cognitively capable of managing their care.

Split Service Transfers

Consumers that choose to split their services between two agencies must work with their agencies to submit a completed Transfer and/or Shared Agency Agreement Form (attached) to the PCA Program. This form will be submitted by the transferring agency to SDS. SDS will create a prior authorization upon receipt of the completed form.

Each agency is responsible for the following:

- Working with the other agency in ensuring no duplication of services is being conducted between the two agencies.
- Submission of a new Transfer and/or Shared Agency Agreement Form to inform SDS of any and all changes in the amount of unit(s) each agency is responsible for providing.

Attached: "PCA Transfer and/or Shared Agency Agreement Form"

Attached: "MD Confirmation of Cognitive Capability"

This policy will be effective as of date signed.

Senior and Disabilities PCA/CHOICE Programs PCA Transfer and/or Shared Agency Agreement Form

Legal Name (Last, First):

Medicaid:

CCAN#:

POC/Service Plan Start Date:

POC/Service Plan End Date:

Complete all of the information requested and fax to 269- 8164

Section 1: Recipient Transfer Between Agencies or Model (Service) Type

Check Appropriate Transfer Type:

Agency Transfer Model Type Transfer

Current PCA Provider or Service:

New PCA Provider or Service:

PCA Agency:

PCA Agency:

Medicaid Provider #:

Medicaid Provider #:

Modifier (U3 or none):

Modifier (U3 or none):

Effective Date of Transfer (Date new Provider or Service Start):

Current PA# in use:

Total number of units used on the current PA:

For agency transfers, the above named "Current PCA Agency" will provide the "New PCA Agency" with copies of the contents of the client's file, in accordance with the "Authorization for Release of Information" form, and submit complete transfer form to SDS within 10 calendar days of receipt.

Section 2: Shared Agency Service Allowance Agreement

For recipients that have services shared between 2 agencies the below information will need to be completed:

Effective Date:

Secondary PCA Provider:

Primary PCA Provider:

PCA Agency:

PCA Agency:

Medicaid Provider #:

Medicaid Provider #:

Total Weekly Units Being Provided:

Total Weekly Units Being Provided:

Client/Legal Representative
Printed Name

Signature

Date

"New PCA Agency" Representative
Printed Name

Signature

Date

"Current PCA Agency" Representative
Printed Name

Signature

Date

STATE OF ALASKA
DEPT. OF HEALTH & SOCIAL SERVICES

SENIOR AND DISABILITIES SERVICES

SARAH PALIN. GOVERNOR

3601 C STREET, SUITE 310
ANCHORAGE, AK 99503-5684
PHONE: (907) 269-3666
FAX: (907) 269-3689
TOLL FREE: 1-800-478-9996

Date:
Consumer:
Person requesting letter:

Dear Healthcare Provider:

The above named consumer has applied for personal care services. The Personal Care Assessment Tool (PCAT) identified that the consumer is not cognitively capable of managing their own care in one or more of the following areas: Decision Making Skills, Making Self Understood, Ability to Understand Others, and Managing Finances. According to the regulations 7 AAC 43.768 in order to qualify for personal care services from a consumer-directed program, a recipient must be capable to do the following:

- 1) Supervise the personal care assistant
- 2) Demonstrate a capacity for making choices about Activities of Daily Living, understand the impact of those choices and assume the responsibility of those choices
- 3) Designate a consumer-directed personal care agency
- 4) Cooperate with the department staff or designee in the review of the recipient's PCAT
- 5) Cooperate with department staff or designee and with other state and federal oversight agencies, in conducting compliance reviews, investigations, or audits
- 6) Negotiate a recipient contract with the consumer-directed personal care agency
- 7) Specify the training requirements of the personal care assistant and assure that the specified training has been received and
- 8) Obtain a physician's, a physician's assistant's or an advanced nurse practitioner's prescription regarding the recipient's home exercise or range of motion program

Overall, it is the recipient's responsibility to schedule, train and supervise the personal care assistant. Please identify whether the recipient is cognitively capable of managing the above outlined requirements to be part of the consumer-directed personal care attendant program.

_____ Yes, the consumer is cognitively capable to manage the requirements of the consumer-directed personal care attendant program.

_____ No, the consumer is not cognitively capable to manage the requirements of the consumer-directed personal care attendant program.

Signature of Healthcare Provider

Date

Printed Name of Healthcare Provider

Date

Please fax this letter to SDS at 269-8164. If you have questions you may call the PCA program at the Senior and Disabilities Services at 269-3666.