

<b>STATE OF ALASKA</b> <b>DEPARTMENT OF HEALTH &amp; SOCIAL SERVICES</b>  <b>SENIOR AND DISABILITIES SERVICES</b>  <b>POLICY &amp; PROCEDURE MANUAL</b>	<b>SECTION:</b> PCA Program	<b>Number:</b> 10-12	<b>Page:</b> 1
	<b>SUBJECT:</b> REQUESTS FOR EXPEDITED ASSESSMENTS		
	<b>APPROVED:</b> /s/ Rod Moline		<b>DATE:</b> 1/11/08
	<i><b>RENUMBERED 2007-12</b></i>		

**Purpose**

To provide a standardized process for requesting expedited assessments to ensure priority evaluations of applicants/recipients with increased risks to health and safety.  
 To delineate responsibilities for implementation of the expedited assessment process.

**Policy**

Senior and Disabilities Services (SDS) will implement an expedited assessment process when a Personal Care Assistance (PCA) agency, Adult Protective Services (APS) or the Office of Children's Services (OCS) requests an assessment for circumstances in which health and safety are at risk if PCA services are not provided or increased for an applicant/recipient. While approval of an expedited assessment will result in priority for assessment and review or for amendment review, and will authorize an assessment outside of the home, it does not guarantee approval for PCA services or for an increase in current services.

**Authority**

7 AAC 43.751 (i)

**Responsibilities**

- A. The PCA agency is responsible for:
  1. consulting with the applicant/recipient to evaluate whether an expedited assessment is appropriate;
  2. obtaining medical documentation which indicates risk to health and safety if PCA services are not provided or increased;
  3. ensuring that SDS has a current, accurate and complete application packet on file; and
  4. submitting an expedited assessment request with supporting medical documentation.
  
- B. SDS is responsible for:
  1. reviewing the expedited assessment request and supporting medical documentation;
  2. approving or denying the request;
  3. notifying the PCA agency regarding approval or denial of the request; and
  4. implementing an expedited assessment process.

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Procedures

A. Qualifying circumstances. An expedited assessment request may be submitted to SDS, provided supports (e.g., PCA, hospice or natural supports) are not available currently for the applicant/recipient, for the following circumstances:

1. Imminent or recent discharge from an acute care or nursing facility;
2. Terminal diagnosis (0-6 months to live);
3. 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;
4. 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; or
5. Referral by APS or OCS.

B. Required documentation.

1. For all qualifying circumstances, the PCA agency must ensure that SDS has a current (dated within the past twelve months), accurate and complete application packet on file or submit the required documents with the *Request for Expedited Assessment Consideration* (Attachment A). See PCA Policy and Procedure 2007-8.
2. For all qualifying circumstances, documentation must demonstrate that the applicant/recipient faces an increased risk to health and safety if PCA services are not provided or increased.
3. For the following qualifying circumstances, the additional documentation listed is also required:
  - a. For discharge from an acute care or nursing facility:
    - i. a discharge plan, and
    - ii. a *Medical Certification* (Attachment B) form indicating primary and secondary diagnoses and requesting that services begin immediately upon discharge.
  - b. For a primary caregiver unable to provide care because of declining health: a statement from a medical provider specifying that the primary caregiver is incapable of providing assistance with Instrumental Activities of Daily Living for the applicant/recipient.

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C. Expedited assessment process.

1. The PCA agency, APS, or OCS notifies the SDS PCA program of the need for an expedited assessment.
  - a. The PCA agency submits a *Request for Expedited Assessment Consideration* with all required documentation.
  - b. APS or OCS may notify SOS verbally or by submitting a *Request for Expedited Assessment Consideration*.
2. SOS reviews the request, and approves or denies it.
3. SOS notifies the PCA agency regarding approval or denial of the request by emailing or faxing the signed *Request for Expedited Assessment Consideration* to the agency

Attachments

1. Attachment A: Request for Expedited Assessment Consideration
2. Attachment B. Medical Certification

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

**Request for Expedited Assessment Consideration**

***Applicant/Recipient***

Request for an Expedited Assessment     Request for an Expedited Amendment

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:

Current Medical Certification form:  Attached     Requested

*Fax request form and documentation to (907) 269-8164 or email to*

*[pcamailbox@health.state.ak.us](mailto:pcamailbox@health.state.ak.us). 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:

## Senior and Disabilities PCA/CHOICE Programs Medical Certification Form

Legal Name (Last, First): \_\_\_\_\_

Medicaid: \_\_\_\_\_

CCAN#: \_\_\_\_\_

POC/Service Plan Start Date: \_\_\_\_\_ POC/Service Plan End Date: \_\_\_\_\_

The above named applicant has requested an Older Alaskans/Adults with Physical Disabilities (OA/APD) Medicaid Waiver services and/or Medicaid Personal Care Assistance services. To assist Senior and Disabilities Services staff in determining the applicant's need for OA/APD Medicaid Waiver services and/or Medicaid Personal Care Assistance services please complete the following sections. Questions may be directed to a Senior and Disabilities Services employee at 907-269-3666 or 800-478-9996.

The **OA/APD Medicaid Waiver program** provides services in the home or community-based setting as an alternative to nursing home placement.

**Note: In order to qualify for the waiver program, an individual must demonstrate the medical need for services in a nursing facility (i.e. nursing home level of care).**

The Medicaid **Personal Care Assistance program** provides assistance with activities of daily living in an applicant's home to individuals demonstrating a physical functional limitation in independently completing their activities of daily living (ADL).

**Note: In order to qualify for Personal Care Assistance services, a person must need**

- 1) **Limited assistance** in at least one ADL (person highly involved in activity; physical help in guided maneuvering of limbs or other non-weight bearing assistance 3+ times or limited assistance plus weight bearing 1 or 2 times in the past seven days) **AND**
- 2) **Extensive assistance** with at least one other ADL (weight bearing support needed 3+ times over last seven days or full staff/caregiver performance during part (but not all) of last seven days)

**To be completed by a Physician, Physician Assistant or an Advanced Nurse Practitioner and faxed to 269-3688.**

Primary Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Secondary Diagnoses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional Information (May include prescriptions for exercises, ROM or foot care for PCA): \_\_\_\_\_  
 \_\_\_\_\_

To the best of my knowledge, the above information is true, accurate, and complete.

Physician, ANP or PA Signature: \_\_\_\_\_ Date: \_\_\_\_\_ ID#: \_\_\_\_\_

Physician, ANP or PA Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

**Note: Please do NOT use ICD-9 codes.**