

**Senior and Disabilities Policy Update:**

**Personal Care Services**

**February 22, 2011**

The Division of Senior and Disabilities Services (SDS) has adopted the following policy:

When making a determination regarding the need for Personal Care Services, SDS will take into consideration any statement by the physician, physician's assistant, or advanced nurse practitioner made on the SDS *Verification of Diagnosis* form. This applies to both initial and renewal Personal Care Services applications.

Adoption of this policy nullifies SDS Policy 10-3 "Verification of Medical Diagnosis for PCA Services" dated 2/12/07.

This policy goes into effect immediately, and will be incorporated in the Personal Care Services Eligibility and Enrollment policy currently under development.

A handwritten signature in black ink, appearing to read "Duane G. Mayes", with a long horizontal flourish extending to the right.

Duane G. Mayes, MS/CDMS CRC  
Director  
Senior & Disabilities Services

|  |   |                 |                  |
|--|---|-----------------|------------------|
| <b>STATE OF ALASKA</b><br><b>DEPARTMENT OF HEALTH &amp; SOCIAL SERVICES</b><br><br><b>SENIOR AND DISABILITIES SERVICES</b><br><br><b>POLICY &amp; PROCEDURE MANUAL</b> | SECTION:<br>PCA Program                                     | Number:<br>10-3 | Page:<br>1       |
|  | SUBJECT: Verification of Medical Diagnosis for PCA Services |                 |                  |
|  | APPROVED:<br>/s/ Rod Moline                                 |                 | DATE:<br>2/12/07 |
|  | RENUMBERED POLICY 2007-3                                    |                 |                  |

**POLICY:**

7 AAC 43.751(8) provides that personal care services must be performed in accordance with a recipient's PCAT as approved by the department. In developing the PCAT, 7 AAC 43.751(b), the Division, among other items., must receive a form signed by a physician, a physician assistant, or an advanced nurse practitioner, who is licensed in this state or practicing or employed in a federally or tribally owned or leased health facility in this state that identifies the recipient's diagnosis. It is the Division's policy that a medical diagnosis does not replace the PCAT in identifying a recipient's need for, or lack of, services. Therefore, regardless of comments contained in a verification of medical diagnosis only those services identified in the PCAT {service plan} shall be provided as approved by the Division per 7 AAC 43.750(b)(2).

**PROCEDURE:**

The purpose of DSDS requiring medical diagnosis verification is to confirm the recipient's diagnosis in support of the recipient's personal care assessment tool (PCAT). 7 AAC 43.751 (b)(1)(B). A medical diagnosis provided by a physician may, but is not required to, include remarks, comments or suggestions regarding recipient's needs or lack of need for PCA services. The Division may consider these remarks or comments, in its evaluation of the recipient's application for the personal care services but the recipient's eligibility for services shall not be solely based upon these remarks or comments, since the medical diagnosis form is, by regulation, a supporting document to the PCAT.

PCA services are not medical services, rather, they are services provided in lieu of institutionalization or to avoid loss of employment. In as much as a medical diagnosis is necessary to support the administration of this program, the final decision on whether PCA services shall be authorized rests with the Division and not with any medical professional. The 14-point legislative mandates related to the PCA appropriation clearly indicates the shift from [past] administration of the PCA program controlled and driven by PCA agencies and medical professionals to the Division as the final decision maker on who is authorized to receive services and in what amount.

|  |  |                |                         |
|--|--|----------------|-------------------------|
| <b>STATE OF ALASKA</b><br><b>DEPARTMENT OF HEALTH &amp; SOCIAL SERVICES</b><br><br><b>SENIOR AND DISABILITIES SERVICES</b><br><br><b>POLICY &amp; PROCEDURE MANUAL</b> | <b>SECTION:</b>  | <b>Number:</b> | <b>Page:</b>            |
|  | PCA Program  | 10-3           | 2                       |
|  | <b>SUBJECT:</b> Verification of Medical Diagnosis for PCA Services |                |                         |
|  | <b>APPROVED:</b><br>/s/ Rod Moline                                 |                | <b>DATE:</b><br>2/12/07 |
| RENUMBERED POLICY 2007-3   |  |                |                         |

A form, approved by DSDS, is provided to and completed by a health care professional as defined in 7 AAC 43.751, which verifies medical diagnosis. If that form is provided prior to or contemporaneous with the request for an assessment, the form shall be provided to the assessor to help in assessing the individual and developing a service plan as appropriate.

If the form is not provided prior to or contemporaneous with the assessment but is received after the assessment has been completed, the form shall be considered in formulating final approval for PCA services, the medical diagnosis is not determinative.

As such, if the PCAT indicates services are not authorized, but the medical diagnosis form indicates services are necessary, the PCAT prevails. Conversely, if the PCAT indicates services are authorized, but the medical diagnosis form indicates no, the PCAT prevails. Under either scenario the matter shall be referred to the DSDS Quality Assurance Unit (QA) for review to evaluate why a difference in the assessment and the medical certification occurred. This QA review shall determine whether further provider training is necessary to inform [those] professionals as to the scope of services available under the PCA program and the purpose of those services, or if there are training issues related to how the assessments are conducted~ including under what circumstances DSDS PCA staff are evaluating and reviewing assessments and related documents.

This policy will be effective as of the date signed.