

<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> 10-9	<b>Page:</b> 1
	<b>SUBJECT:</b> Obtaining the Medical Certification Form for Authorization of PCA and OAJAPD Services		
	<b>APPROVED:</b> /s/ Rod Moline		<b>DATE:</b> 4/2/07
	<b>RENUMBERED POLICY 2007-9</b>		

**PURPOSE:**

The Division will attempt to obtain a current medical certification form that provides supporting documentation for the eligibility process for personal care assistance services (PCA) or waiver services for Older Alaskans or Alaskan with Physical Disabilities (OA/APD).

**POLICY:**

This policy is set in accordance with 7 AAC 43.751 which states that "the department or its designee will develop the recipient's PCAT, which must include 1) supporting documentation (A) on a form provided by the department; (B) that identifies the recipient's diagnosis; and (C) that is completed 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."

This policy is also set in accordance with 7 AAC 43.1030 (b) "If warranted by the screening under (a) of this section and supportive diagnostic documentation, and to determine if the applicant meets the level of care required under 7 AAC 43.10 10(d)(2)...".

**PROCEDURE:**

1) Requesting the Medical Certification form from the Medical Provider:

A. The medical certification form can be requested by the Division or by the provider agency.

B. The Division [axes a request to the medical provider to obtain a medical certification form. unless there is a form that was already submitted by the provider agency or a copy of the form can be obtained from the consumer' s PCA or waiver file.

C. Incoming medical certification forms will be recorded on the DSDS database.

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D. If a medical certification form is not submitted to the Division within 5 business days of the date of the: faxed request, then another faxed request is sent to the medical provider. If the medical provider fails to submit the medical certification form, then a follow up phone call may be made by the Division to inquire about the request for the form.

E. If a medical certification form still is not submitted to the Division within 5 business days a 30 day incomplete notice is sent to the consumer and to the providing agency.

F. If the medical certification form is not received by the Division within 30 days from the incomplete notice a closure letter is sent to the consumer and the providing agency. The closure letter outlines hearing rights.

G. Inability to obtain a medical certification form will not adversely effect a consumer's referral for an assessment. However, it will prevent their assessment from being reviewed or authorized by the Division.

## 2) Review of the Medical Certification Form

A. The medical certification form must be dated within 6 months prior to the assessment date. The Division of Senior and Disabilities Services (the Division) will accept a medical certification form older than 6 months (but not older than 12 months) from the time of assessment, if the responsibility for delay of assessment or processing is due to the Division. This would be evidenced by a good faith effort on the part of the agency to submit the relevant application paperwork.

B. Once the Division reviews the medical certification form, the medical certification form will be considered valid for a year from the date of the medical provider's signature. A medical certification form that is older than one year does not interrupt an already approved service plan.

C. The Division will review the assessment for eligibility for services after receipt of the medical certification form, the complete application packet, and the assessment.

This policy will be effective as of the date signed.

Medical Certification form attachment A