

<p style="text-align: center;">STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES</p> <p style="text-align: center;">SENIOR AND DISABILITIES SERVICES</p> <p style="text-align: center;">POLICY & PROCEDURE MANUAL</p>	<p>SECTION: 2 Cross-program Policies</p>	<p>Number: 2-1</p>	<p>Page: 1</p>
	<p>SUBJECT: Distribution of Documents: Program Service Decisions</p>		
	<p>APPROVED: /s/ Rebecca Hilgendorf, Director</p>	<p>DATE: 2/4/09</p>	

Purpose

To inform program recipients, recipient representatives, care coordinators, and providers, of service approvals or denials.

To identify for distribution documents regarding program service decisions.

Policy

Senior and Disabilities Services (SDS) affirms the right of program recipients to personal health information. Accordingly, SDS sends approved plans of care/service plans and related documents to recipients who receive services through Home and Community Based (HCB)Waiver Services programs or through the Personal Care Assistance (PCA) program, as well as to others who are involved in their care or who provide services

Authority

42 CFR §441.301 (b)(1)(i) Written plan of care. 45 CFR §164.502 Uses and disclosures of protected health information; 45 CFR §164.506 Uses and disclosures to carry out treatment, payment, or health care operations; 45 CFR §164.524 Access of individuals to protected health information.
7 AAC §43.751 PCA service plan. 7 AAC §43.1030 Screening, assessment, plan of care and level of care determination.

Responsibilities

- A. **SDS** is responsible for sending documents regarding program service decisions to recipients, recipient representatives, and care coordinators, and to providers of PCA services.
- B. **Care coordinators** are responsible for copying and distributing the plan of care or specified sections to all providers of services included in the plan.

Procedures

A. Timeframes for distribution.

- 1. Within 5 working days of completion of a review, SDS sends specified documents to recipients, recipient representatives, and care coordinators, and to providers of PCA services.
- 2. Within 5 working days of receipt, care coordinators send copies of the SDS Plan of Care (POC) or the specified POC sections to providers.

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: 2 Cross-program Policies	Number: 2-1	Page: 2
	SUBJECT: Distribution of Documents: Program Service Decisions		
	APPROVED: /s/ Rebecca Hilgendorf, Director		DATE: 2/4/09

B. Distribution methods.

1. SDS distribution. SDS sends copies of the documents
 - a. to the recipient and/or the recipient representative
 - i. for initials, renewals and amendments, by regular mail;
 - ii. for service reductions or denials, by certified return receipt mail; and
 - b. to the care coordinator and to providers of PCA services, by regular mail or electronically.

2. Care Coordinator distribution. The care coordinator sends
 - a. to all direct service providers included in the plan, copies of the POC; and
 - b. to chore services and meals services providers, sections from the POC, including at a minimum:
 - i. Section I POC Information and Identification
 - ii. Section IV Summary of Services (those applicable to the provider of the services).
 - iii. Section X Signatures.

C. Documents for HCB Waiver Services program recipients.

1. For initials and renewals, and for service reductions or denials.
 - a. Cover letter.
 - b. Plan of Care.
 - c. For the OA and APD programs,
 - i. Consumer Assessment Tool (CAT), and
 - ii. Level of Care Worksheet.
 - d. For the CCMC program, Nursing Facility Level of Care (LOC) Assessment.
 - e. For the MRDD program, Intermediate Care Facility for the Mentally Retarded (ICF/MR) Determination, and
 - i. Inventory for Consumer and Agency Planning (ICAP) summary for initial assessments and every three years thereafter, or
 - ii. Qualifying Diagnosis Certification (QDC) form for the years when no ICAP is done.
 - f. Other materials as applicable, e.g.:
 - i. Cost Sheet,
 - ii. Training Checklist, or
 - iii. Intensive Active Treatment Assessment and Plan.

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: 2 Cross-program Policies	Number: 2-1	Page: 3
	SUBJECT: Distribution of Documents: Program Service Decisions		
	APPROVED: /s/ Rebecca Hilgendorf, Director		DATE: 2/4/09

2. For amendments.
 - a. Cover letter.
 - b. Plan of Care.

D. Documents for PCA program recipients.

1. For initials, renewals, and reductions.
 - a. Cover letter for PCA service plans.
 - b. PCA Service Plan.
 - c. Personal Care Services Consumer Assessment Tool (CAT/PCAT).
2. For amendments.
 - a. Cover letter for PCA amendments.
 - b. Revised PCA Service Plan.
3. For denials.
 - a. Cover letter for PCA denials.
 - b. CAT/PCAT.
 - c. Level of Care Worksheet.