

Senior and Disabilities Services
Addendum to Authorize IADL/ Chore Hours

Recipient's Legal Name (Last, First):

Medicaid #:

CCAN#:

Plan Start Date:

Plan End Date:

I am requesting Senior and Disabilities Services add (*please choose one*):

_____ 4 hours per week of IADLs to my PCA service plan OR

_____ 5 hours per week of Chore Services to my MRDD or CCMC Plan of Care OR

_____ 10 hours per week of Chore Services to my OA/APD Plan of Care

I have selected the agency listed below and the agency has agreed to provide this service:

Provider Agency Name:

Provider Agency Contact Name:

Provider Agency Contact Email:

HC or PCG#:

Care Coordinator Name:

Care Coordinator Email:

My signature below indicates that I understand these additional hours are being authorized for any allowable IADL or Chore service until my next assessment. At my next assessment Senior and Disabilities Services will make an individualized determination of the number of IADL or Chore hours for which I will be authorized.

I further understand that I may choose between IADL or Chore services but am not entitled to both and am not eligible for either if I am:

- living with my spouse;
- a minor child living with my parent/ guardian; or
- getting IADL or Chore services paid for or provided by someone else such as third party insurance another or SDS funded program; or
- prohibited from receiving PCA services under 7 AAC 43.760(b)

Name of Recipient or Legal Representative Signature Date

Provider Agency Staff Name Signature Date

State Use Only

Approved Denied, notice sent _____

MRDD/CCMC OA/APD PCA

Effective Date: _____ Expiration Date: _____

SDS Authorized Signature

Date Prior Authorization Entered