

Physician's Guide:

Understanding Home and Community Services
in Southeast Alaska



**Southeast Regional
Eldercare Coalition**

Quality Care • Care Coordination • Social Engagement

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Quick Reference

Center for Community

700 Katlian Street Suite B
Sitka, Alaska 99835

Toll-Free Number (800)478-6970

Web: <https://cfc.org/>

Serving: Sitka Yakutat, Kake, Juneau
(Compass Home Care)

Community Connections

721 Stedman Street
Ketchikan, Alaska 99901
(907)225-7825

Web: <https://www.comconnections.org>

Serving: Ketchikan, Saxman,
Metlakatla, Ward Cove, POW

Consumer Direct Care Services

405 East Fireweed Lane Suite 100
Anchorage, AK 99503

Toll Free Number 1-888-900-7962

<https://consumerdirectak.com/>

Serving: Statewide

Cornerstone Home Health

8800 Glacier Hwy., Suite 111
Juneau, AK 99801

Contact Number: 1-877-956-CARE
(2273)

Web: <https://www.chhcare.com/>

Serving: Juneau, Haines, Skagway,
Angoon, Hoonah, Petersburg

REACH

213 3rd Street
Juneau, AK 99801

Phone: (907) 586-8228

Web: <https://www.reachak.org/>

Serving: Juneau, Haines, Petersburg,

Catholic Community Service The Bridge Adult Day Program

1803 Glacier Highway,
Juneau, Alaska 99801

Phone: (907) 463-6170

Web: <https://ccsak.org/>

Rendezvous Senior Day Services

2441 First Ave.

Ketchikan, Alaska 99901

Phone : (907) 247-1961

Cedar Social Club Adult Day Program

Petersburg Indian Association Build-
ing located at 15 North 12th St.
Petersburg, Alaska 99833

Ketchikan Indian Community

2960 Tongass Ave

Ketchikan, Alaska 99901

Phone: (907) 228-4900

Web: <https://www.kictribe.org/>

Phone: (907) 772-5716

Alzheimer's Resource of Alaska

1750 Abbott Road

Anchorage, Alaska 99507

Toll-Free 1-800-478-1080

Web: www.alzalaska.org

Alaska Mental Health Trust Authority

3745 Community Park Loop,
Suite 200

Anchorage, Alaska 99508

Phone: 907-269-7960

Central Council of the Tlingit & Haida Indian Tribes of Alaska

PO BOX 25500

Juneau, Alaska 99802

Phone: (907) 586-1432

Toll-Free 1-800-344-1432

Web: <https://tlingitandhaida.gov>

Ketchikan Indian Community

2960 Tongass Ave

Ketchikan, Alaska 99901

Phone: (907) 228-4900

Web: <https://www.kictribe.org/>

Peace Health Ketchikan Medical Center Home Health

212 Carlanna Lake Road Suite 100

Ketchikan Alaska 99901

(907)228-7600 Main

Website:

www.peacehealth.org/ketchikan

Serving Ketchikan, Saxman, POW

Hospice of Wrangell*

PO BOX 894

Wrangell, Alaska 99929

(907) 305-0007 Serving: Wrangell, AK

*Loan Closet

SEARHC Petersburg Medical Center

Hospice and Home Care

(907)772-5716

Serving Petersburg, AK

Southeast Alaska Independent Liv- ing (SAIL)

8711 Teal Street, Suite 300

Juneau, Alaska 99801

Phone: 1-888-487-0974

Web: <https://www.sailinc.org/>

Catholic Community Services SE Senior Services

1803 Glacier Highway

Juneau, Alaska 99801

Phone: (907) 463-6100

Web: <https://www.ccsak.org/>

SEARHC Patient Health Benefits Assistance

1-855.966.8684

Email outreach@searhc.org

Web: <https://searhc.org/patient-benefits/>

Disability Law Center of Alaska

8711 Teal St. Suite 303

Juneau, Alaska 99503

(907) 586-1634

Toll-Free 1-800-478-1234

Web: <https://www.dlcak.org/contact/>
(Juneau only)

Alaska Legal Services

8711 Teal St Suite 203

Juneau, Alaska 99801

Toll-Free 1-888-478-2572

(907) 586-6425 (Juneau)

Web: www.alsc-law.org

US Department of Veterans Affairs Juneau Community Based Outpa- tient Clinic

709 West 9th Street Suite 150

Juneau, Alaska 99801

Toll-Free (888)308-7890

Web: <http://www2.va.gov/directory/guide/facility.asp?id=6>

Adult Protective Services. APS

Reporting: (800) 478 -9996

Office of Public Advocacy

Pubic Guardian Program

Phone: (907) 269-3500

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Why Home Care Planning Is Essential

Physician's Guide: Understanding Home and Community Services brochure is a physician's reference to support patient's and clinical staff through the Medicaid/Medicaid Wavier application process and other options for home and community based services.

Brochure is set up for suggestions for clinical staff to take supportive actions to aid patients, tips are listed in the left column (Green), including step by step process to obtain a Medicaid Wavier and quick reference information for referrals. The main section (Yellow) provides general program information.

Southeast Alaska's seniors are a growing and valued part of our communities. With thoughtful home care planning, older adults can remain safe, supported, and connected — right where they belong.



Why Home Care Planning Is Essential

Southeast Alaska Has the Oldest Population in the State

- ◆ 18–29% of residents in Southeast communities are age 65+, making SE Alaska the “oldest” region in Alaska. Southeast Alaska’s median age is 44, compared to 35.6 statewide.

Why this matters:

A rapidly aging population increases demand for in-home support, caregiver services, and safety planning, especially in rural and island communities.

Most Seniors Want to Age in Place — But Need Support

- ◆ Over 85% of Alaska seniors prefer to remain in their own homes rather than move into institutions . Southeast Alaska seniors often face geographic isolation, limited transportation, and harsh winter conditions that make independence harder

Home care planning helps by:

- Reducing falls and hospitalizations
- Supporting daily activities (bathing, meals, medication)
- Delaying or preventing costly assisted living placement

Chronic Health Conditions Are Widespread Among Seniors

Common conditions affecting Southeast Alaska seniors include:

- Hypertension and heart disease, Diabetes, Arthritis and mobility limitations, Alzheimer’s disease and related dementias
- About 1 in 3 Alaskans age 85+ is projected to have dementia by 2050
- Alaska seniors report higher disability rates than the U.S. average

Why home care matters:

Home based care supports chronic condition management and reduces emergency medical travel — a critical issue in Southeast Alaska’s remote geography, all the while providing quality of life to age in place.

Why Home Care Planning Is Essential

Caregiver Shortages Make Planning Urgent

- By 2030, Alaska will have only ~7 working age caregivers for every senior over age 80, which is below the national average. Southeast Alaska already faces workforce shortages in home care and personal assistance services

Early planning gives families:

More care options

Better continuity of care

Reduced crisis driven decisions

Home Care Is Often More Affordable Than Residential Care, Typical Alaska costs (2025–2026):

- Home care: ≈ \$38/hour
- Assisted living: ≈ \$7,000/month
- Even part time home care can significantly delay the need for full-time residential care, saving thousands of dollars annually.

Strong Regional Support Systems — If Families Know Where to Look

Southeast Alaska has unique strengths:

- 14+ senior centers across the region
- Home-delivered meals and transportation services
- Aging & Disability Resource Centers (ADRCs), Catholic Community Services Elder Case Management Services, and Care Coordinators that guide families through care planning

Why this matters:

Families who engage these resources early are far more successful in maintaining safe, independent living.

Home care planning in Southeast Alaska helps:

- Preserve independence and dignity
- Reduce caregiver burnout
- Prevent avoidable hospital stays
- Respect cultural and community ties

With thoughtful home care planning, older adults can remain safe, supported, and connected — right where they belong.

Community Resources:

Assistance with Application:

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Juneau, Alaska 99801

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(Juneau only)

For Appeals, Trust Creation:

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Juneau, Alaska 99801

Toll-Free: 1-888-478-2572

(907) 586-6425 (Juneau)

Web: www.alsc-law.org

Medicaid

Medicaid is the primary payment source for many individuals. The services vary in each community depending on the availability of providers. Medicaid is provided through the State of Alaska Department of Public Assistance (DPA) with money that is matched by the State of Alaska with U.S. Federal Government funding. The Medicaid program is one of many entitlement programs that are based on an individual's income, assets, demographics, and level of need. Medicaid is a health insurance program to assist with medical expenses. Medicaid offers several sub-programs that are based on income or level of need, Medicaid Wavier is one of the sub –programs.

Eligibility

Medicaid is an income, asset, and need based benefit. Eligibility income varies annually based on the guidelines for poverty in Alaska. For those seeking Medicaid Wavier Services to support home and community services ages 18-64 years, are required to have a disability determination. This determination occurs by applying for disability benefits through the US Department of Social Security. For those over the age of 65 years, income and assets are the determining factor for Medicaid eligibility. When income or assets are over the limits of eligibility trusts and other actions can be taken to become eligible for the benefits. Taking time to work with providers such as SAIL, Catholic Community Services, hospital social workers, or SEARHC Patient Health Benefit Assistance can help with the process of applying.

Clinical Staff: Supportive Actions

To Apply:

1. Application for Medicaid using form GEN50C Application for Services, Elders and applicants with disabilities are encouraged to use the paper application. Medicaid can be applied for online through www.healthcare.gov, through www.my.alaska.gov through the ARIES Self-Portal under individual services, or by phone eligibility at 1-800-478-7778. The application process requires the completion of a phone interview with the staff at the Division of Public Assistance.

2. Prepare for a telephone interview. DPA will mail a notice to the patient with a date and time for a scheduled interview. It is critical not to miss this appointment. A missed appointment may mean that the patient will have to start the process over again to apply for benefits.

Documentation:

Medical documentation is critical when seeking disability determination. Making notes at visits about changes in the patient's ability to work, engagement in independent personal care, homemaker care, and decision making are critical life domains that affect disability. Having clear evidence of disabilities and changes in medical or behavioral

Medicaid Application

Tips when Applying:

1. Complete as much information as possible in the application.
 2. Submit, if possible, back up documentation outlined on page two of the application, ID card, banking statements, income verification letters etc. If not submit what you can with the application and gather records prior to your interview.
 3. Watch for the interview letter in the mail. Make sure to keep the appointment via the phone number listed in the letter or call to make changes prior to the appointment. Missing the interview is a direct denial of services.
 4. Keep a watch on the mail for letters. If the letter is confusing encourage support via the ADRC, Case managers, social workers, navigators etc. in your community.
 5. Follow up to send any additional information in a timely manner. Often, DPA will request additional bank statements or ask to clarify a large purchase with receipts/explanation.
- If denied, you can Appeal. You must follow the instructions on your denial letter. Alaska Legal Services and/or Disability Law Center can assist with appeals and the creation of Miller Trust documents, if needed.



Clinical Staff: Supportive Actions

First Encounter

- ◆ Screen early for functional decline, medical fragility, or developmental disability (not just diagnosis).
- ◆ Document limitations in Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs) (e.g., bathing, toileting, medication management).
- ◆ Note caregiver burden, safety risks, frequent ER visits, or hospitalizations.

Why this matters

Medicaid waivers require proof that the person meets—or is at risk of—an institutional level of care (e.g., NFLOC or ICF/IID), which is function based, not diagnosis based.

Early Education & Referral

Explain that Medicaid waivers:

- ◆ Are not automatic
- ◆ May have waitlists
- ◆ Require medical documentation and assessments

Refer immediately to:

- ◆ Aging & Disability Resource Center (ADRC) for all Se Alaska Communities refer to Southeast Alaska Independent Living (SAIL) for a Person Centered Intake (PCI)
- ◆ Encourage early care coordination referral, even if eligibility is uncertain.

Why this matters

Care coordinators initiate waiver applications and schedule functional assessments; physicians cannot start waivers alone.

What is a Medicaid Wavier?

In Alaska, Medicaid is the primary payment source for Home and Community Based Services. Medicaid Wavier is a program that extends the medical support and rehabilitative services of Medicaid to an individual based on assessment and diagnosed conditions. The program offers payment for Home and Community Based services or institutional care in a facility, such as an Assisted Living Home or Group Home. The services vary in each community depending on patient needs and the availability of providers. The Medicaid Waiver is a sub-program of Medicaid that is intended to provide self-centered care for specific demographics of patients.

Who is Eligible?

To access one of the waiver programs, a person must meet:

1. Medicaid eligibility requirements for income and resource limits, as found the application process with the Division of Public Assistance (DPA), and
2. Level of care requirements are assessed and determined by the State of Alaska Division of Senior and Disabilities Services Assessment Unit. The assessor conducts a functional assessment via in person interviews or by using videoconferencing technology.
3. Medicaid Waiver programs offer a choice of services for people who meet a nursing facility level of care (NFLOC).

Clinical Staff: Supportive Actions

Establish Clear, Ongoing Medical Diagnoses

- ◆ Assign precise ICD-10 diagnoses linked to long-term impairment.
 - ◆ Clearly document:
 - ◆ Onset of condition (especially before age 21 for DD waivers)
 - ◆ Prognosis (“chronic,” “progressive,” or “lifelong”)
 - ◆ Comorbidities contributing to supervision or nursing needs

Why this matters

- Developmental disability waivers (APDD, IDD, ISW) require proof that the disability originated before age 21.
- ◆ Diagnoses alone are insufficient without functional impact.

Produce Strong Medical Documentation

Ensure clinic notes explicitly describe:

- ◆ Skilled nursing needs (med management, wound care, tube feeding, seizures)
- ◆ Cognitive impairment, behaviors, or inability to self-direct care
- ◆ Medical necessity for 24-hour supervision or daily assistance
- ◆ Respond promptly to requests for:
 - ◆ Records
 - ◆ Physician statements
 - ◆ Disability verifications

Why it matters

Alaska requires NFLOC and Medicaid waiver applications to submit current medical documentation (≤ 12 months old).

How to Identify Medicaid Wavier Eligibility?

BELTT is a way to identify the Medicaid Wavier requirements for eligibility. The benefits are eligible for those who have need for hands on care in **three areas of BELTT** or need for hands on care in **two areas of BELTT plus active physical or occupational therapy**. IF a person is **wandering** or presents with any area where help is required clear documentation is needed in the medical records to reflect occurrences and level of care needed.

B **Bed Mobility**, assistance needed to move within, get in or out of bed

E **Eating**, assistance needed in preparing a meal (cooking) and the ability to spoon food into the mouth.

L **Locomotion**, assistance needed with walking from one space to another

T **Transfers**, hands on assistance to move from sitting to standing

T **Toileting**, needing assistance with bathroom hygiene and/or use of incontinence products.

Different Alaska Medicaid Waivers

Program	Who It Serves	Key Services Provided	Important Notes / Distinctions
ALI – Alaskans Living Independently Waiver	• Adults 21–64 with physical disabilities • Adults 65+ • Medicaid eligible • Must meet NFLOC • Physical disability or age related need • Risk of institutionalization	• Care coordination • Personal care assistance • Respite • Adult day services • Home & vehicle modifications • Home delivered meals • Specialized medical equipment • Transportation • Residential supported living	• Enrollment capped; waitlist may apply • Primarily serves seniors and adults with medical/physical needs • No participant directed (self hire) option—agency
CCMC / CCMA – Children with Complex Medical Conditions Waiver	• Children & youth ages 0–21 who are medically fragile • Medicaid eligible (child may qualify independent of parents via disability rules) • Medical fragility or technology dependence • Must meet NFLOC or hospital level of care	• Care coordination • Private duty nursing • Nursing oversight • Specialized medical equipment & supplies • Respite • Environmental modifications • Transportation	• Family centered waiver • Focused on preventing hospitalization or institutional placement • Transitions often required at age 22
IDD – Intellectual & Developmental Disabilities Waiver	• Children & adults with intellectual/developmental disabilities • Medicaid eligible • Diagnosed intellectual or developmental disability • Must meet ICF/IID Level of Care (ICAP assessment)	• Care coordination • Residential habilitation • Day habilitation • Employment & vocational services • Respite • Behavioral & therapeutic supports • Nursing oversight • Specialized medical equipment • Transportation	• Most comprehensive DD waiver • Very limited annual openings (≈50/year) • Long waitlist is common • Lifelong supports possible

Clinical Staff: Supportive Actions

Support Level of Care Determination (Critical Step)

Collaborate with care coordinators and SDS assessors during:

- ◆ NFLOC assessments (ALI, APDD, CCMC)
- ◆ ICF/IID determinations (IDD, ISW)

Provide written clarification if:

- ◆ Functional score under represents medical risk
- ◆ Symptoms fluctuate
- ◆ Supervision needs are not visible in a short assessment

Why this matters

Level of care determinations—not income—are the most common reason for waiver denial.

Complete and Sign Required Physician Forms

Common physician signed documents:

- ◆ NFLOC medical verification forms (e.g., **NFLOC-04**)
- ◆ Medical necessity or level of care statements
- ◆ Disability certification letters (especially for children and DD programs)

Physician responsibility

- ◆ Ensure forms are:
- ◆ Accurate
- ◆ Signed and dated
- ◆ Consistent with the medical record

Why this matters

Regulatory basis: Medicaid requires physician certification and documentation to support medical necessity.

Different Kinds of Medicaid Waivers

Program	Who It Serves	Key Services Provided	Important Notes / Distinctions
ISW – Individualized Supports Waiver	• Individuals with developmental disabilities needing fewer supports • Medicaid eligible • Developmental disability • Must meet ICF/IID Level of Care • Must agree to annual cost cap	• Care coordination • Day habilitation • Employment supports • Limited residential habilitation • Respite • Transportation	• Less intensive alternative to IDD • Intended to supplement natural/family supports • Participant limit creates waitlist once cap is reached
CFC – Community First Choice (State Plan Option)	• Medicaid eligible individuals needing institutional level care • Medicaid eligible • Must meet institutional level of care (NFLOC, ICF, etc..) • Can be used with or without waivers	• Personal care assistance (ADLs/IADLs) • Health monitoring • Skills training • Emergency backup systems • Supports can be self directed	• Not a waiver (State Plan service) • No enrollment cap • Frequently used alongside ALI, APDD, CCMC, IDD, or ISW



Clinical Staff: Supportive Actions

Continue Support Through Approval & Service Planning

Physician actions after eligibility

- ◆ Coordinate with care coordinators on:
 - ◆ Service appropriateness
 - ◆ Changes in condition
- ◆ Provide updated orders for:
 - ◆ Nursing
 - ◆ Therapies
 - ◆ Durable medical equipment
- ◆ Respond quickly to service authorization renewals

Why this matters

Waiver services must align with the plan of care, which is reviewed regularly.

Maintain Eligibility: Ongoing Monitoring & Re-Certification

Continue documenting:

- ◆ Functional decline
- ◆ Disease progression
- ◆ New safety risks
- ◆ Support annual or change-in-status reassessments
- ◆ Prepare families for reassessment timelines

Why this matters

Federal rules require at least annual level of care redetermination to keep waiver services.

Medicaid Waiver Process:

Clinical Staff Tips:

- ◆ Document patient contact in the medical records and maintain a Release of Information form for the patient's Care Coordinator, medical and behavior health providers, In-Home Care provider agency, and durable medical provider.
- ◆ Ensure that the records reflect any appointed Power of Attorney or Guardian.
- ◆ Plan ahead, schedule semi-annual and annual meetings, 6 month cycles.
- ◆ Document any changes in the level of care at each appointment



SENIOR and DISABILITIES SERVICES (SDS) State of Alaska Waiver Steps



1. Aging and Disability Resource Centers (ADRC) and Developmental Disabilities Resource Connection (DDRC)

Aging and Disability Resource Center (ADRC)
Developmental Disability Resource Center (DDRC)
and Care Coordinator

MEDICAL DOCTOR
Finds out what your physical disability is. A physical disability affects how your body can do everyday things.

CARE COORDINATOR
You will get a list of Care Coordinators. You can choose a care coordinator from the list.

Alaska's ADRCs connect seniors, people with disabilities, and caregivers with long-term services and supports of their choice.

The DDRC program assists individuals with intellectual and developmental disabilities and their families with accessing supports and services. The DDRC Program is the point of entry for accessing State of Alaska developmental disabilities waivers and other services.

2. Apply with Division of Public Assistance (DPA)

Apply for Medicaid With Division of Public Assistance To Get Medicaid Approved

MEDICAID APPLICATION
Fill out the application with the Division of Public Assistance. It asks about money you get, and your disability. Fill it out all the way and sign it.

DIVISION OF PUBLIC ASSISTANCE
A caseworker will help you after you turn in your application. They may ask you for more facts. You may apply for other benefits too.

To get a Waiver, you must have Medicaid. Medicaid pays for medical care. It also pays for Waiver care.

3. Applying for your child

Apply for Medicaid for your child with a disability.

CARE COORDINATOR
A Care Coordinator can help you apply for Medicaid for just your child. The program is called TEFRA, Tax Equity and Fiscal Responsibility Act of 1982.

An assessor from SDS will ask 3 people who know your child well to explain how your child understands and does everyday things. The assessor may visit in person or online.

If your child has a disability and your family has too much money for Medicaid, you may still get Medicaid for just your child.

3A. Get a diagnosis

DIAGNOSIS
A professional tells you the name of your disability and what it means.

MEDICAL DOCTOR
Finds out what your physical disability is. A physical disability affects how your body can do everyday things.

DEVELOPMENTAL PROFESSIONAL
Finds out what your developmental disability is. A developmental disability happens before you turn 22 years old and affects how you understand everyday things.

To get a Waiver, you must need the same kind of help as people who live in a nursing home or an institution. Because of Waiver rules, if you already have a diagnosis, you may need to get another one before you apply for a Waiver. If you DO NOT have a developmental disability, go to Step 4.

3B. Getting on the Wait List

DEVELOPMENTAL DISABILITY ONLY
Apply to Registry wait list with DDRC. Wait to be picked from list.

THE WAIT LIST
If you have a developmental disability, your name will be placed on a Registry also called the wait list. Wait time can be a few months to a year or more.

REGISTRY LETTER
You will get a Registry letter from SDS saying if you are on the Developmental Registry wait list. The letter may also tell you if you need to apply again later. **Registry letter is NOT your Waiver.**

4. Receiving Approval Letter

GET MEDICAID APPROVAL LETTER

MEDICAID APPROVAL LETTER
After you apply for Medicaid, you will get a letter saying you are approved, or you are not and the reasons why. Keep this letter. You must be approved for Medicaid to get a Waiver.

Medicaid approval letter tells if Medicaid will pay for your or your child's medical needs. **Medicaid approval letter is NOT your Waiver.**

4A. Application Letter for Developmental Disability

DEVELOPMENTAL DISABILITY ONLY
Letter asking you to apply for the Waiver

Make sure to re-apply to the Registry wait list every year with DDRC. Tell DDRC if anything changes regarding the help you need.

When your name is picked, you will receive a letter from SDS asking you to apply for the waiver. **Letter to apply is NOT your Waiver.**

5. Care Coordinator applies for you. ADRC/DDRC can help you find a care coordinator.

ASK CARE COORDINATOR TO APPLY FOR WAIVER

Ask Care Coordinator to apply for Waiver for you. They will explain services and will give you choices.

6. Assessment from SDS

ASSESSMENT FROM SENIOR AND DISABILITIES SERVICES (SDS)

PHYSICAL DISABILITY
A nurse from SDS will visit you. The nurse will ask you how you understand and do everyday things. The nurse will ask you to do some simple movements to show how you do them.

DEVELOPMENTAL DISABILITY
An assessor from SDS will ask 3 people who know you well to explain how you understand and do everyday things. The assessor may visit in person or online.

Your assessment will tell if you need the same kind of help as people living in a care facility.

7. Support Plan

LEVEL OF CARE APPROVED. CARE COORDINATOR WRITES YOUR SUPPORT PLAN

LEVEL OF CARE APPROVAL LETTER
You will get a letter from SDS saying you are approved for a Waiver, or you are denied and the reasons why.

Your Care Coordinator will explain the Waiver Services and choices to you. The Care Coordinator will write your support plan for services for you.

"Level of Care" means you need the same care as people living in a care facility. If you are not approved for Medicaid services, you have the right to contest it in a fair hearing.

Community Resources

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Juneau, AK 99801

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Serving: Juneau, Haines, Petersburg,

Home and Community Support

State Plan Personal Care Services (PCS) PCS provides support related to a participant's ADLs (i.e. bathing, dressing, eating) as well as IADLs (i.e. shopping, laundry, light housework). PCS is provided statewide in Alaska through private agencies.

Eligibility Requirements:

- ◆ State Plan PCS is available to all participants eligible for Medicaid.
- ◆ Participants do not have to meet Nursing Facility Level of Care (NFLOC) or enroll in a waiver.
- ◆ Contact caregiver agency directly.

There are two care models for PCS:

Agency-Based PCS Program (ABPCA) – Participants may receive services through an agency that oversees, manages and supervises their care.

Consumer-Directed PCS Program (CDPCA) – Each participant may manage his or her own care by selecting, hiring, firing and supervising their own personal care assistant. The agency provides administrative support to the consumer and the personal care assistant. Most common program.

Private Long Term Care Insurance

Long-Term Care Insurance is a specific type of insurance coverage that covers the expenses for skilled nursing placement, hospice home care, and in-home care service/ Policies and caps vary. Most policies are effective following a 90-day grace period from the first day the patient enters a skilled nursing facility for rehabilitative care. Patient often will need to have an RN /OT/PT level assessment to file for benefits.

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PO BOX 25500

Juneau, Alaska 99802

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Home and Community Support

Grants

There are grants that can assist with costs for in-home care, durable medical equipment, travel, and other needs not covered items by insurance. Grant funding is limited.

Resources:

Catholic Community Services- Southeast Senior Services: Respite and Supplemental Services

Alzheimer's Resource of Alaska Mini-Grants up to \$2500 annually

Mental Health Trust mini grant program up to \$2500 annually

Tlingit and Haida Central Council provides grants for burial, emergency and general assistance.

Southeast Alaska Independent Living (SAIL) may be able to assist with application process or locating alternative funding options.

Community Resources

Southeast Alaska Independent Living (SAIL)

8711 Teal Street, Suite 300
Juneau, Alaska 99801

Phone: 1-888-487-0974

Web: [https://
www.sailinc.org/](https://www.sailinc.org/)

US Department of Veterans Affairs Juneau Community Based Outpatient Clinic

709 West 9th Street Suite 150

Juneau, Alaska 99801

Toll-Free (888)308-7890

Web: [http://www2.va.gov/
directory/guide/facility.asp?
id=6](http://www2.va.gov/directory/guide/facility.asp?id=6)

Referral Process

- ◆ Obtain a Release of Information form from the patient for SAIL and the Veterans' Administration.
- ◆ Refer patient to SAIL for initial meeting. Patient will need to call to set up an appointment time. Suggest having a copy of their DD214 available for that meeting.
- ◆ If not established yet, encourage patient to establish care with the local veteran's clinic to establish care for benefits.

Home and Community Support

Veterans: VA Voices: Veterans Options for Independence, Choice and Empowerment

VA Voices is a home and community service benefit offered by Southeast Alaska Independent Living for veterans needing assistance remaining independent. Veteran does not have to have a service connected disability to obtain benefits.

Eligible veterans will be:

- Enrolled in VA Healthcare
- Be able to self-direct care or assign someone they trust to direct care
 - Medical eligibility as determined by the Alaska VA
- Based on an physician's assessment of the patient needs, the patient is given a monthly "budget" from the VA to pay for personal care, in-home support and other goods and services not covered by the patient's VA benefits. A designated SAIL advocate will help the patient design a budget and submit it to the VA for approval.
- Patient may appoint a designee (such as your spouse, grown child or friend) to manage your budget from the VA if they feel they are not able to manage their own care. The patient (or designee) hire, train and dismiss workers. Patient (or designee) hire whomever they would like to provide care (including your spouse, children, grandchildren, neighbors and friends). Anyone, other than the designee, who is eligible to work in AK, can work for them.
- Patient (or designee) sign workers timesheets and submit them to be paid.
- Workers can perform whatever tasks the patient and worker mutually agree upon based on the patient initial assessment which measures their Activities of Daily Living needs. The patient (or designee) should hire back-up.

Clinical Staff

Supportive Actions

- ◆ Document the patients personal care needs in medical records.

Note changes in mobility, bathing, dressing, cooking, meal prep, medication management, wound care needs etc.
- ◆ Supply written prescriptions for durable medical equipment
- ◆ Respond quickly with requests for records

Home and Community Support

Veterans: VA Voices: Veterans Options for Independence, Choice and Empowerment

to provide care for the patient in the event that the worker (s) are sick or on vacation. The patient may use any amount of their budget from the VA for other pre-approved expenses such as home or vehicle modifications and other approved expenses related to their in-home care that are not already covered by the VA.

- Also, VA health insurance typically covers durable medical equipment, catheter supplies, incontinence supplies, bedside commodes, lifts, etc. with a prescription from their doctor.

Community Resources

Center for Community

700 Katlian Street Suite B

Sitka, Alaska 99835

Toll-Free Number (800)478-6970

Web: <https://cfc.org/>

Serving: Sitka Yakutat, Kake, Juneau
(Compass Home Care)

Community Connections

721 Stedman Street

Ketchikan, Alaska 99901

(907)225-7825

Web: <https://www.comconnections.org>

Serving: Ketchikan, Saxman, Metlakatla,
Ward Cove, POW

Consumer Direct Care Services

405 East Fireweed Lane Suite 100

Anchorage, AK 99503

Toll Free Number 1-888-900-7962

<https://consumerdirectak.com/>

Serving: Statewide

Cornerstone Home Health

8800 Glacier Hwy., Suite 111

Juneau, AK 99801

Contact Number: 1-877-956-CARE
(2273)

Web: <https://www.chhcare.com/>

Serving: Juneau, Haines, Skagway,
Angoon, Hoonah, Petersburg

Home and Community Support

Veterans: Agency-Based Care

There are several agencies throughout Southeast Alaska that offer a Personal Care Assistance program for Veterans such as Center for Community, Community Connections, and Cornerstone Home Health. This is a different service model than offered by Southeast Alaska Independent Living (SAIL).

- Based on the patient physician's assessment of needs, an agency-based program will receive authorization from the VA to provide a specified number of hours for personal care and/or respite care.
- The agency will work with the patient (or designee) to schedule the approved hours.
- The agency provides trained caregivers and manages all aspects of their employment.
- The agency hires employees who provide the patient care; they are not able to hire patient's family members to provide care. However, they strive to match the patient with care providers.
- The patient signs workers timesheets, and an agency submits them to be paid
- The patient's workers can perform many tasks related to independent living. The tasks provided to the patient are approved by the VA.
- An agency arranges for staff to provide the services.

Clinical Staff Supportive Actions

- ◆ Document the patients personal care needs in medical records.

Note changes in mobility, bathing, dressing, cooking, meal prep, medication management, wound care needs etc.
- ◆ Supply written prescriptions for durable medical equipment
- ◆ Respond quickly with requests for records

Home and Community Support

Veterans: Agency-Based Care

- The patient VA health insurance typically covers durable medical equipment, catheter supplies, incontinence supplies, bedside commodes, lifts, etc. with a prescription from your doctor

★★★ IN-HOME CARE FOR ★★★ VETERANS

As Veterans, you have important choices to make when you begin to need in-home care,

like mobility, hygiene, bathing, dressing, grooming, and other needs. Choosing the right program to administer your care may make all the difference in terms of whether you are able to continue age in place and remain in your home. There are several Agencies throughout Southeast Alaska that offer a

Personal Care Assistance program for Veterans, such as Center for Community, Community Connections, and Cornerstone Home Health.

Now there is another option with a different service model being offered through Southeast Alaska Independent Living (SAIL).

**Make an informed decision about the right type of care for you
by comparing the differences between our programs:**



**COMMUNITY
CONNECTIONS**

CARE BUDGET

Based on your physician's assessment of your needs, you are given a monthly "budget" from the VA to pay for personal care, in-home support and other goods and needed services not covered by your VA benefits. Your designated SAIL advocate will help you design a budget and submit it to the VA for approval.

You may appoint a local authorized representative (such as your spouse, grown child or friend) to manage your budget from the VA if you feel you are not able to manage your own care.

CAREGIVERS

You (or your authorized representative) hire, train and dismiss your workers.

You (or your authorized representative) hire whomever you would like to provide your care (including your spouse, children, grandchildren, neighbors and friends). Anyone, other than your authorized representative, who is eligible to work in AK, can work for you.

You (or your designee) sign your workers timesheets and submit them to be paid.

You (or your authorized representative) should hire back-up employees to provide care for you in the event that your worker(s) are sick or on vacation.

CARE TASKS

Your workers can perform whatever tasks you mutually agree upon based on your initial assessment which measures your Activities of Daily Living needs.

EQUIPMENT & MODIFICATIONS

Subject to VA approval, you may use any amount of your budget from the VA for other pre-approved expenses such as home modifications, transportation services and other approved expenses related to your in home care that are not already covered by the VA.

Your VA health insurance typically covers durable medical equipment, catheter supplies, incontinence supplies, bedside commodes, lifts, etc. with a prescription from your doctor.

CARE BUDGET

Based on your physician's assessment of your needs, an agency based program will receive authorization from the VA to provide a specified number of hours to provide you with personal care and or respite care.

An agency will work with you or your Power of Attorney to schedule your approved hours to meet your needs.

CAREGIVERS

An agency provides trained caregivers and manages all aspects of their employment.

An agency hires employees who provide you care; they are not always able to hire your family members to provide your care. However, they strive to match you with care providers you are happy with.

You sign your workers timesheets and an agency submits them to be paid.

An agency arranges for staff to provide your services.

CARE TASKS

Your workers can perform many tasks related to your independent living. The tasks you receive are approved by the VA.

EQUIPMENT & MODIFICATIONS

Your VA health insurance typically covers durable medical equipment, catheter supplies, incontinence supplies, bedside commodes, lifts, etc. with a prescription from your doctor.

Community Resources

Catholic Community Service The Bridge Adult Day Program

1803 Glacier Highway,
Juneau , Alaska 99801

Phone: (907) 463-6170

Web: <https://ccsak.org/services/southeast-senior-services/other-programs/the-bridge-adult-day-program/>

Rendezvous Senior Day Services

2441 First Ave.

Ketchikan, Alaska 99901

Phone : (907) 247-1961

Cedar Social Club Adult Day Program

Petersburg Indian Association
Building located at 15 North 12th St.
Petersburg, Alaska 99833

Phone:(907) 772-5716

Home and Community Support

Senior Adult Day Centers

Adult Day Centers offer a daily outing for individuals who need to have light supervision for their safety.

Services often include lunch time meal, snacks, social activities, possible medication reminders and light Personal Care maintenance. The staff and environment often cater to those who are suffering from Dementia or other cognitive impairments.

Services are covered through a Medicaid Wavier, grants, private insurance, private pay, sliding scales or a combination of funding. Some programs offer transportation to and from the program.

These services can provide a well needed break for a primary home/family caregiver while providing a healthy safe environment for the participant. Most programs offer support Monday to Friday from about 8:30AM to 4PM.

Community Resources

Ketchikan Indian Community

2960 Tongass Ave
Ketchikan, Alaska 99901

Phone: (907) 228-4900

Web: <https://www.kictribe.org/>

Central Council of Tlingit and

Haida Indian Tribes of Alaska

Toll Free (800) 344-1432 ext. 7172

Home and Community Support

Tribal Supports

Indian Health Services that support the regional tribal health clinics do not pay for in-home services, assisted living placement, or skilled nursing/long-term care placement. Payment for these services need to be planned through other resources such as Medicare, Medicaid, private insurance, or privately paid.

Most village tribal offices provide support for emergency needs or other social services to assist patients until alternative benefits or options may be available to help long-term. Each community differs widely.

Central Council of Tlingit and Haida Indian Tribes of Alaska serves Tribal Elders (60 and older) through programs designed to enhance quality of life. They serve as a bridge for the community, helping Elders and caregivers access essential services. They provide a dedicated space to gather for nutritious lunches and engaging group activities, such as:

- Bingocize/Exercise, Tlingit Dance Practice, Arts & Crafts Circle, Social Hours/Games, and Holiday Events

Ketchikan Indian Services (KIC), Elder's Program is an exception, offering some caregiving in the home and limited respite for families. They provide transportation to KIC Elders Center, Elder lunches, prescription pick-up for elders who cannot leave their homes, pick up for monthly Elder dinners, lunch delivery for Elders that cannot get out of their homes, medical appointments, and other appointments as our schedule allows. They only serve within Ketchikan city limits.

Community Resources

Catholic Community Services Southeast Senior Services

1803 Glacier Highway
Juneau, Alaska 99801
Phone: (907) 463-6100
Web: <https://www.ccsak.org/>

Angoon Shu' Senior Center
812 Xootz Road,
Angoon, AK 99820
Telephone: (907) 788-3804

Craig/Klawock Senior Center
465 Summit St #201,
Klawock, AK 99925
Telephone: (907) 755-2224

Haines Senior Center
33 Mission St,
Haines, AK 99827
Telephone: (907) 766-2383

Hoonah Senior Center
610 Douglas Drive
Hoonah, Alaska 99829
Telephone: (907) 945-3350

Juneau Senior Center
895 West 12th St., Suite 160
Juneau, Alaska 99801
Telephone: (907) 463-6175

Kake Senior Center
177 Totem Way
Kake, AK 99830
Telephone: (907) 785-3172

Saxman-Ketchikan Senior Center
2401 Eagle Avenue #2
Ketchikan, Alaska 99901
Telephone: (907) 225-6575

Swan Lake Senior Center
402 Lake Street
Sitka, AK 99835
Telephone: (907) 747-8617
Telephone: (907) 747-5684

Skagway Senior Center
475 Main St,
Skagway, AK 99840
Telephone: (907) 713-7045

Wrangell Senior Center
105 Church Street,
Wrangell, AK 99929
Telephone: (907) 874-2066

Not Managed by CCS

Yakutat Senior Center
Yakutat Tlingit Tribe Senior Center
907-784-3468

Ketchikan Indian Community
201 Deermount St.
Ketchikan, AK 99901
(907) 228-9490

Home and Community Support

Meals on Wheels/ Senior Centers

Catholic Community Services oversees the Meal on Wheels programs in the majority of the Senior Centers in the SE AK Region. To sign up for the Meals on Wheels program contact the local senior center or contact one of Catholic Community Service case managers for additional assistance.

For seniors 60 years of age and over:

- Hot, nutritious meals at the senior center
- Home-delivered meals for seniors recovering from illness or surgery
- Health maintenance activities
- Social and cultural activities

Family Caregiver Support

Family Caregiver Support provides information and access to supportive services, and other activities designed to assist caregivers in helping seniors maintain a dignified, independent, healthy lifestyle and remain in their homes and communities of choice.

Family Caregiver Support Specialist

Telephone: (907) 463-6177

Toll-free: 866-746-6177

Email: seniorinfo@ccsjuneau.org

Case Management

The Case Manager conducts client needs assessments, develops plans of care to address specified needs, assists seniors in accessing needed services, and monitors the effectiveness of ongoing service delivery in meeting client needs and goals.

Telephone: (907) 463-6113

Clinical Staff Supportive Actions

Skilled Home Care requires a physician's order for referral :

If the patient is Medicare-covered:

- Must be under a physician's care
- Must have a certified plan of care
- Must require intermittent skilled nursing
- Must have physician certification of medical necessity

For skilled nursing home health in Alaska, a valid "physician prescription" must include:

1. Provider order (MD/APRN/PA)
2. Written justification of medical need for home care
1. Detailed plan of care (diagnosis, services, frequency, duration)
2. Provider signature within 21 days
3. Ongoing review at least every 62 days
4. Specific skilled nursing orders and limits
7. Prior authorization (Medicaid)

Home and Community Support

Skilled Home Care (Hospice)

Skilled Home Care is medically necessary care provided in a person's home by licensed health professionals such as registered nurses (RNs), licensed practical nurses (LPNs), physical therapists, occupational therapists, speech-language pathologists, or medical social workers.

It is ordered by a physician or authorized provider and is typically short-term or intermittent, focused on treatment, recovery, or medical management.

Skilled home care involves services that require clinical training and professional judgment, including:

Skilled nursing care

- Medication management or injections
- Wound care and dressing changes
- Monitoring chronic conditions (e.g., heart disease, diabetes)
- Post surgical care

Therapies

- Physical therapy (mobility, strength, fall prevention)
- Occupational therapy (daily living skills, home safety)
- Speech therapy (speech, swallowing, cognitive communication)

Medical coordination

- Care plan management
- Patient and caregiver education
- Coordination with physicians and hospitals

Community Resources

Peace Health Ketchikan Medical Center Home Health

212 Carlanna Lake Road Suite 100
Ketchikan Alaska 99901
(907)228-7600 Main

Website:

www.peacehealth.org/ketchikan
Serving Ketchikan, Saxman, POW

Hospice of Wrangell*

PO BOX 894
Wrangell, Alaska 99929
(907) 305-0007

Website:

[https://www.wrangell.com/
community/senior-resource-
directo-
ry](https://www.wrangell.com/community/senior-resource-directory)
[www.hospiceofwrangell.weebly.co
m](http://www.hospiceofwrangell.weebly.com)

Serving: Wrangell, AK

*Loan Closet

SEARHC Petersburg Medical Center

Hospice and Home Care
(907)772-5716
Serving Petersburg, AK

Bartlett Home Care & Hospice

641 W. Willoughby Ave #204
Juneau, AK 99801
(907)796-8160
Serving Juneau

Home and Community Support

Skilled Home Care (Hospice)

How Skilled Home Care Is Different From Non-Skilled Care

Skilled Home Care	Non-Skilled / Personal Care
Provided by licensed medical professionals	Provided by aides or caregivers
Requires a medical order	Does not require a medical order
Focuses on treatment & recovery	Focuses on daily living support
Often covered by Medicare/insurance	Usually private pay or Medicaid

Examples of non-skilled care include bathing, dressing, meal prep, housekeeping, and companionship.

Skilled home care is commonly used:

- After hospitalization or surgery
- To manage complex or chronic medical conditions
- When a person is homebound and needs clinical oversight
- To prevent rehospitalization and complications
- Wound Care
- End of Life Care

The patient will need to have family, friends, or caregivers available to provide ongoing care to the patient.

Community Resources

Alaska Legal Services

8711 Teal St Suite 203

Juneau, Alaska 99801

Toll-Free 1-888-478-2572

(907) 586-6425 (Juneau)

Web: www.alsc-law.org

Adult Protective Services. APS

Reporting: (800) 478 -9996

Office of Public Advocacy

Pubic Guardian Program

Phone: (907) 269-3500

Alzheimer's Resource of Alaska

1750 Abbott Road

Anchorage, Alaska 99507

Toll-Free 1-800-478-1080

Web: www.alzalaska.org

Clinical Staff

Supportive Actions

If you have concerns regarding a patient's ability to make their own decisions or they are showing signs of reduced executive functions, consider the following:

- 1) Any medical reason for the change
- 2) Conduct a Mini Mental Status Exam
- 3) Talk to the patient about establishing a plan for care long-term
- 4) Encourage having a family member or friend attend the next medical appointment
- 5) Refer for psychiatric or neurological evaluation
- 4) Make a report to Adult Protective Services

Home and Community Support: Cognitive Capacity Documents

Advance directives. Written statements that communicate individuals' medical preferences if they become unable to make their own health care decisions. Advanced directives come in several forms/titles. Unless appointed by a court, the patient must have the cognitive capacity to make and understand the document they are signing prior to the loss of any functioning.

A living will outlines the types of medical treatment the signer wants at the end of life if they are unable to speak for themselves.

A health care proxy, which identifies a health care agent or attorney-in-fact to serve as spokesperson on medical decisions for an individual who has lost the ability to communicate.

Representative Payee. A person who is legally authorized to act for another or who may function on another's behalf in a limited way such as a Social Security payee who manages SSA benefits.

A fiduciary is a person or entity legally and ethically obligated to act in the best interests of another party. They are entrusted to manage money or property and must prioritize their client's needs above their own, avoiding all conflicts of interest and self-dealing

Power of attorney (POA). A legal document allowing someone (an agent) to act for another. In the case of a health care POA, it is used when the principal cannot speak for themselves.

Durable power of attorney. A legal document that gives someone you choose the authority to act financially, legally and medically in your place if you become incapacitated and unable to handle matters on your own. It remains in effect until the person who grants it either cancels it or dies.

Conservator. A person, whom a court appoints to handle someone's affairs when they cannot manage independently. Usually, a conservator handles only finances. The person appointed a conservator does not have to lack capacity to make their own decisions.

Guardianship. A court-sanctioned legal relationship in which a person is given legal authority over another when that other person is unable to make safe and sound decisions regarding his or her person or property and found to lack capacity in court.

Elder Protective Services/Reporting

SOA Adult Protective Services (APS)

Investigates reports of abuse, neglect, self-neglect, and financial exploitation of vulnerable adults and connects individuals to protective and supportive services statewide. **Reporting:** (800) 478 -9996

SOA Office of Public Advocacy Elder Fraud

Investigates and provides civil legal advocacy for Alaskans age 60+ who have experienced financial exploitation; works closely with APS and law enforcement. **Phone:** (907) 269-3500

Catholic Community Services

Helps identify isolated or at-risk seniors and connect them to needed social, health, and support services across Southeast Alaska.

Phone: (907) 463-6100



The Southeast Regional Eldercare Coalition is a Juneau, Alaska managed, regional group of providers, community members, and elders concerned about the services and care of older adult's in our region.

Looking for additional resources, visit www.jedc.org/SREC/.

If you are looking for coalition specific updates please visit www.jedc.org/eldercare/.

Juneau Economic Development Council

612 W. Willoughby Ave
Juneau, Alaska 99801

907.523.2300
www.jedc.org/Eldercare/



**Southeast Regional
Eldercare Coalition**

Quality Care • Care Coordination • Social Engagement