



DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Division of Senior and Disabilities Services

3601 C Street, Suite 310

Anchorage, AK 99503

907-269-5025

(Fax) 907-269-3689

(Toll-free) 1-800-478-9996

NURSING FACILITY TRANSITION FUNDS APPLICATION

Please complete all information. Attach a copy of the written estimate for the items or services needed

Form with two columns: Person for whom services are needed and Person filling out this application. Fields include Name, Current Location, Estimated Date of Move, Date of Birth, Age, HCBS Waiver?, Applied For?, Agency, Phone, E-mail, and Amount Requested.

Specific Item(s) or services and cost of each item or service to be purchased with this grant (may attach)

Three horizontal lines for listing specific items or services.

Explain how these funds will allow the Consumer to transition to the community and how it will improve his/her quality of life:

Three horizontal lines for explaining the transition and quality of life improvement.

This Application must be signed in order to be processed

Please Review Page Two for Instructions

I certify that the information submitted in this form is true and accurate to the best of my knowledge. It is my understanding that the items or services for which I have requested this grant are not covered by any other funding source.

Signature lines for the person filling out the application and the person to receive transition supports or legal guardian or Power of Attorney, with corresponding Date fields.

For office use only: Amount of Transition Funds Approved, Initials of approving authority, Date Received, Application Denied, Date Reviewed, Date Follow-up Letter Sent, Refer Funding Approval to: KPILC (under age 60) or ARAA (age 60 and over)

Nursing Facility Transition Funds for Services and Items Instructions for Application Completion

Who Qualifies:

To receive transition funding the person must:

- Be over 65 years, or 21-65 years with a physical disability
- Currently residing in nursing facility
- Client and family/guardian want transition/Family and/or community support system in place
- Have services and supports to maintain, as well as to transition, in place
- Have or is anticipated to have Medicaid Waiver eligibility within 6 months

Services and Items we can pay for:

- Minor home or environmental modifications not to exceed grant limits
- Travel/room/board to bring caregivers in from a rural community to receive training
- Trial trips to home or an assisted living home
- Temporary payment for an appropriate worker for skill level needed prior to waiver eligibility
- One-time initial cleaning of home, pest or allergy control
- Security deposits and first month's rent
- Furnishings necessary to set up a **livable** home
- Medications prior to Medicaid waiver eligibility
- Supply of groceries
- Transportation to new home
- Other as approved by Director or LTC Supervisor of the Division of Senior & Disabilities Services

Services and Items we cannot pay for:

- Any items or services which will be paid for through an already approved Medicaid Waiver
- Medical Equipment
- Down payment toward, or purchase of, a home

Application Checklist:

1. Care Coordinator must provide a Plan of Care and Transition Plan for Consumer
2. Consumer must agree to Plan of Care and Transition Plan
3. Consumer or legal guardian/power of attorney must sign Transition Funds Application and contract
4. All information must be complete on form; incomplete applications will be returned
5. Attach a written estimate of transition items and services to be purchased
6. Note that maximum Transition Fund amount is \$3,500 per individual unless detailed justification for more is documented, submitted with the Fund Application and approved by the Project Coordinator and the Director or LTC Supervisor of the State Division of Senior and Disabilities Services.
7. Mail or Fax application to:

**Rita Walker, Project Coordinator
Nursing Facility Transitions Grant
Division of Senior and Disabilities Services
3601 C Street, Suite 310
Anchorage, AK 99503
907-269-3666
(Fax) 907-269-3689
Email: rita_walker@health.state.ak.us**

This process may take as long as three months when you take into consideration that Care Plans and Transition Plans must be written and agreed to, services and items put into place and arrangements made for service workers and Home and Community Based Services Waiver applications completed.