



State of Alaska • Department of Health and Social Services
Senior and Disabilities Services
Home and Community Based Waiver Services
Alaskans Living Independently/Adults with Physical and Developmental Disabilities
Children with Complex Medical Conditions
ALI/APDD/CCMC RENEWAL APPLICATION REQUIREMENTS
CARE COORDINATOR CHECKLIST

Uni-04 Waiver Application for ALI/APDD/ CCMC Renewal Application

- ❖ Must be dated and signed by Recipient no sooner than 120 days and no later than 90 days prior to end of preceding Level of Care assessment date
- ❖ Must include all 6 pages
- ❖ Complete every line and every page; use “n/a” if the information does not apply
- ❖ Medicaid number must be present on the application
- ❖ List the full name, contact information and reason and frequency of visits for each doctor or health provider listed
- ❖ Complete every block under current medications including reason prescribed (can’t be unknown)
- ❖ If there is a parent or legal representative, they must sign where designated (not on recipient line)

Uni-05 Appointment for Care Coordination Services

- ❖ Only required if there has been a change in Care Coordinator services
- ❖ Signed and dated by Recipient and Care Coordinator
- ❖ Select “Alaskans Living Independently” or “Adult with Physical and Developmental Disabilities” or “Children with Complex Medical Conditions” in the drop down prompt at the top of the page

Uni-07 Recipient Rights & Responsibilities

- ❖ Recipient or legal representative must initial every line; do not use check marks
- ❖ Recipient or legal representative must sign and date
- ❖ Care coordinator must sign and date
- ❖ Witness signature is optional

Uni-09 Verification of Diagnosis

- ❖ The provider must include the license number and state where licensed on the form
- ❖ The form must have an accurate ICD-10 code
- ❖ The form must be signed and dated by the provider within 6 months prior to the end of the current Level of Care assessment date
- ❖ The provider name, telephone, facsimile number and license number must be included in either hand printed or typewritten format.

Medical Information

- ❖ Medical documents related to any visits or consultations with medical professionals within the 12 months preceding the date of submission of the application; including all visits to clinics or emergency rooms
- ❖ Medical documents that are related to long term care need
- ❖ Records of residential stays including a nursing facility, hospital, psychiatric institution or assisted living home. If the stay lasted for more than 15 days you may include records from the first and last 15 days of their admission
- ❖ Records of therapies provided by a qualified therapist for any of the following: physical, speech/language, occupational or respiratory
- ❖ Special treatments received such as IV medications, parenteral nutrition, testing, home health services or hospice services
- ❖ Outpatient treatments such as chemotherapy, radiation or dialysis

Legal Representative documents, if applicable

- ❖ Submit only if newly appointed or there is a change in legal representative
- ❖ The documentation must include language that gives the representative authority to make medical decisions on behalf of the Recipient and must not be expired

Uni-16 Release of Information --- Care Coordinator and Medical Providers(s) to DSDS

- *Note: It is not necessary to submit a Uni-16 if the previously submitted ROI has not expired
- ❖ If the ROI has expired, submit a new Uni-16
 - ❖ Must be signed and dated by recipient or legal representative
 - ❖ Must include expiration date or event
 - ❖ Must be dated within 12 months of submission
 - ❖ *Note: The general language in the "Person/Organization Releasing Information" paragraph covers all health care providers.*