



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

Check List for Documents Required for SDS Waiver Policy 3-7 on Complete Applications
ALI/APDD INITIAL APPLICATION REQUIREMENTS

- Completed ADRC First Intake and Pre-screen Completion Form**
 - The applicant should have received this form from the ADRC after Options Counseling; if not, have the applicant complete a Release of Information allowing the care coordinator to receive the applicant's ADRC First Intake and Pre-Screen Completion form from the ADRC used by the applicant.
 - If the applicant has not completed the Pre-Screen process, refer the individual to the "ADRC First Pre Screen" process, by having the applicant call 1(855) 565-2017 to be referred to the ADRC serving their location.

- Uni-04 Waiver Application for ALI/APDD and CCMC Renewal Application**
 - Must be dated and signed by Applicant
 - 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)

- FOR APDD ONLY –Proof of DD eligibility**

- Uni-05 Appointment for Care Coordination Services**
 - Care coordinator and applicant or representative must sign and date
 - Select "Alaskans Living Independently" or "Adults With Physical and Developmental Disabilities" in the drop down prompt at the top of the page

- Uni-07 Recipient Rights & Responsibilities**
 - Applicant or legal representative must initial every line; do not use check marks
 - Applicant or legal representative must sign and date
 - Care coordinator and/or PCA agency representative must sign and date
 - Witness signature is optional

- Uni-09 Verification of Diagnosis**
 - The license number and State where licensed of the provider must be included 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 of submission to SDS
- 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

Uni-16 Release of Information --- Care Coordinator to DSDS

- Must be signed and dated by recipient or legal representative
- Must be dated within 12 months of submission
- *Note: There cannot be 2 entities listed on the releaser line. If there is a backup Care Coordinator this provider needs an ROI with their name on the releaser line.*

Uni-16 Release of Information --- Medical Provider(s) to DSDS

- Must be signed and dated by recipient or legal representative
- Must be dated within 12 months of submission
- *Note: There cannot be 2 entities listed on the releaser line. If there are additional medical providers these providers each need an ROI with their name on the releaser line.*

Legal Representative documents, if applicable

- The documentation must include language that gives the representative authority to make medical decisions on behalf of the Recipient and must not be expired
- Electronic signatures are not acceptable

Proof of Medicaid Eligibility and Identity

- Must document active coverage with current Denali Card or Medicaid number or a print out from DPA or a print out from Enterprise showing active coverage