



**State of Alaska • Department of Health and Social Services**  
**Senior and Disabilities Services**  
Home and Community Based Waiver Services  
Children with Complex Medical Conditions

Check List for Documents Required for SDS Waiver Policy 3-7 Complete Applications  
**CCMC INITIAL APPLICATION REQUIREMENTS**

- CCMC-01 CCMC Initial Application**
  - Must be dated and signed by the RN within 30 days of submission from the RN; not scored
  - *All fields are to be filled with the requested information or marked "n/a" because any field left blank will be considered incomplete*
  
- 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 within 6 months of the time that the initial screening packet is submitted to SDS
  - Electronic signatures are not acceptable
  - The provider name, telephone, facsimile number and license number must be included in either hand printed or typewritten format.
  
- Medical Information**
  - Medical records must be within the previous 12 months prior to screening; submit the most recent information
  - File medical records that support the screening from the DD RN
  - File medical records that support the diagnosis listed in the ICD-10 code
  
- Uni-16 Release of Information --- Nurse to DSIDS**
  - 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 RN this provider needs an ROI with their name on the releaser line.*
  
- Uni-16 Release of Information --- Medical Provider to DSIDS**
  - 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.*
  
- Documentation of POA/Guardianship**

- This is necessary only if there is a POA/Guardianship other than natural or adoptive parents
- The document verifying POA must have a notary seal present
- The court order verifying Guardianship must be a copy certified by the court



**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