



**State of Alaska • Department of Health and Social Services Senior and Disabilities Services
Community First Choice Program
REQUIREMENTS FOR A COMPLETE RENEWAL APPLICATION CFC PROGRAM ONLY**

Uni-04 Application for ALI/APDD/CCMC Waivers and Community First Choice Option

- ❖ Select CFC-Community First Choice (only) and “Renewal” on page 1
- ❖ Must be dated and signed by Recipient no sooner than 120 days and no later than 90 days prior to end of preceding applicable Level of Care assessment and CAT assessment
- ❖ 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 “Community First Choice-only” in the drop down prompt at the top of the page

Uni-07 Recipient Rights & Responsibilities

- ❖ Recipient or legal representative must initial every line by hand; do not use check marks
- ❖ Recipient or legal representative must sign and date
- ❖ Care coordinator and/or PCS agency representative 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 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 renewal application; including the 3 most recent visits to clinics or emergency rooms
- ❖ Medical documents that are related to the long term care need
- ❖ Records of residential stays, if applicable including a nursing facility, hospital, psychiatric institution or assisted living home.
- ❖ Records of therapies provided by a qualified therapist for any of the following: physical, speech/language, occupational or respiratory
- ❖ Records of psychiatric or mental health counseling or treatments provided by a qualified therapist or physician, nurse practitioner or physician assistant.
- ❖ 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 DSIDS

* 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.*