



**State of Alaska • Department of Health and Social
Services Senior and Disabilities Services**
Home and Community Based Waiver Services
Individuals with Intellectual and Developmental Disabilities

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

Information to be read prior to completing the Initial Application Packet: When an individual is drawn from the DRRR, a “Waitlist Selection Letter” is sent. The individual is directed to select a care coordinator and notify the department of the care coordinator selected by completing an **Appointment of Care Coordination and Release of Information and submitting it to the Department**. These documents must be submitted within 30 days of receipt of the “Waitlist Selection Letter”. Upon notice to the department of care coordination, an ICAP Packet request is generated. *Once the request has been sent a care coordinator has 60 days to submit the requested documentation for a complete ICAP packet.* **Note:** In order for an individual to qualify for services from the IDD unit a participant must be diagnosed with one of the qualifying diagnoses as follows: Intellectual Disability, Seizure Disorder, Cerebral palsy, Autism, Other Intellectual Disability. Specific types of evaluations and documentation are required dependent on which diagnosis is experienced by the individual. In order for the IDD unit to serve a participant under the diagnosis of Autism a comprehensive diagnostic evaluation is required, this evaluation must be completed with 36 months of the date of submission. The evaluation must include cognitive and adaptive testing. For the diagnosis of autism the evaluation must be completed by a Neurologist, a clinical level psychologist (Ph.D.), or a developmental pediatrician

CHECK LIST OF FORMS AND DOCUMENTS FOR COMPLETE ICAP PACKET

IDD-03 ICAP Assessment Information and Consent

- Check all applicable boxes
- 3 appropriate respondents must be identified
Appropriate means:
One parent, if both parent live with the applicant, and
Two other adults who do not live together and who do not live with the applicant and who know the applicant’s functional abilities and daily need for care
- The initials of the participant or their legal representative must be included on page 2.
- The participant or their legal representative must initial **and** sign on page 2

Uni-16 Release of Information (ROI)

- Complete a Release of Information form for each ICAP respondent and agency.
- The ROI must contain language that releases information from the respondent to SDS
- The ROI must be signed by the applicant and/or legal representative
- Each ROI must be dated within 12 months of submission

- Uni-05 Appointment for Care Coordination Services**
 - Care coordinator and applicant or representative must sign and date
 - Select “Intellectual and Developmental Disabilities” in the drop down prompt at the top of the page

- Uni-07 Recipient Rights & Responsibilities**
 - Applicant must initial every line; Applicant must sign and date
 - Care coordinator must sign and date
 - Legal representative, if designated, must sign and date
 - witness signature is optional

- IDD-13 Qualifying Diagnosis Certification Form (QDC)**
 - The QDC must be completed by the appropriate provider.
 - The QDC must provide an ICD-10 code that matches the qualifying diagnosis supported by the comprehensive evaluation.
 - The provider must initial where each ICD-10 is provided.
 - The age of onset must be indicated on the QDC, regardless of the participant’s age at the time of application.
 - The provider must provide their license number, their printed name, their signature, and must date the form.

- Legal representative documents, if applicable**
 - For participants who are over the age of 18, and have a designated guardian, a copy of the guardianship order must be submitted. This order must be a copy that has the judge’s signature as well as the judge’s seal.
 - In circumstances where the participant has identified a legal representative through a power of attorney, the division must have a copy of the power of attorney designation. This document must be notarized. Additionally, this document must indicate that the identified representative has the authority to make medical decisions on their behalf.
 - For minors, who are in custody of the Office of Children’s Services (OCS) a current order must be submitted to the division. This order must be the most current order and cannot be expired

- Medical documents**
 - Medical documents and evaluations are required by the division in order to support the qualifying diagnosis.
 - The evaluations must be dated within 36 months of the date of submission of the ICAP packet.
 - When the qualifying diagnosis is Intellectual Disability or Other Intellectual Disability a comprehensive diagnostic evaluation is required. This evaluation must include IQ/Cognitive testing, and adaptive testing.
 - For the diagnosis of ID or Other ID the evaluation must be completed by a licensed psychologist, neuropsychologist, or psychological associate.
 - When Autism is the qualifying diagnosis of the individual a comprehensive

evaluation completed within 36 months is required. The evaluation must include IQ/Cognitive and adaptive testing. Accepted evaluations for the diagnosis of Autism must be completed by clinical level psychologists, neurologists, or developmental pediatricians.

- When the qualifying diagnosis is Seizure Disorder or Cerebral Palsy a QDC completed by a M.D. is required. This must provide the correct ICD-10 code, provider’s initials where indicated, age of onset must be included regardless of the participant’s age. This form must also contain the provider’s printed name, date, license number and signature.

For the IDD waiver the application depends on the age of the applicant

Age of applicant	Birth to 36 months	36 months through 7 years	Age 8	years and over
Assessment method or document	IDD-10 Interim ICF/IDD Level of Care	IDD-03 ICAP Assessment Info & Consent	IDD-03 ICAP Assessment Info & Consent	IDD-10 Interim ICF/IDD Level of Care
Completed by:	Care Coordinator	SDS QIDP Assessor	SDS QIDP Assessor	Care Coordinator
How often?	At application and LOC expiration (Annually)	At application and LOC expiration (Annually)	Every 3 rd Renewal year	2 renewal years between ICAP
Evaluation Documents	A standardized age-appropriate norm-referenced diagnostic evaluation completed within the last 12 months	Diagnostic evaluation completed within the previous 36 months –first application only, or as requested by IDD team as SDS		