



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  
**ISW/IDD INITIAL AND RENEWAL ICAP APPLICATION REQUIREMENTS**

**Information to be read prior to completing the Initial Application Packet:**

When an individual is drawn from the DDDR, a “Notice to Proceed” letter is sent. The individual is directed to select a care coordinator and notify the department of their choice by completing an **Appointment of Care Coordination form and Release of Information** and submitting them to Senior and Disabilities Services (SDS). These documents must be submitted within 30 days of receipt of the “Notice to Proceed” letter. Upon notice to SDS of care coordinator selection, an ICAP Packet request is generated. **Once the request has been sent, the care coordinator has 30 days to submit 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: 1)Intellectual Disability, 2)Seizure Disorder, 3)Cerebral palsy, 4)Autism, 5)Other Intellectual Disability.

Specific types of evaluations and documentation are required dependent on which diagnosis is experienced by the individual. See section on Medical Documentation for details.

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 parents 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 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
- ROI should include expiration date/time frame

**Uni-05 Appointment for Care Coordination Services\***

- Care coordinator and applicant or representative must sign and date
- Select “Intellectual and Developmental Disabilities” or “Individualized Supports Waiver” in the drop down prompt at the top of the page

### **Uni-07 Recipient Rights & Responsibilities**

- Applicant or legal representative must initial every paragraph except the CDPCA paragraph; if receiving CDPCA, applicant or legal representative must also initial the CDPCA paragraph; applicant or legal representative must sign and date
- Care coordinator must sign and date
- Witness signature is optional

### **IDD-13 Qualifying Diagnosis Certification Form (QDC)**

- The QDC must be completed within the previous 12-month period
- The QDC must be completed by the appropriate provider, as listed on the bottom of the form
- 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 sign, date, print their name and provide their license number

### **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.
- All evaluations must be dated within 36 months of the date of submission of the ICAP packet.
- All supportive documentation must identify a substantial functional limitation in three or more of the following areas of major life activity:
  - 1) Self-Care
  - 2) Receptive or Expressive language,
  - 3) Learning,
  - 4) Mobility,
  - 5) Self-Direction,
  - 6) Economic Self-Sufficiency
  - 7) Capacity for Independent Living.

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 and must be completed by a licensed psychologist, neuropsychologist, or psychological associate.

When **Autism** is the qualifying diagnosis, a comprehensive diagnostic evaluation is required. This evaluation must include IQ/Cognitive testing, and adaptive testing and must be completed by a clinical level psychologist, neuropsychologist, or developmental pediatrician.

When the qualifying diagnosis is **Seizure Disorder or Cerebral Palsy**, a QDC completed by a M.D. is always required.

Age of applicant	Birth to 36 months	36 months to 6 years & 11 months	Age 7 and over	
<b>Assessment tool or LOC Evaluation</b>	Age appropriate, standardized, norm-reference evaluation 7AAC 160.900(a)(27)	ICAP 7 AAC 160.900(d)(5)	ICAP 7 AAC 160.900(d)(5)	Interim LOC Evaluation 7 AAC 130.213(e)(1)(B)
<b>Assessment or Evaluation Completed by:</b>	SDS QIDP Assessor	SDS QIDP Assessor	SDS QIDP Assessor	SDS QIDP Assessor
<b>How often?</b>	At application & LOC renewal	At application & LOC renewal	Every 3 <sup>rd</sup> renewal year	2 <sup>nd</sup> renewal years between ICAP
<b>Yearly form Submitted by Care Coordinator</b>	IDD-10 Interim ICF/IDD Level of Care	IDD-03 ICAP Assessment Information & Consent	IDD-03 ICAP Assessment Information & Consent	IDD-10 Interim ICF/IDD Level of Care
<b>Evaluation Documents</b>	Standardized age-appropriate norm-referenced diagnostic evaluation completed within the last 12 months	Diagnostic evaluation completed within the previous 36 months for initial determination. Then only when requested by SDS or doctors. *Submit new documentation when it's available		

***\*Required only for initial applications or when a change has occurred.***