



**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 INTERIM APPLICATION REQUIREMENTS**

**CHECK LIST OF FORMS AND DOCUMENTS FOR COMPLETE ICAP PACKET**

**IDD-10 Interim ICF IDD Level of Care Form**

- Complete every blank line and check box area
- Use N/A if the information requested does not apply to the applicant

**Uni-13 Qualifying Diagnosis Certification Form**

- 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 code 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

**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-16 Authorization for Release of Information\***

- There should be an ROI 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

**Legal representative documents, if applicable\***

- For applicants who are over the age of 18, and have a designated guardian, submit a copy of the current guardianship order, which includes the judge's signature and seal.
- If the applicant has identified a legal representative through a power of attorney, submit a current notarized copy of the power of attorney designation. This document must indicate that the identified representative has the authority to make medical decision on their behalf.
- For minors, who are in the custody of the Office of Children's Services (OCS) a current order must be submitted to SDS. This order must be current and cannot be expired.

### Uni-07 Recipient Rights & Responsibilities

- Applicant or legal representative must initial every line, 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

### Medical documents\*

- A standardized age-appropriate norm-referenced diagnostic evaluation completed within the last 12 months and must identify a substantial functional limitation in three or more areas of major life activity: self-care, receptive and expressive language, learning, mobility and self-direction.

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.***