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 INTERIM 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

☐ IDD-13 “Qualifying Diagnosis Certification” Form
  • This form must have been completed with the previous 12-month period
  • Completed by the appropriate provider, as listed on the bottom of the form
  • 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, regardless of the applicant’s age at the time of application
  • The provider must provide their license number, their printed name, their signature, and date.

☐ Uni-05 “Appointment for Care Coordination Services” form*
  • 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

☐ 06-5870: DHSS Authorization for Release of Information *
  • 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

☐ 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 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 SDS. This order must be current and cannot be expired.
**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

**Medical documents***
- A standardized age-appropriate norm-referenced diagnostic evaluation completed within the last 12 months

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**Summary of Documents Required for Interim and ICAP Applications**

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

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