



**State of Alaska • Department of Health and Social Services Senior and Disabilities Services**  
Home and Community Based Waiver Services  
Alaskans Living Independently/Adults with Physical and Developmental Disabilities/  
Children with Complex Medical Conditions  
**ALI/APDD/CCMC INITIAL APPLICATION REQUIREMENTS**  
**CARE COORDINATOR CHECKLIST**

**ADRC Person Centered Intake (PCI) Completion Form**

- ❖ The applicant or the care coordinator should have received this one page form from the ADRC after Options Counseling; if not, have the applicant complete a Release of Information form allowing you to receive the applicant's ADRC Person Centered Intake Completion form from the ADRC used by the applicant.

**Uni-04 Waiver Application for ALI/APDD/CCMC Initial Application**

- ❖ Must be dated and signed by Applicant
- ❖ 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)

**FOR APDD ONLY –Proof of DD determination**

- ❖ Attach the SDS Developmental Disabilities Determination Approval Letter

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

- ❖ Care coordinator and applicant or representative must sign and date
- ❖ Select "Alaskans Living Independently" or "Adults With Physical and Developmental Disabilities" or "Children with Complex Medical Conditions" in the drop down prompt at the top of the page

**Uni-07 Recipient Rights & Responsibilities**

- ❖ Applicant or legal representative must initial every line; do not use check marks
- ❖ Applicant or legal representative must sign and date
- ❖ Care coordinator must sign and date
- ❖ Witness signature is optional

**Uni-09 Verification of Diagnosis**

- ❖ The license number and State where licensed of the provider must be included 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 application; including all visits to clinics or emergency rooms
- ❖ Medical documents that are related to long term care need
- ❖ Records of residential stays including a nursing facility, hospital, psychiatric institution or assisted living home. If the stay lasted for more than 15 days you may include records from the first and last 15 days of their admission
- ❖ Records of therapies provided by a qualified therapist for any of the following: physical, speech/language, occupational or respiratory
- ❖ Special treatments received such as IV medications, parenteral nutrition, testing, home health services or hospice services
- ❖ Outpatient treatments such as chemotherapy, radiation or dialysis

**Uni-16 Release of Information --- Care Coordinator and Medical Provider(s) to DSDS**

- ❖ 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.*

**Legal Representative documents, if applicable**

- ❖ The documentation must include language that gives the representative authority to make medical decisions on behalf of the Recipient and must not be expired

**Proof of Medicaid Eligibility and Identity**

- ❖ Must document active coverage with current Denali Card or Medicaid number or a print out from DPA or a print out from Enterprise showing active coverage