State of Alaska Department of Health and Social Services Senior and Disabilities Services
Community First Choice Program
REQUIREMENTS FOR A COMPLETE INITIAL APPLICATION CFC PROGRAM ONLY

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

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

☐ **Uni-04 Application for ALI/APDD/CCMC Waivers and Community First Choice Option**

- Select CFC-Community First Choice (only); page 1
- **Indicate the applicant's preferred Personal Care Services Agency; page 1**
- 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 DD DIAGNOSES ONLY –Documentation of DD determination**

- **Attach the SDS Developmental Disabilities Determination approval Letter**

☐ **FOR MENTAL HEALTH DIAGNOSES ONLY –Documentation of Level of Care**

- **Criteria under 7 AAC 127.025(d)(e)**

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

- Care coordinator and applicant or representative must sign and date
- Select "Community First Choice-only" in the drop down prompt at the top of the page

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

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

☐ **Uni-09 Verification of Diagnosis**

- The provider must include the license number and state where licensed 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 the 3 most recent visits to clinics or emergency rooms or the information the applicant considers the most relevant to the application
- Medical documents that are related to the long term care need
- Records of residential stays, if applicable including a nursing facility, hospital, psychiatric institution or assisted living home.
- Records of therapies provided by a qualified therapist for any of the following: physical, speech/language, occupational or respiratory
- Records of psychiatric or mental health counseling or treatments provided by a qualified therapist or physician, nurse practitioner or physician assistant.
- 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 Coordinators 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