



Community First Choice (CFC) Program

CFC INITIAL APPLICATION CHECKLIST

- Approved CFC Provider Request Inquiry from the Care Coordinator within the last 60 days**
- CFC-06 Application for Community First Choice Program**
 - Complete every field and both pages; use “n/a” if the information does not apply
 - Must be signed and dated by Care Coordinator and Recipient or legal representative
- Requirements for CFC-06 question 2a. response - *select the level of care the applicant is pursuing or has already met:***
 - Nursing Facility (for Alaskan Living Independently (ALI), Adults with Physical and Developmental Disabilities (APDD) or Children with Complex Medical Conditions (CCMC) Waiver)
 - Complete NFLOC-04 application submitted to SDS within the last 12 months
 - Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
 - Developmental Disability Determination (DD Eligibility)
 - Other level of care based on referral from institution for mental diseases (IMD) (Only select for participants ages 65+ or under age 22)
 - ADRC Person Centered Intake (PCI) Completion Form done within the last 12 months - if not already on file in Harmony
 - Uni-07 Recipient Rights & Responsibilities
 - Uni-09 Verification of Diagnosis
 - Medical Information
 - Active Medicaid Eligibility for the month the completed application is submitted to SDS
- Legal Representative documents, if applicable and not already submitted**
 - *Submit only if newly appointed or there is a change in legal representative*
 - The documentation must include language that gives the representative authority to make medical decisions on behalf of the Recipient and must not be expired
 - For Legal Guardianship only – must include what the court has authorized the Guardian to do on behalf of the Recipient, typically titled Guardianship Plan or Findings and Order of Guardianship