



State of Alaska • Department of Health and Social Services Senior and Disabilities Services
Community First Choice (CFC) Program

CFC RENEWAL APPLICATION CHECKLIST

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)
 - 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

Uni-16 Release of Information – authorizing Care Coordinator and/or Care Coordination Agency

- *It is not necessary to submit a Uni-16 if the previously submitted ROI has not expired. If the ROI has expired, submit a new Uni-16.*
- 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.*