



State of Alaska • Department of Health and Social Services Senior and Disabilities Services
Home and Community Based Waiver Services
Alaskans Living Independently (ALI)
Adults with Physical and Developmental Disabilities (APDD)
Children with Complex Medical Conditions (CCMC)

NFLOC (ALI/APDD/CCMC) RENEWAL APPLICATION CHECKLIST

- Active Medicaid Eligibility for the month the completed application is submitted to SDS**
 - *Verify in MMIS Enterprise Provider Portal*

- NFLOC-04 Application for ALI/APDD/CCMC**
 - Medicaid number must be present on the application
 - Complete every field and all pages; use “n/a” if the information does not apply
 - Must be signed and dated by Care Coordinator and Recipient or legal representative

- UNI-07 Recipient Rights & Responsibilities**
 - Recipient or legal representative must initial each line if applicable, do not use check marks
 - Must be signed and dated by Care Coordinator and Recipient or legal representative
 - Include printed name of Care Coordinator and Recipient or legal representative

- UNI-09 Verification of Diagnosis**
 - Must have an accurate ICD-10 code with a corresponding description
 - Must be signed and dated by the provider within 6 months prior to the end of the current Level of Care end date
 - Must include provider’s printed name, telephone number, fax number, and license number

- Medical Information** – submitting in chronological order is recommended
 - Medical documents related to any visits or consultations with medical professionals within the 12 months preceding the date of submission of the renewal application; including the 3 most recent visits to clinics or emergency rooms
 - 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

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.*