



Qualifying Diagnosis Certification Intellectual and Developmental Disabilities Waiver

Applicant/participant:

Date of birth:

Medicaid number:

The information requested will assist SDS to determine if the applicant/participant qualifies for services. This is an annual requirement for Medicaid funded programs. Please return this form to the applicant, the care coordinator or agency representative at the Fax number or email address indicated:

Care Coordinator/representative:

Phone:

Fax:

Email:

Diagnosis (Initial all that apply to the applicant/participant)

Failure to provide the ICD-10 code will result in this form being returned for correction.

ICD-10 code Intellectual Disability (diagnosed by a licensed psychologist, psychological associate or developmental pediatrician)

Medical Provider's Initials:

ICD-10 code Cerebral Palsy (diagnosed by a licensed physician)

Medical Provider's Initials:

ICD-10 code Seizure disorder (diagnosed by a licensed physician)

Medical Provider's Initials:

ICD-10 code Autistic Disorder (diagnosed by a clinical psychologist, child psychologist, or developmental pediatrician)

Medical Provider's Initials:

ICD-10 code Condition (*other than mental illness, psychiatric impairment, or a serious emotional or behavioral disturbance*) that is closely related to intellectual disability that results in impairment of general intellectual functioning and adaptive behavior and that requires treatment or services similar to those required for individuals with intellectual disability (diagnosed by a licensed physician)

Please specify diagnosis

Medical Provider's Initials:

ICD-10 code Additional diagnoses (with comments):

Medical Provider's Initials:

Onset- please indicate the age of onset of the diagnosed condition:

To the best of my knowledge, the above information is true, accurate, and complete:

Signature

Date

License #

Name (*please print*)

Phone number

Questions may be directed to Senior and Disabilities Services at 269-3666 or 1-800-478-9996.

This form may be completed by the following individuals licensed to practice in Alaska: Physician, Advanced Nurse Practitioner, Physician's assistant, Psychologist, Psychological Associate or Certified School Psychologist.