



**State of Alaska • Department of Health • Division of Senior and Disabilities Services  
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

**Additional requirements for response to CFC-06 question 2a. 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 and supporting documents, submitted to SDS within the last 12 months
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
  - Complete IDD-03 or IDD-10 application and supporting documents as applicable
- Other level of care based on referral from institution for mental diseases (IMD) (Only select for participants ages 65+ or under age 22)
  - Documentation of level of care for individuals requiring a level of care in an institution providing psychiatric services for individuals under 21 years of age or an institution for mental diseases for individuals 65 years of age and over. Criteria under 7 AAC 127.025(d)(e)
  - 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 within the last 6 months
  - Medical Information within the last 12 months
  - 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*
- 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 – must be signed and dated by Superior Court Judge or Magistrate

**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.*