THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of
Health and Social Services

SENIOR AND DISABILITIES SERVICES

550 W. 8th Ave
Anchorage, Alaska 99507
Main: 907.269.3666
Toll free: 800.770.1672
Fax: 907.269.3639

Click here to enter a date.

CERTIFIED MAIL
Click here to enter text.

Guardian's name and address

RE: Notice to Proceed with Individualized Supports Waiver (ISW) Application

Participant full name DOB: Click here to enter a date.

Dear **Legal Representative** :

We are pleased to inform you that Participant full name is being considered for services through the ISW Home and Community-Based (HCB) Medicaid Waiver program administered by Senior and Disabilities Services (SDS). This is a new waiver program that the State is adding to its service array. Individuals approved for the new waiver program will have a budget of up to $17,500.00 annually to select waiver services to meet his/her needs from the following list: Respite, In-Home Supports, Supported Living, Day Habilitation, Supported Employment (including pre-employment tasks), Intensive Active Treatment for Adults, Chore services, and Non-medical Transportation.

There are several steps you must complete as part of determining if **Participant name** is eligible for this program. **Don't be overwhelmed by the list below. Ask for help from a care coordinator or community resource you know:**

1) Choose a certified care coordinator in your area to provide you with assistance to apply. A list of Care Coordination Agencies has been included for your reference. Please have the care coordinator complete the enclosed Appointment for Care Coordination and a Release of Information (ROI) form and submit it to SDS.

2) Complete or have your Care Coordinator complete the Inventory for Client and Agency Planning (ICAP) Information and Consent Form (2 pages). Enclosed are directions to complete this form. Please see the ISW Initial Application Requirements and the Guidelines for the Inventory for Client and Agency Panning (ICAP) Process.

3) Get a Qualifying Diagnostic Certificate (QDC) completed by the your/applicant's medical provider signed.

4) Complete the 3 Releases of Information (ROI'S) required for the respondents identified in the ICAP Information.

Please submit or have your care coordinator submit the completed documents to Senior and Disabilities Services **within 30 business days of the date of this letter.** The forms enclosed can also be found at our

website under “Approved Program forms”(link to website: http://dhss.alaska.gov/dsds/Pages/info/approvedforms.aspx)

Important note: If **Participant name** does not meet the level of care criteria provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities Level of Care (ICF/IID) or **Participant name**’s service needs exceed the $17,500.00 limit **Participant name** will not be considered eligible services funded under this program.

In order to receive services under any waiver program, the applicant must be Medicaid eligible. If SDS determines that **Participant name** meets the appropriate level of care criteria, **Participant name** must also meet Medicaid eligibility requirements. If **Participant name** has not already applied for Medicaid, your care coordinator can help you with that process or you can submit the needed paperwork to the Division of Public Assistance. Additional resources can be found here: http://dhss.alaska.gov/dpa/Pages/default.aspx.

If any one of above steps is not completed within the time allotted, SDS will assume services are no longer needed and **Participant name** will be removed from the registry and **Participant name**’s opportunity will be rescinded.

Should you have any questions, please call 907-269-3666. We look forward to hearing from you and working with you to see that your needs are met.

Sincerely,

Intellectual and Developmental Waiver Unit

Senior and Disabilities Services

Enclosure(s):

Care Coordination Agency List

Appointment of Care Coordination *Fill Out & Return to SDS*

Release of Information *Fill Out & Return to SDS*

Short Term Assistance and Referral (STAR) contact list