Alaska TEFRA Medicaid Checklist



All App	MED 4 – Application – Division of Public Assistance Application for Adults and Children with Long Term Care Needs
	MED1 – Child's Medical History and Disability Report
	MED2 – Authorization for Release of Protected Health Information (6 signed)
	Current documentation to support disability (i.e. medical records, school IEP, etc.)
Nursin	g Facility LOC – submitted directly to QUALIS Health: TEFRA Medicaid Nursing Facility Level-of-Care form dated 10/27/04
	TEFRA Medicaid Plan of Care dated 8/17/05
	Estimated Annual Expenses form dated 1/4/05
	Supporting medical documentation
Inpatie	ent Psychiatric Hospital LOC – submitted directly to QUALIS Health: TEFRA Inpatient Psychiatric Hospital Level-of-Care dated 10/21/04
	TEFRA Medicaid Plan of Care dated 8/17/05
	Estimated Annual Expenses form dated 1/4/05
	Supporting psychiatric and medical documentation
Childre	en with Intellectual Disabilities or Developmental Delays – submitted directly to Qualis Health: TEFRA Medicaid Plan of Care dated 8/17/05
	Estimated Annual Expenses form dated 1/4/05
	en over 3 years of Age with Intellectual Disabilities or Developmental Delays – submitted directly to on of Senior and Disability Services (DSDS): Documentation supporting one of the five qualifying diagnosis for the Inventory for Client and Agency Planning (ICAP)
	Contact information for three (3) qualifying respondents to be interviewed
Childre to DSD	en under 3 years of Age with Intellectual Disabilities or Developmental Delays – submitted directly os: Current developmental assessment and supporting medical documentation

**Note: failure to return any of the above information to the correct agency will result in processing delays or denial of eligibility.