



Service Declaration: Environmental Modifications Services

Agency

Name of provider agency: _____ Medicaid Provider #: _____

Manager/Coordinator for Environmental Modifications Services

Name: _____

Telephone #: _____ Fax #: _____

Cell #: _____ E-mail: _____

Programs and Services

The environmental modification services described in 7 AAC 130.300 will be offered to recipients as.

Agency-based environmental modifications services

Contractor business services: _____ General Contractor license #: _____

Waiver Programs: Select each waiver program the agency intends to serve:

APDD: Adults with Physical and Developmental Disabilities

ALI: Adults Living Independently

CCMC: Children with Complex Medical Conditions

IDD: Individuals with Intellectual and Developmental Disabilities

Required Attachments: Provider Operations

Review the SDS certification website for instruction and content requirements.

<http://dhss.alaska.gov/dsds/Documents/docs/WaiverCertAppGuidance.pdf>

Initial Applications: All of the following policies and procedures must be enclosed.

Renewal Applications: Submit only Policies and Procedures if they have been updated since the last certification or due to a change in regulation

Operations Manual: The following policies and procedures required for certification for **Agency-based environmental modification services** ONLY are enclosed:

Policy Assurances Form (Cert-37)

Person-Centered Practice

Background Check

Quality Improvement

Critical Incident Report

Termination of Provider Services

Financial Accounting

Training

Census area to be served

Check box for each location in which services will be offered.

Aleutians East	Haines	Mat-Su	Southeast Fairbanks
Aleutians West	Hoonah/Angoon	Nome	Valdez/Cordova
Anchorage	Juneau	North Slope	Wrangell
Bethel	Kenai	Northwest Arctic	Yakutat
Bristol Bay	Ketchikan Gateway	Petersburg	Yukon-Koyukuk
Denali	Kodiak Island	Prince of Wales/Hyder	
Dillingham	Kusilivak	Sitka	
Fairbanks North Star	Lake and Peninsula	Skagway	

Provider Assurances

I affirm that the provider agency will comply with the meal services regulations, 7AAC 130.300, and the Environmental Modifications Services Conditions of Participation; and all applicable federal, state, and local laws and regulations. I certify that the information offered in the attachments required for certification is true, accurate, and complete.

Owner/Administrator/Director signature

Print Name

Title

Date