



Home and Community-based Waiver Services

Adults with Physical and Developmental Disabilities • Alaskans Living Independently
Children with Complex Medical Conditions • Individuals with Intellectual and Developmental Disabilities

Provider Certification Renewal Application
Service Declaration: Care Coordination Services

Name of provider agency _____ Provider Number _____

Program administrator for Care Coordination Services

Name _____

Telephone number _____ FAX number _____

Cell number _____ Email _____

Service The care coordination services described in 7 AAC 130.211 –7 AAC 130.215 and 7 AAC 130.240 will be offered to recipients.

Required attachments Review the SDS certification website for instruction and content requirements.

- Notice of Appointment or Change of Program Administrator (CERT-04)
Care Coordination Agency Certification Conflict of Interest Attestation (CERT-46)

The following policies and procedures have been up-dated, changed or revised since the date of the agency’s last certification; copies are enclosed for recertification.

Required for sole proprietors and agency providers

- Admissions, Complaint management, Confidentiality, Conflicts of interest, Critical incident reporting, Financial accountability, Quality improvement, Termination of provider services

Required for agency providers, in addition to the above policies and procedures

- Background check, Emergency response, Evaluation of employees, Training

Census area to be served: Check box for each location at which services will be offered.

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

Provider Assurances

I affirm that the provider will comply with the care coordination services regulations, 7 AAC 130.211 – 7 AAC 130.215 and 7 AAC 130.240; the Care Coordination 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