



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: Intensive Active Treatment Services

Name of provider _____ Provider Number _____

Manager/Coordinator for Intensive Active Treatment Services

Name _____

Telephone number _____ FAX number _____

Cell number _____ Email _____

Professional service providers

Table with 3 columns: Name, Profession/Job title, License number

Services The intensive active treatment services described in 7 AAC 130.275 will be offered to recipients.

Required attachments (Agency-based providers only.) Review the SDS certification website for instruction and content requirements.

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

- Checkboxes for: Admissions, Background check, Complaint management, Confidentiality, Conflicts of interest, Critical incident reporting, Emergency response, Evaluation of employees, Financial accountability, Medication administrations, Quality improvement, Restrictive intervention, Termination of provider services, Training

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

- Checkboxes for locations: 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 intensive active treatment services regulations, 7 AAC 130.275, 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