State of Alaska • Department of Health and Social Services • Senior and Disabilities Services
Home and Community-based Waiver Services

Service Declaration: Care Coordination Services

Agency

Name of provider agency: _____ Medicaid Provider #: _____

Program Administrator for Care Coordination Services

Name: _____

Telephone #: _____ Fax #: _____

Cell #: _____ E-mail: _____

Program and Services

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

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
- ☐ ISW: Individualized Supports Waiver
- ☐ TEFRA: Tax Equity and Fiscal Responsibility Act; Division of Public Assistance program

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 are enclosed (Note: sole practitioners are not required to submit policies and procedures for "Background Check" or "Training":

- ☐ Policy Assurances Form (Cert-37)
- ☐ Background Check (Agency only)
- ☐ Critical Incident Report
- ☐ Quality Improvement
- ☐ Termination of Provider Services
- ☐ Person-Centered Practice

- [ ] Financial Accountability
- [ ] Independence and Inclusion
- [ ] Training (Agency only)

The following required forms are enclosed:

- [ ] *Notice of appointment or Change of Program Administrator (Cert-04)* (initial or change only)
- [ ] *Care Coordination Agency Certification Conflict of Interest Attestation (Cert-46)*

Census area to be served

Check box for each location in 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/Hyder
- [ ] Sitka
- [ ] Skagway
- [ ] Southeast Fairbanks
- [ ] Valdez/Cordova
- [ ] Wrangell
- [ ] Yakutat
- [ ] Yukon-Koyukuk

Provider Assurances

I affirm that the provider agency will comply with the care coordination services regulations, 7AAC 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