



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 Application
Service Declaration: Intensive Active Treatment Services

Name of provider/provider agency

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 required for certification are enclosed:

- Admissions, Background check, Complaint management, Confidentiality, Conflicts of interest, Critical incident reporting, Emergency response, Evaluation of employees, Financial accountability, Medication administration, 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.

- Aleutians East, Aleutians West, Anchorage, Bethel, Bristol Bay, Denali, Dillingham, Fairbanks North Star, Haines, Hoonah/Angoon, Juneau, Kenai, Ketchikan Gateway, Kodiak Island, Kusilvak, 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