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

Service Declaration: Intensive Active Treatment Services

Agency

Name of provider agency: _____ Medicaid Provider #: _____

Program Administrator for Intensive Active Treatment Services

Name: _____

Telephone #: _____ Fax #: _____

Cell #: _____ E-mail: _____

Professional service providers

Name	Profession/Job title	License number

Programs and Services

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

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

- ☐ APDD: Adults with Physical and Developmental Disabilities
- ☐ CCMC: Children with Complex Medical Conditions
- ☐ IDD: Individuals with Intellectual and Developmental Disabilities
- ☐ ISW: Individualized Supports Waiver

Required Attachments: Provider Operations (Agency-based providers only)

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:

- ☐ Policy Assurances Form (Cert-37)
- ☐ Background Check
- ☐ Critical Incident Report
- ☐ Financial Accountability
- ☐ Medication Management
- ☐ Person-Centered Practice
- ☐ Quality Improvement
- ☐ Restrictive Intervention
- ☐ Termination of Provider Services
- ☐ Training

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 intensive active treatment services regulations, 7AAC 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