



**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

Training (Agency only)

Independence and Inclusion

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

**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