



**Service Declaration: Environmental Modifications Services**

**Agency**

Name of provider agency: \_\_\_\_\_ Medicaid Provider #: \_\_\_\_\_

**Manager/Coordinator for Environmental Modifications Services**

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Programs and Services**

The environmental modification services described in 7 AAC 130.300 will be offered to recipients as.

Agency-based environmental modifications services

Contractor business services: \_\_\_\_\_ General Contractor license #: \_\_\_\_\_

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

**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 for **Agency-based environmental modification services** ONLY are enclosed:

Policy Assurances Form (Cert-37)

Person-Centered Practice

Background Check

Quality Improvement

Critical Incident Report

Termination of Provider Services

Financial Accounting

Training

<b>Census area to be served</b>
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*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	

<b>Provider Assurances</b>
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*I affirm that the provider agency will comply with the meal services regulations, 7AAC 130.300, and the Environmental Modifications 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