



Service Declaration: Transportation Services

Agency

Name of provider agency: _____ Medicaid Provider #: _____

Transportation Program Director

Name: _____

Telephone #: _____ Fax #: _____

Cell #: _____ E-mail: _____

Programs and Services

The transportation services described in 7 AAC 130.290 will be offered to recipients as:

Agency-based transportation services Transportation business services

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

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: **Agency-based transportation services only:**

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

The following required form is enclosed: **Transportation business service only**

Copies of local transportation permits (if applicable)

The following required forms are enclosed: **Agency-based transportation service**

Copies of local transportation permits (if applicable)

Copies of agency-owned/leased vehicle registrations

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 transportation services regulations, 7AAC 130.290, and the Transportation 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