



Service Declaration: Respite Care Services

Agency

Name of Provider Agency:

Medicaid Provider #:

Program Administrator for Respite Care Services

Name:

Telephone #:

Fax #:

E-mail:

Cell #:

Programs and Services

The Respite Care services described in 7 AAC 130.280 will be offered to recipients as:

Agency-Based Respite Care Services

Family-Directed Respite Care Services

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

ALI: Adults Living Independently

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 and Provider Operations

Review the SDS certification website for instruction and content requirements.

<https://health.alaska.gov/dsds/Pages/provider/default.aspx>

Initial Applications:

The following required forms must be enclosed:

Notice of Appointment or Change of Program Administrator (Cert-04)

Policy Assurances Form (Cert-37)

The following policies and procedures must be enclosed:

Background Checks

Quality Improvement

Critical Incident Reporting

Restrictive Intervention

Financial Accountability

Termination of Provider Services

Medication Management

Training

Person-Centered Practice

Renewal Applications:

The following required forms must be enclosed:

Notice of Appointment or Change of Program Administrator (Cert-04) (*change only*)

Policy Assurances Form (Cert-37)

Submit only policies and procedures if they have been updated since the last certification or due to a change in regulation.

Census Area to be Served

Check box for each location in which services will be offered.

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

Provider Assurances

I affirm that the provider agency will comply with the Respite Care services regulations, 7 AAC 130.280, the Respite Care 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

Title

Print Name

Date