



### Service Declaration: Chore Services

**Agency**

Name of Provider Agency:

Medicaid Provider #:

**Program Administrator for Chore Services**

Name:

Telephone #:

Fax #:

E-mail:

Cell #:

**Program and Services**

The Chore services described in 7 AAC 127.087 will be offered to recipients.

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

Person-Centered Practice

Training

**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 Chore services regulations, 7 AAC 127.087, the Community First Choice Chore 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