



Service Declaration: Employment Services

Agency

Name of Provider Agency:

Medicaid Provider #:

Program Administrator for Employment Services

Name:

Telephone #:

Fax #:

E-mail:

Cell #:

Program and Services

The Employment Services described in 7 AAC 130.270 will be offered to recipients.

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

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/en/senior-and-disabilities-services/provider-certification-and-compliance/>

Initial Applications:

The following required forms/documents must be enclosed:

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

Policy Assurances Form (Cert-37)

Copy of NCES Training Certificate or CESP Training Certificate for the Program Administrator

The following policies and procedures must be enclosed:

Background Checks

Person-Centered Practice

Critical Incident Reporting

Quality Improvement

Financial Accountability

Restrictive Intervention

Independence and Inclusion

Termination of Provider Services

Medication Management

Training

Renewal Applications:

The following required forms/documents must be enclosed:

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

Policy Assurances Form (Cert-37)

Copy of NCES Training Certificate or CESP Training Certificate for the Program Administrator (*change only*)

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 Employment Services regulations, 7 AAC 130.270, the Employment 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