

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:			
ALI: Adults Living Independently			
CCMC: Children with Complex Medical Conditions			
IDD: Individuals with Intellectual and Developmental Disabilities			
ISW: Individualized Supports Waiver			
Required Attachn	nents 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/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

Print Name

Title

Date