



State of Alaska Department of Health and Social Services
Home and Community-based Waiver Services
Provider Certification Application for Additional Service

Currently Certified Business Name (DBA): _____ Medicaid#: _____

Legal Name (as reported on business income tax return): _____

Program Administrator: _____ Contact#: _____

Email: _____

Business physical address/City/State/Zip: _____

Business mailing address/City/State/Zip: _____

Table of Services

Check box for each additional service the provider plans to offer to recipients at this location. A corresponding Service Declaration from MUST be included with this application for each service selected

Waiver Service	Service Declaration	Waiver Service	Service Declaration
Adult Day	Cert-08	Residential Habilitation-Family Home	Cert-11
Care Coordination	Cert-06	Residential Habilitation-Group Home	Cert-11
Chore	Cert-07	Residential Habilitation-In-Home Support	Cert-11
Day Habilitation	Cert-10	Residential Habilitation-Supported Living	Cert-11
Intensive Active Treatment	Cert-15	Residential Supported Living	Cert-09
Environmental Modification	Cert-19	Respite	Cert-16
Meals	Cert-18	Supported Employment	Cert-14
Nursing Oversight/Care Management	Cert-05	Transportation	Cert-17

Required Attachments

IMPORTANT: Review the SDS certification website for application guidance and content requirements at: <http://dhss.alaska.gov/dsds/Documents/docs/WaiverCertAppGuidance.pdf>
Applications will not be reviewed without all completed forms.

- For each waiver service checked on the *Table of Services*, submit the following:
- *Service Declaration(s) listed above
 - *Required attachments for Provider Operations specified on each *Service Declaration*
 - *Policies and procedures **not yet submitted** to SDS that apply to new service request (review Service Declarations and Application Guidance)

Provider Assurances: *I affirm to that the provider will comply with the Medicaid Home and Community-Based Waiver Services regulation, including the Provider Conditions of Participation; 7 AAC 130.200-7 AAC 130.319; and all applicable federal, state, and local laws and regulations. I certify that the information provided in the attachments required for recertification is true, accurate, and complete.*

Owner/Administrator/Director signature _____ Date _____

Print name _____ Title _____