



**Service Declaration: Intensive Active Treatment Services**

**Agency**

Name of Provider Agency:

Medicaid Provider #:

**Program Administrator for Intensive Active Treatment Services**

Name:

Telephone #:

Fax #:

E-mail:

Cell #:

Professional service providers:

Name:	Profession/Job Title:	License Number:

**Program and Services**

The Intensive Active Treatment services described in 7 AAC 130.275 will be offered to recipients.

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

- APDD: Adults with Physical and Developmental Disabilities
- 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
- Critical Incident Reporting
- Financial Accountability
- Medication Management
- Person-Centered Practice
- Quality Improvement
- Restrictive Intervention
- Termination of Provider Services
- 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 Intensive Active Treatment services regulations, 7 AAC 130.275, 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