State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Home and Community-based Waiver Services

Adults with Physical and Developmental Disabilities • Alaskans Living Independently
Children with Complex Medical Conditions • Individuals with Intellectual and Developmental Disabilities

# Provider Certification Application
# Service Declaration: Residential Supported-Living Services

**Name of provider agency** _____

**Program administrator for Residential Supported-Living Services**

Name _____

Telephone number _____ FAX number _____

Cell number _____ Email _____

**Administrator designee**

Name _____

Telephone number _____ FAX number _____

Cell number _____ Email _____

**Services** The residential supported-living services described in 7 AAC 130.255 will be offered to recipients.

**Required attachments** Review the SDS certification website for instruction and content requirements.

- ☐ *Notice of Appointment or Change of Program Administrator* (CERT-04)
- ☐ Assisted living home license

The following policies and procedures required for certification are enclosed**:**

- ☐ Admissions
- ☐ Background check
- ☐ Complaint management
- ☐ Confidentiality
- ☐ Conflicts of interest
- ☐ Critical incident reporting
- ☐ Emergency response
- ☐ Evaluation of employees
- ☐ Financial accountability
- ☐ Quality improvement
- ☐ Restrictive intervention
- ☐ Termination of provider services
- ☐ Training

**Census area to be served:** *Check box for each location at which services will be offered.*

| | | | | |
|---|---|---|---|---|
| ☐ Aleutians East | ☐ Dillingham | ☐ Ketchikan Gateway | ☐ North Slope | ☐ Southeast Fairbanks |
| ☐ Aleutians West | ☐ Fairbanks North Star | ☐ Kodiak Island | ☐ Northwest Arctic | ☐ Valdez/Cordova |
| ☐ Anchorage | ☐ Haines | ☐ Kusilivak | ☐ Petersburg | ☐ Wrangell |
| ☐ Bethel | ☐ Hoonah/Angoon | ☐ Lake and Peninsula | ☐ Prince of Wales/Outer Ketchikan | ☐ Yakutat |
| ☐ Bristol Bay | ☐ Juneau | ☐ Mat-Su | ☐ Sitka | ☐ Yukon-Koyukuk |
| ☐ Denali | ☐ Kenai | ☐ Nome | ☐ Skagway | |

**Provider Assurances**

*I affirm that the provider will comply with the residential supported living services regulations, 7 AAC 130.255; the* Residential Supported-Living 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*