State of Alaska • Department of Health and Social Services • Senior and Disabilities Services
Home and Community-based Waiver Services

Service Declaration: Residential Supported Living Services

Agency

Name of provider agency: _____ Medicaid Provider #: _____

Program Administrator for Residential Supported Living Services

Name: _____

Telephone #: _____ Fax #: _____

Cell #: _____ E-mail: _____

Programs and Services

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

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

☐ APDD: Adults with Physical and Developmental Disabilities ☐ ALI: Adults Living Independently

***** Note: If you are selecting both APDD and ALI programs, you must submit a copy of your ALH license that indicates you can serve both populations, or submit a copy of your licensing variance issued for the specific resident you are serving.*****

Required Attachments: Provider Operations

Review the SDS certification website for instruction and content requirements.
http://dhss.alaska.gov/dsds/Documents/docs/WaiverCertAppGuidance.pdf

Initial Applications: All of the following policies and procedures must be enclosed.

Renewal Applications: Submit only Policies and Procedures if they have been updated since the last certification or due to a change in regulation.

Operations Manual: The following policies and procedures required for certification are enclosed:

- ☐ Policy Assurances Form (Cert-37)
- ☐ Background Check
- ☐ Critical Incident Report
- ☐ Financial Accountability
- ☐ Independence and Inclusion
- ☐ Person-Centered Practice
- ☐ Quality Improvement
- ☐ Restrictive Intervention
- ☐ Termination of Provider Services
- ☐ Training

The following required forms/documents are enclosed:

- ☐ *Notice of Appointment or Change of Program Administrator (Cert-04)* (initial or change only)
- ☐ Assisted Living Home License

Census Area to be Served

Check box for each location in which services will be offered.

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

Provider Assurances

I affirm that the provider agency will comply with the residential supported living services regulations, 7AAC 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