



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: Day Habilitation Services

Name of provider agency _____

Program administrator for Day Habilitation Services

Name _____

Telephone number _____ FAX number _____

Cell number _____ Email _____

Services The day habilitation services described in 7 AAC 130.260 will be offered to recipients as:

- Site-based services Community-based services

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

- Notice of Appointment or Change of Program Administrator (CERT-04)
 CERT-45 Settings Declaration

The following policies and procedures required for certification are enclosed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Critical incident reporting | <input type="checkbox"/> Quality improvement |
| <input type="checkbox"/> Background check | <input type="checkbox"/> Emergency response | <input type="checkbox"/> Restrictive intervention |
| <input type="checkbox"/> Complaint management | <input type="checkbox"/> Evaluation of employees | <input type="checkbox"/> Termination of provider services |
| <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Financial accountability | <input type="checkbox"/> Training |
| <input type="checkbox"/> Conflicts of interest | <input type="checkbox"/> Medication administration | |

Site-based services only:

- Physical address _____
- Building or use permit

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

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

Provider Assurances

I affirm that the provider will comply with the day habilitation services regulations, 7 AAC 130.260; the Day Habilitation 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