



Service Declaration: Residential Habilitation Services

Agency

Name of provider agency: _____ Medicaid Provider #: _____

Program Administrator for Residential Habilitation Services

Name: _____

Telephone #: _____ Fax #: _____

Cell #: _____ E-mail: _____

Programs and Services

The residential habilitation services described in 7 AAC 130.265 will be offered to recipients as.

- | | |
|-------------------------------|-------------------------------|
| Family home habilitation | Group-home habilitation |
| Supported-living habilitation | In-home supports habilitation |

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

- APDD: Adults with Physical and Developmental Disabilities
- CCMC: Children with Complex Medical Conditions
- IDD: Individuals with Intellectual and Developmental Disabilities
- ISW: Individualized Supports Waiver

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) | Person-Centered Practice |
| Background Check | Quality Improvement |
| Critical incident report | Restrictive Intervention |
| Financial Accountability | Termination of Provider Services |

Independence and Inclusion

Training

Medication Management (*not required for Family Habilitation or Group Home*)

*Note: A Policy on Medication management is NOT required for Family Residential Habilitation and Group Home Residential Habilitation services.

The following required forms are enclosed:

Notice of appointment or Change of Program Administrator (Cert-04) (initial or change only)

For Family Home or and Group Home Services as applicable:

Assisted Living Home License or Community Care License (foster home) for each facility to be certified

Group Home Habilitation Site Information form (Cert-12)

Family Home Habilitation Site Information form (Cert-13)

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 habilitation services regulations, 7AAC 130.265, and the Residential 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