



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

**Request for Day Habilitation Setting Exception**

Participant name: \_\_\_\_\_ CCAN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

Plan of Care start date: \_\_\_\_\_ End date: \_\_\_\_\_

Care Coordinator name: \_\_\_\_\_ CM number: \_\_\_\_\_ Phone: \_\_\_\_\_

Day Habilitation provider agency: \_\_\_\_\_ HC number: \_\_\_\_\_

The team is requesting an exception to regulations at 7 AAC 130.260(a)(2) that requires day habilitation services be provided in a non-residential setting.

Period of requested waiver: \_\_\_\_\_ to \_\_\_\_\_

*Please note: the end date cannot exceed the current or projected Plan of Care end date*

We attest to the unavailability of a suitable non-residential setting in our community/location in which Day Habilitation services can be provided.

We understands that Day Habilitation services will be provided in a residential setting, other than the participant's residence, that offers opportunities for appropriate activities provided in a manner that protects the participant's health, safety and welfare.

We understand that if approved, the exception is valid only for the period specified and must be renewed before that period ends.

We agree to provide written information on the community options that were considered and a description of the alternative residential setting listed in the Plan of Care.

\_\_\_\_\_  
Signature of Care Coordinator Date

\_\_\_\_\_  
Signature of Agency Representative Date

\_\_\_\_\_  
Signature of Participant or Representative Date

*For SDS use only*

Request  Approved. Effective date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Denied. Date notice sent: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_  
SDS Waiver Unit Reviewer Date