



Service Declaration: Day Habilitation Services

Agency

Name of provider agency: _____ Medicaid Provider #: _____

Program Administrator for Day Habilitation Services

Name: _____

Telephone #: _____ Fax #: _____

Cell #: _____ E-mail: _____

Programs and Services

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

Site-based services

Community-based services

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 instructions and content requirements.

<http://dhss.alaska.gov/dsds/Documents/dics/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:

Background Check

Critical Incident Report

Financial Accountability

Independence and Inclusion

Medication Management

Person-Centered Practice

Policy Assurance Form (Cert-37)

Quality Improvement

Restrictive Intervention

Termination of Provider Services

Training

The following required forms are enclosed:

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

Site-based services only:

Physical address: _____

Building or use permit (initial or change only)

Census Area to be Served

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

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

Provider Assurances

I affirm that the provider agency will comply with the day habilitation services regulations, 7AAC 130.260, and 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