



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

**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:

- |   |                                  |
|---|----------------------------------|
| Background Check                        | Critical Incident Report         |
| Financial Accountability                | Independence and Inclusion       |
| *Medication Management                  | Person Centered Practice         |
| <i>Policy Assurances</i> form (Cert-37) | Quality Improvement              |
| Restrictive Intervention                | Termination of Provider Services |
| Training                                |                                  |

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

**Required Forms:** The following required forms are enclosed:

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

**For Family Residential Habilitation and Group Home Residential Habilitation 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 the box for each of the following locations 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 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