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

Service Declaration: Residential Habilitation Services in a Private Residence

Agency

Name of Provider Agency: _____ Medicaid Provider #: _____

Program Administrator for Residential Habilitation Services in a Private Residence

Name: _____

Telephone #: _____ Fax #: _____

E-mail: _____ Cell #: _____

Program and Services

The Residential Habilitation services described in 7 AAC 130.265(d) and/or (h) will be offered to recipients as:

☐ In-Home Support Habilitation *(age 17 and under)* ☐ Supported Living Habilitation *(age 18 and over)*

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 and Provider Operations

Review the application guidance under "Related Resources" on the SDS Provider Certification and Compliance website for application content requirements: https://health.alaska.gov/en/senior-and-disabilities-services/provider-certification-and-compliance/

Initial Applications:

The following required forms/documents must be enclosed:

☐ Notice of Appointment or Change of Program Administrator (Cert-04) and all required attachments

☐ Policy Assurances Form (Cert-37)

The following policies and procedures must be enclosed:

☐ Background Checks

☐ Critical Incident Reporting

☐ Financial Accountability

☐ Independence and Inclusion

☐ Medication Management

☐ Person-Centered Practice

☐ Quality Improvement

☐ Restrictive Intervention

☐ Termination of Provider Services

☐ Training

Renewal Applications:

The following required form must be enclosed:

- ☐ Policy Assurances Form (Cert-37)

The following form/documents must be enclosed only if there has been a change:

- ☐ Notice of Appointment or Change of Program Administrator (Cert-04) and all required attachments
- ☐ Any policy and procedure that has been revised since the last certification due to an internal business change or a change in regulations.

Census Area to be Served

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

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

Provider Assurances

I affirm that the provider agency will comply with the Residential Habilitation services regulations, 7AAC 130.265, 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 Title

_____ _____

Print Name Date