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

Service Declaration: Specialized Residential Habilitation Services (Specialized Group Home or Specialized Family Home)

Agency

Name of Provider Agency: _____ Medicaid Provider #: _____

Program Administrator for Residential Habilitation in a Specialized Home

Name: _____

Telephone #: _____ Fax #: _____

E-mail: _____ Cell #: _____

Registered Nurse

Name: _____ License #: _____ Expiration Date: _____

Licensed Psychiatrist or Licensed Medical Professional

Name: _____ License #: _____ Expiration Date: _____

Program and Services

The Residential Habilitation services described in 7 AAC 130.265 will be offered to recipients as:

- ☐ Specialized Family Home Habilitation - Adult *(age 18 and over)*
- ☐ Specialized Family Home Habilitation - Child *(age 17 and under)*
- ☐ Specialized Group Home Habilitation *(age 18 and over)* ***If serving youth 16 or 17 years of age, you must submit a copy of your approved licensing variance for the specific resident(s).***

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

IMPORTANT: Providers must be certified by SDS as a Specialized Home before accepting any resident(s).

Required Attachments and Provider Operations

Review the application guidance under "Related Resources" on the SDS Provider Certification and Compliance website for application content requirements at: 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)
- ☐ Assisted Living Home (ALH) License or Community Care (OCS) License, including variance if required
- ☐ Copy of Resident Service/Lease Agreement

- [ ] Copy of House Rules *(if applicable)*
- [ ] Copy of Professional License for Registered Nurse
- [ ] Copy of Professional License for Psychiatrist/Medical Professional
- [ ] Provider Attestation (Cert-21)
- [ ] Proof of agency accreditation (*if applicable*) through:
  - [ ] The Commission on Accreditation of Rehabilitation Facilities (CARF), or
  - [ ] The Council on Accreditation (COA)

The following policies and procedures must be enclosed:

- [ ] Background Checks
- [ ] Critical Incident Reporting
- [ ] Financial Accountability
- [ ] Independence and Inclusion
- [ ] Person-Centered Practice
- [ ] Quality Improvement
- [ ] Restrictive Intervention
- [ ] Termination of Provider Services
- [ ] Training

Renewal Applications:

The following required forms/documents must be enclosed:

- [ ] Policy Assurances Form (Cert-37)
- [ ] Assisted Living Home (ALH) License or Community Care (OCS) License, including variance if required
- [ ] Copy of Professional License for Registered Nurse
- [ ] Copy of Professional License for Psychiatrist/ Medical Professional
- [ ] Provider Attestation (Cert-21)

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
- [ ] Copy of Resident's Service/Lease Agreement
- [ ] Copy of House Rules *(if applicable)*
- [ ] 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
- [ ] Aleutians West
- [ ] Anchorage
- [ ] Bethel
- [ ] Bristol Bay
- [ ] Chugach
- [ ] Copper River
- [ ] Denali
- [ ] Dillingham
- [ ] Fairbanks North Star
- [ ] Haines
- [ ] Hoonah-Angoon
- [ ] Juneau
- [ ] Kenai Peninsula
- [ ] Ketchikan Gateway
- [ ] Kodiak Island
- [ ] Kusilvak
- [ ] Lake and Peninsula
- [ ] Mat-Su
- [ ] Nome
- [ ] North Slope
- [ ] Northwest Arctic
- [ ] Petersburg
- [ ] Prince of Wales-Hyder
- [ ] Sitka
- [ ] Skagway
- [ ] Southeast Fairbanks
- [ ] Wrangell
- [ ] Yakutat
- [ ] Yukon-Koyukuk

Provider Assurances

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