



### Service Declaration: Residential Supported Living (RSL) Services

#### Agency

Name of Provider Agency:

Medicaid Provider #:

#### Program Administrator for Residential Supported Living Services

Name:

Telephone #:

Fax #:

E-mail:

Cell #:

*\*Program Administrators of RSL services must provide onsite management a minimum of 20 hours per week.\**

#### Program and Services

The Residential Supported Living services described in 7 AAC 130.255 will be offered to recipients.

Waiver Programs: Select each waiver program the agency intends to serve:

ALI: Adults Living Independently

APDD: Adults with Physical and Developmental Disabilities

**Note:** If you select both ALI and APDD programs, you must submit a copy of your Assisted Living Home license that indicates you can serve both populations or submit a copy of your approved licensing variance. *Refer to the Application Guidance for details.*

#### Required Attachments and Provider Operations

Review the SDS certification website for instruction and content requirements.

<https://health.alaska.gov/dsds/Pages/provider/default.aspx>

#### Initial Applications:

The following required forms/documents must be enclosed:

Assisted Living Home (ALH) License

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

Policy Assurances Form (Cert-37)

Copy of Resident's Service/Lease Agreement

Copy of House Rules (if applicable)

The following policies and procedures must be enclosed:

Background Checks

Quality Improvement

Critical Incident Reporting

Restrictive Intervention

Financial Accountability

Termination of Provider Services

Independence and Inclusion

Training

Person-Centered Practice

**Renewal Applications:**

The following required forms/documents must be enclosed:

- Assisted Living Home (ALH) License
- Notice of Appointment or Change of Program Administrator (Cert-04) *(change only)*
- Policy Assurances Form (Cert-37)
- Copy of Resident's Service/Lease Agreement *(change only)*
- Copy of House Rules (if applicable) *(change only)*

Submit only policies and procedures if they have been updated since the last certification or due to a change in regulation.

**Census Area to be Served**

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

Aleutians East	Dillingham	Kusilivak	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	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 Supported Living services regulations, 7 AAC 130.255, the Residential Supported Living 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