State of Alaska • Department of Health • Division of Senior and Disabilities Services

Home and Community-Based Waiver Services

Request for Day Habilitation Setting Exception

Participant name: _____ Case Number: _____

Address: _____
Street City State Zip code

Plan of Care start date _____ End date: _____

Care Coordinator name: _____ IP number: _____ Phone: _____

Day Habilitation provider agency: _____ HC number: _____

The team is requesting an exception to regulations at 7 AAC 130.260(a)(2) that requires day habilitation services be provided in a non-residential setting.

Period of requested waiver: _____ to _____
Please note: the end date cannot exceed the current or projected Plan of Care end date

We attest to the unavailability of a suitable non-residential setting in our community/location in which Day Habilitation services can be provided.

We understands that Day Habilitation services will be provided in a residential setting, other than the participant's residence, that offers opportunities for appropriate activities provided in a manner that protects the participant's health, safety and welfare.

We understand that if approved, the exception is valid only for the period specified and must be renewed before that period ends.

We agree to provide written information on the community options that were considered and a description of the alternative residential setting listed in the Plan of Care.

_____ _____
Signature of Care Coordinator Date

_____ _____
Signature of Agency Representative Date

_____ _____
Signature of Participant or Representative Date

For SDS Use Only

Request ☐ Approved Effective date: _____ Expiration date: _____

☐ Denied Date notice sent: _____

Reason for denial: _____

_____

_____ _____
SDS Waiver Unit Reviewer Date