



Provider Certification Application Policy Assurances

Doing Business As (DBA) Name:

Legal Business Name:

Medicaid Provider #:

By initialing each item below, the agency assures that it has developed, implemented, and currently operates under the following policies and procedures in compliance with regulation and certification requirements. These policies and procedures will be made available for review upon request at any time the Department of Health deems necessary.

Minimum Policy and Procedure Content Requirements per State of Alaska regulations 7 AAC 130.220, 7 AAC 125.060, and applicable Conditions of Participation.	Initials (Responsible Agent)
Complaint Management Policy and Procedures <ul style="list-style-type: none"> ○ How the agency handles written and oral complaints about services or personnel within agency specified timeframes ○ Monitoring of the grievance process to ensure complaints are resolved and documented and included in the Quality Improvement Report 	
Confidentiality Policy and Procedures and Notice of Privacy Practices <ul style="list-style-type: none"> ○ What information is considered protected health information (PHI) ○ How the agency will train employees/volunteers regarding PHI ○ Agency process to address violations of the confidentiality policy ○ Notice of Privacy Practices in compliance with HIPAA requirements 	
Conflicts of Interest Policy and Procedures <ul style="list-style-type: none"> ○ Who is subject to the policy ○ Clearly identify prohibited activities ○ Agency process to address violations of the conflicts of interest policy 	
Emergency Response Policy and Procedures Recipient health, safety, and welfare as they relate to the following: <ul style="list-style-type: none"> ○ Medical emergency ○ Natural disaster ○ Emergency involving the service settings (fire, gas leak, structural damage) 	
Evaluation of Employees Policy and Procedures <ul style="list-style-type: none"> ○ Name of agency position responsible for employee evaluations ○ How the agency will determine necessary employee skills ○ How the agency will inform and evaluate direct care worker skills and other performance requirements ○ What action will the agency take if a worker evaluation is unsatisfactory 	

I understand that any false statement, misrepresentation, omission, or concealment in this document may subject me to criminal, civil, or administrative penalties. Under penalty of perjury, I certify that the information I have provided is true, accurate, and complete to the best of my knowledge.

Owner/Administrator/Director (Responsible Agent) Signature

Title

Print Name

Date

Contact E-mail

Contact Phone