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

Home and Community-Based Waiver Services
Provider Certification Application and Renewal Application

ALL FIELDS ARE REQUIRED

Application Type: ☐ Initial Application ☐ Renewal Application Medicaid Provider #: _____

Agency Information

Doing Business As (DBA) Name: _____ EIN/Tax ID #: _____

Legal Business Name: _____

Business Physical Address/City/Zip: _____

Business Mailing Address/City/Zip: _____

Physical Address of Recipient Records: _____

Business Phone #: _____ Fax #: _____

Business E-mail: _____ Business Website: _____

Form of Organization

☐ Sole Proprietorship ☐ Limited Partnership ☐ Government/Public Agency

☐ Limited Liability Company ☐ For-Profit Corporation ☐ Tribal Health Organization

☐ General Partnership ☐ Non-Profit Corporation

Agency Contacts

Program Administrator: _____

Contact Phone #: _____ Contact E-mail: _____

Medicaid Claims Submitted By: ☐ Agency Employee ☐ Contractor Name: _____

Name of Individual Responsible for Billing Medicaid: _____

Table of Services

Check the box for <u>each service</u> the provider plans to offer to recipients. A corresponding Service Declaration form MUST be included with this application for each service selected.

Waiver Service:	Service Declaration:	Waiver Service:	Service Declaration:
☐ Adult Day	Cert-08	☐ Care Coordination	Cert-06
☐ Chore	Cert-07	☐ Day Habilitation	Cert-10
☐ Employment Services	Cert-14	☐ Environmental Modification	Cert-19
☐ Intensive Active Treatment	Cert-15	☐ Meals	Cert-18

Waiver Service:	Service Declaration:	Waiver Service:	Service Declaration:
☐ Nursing Oversight and Care Management	Cert-05	☐ Residential Supported Living	Cert-09
☐ Respite	Cert-16	☐ Transportation	Cert-17
Residential Habilitation:			
☐ Family Home	Cert-11	☐ Group Home	Cert-11
☐ In-Home Support	Cert-11	☐ Supported Living	Cert-11

Required Attachments

IMPORTANT: Review the SDS certification website for application guidance and content requirements at: https://health.alaska.gov/en/senior-and-disabilities-services/provider-certification-and-compliance/

Applications will not be reviewed without all completed forms and attachments. If an application is determined incomplete, the provider will be notified by e-mail that resubmitting the *entire application packet* is required. Incomplete applications are not returned to providers.

Provider Core Requirements - Required for Initial and Renewal Applications:

- ☐ Provider Certification Service Declaration(s)
- ☐ Required Attachments on Service Declaration(s)
- ☐ State of Alaska Business License
- ☐ Certificates of Insurance:
  - ☐ General Liability
  - ☐ Workers Compensation
  - ☐ Automobile (if applicable)
- ☐ Organizational Chart
- ☐ Personnel List (if applicable)
- ☐ SDS Critical Incident Report Training Certificate
- ☐ HCBW Settings Training Certificate*

Renewal Applications Only:

- ☐ Quality Improvement Report (Cert-50)

*Note: See HCBW application guidance for services requiring proof of Settings Training for the Program Administrator.

Provider Operations:

- Submit an operations manual that contains policies and procedures according to the service declarations for each service you offer.
- For renewals, submit only policies and procedures if they have been updated since the last certification or due to a change in regulation.

Provider Assurances

I affirm that the provider agency will comply with the Medicaid Home and Community-Based Waiver Services regulations, 7 AAC 130.200 - 7 AAC 130.319, *the* Provider Conditions of Participation*, and all applicable federal, state, and local laws and regulations. I certify that the information provided in the attachments required for certification is true, accurate, and complete.*

_____ _____

Owner/Administrator/Director Signature Title

_____ _____

Print Name Date

_____ _____

Email Phone Number

_____

Name of Person Completing Application