

State of Alaska • Department of Health & Social Services Division of Senior & Disabilities Services Provider Certification & Compliance Unit

Care Coordination Agency Certification Conflict of Interest Attestation

Instructions:

This document is to be completed by the approved Program Administrator for care coordination services and is a required document for certification of the provider agency as per 7 AAC 130.220.

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Per 7 AAC 130.240 and the care coordination Conditions of Participation, a care coordination agency and care coordinators employed by a care coordination agency must not have a conflict of interest in the provision of care coordination.

Demographics:						
Name of Agency:						
Agency Provider Number:						
Conflict of Interest Criteria:						
Does the agency provide HCB services (or personal care services?	ther than care coord Yes	dination) including 1915(c) waiver, or state plan No				
If the response to the above question is Yes, has the agency applied for or been approved for an exception to conflict-free care coordination?						
	Yes	No				
Does the agency financially benefit from other services a participant may receive?						
	Yes	No				
Does the agency have a shared executive director/CEO, Board of Directors, or any financial interest in any entity providing service delivery in home and community-based services including 1915(c) waiver, or state plan personal care services?						
	Yes	No				
Affirmations:						
I affirm by checking "Yes" that the agency does not employ any care coordinators with a conflict of interest, as evidenced by the "Individual Care Coordinator Conflict of Interest Assurance" form maintained in each recipient file. Yes No						
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.						
Signature of Program Administrator for C Date:		Service:				
Print Name:		-				