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 Liability Company
General Partnership
Limited Partnership
For-Profit Corporation
Non-Profit Corporation
Government/Public Agency
Tribal Health Organization

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 each service 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/dsds/Pages/provider/default.aspx

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