



State of Alaska Department of Health and Social Services  
 Senior and Disabilities Services  
 Home and Community-based Waiver Services  
**Report of Change: Care Coordinator Information**

**Instructions:** Complete sections that apply and provide required information. Send completed form and attachments to [DSDSCertification@alaska.gov](mailto:DSDSCertification@alaska.gov), or Fax to 907-754-3475, Attention: Provider Certification. Notification required 10 days prior to a planned change or within one business day of an unplanned change.

**Care Coordinator Name:** \_\_\_\_\_ **Medicaid#:** \_\_\_\_\_

**Care Coordinator information (Information publicly listed)**

Date of change: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address/city/state/zip: \_\_\_\_\_

Physical address/city/state/zip: \_\_\_\_\_

**Name Change**

Date of change: \_\_\_\_\_

Former name of care coordinator: \_\_\_\_\_

New name of care coordinator: \_\_\_\_\_

**End of Individual Certification (Care Coordinator signature required)**

Requested certification end date: \_\_\_\_\_

**Change of Provider Agency Affiliation**

Current/Former Provider Name: \_\_\_\_\_ End date: \_\_\_\_\_

New Provider Name: \_\_\_\_\_ Start date: \_\_\_\_\_

**Additional Reminders**

- *Harmony Access Coordinator is required to report changes to [DSDSHarmonyHelp@alaska.gov](mailto:DSDSHarmonyHelp@alaska.gov) per Harmony Data System Access Coordinator Agreement*
- *Providers are responsible to update New Alaska Background Check System (NABCS)*
- *It is the certified agency/individual's responsibility to contact Conduent to update enrollment records directly. Contact Conduent at [AK-Enrollment@Conduent.com](mailto:AK-Enrollment@Conduent.com) or Fax to 907-646-4273*

\_\_\_\_\_  
 Care Coordinator signature Date

\_\_\_\_\_  
 Care Coordinator name Contact number/email

\_\_\_\_\_  
 Provider Program Administrator signature Date

\_\_\_\_\_  
 Provider Program Administrator name Contact number/email