

**State of Alaska, Department of Health & Social Services
Office of Children's Services
Grants & Contracts Support Team
P.O. Box 110650, Juneau, AK 99811-0650**

**TRIBAL TITLE IV-E ADMINISTRATION & SHORT-TERM TRAINING
PROVIDER AGREEMENT**

_____, (Provider) enters into a Provider Agreement with the State of Alaska, Department of Health & Social Services (DHSS), Office of Children's Services (OCS) for the purpose of providing culturally appropriate family-focused and strength-based child welfare services to eligible Alaska Native children in DHSS custody for the State of Alaska's Title IV-E Program. By entering into this Provider Agreement, the Provider agrees to the following, including all applicable provisions of the following Appendices A-D.

APPENDICES:

- A. Program or L7 AAC 81, Grant Services for Individuals, Revised 6/23/06
- B. Waiver of Sovereign Immunity for Tribes
- C. Privacy and Security Procedures for Providers
- D. Federal Assurances & Certifications

ATTACHMENTS:

- A. Tribal Title IV-E Program Manual (132 Pages –Contact Program Coordinator if Needed)
- B. Time Study Reporting Template
- C. Quarterly Activity Report (QAR)
- D. Certification of Expenditures (COE)

I. PROVIDER ELIGIBILITY

The Provider agrees to the provisions of 7 AAC 81, Grant Services for Individuals (Appendix A), as well as all other applicable state and federal law; and declares and represents that it meets the eligibility requirements for a Service Provider for this Agreement. With the signed Agreement, the Provider must submit the following documentation:

- A. Proof of a Federal Tax ID Number.
- B. A current State of Alaska Business License.
- C. Alaska Native organizations ¹ entering into a Provider Agreement with DHSS must provide a waiver of immunity from suit for claims arising out of activities of the Provider related to this Agreement using Appendix B.

¹ "Alaska Native Organization" means an Alaska Native organization that the Secretary of the Interior acknowledges to exist as an Indian tribe through the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a.

- D. An attestation that the service personnel is qualified to provide services within this Agreement.
- E. Certificates of Insurance per Section IX (B) of this Provider Agreement.
- F. An attestation that the Provider's Title IV-B plan will be approved and maintained with the Federal Children's Bureau, Region 10 and that all IV-E training costs claimed are included within the Provider's IV-B plan.
- G. Proof of the Provider's current approved Federal BIA indirect rate.
- H. An attestation that the Provider has an existing child welfare infrastructure that currently provides services to DHSS children in foster care and/or at risk of entering foster care.
- I. Funds that can be matched with Title IV-E. Examples include:
 - 1. Federal
 - a) Indian Child Welfare Act (ICWA) grant funds
 - b) #638 Administration Funds (Indian Self-Determination Act Amendments of 1994).
 - 2. Tribal
 - a) Gaming funds
 - b) Tribal business profits
 - c) Private foundation contributions
 - d) Other Tribal controlled funds that are considered non-federal.
 - 3. State/Local
 - a) State contracted funds if not already matched by the State.

By submission of the signed Agreement, the Provider further agrees that they will comply with the following:

- A. The provisions of Appendix C, Privacy & Security Procedures.
- B. Facilities utilized for delivery of services meet current fire code, safety and ADA standards and are located where clients of the program services have reasonable and safe access.
- C. During the effective period of this Agreement, the provider agrees to keep current any and all licenses, certifications and credentials required of the provider agency, staff and facility to qualify for providing services to DHSS clients through this Agreement and to keep current the necessary documentation on file with DHSS to demonstrate compliance.

II. DESCRIPTION OF SERVICES

Tribal Title IV-E Federal Financial Participation (FFP) funds are available to the Provider as a reimbursement for allowable foster care administrative and short-term training expenses incurred by the Provider.

Please note, the following items are not Title IV-E reimbursable: Training and administrative services related to providing or delivering treatment or direct services, conducting child abuse and neglect investigations, or conducting specialized assessments such as psychiatric, medical, or educational.

ADMINISTRATION

Title IV-E Administration – 45 CFR 1356.60 (c)

A. Description of Allowable Costs:

1. Administration includes all of the staff, purchase of service contracts, and other operating costs necessary for properly administering the Provider's foster care, guardianship, and/or adoption program. The following are examples (but are not a comprehensive list) of allowable administration costs.
 - a) Referrals to services
 - b) Preparation for or participation in State court proceedings
 - c) Initial and ongoing relative placement searches
 - d) Development of the case plan
 - e) Case reviews
 - f) Case management and supervision
 - g) Recruitment and licensing studies of foster homes
 - h) A proportionate share of related agency overhead
 - i) Costs related to data collection and reporting; and
 - j) IV-E eligibility determination activities

2. Cost Allocation:

Allowable Administration costs incurred by the Provider will be cost allocated on a quarterly basis according to the state's quarterly foster care blended penetration/eligibility ratio.

3. Allowable Staff Administration Costs – Time Study Requirements:

All staff that provides direct services shall participate in the time study described in the DHSS approved Cost Allocation Plan. The results of this time study shall be the basis for the allocation of the Provider's expenditures attributable to Title IV-E reimbursable activities.

SHORT-TERM TRAINING

Title IV-E Administration – 45 CFR 1356.60 (b)

A. Description of Allowable Short-Term Training Costs:

1. Title IV-E FFP reimbursement is available for the costs of short-term training for child welfare personnel employed by the Provider's Child Welfare and ICWA programs. In addition, Title IV-E FFP reimbursement is available for short-term training (including travel and per diem expenses) for current and prospective foster or adoptive parents.

All training activities and costs reimbursed under Title IV-E shall be included in the DHSS and Provider's Title IV-B "Child Welfare Services Plan" and have prior assurance from DHSS that the training is IV-E reimbursable.

2. The allowable training costs incurred by the Provider will be cost allocated based on an analysis of training topics by the Provider's Title IV-E Program Manager or Director and the Tribal Title IV-E Program Coordinator; eligible training expenses will be reimbursed either at the 50% Federal Financial Participation rate (Cost Pool #1), or 75% Federal Financial Participation rate (Cost Pool #2).
3. Title IV-E Allowable Short-Term Training Topics Reimbursed at 50% Federal Financial Participation:

Federal policy specifies what training topics for staff are subject to Title IV-E reimbursement. Topic areas that are necessary for overall job performance related to the Title IV-E program are reimbursable. The following are examples (but are not a comprehensive list) of allowable short-term training topics:

- a) Agency personnel, policy, and procedures
- b) Microsoft training
- c) First Aid / CPR Training
- d) Planning sessions related to Title IV-E program infrastructure.

4. Title IV-E Allowable Short-Term Training Topics Reimbursed at 75% Federal Financial Participation:

Federal policy specifies what training topics for staff are subject to Title IV-E reimbursement. The following are examples (but are not a comprehensive list) of allowable short-term training topics:

- a) Recruitment of state licensed adoptive homes
- b) Case reviews conducted during a specific pre-adoptive placement for children
- c) Case management and supervision while the child is in state custody
- d) Referral to a service
- e) Preparation for or participation in State court hearings
- f) Developing the case plan
- g) Conducting case reviews
- h) Case management and supervision
- i) Costs related to data collection and reporting
- j) Conducting initial diligent relative searches and ongoing relative searches and making recommendations about placement

5. Allowable Short-Term Training Expenses:

Travel to and from approved training, and per diem including: registration fees, meals, lodging for cost pool participants.

III. CLIENT ELIGIBILITY

Alaska Native and American Indian children in DHSS custody, and Candidates for Foster Care who have an existing OCS case plan and an open case in ORCA. Children who have a Tribal In-Home Safety Plan developed by providers using an approved evidence-based tool such as Structured Decision Making approved by DHSS and entered into ORCA. DHSS shall be responsible for determining client eligibility for Title IV-E. When feasible, the Provider shall provide eligibility related information to assist DHSS in determining Title IV-E eligibility. The Provider is responsible for assuring compliance with all of the requirements of the federal Adoption and Safe Families Act.

IV. BILLING

Providers submitting claims to DHSS for services provided to a client shall include itemized charges describing only the DHSS approved services.

DHSS is a payer of last resort. **If applicable to the services provided under this agreement**, the Provider will have a Medicaid Provider Number and will make reasonable effort to bill all eligible services to Medicaid or any other available sources of payment before seeking payment through this provider agreement. Except when good cause for delay is shown, DHSS will not reimburse for Administrative and Short-Term Training expenses unless the Provider submits all Title IV-E reporting documents within the timeframes listed in Section VII, "Reporting and Evaluation." **If applicable to the services provided under this agreement**, DHSS is the payer of last resort, therefore determination of payment by a primary payer source (private insurance, Medicaid, etc.) constitutes good cause for delay.

Clients with a primary payer source such as private insurance or Medicaid are eligible to be enrolled in the services described in this agreement if they meet the client eligibility requirements. **If applicable to the services provided under this agreement**, the Provider must bill the primary source first, and submit an Explanation of Benefits noting denial of payment for services if payment is being sought from DHSS for clients with a primary payer source. If DHSS pays for a service, and a primary payment source subsequently submits payment for the same service, the Provider shall credit back to DHSS any other-source payments received by the provider. Claims for which DHSS issues payment are considered certified as true and accurate, unless written notice of error is sent by the Provider to DHSS within 30 days after the receipt of electronically transferred funds or endorsement of the issued payment warrant.

Providers may submit claims in paper form, or electronically. Refer to Section VI of this document for explicit instructions about the submission of confidential or other sensitive information. Providers will be responsible for using appropriate safeguards to maintain and ensure the confidentiality, privacy, and security of information transmitted to DHSS until such information is received by DHSS.

Providers submitting claims to DHSS for reimbursement for Title Tribal IV-E Services provided shall include itemized charges describing only the DHSS approved services.

V. SUBCONTRACTS

Subcontracts are not allowed under the terms of this Provider Agreement.

VI. CONFIDENTIALITY AND SECURITY OF CLIENT INFORMATION

The Provider will ensure compliance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA), the Health Information Technology for Economical and Clinical Health Act of 2009 (HITECH), and 45 C.F.R. 160 and 164, if applicable, and other federal and state requirements for the privacy and security of protected health information the Provider receives, maintains, or transmits, whether in electronic or paper format. Client information is confidential and cannot be released without the HIPAA-compliant written authorization of the client and DHSS, except as permitted by other state or federal law.

By entering into this Agreement, the Provider acknowledges and agrees to comply with the Privacy and Security Procedures for Providers as set forth in Appendix C to this Agreement.

CONFIDENTIAL REPORTING INSTRUCTIONS

Before transmitting personally identifiable client information reported under the terms of this Agreement, the Provider must call or email the DHSS Program Contact. To protect confidentiality, the Provider must first establish the mechanism for a secure electronic file transfer that meets HIPAA requirements for data encryption and may be used to submit protected health information, examples include Direct Secure Messaging (DSM) or MoveIT. Or the Provider may fax the information to the Tribal Title IV-E Program Coordinator, after clearly identifying it as confidential on the cover page of the fax transmission.

Alternatively, the Provider may submit hard copy information in a sealed envelope, stamped "confidential" placed inside another envelope. This information must be sent by certified, registered or express mail, or by courier service, with a requested return receipt to verify that it was received by the appropriate individual or office.

DHSS has also adopted secure messaging systems, which meet HIPAA requirements for data encryption. Do not, under any circumstances, send Electronically Protected Health Information (EPHI) or other sensitive data in email. In order to transfer these files in a HIPAA-compliant manner through email, the provider must use secure messaging. Additionally, secure messaging must be used only for the transfer of EPHI or other sensitive data, and not for other communications. Please review the information concerning the Alaska Personal Information Protection Act at <http://www.law.state.ak.us/departments/civil/consumer/4548.html>.

VII. REPORTING & EVALUATION

The Provider agrees to comply with 7 AAC 81.120, Confidentiality and 7 AAC 81.150, Reports, and other applicable state or federal law regarding the submission of information, including the provisions of Section VI of this Agreement. The Provider agrees to submit any reporting information required under this Agreement and to make available information deemed necessary by DHSS to evaluate the efficacy of service delivery or compliance with applicable state or federal statutes or regulations.

The Provider agrees to provide state officials and their representatives access to facilities, systems, books and records, for the purpose of monitoring compliance with this Agreement and evaluating services provided under this Agreement.

On-Site Quality Assurance Reviews will be conducted by DHSS staff every one to four years, depending on need to ensure compliance with service protocols. The Provider will ensure that DHSS staff has access to program

files for the purposes of follow-up, quality assurance monitoring, and fiscal administration of the program.

The Provider agrees to submit the required Time Studies in the format developed by DHSS (Time Studies will be completed by all employees in the agreed-upon cost pools). Providers will be notified of each Time Study reporting period approximately two weeks before the reporting period begins. First rounds of edited time studies are due to the Tribal Title IV-E Program Coordinator 15 business days following the end of the time study reporting period (emailed electronic Excel files through a secure messaging system); additional time study edits and revisions should be completed promptly in order to provide adequate time to prepare and finalize claims.

The Provider agrees to submit electronic Quarterly Activity Reports (QARs) in the format developed by DHSS to the Tribal Title IV-E Program Coordinator. These reports include month-by-month details regarding children served by the Provider and indicate the placement and custody status of each child. The Provider will submit a QAR to the Program Coordinator no later than the last day of the month following the quarter end.

The Provider agrees to submit a quarterly Certification of Expenditures (COE) in the format developed by DHSS no later than the last day of the month following the quarter end. Both the Excel version and the signed PDF version of the COE can be submitted electronically via email to the Tribal Title IV-E Program Coordinator, or can be faxed to 907-465-3397. Submittal of the COE does not require secure messaging.

Quarter	Dates	COE & QAR Deadline
SFY Quarter 1	July 1 to September 30	October 31
SFY Quarter 2	October 1 to December 31	January 31
SFY Quarter 3	January 1 to March 31	April 30
SFY Quarter 4	April 1 to June 30	July 31

Within 30 days of receipt of the finalized Time Study, QAR, and COE, DHSS shall reimburse the Provider the federal share less the OCS Administrative Fee (currently 8%).

The Title IV-E reimbursement is restricted, and the Provider agrees to spend the IV-E reimbursement it receives from DHSS on Tribally administered child welfare services as defined in 45 CFR 1357.10.

DHSS shall be responsible for determining client eligibility for Title IV-E. When feasible, the Provider shall provide eligibility related information to assist OCS in determining Title IV-E eligibility.

DHSS is responsible for assuring the Provider is in compliance with all of the requirements of Title IV-E of the Social Security Act. The Provider is responsible for maintaining and assuring compliance with their Title IV-B plan, ICWA, and all of the requirements of the federal Adoption & Safe Families Act.

This Agreement is limited to the reimbursement of Title IV-E related administration and training activities and subject to applicable federal law and regulation. The Agreement does not include maintenance payments for foster care or subsidized adoptions/guardianships.

VIII. RECORD RETENTION

The Provider will retain financial, administrative, and confidential client records in accordance with 7 AAC 81.180 and with Appendix C to this Agreement. Upon request, the Provider agrees to provide copies of the

Provider's records created under this Agreement to the Department of Health and Social Services, under the health oversight agency exception of HIPAA. The Provider will seek approval and instruction from DHSS before destroying those records in a manner approved by DHSS. In the event a Provider organization or business closes or ceases to exist as a Provider, the Provider must notify DHSS in a manner in compliance with 7 AAC 81.185 and Appendix C to this Agreement.

IX. ADMINISTRATIVE POLICIES

- a. The Provider must have established written administrative policies and apply these policies consistently in the administration of the Provider Agreement without regard to the source of the money used for the purposes to which the policies relate. These policies include: employee salaries, and overtime, employee leave, employee relocation costs, use of consultants and consultant fees, training, criminal background checks, if necessary for the protection of vulnerable or dependent recipients of services, and conflicts of interest, as well as the following:
 - i. Compliance with OSHA regulations requiring protection of employees from blood borne pathogens and that the Alaska Department of Labor must be contacted directly with any questions.
 - ii. Compliance with AS 47.05.300-390 and 7 AAC 10.900-990. Compliance includes ensuring that each individual associated with the provider in a manner described under 7 AAC 10.900(b) has a valid criminal history check from the Department of Health and Social Services, Division of Health Care Services, Background Check Program ("BCP") before employment or other service unless a provisional valid criminal history check has been granted under 7 AAC 10.920 or a variance has been granted under 7 AAC 10.935. For specific information about how to apply for and receive a valid criminal history check please call (907) 334- 4475 or (888) 362-4228 (intra-state toll free) or visit <http://dhss.alaska.gov/dhcs/Pages/cl/bgcheck/default.aspx>;
 - iii. Compliance with AS 47.17, Child Protection, and AS 47.24.010, Reports of Harm, including notification to employees of their responsibilities under those sections to report harm to children and vulnerable adults;
 - iv. If providing residential and/or critical care services to clients of DHSS, the Provider shall have an emergency response and recovery plan, providing for safe evacuation, housing and continuing services in the event of flood, fire, earthquake, severe weather, prolonged loss of utilities, or other emergency that presents a threat to the health, life or safety of clients in their care.
- b. Without limiting the provider's indemnification, it is agreed that the Provider shall purchase at its own expense and maintain in force at all times during the performance of services under this agreement the following policies of insurance. Where specific limits are shown, it is understood that they shall be the minimum acceptable limits. If the Provider's policy contains higher limits, the state shall be entitled to coverage to the extent of such higher limits. Certificates of Insurance must be furnished to DHSS with the signed Provider Agreement prior to beginning work and must provide for a notice of cancellation, non-renewal, or material change of conditions in accordance with policy provisions. Failure to furnish satisfactory evidence of insurance or lapse of the policy is a material breach of this agreement and shall be grounds for termination of the Provider's services. All insurance policies shall comply with and be issued by insurers licensed to transact the business of insurance under AS 21.
 - i. Worker's Compensation Insurance: The Provider shall provide and maintain, for all employees engaged in work under this agreement, coverage as required by AS 23.30.045, and; where applicable, any other statutory obligations including but not limited to Federal

U.S.L. & H. and Jones Act requirements. The policy must waive subrogation against the State.

- ii. Commercial General Liability Insurance: Covering all business premises and operations used by the Provider in the performance of services under this Agreement with minimum coverage limits of \$300,000 combined single limit per claim.
- iii. Commercial General Automobile Liability Insurance: Covering all vehicles used by the Provider in the performance of services under this Agreement with minimum coverage limits of \$300,000 combined single limit per claim.
- iv. Professional Liability Insurance: Covering all errors, omissions, or negligent acts in the performance of professional services under this Agreement. This insurance is required for all Providers of clinical or residential services, or for any other Provider for whom a mistake in judgment, information, or procedures may affect the welfare of clients served under the Provider Agreement. Limits required per the following schedule:

Agreement Amount	Minimum Required Limits
Under \$100,000	\$300,000 per Claim/ Annual Aggregate
\$100,000 - \$499,999	\$500,000 per Claim/ Annual Aggregate
\$500,000 - \$999,999	\$1,000,000 per Claim/Annual Aggregate *Applicable only if provider meets these thresholds.
\$1,000,000 or over	Refer to State of Alaska Risk Management *Applicable only if provider meets these thresholds.

X. EQUAL EMPLOYMENT OPPORTUNITY

The Provider shall adhere to Alaska State Statutes regarding equal employment opportunities for all persons without regard to race, religion, color, national origin, age, physical or mental disability, gender or any other condition or status described in AS 18.80.220(a)(1) and 7 AAC 81.100. Notice to this effect must be conspicuously posted and made available to employees or applicants for employment at each location that services are provided under this Provider Agreement; and sent to each labor union with which the provider has a collective bargaining agreement. The Provider must include the requirements for equal opportunity employment for contracts and subcontracts paid in whole or in part with funds earned through this Agreement. Further, the Provider shall comply with federal and state statutes and regulations relating to the prevention of discriminatory employment practices.

XI. CIVIL RIGHTS

The Provider shall comply with the requirements of 7 AAC 81.110 and all other applicable state or federal laws preventing discrimination, including the following federal statutes:

- a. The Civil Rights Act of 1964, (42 U.S.C. 2000d);
- b. Drug Free Workplace Act of 1988, (41 U.S.C. 701-707);
- c. Americans with Disabilities Act of 1990, 41 U.S.C.12101-12213).

The Provider will establish procedures for processing complaints alleging discrimination on the basis of race, religion, national origin, age, gender, physical or mental disability or other status or condition described in AS 18.80.220(a)(1) and 7 AAC 81.110(b).

In compliance with 7 AAC 81.110(c), the Provider may not exclude an eligible individual from receiving services, but with concurrence from DHSS, may offer alternative services to an individual if the health or safety of staff or other individuals may be endangered by inclusion of that individual.

XII. ACCOUNTING AND AUDIT REQUIREMENTS

The Provider shall maintain the financial records and accounts for the Provider Agreement using generally accepted accounting principles.

DHSS may conduct an audit of a provider's operations at any time the department determines that an audit is needed. The auditor may be a representative of DHSS; or a representative of the federal or municipal government, if the Agreement is provided in part by the federal or municipal government; or an independent certified public accountant. The Provider will afford an auditor representing DHSS or other agency funding the agreement, reasonable access to the Provider's books, documents, papers, and records if requested. Audits must be conducted in accordance with the requirements of 7 AAC 81.160; including the requirement for a Provider to refund money paid on a questioned cost or other audit exception, if they fail to furnish DHSS with a response that adequately justifies a discovery of questioned costs or other audit exceptions.

XIII. LIMITATION OF APPROPRIATIONS

DHSS is funded with State/Federal funds, which are awarded on an annual basis. During each state fiscal year, DHSS may authorize payment of costs under a Provider Agreement only to the extent of money allocated to that fiscal year. Because there is a fixed amount of funding on an annual basis, it may at times be necessary for DHSS to prioritize the client population served under this agreement. Limitations may include but are not limited to a moratorium on types of services, or a moratorium by geographic region served, or a restriction of services to clients with defined needs. The decision to limit billable services shall be based solely on available funding.

XIV. INDEMNIFICATION AND HOLD HARMLESS OBLIGATION

The Provider shall indemnify, hold harmless, and defend DHSS from and against any claim of, or liability for error, omission, or negligent or intentional act of the Provider under this Agreement. The Provider shall not be required to indemnify DHSS for a claim of, or liability for, the independent negligence of DHSS. If there is a claim of, or liability for, the joint negligent error or omission of the Provider and the independent negligence of DHSS, the indemnification and hold harmless obligation shall be apportioned on a comparative fault basis.

"Provider" and "DHSS," as used within this section and Section IX (B), include the employees, agents, or Providers who are directly responsible, respectively, to each. The term "independent negligence" is negligence other than in DHSS's selection, administration, monitoring, or controlling of the Provider and in approving or accepting the Provider's work.

XV. AMENDMENT

The Provider acknowledges that state and federal laws relating to information privacy and security, protection against discriminatory practices, and other provisions included in this agreement may be evolving and that further amendment to this Agreement may be necessary to ensure compliance with applicable law. Upon

receipt of notification from DHSS that change in law affecting this Agreement has occurred, the Provider will promptly agree to enter into negotiations with DHSS to amend this Agreement to ensure compliance with those changes.

XVI. TERMINATION OF AGREEMENT AND APPEALS

The Provider agrees to notify DHSS immediately if it is no longer eligible to provide services based on applicable Provider eligibility requirements set out in Section I of this Agreement. The Parties will collaborate in good faith to attempt to remedy any issues that might result in the termination of this Agreement. Notification of non-eligibility will result in automatic termination of this Agreement. Failure to comply with the terms of this Agreement and/or standards outlined in the Agreement and its appendices may result in non-payment and automatic termination of the Agreement by DHSS.

A Provider may appeal the decision to terminate a Provider Agreement under 7 AAC 81.200. All appeals will be conducted in accordance with Section 7AAC 81.200-210 of the Alaska Administrative Code.

Except as noted above, DHSS may terminate this Agreement with 30 days' notice. A Provider may also terminate the Agreement with 30 days' notice but must provide assistance in making arrangements for safe and orderly transfer of clients and information to other Providers, as directed by DHSS.

This Agreement remains in force until the Provider or DHSS terminates the Agreement or a material term of the Agreement is changed.

I certify that I am authorized to negotiate, execute and administer this agreement on behalf of the Provider agency named in this agreement, and hereby consent to the terms and conditions of this agreement, and its appendices and attachments.

PROVIDER

DEPT. OF HEALTH & SOCIAL SERVICES

Signature of Authorized Provider Representative & Date

Signature of DHSS Representative & Date

Printed Name of Provider Representative & Title

Printed Name of DHSS Representative & Title

Provider Contact Mailing Address

DHSS Contacts & Mailing Addresses

Program Contact

Amelia Rivera, Tribal Title IV-E Program
Coordinator

Office of Children's Services

P.O. Box 110630

Juneau, Alaska 99811-0630

Phone: 907-465-2104

Fax: 907-465-3397

amelia.rivera@alaska.gov

Administrative Contact

Alicia Hughes-Skandijs, Grants Administrator
 P.O. Box 110650
 Juneau, AK 99811-0650
 Phone: 907-465-5424
 Fax: 907-465-8678
Alicia.hughes-skandijs@alaska.gov

Signed provider agreements and documents demonstrating provider eligibility must be emailed to: HSS.FMS.Grants.Provider.Agreements@alaska.gov.

Provider Phone Number / Fax Number

Provider Email Address

Provider's Federal Tax ID Number (EIN only, do not list SSN)

Provider's IRIS Vendor Number

Providers must identify the business entity type under which they are legally eligible to provide service and intending to enter into this Provider Agreement.

Check Entity Type:

- Private For-profit Business, licensed to do business in the State of Alaska
- Non-Profit Organization Incorporated in the State of Alaska, or tax exempt under 26 U.S.C. 501(c)(3)
- Alaska Native Entity, as defined in 7 AAC 78.950(1) All applicants under this provision must submit with their signed Agreement, a Waiver of Sovereign Immunity, using the form provided as Appendix D to this Provider Agreement.
- Political Subdivision of the State (City, Borough or REAA)