

State of Alaska, Department of Health
Division of Behavioral Health
Grants & Contracts Support Team
P.O. Box 110650, Juneau, AK 99811-0650

ALASKA COMMUNITY LIVING (ACL) PROGRAM
PROVIDER AGREEMENT

_____, (Provider) enters into a Provider Agreement with the State of Alaska, Department of Health (DOH), for the purpose of providing non-medical residential care to an adult experiencing a serious mental illness as defined in 7 AAC 70.990 or an adult experiencing Alzheimer's or related dementia, who requires the protective oversight of an assisted living home for the State of Alaska's Alaska Community Living (ACL) Program. By entering into this Provider Agreement, the Provider agrees to the following, including all applicable provisions of the following Appendices:

APPENDICES:

- A. 7 AAC 81, Grant Services for Individuals, Rev 6/23/06
- B. AS 47.33 Assisted Living Homes <http://www.law.state.ak.us/doclibrary/doclib.html>
- C. 7 AAC 75 Assisted Living Homes <https://www.akleg.gov/basis/aac.asp#7.75.010>
- D. Privacy and Security Procedures for Providers
- E. Resolution for Alaska Native Entities¹

ATTACHMENTS

- A. ACL Provider Contact Form

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. A State of Alaska IRIS Provider Vendor Number is listed in the signed Provider Agreement
- B. A current State of Alaska Business License
- C. Alaska Native entities¹ entering into a Provider Agreement with DOH must provide a waiver of immunity from suit for claims arising out of activities of the Provider related to this Agreement using Appendix E
- D. The Provider is licensed as an assisted living home by the Department of Health Care Services/ Certification & Licensing for the population to be served
- E. Certificates of Insurance per Section IX (B) of this Provider Agreement
- F. ACL Provider Contact Form (Attachment A)
- G. A Direct Secure Messaging (DSM) email address: To sign up for DSM, visit [DOH DSM Home Page](#) . Once obtained, record your DSM email address on the ACL Provider Contact Form.

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

- A. The provisions of Appendix D, Privacy & Security Procedures.

¹ "Alaska Native entity" 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.

- B. Facilities and staff utilized for delivery of services meet current State of Alaska Health Care Facilities Licensing Assisted Living Home licensure requirements as outlined in AS 47.33 and 7 AAC 75.
- C. The number of residents served may not exceed the capacity for which the home has been licensed.
- D. Facilities utilized for delivery of services meet current fire code, safety and Americans with Disabilities Act (ADA) standards and are located where clients of the program services have reasonable and safe access.
- E. Provider agrees to assess their capacity to serve each resident effectively and safely by reviewing the resident's ACL Program Application at time of referral through referring entity, e.g., Alaska Psychiatric Institute (API), Department of Corrections (DOC), Adult Mental Health Residential (AMHR) facility, etc.
- F. 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 DOH clients through this Agreement and to keep current the necessary documentation on file with DOH to demonstrate compliance.

II. DESCRIPTION OF SERVICES

- A. Assisted living home care is a range of care described in AS 47.33 and 7 AAC 75 that includes more than housing and food service, but which does not include continuous nursing or medical care. Assisted living home care encompasses 24-hour supportive and protective services in the activities of daily living and in the instrumental activities of daily living as described in the individual's Residential Care Contract executed under AS 47.33.210 and the Assisted Living Plan of care prepared under AS 47.33.220-230. It includes the assumption of general responsibility for the safety and well-being of the individual resident. It includes an adequate program pursuant to Assisted Living Home statutes AS 47.33 and regulations 7 AAC 75, which encourage participation in facility and community activities. Care is provided in a residential environment and encourages independent living to the extent possible for each resident. Current Alaska Statutes and Regulations can be found online in the State's Document Library and Legal Resources at the [Department of Law Document Library](#).
- B. The Provider shall maintain a record of the resident, including the resident's full name, birth date, and telephone numbers of his/her physician, community behavioral health provider, family members, legal decision maker(s) and person(s) to notify in an emergency. The record will also include dates of admission and discharge and the days of social and/or medical leave. The Provider will also ensure that a Residential Services Contract and an Assisted Living Plan of care are in each resident's record and specific to that resident. The Provider will include the Community Behavioral Health Provider in the creation of the Assisted Living Plan of care.
- C. The Provider will be required to submit the Assisted Living Plan of care as outlined in AS 47.33.220-240 within 30 days of placement in the home and at the request of DOH or a resident's care provider.
- D. The Provider must report within five calendar days the following to DOH: any resident absence from the home that was not planned; when a resident does not adapt or requires more care than the assisted living home can provide; a resident's request to move; an assisted living home's request of a resident to move; resident incarceration; resident death. The provider must report within 14 calendar days the following to DOH: resident hospitalization; resident absence from the home for social reasons; a change in the resident's income or benefits. If a resident does not return to the assisted living home after 14 calendar days for a social reason or 30 calendar days for a medical reason, DOH will terminate funding at the assisted living home. If the resident is absent from the assisted living home

due to incarceration, DOH will terminate funding on the day of incarceration, and the Provider **must use the ACL Resident Notification form to alert the Division of Behavioral Health.** The ACL Resident Notification form can be found at <https://health.alaska.gov/dbh/Pages/TreatmentRecovery/Alaska-Community-Living.aspx> Notification forms must be sent via DSM to: doh.dbh.acsprogram@hss.soa.directak.net Failure to notify DBH may result in termination of the Provider Agreement.

III. CLIENT ELIGIBILITY

- A. DOH will determine eligibility and referral for services. In order for an individual to qualify for the ACL program an individual must:
- Be a resident of the state of Alaska;
 - Be 18 years of age or older;
 - Be Discharging from the Alaska Psychiatric Institute (API), Department of Corrections (DOC), Adult Mental Health Residential (AMHR) facility, or other entity to be reviewed and approved on a case-by-case basis;
 - Be assessed for eligibility by DOH;
 - Be receiving services from a Community Behavioral Health Provider;
 - Have a disability that is attributable to a severe and persistent mental illness, Alzheimer's, or other disability to be reviewed and approved on a case-by-case basis;
 - Demonstrate a significant deficit in the daily living skills that are necessary to function without supervision or support and who, without assisted living home care is subject to, or at risk of abuse, neglect, or exploitation by others;
 - Be eligible for or receiving Supplemental Security Income (SSI), Social Security Disability Income (SSDI) or be non-resourced; and
 - Have applied for financial assistance from other agencies, organizations, or programs (e.g., waiver services/programs), and have exhausted the use of alternative financial assistance.
- B. Upon determination of eligibility and referral, DOH will provide written notice to the Provider of a resident's authorization for placement and the daily rate of payment. **DOH will not pay for services unless the Provider has received written confirmation of a resident's authorization for placement.**
- C. DOH will review and renew resident eligibility on a yearly basis. Residents will be required to provide DOH with an *ACL Program Renewal Application*, an *ACL Physician's Attestation*, and the resident's *Assisted Living Plan* as outlined in AS 47.33.220-240. If a resident receives an augmented rate for care, the Provider must meet with DOH to review the written agreement for the augmented rate and make any changes to service provision as necessary. Upon renewal, the Provider will receive written notice of authorization for continued placement. If eligibility paperwork is not received by DOH within 30 days of resident's yearly anniversary, funding may be terminated.
- D. DOH or its designee may evaluate a resident at any time to determine continued eligibility.

IV. BILLING

- A. In full consideration of the Provider's performance under this agreement, DOH shall pay the Provider for the number of days authorized, not to exceed 31 days per resident in any one month, up to the maximum of the appropriate standard rate per day, per resident multiplied by the number of days of actual residence. The Department's actual share per resident will vary depending on the resident's income. DOH will inform the Provider in writing of the resident's share of the cost of care at the time of the referral. The Provider is responsible for collecting

this amount directly from the resident, and is also responsible for reporting to DOH any known change to the resident's income which may impact their share of the cost of care. If a resident receives waiver services (e.g., Waiver for Residential Supported Living) or other type of financial assistance that exceeds the daily rate paid the Provider, a resident is not eligible for funding and the Provider cannot seek payment through this Provider Agreement. It is the Provider's responsibility to alert DOH if a resident becomes eligible for waiver services or other financial assistance while accessing funding through this Agreement.

- B. The Department, in consultation with the referring entity and/or other parties will, at their discretion and subject to available funding, approve an augmented daily rate above the maximum standard daily rate for a resident who requires a level of care, supervision or monitoring that is significantly higher than that required for other residents referred through this Agreement. Information regarding rates is available at the [Alaska Community Living \(ACL\) Program website](#).
- C. The Provider may not request or accept from or on behalf of a resident, any payment in excess of the resident's cost of care share, as determined by DOH. The Provider may not request or accept from or on behalf of a resident any payment for that which is a required service to be provided by an assisted living home as described in 7 AAC 75.260 and 7 AAC 75.265 (e.g., bedroom furniture, food, etc.).
- D. Monthly payments will be made to the Provider only upon receipt of a complete and verified invoice. The Provider must use the ACL Monthly Invoice as authorized by DOH. The form must be computer-generated. No handwritten invoices will be accepted. Providers that bill for multiple homes must submit a separate ACL Monthly Invoice for each home. The Provider shall bill only for units delivered within authorized dates. The Provider must submit their invoice by the end of the month for prior month's services. The Provider shall retain invoices, receipts, vouchers, attendance records, or other documentation to be made available to DOH upon request. The ACL Monthly Invoice can be found at the [Alaska Community Living \(ACL\) Program Website](#). The Provider shall certify the monthly invoice and submit it to the DSM ACL Program account: doh.dbh.aclprogram@hss.soa.directak.net
- E. Endorsement of a DOH payment warrant constitutes certification that the claim for which the warrant was issued was true and accurate, unless written notice of an error is sent by the Provider to DOH within 30 days after the date that the warrant is cashed. If an error resulted in an overpayment to the Provider, the overpayment will be deducted from the Provider's next month's invoice. In the event there is no invoice to be submitted the following month, the Provider shall make arrangements with DOH for reimbursement of overpayment. Failure to notify DOH of an overpayment within 30 days after the date the warrant was cashed may result in termination of the Agreement.
- F. Except when good cause for delay is shown, DOH will not pay for services unless the Provider submits a claim by the end of the month for prior month's services. DOH is the payer of last resort; therefore, determination of payment by a primary payer source (private insurance, Medicaid, etc.) constitutes good cause for delay.
- G. Payment will be made to the Provider for the day of admission, but not for the day of departure. Payment will be authorized only for residents approved for placement by DOH, and only upon receipt of the authorized and approved ACL Monthly Invoice. DOH will not pay a Provider for any resident that has not received prior *written* approval. This agreement does not guarantee referral or placement of residents with the Provider.

- H. DOH is the 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 (e.g., waiver services), before seeking payment through this Provider Agreement, and will credit back to DOH any other-source payments received by the Provider for services for which DOH has paid the Provider.
- I. No claim will be allowed for additional services performed or furnished by the Provider that are not specifically provided in this agreement.
- J. No part of any State funds paid under this Agreement shall be used for the purpose of lobbying activities before the Alaska Legislature.

V. SUBCONTRACTS

According to the provisions of 7 AAC 81.090, subcontracts may be allowed under the terms of this Provider Agreement subject to prior approval, and only through prior written consent by DOH.

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 DOH, 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 D to this Agreement.

DOH has also adopted a platform called Direct Secure Messaging (DSM), which meets 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 DSM. Additionally, DSM must be used only for the transfer of EPHI or other sensitive data, and not for other communications. Please review the FAQs about DSM at this link: [DOH DSM Home Page](#) and information concerning the Alaska Personal Information Protection Act at [Department of Law Alaska Personal Information Act](#).

Any information about ACL Program residents that is obtained or developed under ACL Provider Agreements or via the ACL Program is confidential. Resident information cannot be released without the written authorization of DOH, except as permitted by other state or federal law. In the event that the Provider is requested to transmit information, **all personally identifiable resident information transmitted from the Provider must be sent through DSM to:**

doh.dbh.acprogram@hss.soa.directak.net. Regular email (Gmail, yahoo, etc.) may not be used to communicate confidential resident information. **To transfer or email any form of communication using a resident's name and personal information, you must use DSM.** If there are any questions, the Provider must call or email the ACL Program for guidance. Information regarding the ACL Program, including contact information, can be found at the [Alaska Community Living \(ACL\) Program Website](#).

VII. REPORTING AND 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 DOH 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 may be conducted by DOH staff to ensure compliance with service protocols. The Provider will ensure that DOH staff has access to program files for the purposes of follow-up, quality assurance monitoring and fiscal administration of the program.

VIII. RECORD RETENTION

The Provider will retain financial, administrative, and confidential resident 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 DOH, under the health oversight agency exception of HIPAA. The Provider will seek approval and instruction from DOH before destroying those records in a manner approved by DOH. In the event a Provider organization or business closes or ceases to exist as a Provider, the Provider must notify DOH 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:
 1. 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;
 2. Compliance with 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, 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 visit the [Section of Residential Licensing & Background Check Programs](#) or call (907) 334-2400;
 3. 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; and
 4. If providing residential and/or critical care services to clients of DOH, 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 DOH 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.

1. **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.
2. **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.
3. **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.
4. **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
\$1,000,000 or over	Refer to State of Alaska Risk Management

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 DOH, 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.

DOH 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 DOH; 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 DOH 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 DOH with a response that adequately justifies a discovery of questioned costs or other audit exceptions.

XIII LIMITATION OF APPROPRIATIONS

DOH is funded with State funds, which are awarded on an annual basis. During each state fiscal year, DOH 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 DOH 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 DOH 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 DOH for a claim of, or liability for, the independent negligence of DOH. If there is a claim of, or liability for, the joint negligent error or omission of the Provider and the independent negligence of DOH, the indemnification and hold harmless obligation shall be apportioned on a comparative fault basis.

“Provider” and “DOH,” 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 DOH’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 DOH that change in law affecting this Agreement has occurred, the Provider will promptly agree to enter into negotiations with DOH to amend this Agreement to ensure compliance with those changes.

XVI TERMINATION OF AGREEMENT AND APPEALS

The Provider agrees to notify DOH immediately if it is no longer eligible to provide services based on applicable Provider eligibility requirements set out in Section I 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 DOH.

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, DOH 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 DOH.

This Agreement remains in force until the Provider or DOH 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

DEPARTMENT OF HEALTH

Signature of Authorized Provider Representative & Date

Signature of DOH Representative & Date

Printed Name Provider Representative & Title

Amy Burke, Grants, Contracts and Facilities Chief

Printed Name - DOH Representative & Title

Provider Contact & Mailing Address

DOH Contacts & Mailing Addresses

PROGRAM CONTACT

Lisa Rosay, Program Manager

Division of Behavioral Health

3601 C Street, Suite 934

Anchorage, AK 99503

Ph. 907-269-3972

Email: lisa.rosay@alaska.gov

Direct Secure Message Email:

doh.dbh.aclprogram@hss.soa.directak.net

Provider Phone Number/ Fax Number

ADMINISTRATIVE CONTACT

Diane LoRusso, Grants Administrator

Grants & Contracts Support Team

PO Box 110650

Juneau, AK 99811-0650

Ph. 907 465-6148 Fax 907 465-8678

Email: diane.lorusso@alaska.gov

Provider Email Address

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)

Please email the completed Provider Agreement and supporting eligibility documentation to the following email address: DOH.FMS.Grants.Provider.Agreements@alaska.gov