

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

**MISDEMEANOR ACCESS TO RECOVERY PILOT PROJECT  
PROVIDER AGREEMENT**

\_\_\_\_\_, (Provider) enters into a Provider Agreement with the State of Alaska, Department of Health & Social Services (DHSS), for the purpose of providing Outpatient (OP), or Intensive Outpatient (IOP) Substance Abuse Treatment services to State and Municipal Second time Misdemeanor DUI/OUI offenders for the State of Alaska's Misdemeanor Access to Recovery Project (ARP), a pilot project of the Division of Behavioral Health (DBH) administered by its Alcohol Safety Action Program (ASAP). 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, Revised 6/23/06
- C. Privacy & Security Procedures for Providers
- D. Resolution for Alaska Native Entities

**ATTACHMENTS**

- 1. Misdemeanor Access to Recovery Provider Service Guidelines

**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 laws, 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 to the Administrative Contact listed in the agreement:

- A. Proof of a Federal Tax ID Number;
- B. A current State of Alaska Business License;
- C. Alaska Native entities<sup>1</sup> 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 D;
- D. Necessary credentials for service personnel, such as copies of valid and current certifications or licenses;
- E. Proof of any other mandatory education / training / relationship / location / agency P&P, etc., that is necessary for eligibility as a service provider.
- F. Staff must provide documentation demonstrating that they meet the minimum qualification standards established by the Alaska Commission for Chemical Dependency Professionals Certification or the National Association of Alcohol and Drug Abuse Counselors Certification Commission.
- G. Provider agencies must be an Alaska State-approved Behavioral Health agency in good standing with the Department of Health & Social Services, Division of Behavioral Health, and the Alcohol Safety Action Program.

<sup>1</sup> "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.

- H. No staff person currently on misdemeanor or felony probation themselves may provide services to a client in this program. Copies of staff certification / licensure and proof of completed background checks for required staff must be included with this provider agreement.
- I. Background checks are a requirement established in AS 47.05.300 - 390 and must be completed prior to providing services.

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

1. The provisions of Appendix C, Privacy & Security Procedures. 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.
2. 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 this compliance.
3. All Providers will be required to use the Alaska Automated Information Management System (AKAIMS). The Alaska Automated Information Management System is a web-based application and database that serve dual purpose of a management information system (MIS), and an electronic health record (EHR). Service Providers will be required to use this database for recording all client information.
4. All Providers will be required to participate in AKAIMS Training.

## II. DESCRIPTION OF SERVICES

The Misdemeanor Access to Recovery Pilot Project's goal is to reduce substance abuse related criminal recidivism among high risk DUI/OUI misdemeanant offenders with behavioral health needs by providing substance abuse treatment. This pilot project will focus on Second time DUI/OUI offenders, the population which is at highest risk for the commission of a Third time DUI/OUI (a felony).

Many of these offenders are financially limited with few personal or other financial resources available to meet basic or emergent needs, preventing payment for needed substance abuse treatment to address the underlying cause of a DUI/OUI offense. Having the financial resources necessary for these offenders to obtain admission to substance abuse treatment and thereby meet the conditions of misdemeanor probation through the Alcohol Safety Action Program (ASAP) would potentially reduce their risk of re-offense, prevent felony criminal involvement and its collateral consequences, and decrease incarceration costs to the State.

The goal is to provide a standard fee for each participant's completion of either outpatient (OP) or intensive outpatient (IOP) substance abuse treatment for clients who qualify as indigent and have committed their Second DUI / OUI offense.

- The cost for an entire 60-day of Outpatient (OP) treatment level programming will not exceed \$1,500 per client including an Aftercare component.
- The cost for an entire 90-day of Intensive Outpatient (IOP) treatment level programming will not exceed \$5,000 per client including an Aftercare component.

All partial services will be pro-rated based on this standard fee for completed programs.

**Providers for Misdemeanor Access to Recovery Pilot Project (ARP) must meet the following criteria;**

- A. Providers for this project must be in compliance with A.S.47.37, the Uniform Alcoholism Intoxication Treatment Act; A.S. 47.30.520 – 47.30.620 and 7 AAC 70.010 – 7 AAC 990, related to Behavioral Health Services; and all other applicable Alaska codes and statutes.
- B. Every DUI/OUI offender is required by law to follow the recommendations of the ASAP program for substance abuse treatment as a probation condition. Therefore, eligible participants will be immediately identified by the ASAP program after receipt of the court's judgment of the sentence. After identification, the participant will be screened for financial eligibility and referred to a Misdemeanant ARP provider. In addition, defendants participating in this pilot project will be required to attend post-sentencing treatment compliance hearings, as scheduled by ASAP or the court before the Anchorage District Court Adjudication / Disposition judge until treatment and aftercare requirements are completed. Failure to comply with treatment may result in suspended jail time or a fines being imposed.
- C. Providers must receive referral authorization from the Alcohol Safety Action Program prior to evaluating and/or treating a participant in this pilot program.
- D. All ARP clients will complete the Alaska Screening Tool (AST).
- E. All ARP clients will complete the Client Status Review (CSR) as prescribed (i.e., no later than once every 90 to 135 days).
- F. All Providers must use the American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (Third Edition), and provide this information on all ARP client reports. The use of the ASAM criteria must be demonstrated within the clinical record at admission, discharge, and all points during the treatment process.
- G. Providers must provide documentation reflecting compliance with 42 CFR, Part II, and 45 CFR Parts 160 & 164 (HIPAA) insuring ARP client confidentiality.
- H. Providers are expected to accept ARP clients for an assessment service within five (5) business days of the referral from ASAP. If assessment within this timeframe is not possible, the provider is required to contact the Alcohol Safety Action Program with an estimate of the expected date of the assessment and to coordinate an interim treatment strategy for each client.
- I. Providers are expected to enroll ARP clients at the appropriate ASAM level of treatment within seven (7) business days after completion of the assessment process. If this is not possible, the provider is required to contact the Alcohol Safety Action Program with an estimate of the expected date of admission and to coordinate an interim treatment strategy for the ARP client.
- J. All Provider treatment programs must include an "Aftercare" component in the ARP client's treatment plan.
- K. Providers must submit a current / accurate Status Report of an ARP client's activity and progress in treatment to the Alcohol Safety Action Program within 48 hours of the ASAP request.

- L. Providers shall provide compliance reports bi-monthly to the Anchorage District Court Adjudication / Disposition judge.
- M. Providers shall notify the Alcohol Safety Action Program immediately if an ARP client (i.e., misdemeanor defendant) falls into non-compliance with his/her substance use treatment plan.
- N. Any action by the ARP client during the treatment process that impacts the client's goal of timely, successful completion of their individualized treatment plan, including but not limited to any report of a positive UA, additional group assignments, suspension for a period of time, or discharge, will be reported by the Alcohol Safety Action Program to the Anchorage District Court Adjudication / Disposition judge overseeing the activities of clients enrolled in the Misdemeanant Access to Recovery Project. In such instances, a court compliance hearing before the Anchorage District Court Adjudication / Disposition judge will be scheduled.
- O. Notification of an ARP client's discharge from treatment must be reported to the Alcohol Safety Action Program immediately and client must be given direction to contact the Alcohol Safety Action Program within five (5) days. Any Misdemeanor Access to Recovery Project client who has been discharged from treatment by a Provider, for whatever reason, cannot be readmitted to the ARP without further action from the Alcohol Safety Action Program and the Anchorage District Court Adjudication / Disposition judge.
- P. Notification of ARP client's successful completion of his/her outpatient or intensive outpatient substance use treatment program must be reported to the Alcohol Safety Action Program within 48 hours of completion. The Alcohol Safety Action Program will report the ARP client's successful completion of treatment to the Anchorage District Court Adjudication / Disposition judge within five (5) days.

### III. CLIENT ELIGIBILITY

The target population is State and Municipal defendants who are mandated by law and the conditions of their Second DUI / OUI misdemeanor criminal judgment, to comply with the recommendations of the Alcohol Safety Action Program for substance abuse treatment, have admitted that they have not completed the program or previously failed to complete the program, and are unable to afford the expenses of the recommended treatment.

All ARP clients appear before the District Court Adjudication – Disposition judge for ongoing judicial supervision of their treatment requirements until they either complete their individualized treatment program or they are resentenced for their failure to comply with their treatment requirements.

Indigent criteria will be determined by the Alaska Court System. All referrals for this program will come directly from the Alcohol Safety Action Program in consultation with the District Court.

### IV. BILLING

Any providers who are not existing DBH grantees must contact ASAP Program Manager listed in the agreement to ensure their enrollment in the AKAIMS system. All providers must also enroll into the AKAIMS Contracts Management Module.

Providers submitting claims to DHSS for services provided to an ARP client shall include itemized charges describing only the DHSS approved clinic services as described in 7 AAC 135.100-1600 Behavioral Health Services Integrated Regulations, revised 10/11.

Providers will only be paid for screenings, assessments, group therapy, and individual therapy sessions that are part of the client's participation in this ARP. All service fees charged for ARP participants must be less than or equal to those fees listed in 7 AAC 135.100-1600 Behavioral Health Services Integrated Regulations, revised 10/11.

DHSS will pay the Provider up to \$1,500 per client for completion of an entire Out-patient Substance Abuse Treatment Program and up to \$5,000 per client for completion of an entire Intensive Out-patient Substance Abuse Treatment Program. **It is expected that all ARP Service providers will be able to provide a complete Out-patient or Intensive Out-patient course of treatment within these cost limits as described above.**

The Behavioral Health Services Integrated Regulations should be used as a guide and can be found at; <http://dhss.alaska.gov/dbh/Documents/PDF/Behavioral%20Health%20Integrated%20Regs%2010.1.2011.pdf>

A client record must be established for each ARP project recipient. The client record(s) must meet all regulatory requirements for clinical records as outlined in the Integrated Behavioral Health Services Regulations and will include, at minimum, an Alaska Screening Tool (AST), Client Status Review (CSR), assessment, treatment plan, and progress notes. These forms are available on-line at the following links;

Alaska Screening Tool: <http://dhss.alaska.gov/dbh/Documents/PDF/Training/Resources/AST%202010.pdf>

Client Status Review: <http://dhss.alaska.gov/dbh/Documents/TreatmentRecovery/Client-Status-Review.pdf>

Status Report forms are found in AKAIMS Report forms. This is the same as a compliance report.

AKAIMS minimal data set requirements must be met. Each eligible client for this project will be enrolled into the provider agency's AKAIMS account. AKAIMS and/or ASAP staff will offer technical assistance to provider agencies who request it.

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

DHSS 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 all reasonable efforts to bill all eligible services to Medicaid or any other available sources of payment before seeking payment through this Provider Agreement.

Whenever possible, ARP clients will use Southcentral Foundation's Access to Recovery program for payment, if a client is eligible.

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. 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.

**Except when good cause for delay is shown, DHSS will not pay for services unless the Provider submits a claim within 30 days of the date the service was provided.** 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.

Endorsement of a DHSS 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 DHSS within 30 days after the date that the warrant is cashed.

Providers may only submit claims in electronically using the AKAIMS Contract Management Module. 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 insure the confidentiality, privacy, and security of information transmitted to DHSS until such information is received by DHSS.

#### 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 (PHI) that 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. Or, the Provider may fax the information to the 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.

#### 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 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 representative's 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 DHSS staff 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.

#### 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:
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 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 Public Health, 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 <http://www.hss.state.ak.us/dhcs/CL/bgcheck/default.htm> or call (907) 334-4475 or (888) 362-4228 (intra-state toll free).;
  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;;
  4. 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. The Provider agrees to maintain appropriate levels of insurance necessary to the responsible delivery of services under this Agreement, which will include items 1 and 2 below, and may include all the following that apply to the circumstances of the services provided.
1. Worker's Compensation Insurance for all staff employed in the provision of services under this Agreement, as required by AS 23.30.045. 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 occurrence.
  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 occurrence.
  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.

#### 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. The Misdemeanor Access to Recovery Project is a pilot program and its funding is limited to State Fiscal Years (SFYs) 2014 and 2015.

## 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, fault shall be apportioned on a comparative fault basis.

"Provider" and "DHSS," as used within this section, 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 insure 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. 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 &amp; SOCIAL SERVICES

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**Signature of Provider Representative & Date**


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**Signature of DHSS Representative & Date**


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**Printed Name - Provider Representative & Title**


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 Darla Madden, Chief Grants & Contracts  
**Printed Name - DHSS Representative & Title**

**Provider Contact & Mailing Address**

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**Provider Phone Number/ Fax Number**

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**Provider Email Address**

\_\_\_\_\_

**Provider's Federal Tax ID Number**

**DHSS Contacts & Mailing Addresses**

**PROGRAM CONTACT**

Anthony Piper, ASAP Program Manager  
Division of Behavioral Health  
303 K. Street/ASAP  
Anchorage, AK 99501  
Ph. 907-264-0735/Fax907-264-0786  
tony.piper@alaska.gov

**ADMINISTRATIVE CONTACT**

Victoria Gibson, Grants Administrator  
Grants & Contracts Support Team  
PO Box 110650  
Juneau, AK 99811-0650  
Ph. 907-465-4738 Fax 907- 465-8678  
victoria.gibson@alaska.gov

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)