



Provider Certification Application Policy Assurances

Business Name (DBA) _____

Legal Name (as reported on business income tax return) _____

Provider Medicaid Enrollment Number (if available) _____

By initialing each item below, the agency’s responsible agent assures that this agency has developed, implemented and currently operates under the following policies and procedures to be in compliance with regulation and certification requirements. The policies and procedures indicated below will be made available for review upon request at any time the Department of Health and Social Services deems necessary.

Minimum Policy and Procedure Content Requirements as per State of Alaska regulations 7AAC 130.220, 7 AAC 125.060 and applicable Conditions of Participation.	Initials (Responsible Agent)
Complaint Management Policy and Procedures <ul style="list-style-type: none"> ○ How the agency handles written and oral complaints about services or personnel within agency specified timeframes ○ Monitoring of the grievance process to ensure complaints are resolved and documented and included in the Quality Improvement Report 	
Confidentiality Policy and Procedures and Notice of Privacy Practices <ul style="list-style-type: none"> ○ What information is considered protected health information (PHI) ○ How the agency will train employees/volunteers regarding PHI ○ Agency process to address violations of the confidentiality policy ○ Notice of Privacy Practices in compliance with HIPAA requirements 	
Conflicts of Interest Policy and Procedures <ul style="list-style-type: none"> ○ Who is subject to the policy ○ Clearly identify prohibited activities ○ Agency process to address violations of the conflicts of interest policy 	
Emergency Response Policy and Procedures Recipient health, safety, and welfare as they relate to the following emergencies <ul style="list-style-type: none"> ○ Medical emergency ○ Natural disaster ○ Emergency involving the service settings (fire, gas leak, structural damage) 	
Evaluation of Employees Policy and Procedures <ul style="list-style-type: none"> ○ Name of agency position responsible for employee evaluations ○ How the agency will be determine necessary employee skills ○ How the agency will inform and evaluate direct care worker skills and other performance requirements ○ What action will the agency take if a worker evaluation is unsatisfactory 	

I understand that any false statement, misrepresentation, omission, or concealment in this document may subject me to criminal, civil, or administrative penalties. Under penalty of perjury, I certify that the information I have provided is true, accurate, and complete to the best of my knowledge.

Owner/Administrator/Director (Responsible Agent) Signature

Print/Type Name

Title

Contact Phone/E mail

Date