



### Report of Change: Provider Agency Information

**Instructions** Complete sections that apply and provide required information. Changes must be reported within required timelines as listed in the Provider Conditions of Participation. Send completed form and attachment to [DSDSCertification@alaska.gov](mailto:DSDSCertification@alaska.gov), or Fax to 907-754-3475, Attention: Provider Certification.

**Agency Information**

Provider Agency Name: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Program Administrator: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

**New license for facility currently licensed under AS 47.32** (Required Residential licenses for family home habilitation, group home habilitation and residential supported living homes)

Required document

- Attach copy of license showing changes regarding facility (Required upon issuance)
- Cert-12 group home habilitation or Cert-13 family home habilitation site forms (required 10 days prior to change)

**New business mailing address or contact information** (Required 10 days prior to change)

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

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

Business phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Business Email: \_\_\_\_\_ Business website: \_\_\_\_\_

**New business physical address** (Required 60 days prior to change)

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

Services provided at this location

Service not provided at this location

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

Required documents listing new physical address

- Certificates of Insurance
- Additional attachments per service refer to Service Declarations (license, floor plans, permits, etc.)

**Ending certified service** (not agency closure)

Name of service: \_\_\_\_\_ Medicaid#: \_\_\_\_\_

Date ending service: \_\_\_\_\_ Date Notice Provided to Recipients: \_\_\_\_\_

**New business name or organizational change (Required 60 days prior to change)**

Date of change: \_\_\_\_\_ New business name \_\_\_\_\_ New form of business organization \_\_\_\_\_  
New business name: \_\_\_\_\_ New EIN/Tax #: \_\_\_\_\_

Select new business organization type

- Sole proprietorship                      General partnership                      Limited liability company
- For-profit corporation                      Non-profit corporation                      Limited partnership

List all owners of the above organization

First Name	Last Name	% Ownership

Required documents documenting change for business name and organizational change

- Business license
- Certificates of Insurance

Date of sale: \_\_\_\_\_  
Purchaser/New owner: \_\_\_\_\_ Contact #/email: \_\_\_\_\_

Date of change: \_\_\_\_\_ Add an additional owner                      Remove an existing owner  
Name of owner changing: \_\_\_\_\_

**Business/agency closure (Required 60 days prior to change)**

Date of closure: \_\_\_\_\_ Date notice provided to recipients: \_\_\_\_\_  
Location of records (physical address/city/state zip): \_\_\_\_\_

**Additional Reminders**

- *It is the certified agency/individual's responsibility to contact Conduent to update enrollment records directly, Contact Conduent at [AK-Enrollment@Conduent.com](mailto:AK-Enrollment@Conduent.com) or Fax to 907-646-4273*
- *Providers are responsible to update New Alaska Background Check system (NABCS)*

\_\_\_\_\_  
*Owner/Administrator/Director signature*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*