



Directions for completing the H2O Provider Participation Application.

One application must be submitted per physical location in which you will be providing H2O services from. Any questions regarding this form, please reach out to H2OProviderNetwork@bannerhealth.com.

1. The information is necessary to add into the Provider Directory and payment system for claims processing.
2. HMIS Registration is required before rendering services.
3. Your HMIS registration, H2O attestation and AHCCCS registration MUST be up to date.
 - i. You must send an attestation for each service the entity will provide:
 - i. Enhanced Shelter Attestation
 - ii. Outreach and Education Attestation
 - iii. Pre-Tenancy & Tenancy Intensive Case Mgmt Services Attestation
4. Community Assistor registration with AHCCCS is required and each entity is required to have at least one Community Assistor.
5. Community Cares onboarding is required before rendering services.
6. Ensure you provide ACCURATE information, or your application may be delayed or rejected
7. PLEASE TYPE OR PRINT CLEARLY AND COMPLETE THE APPLICATION IN ITS ENTIRETY
8. The following ATTACHMENTS are required to be submitted with this application SO YOUR REQUEST MAY BE PROCESSED TIMELY
 - i. IRS 941 voucher or accurate W-9
 - ii. Copy of your Board Certification (if applicable)
 - i. Copy of Date of Board Certification Examination
 - ii. If not Board Certified, please provide documentation of CMEs
 - iii. Copy of CARF accreditation (only applicable for Enhanced Shelter provider type)
 - i. If CARF accreditation is not complete at the time of initial application, provider has 12 months from date of approval to complete CARF accreditation and submit with the next annual renewal.
 - iv. Copy of verification site meets CFR Shelter and Housing standards (only applicable for Enhanced Shelter provider type) per 24 CFR 576.403
 - v. Copy of your Certificates of Insurance information that include the minimum requirements
 - i. See page 5 for the Insurance Requirement Checklist
 - ii. See page 6 and 7 for complete details regarding AHCCCS Insurance Requirements
9. Providers will receive written confirmation of their effective date with the H2O-PA
 - i. Members may not be seen until written confirmation has been received and a contract is executed
 - ii. AHCCCS and HMIS registration is required. You cannot receive payment for services provided without an active AHCCCS H2O and HMIS registration
 - iii. Please notify the H2O-PA of your AHCCCS and HMIS registration

H2O Provider Participation Application

Provider Information

1099 Registered Name (Required):		Tax ID:
Legal Entity Name:		
Group Practice Name (DBA) if applicable:		
Group Type (check all that apply): <input type="checkbox"/> Enhanced Shelter <input type="checkbox"/> Outreach/Education <input type="checkbox"/> Housing Tenancy Services (Pre & Post Tenancy)		AHCCCS ID (for renewals only):
HMIS ID (for renewals only):	# of FTEs (Outreach entities only):	# of beds per location (Enhanced Shelters only)
Do you provide services to individuals with special needs/chronic conditions? (check all that apply) <input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Behavioral <input type="checkbox"/> Emotional <input type="checkbox"/> None		
Do you provide services to individuals with special needs/chronic conditions? (check all that apply)		<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Behavioral <input type="checkbox"/> Emotional <input type="checkbox"/> None
Do you provide services/accommodations to individuals who have difficulty communicating or cooperating such as those with autism or intellectual disabilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide services to individuals with mobility limitations (i.e. wheelchair bound)		<input type="checkbox"/> Yes <input type="checkbox"/> No
How many AHCCCS Community Assistors do you have at this location?		

Billing Information

Billing service

(If applicable)

Name		Contact:
Address:		Telephone:
City:	State:	Zip Code:

Pay To Address

(all payments sent to this address)

Address:		Telephone:
City:	State:	Zip Code:

Primary Address

(Physical location where services are performed; use supplemental sheet for additional addresses)

Address:						Enhanced Shelter <input type="checkbox"/> 24 hours, 7 days a week		
State:		County:			Telephone:			
Office Hours		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open								
Close								
Special Considerations:								

Office/Application Contact

Name				Title:			
Address:				Telephone:			
City:			State:		Zip Code:		
Email:				Website:			

Languages other than English spoken by Provider Staff:

Describe your Medical Record Keeping System (i.e. EMR, Paper, etc):

Electronic Claims Submission: Yes No Electronic Funds Transfer: Yes No
 Checking no to either of these does not disqualify you from participating as an H2O Provider

Insurance Requirements Checklist

Please use this checklist as a tool to address all required items prior to submitting your insurance documentation.

Commercial General Liability		Commercial General Liability	
<input type="checkbox"/> Attached <input type="checkbox"/> NA		<input type="checkbox"/> Attached	
Policy Number Effective Date:		Policy Number Effective Date:	
General Aggregate	\$2,000,000	Each Claim	\$1,000,000
Products Ops Aggregate	\$1,000,000	Annual Aggregate	\$2,000,000
Personal & Adv. Injury	\$1,000,000		
Damage to Rented Premises	\$50,000		
Each Occurrence	\$1,000,000		

Business Automobile Liability		PWorkers' Compensation Liability	
<input type="checkbox"/> Attached	<input type="checkbox"/> NA	<input type="checkbox"/> Attached	<input type="checkbox"/> NA
Policy Number Effective Date:		Policy Number Effective Date:	
Combined Single Limit	\$1,000,000	Each Accident	\$1,000,000
		Disease – Each Employee	\$1,000,000
		Disease – Each Employee	\$1,000,000

Your Certificates of Insurance must include the minimum requirements outlined in the tables above and the following endorsement, waiver of subrogation and/or SAM language as applicable

- Endorsement – Required for Commercial General and Business Auto Liability**
This policy contains an endorsement that includes the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees as additional insureds with respect to liability arising out of the activities performed by the Subcontractor or on behalf of the Subcontractor or Contractor.
- Waiver of Subrogation – Required for Commercial General, Business Auto Liability and Workers' Compensation Liability**
This policy contains a waiver of subrogation endorsement in favor of the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees for losses arising from work performed by the Subcontractor or on behalf of the Subcontractor or Contractor.
- Sexual Abuse and Molestation (SAM) – Required for Commercial General Liability or Professional Liability when providing services to children and/or vulnerable adults**
Insurance Certificate(s) must provide the following statement "Sexual Abuse and Molestation coverage is included" or "Sexual Abuse and Molestation coverage is not excluded".
If you are unable to obtain SAM coverage under your General Liability because the insurance market will not support it, it should be included with the Professional Liability.

AHCCCS Insurance Requirements

The AHCCCS insurance requirements include Commercial General Liability, Business Automobile Liability and Worker's Compensation and Employers' Liability.

Your commercial general liability policy and your business automobile policy (if applicable), need to include an endorsement (see letter a. below under Commercial General Liability and letter a. below under Business Automobile Liability) and a waiver of subrogation (see letter b. below under Commercial General Liability and letter b. below under Business Automobile Liability) in the Description field of your policy.

Your worker's compensation and employers' liability policy requires only the waiver of subrogation language. Outlined below are the minimum requirements. Policy examples follow

Commercial General Liability – Occurrence Form

Policy should include bodily injury, property damage, personal and advertising injury and broad form contractual liability coverage. The amounts below are the minimum requirements.

- General Aggregate \$2,000,000
- Products – Completed Operations Aggregate \$1,000,000
- Personal and Advertising Injury \$1,000,000
- Damage to Rented Premises \$50,000
- Each Occurrence \$1,000,000

a) The policy shall be endorsed (**Blanket Endorsements are not acceptable**) to include the following additional insured language: *"The State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor."* Such additional insured shall be covered to the full limits of liability purchased by the Subcontractor, even if those limits of liability are in excess of those required by this contract.

- b) Policy shall contain a waiver of subrogation endorsement (**Blanket Endorsements are not acceptable**) in favor of the “State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees” for losses arising from work performed by or on behalf of the Subcontractor.
- c) If direct services are provided to children and/or vulnerable adults (as defined by A.R.S §46- 451(A)(9)), the policy shall include coverage for Sexual Abuse and Molestation (SAM). This SAM coverage may be sub-limited to no less than \$500,000. The limits may be included within the General Liability limit, provided by separate endorsement with its own limits. If you are unable to obtain SAM coverage under your General Liability because the insurance market will not support it, it should it be included with the Professional Liability.
- d) The following statement must provide on their Certificate(s) of Insurance: “Sexual Abuse and Molestation coverage is included” or “Sexual Abuse and Molestation coverage is not excluded.”

Business Automobile Liability—(If no, automobiles are used in the performance of this Contract or Subcontract, then this is not applicable)

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of the services under contract. The amount below is the minimum required.

- Combined Single Limit (CSL) \$1,000,000
 - a) The policy shall be endorsed (**Blanket Endorsements are not acceptable**) to include the following additional insured language: *“The State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor.”* Such additional insured shall be covered to the full limits of liability purchased by the Subcontractor, even if those limits of liability are in excess of those required by this contract.
 - b) Policy shall contain a waiver of subrogation endorsement (**Blanket Endorsements are not acceptable**) in favor of the “State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees” for losses arising from work performed by or on behalf of the Subcontractor.

Worker’s Compensation and Employers’ Liability

- Workers’ Compensation Statutory
- Employers’ Liability
 - Each Accident \$500,000
 - Disease – Each Employee \$500,000
 - Disease – Policy Limit \$1,000,000

Policy shall contain a waiver of subrogation endorsement (Blanket Endorsements are not acceptable) in favor of the “State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Subcontractor.”

We are required to verify your adherence to these insurance requirements. We appreciate you submitting Certificates of Liability with required coverage levels, endorsements and waivers along with the attached checklist.

Please submit the completed application and all required additional documents to:

H2O-PA Network Department at H2OProviderNetwork@bannerhealth.com