**New Choices Waiver Application Checklist**

TO: ALL PROSPECTIVE NEW CHOICES WAIVER MEDICAID PROVIDERS

Thank you for your inquiry concerning participation in the Utah New Choices Waiver Medicaid Program. We appreciate your interest in providing services.

Please complete the forms as indicated and fax or mail to the address below.

Utah Medicaid provider application (please retain a copy for your records)

Copy of professional and business license

Copy of IRS Form W-9 with current Taxpayer Identification Number

Ownership Disclosure information

Utah Medicaid provider agreement, signed and dated

Direct Deposit Authorization Form for EFT

Attach a voided company check

Attachment A – New Choices Waiver

Attachment B New Choices Waiver (Case Management and Residential Service Providers only.)

National Provider Identifier (Number or proof of application.)

Thank you again for your interest in the Utah New Choices Waiver Medicaid program.

Sincerely,

New Choices Waiver

Bureau of Authorizations and Community-Based Services

Division of Medicaid and Health Financing

Mailing Address: P.O. Box 143112, Salt Lake City, UT 84114-3112

Telephone 801- 538-6155 (option 6) or 1-800-662-9651 (option 6)

Facsimile (801) 323-1586

Email: newchoiceswaiver@utah.gov