



MEDICAID APPLICATION

ADMH

OFFICE OF AUTISM SERVICES

ENROLLMENT FORMS INCLUDED IN THIS APPLICATION:

- [Provider Disclosure Form 599 Fillable 10-31-24.pdf](#)
- [Corporate Board Resolution Form 1-14-26.pdf](#)
- [Civil Rights Compliance Info Request 2-19-25.pdf](#)
- [Provider Agreement 11-30-23.pdf](#)
- [Provider Enrollment Telemedicine Services Agreement Certification 11-21-23.pdf](#)

INSTRUCTIONS:

- 1) Complete enrollment forms by typing or printing legibly using black ink only.
- 2) Complete a Provider Disclosure Form for ***each*** applicable individual, ***as indicated on the Disclosure Form.***
- 3) Complete one copy of each of the remaining forms.
- 4) Attach ***ALL*** additional documents indicated within the 17 pages of instructions on the Civil Rights Compliance Information Packet.
- 5) Attach a Certificate of Incorporation (for Alabama) or Certificate of Authority (if corporation is registered in a state other than Alabama)
- 6) Make a copy of the application for your files.
- 7) Send the original, signed, application to:

Alabama Department of Mental Health
ATTN: Autism Services
RSA Union Building
100 North Union Street,
Suite 350
Montgomery, AL 36104

Signature must be original and be that of the applicant or an authorized representative ONLY if enrolling as a provider facility/group.

Signature

Printed or Typed Name

Title

Date

NPI of Applicant

PLEASE READ

WITHIN THIS PACKET ARE EXAMPLES OF CIVIL RIGHTS COMPLIANCE FORMS THAT MUST BE SUBMITTED FOR MEDICAID CERTIFICATION.

IN ORDER TO PROCESS YOUR AGENCY'S APPLICATION, YOU CAN

A. REPLACE THE GENERIC INFORMATION WITH YOUR AGENCY'S INFORMATION ON THE EXAMPLE FORMS PROVIDED

OR

B. INCLUDE YOUR AGENCY'S POLICIES WHEN SUBMITTING THIS APPLICATION

IF SUBMITTING YOUR OWN POLICIES, INCLUDE THE FOLLOWING POLICIES:

1. NONDISCRIMINATION POLICIES AND THE MANNER OF THEIR DISSEMINATION;
2. COMMUNICATION WITH PERSONS WHO HAVE A SENSORY OR SPEECH IMPAIRMENT;
3. COMMUNICATION WITH PERSONS WHO HAVE LIMITED ENGLISH PROFICIENCY
4. PROVISION OF REQUIRED NOTICES AND MANNER OF PROVIDING NOTICE;
5. SECTION 504 COORDINATION; AND
6. RESTRICTIONS BASED ON AGE.

DO NOT FORGET THE SIGNATURE PAGE!