

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
- 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,

Long Term Care Bureau
Division of Health Care Financing, Department of Health

Mailing Address: P.O. Box 143101 - Salt Lake City, UT 84114-3101

Telephone (801) 538-6497 or (801) 538-6148 - facsimile (801) 323-1586

Email: newchoiceswaiver@utah.gov