



## Checklist to Become a Massachusetts ATR Provider

ORGANIZATION INFORMATION
Organization Name:
City:
CHECKLIST
<input type="checkbox"/> Complete, sign, and return the <b>ATR Participating Provider Authorization Application</b> <i>Be as descriptive and precise as possible! Clearly define what services you would like to provide, giving details about where, when, length of the service, etc. The more details you provide, the easier it will be for us to process.</i>
<input type="checkbox"/> Complete, sign and return the <b>W-9</b> form for your organization
<input type="checkbox"/> Complete, sign and return the form about your <b>Bank Information</b>
<input type="checkbox"/> Complete, sign, and return the <b>Participating Provider Agreement</b>
<input type="checkbox"/> Print out, complete, and return copies of the signed <b>Confidentiality Pledge</b> for each staff person who will access the WITS system and for each staff person who will have access to confidential information in any form about MA-ATR clients. The provider must keep the original signed Confidentiality Pledge(s) on file. Provider must submit a copy of all Confidentiality Pledges to MDPH/BSAS. <i>Keep original Confidentiality Pledges in your files.</i>
<input type="checkbox"/> Complete and return the <b>Provider Staff Authorization Form</b> <i>(Note- the names on this form must match the names on the Confidentiality Pledges)</i>
<input type="checkbox"/> Return the <b>Articles of Organization</b> from the MA Secretary of State
<input type="checkbox"/> Return confirmation of your <b>Professional and Commercial General Liability Insurance</b> <i>(Some providers may need to carry additional insurance including workers compensation)</i>
<input type="checkbox"/> Return <b>building and fire inspection certificates</b> for all facilities/addresses listed. <i>(Certificates must be current within the last year and be from the respective city's inspectional department and fire department.)</i>
RECOVERY COACH PROVIDERS ONLY
<input type="checkbox"/> Return a list of the staff names that have completed <b>Recovery Coach training</b> . List names and the specific training attended.
CHILD CARE PROVIDERS ONLY
<input type="checkbox"/> Return a copy of your current <b>License with EEC</b> .



**OTHER**

If your organization is licensed by another regulatory body, return a copy of the current license.

Return copies of any licenses or documents that are relevant to the service you propose providing. Please describe as needed.

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Read the **Confidentiality Agreement**

*Keep in your files.*

Read the **Standard Terms and Conditions**

*Keep in your files.*

Read the **Provider Manual**

*Keep in your files.*

Complete this check list form, sign, and return it along with all of the above materials. Email or mail this packet to:

[Skraz@ahpnet.com](mailto:Skraz@ahpnet.com) or

Suzannah Kratz, ATR Program Associate  
Advocates for Human Potential, Inc.  
41 State Street, Suite 500  
Albany, NY 12207

Signature \_\_\_\_\_ Date \_\_\_\_\_