State of Alaska • Department of Health • Division of Senior and Disabilities Services
Home and Community-Based Waiver Services and Personal Care Services

Notice of Appointment or Change of Program Administrator

Send completed form and required attachments to DSDSCertification@alaska.gov
or fax to 907-754-3475, Attention: Provider Certification

Provider Agency

Name of Provider Agency: _____ Medicaid Provider #: _____

☐ Notice of Appointment ☐ Change of Program Administrator Date of Change: _____

Name of New Program Administrator: _____

E-mail: _____ Telephone #: _____

Services

The Program Administrator named above will manage the following service(s):

- ☐ Adult Day *
- ☐ Care Coordination *
- ☐ Chore
- ☐ Day Habilitation *
- ☐ Employment Services *
- ☐ Nursing Oversight and Care Management
- ☐ Personal Care Services
- ☐ Residential Habilitation *
- ☐ Residential Supported Living *
- ☐ Respite

Required Attachments

Please send only one copy for a notice of change or for a Program Administrator that will manage more than one service.

- ☐ Program Administrator's resume
- ☐ Documentation of Program Administrator's educational qualifications
- ☐ Documentation of SDS Critical Incident Reporting (CIR) training taken within the previous two years
- ☐ Documentation of SDS Settings training (*conditional, see services above marked with an asterisk* *)
- ☐ Documentation of service specific required trainings, if applicable (*refer to Conditions of Participation*)

Provider Assurances

I certify that the named Program Administrator meets the requirements for education and experience and possesses the required knowledge base and skills specified in the Conditions of Participation for Personal Care Services and/or the Conditions of Participation for the indicated waiver service(s).

_____ _____
Owner/Administrator/Director Signature Title

_____ _____
Print Name Date