

Personal Care Services

Renewal Certification Application Content Guidance

SDS requires all providers seeking certification to submit a complete application for evaluation.

This document serves as the provider's guide and checklist to submit a complete application.

Provider Responsibilities

Senior and Disabilities Services (SDS) expects providers to know and follow the Personal Care Services (PCS) and Community First Choice (CFC) services regulations related to certification, as well as the Conditions of Participation for the service(s) requested. The application and supporting documents submitted to SDS must demonstrate understanding of these regulations and that you are ready to provide the service(s) requested. SDS developed the following guidance to help you prepare your application for certification.

Application Submission Format and Tips

Submit your application using **one** of the following three submission methods:

- Electronic (email) Submission (*preferred method*) must be
 - In a PDF format (not MS Word, JPEG, etc.)
 - Emailed to: DSDSCertification@alaska.gov
- Fax Submission must be
 - Letter-size documents (8.5 x 11 inch paper)
 - Must contain cover page that identifies the total number of pages being submitted
 - Faxed to: 907-754-3475
- Hard Copy Submission must be
 - Letter-size documents (8.5 x 11 inch paper)
 - Unbound (no staples, plastic page protectors, notebook binders, or plastic spiral binding)
 - Mailed or hand-delivered to SDS at *1835 Bragaw Street, Suite 350, Anchorage, AK 99508*

IMPORTANT

- If completing a certification application for more than one location, clearly identify and group all applicable forms and documents for each service location being submitted.

Complete Applications

Your application will be considered a “complete” packet if it consists of:

- Personal Care Services Provider Certification Application (Cert-36)
- Required core requirements as identified on the Cert-36 (see below)
- Policies and procedures **if** there are any changes or updates made by your agency or there has been a change in regulation since last certification (**conditional**).

If your application is returned to you as incomplete, you **must** resubmit your ENTIRE application packet.

Provider Core Requirements

1. Certification Application Forms

- Submit Personal Care Services Provider Certification Application ([Cert-36](#))
- Submit Provider Certification Application Policy Assurances form ([Cert-37](#))

2. Business License

- Review requirements for business licensing at <https://www.commerce.alaska.gov/web/cbpl/BusinessLicensing.aspx>
- Submit a copy of the agency's current State of Alaska business license.

3. Certificate of Insurance

- Review the [Provider Conditions of Participation](#) section on financial accountability for insurance standards. Submit a certificate of insurance that verifies current coverage(s) listed below:
- Commercial General Liability*: All providers must maintain insurance that includes coverage for commercial general liability.
- Workers' Compensation*: All providers must maintain insurance that includes coverage for workers' compensation. (Review workers' compensation requirements at <https://labor.alaska.gov/wc/>).
 - The certificate of insurance must identify:
 - The policy number(s) and coverage dates
 - The agency's name
 - The agency's physical address
 - Senior and Disabilities Services as the certificate holder with the following address:

**Senior and Disabilities Services
Provider Certification & Compliance
1835 Bragaw Street, Suite 350
Anchorage, AK 99508**

4. Critical Incident Reporting (CIR) Training

- Review the [Provider Conditions of Participation](#) section on training regarding CIR training. CIR training through SDS Training Unit must be completed at least *every two years* by Program Administrators.
- Complete the on-demand SDS CIR training course located at the [SDS Training Academy](#).
- Submit with the application a copy of the certificate(s) of completion of the SDS CIR training for the appointed Program Administrator.

5. Organization Chart/Personnel List/New Alaska Background Check System (NABCS) Account

- Ensure your agency's NABCS roster is current and matches the personnel list/organizational chart submitted with your renewal application.
- Submit an organizational chart that shows the following:
 - Names of the individuals filling each position (if a position is not filled, indicate "vacant")
 - Names of all board members, if applicable
 - Name of individual responsible for Medicaid billing
 - Names of individuals with an ownership interest in the provider agency
 - Any and all individuals associated with the entity or provider in a manner described in [7 AAC 10.900\(b\)](#).

- Submit a personnel list if the agency is too large to include all staff on the organization chart. Submit the list in alphabetical order by last name including job title next to personnel member name; preferred method is within Excel.
- Organizational chart must clearly demonstrate that there are enough staff/employees to deliver all services for which you are certified, including if there are multiple service delivery locations.

6. **Program Administrator**

- ***If*** there has been a previously unreported change in Program Administrator, please submit a completed Notice of Appointment or Change of Program Administrator ([Cert-04](#)) and all required attachments.
- In addition to the required attachments listed on the Cert-04, the PCS Program Administrator must complete the following trainings within 3 months of hire or approval as the Program Administrator. Please submit proof of completion or proof of registration for the following trainings:
 - o PCS Agency Administrator Training: Contact SDSTraining@alaska.gov to schedule.
 - o 40-Hour PCA Training: Must be taken by an SDS-approved PCA trainer. Please contact SDSTraining@alaska.gov for a current list.

Exception: An individual who has a qualifying credential as identified in [7 AAC 125.160 \(a\)\(1\)\(2\)\(3\)](#) is exempt from the 40-Hour PCA training requirement but **must submit** proof of their qualifying credential.

7. **Quality Improvement Report (QIR)**

- Review the [Provider Conditions of Participation](#) section on quality management.
- Review and summarize all required quarterly and annual reports, quality management activities, assessments, and corrective actions. Submit a QIR ([Cert-50](#)) for each location in which services are delivered covering the entire certification period as identified on the agency's most recent approval notice. **Do not use calendar or fiscal years.** Refer to [QIR Example](#).