



Personal Care Services Provider Certification Application and Renewal Application

ALL FIELDS ARE REQUIRED

Application Type: Initial Application Renewal Application
Service Type: Agency-Based Consumer-Directed Medicaid Provider #:

Agency Information

Doing Business As (DBA) Name: EIN/Tax ID #:
 Legal Business Name:
 Business Physical Address/City/Zip:
 Business Mailing Address/City/Zip:
 Physical Address of Recipient Records:
 Business Phone #: Fax #:
 Business E-mail: Business Website:

Form of Organization

Sole Proprietorship	Limited Partnership	Government/Public Agency
Limited Liability Company	For-Profit Corporation	Tribal Health Organization
General Partnership	Non-Profit Corporation	

Agency Contacts

Program Administrator:
 Contact Phone #: Contact E-mail:
 Supervising Nurse (*Agency-Based Only*): License #:
 Medicaid Claims Submitted By: Agency Employee Contractor Name:
 Name of Individual Responsible for Billing Medicaid:

Required Attachments

IMPORTANT: Review the SDS certification website for application guidance and content requirements at:
<https://health.alaska.gov/dsds/Pages/provider/default.aspx>

Applications will not be reviewed without all completed forms and attachments. If an application is determined incomplete, the provider will be notified by e-mail that resubmitting the *entire application packet* is required. Incomplete applications are not returned to providers.

This page serves as a checklist to ensure submission of a complete initial or renewal application.

Initial Applications:

The following required forms/documents must be enclosed:

- | | |
|--|---|
| Notice of Appointment or Change of Program Administrator Form (Cert-04) and all required attachments | |
| Policy Assurances Form (Cert-37) | Organizational Chart |
| State of Alaska Business License | Personnel List (if applicable) |
| Certificates of Insurance: | SDS Critical Incident Report Training Certificate |
| General Liability | PCS Program Administrator Trainings |
| Workers Compensation | (see <i>Application Guidance</i>) |
| Automobile (if applicable) | |

The following policies and procedures must be enclosed:

- | | |
|--|---|
| Admissions | Financial Accountability |
| Assistance with Self-Administration of Medication | Quality Improvement |
| Background Checks | Restrictive Intervention |
| Backup Plans for PCA's (<i>Consumer-Directed Only</i>) | Termination and Transfer of Provider Services |
| Critical Incident Reporting | Training |

Renewal Applications:

The following required forms/documents must be enclosed:

- | | |
|---|---|
| Notice of Appointment or Change of Program Administrator Form (Cert-04) and all required attachments (<i>change only</i>) | |
| Policy Assurances Form (Cert-37) | Organizational Chart |
| State of Alaska Business License | Personnel List (if applicable) |
| Certificates of Insurance: | Quality Improvement Report (Cert-50) |
| General Liability | SDS Critical Incident Report Training Certificate |
| Workers Compensation | PCS Program Administrator Trainings (<i>change only - see Application Guidance</i>) |
| Automobile (if applicable) | |

Submit only policies and procedures if they have been updated since the last certification or due to a change in regulation.

Provider Assurances

I affirm that the provider agency will comply with the Personal Care Services regulations, 7 AAC 125.010 – 7 AAC 125.199, the Personal Care Services Conditions of Participation, and all applicable federal, state, and local laws and regulations. I certify that the information provided in the attachments required for certification is true, accurate, and complete.

Owner/Administrator/Director Signature

Title

Print Name

Date

Email

Phone Number

Name of Person Completing Application