Individual Care Coordinator

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 Home and Community-Based Waiver (HCBW) 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*

Complete Applications

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

- ☐ Care Coordination Certification Application (Cert-02)
- ☐ Required Provider Core Requirements and Attachments as identified on the Cert-02

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

Provider Core Requirements

1. **Certification Application Forms**
   - ☐ Submit Care Coordinator Certification Application (Cert-02)
   - ☐ Submit Care Coordinator Disclosure of Business and Familial Relationships Form (Cert-20)

2. **Certificate of Completion of Care Coordination Training**
   - ☐ Review the *Care Coordination Services and Long Term Services and Supports Targeted Case Management Conditions of Participation* for training standards.
   - ☐ Submit with the application a copy of the certificate of completion of an SDS Care Coordination training course. See the SDS Training Academy for training courses.

3. **Completion of Annual Continuing Education Hours (CEH)**
   - ☐ Review the *Care Coordination Services and Long Term Services and Supports Targeted Case Management Conditions of Participation* for training standards.
   - ☐ Submit with the application evidence of attendance/participation in, at a minimum, 16 hours of relevant continuing education for *each year* of your assigned certification period.
   - ☐ At certification renewal, proof of completion of 16 *annual* CEH is required.
     - All care coordinators with an effective renewal certification start date of November 1, 2022, or later, must submit proof of completion of 16 CEH for *each year* of your certification period.

     REMINDER: Back-up Care Coordinator(s) **must** be included on the agency's NABCS roster.