

DSDS PROVIDER RECERTIFICATION CHECKLIST INCLUDING UPDATES

12/10

You must submit any of the following that apply to your agency with the recertification application, IN ADDITION TO THOSE REQUIREMENTS ALREADY LISTED IN THE PACKET/S:

- All Providers: Critical Incident Reporting: proof of attendance must be submitted.** If your agency has not attended, register with Kara Thrasher-Livingston, DSIDS Training Specialist II at:
Kara.Thrasher-Livingston@alaska.gov

- All Providers: Background Check Requirements: Include a list of all current employees and evidence of completed Background Checks with your recertification packet.**
 - Variations:** IF you have employees with background check variances you **must** request an extension of the variance at the time of your recertification.
 - To request a variance extension, contact the DSIDS Provider Certification Unit at 269-3666 for the required paperwork
 - Submit evidence of a new background check for each person for whom you are requesting an extension. Notify the BCU the reason why you are submitting the new check request.
 - Also inform us if you have any employees who had variances who stopped working for your agency.

- All Care Coordination AND PCA agencies:** If your agency has a new program administrator, assure that the application includes proof of their qualifications **INCLUDING** a certificate of completion for the PCA Agency Training or Care Coordination Training as appropriate.

- All Home and Community Based Waiver providers ONLY:** Submit the following elements from the HCB Waiver Certification Application Packet found at
<http://hss.state.ak.us/dsids/pdfs/certAppPkt2ndEdRev.pdf>:
 - Cover Sheet, page 1
 - Table of Services, page 7
 - Section 2-complete pages 6-10; attach all items listed under Recertification, page 8
 - Original signature of the authorized agent (owner/administrator) required
 - Include a copy of picture ID for the owner/administrator
 - Be sure the address for DSIDS as the Certificate Holder on the Certificate of Insurance reflects our **NEW ADDRESS: 550 W. 8th Avenue, Anchorage, AK 99501**

- Additional Sections:** Complete **ONLY** the sections for the services you plan to recertify or wish to add to your certification. Read each section carefully to determine what needs to be submitted for recertification. **Be sure each section is completed and submitted with an original signature. Do not include sections for services you are not providing.**

- Additional Requirement for Residential Supported Living (RL) Providers:** include a complete copy of your Report of Investigation for each year since your last certification, as well as copies of any Violations at Inspection.