

**Use this Checklist to assist in the Recertification Requirements:**

**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 for any staff trained since your last certification only.** Register with Kara Thrasher-Livingston, DSDS Training Specialist II at: [Kara.Thrasher-Livingston@alaska.gov](mailto:Kara.Thrasher-Livingston@alaska.gov)

**All Providers:** Include a list of all current employees, contractors and volunteers **that are not listed on your organizational chart** with your recertification packet, listing them by job title and including their full names.

**You must have an account set up at the Background Check Unit at** <http://www.hss.state.ak.us/dhcs/CL/bgcheck/default.htm>

**Variances:** 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 DSDS 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 Home and Community Based Waiver providers ONLY:** Submit the following elements from the HCB Waiver Certification Application Packet found at

[http://www.hss.state.ak.us/dsds/pca/documents/CertAppPkt2ndEd42106\(2\)RegThirdEdition12-10.pdf](http://www.hss.state.ak.us/dsds/pca/documents/CertAppPkt2ndEd42106(2)RegThirdEdition12-10.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

Be sure the address for DSDS as the Certificate Holder on the Certificate of Insurance reflects our **NEW ADDRESS: 550 W. 8<sup>th</sup> 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 Inspection for each year since your last certification, as well as copies of any Violations at Inspection and Report of Investigation.

**All Care Coordination, Habilitation Services 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.