



Notice of Appointment or Change of Program Administrator

Send completed form and attachments to DSDSCertification@alaska.gov; or
Fax to 907-754-3475: Attention: Provider Certification

Provider Agency

Name of provider agency _____ Medicaid Provider #: _____

Notice of Appointment **Change of Program Administrator** **Date of change:** _____

Name of new Program Administrator _____

Telephone _____ Email _____

Services

The Program Administrator will manage the following service(s):

- | | |
|---------------------------------------|--------------------------------|
| Adult Day * | Personal Care Services |
| Care Coordination * | Residential Habilitation * |
| Chore | Residential Supported Living * |
| Day Habilitation * | Respite |
| Nursing Oversight and Care Management | Supported Employment * |

Required Attachments

The following attachments are listed on each Service Declaration and are also required for Personal Care Services. Please send only one copy for a notice of change or for a program administrator that will manage more than one waiver service.

Program Administrator's resume

Documentation of Program Administrator's educational qualifications

Documentation of Critical Incident Reporting (CIR) training within the previous two years

Documentation of SDS Settings training (conditional, see services above marked with an asterisk*)

References

The work experience of the Program Administrator may be verified by contacting the following individuals:

Reference Name _____

Telephone _____ Email _____

Reference Name _____

Telephone _____ Email _____

Reference Name _____

Telephone _____ Email _____

Provider Assurances

I certify that the named program administrator meets the requirements for education and experience and possesses the required knowledge base and skills specified in the Conditions of Participation for Personal care Services or the indicated waiver service(s)

Owner/Administrator/Director signature

Print name

Title

Date