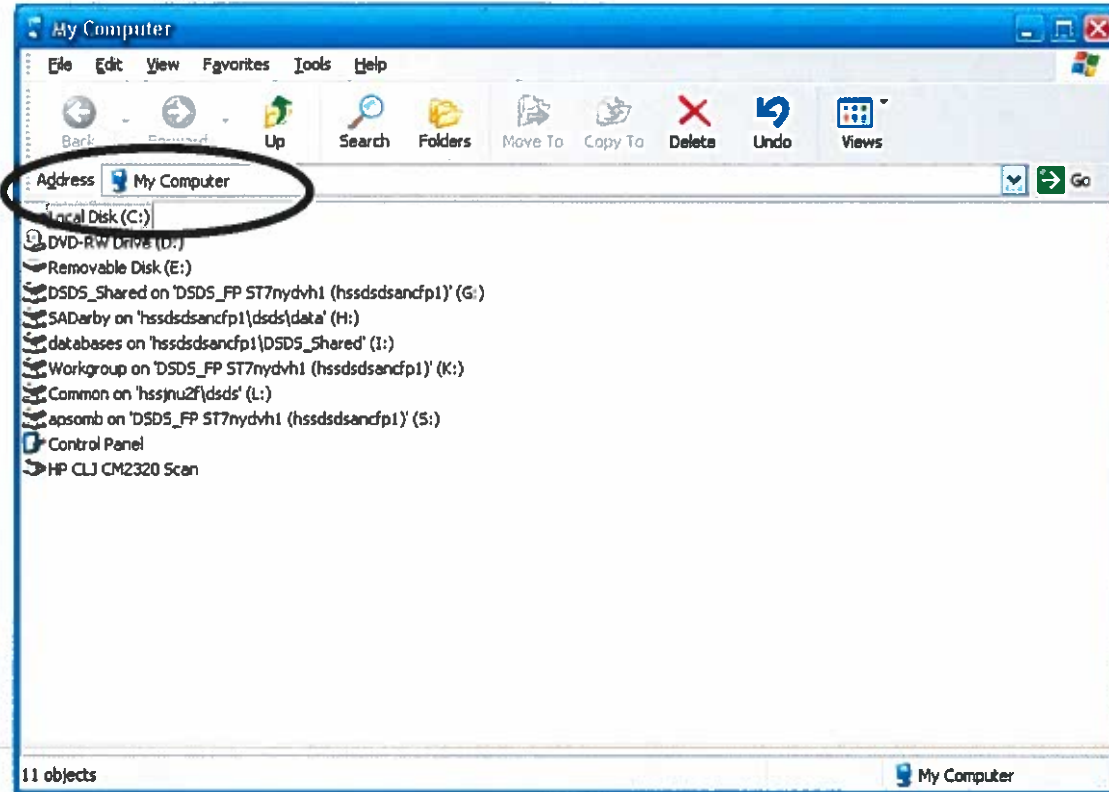


March 7, 2012

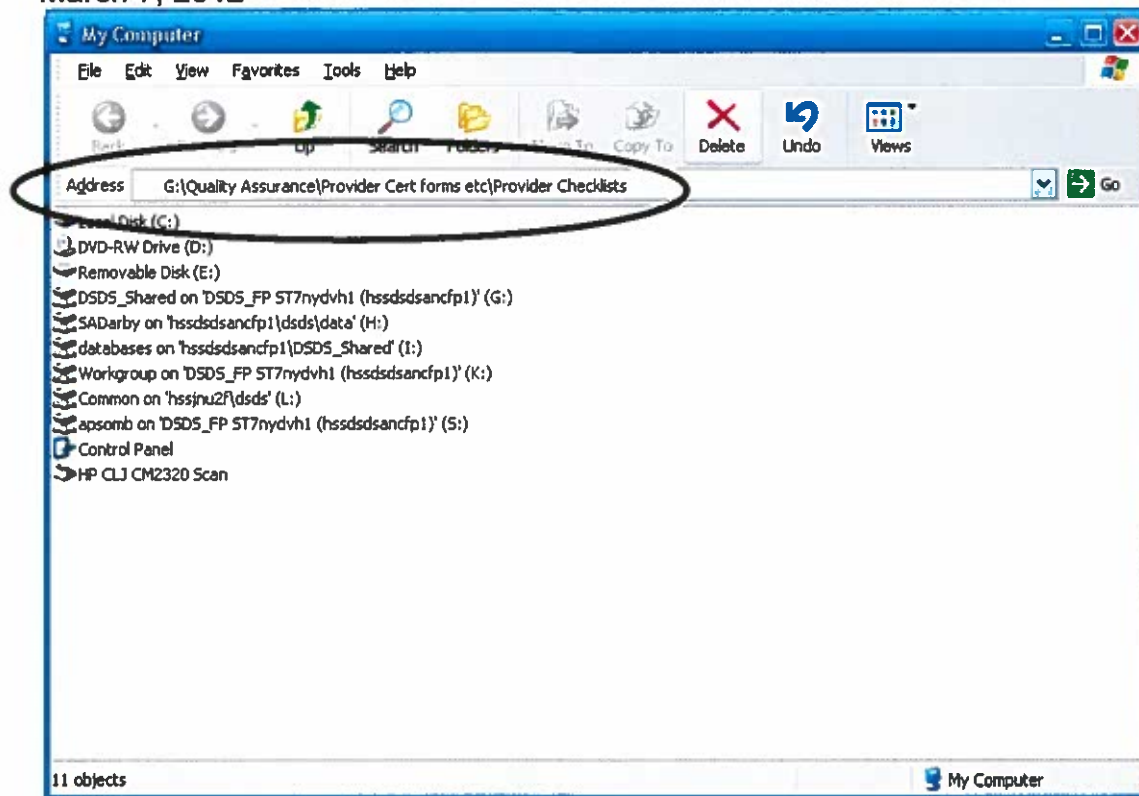
Adding Links To Specific Files Of Folders To Your Desktop.

Instead of keeping copies of files which get updated frequently locally use a shortcut to a specific folder or specific file or files.

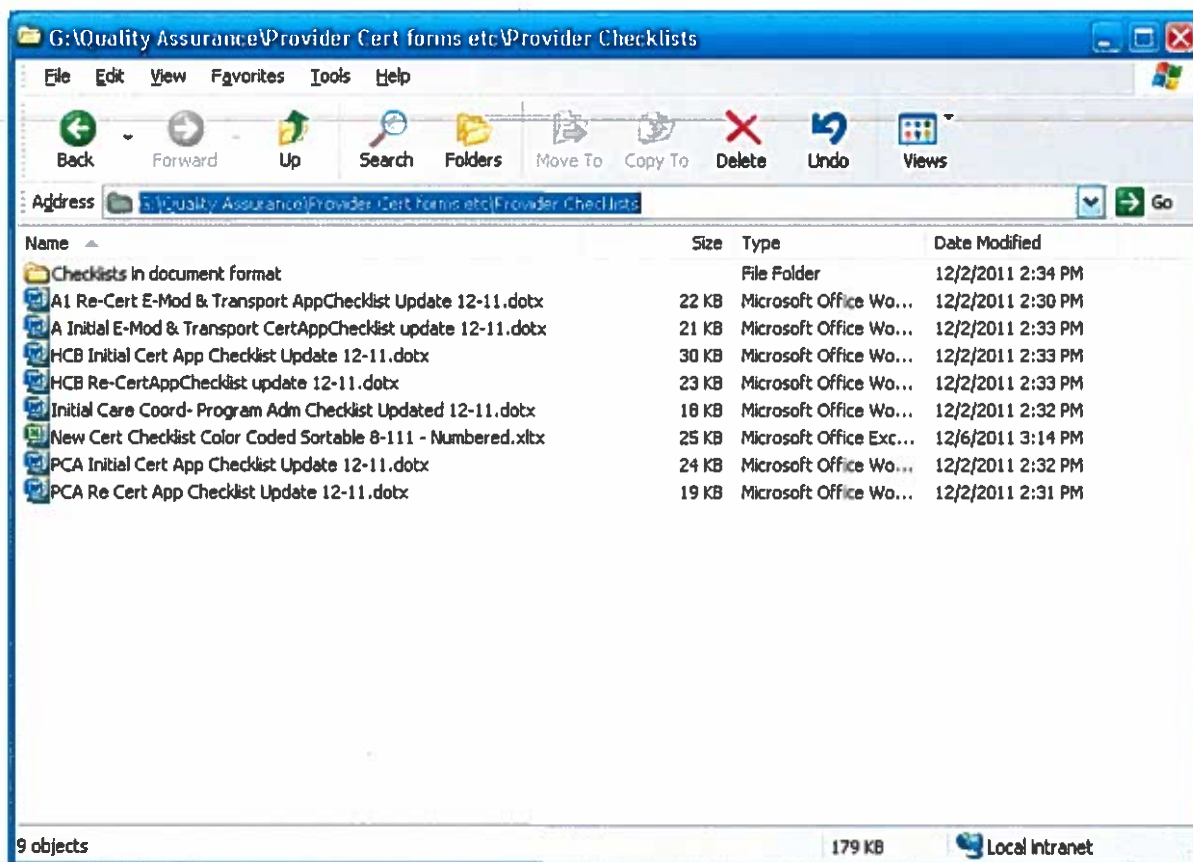
Copy & Paste this address into the My Computer Address Bar G:\Quality Assurance\Provider Cert forms etc\Provider Checklists



March 7, 2012

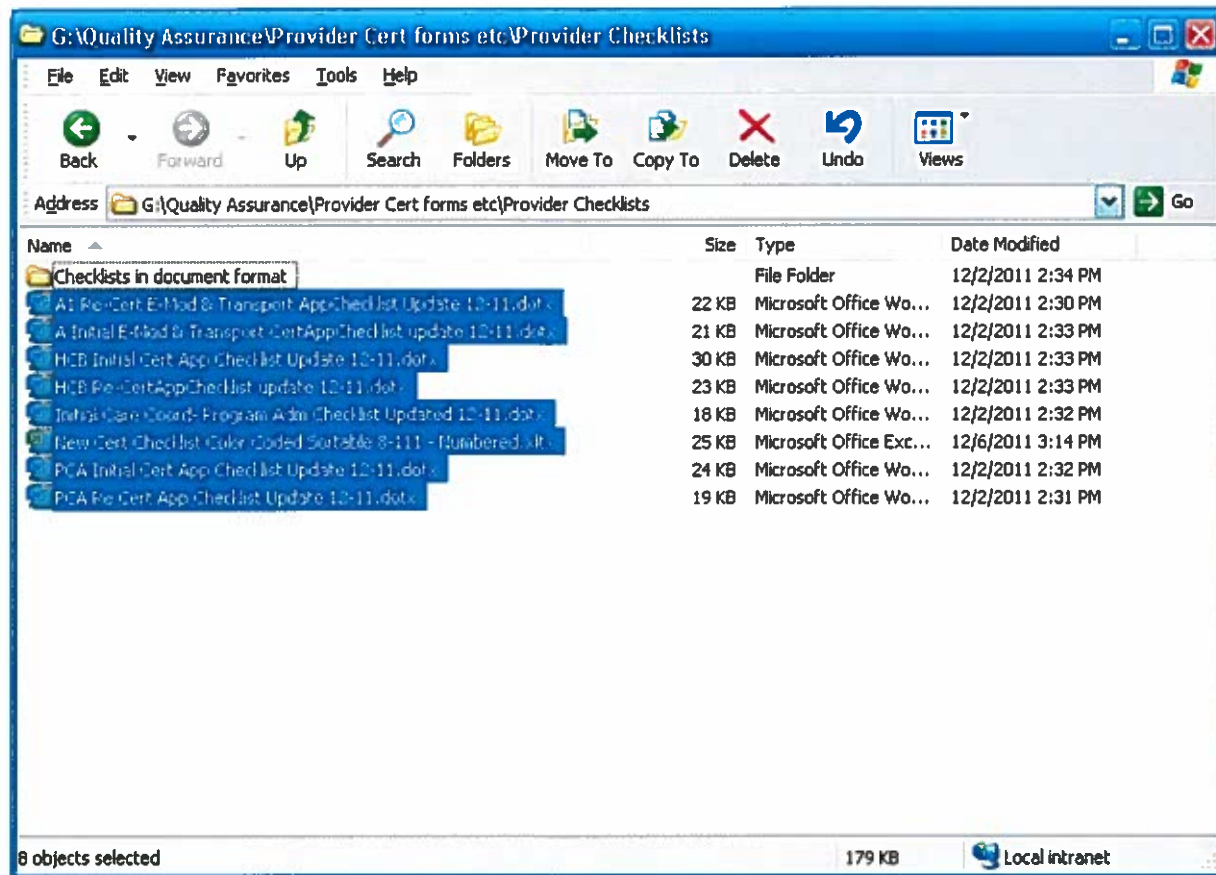


Press Enter



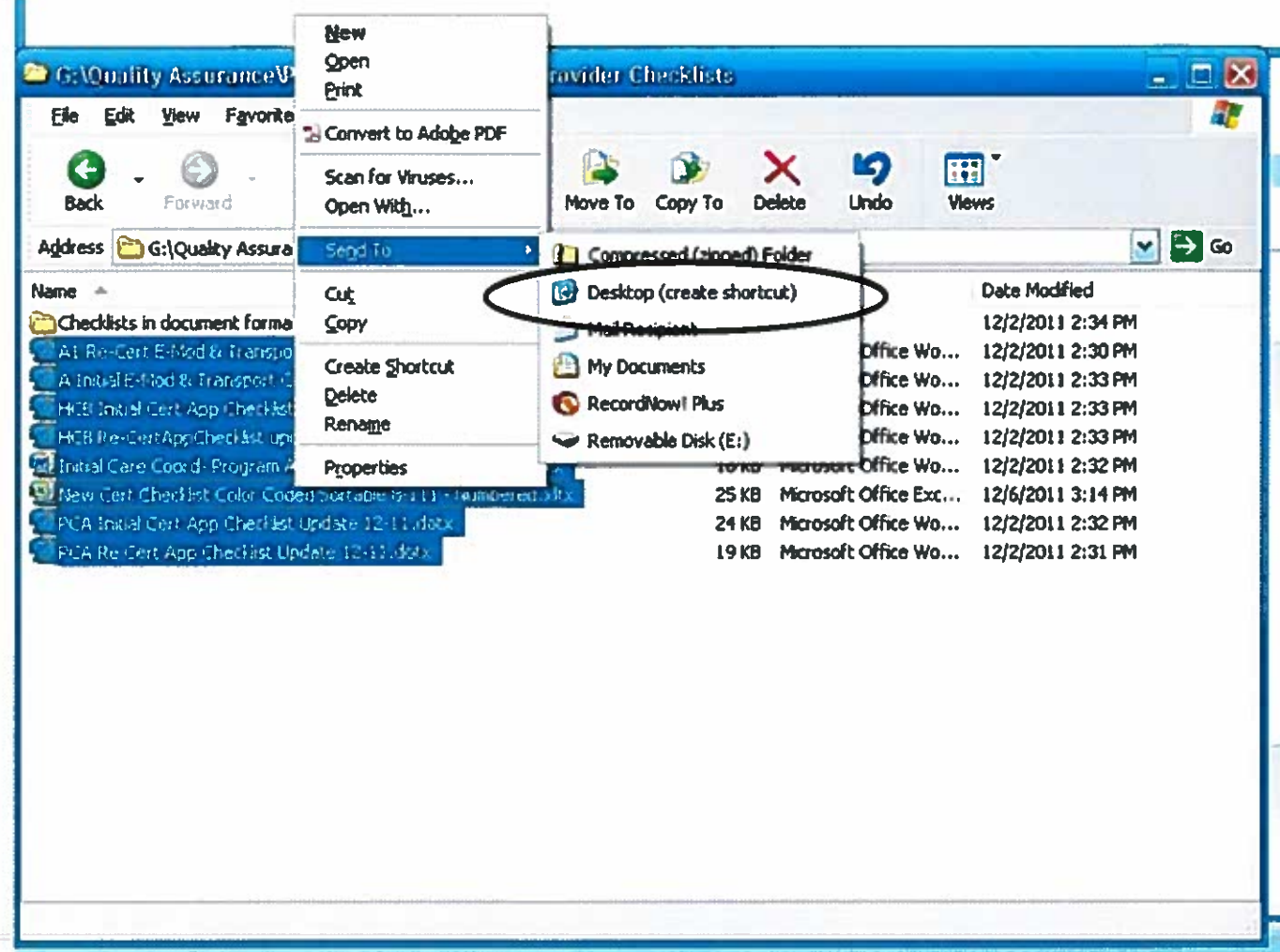
March 7, 2012

Highlight all the templates in the folder



Right click and hold, go to Send To → Desktop

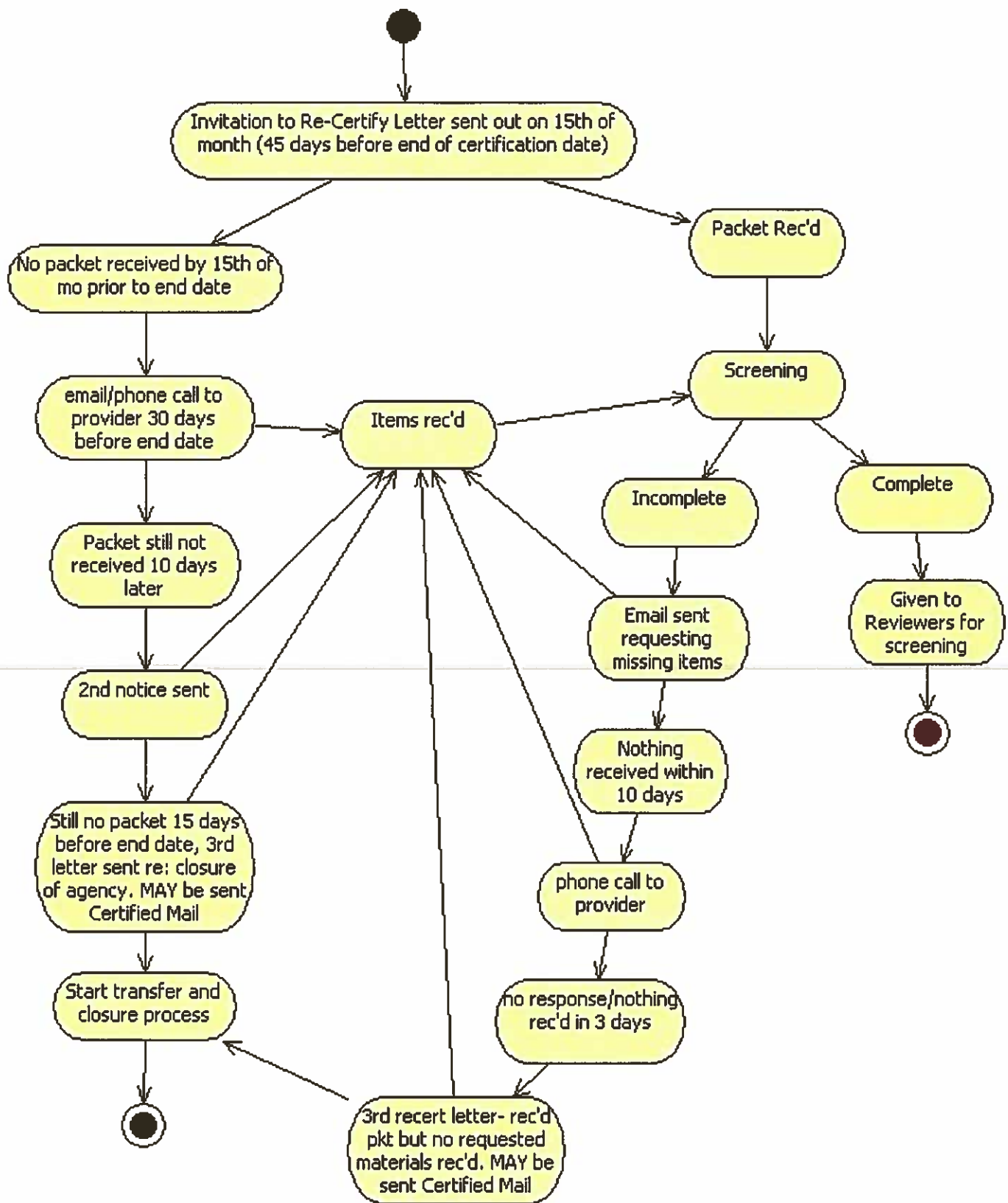
March 7, 2012

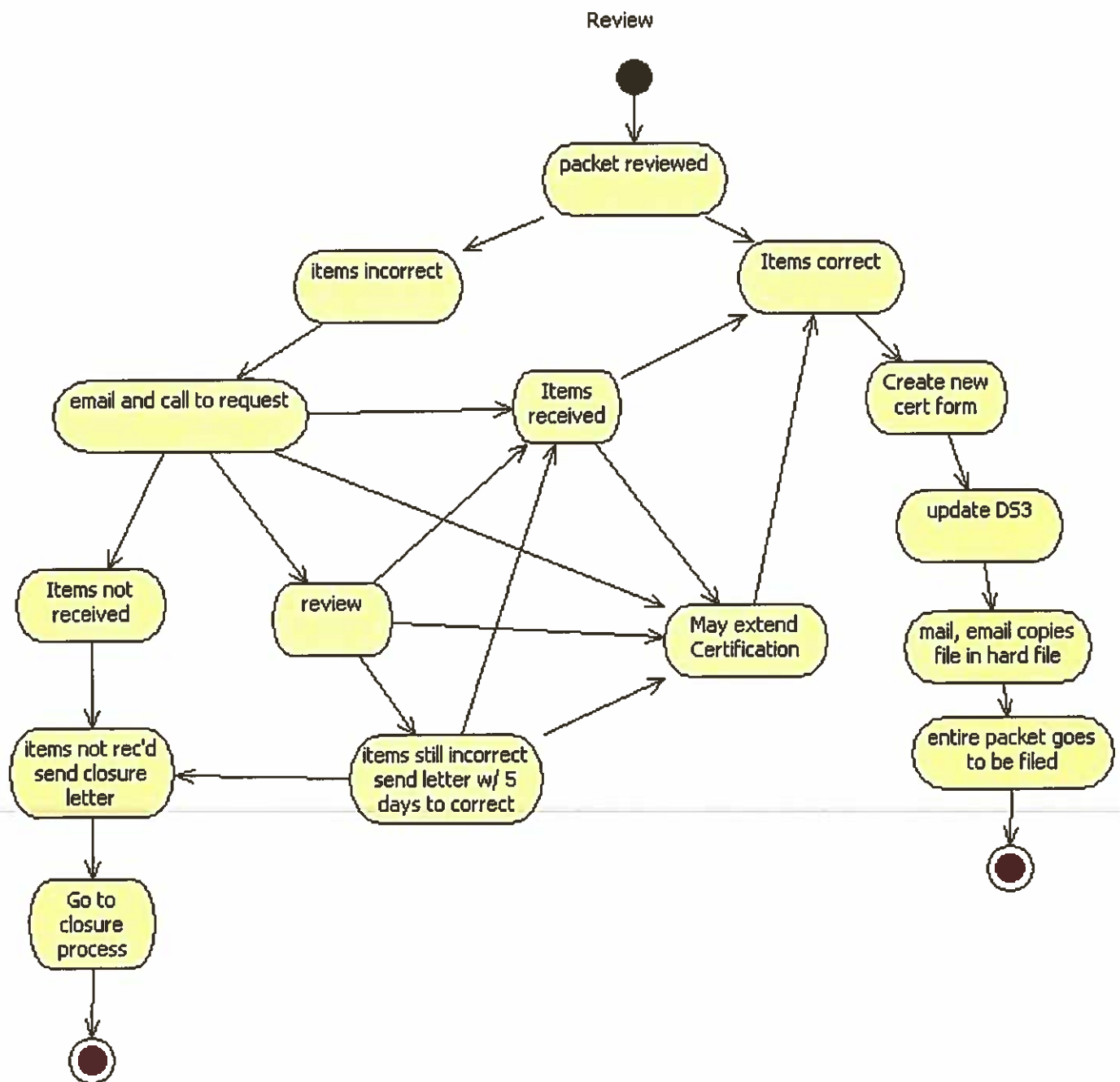


You now have ALL of the files with Shortcuts to your Desktop and do not have to worry about having the latest version!



SCREENINGS





Provider Certification File Plan

Provider Certification files will be organized in either a two-part or one part file. Section I explains which types of provider certification use the two-part system. Section II defines the file plan for individual care coordinators (who are not independent agencies) and environment modification providers. Section III defines the purging and archiving plan. All 2 part files will have the red/brown colored folder in front with the green folder in back. All folders will be labeled identically.

I. Two-Part Certification Files

A. Waiver Provider Certification Files

Folder 1: Red folder- Four part (one divider hard folder)

1. Certification, checklist & list of Certified Care Coordinators (as applicable)
2. Cost Based Rates (if we have that)
3. Business Licenses & Insurance
4. Correspondence

Note: IF Care Coordination is provided only agency (CMG) information goes in these folders the CM (individual provider) goes into a Red no divider folder and is stored in Gail C's Office

Folder 2: Green Folder

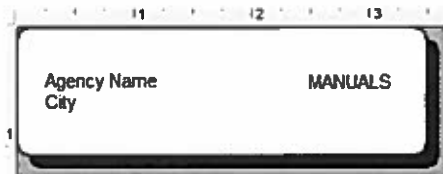
The second folder contains the remaining portions of the certification packet for reference only. This is broken down by sections to fit within the confines of the 6-part folder as needed.

All Labels look like this and match:

AGENCY NAME		
CMG#, HC#, RL#		CITY

Additionally large providers may have separate folders for Employee Manuals or other large materials that do not fit neatly into a standard folder or are bound.

These files will have the following:



B. Personal Care Assistance Provider Agency Certification Files

PCA Agency Certification Files are maintained separately and a 2 file system.

Folder 1: Red folder

Red Hard File the same as the HCB providers contains the

1. PCA cover sheet
2. Licensing, insurance
3. Correspondence

Folder 2: Green Folder

Remainder of certification packet broken down to fit within the 6 part folder



Unique folder may have additional labels if the agency goes by one name and has a DBA for payee or multiple folders may have years on them to identify which folder is the most current. These additional stickers will be on the body of all applicable folders

II. Single Folder Certification Files

A. Individual Care Coordinator Certification File: Red Folder

CM#	LAST NAME, FIRST NAME	CITY
-----	-----------------------	------

1. Certification & checklist on the left
2. Remaining documents on the right

Note: The exception is if the individual is also the owner of a Care Coordination Agency and not part of a larger agency then it is filed with the regular waiver provider certifications as described in section I.

B. Environmental Modification (E-Mod) 2 prong manila folder

EM#	AGENCY NAME	CITY
-----	-------------	------

1. Certification & checklist on the left
2. Remaining documents on the right

III. Open Volumes

THIS POLICY & PROCEDURE IS UNDER DEVELOPMENT CURRENTLY

These are special large, long term providers deemed to take up too much space and are moved upstairs due to space considerations. They are carefully labeled with provider names, numbers and what years and sites are contained within each folder. This is printed and placed in the communications section of each of the matching red folders for the current year that remained downstairs. Space is limited for Open Volumes and the decision to move an older volume of a provider is discussed with the Sr Service Tech/Clerk and Management.

IV. Closed Providers

- A. Providers close for several reasons
1. Decide not to recertify
 2. Sanctions

3. Legal actions
4. Let certification lapse

These providers move from open to closed files and remain on site for 1 yr unless management decides they are a DNA (Do NOT Archive) for special reasons such as lawsuits or ongoing sanctions. All other provider files are sent to offsite storage for an additional 6 years.

Closed providers are moved from a hard file (described above as the multi part files) to a soft file (known as manila folders). They are labeled as follows:

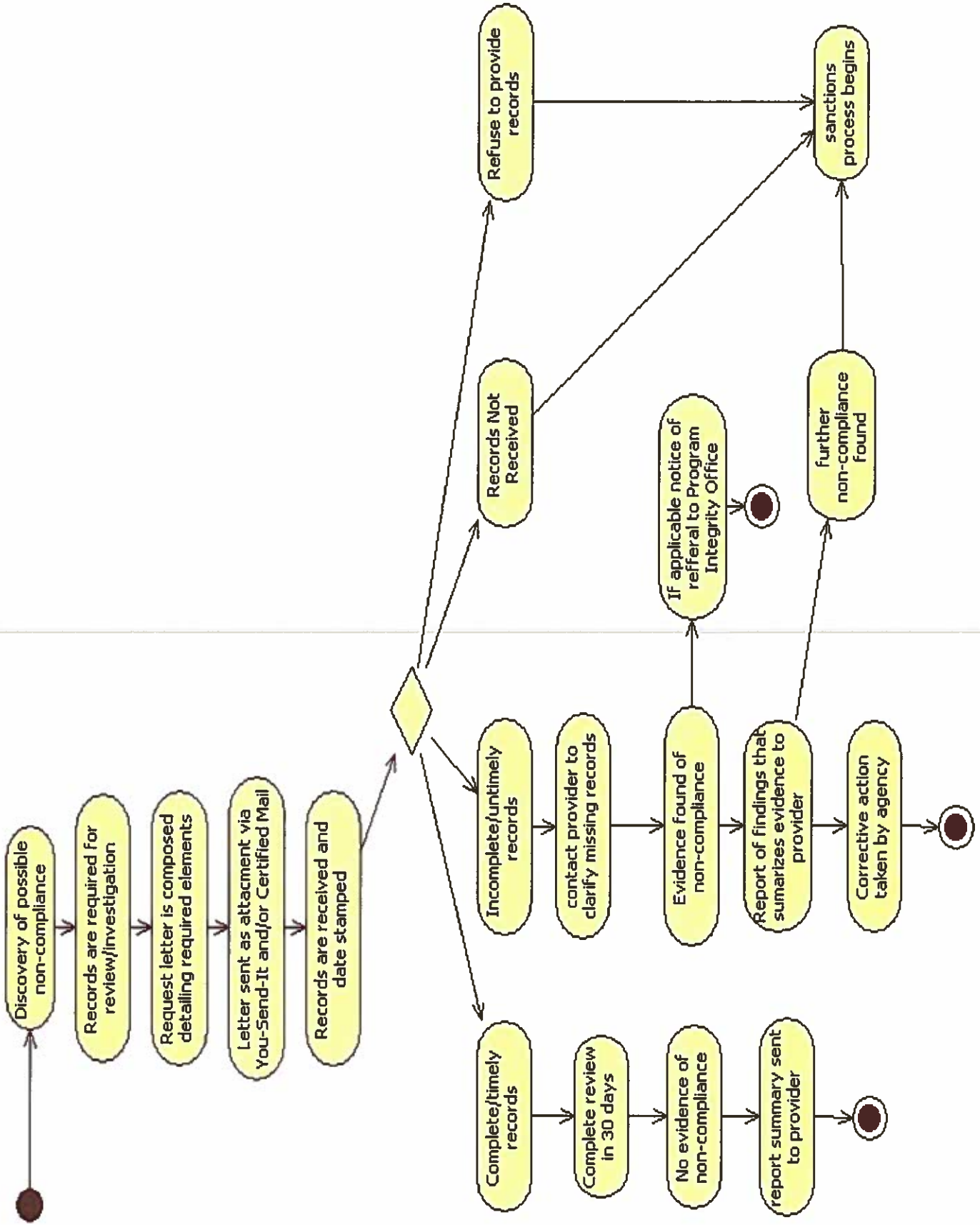
AGENCY		
PROVIDER #		CLOSED DATE

As part of the process of moving from a hard to soft file the end dates are checked in DS3 & MMIS as well as any Work Orders for ACS done as needed. On the body of the file on the right hand side will be the closed date hand written and should match the closed date on the label.

V. Provider Certification Archiving

Closed provider certification files should be pulled from the active cabinets every year to make room for new providers. These are stored in cabinets filed by year and then alphabetically. The closed provider certification files will need to be sent to archiving about once per year to make space for new closed providers. All archiving follows the Records Retention Schedule, Schedule Number 67600 Approved August 2007.

NEW ARCHIVING PROCEDURE UNDER DEVELOPMENT DUE TO NEW DATABASE



Creating New Provider Files

Supplies needed; Provider File, Burgundy & Green Folders, Hanging file of a size to hold file.

File Tag Labels: 3 Provider name tags w/ Provider Name, Provider Number, city of physical location. 1 each: certificate, rate, licenses, correspondence. 2 green dots w/m/v date.

1. Starting with hanging file, put provider name label on file tag and attach to hanging file.
 2. Using the burgundy or red folder, attach the "Certification" to the tab on the first page on the left side.
 - B. Put "Rate" label on Right hand page tab.
 - C. Turn to the LAST TWO PAGES of the folder (folders will have different numbers of pages), put the license label on the left hand page.
 - D. Put the correspondence label on the upper right hand corner of the right page.
 - E. Put a provider label on the large tab on the last page of the folder so it can be seen when the folder is closed
 - F. Put one of the green date dots on the upper right hand corner so it's known when the file was created.
-

III. The green folder is much easier to do as it only needs the provider name label put on the large tab on the last page and the green dot put on the upper right hand last page.

**QA Provider Certification
Provider Electronic Folders Processes
04-2012**

- ❖ **Provider Agency Folders Naming and Organizing** in the Quality Assurance Folder of the G Drive:
 - **Main Agency Folder:** all locations and provider types owned by one agency go under main folder (**ResCare, Access Alaska, Catholic Community, etc**) currently certified. Agency that start with "The" are named using the root name, leaving "The" at the end of the name (**Ark, LLC, The**)
 - **Sub-folders:**
 - **Location:** If a provider has more than one location, each location should have a Provider Location sub-folder listed with the agency name, and location (**Acme Agency Soldotna, Acme Agency, Wasilla**). Agency location is **OPTIONAL**, only for those with more than one location.
 - Each Provider Agency folder or Provider Location Folder may contain the following sub-folders depending on the information pertaining to the provider:
 1. **Services:** Waivers, PCA, Individual Care Coordinators (CCs) specific to location
 2. **Waivers & Variances-** maintain one folder under main folder for all locations
 3. **Reports of Investigations-**save specific to location
 4. **Audits & Reviews-**maintain one folder under main folder for all locations
 5. **DHSS Actions-**maintain one folder under main folder for all locations (Exception: denied or closed locations)
 - Information maintained within each of these folders is listed below.
 - Exceptions- will be documented at the bottom of this document
 - **Documents:**
 - **Screening Checklists:** saved in associated folder, whether initial, recert, new location, or new service.
 - Name as "Agency Name, Service-type Checklist, Location, Date " (**Acme Agency, PCGAPP Checklist, Nome, 12-2010**); (**Acme Agency, HC123, Soldotna, Recert Checklist , 01-2012**)
 - **Initial Applications Including Add-On Services and New Care Coordinators:** Scanned and saved to provider agency folder.
 - Name as "Agency Name(location), Initial Service-type App, Location, Date " (**Acme Agency-Nome,, PCGAPP, 12-13-2010**); (**Acme Agency, Suzie Smith, CMAPP, 01-2012**); (**Acme Agency, HC123, ResHab-FH, 02-2012**)

*** Note: See bottom of this document to see acceptable service abbreviations

 - **Recertification Applications:** Scanned and saved to provider agency folder, in sub-folder for location. If more than one location, should be sub-folders named for each location.
 - Name as: "Agency Name-(Location), Provider #, Recert, Date" (**Acme Agency-Soldotna, HC123, Recert, 01-2012**)
 - **Cert Forms:** saved in the appropriate folder or subfolder. For Cert Forms only, the date of the document will align with the end date of that certification. Acceptable names:
 - ➔ Initial: **Acme Agency-Anc,HCAPP,InitialCertForm,01-31-2012**

QA Provider Certification
Provider Electronic Folders Processes
04-2012

- Recertification: Acme Agency-Anc,HC123,RecertForm,01-31-2013
- Extended Certification: Acme Agency-Anc,HC123,ExtCertForm,03-31-2013
- Corrected Certification: Acme Agency-Anc,HC123,CorrectCertForm,03-31-2014
- Ended Certification: Acme Agency-Anc,HC123,EndCertForm,01-31-2014
- **Services:** if the agency provides both waivers and PCA, there should be subfolders for each service, at each location. Whenever a new service category (CMG, HC, RL, EM, PCG) is added by an agency, a subfolder is created either in the main agency or in the location folder. Name them (**Acme Agency-Wasilla-PCA, Acme Agency-Anchorage-Waiver Services**).
 - **Documents:** Use same naming process under location documents above.
 - **Care Coordination:** If there is multiple care coordinators certified under one agency, a sub-folder/s maybe created and named “Agency Name, Individual CCs Certified” (**Acme Agency, Individual CC Certified**). If the agency is even larger, additional sub-folders maybe created and named “Acme Agency, Individual CCs Certified 2011”
 - ◆ **Individual Care Coordinators:** Initial application packets and associated documents scan to the provider agency folder and name: “Agency Name, CC Name, CMX, Date of App” (**Acme Agency, Snow White, CMX, 01-2012**). If there is a sub-folder named “Individual CC Certified in 2012” then it should be saved in that folder. If there is an “Acme Agency CMG folder” save it there. If there is no separate folder labeled either CC or CMG, save out in main folder.
- **Waivers & Variances:** Name a sub-folder (**Acme Agency Waivers & Variances**); additional sub-folders created as needed and named “Name of Agency, CPR Waivers, date” (**Acme Agency CPR Waivers, 2012**) and “Name of Agency, Variances, date” (**Acme Agency Variances, 2012**).
 - ◆ **Documents:**
 - **CPR/First Aid Waivers:** Save all waivers for that provider in that sub-folder. Name the scanned document: “CPR, Agency Name, Last Name, First Initial, (month-year)” (**CPR, Acme Agency, Smith, R. 01-2012**)
 - **Variances:** When staff processes a variance for an agency, that staff will place a link into that agency folder to the “Variance Log”.
- **Reports of Investigation:** subfolder created as soon as reports are to be saved as “Agency Name, ROI”. Other subfolders may be created for additional locations or years.
 - **Documents:** Saved as named by ALH Licensing.
- **Audits & Reviews:** subfolder to be named “Agency Name, Provider #, Audits & Reviews” (**Acme Agency, HC123, Audits & Reviews**)
 - **Documents:**
 - **Site Reviews :** Name and save file as “Agency Name, Provider #, Site Review, date” (**Acme, HC123, Site Review, 01-2012**)

QA Provider Certification
Provider Electronic Folders Processes
04-2012

- **Audit Reports:** Create a subfolder if needed as “Audit Reports” and name and save document as “Acme Agency, Audit, 01-2012”.
- **DHSS Actions:** Name as “Agency Name, DHSS Actions” (Acme Agency, DHSS Actions)
 - **Documents:**
 - **Formal Correspondence (Letters):** The documents should be named “Agency Name, Provider #, Name of document, date” (Acme Agency, HC123, Invitation to Recertify, 01-2012).
 - **Records Requests** should be named as “Agency Name, Provider #, Records Request, date” (Acme Agency, HC123, Chore Services Records Request, 01-2012) Include copy of original request as part of scanned document.
 - **Investigation Reports:** The documents should be named “Agency Name, Provider #, Investigation, date”: (Acme Agency, RL000, Fraud Investigation, 01-2012).

Acceptable Service Abbreviations:

→ Care Coordination Services	(CMG)
→ Residential Habilitation Services	(ResHab)
→ Day Habilitation Services	(DayHab)
→ Supported Employment Habilitation Services	(SupEmpHab)
→ Adult Day Services	(AduDay)
→ Residential Supported Living Services	(RSL)
→ Respite Services	(Resp)
→ Intensive Active Treatment Services	(IAT)
→ Environmental Modification Services	(Emod)
→ Chore Services	(Chor)
→ Transportation Services	(Trans)
→ Meal Services	(Meal)

- **1-A CLOSED PROVIDER AGENCY FOLDERS:** All closed agency folders shall be placed here after all correspondence and actions have been completed and packet has been scanned and saved, by the SDS staff person handling the closure.
- **1-A DENIED OR WITHDRAWN APPLICATIONS:** All agency folders where the application was denied or withdrawn shall be placed here, by the staff person handling the action, after all correspondence and scanning of documents are completed.
 - **Documents:** All incomplete, denied or withdrawn applications are saved in the root-agency (primary) folder as follows”
 - **Incomplete Applications:**
 - ◆ Letter saved as “Agency-name(location), App Type, incomplete, date .docx (Acme Agency-Frbks, HCAPP, Incomplete, 02-2012.docx)
 - ◆ Application is scanned and saved same as letter above, with .pdf extension
 - **Denied Applications:**

**QA Provider Certification
Provider Electronic Folders Processes
04-2012**

- ◆ Letter saved as **"Agency-name(Location), App Type, Denied, date .docx (Acme Agency-Kodiak, HCAPP, Denied, 02-2012.docx)**
 - ◆ Application is scanned and saved same as letter above, with .pdf extension
 - Withdrawn Applications:
 - ◆ Letter saved as **"Agency-name(Location), App Type, Withdrawn, date .docx (Acme Agency-Anc, HCAPP, Withdrawn, 02-2012.docx)**
 - ◆ Application is scanned and saved same as letter above, with .pdf extension
-

Procedure to Add a New Care Coordinator

1. While logged into DS3 pull down the Provider Menu and click on Create Provider



2. Add the person's Name and Region

This block contains two side-by-side screenshots of the 'Create Provider' form in the DS3 application. Both screenshots show the same form structure, which includes fields for 'Last', 'First', 'Middle', and 'Suffix' names. There are also fields for 'Active' (Yes/No), 'Bed Count', 'DSOS ID' (Generated after creation), 'NPI', 'Provider ID', 'Region' (with a dropdown menu), 'Secondary Region' (with a dropdown menu), 'Business License', 'Bus. Lic. Expiration', and a 'Notes' text area. The 'Region' dropdown is set to 'Anchorage' in the right-hand screenshot. The 'Provider ID' field is empty in both.

3. Save

This screenshot shows the 'Create Provider' form after the provider has been saved. The form is now populated with the following information: 'Last' name is 'Smith', 'First' name is 'Katherine', 'Middle' name is 'D.', and 'Suffix' is empty. The 'Active' status is 'No'. The 'DSOS ID' is '83288'. The 'Provider ID' is '83288'. The 'Region' is 'Anchorage' and the 'Secondary Region' is '(none)'. The 'Business License' and 'Bus. Lic. Expiration' fields are empty. Below the main form, there is a 'Contact Information' section with fields for 'Physical Address', 'Mailing Address', 'Home', 'Business', 'Cell', 'Fax', and 'Email Address'. At the bottom, there is an 'Additional Contact Information' section with a 'Phone' field.

4. Add the individuals Physical and Mailing Addresses, Phone, Fax and E-mail.
Save each time information is entered

The screenshots show a web application interface for managing provider information. The provider is Katherine D. Smith, DSD ID 83269, located in Anchorage, AK. The interface includes tabs for Contacts, Medical Codes, Rates, Consumers, Agents, and Notes. The 'Contacts' tab is active, showing fields for Last, First, Middle, and Suffix names, and checkboxes for Active, DSD ID, and Provider ID. Below this, there are sections for Physical Address, Mailing Address, and Contact Information. The Physical Address section shows 800 Barrow Street, Suite 404, Anchorage, AK 99501. The Mailing Address section shows the same address. The Contact Information section shows a Home phone number (907) 258-3498 and a Fax number (907) 278-0171. The interface also includes a 'Save' button and a 'Print' button.

5. Click on Medicaid Codes

- a. Add the CMX, RLX, HCX, or EMX as a placeholder until a provider number is issued
- b. Add start and end dates of the certification
- c. Change the status to Cert Approved
- d. Click Add

DDS **Providers** APS PCA Waiver Programs Assessments Options Search Options
Smith, Katherine D. [Provider]
 DDSID: 83269

[Details](#) [Contacts](#) [Medicaid Codes](#) [Rates](#) [Consumers](#) [Agents](#) [Agencies](#) [Notes](#) [Prev](#) [Next](#)

Provider ID's

Medicaid Code	Start Date	End Date	Status	
No records found.				
<input type="text" value="CMX"/>	<input type="text" value="6/15/2009"/>	<input type="text" value="6/30/2010"/>	<input type="text" value="Cert Approved"/>	<input type="button" value="Add"/>

6. Under Service Categories click on the "Click here to add one now" link

DDS **Providers** APS PCA Waiver Programs Assessments Options Search Options
Smith, Katherine D. [Provider]
 DDSID: 83269

[Details](#) [Contacts](#) [Medicaid Codes](#) [Rates](#) [Consumers](#) [Agents](#) [Agencies](#) [Notes](#) [Prev](#) [Next](#)

[Add Medicaid](#) [Add Category](#)

Provider ID's

Medicaid Code	Start Date	End Date	Status	
CMX	06/15/09	06/30/10	Cert Approved	Edit

Service Categories for CMX

Service Category	Start	End	Status	Met Req
No Service Categories have been added. Click here to add one now				

7. Choose the COS (Category of Service)

- Add the status (Cert Approved)
- Add the start and end dates of the Certification
- Choose the type of Waiver clients to be served

DDS **Providers** APS PCA Waiver Programs Assessments Options Search Options
Smith, Katherine D. [Provider]
 DDSID: 83269

[Details](#) [Contacts](#) [Medicaid Codes](#) [Rates](#) [Consumers](#) [Agents](#) [Agencies](#) [Notes](#) [Prev](#) [Next](#)

[Add Medicaid](#) [Add Category](#)

Provider ID's

Medicaid Code	Start Date	End Date	Status	
CMX	06/15/09	06/30/10	Cert Approved	Edit

Service Category Details

Save Cancel

COS	<input type="text" value="-- Select Category --"/>	Waivers
Status	<input type="text" value="-- Select One --"/>	(Waivers are dependent on the Service Category chosen)
Start	<input type="text"/>	
End	<input type="text"/>	

DDS **Providers** APS PCA Waiver Programs Assessments Options Search Options
Smith, Katherine D. [Provider]
 DDSID: 83269

[Details](#) [Contacts](#) [Medicaid Codes](#) [Rates](#) [Consumers](#) [Agents](#) [Agencies](#) [Notes](#) [Prev](#) [Next](#)

[Add Medicaid](#) [Add Category](#)

Provider ID's

Medicaid Code	Start Date	End Date	Status	
CMX	06/15/09	06/30/10	Cert Approved	Edit

Service Category Details

Save Cancel

COS	<input type="text" value="Care Coordination"/>	Waivers
Status	<input type="text" value="Cert Approved"/>	<input checked="" type="checkbox"/> APD <input checked="" type="checkbox"/> CCMC <input checked="" type="checkbox"/> MRDD <input checked="" type="checkbox"/> OA
Start	<input type="text" value="6/15/2009"/>	
End	<input type="text" value="6/30/2010"/>	

8. To link a Care Coordinator to an Agency go to the Agencies tab (applies ONLY to Care Coordinators)

a. Click "Link to Provider"

b. Search by Agency Number and choose Care Coordinator

The screenshot shows the DSDS Providers page. At the top, there are tabs for DSDS, Providers, APS, PCA, Waiver Programs, Assessments, and Options. A search bar labeled 'Search for Name or ID' is present. Below the tabs, the name 'Smith, Katherine D.' is displayed with the role '[Provider]' and the DSDSID: 83269. A navigation bar includes links for Details, Contacts, Medicaid Codes, Rates, Consumers, Agents, Agencies, Notes, Prev, and Next. Below this, a section titled 'Providers Listing Smith, Katherine D. as an Agent' contains a '+ Link to Provider' button. The page then shows the same top navigation and search bar. Below, the name 'Smith, Katherine D.' is again shown with '[Provider]' and 'DSDSID: 83269'. The navigation bar is repeated. At the bottom, a search bar is filled with 'Job Ready Inc - Anchorage' and a dropdown menu is set to 'Care Coordinator'.

9. This will take you to the next screen automatically where you enter the Certification Start and End dates

The screenshot shows the 'Provider Agent' form. At the top, there are tabs for DSDS, Providers, APS, PCA, Waiver Programs, Assessments, and Options. A search bar labeled 'Search for Name or ID' is present. Below the tabs, the name 'Smith, Katherine D.' is displayed with the role '[Provider]' and the DSDSID: 83269. A navigation bar includes links for Details, Contacts, Medicaid Codes, Rates, Consumers, Agents, Agencies, Notes, Prev, and Next. Below this, a section titled 'Provider Agent' contains a 'Save' button and a 'Cancel' button. The form fields are as follows: Provider (Job Ready Inc - Anchorage), Type (Care Coordinator), Agent (Smith, Katherine D.), Start Date (6/15/2009), and End Date (6/30/2010).

When you are all done your screen should look like this:

DSDS **Providers** APS PCA Waiver Programs Assessments Options

Smith, Katherine D. [Provider]
DSDSID: 83269

Provider

☒ PCA: No ☒ ALH: No ☒ GR: No

Last	First	Middle	Suffix
Smith	Katherine	D	
Active	<input checked="" type="checkbox"/> No	Bed Count	
DSDS ID	83269	NPI	
Provider ID	CHS Start Date: 06/15/09 End Date: 06/30/10		
Region	Anchorage	Secondary Region	(none)
Business License		Bus. Lic. Expiration	
Notes			

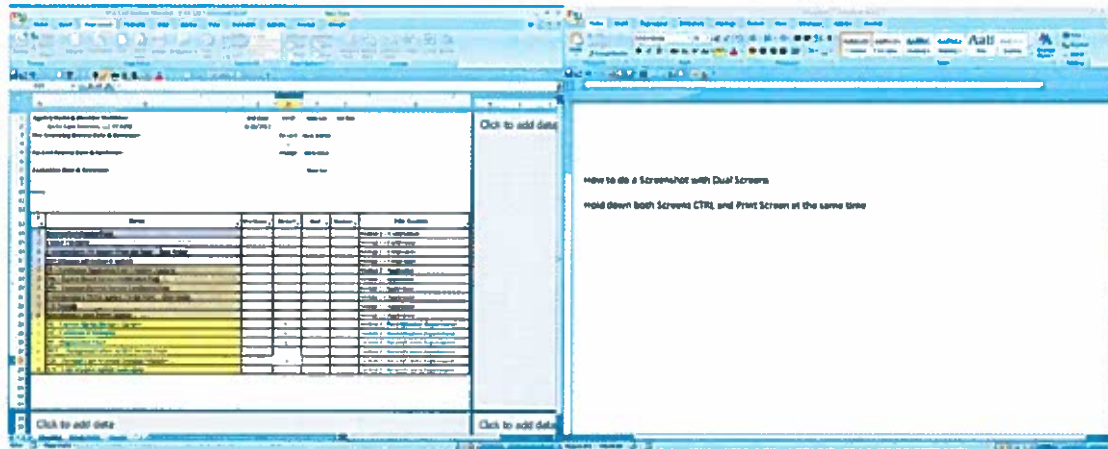
Contact Information

Physical Address	Mailing Address
600 Barrow Street, Suite 404 Anchorage, AK 99501	600 Barrow Street, Suite 404 Anchorage, AK 99501
Home	Business (907) 258-3498
Cell	Fax (907) 279-0171
Email Address	

Additional Contact Information

How to do a Screenshot with Dual Screens

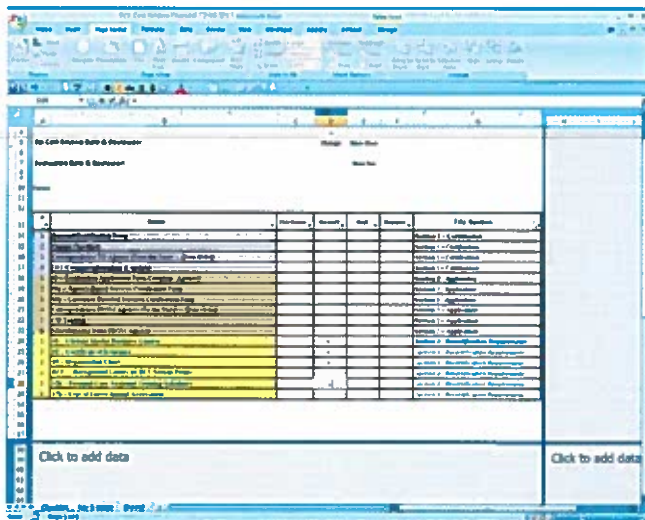
Hold down both Screens CTRL and Print Screen at the same time



Paste into Word or Outlook E-mail using CTRL-V

Active Window ONLY

Hold down CTRL-ALT and Print Screen



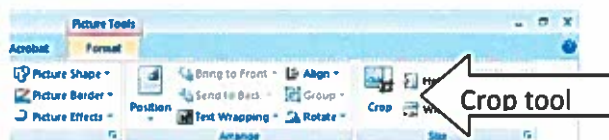
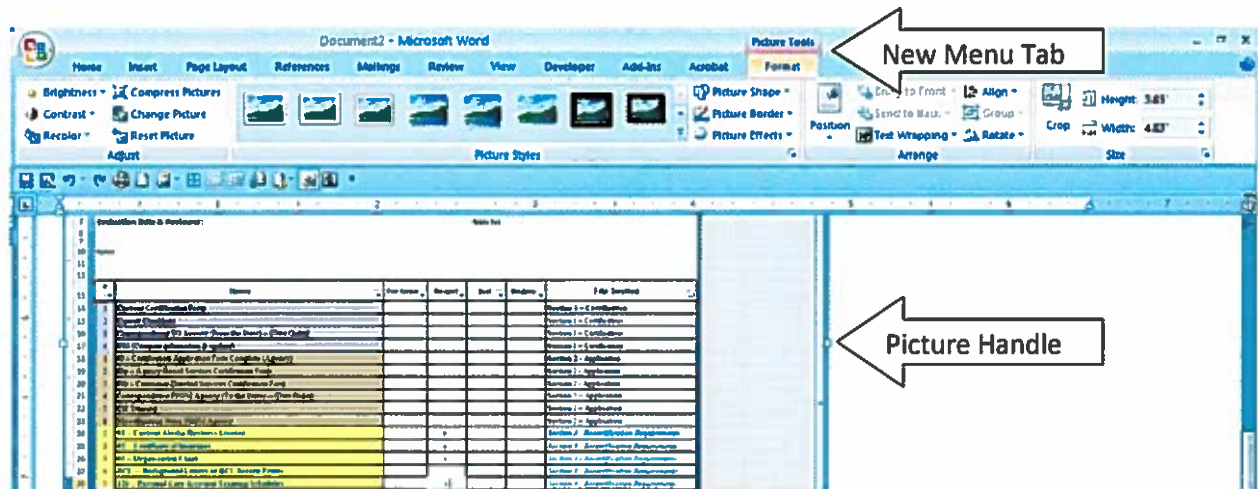
Paste into Word or Outlook E-mail using CTRL-V

Editing or cropping pictures & screenshots

Focusing on a ToolBar or smaller detail requires a little bit of editing both Word and Outlook can do this and do it the same way.

Click the picture to get the Handles around the outside.

Go to Picture Tools > Format

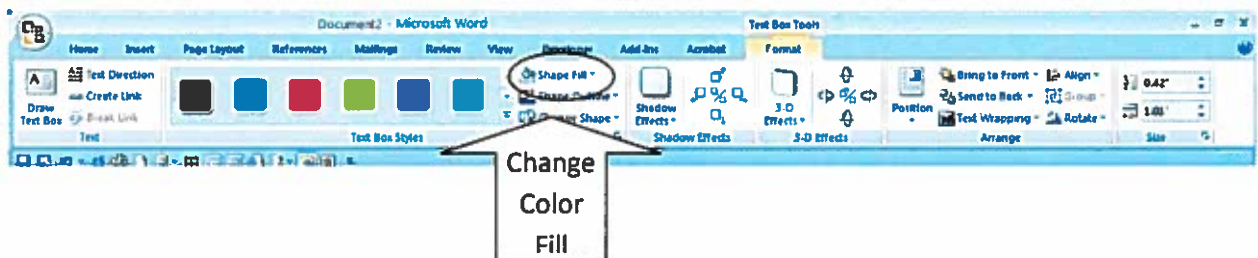


The Crop tool will allow you to cut the size of the picture down so you can focus on just what you need

To add Circles or Arrows with comments go to Insert > Shapes and pick what you need.

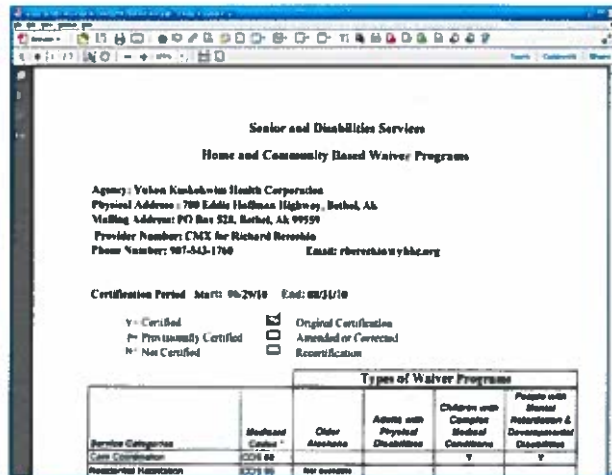


Change the color and size with the Drawing Tools or Text Box Tools Menus depending on the shape you used.

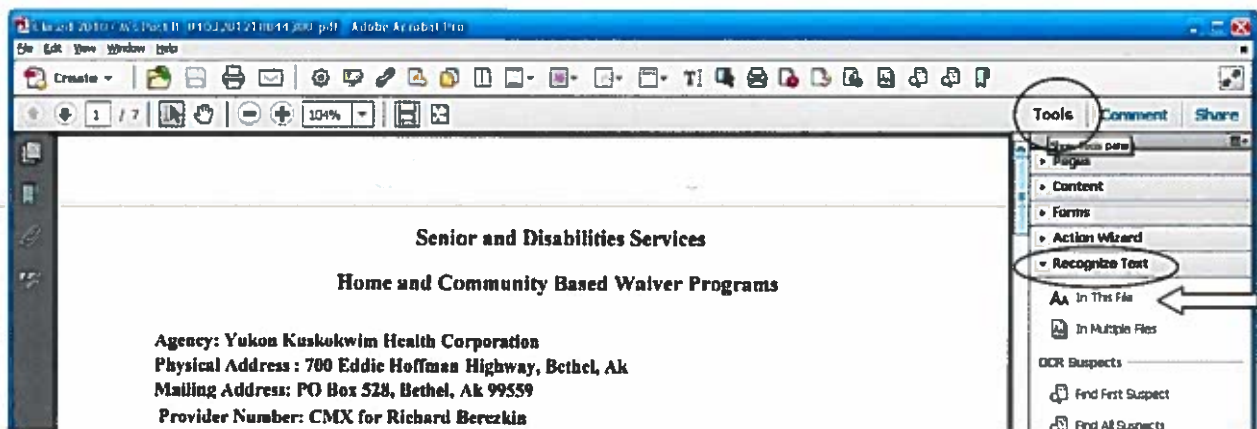


Scanned Documents via Network Scanners save a PDF in a picture format. To CONVERT the picture format to a SEARCHABLE PDF do the following in ADOBE PRO ONLY (Reader can NOT do this)

Open the file as normal



Click Tools > Recognize Text > In this file



You will get a dialog box leave the defaults alone and click OK

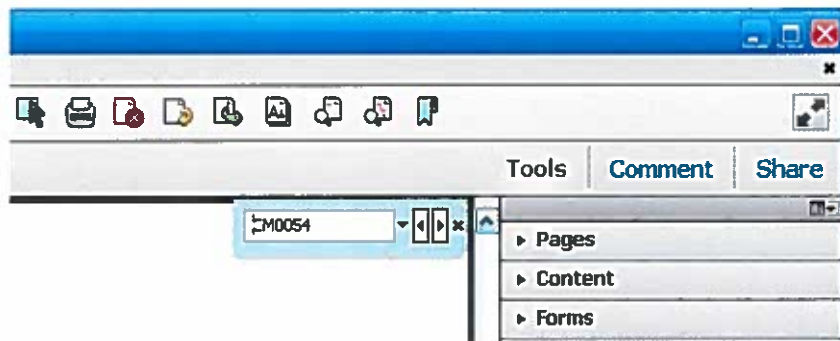


Adobe Pro will process the file

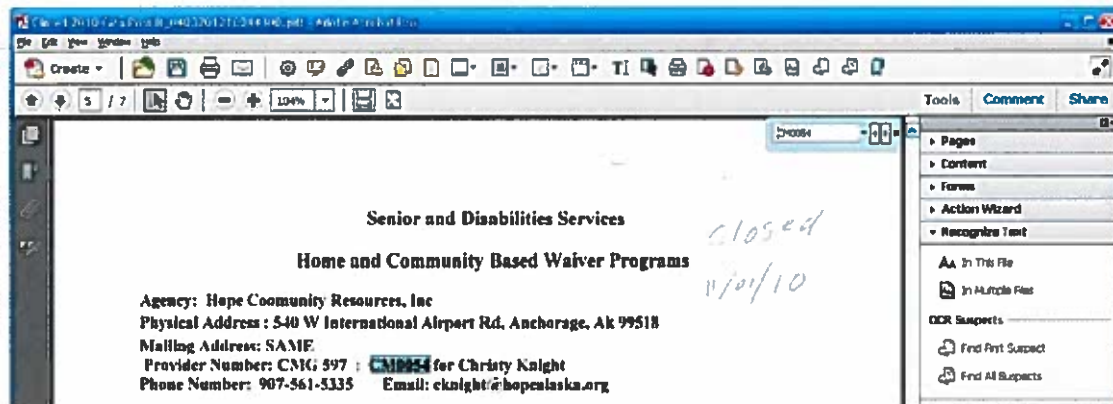


To test the search function

CTRL-F (Find shortcut) and type in a random string of text you know is further down in the document i.e. a Provider Number



Your results will display with your search string highlighted!



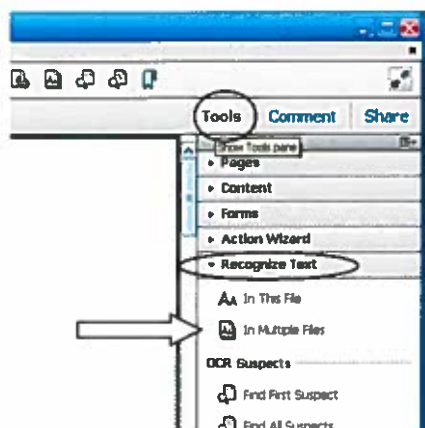
Close your document and SAVE at the prompt!

+++++

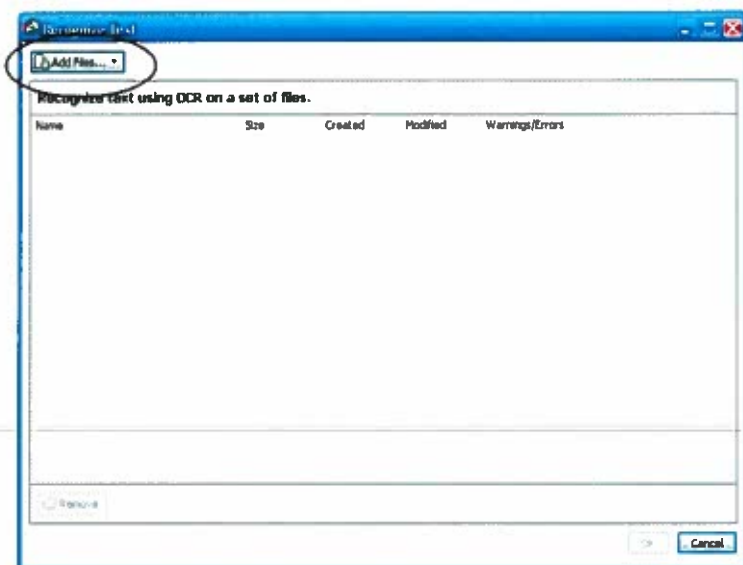
Option B

Multiple files or a whole folder of files but **WARNING**: This takes a LONG time to PROCESS depending on the number of pages in each file and ties up the computer!

Open a file as normal it doesn't have to be the ones you are converting.



Tools > Recognize Text > In Multiple Files



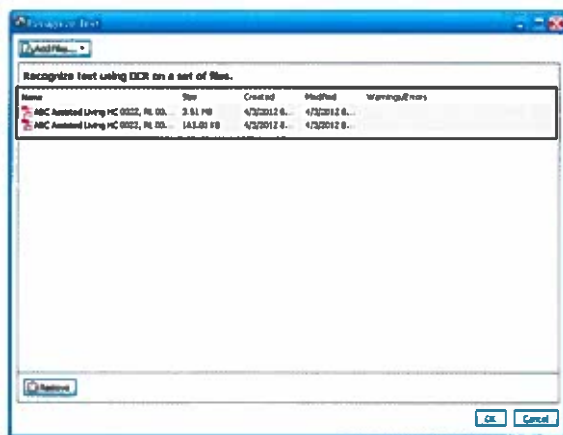
Add Files



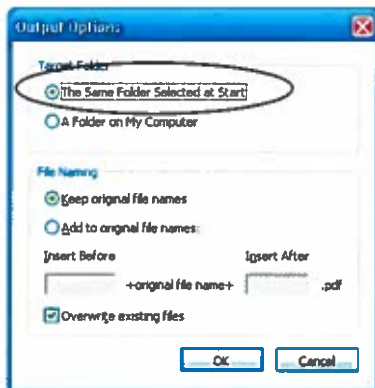
Navigate to the folder where the files to be converted are



Somewhere like the Dump Drive or a Provider file folder are the usual places



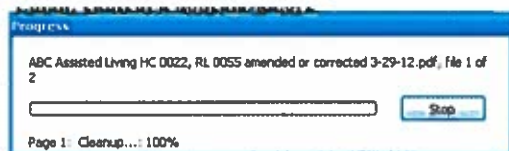
The program will pick up on how many files there are and display some basic information about them including any warnings or errors found.



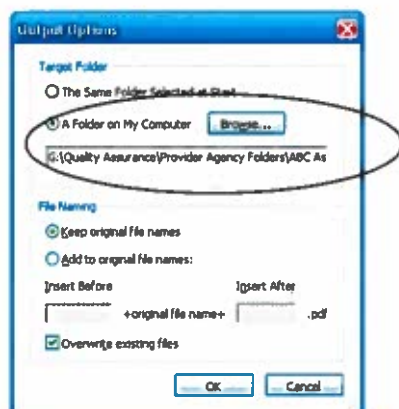
There are 2 options at this point for saving the files in the same folder you started with or a copy placed in a specified folder of your choice that is converted.



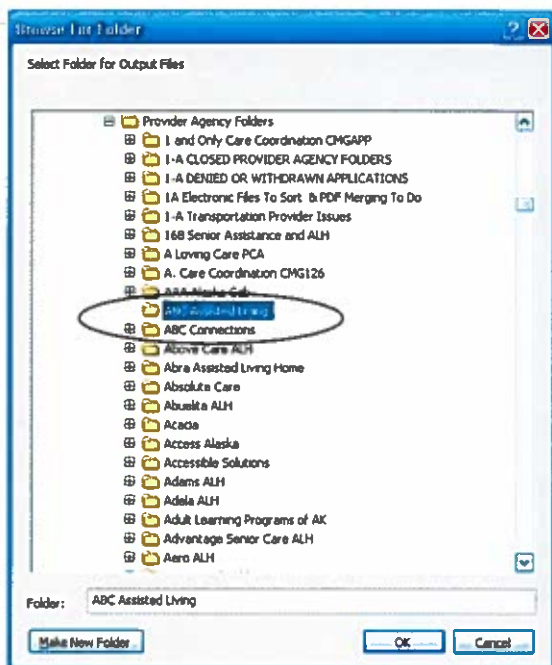
Click OK and the system processes it.

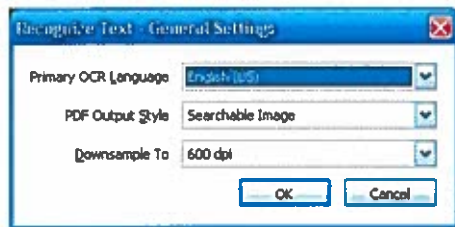


For a specific folder

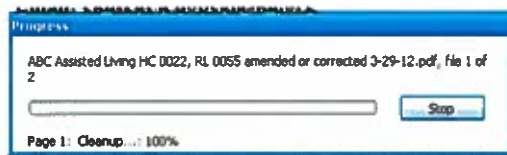


Navigate to where you want to save the file



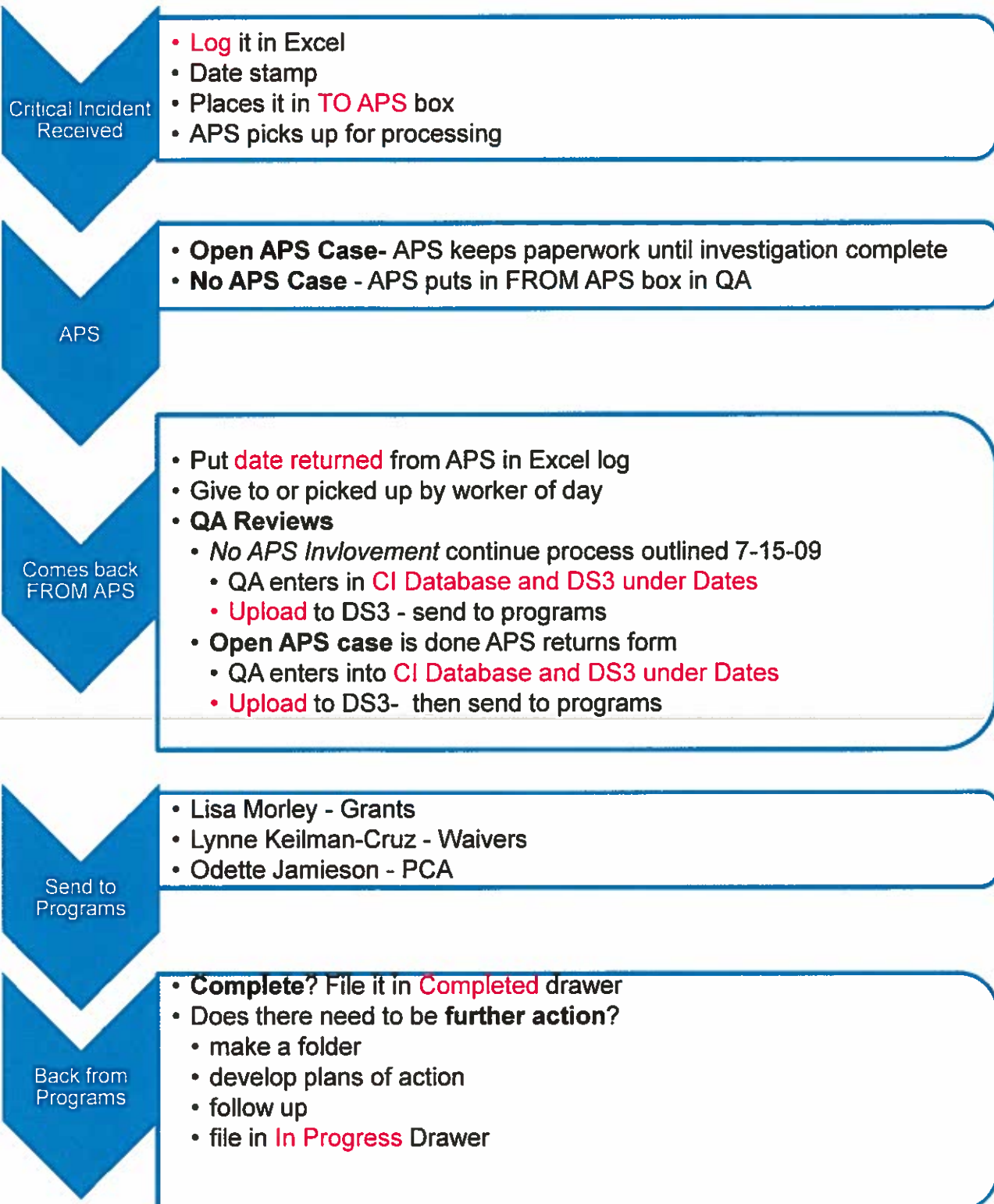


Click OK and the files process



Test your search if desired by opening the files from the target folder.

Critical Incident Process

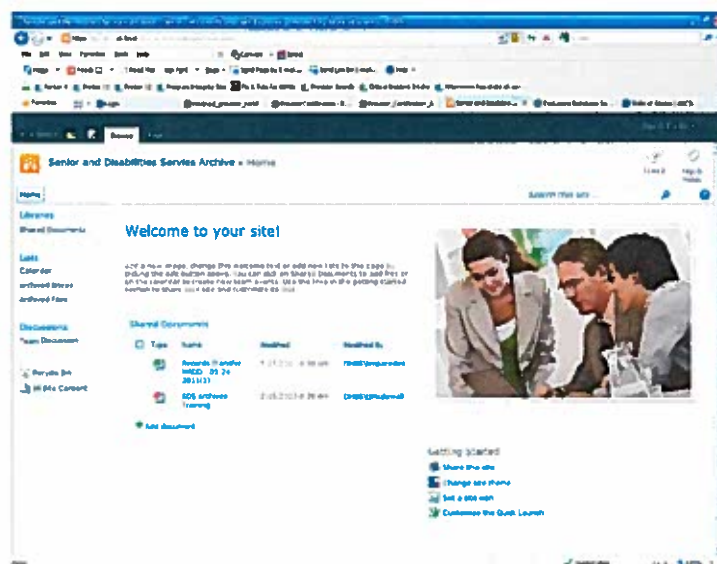


QA Providers

Archive Tutorial
2011

<https://go.dhss.ak.local/dsds/archive/SitePages/Home.aspx>

Home Page



Name the Box and Assign it to Yourself

- Agency Box/reel No – Provider Certification Closed Files 2002
- Box Status – In Progress
- Records Center Barcode – See Sue for this barcode as each file will have to be assigned to the same barcode so we can get them back from archive if needed
- Assigned To – Your Name

It should appear at the top of the list.

[illegible]

Add a New File to the Box

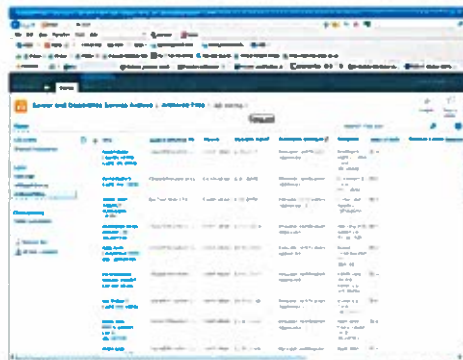
- Click the check box next to the item
- Click List Tools > New File (it takes a moment to load)
- Source is Certification
- Inclusive Date is the date the Agency Closed
- Retention Schedule is Provider Certification – Approved - 1

Adding a New File Cont.

- Recipient – Choose Agency for most providers
- Choose Individual Provider ONLY for CM (Care Coordinators)
- Records Center Barcode was assigned to the whole box. You should be able to put in part of it and have it pop up automatically!
- Notes – Old enough to be destroyed, 6 total folders etc.
- Click Save

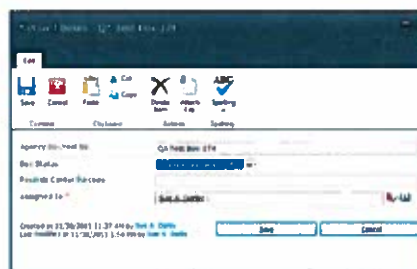
Your single file is in the system!

- You will see a long list of various files
- From this screen you can sort by title, retention schedule, inclusive dates, barcode etc.



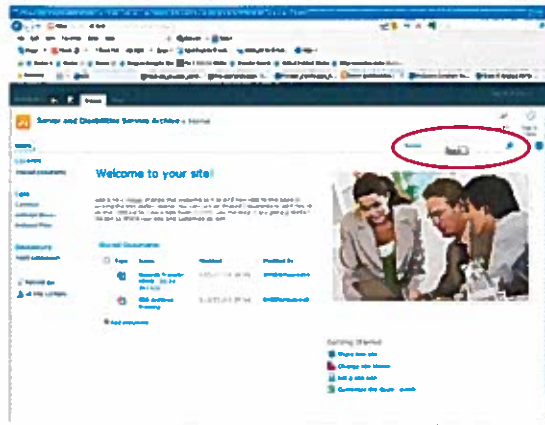
Closing a Box so it can go to Archives

- When you are done with a box you **MUST** close the box
- Simply change the box status to Ready to be archived
- A report will generate with the list of files in the box to be included, all the paperwork will be created and can then be passed to Gayle or Tim so they can call for pick up!



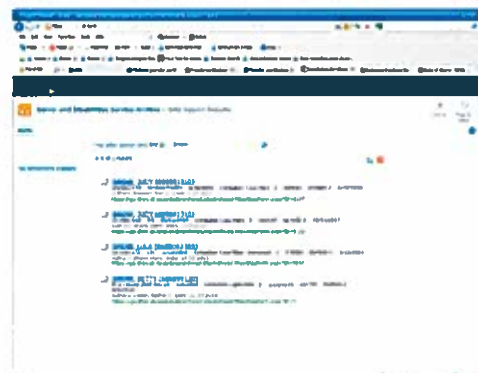
Retrieving a file from the system

- From Home click on the Search this site box and type in the name you are looking for

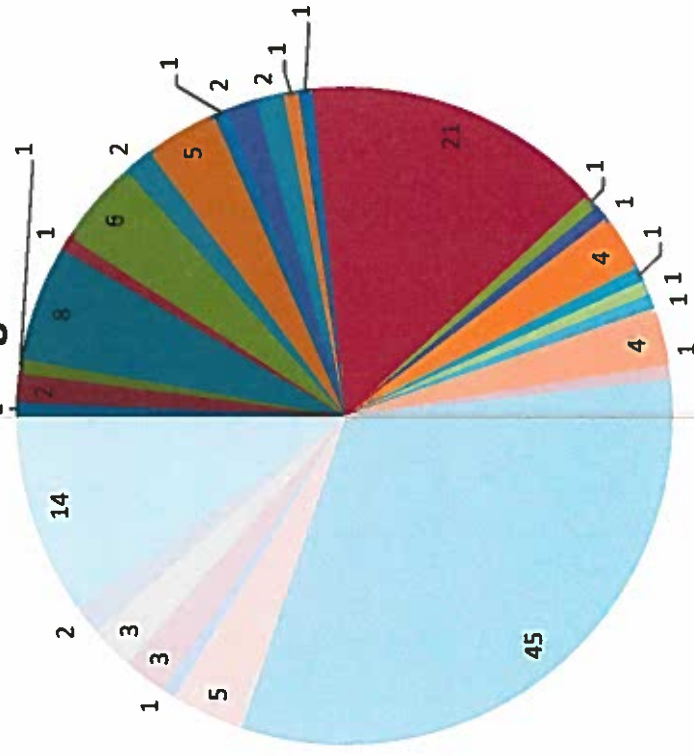


Search Results

- Figure out which entry you need and click the entry to gather the information such as the barcode of the box so that the file can be recalled easily!



Count of Renewing Certifications



- Access Alaska Anchorage Anchorage
- Access Alaska Fairbanks Fairbanks
- Access Alaska Kenai Peninsula Soldotna
- Alaska Clinical Management Services Mat-Su Wasilla
- Alaska Home Care Denali Delta Junction
- Alaska Home Care Mat-Su Big Lake
- Alaska Home Care Mat-Su Meadow Lakes
- Alaska Home Care Mat-Su Palmer
- Alaska Home Care Mat-Su Wasilla
- Assisted Care Services Anchorage Anchorage
- Caridad Home Care Anchorage Anchorage
- Center for Community Anchorage Anchorage
- Center for Community Ketichikan Ketichikan
- Center for Community Mat-Su Wasilla
- Center for Community Prince Of Wales- Outer Ketichikan Hydrburg
- Center for Community Sitka Sitka
- Center for Community Skagway-Hoonah-Angoon Angoon
- Center for Community Skagway-Hoonah-Angoon Hoonah
- Center for Community Yakutat Yakutat
- Community Connections Ketichikan Ketichikan
- Consumer Direct Aleutians East King Cove

Charter College - Anchorage

Date: 7/25/2011

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2221 E. Northern Lights Blvd #120
Anchorage, AK 99508
<http://www.chartercollege.edu>

Student: Sue A Darby		Student ID: 21849	DOB: 2/20/1976	Original Start Date: 1/30/2006	Student GPA: 3.78	
Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points	
Program: B.S. Degree in Business Management & Technology Enrollment #: DA06064129 Status: Graduate Start Date: 1/30/2006 Grad Date: 6/13/2009 Term: N/A						
♦ACC102	Payroll Reporting	3.25	3.25	B-	8.78	
♦ACC120	Automated Accounting	3.25	3.25	B	9.75	
♦ACC121	Principles of Accounting	4.35	4.35	B	13.05	
♦BSM200	Leadership and Team Management	4.35	4.35	B	13.05	
♦BSM201	Managing People: Human Res Dev	4.35	4.35	A	17.40	
♦BSM203	Marketing with Technology	4.35	4.35	A	17.40	
♦BSM206	Business Law	4.35	4.35	A	17.40	
♦BSM300	Telecommunications for Managers	4.35	4.35	A	17.40	
♦BSM301	Project Management Applications	3.25	3.25	A	13.00	
♦BSM302	Contract Management	4.35	4.35	A	17.40	
♦BSM303	Lawful Employment Management	4.35	4.35	A	17.40	
♦BSM307	Finance for Managers	4.35	4.35	A	17.40	
♦BSM308	Economics for Managerial Decision Making	3.25	3.25	A	13.00	
♦BSM400	Information Technology for Managers	4.35	4.35	A	17.40	
♦BSM401	Organizational Management	4.35	4.35	A	17.40	
♦BSM403	Research Methodologies	3.25	3.25	A	13.00	
♦BSM404	International Business for Managers	4.35	4.35	A	17.40	
♦BSM405	E-Business for Managers	4.35	4.35	A	17.40	
♦BUS101	Career Development	2.15	2.15	P	0.00	
♦BUS400	Credit By Examination					
♦CMP102	Capstone: An Integration of Learning	3.25	3.25	A	13.00	
♦CMP125	Computer Essentials with MS Win	3.25	3.25	P	0.00	
♦CMP126	Programming Essentials	3.25	3.25	A	13.00	
♦CMP126	Access & PowerPoint for Windows	3.25	3.25	P	0.00	
♦CMP130	Word for Windows	3.25	3.25	P	0.00	
♦CMP131	Excel for Windows	3.25	3.25	P	0.00	
♦CMP132	Web Design Essentials	3.25	3.25	A	13.00	
♦CMP233	Advanced Word and Excel for Windows	3.25	3.25	P	0.00	
Certification						
♦CMP302	Database Management		3.25	B+	10.73	
♦CMP305	Advanced Microsoft Office Applications		3.25	P	0.00	
♦CMP400	Certification		3.25	A	13.00	
♦CMP407	Advanced Web Design		3.25	A	13.00	
♦CMP410	Multimedia Design and Production		3.25	A	13.00	
♦ENG100	JavaScript and Perl		3.25	A	13.00	
♦ENG101	Written Communications		4.35	A	17.40	
♦ENG121	Oral Communications		4.35	A-	16.10	
♦ENG201	Technical Writing & Presentation		4.35	A	17.40	
♦ENG400	Advanced Discourse		4.35	A	17.40	
♦ENG401	Managerial Writing and Presentations		4.35	A	17.40	
♦HUM202	IT Business Communication		4.35	A	17.40	
♦MTH100	Logic and Reasoning		4.35	A	17.40	
♦MTH103	College Mathematics		4.35	B	13.05	
♦MTH120	Algebra I		2.15	A	8.60	
♦OFM102	Algebra II		2.15	C	4.30	
♦SCI102-L	Customer Service & Automated Office		3.25	P	0.00	
♦SCI200	Intro to Human Anatomy & Physiology		4.50	A-	16.65	
♦SOC101	Intro to Human Anatomy & Physiology Lab		0.00	-	0.00	
♦SOC102	Physics		3.25	B+	10.73	
♦SOC103	Introduction to Economics		4.35	A	17.40	
♦SOC200	Interpersonal Psychology		2.15	A	8.60	
♦HUM120	Social Psychology		2.15	A	8.60	
♦HUM122	History of Alaska		4.35	A	17.40	
♦HUM123	Transferred from Solano Community College - 4000 Suisun Valley Rd. Fairfield CA 94534 U.S.A		4.35	T	0.00	
♦HUM123	Twentieth-Century Fiction		4.35	T	0.00	
♦HUM123	Philosophy of Ethics		2.15	T	0.00	
♦HUM123	Applying Ethics		2.15	T	0.00	
♦ACC100	Transferred from University of Alaska Southeast - 1332 Seward Silka AK 99835		4.35	T	0.00	
♦ACC100	Accounting Essentials		4.35	T	0.00	
♦ACC100	B.S. Degree in Business Management & Technology		193.30	193.30		
GPA: 3.79						

** Indicates Retaken Course
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Indicates Pass/Fail Course
♦ Indicates Associated Course

Date: 7/25/2011

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Charter College - Anchorage

2221 E. Northern Lights Blvd #120
Anchorage, AK 99508
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Student: Sue A Darby		Student ID: 21849	DOB: 2/20/1976		Original Start Date: 1/30/2006	Student GPA: 3.78
Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points	
*** End of Transcript ***						
Authorized Signature		Date				

Charter College - Anchorage

Date: 7/25/2011

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2221 E. Northern Lights Blvd #120
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Student: Sue A Darby		Student ID: 21849		DOB: 2/20/1976		Original Start Date: 1/30/2006		Student GPA: 3.78			
Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points	Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
<div>Program: B.S. Degree in BMT: Conc. In Business Mgmt. Practice</div> <div>Enrollment #: DA06033954</div> <div>Status: Graduate</div> <div>Start Date: 1/30/2006</div> <div>Grad Date: 6/13/2009</div> <div>Term: None</div>											
CMP233	Advanced Word and Excel for Windows	3.25	3.25	P	0.00	SOC101	Introduction to Economics	4.35	4.35	A	17.40
CMP305	Certification Advanced Microsoft Office Applications	3.25	3.25	P	0.00	Term GPA: 3.67 Cum GPA: 3.67					
Term: TESTOUT		COURSE CHALLENGE		1/1/1900		Quarter Three, 2006		6/26/2006		9/2/2006	
BUS101	Career Development	2.15	2.15	P	0.00	CMP125	Programming Essentials	3.25	3.25	A	13.00
CMP126	Credit By Examination Access & PowerPoint for Windows	3.25	3.25	P	0.00	CMP132	Web Design Essentials	3.25	3.25	A	13.00
CMP130	Word for Windows	3.25	3.25	P	0.00	Term GPA: 6.50 Cum GPA: 3.78					
CMP131	Excel for Windows	3.25	3.25	P	0.00	Quarter Four, 2006		9/4/2006		11/11/2006	
Term GPA: 0.00		Cum GPA: 0.00		11.90 11.90		BSM200	Leadership and Team Management	4.35	4.35	B	13.05
0.00		0.00		0.00		ENG101	Oral Communications	4.35	4.35	A-	16.10
0.00		0.00		0.00		MTH103	Algebra I	2.15	2.15	A	8.60
0.00		0.00		0.00		Term GPA: 10.85 Cum GPA: 3.67					
0.00		0.00		0.00		Quarter Five, 2006		11/13/2006		1/27/2007	
0.00		0.00		0.00		ACC121	Principles of Accounting	4.35	4.35	B	13.05
0.00		0.00		0.00		BSM202	Managing Projects: Dev & Implementation	4.35	4.35	A	17.40
0.00		0.00		0.00		HUM202	Logic and Reasoning	4.35	4.35	A	17.40
0.00		0.00		0.00		Term GPA: 3.67 Cum GPA: 3.67					
0.00		0.00		0.00		13.05		13.05		47.85	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00		0.00	
0.00											

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Charter College - Anchorage

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Student: Sue A Darby		Student ID: 21849			DOB: 2/20/1976	Original Start Date: 1/30/2006		Student GPA: 3.78			
Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points	Course Code	Course Description	Credits Attempted	Credits Earned	Grade	Quality Points
Term: 200701 Quarter One, 2007											
BSM201	Managing People: Human Res Dev	4.35	4.35	A	17.40	SOC102	Interpersonal Psychology	2.15	2.15	A	8.60
MTH120	Algebra II	2.15	2.15	C	4.30	Term GPA: 4.00 Cum GPA: 3.71					
SCI102	Intro to Human Anatomy & Physiology	4.50	4.50	A-	16.65						
SCI102-L	Intro to Human Anatomy & Physiology Lab	0.00	0.00	-	0.00						
SOC103	Social Psychology	2.15	2.15	A	8.60						
Term GPA: 3.57		13.15	13.15	46.95		Cum GPA: 3.65					
Term: 200702 Quarter Two, 2007											
ACC102	Payroll Reporting	3.25	3.25	B-	8.78	Term GPA: 3.73 Cum GPA: 3.71					
ACC120	Automated Accounting	3.25	3.25	B	9.75						
BSM206	Business Law	4.35	4.35	A	17.40						
Term GPA: 3.31		10.85	10.85	35.93		Cum GPA: 3.59					
Term: 200703 Quarter Three, 2007											
ENG201	Advanced Discourse	4.35	4.35	A	17.40	Term GPA: 4.00 Cum GPA: 3.74					
SOC200	History of Alaska	4.35	4.35	A	17.40						
Term GPA: 4.00		8.70	8.70	34.80		Cum GPA: 3.64					
Term: PARENT 200705 PARENT 200705											
BSM203	Marketing with Technology	4.35	4.35	A	17.40	Term GPA: 3.77 Cum GPA: 3.74					
BSM300	Telecommunications for Managers	4.35	4.35	A	17.40						
SCI200	Physics	3.25	3.25	B+	10.73						
Term GPA: 3.81		11.95	11.95	45.53		Cum GPA: 3.66					
Term: PARENT 200801 PARENT 200801											
BSM301	Project Management Applications	3.25	3.25	A	13.00	Term GPA: 4.00 Cum GPA: 3.76					
BSM403	Research Methodologies	3.25	3.25	A	13.00						
Term: 200802 Quarter Two, 2008											
BSM205	Statistics for Business	3.25	3.25	B	9.75	Term GPA: 3.73 Cum GPA: 3.71					
BSM302	Contract Management	4.35	4.35	A	17.40						
BSM401	Organizational Management	4.35	4.35	A	17.40						
Term GPA: 3.73		11.95	11.95	44.55		Cum GPA: 3.71					
Term: PARENT 200803 PARENT 200803											
BSM405	E-Business for Managers	4.35	4.35	A	17.40	Term GPA: 4.00 Cum GPA: 3.74					
ENG400	Managerial Writing and Presentations	4.35	4.35	A	17.40						
ENG401	IT Business Communication	4.35	4.35	A	17.40						
Term GPA: 4.00		13.05	13.05	52.20		Cum GPA: 3.74					
Term: PARENT 200804 PARENT 200804											
BUS400	Capstone: An Integration of Learning	3.25	3.25	A	13.00	Term GPA: 3.77 Cum GPA: 3.74					
CMP302	Database Management	3.25	3.25	B+	10.73						
CMP400	Advanced Web Design	3.25	3.25	A	13.00						
Term GPA: 3.77		9.75	9.75	36.73		Cum GPA: 3.74					
Term: 200805 Quarter Five, 2008											
BSM307	Finance for Managers	4.35	4.35	A	17.40	Term GPA: 4.00 Cum GPA: 3.76					
BSM308	Economics for Managerial Decision Making	3.25	3.25	A	13.00						
BSM404	International Business for Managers	4.35	4.35	A	17.40						
Term GPA: 4.00		11.95	11.95	47.80		Cum GPA: 3.76					

** Indicates Retaken Course

R* Indicates Retaken Override

Not official unless signed by registrar.

Indicates Pass/Fail Course
♦ Indicates Associated Course

Date: 7/25/2011

Page 3 of 3

Charter College - Anchorage

2221 E. Northern Lights Blvd #120
Anchorage, AK 99508
<http://www.chartercollege.edu>

Student: Sue A Darby Student ID: 21849 DOB: 2/20/1976 Original Start Date: 1/30/2006 Credits Attempted Credits Earned Grade Quality Points

Course Code Course Description Course Code Course Description Credits Attempted Credits Earned Grade Quality Points

Term: 200901		Quarter One, 2009		1/26/2009	4/4/2009				
BSM303	Lawful Employment Management	4.35	4.35	A	17.40				
BSM400	Information Technology for Managers	4.35	4.35	A	17.40				
CMP407	Multimedia Design and Production	3.25	3.25	A	13.00				
CMP410	JavaScript and Perl	3.25	3.25	A	13.00				
Term GPA: 4.00		15.20	15.20		60.80				
SAP Met		Cum GPA: 3.78							

B.S. Degree in BMT: Conc. in Business GPA: 3.78 205.25 205.25

Credentials awarded for B.S. Degree in BMT: Conc. in Business Mgmt. Practice enrollment

Credential	Date Awarded	Date Cleared
AAS in Comp Sci: Conc in Business Applications	6/13/2009	
AAS in Business Management Practice	6/13/2009	
Comp. Office Specialist Certificate	6/13/2009	
Certificate	6/13/2009	

*** End of Transcript ***

Authorized Signature Date

** Indicates Retaken Course
R* Indicates Retaken Override
Not official unless signed by registrar.
Indicates Pass/Fail Course
♦ Indicates Associated Course

Charter College

CHARTER COLLEGE

— Since 1963 —

On Recommendation of the Faculty
has conferred on

Sue A. Darby

the Degree of

Bachelor of Applied Science
in Business Management and Technology
Concentration in Business Management Practice

Awarded in Anchorage, Alaska on this thirteenth day of June, Two Thousand Nine.

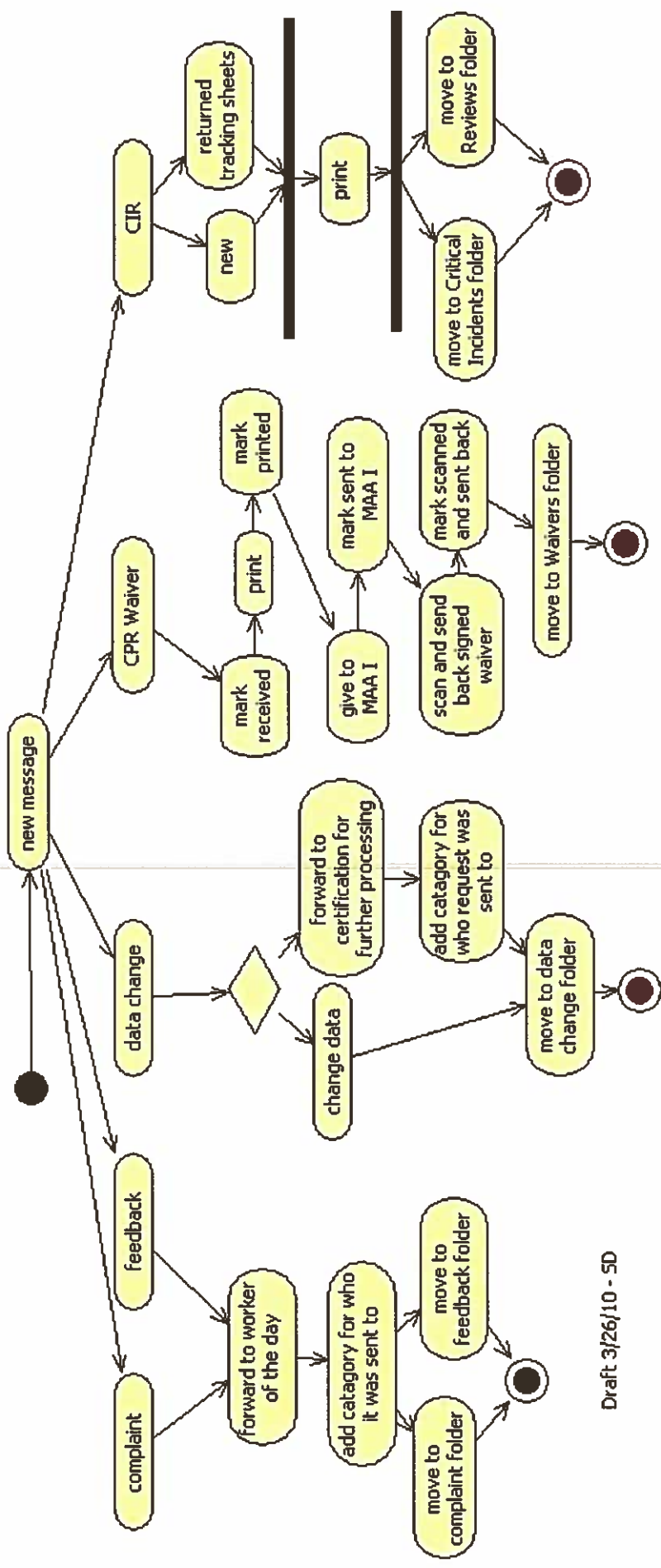
Thomas G. Hall

President

Roger E. Hall

Interim Dean of Education

QA Mailbox Processes for Types of Messages Received



Procedure to Add a New Care Coordinator

1. While logged into DS3 pull down the Provider Menu and click on Create Provider



2. Add the person's Name and Region

This block contains two side-by-side screenshots of the 'Create Provider' form. The left screenshot shows the form with the 'Create as Organization' tab selected. The right screenshot shows the form with the 'Person' tab selected. Both forms have fields for Last, First, Middle, and Suffix names, and checkboxes for 'Active' and 'Generated after creation'. The 'Person' form also includes a 'Region' dropdown menu set to 'Anchorage' and a 'Secondary Region' dropdown menu set to 'Select One'.

3. Save

This screenshot shows the 'Create Provider' form with the 'Person' tab selected. The form is filled with the following data: Last: Smith, First: Katherine, Middle: D., Suffix: (empty), Active: Yes, Generated after creation: No, Bed Count: NPI, Provider ID: (empty), Region: Anchorage, Secondary Region: (empty), Bus. Lic. Expiration: (empty), and Notes: (empty). The 'Save' button is highlighted in the top right corner of the form.

4. Add the individuals Physical and Mailing Addresses, Phone, Fax and E-mail.
Save each time information is entered

The screenshots show a software interface for adding provider information. The provider is Katherine D. Smith, DSDS ID 83269, located in Anchorage, Alaska. The interface includes tabs for Contacts, Medicaid Codes, Rates, Consumers, Agents, Approvals, Notes, Prev, and Next. The 'Physical Address' and 'Mailing Address' sections are highlighted, showing the address 600 Barrow Street, Suite 404, Anchorage, AK 99501. The 'Phone' and 'Fax' sections are also highlighted, showing the phone number (907) 258-3498 and the fax number (907) 279-0171. The 'Email Address' section is also highlighted.

Physical Address: 600 Barrow Street, Suite 404, Anchorage, AK 99501

Mailing Address: 600 Barrow Street, Suite 404, Anchorage, AK 99501

Phone: (907) 258-3498

Fax: (907) 279-0171

Email Address:

5. Click on Medicaid Codes

- a. Add the CMX, RLX, HCX, or EMX as a placeholder until a provider number is issued
- b. Add start and end dates of the certification
- c. Change the status to Cert Approved
- d. Click Add

DSDS **Providers** APS PCA Waiver Programs Assessments Options Search Options

Smith, Katherine D. [Provider]
DSDSID: 83269

Details Contacts **Medicaid Codes** Rates Consumers Agents Agencies Notes Prev Next

Provider ID's

Medicaid Code	Start Date	End Date	Status
No records found.			
<input type="text" value="CMX"/>	<input type="text" value="6/15/2009"/>	<input type="text" value="6/30/2010"/>	<input type="text" value="Cert Approved"/> <input type="button" value="Add"/>

6. Under Service Categories click on the "Click here to add one now" link

DSDS **Providers** APS PCA Waiver Programs Assessments Options Search Options

Smith, Katherine D. [Provider]
DSDSID: 83269

Details Contacts **Medicaid Codes** Rates Consumers Agents Agencies Notes Prev Next

Provider ID's

Medicaid Code	Start Date	End Date	Status	
CMX	06/15/09	06/30/10	Cert Approved	Edit

Service Categories for CMX

Service Category	Start	End	Status	Met Req
No Service Categories have been added. Click here to add one now				

7. Choose the COS (Category of Service)

- Add the status (Cert Approved)
- Add the start and end dates of the Certification
- Choose the type of Waiver clients to be served

DSDS **Providers** APS PCA Waiver Programs Assessments Options Search Options

Smith, Katherine D. [Provider]
DSDSID: 83269

Details Contacts **Medicaid Codes** Rates Consumers Agents Agencies Notes Prev Next

Provider ID's

Medicaid Code	Start Date	End Date	Status	
CMX	06/15/09	06/30/10	Cert Approved	Edit

Service Category Details

COS:

Status:

Start:

End:

Waivers
(Waivers are dependent on the Service Category chosen)

DSDS **Providers** APS PCA Waiver Programs Assessments Options Search Options

Smith, Katherine D. [Provider]
DSDSID: 83269

Details Contacts **Medicaid Codes** Rates Consumers Agents Agencies Notes Prev Next

Provider ID's

Medicaid Code	Start Date	End Date	Status	
CMX	06/15/09	06/30/10	Cert Approved	Edit

Service Category Details

COS:

Status:

Start:

End:

Waivers

- ☒ APO
- ☒ CCMC
- ☒ MRDD
- ☒ QA

8. To link a Care Coordinator to an Agency go to the Agencies tab (applies ONLY to Care Coordinators)

a. Click "Link to Provider"

b. Search by Agency Number and choose Care Coordinator

The screenshot shows the DSDS Providers page. At the top, there are tabs for DSDS, Providers, APS, PCA, Waiver Programs, Assessments, and Options. A search bar labeled 'Search for Name or ID' is present. Below the tabs, the provider's name 'Smith, Katherine D.' is displayed in red, followed by '[Provider]' and 'DSDSID: 83269'. A row of buttons includes Details, Contacts, Medicaid Codes, Rates, Consumers, Agents, Agencies, Notes, Prev, and Next. Below this, a section titled 'Providers Listing Smith, Katherine D. as an Agent' contains a '+ Link to Provider' button. The page then repeats the provider information and navigation buttons. At the bottom, a search bar is shown with 'Job Ready Inc - Anchorage' entered, and a dropdown menu is open showing 'Care Coordinator' as an option.

9. This will take you to the next screen automatically where you enter the Certification Start and End dates

The screenshot shows the 'Provider Agent' form. At the top, there are tabs for DSDS, Providers, APS, PCA, Waiver Programs, Assessments, and Options. A search bar labeled 'Search for Name or ID' is present. Below the tabs, the provider's name 'Smith, Katherine D.' is displayed in red, followed by '[Provider]' and 'DSDSID: 83269'. A row of buttons includes Details, Contacts, Medicaid Codes, Rates, Consumers, Agents, Agencies, Notes, Prev, and Next. Below this, a section titled 'Provider Agent' contains a 'Save' button and a 'Cancel' button. The form fields are: Provider (Job Ready Inc - Anchorage), Type (Care Coordinator), Agent (Smith, Katherine D.), Start Date (5/15/2009), and End Date (5/30/2010).

When you are all done your screen should look like this:

DSDS **Providers** APS PCA Waiver Programs Assessments Options

Smith, Katherine D. [Provider]
DSDSID: 83269

Provider

☒ PCA No ☒ ALH No ☒ GR No

Last	First	Middle	Suffix
Smith	Katherine	D.	
Active	<input checked="" type="checkbox"/> No	Bed Count	
DSDS ID	83269	NPI	
Provider ID	CHX Start Date: 06/15/09 End Date: 06/30/10		
Region	Anchorage	Secondary Region	(none)
Business License		Bus. Lic. Expiration	
Notes			

Contact Information

Physical Address	Mailing Address
600 Barrow Street, Suite 404 Anchorage, AK 99501	<input type="button" value="Edit"/> 600 Barrow Street, Suite 404 Anchorage, AK 99501 <input type="button" value="Edit"/>
Home	<input type="button" value="Edit"/> Business (907) 258-3498 <input type="button" value="Edit"/>
Cell	<input type="button" value="Edit"/> Fax (907) 279-0171 <input type="button" value="Edit"/>
Email Address	<input type="button" value="Edit"/>

Additional Contact Information

Sue Darby

Employment History

May 2008 to Present **Office Assistant II**

State of Alaska, Division of Senior & Disabilities, Quality Assurance

- Team Lead of MASST & DVR Volunteers
- Support staff for Quality Assurance Unit Provider Certification
- Analyze systems to make work flow more productive
- Organizing meetings including; materials gathering, staff/location coordination, equipment setup
- Screen Certification Packets, checking for completeness and updating databases as required
- Software & hardware user support; troubleshooting Office 2007, peripherals
- Mail merge Excel lists to letters and labels creating both forms and spreadsheets as needed
- Develop training materials for various processes, present to co-workers and management
- Design charts and graphs for Department, State and Federal reports
- Responsible for the CPR & First Aid training waivers
- Monitor that the providers receive their paperwork in a timely fashion.
- Monitor compliance with the new requirements for all providers to attend CIR Training.
- Backup for reception (3+ years) on a regular schedule
- Deal with callers in crisis, or callers that need to complain about the services and/or treatment they are receiving.

April 2006 to April 2008 **Career Development Center Mentor/ Computer Instructor – AmeriCorps Member**

Nine Star Education & Employment Anchorage, Alaska

Administrative

- Was able to cut Management Information Systems input time by 50%
- Brainstorm ways to streamline the administrative processes
- Create templates used for generating reports
- Input client data and statistics into database
- Develop Statistics for use in grants and reports
- Answer phones & questions from the public
- Consult with Work Service Specialists, Public Assistance Eligibility Workers, Parole Officers and other Public Service Workers to support clients in achieving their goals.

Career Development Mentor

- Teach goal setting workshops
- Confer with clients to determine what program will be most helpful
- Assess clients for barriers and brainstorm ways to overcome them
- Draft and edit resumes, cover letters and other business correspondence
- Conduct job-matching to find good fit between clients and hiring companies
- Direct clients to appropriate resources and assists clients in their use of outside assistance

Computer Instruction

- Develop class curriculum
- Teach computer classes

- Answer student questions about various software
- Aid students in preparation for the Microsoft Office Specialist exams

1996 to Present

Owner of Sue's Tiny Costumes

Business Owner

- Author of 2 published books, Pattern Drafting for Miniatures and Pattern Making for Dolls
- Articles published in International Doll Magazine, Doll Castle News and Dolls In Miniature
- Develop of over 100 miniature and small doll patterns
- Distance Education Teacher for pattern drafting classes
- Design, develop and maintain multiple websites and blogs related to dolls and miniatures

Volunteer Work

2004 Chugiak Children's Services Head Start -**Classroom Aide**

2003 www.integrity-designs.com - **Web site Marketer**

2003 www.minidolllist.com - **Graphic Designer**

Education

April 2006 to April 2009

B.S. Business Management & Technology

Charter College
Anchorage, AK

B.S. Business Management Practice

A.S. Business Management Practice

Certificate Office Applications

March 2007 to March 2009

Microsoft Office Specialist/Expert Excel 2003

Nine Star Education & Employment Services
Anchorage, AK

Microsoft Office Specialist/Expert Word 2003

Microsoft Office Specialist Power Point 2003

Microsoft Office Specialist Access 2003

May 2003 to present

Website Development & Design

Online Self Study

GNC Web Creations

Awards

Alpha Beta Kappa Lifetime Member 2009
Charter College

Anchorage, AK

Dean's List June 2006 to April 2009
Charter College

Anchorage, AK

May 1997 Alpha Gamma Sigma Honors Society
Solano Community College

Suisun, CA

Professional Qualifications

Microsoft Word 2002 November 2006

Microsoft Power Point 2002 November 2006

Microsoft Access 2002 November 2006

National Computer Science Academy, Dallas, TX

Professional Organizations & Seminar-Workshops

Association of Information Technology Professionals

2006-2009

Balancing Life & Work John Parker

Anchorage, AK August 2007

Novel Install Fest IT Expo

Anchorage, AK October 2006

**AmeriCorps Conference National Association for Community
Volunteerism**

Anchorage, AK April 2006 &
2007

Web Site & Blog Development

www.suestinycostumes.com

Owner

Portfolio Blog

<http://blog.sue-a-darby.com>

Sue's Tiny Costumes Blog

<http://weblog.suestinycostumes.com>

Sue's Tiny Costumes Tutorials Blog

<http://blog.suestinycostumes.com>

Darby, Sue A (HSS)

Subject: Provider Application Incomplete

Your *recertification* application has been screened and found to be incomplete. The following information needs to be provided:

Section 1

Provide a Completed Cover Sheet (pg 1)

Provide a copy of the Table of Services

Section 2 - Agency

Provide a completed Demographics Sheet Page 6 for Section 2

Signature Page 10 for Section 2. Please Note that ALL Signature Pages **MUST BE ORIGINAL SIGNATURES ONLY! No E-mail, fax or photo copies PLEASE!**

Provide a completed Table of Available Services indicating which services you want to be recertified. Page 7

Provide a current copy of a State of Alaska Business License.(A photo copy of the one that hangs on the wall.)

Provide proof of current insurance on a Certificate of Insurance The Certificate of Insurance needs to have the following on it:

Division of Senior & Disabilities Services, Provider Certification

550 W 8th Ave

Anchorage, AK 99501

Questions about the requirements for obtaining Worker's Compensation Insurance should be directed to:

Mark Lutz

Division of Insurance

269-2010 or mark.lutz@alaska.gov

See attached example.

Provide Articles, Partnership Information, Bylaws and/or conflicts procedure

Provide Organization chart with names and titles for each position and lines of authority

NOTE TO SELF PICK ONLY ONE!

Re-certifications- A print out from the BCU of all personnel with a current or in process background check. This includes agency owners, CEO, staff, volunteers, etc. Simply log in and print the results page showing that you are in the process of being checked

It was found during screening that your agency does not have an established Background Check Account and one is currently being created for you. You will receive an e-mail from the BCU when your account is ready with instructions on how to proceed with them. Once your check is in process simply log in and print the results page showing that you are in the process of being checked, this includes agency owners, CEO, staff, volunteers, etc.

Initial Certification Applicants A print out from the BCU of all personnel with a current or in process background check. This includes agency owners, CEO, staff, volunteers, etc. You will receive an e-mail from the BCU when your account is ready with instructions on how to proceed with them. Once your check is in process simply log in and print the results page showing that you are in the process of being checked

Your Background Check account is active but currently there is no one listed. Please submit the required application to the BCU for all required individuals in your organization.

Provide proof of Critical Incident Report Training **of at least one key staff person**. CIR Training Registration is found at <http://www.hss.state.ak.us/dsds/senior-disabilities-servicetraining.htm> and can be done online via webinar or by arrangement via phone. If you have questions about the webinar or about training, please contact Kara Thrasher-Livingston, Kara.Thrasher-Livingston@alaska.gov

Employee Orientation Materials

Provide Agency Code of Ethics: Address fraud and inappropriate behaviors.

Provide a Non Discrimination policy

Provide a Health & Safety Policy

Provide a Background Check policy which includes how you will handle staff who refuse to have a background check or fail a background check.

Provide your Employee Rights

Provide your Employee Grievance Procedures

Provide your agency's Performance Measures: How will performance be measured?
What standards will staff be evaluated on?

Provide your agency's training requirements & schedules for licensed & unlicensed staff.
How often will trainings be held/offered (weekly, monthly, etc.), what types of subjects will be presented?

Provide your agency's procedures to confirm mandatory (Professional) licensure is current? How will you ensure professionally licensed staff earn their CEU's and maintain their licensure?

Provide your Fiscal & Accounting Process: Describe your agency's fiscal & accounting process which will be used to ensure correct billing and which incorporated generally accepted accounting principles and [7AAC105.230](#).

Provide your agency Values, Philosophy and Mission. You did provide your agency's Values. Provide a Mission statement, and a statement of your agency's Philosophy. Identify each item.

Provide your Emergency Response and Recovery plan, which addresses all scenarios in Item #8 page 9 of the certification application.

Provide your agency's Confidentiality policy to include the confidentiality of client files, whether written on paper or computerized.

Provide your Annual Assessment & Written report and include:

Who will surveys be given to (clients, families of client, care coordinators, etc)?

Evaluation: How will you evaluate the Consumer Satisfaction Surveys to determine the distribution and analysis of the answers? When scoring, what will be acceptable and unacceptable scores?

Assessment: Based on the distribution and analysis of outcomes vs. expected outcomes, how well did the agency assist the clients?

Recommendations: When there appear to be problem areas as evidenced by the surveys, how will recommendations/suggestions be deemed necessary for action, and how soon will changes be made.

Provide a sample consumer satisfaction survey, which allows for a range of answers.

Provide a written report summarizing the Consumer Satisfaction Surveys given out and returned the past two years.

Involvement

Evaluation- consumer satisfaction

Assessment of agency assistance

Recommendations for improvement

A simple way to think of it is 3-4 questions:

What went right?

What went wrong?

Where can things be improved?

If there are things to be improved how can it be accomplished?

Section 4 Care Coordination

Provide a Completed Demographics Sheet (page 12)for Section 4

Provide a completed Signature Page for Section 4: Please Note that ALL Signature Pages **MUST BE ORIGINAL SIGNATURES ONLY! No E-mail, fax or photo copies PLEASE!**

Provide a List of Care Coordinators which includes

CM Numbers (CMX will work for the initial app)

Physical/Mailing Addresses

Telephone Numbers

Email addresses

Program specialization

Time with agency

CC Training within the last 24 months

Training documented

Provide ONLY for any new care coordinators being submitted for certification:

Current Resume, following directions in Section 4

Highest level of degree or unofficial transcripts

✖ Letters of Reference dated within the last 5 years

Proof of Care Coordination Training within the last 2 years

Provide Proof of Care Coordination Training within the last 2 years (for those listed as already certified)

Provide a Position description for a Care Coordinator Administrator.

Provide a Position description for a Care Coordinator.

You must provide these materials by _____. They may be submitted in one of the following ways:

1. Email : hss.dsdsqa@alaska.gov
2. Fax: **Attention QA Certification at 269-3690**
3. Mail or drop off to **550 W 8th Ave Anchorage, AK 99501**

Once these items are received, your application will be passed on to evaluators and additional information may be requested.

Any further questions about your application may be directed to **Gail Clinch** (Providers starting with E-Z) at **269-3657** or **Beverly Churchill** (Providers starting with A-D) at **269-3663**.

Thank you for your cooperation.

Sue Darby

Office Assistant II

Senior & Disabilities Services

Quality Assurance Unit

CERTIFICATE of ACHIEVEMENT

This is to certify that

Sue Darby

has completed the course

SharePoint for Site Owners & Power Users (online)

June 26, 2013

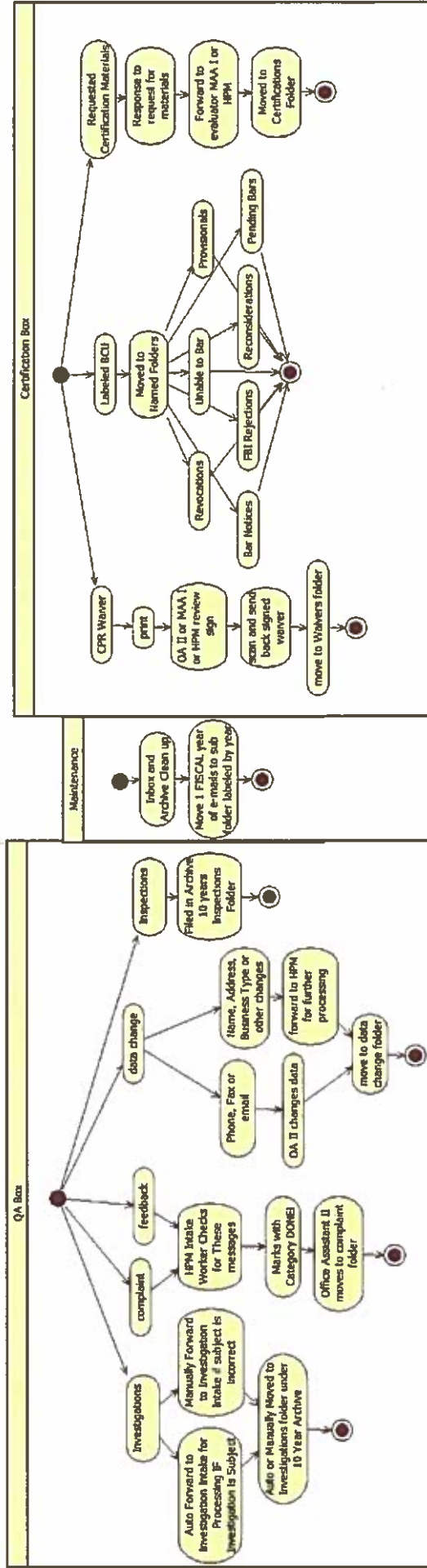


Provider Services

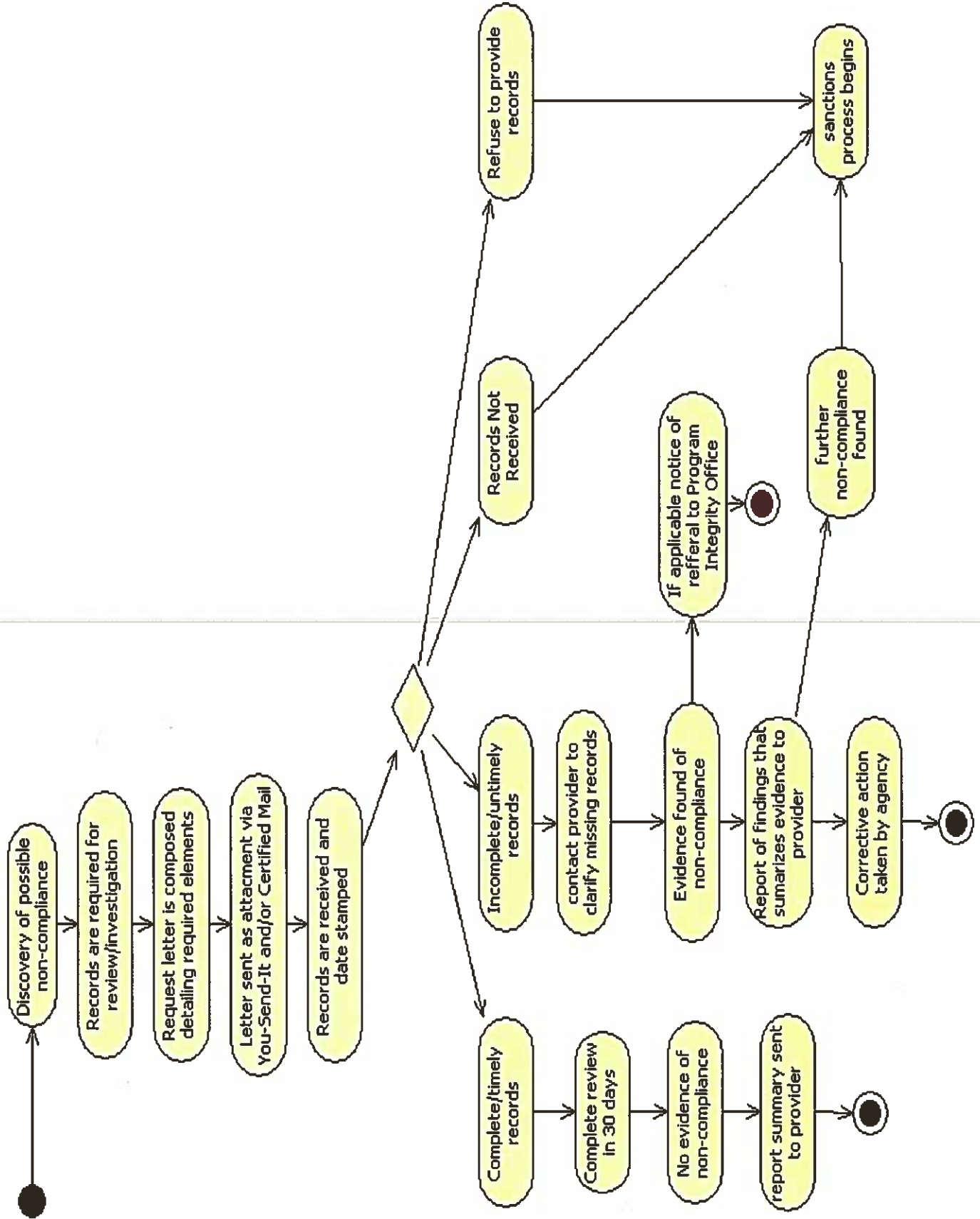
Senior & Disabilities Care Coordination Services Providers

Provider	Service Category Type	APD	CCMC	IDD	ALI	Physical Location	Primary Region Served	Business Phone	Primary Email
A. Care Coordination	Care Coordination (Agency)	Yes	Yes	Yes	Yes	Wasilla	Southcentral	(907) 841-6484	a.carecoordination@gmail.com
Aaron Fong	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Ketchikan	Southeast	(907) 225-7825	aaron.fong@comconnections.org
ABC Connections	Care Coordination (Agency)					Wasilla	Southcentral	(907) 964-0939	deedee@abcconnections.org
Abdulkarim Isa	Care Coordination (Individual)	Yes			Yes	Anchorage	Anchorage	(907) 334-3050	isaabdulkarim@gmail.com
Acacia Personal Care Services Anchorage	Care Coordination (Agency)	Yes	Yes		Yes	Anchorage	Anchorage	(907) 338-2727	eroberts@acaciapcs.com
Acacia Personal Care Services Mat-Su	Care Coordination (Agency)	Yes	Yes	Yes	Yes	Wasilla	Southcentral	(907) 376-8902	eroberts@acaciapcs.com
Adelema Esco	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Wrangell	Southeast	(907) 874-2313	adelema.esco@akcs.org
Adult Learning Programs of Alaska*	Care Coordination (Agency)	Yes		Yes	Yes	Fairbanks	Interior	(907) 452-6434	dmorone@adultlearning.org
Agnes Roland	Care Coordination (Individual)	Yes			Yes	Bethel	Southwest	(907) 543-6176	hcare_ak@ykhc.org
Aisling Killian	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Anchorage	Anchorage	(907) 561-5335	akillian@hopealaska.org
Ajoke Walker	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Anchorage	Anchorage	(907) 830-6958	olohime@yahoo.com
Ajoke Walker	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Anchorage	Anchorage	(907) 830-6959	olohime@yahoo.com
Al Pioneer	Care Coordination (Individual)	Yes		Yes	Yes	Anchorage	Anchorage	(907) 274-7111	aplone@gcc.net
Alaska Care Connections Inc.	Care Coordination (Agency)								
Alaska Care Connections Inc.	Care Coordination (Agency)	Yes	Yes	Yes	Yes	Anchorage	Anchorage	(907) 332-5283	katenhanson@gcc.net
Alaska Care Coordination Services	Care Coordination (Agency)	Yes			Yes	Anchorage	Anchorage	(907) 301-5589	akcare_iparty@gmail.com
Alaska Community Care	Care Coordination (Agency)	Yes	Yes	Yes	Yes	Soldotna	Southcentral	(907) 953-0098	akcc.aselden@gmail.com
Alaska Island Community Services*	Care Coordination (Agency)	Yes	Yes	Yes	Yes	Wrangell	Southeast	(907) 874-3315	akcc.aselden@gmail.com
Alaskan Comprehensive Care	Care Coordination (Agency)	Yes	Yes	Yes	Yes	Anchorage	Anchorage	(907) 522-2280	maiejohnson@gcc.net
Alaskids	Care Coordination (Agency)					Wasilla	Southcentral	(907) 373-7767	aktkromes@gcc.net
Alex McDonald	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Fairbanks	Interior	(907) 373-7767	aktkromes@gcc.net
Alexand(RN) London	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Anchorage	Anchorage	(907) 456-8901	alex@fra-alaska.net
Alexandra Miles	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Wasilla	Southcentral	(907) 337-5803	london@gcc.net
Alexis Garner	Care Coordination (Individual)					Fairbanks	Interior	(907) 452-8251	a.garner@tanachiefs.org
Alison O'Donnell	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Anchorage	Anchorage	(907) 929-5825	alison@heartsandhandsotcare.com
Alliance Care	Care Coordination (Agency)	Yes	Yes	Yes	Yes	Anchorage	Anchorage	(907) 830-6959	olohime@yahoo.com
Allison Samuelsen	Care Coordination (Individual)	Yes			Yes	Bethel	Southwest	(907) 543-6671	hcare_ak@ykhc.org
Allyn Lawrence	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Anchorage	Southcentral	(907) 235-7805	alawrence@spohs.org
Alynn Lawrence	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Anchorage	Southcentral	(907) 235-7805	alawrence@spohs.org
Alyssa Vocational Services	Care Coordination (Agency)	Yes		Yes		Anchorage	Anchorage	(907) 562-7019	twilson@wvs.org
Alzheimer's Disease Resource Agency of Alaska*	Care Coordination (Agency)	Yes			Yes	Anchorage	Anchorage	(907) 561-3313	kccobb@alaskasra.org
Amanda Faulkner	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Soldotna	Southcentral	(907) 262-6331	amfalkne@fcsonline.org
Amanda Race	Care Coordination (Individual)		Yes	Yes		Fairbanks	Interior	(907) 452-8251	amanda.race@tanachiefs.org
Anarachi Walker	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Anchorage	Anchorage	(907) 929-5826	amarachi@heartsandhandsotcare.com
Amber Bartz	Care Coordination (Individual)	Yes	Yes	Yes		Wasilla	Southcentral	(907) 362-1217	amber.bartz@messca.org
Amber Dade	Care Coordination (Individual)	Yes	Yes	Yes		Bethel	Southwest	(907) 543-1769	amber_dade@ykhc.org
Amber Halsey	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Wasilla	Southcentral	(907) 367-5627	ahalsey@rescare.com
Amber Maughan	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Fairbanks	Interior	(907) 452-8251	amber.maughan@tanachiefs.org
Any Swan	Care Coordination (Individual)	Yes			Yes	Juneau	Southwest	(907) 463-6116	amy.swan@ccsjuneau.org
Any Young	Care Coordination (Individual)	Yes			Yes	Anchorage	Statewide	(907) 561-3313	ayoung@alaskasra.org
Anika Selden	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Soldotna	Statewide	(907) 953-0088	akcc.aselden@gmail.com
Angela Day (formerly Taylor)	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Wasilla	Southcentral	(907) 376-6930	akaylorccsnp@gmail.com
Angela McArdle	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Fairbanks	Interior	(907) 456-8901	angela@fra-alaska.net
Angela Waleley	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Fairbanks	Interior	(907) 456-8901	angelaw@fra-alaska.net
Ann Anisi	Care Coordination (Individual)	Yes	Yes	Yes	Yes	Wasilla	Anchorage	(907) 631-3702	aanisi@hopealaska.org

Email Processes for Messages Received



Provider Records Request Process



Provider Certification Archiving Procedure 4-2013

Provider Certification Previous Volumes – Currently Certified ARCHIVE Data Entry Process

New Archive File

Edit

Save Cancel

Commit

Agency Box/reel Number 110812-528

Source Certification

Select the Program associated with this record.

Inclusive Date 3/1/2011

Specify the this file's inclusive date.

Retention Schedule Provider Certification Previous Volumes - Currently Certified - 001.1

Select the retention schedule used to calculate when this file should be disposed.

Agency Box is Automatically Assigned

Source is always Certification for QA files

Inclusive date is the previous cycles END Date

This is only for the OPEN providers to get extra hardcopy materials stored off site.

Provider Certification Archiving Procedure 4-2013

Provider Record Location Note should have:

Agency Name:

Agency Box No:

Records Center Barcode:

Notes:

Title	Agency Box/reel No	Records Center Barcode	Notes
ALASKAN RUBY ASSISTED LIVING HOME, LLC (RL9747)	110812-528	678649	recertification 1/1/2011-12/31/2012

Details Contacts Medicaid Codes Rates Consumers Agents Renderers Agencies Notes GR Cert CIR

Cancel

Note Editor

Save Cancel

Title

Select

Date

2/5/2013

Note

Agency Box/reel No	Records Center Barcode	Notes
110812-528	678649	recertification 1/1/2011-12/31/2012

How it Copy/Pastes from Excel

Agency Box/reel No	Records Center Barcode	Notes
110812-528	678649	recertification 1/10/2011-12/31/2012

Use the spacebar to fix the alignment

Add additional folder entries to the same note

Final note should be number of folders in box

Transferring to Archives

Assign it to YOURSELF or you will not be able to generate the Report needed for Transfer!

Got to List Tools > List > Generate Report > Open

This is the RTL that must be sent to Admin for further processing. Admin will notify Clerk of any changes to be made and then arrange for pick up.

Preparing boxes for pick up

Ensure all boxes listed on RTL are in the stack for pick up. Barcodes should be in right hand corner of the box with 2x4 address label with the Box Number just below. Files should all face up and the same direction. Each box should have a lid. ONLY use Banker's boxes.

NOTE: The same processes can be used for other types of files to be sent for archive i.e. closed – voluntary, closed involuntary, auxiliary files etc. The *Source* is ALWAYS *Certification* and ALWAYS requires an *Inclusive Date*. *QA Source* files may include other types of reviews or investigations but would also be the same procedure.



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

**Department of
Health and Social Services**

SENIOR AND DISABILITIES SERVICES
Director's Office

550 W 8th Avenue
Anchorage, AK 99501

June 4, 2013

IMPORTANT SPECIAL INSTRUCTIONS

«Provider» «medicaid_»
«Address»
«city_state_zip»

Dear Provider,

Your agency certification to provide («HCB») Home and Community Based (HCB) Waiver Services will expire «Cert_end_date». Due to **NEW** Regulations and Conditions of Participation and a **NEW** Certification Application that will become effective July 1, 2013, your end date has been extended to **September 30, 2013**.

A complete Certification Renewal Application must be submitted to Senior and Disabilities (SDS) **no later than August 1, 2013**. All applications received on or after August 1, 2013 will be returned as unprocessed.

Certification Application Packet Instructions:

1. The **NEW** Home & Community Based Waiver Certification Application will be posted online no later than July 1, 2013 and is included with this letter. Also included are the Conditions of Participation. Additional application instructions and information will be posted on the SDS website within the month of June.
2. Please follow the instructions located in the application carefully, submitting all the required attachments.
3. Submit the *original* copy signed and dated by the owner or administrator. Original signatures must be submitted to SDS. Keep a copy of the application for your records.
4. Announcements for forms, training and more information will be posted to the website and announced via e-alerts. If you have not done so, be sure to sign up for these by going to <http://list.state.ak.us/soalists/SDS-E-News/jl.htm>

Please submit a complete Certification Renewal Application **before August 1, 2013** to the following address:

State of Alaska
Department of Health and Social Services
Senior and Disabilities Services, Provider Certification & Compliance
550 W 8th Ave
Anchorage, Alaska 99501-3518

If there are any questions about recertification, please contact the Provider Certification & Compliance Unit of at (907) 269-3666, or toll-free outside Anchorage at (800) 478-9996.

Sincerely,

Provider Certification & Compliance Unit

Failure to recertify your agency will result in payment ineligibility after that date. SDS will not approve payment for any services your agency chooses to provide between the expiration date and the date of any subsequent recertification even if the services were prior authorized. In addition, if your agency represents that it is certified after the expiration date to gain prior authorization or payment for services, it will be considered in violation of state and federal law.

Mail Merge Recert Letter special for Aug 31 2013 providers only.docx

June 11, 2013

Greetings Providers,

There have been a lot of great changes here at Senior & Disabilities Services in regards to the following:

Regulation changes – There are new regulations and requirements for providers. Please go to <http://dhss.alaska.gov/dsds/Pages/default.aspx> for more information

Conditions of Participation – There are new guidelines for renderers of services and some more of the requirements are defined in the Conditions of Participation overall for all providers and for specific services such as Chore, Respite and Care Coordination. Go to <http://dhss.alaska.gov/dsds/Pages/default.aspx> for more information

Certification Application – This is one of the biggest changes. There is a completely NEW application available for ALL providers. Those who are due for recertification in the remainder of 2013 until July of 2015 will need to submit a COMPLETE NEW Initial Application to ensure compliance with all the new regulations and conditions of participation. The old application form will be accepted until August 1st 2013 but no matter what ALL the requirements of the NEW application, regulations and conditions of participation MUST be met July 1st 2013!

There are also a few new forms for adding services, reporting changes and other provider related issues that are available. Additional instructions will be available on the SDS website at <http://dhss.alaska.gov/dsds/Pages/default.aspx>

Not to worry SDS is offering training on the changes contact Kara.thrasher-livingston@alaska.gov for a class schedule or to sign up.

IF you must have a hard copy application please call 269-3666 and ask for Provider Certification so that we can mail out a copy specific to your agency to make the process easy! You may also request a copy via e-mail at DSDSCertification@Alaska.gov although we would prefer you download and use the convenient fill in form available on the website!

Lastly, to keep up with all the news please sign up for the E-Alerts. This is a great way to know what is happening at Senior & Disabilities Services. The address to do that is <http://list.state.ak.us/soalists/SDS-E-News/jl.htm>

Thank you everyone for the services you provide to our seniors and disabled populations!

Provider Certification & Compliance

Certification Changes in regs, cops, app 6-2013.docx