

Purpose

Thursday, October 15, 2015
7:44 AM

Purpose

The purpose of this procedure is to instruct staff in the processing of an application from the time it arrives (Initial Application or Recertification) to the time it leaves (Off Site Storage and Archiving). This includes the variety of information collected and in some cases what reports the information entered affects. There are also a number of sub procedures for best practices, additional tools that can be setup to make tasks more efficient and other reminders of what to do or not to do to avoid issues. This manual also includes information regarding how the styles were setup for creating this manual.

Styles

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Quick style guide for procedures in Word

Margin is 1" all sides

Heading 1 or H1 for main sections or topics to appear in the Table of Contents

Heading 2 or H2 for a subtopic appears in TOC as well

Bullets is defined for steps

Normal is for explanation paragraphs

Photos or screenshots have a thin black border and are cropped to just the necessary portion of the image

Each step mentioned in a bullet point is shown on a image with a red box with 2 1/4 pt thickness. There should be no more than 3-5 boxes per image

Actionable command steps (click) within bullet points are italic while the subject (New Folder) is bold.

Hints and commonly missed items have a string around the finger icon with Hint or Don't Forget bolded at the start of the message.

Hard Copy

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9:13 AM

Hard Copy (Front Desk or Fax)

Hard copy applications may come in via the mail, dropped off in person by a provider or via fax machine. These documents are manually date stamped with the date stamping machine in the PCC Copy room.

The staff who pre-processes documents up should check for additional staples, paper clips and other clips along with unique size paper so that date stamping will go smoothly.

- *All pages of the application at the time of receipt and subsequent documents sent after the application is pended must be date stamped whether they are received by fax, hand delivered, mailed, or emailed.*

Date Stamping Machine

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Date Stamping Machine needs PHOTOS

All documents that come in via fax or front desk by drop off or mail need to be date stamped with SDS CERT <date rec'd>.

All Documents

- **Clear settings** – press the **Stop/Clear button** then **Yes**
- **Insert the documents** *face up with footer to the right side*
- Push **Mode** then **Start**.
- **Line ID** press **1** and **Start**
- **Selected Line** just *ignore* and press **Start**
- **Enter Alpha** using the keypad (multiple press on same key for different numbers and letters) always enter “**SDS QA**” as the start, then the date the item was rec'd i.e. **SDS QA FEB 19 2013**



Note that FEB will also require using the Yes/No Arrow keys to move from the “F” to the “E” the same action is applied to “11” and “22”

- Push **Start**
- *Ignore* **Enter Digits** and push **Start**

Transport errors needs PHOTOS

Transport errors happen when staples are missed in preprocessing of the documents. Some paper types also cause Transport Errors for unknown reasons.

- *Open the top hatch*
- *Undo the finger screws*
- *Gently pull the paper out from the top*
- *Use the rollers to assist in moving the paper forward or backward until an edge can be grasped*
- *OR from the bottom reach in and gently but firmly and evenly pull the paper out*
- Push the **Stop/Clear** button to continue
- Determine if it needs to be sent through a second time and either push **Yes** or **No**

If multiple packets of documents are on the same date you can simply clear the counter and push start again for the same date but a restart of the Bates Numbering function.

Adobe Pro

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9:14 AM

Email

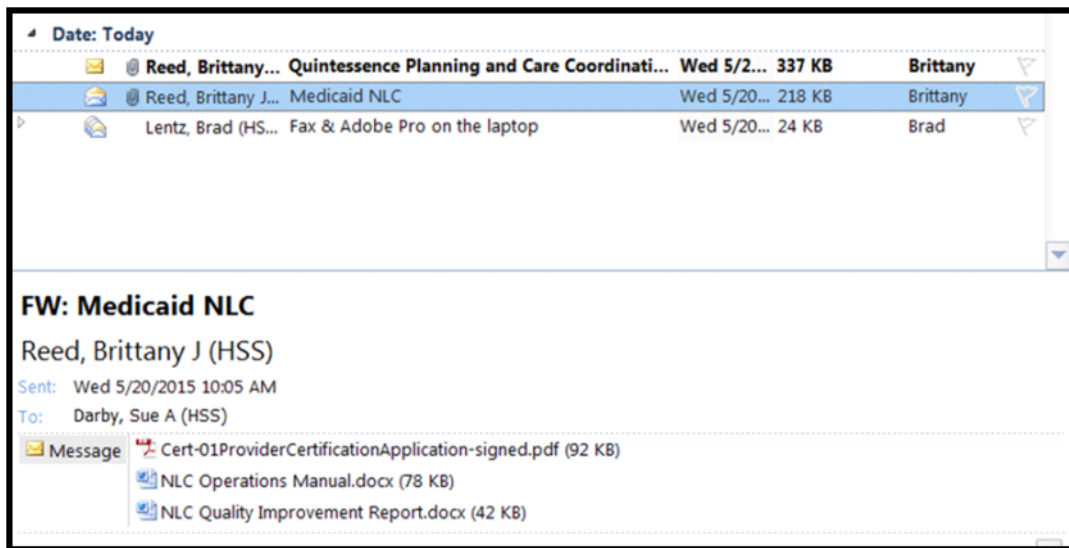
Adobe Pro

Frequently applications and change forms come via email and before printing it is possible to use Adobe Pro to add a footer date stamp. (As of this writing there are only 2 copies of Pro in the unit, the SST and the unit Laptop have them but there is an Enterprise license available for everyone else pending management approval and request. When this is available for everyone the additional steps can be added here.)

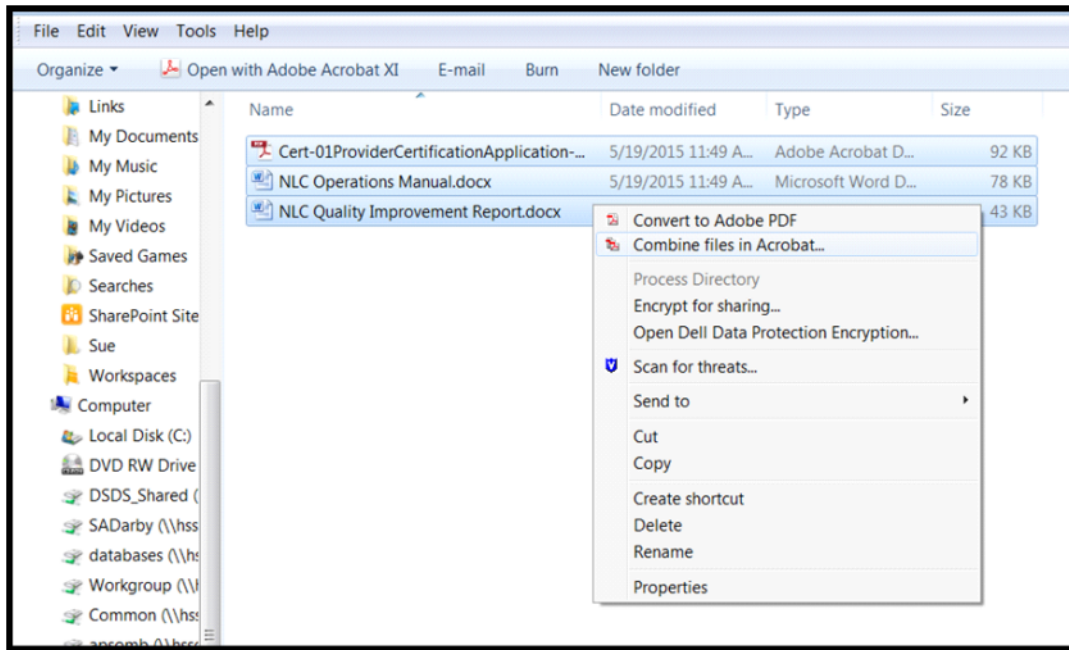
Auto Date Stamp Function in Adobe Pro REPLACE WITH DC

This function is ONLY available in Adobe Pro (paid version) which the unit has 2 licenses for. One is on the unit's laptop and the other on the SST's PC. This will work to combine Word, Excel, Power Point, JPG, PNG, GIF or just about any file type we normally see.

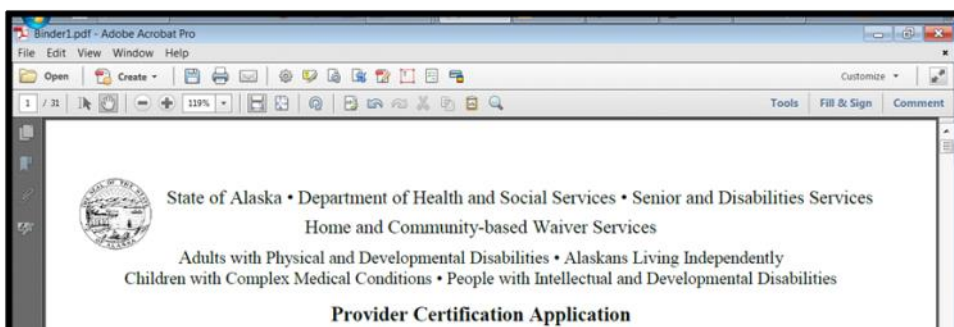
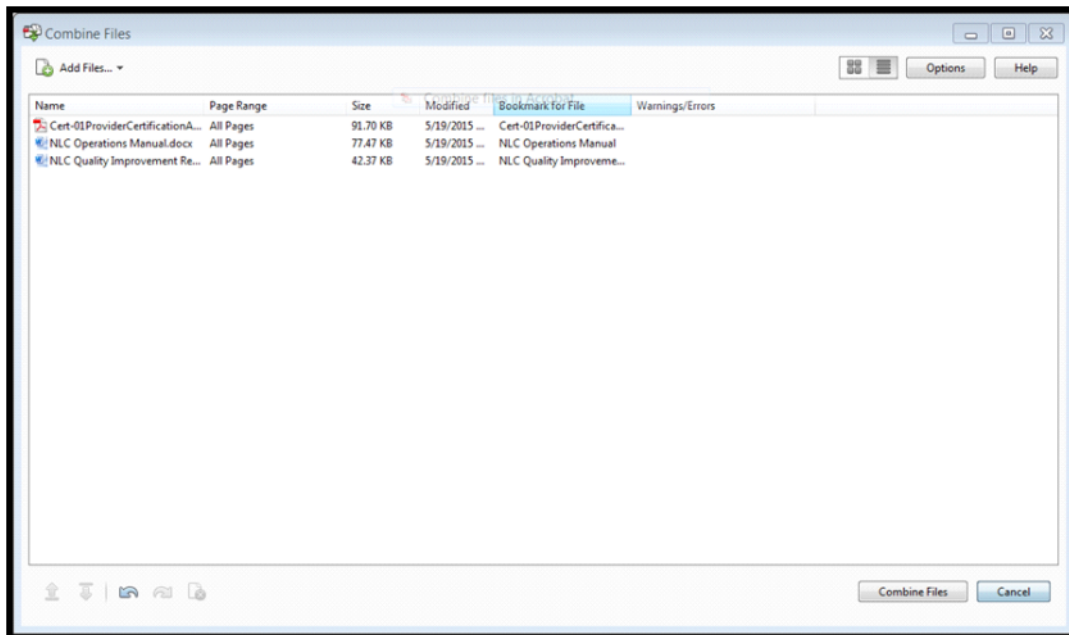
- *Receive an email that has attachments*
- ***Save the attachments to the network*** in the *G:\Provider Certification & Compliance Auto Date Stamping* in your folder (everyone should have one)



- ***Navigate out to the folder on the network while on the laptop***
- *Select all the files you wish to date stamp and RIGHT click and Combine files in Acrobat*



- You have the option to move the files around if you want them in a specific order from this screen otherwise click **Combine files**



State of Alaska • Department of Health and Social Services • Senior and Disabilities Services
Home and Community-based Waiver Services
Adults with Physical and Developmental Disabilities • Alaskans Living Independently
Children with Complex Medical Conditions • People with Intellectual and Developmental Disabilities

Provider Certification Application

Applicant
 Business Name Northern Living Centers, LLC
 Administrator Darrell Rhoades
 Current Provider Numbers 1030259/RL 5257
 Physical Address/City/Zip 2795 W. Stonebridge Dr., Wasilla, AK 99654
 Mailing Address/City/Zip 3310 W. Riverdell Dr., Wasilla, AK 99654
 Telephone Number (907) 376-3821 FAX Number 1(509)756-3412
 Cell Number (907) 250-5800 Email nlc@mtaonline.net

Table of Services: Check box for each service the provider plans to offer to participants. (NA indicates services unavailable for the waiver specified in that column.)

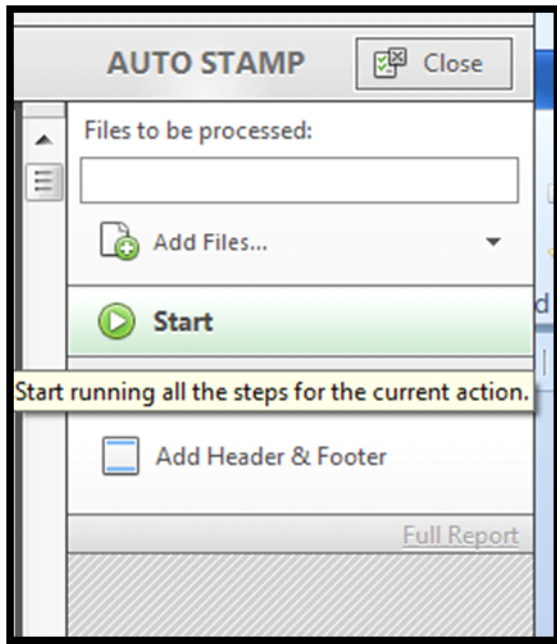
Waiver Service	APDD	ALI	CCMC	IDB
Nursing Oversight And Care Management	NA	NA		
Care Coordination				
Chore				
Adult Day			NA	NA
Residential Supported Living		X	NA	NA

- You now have one Binder document with all the pages from all the files you selected

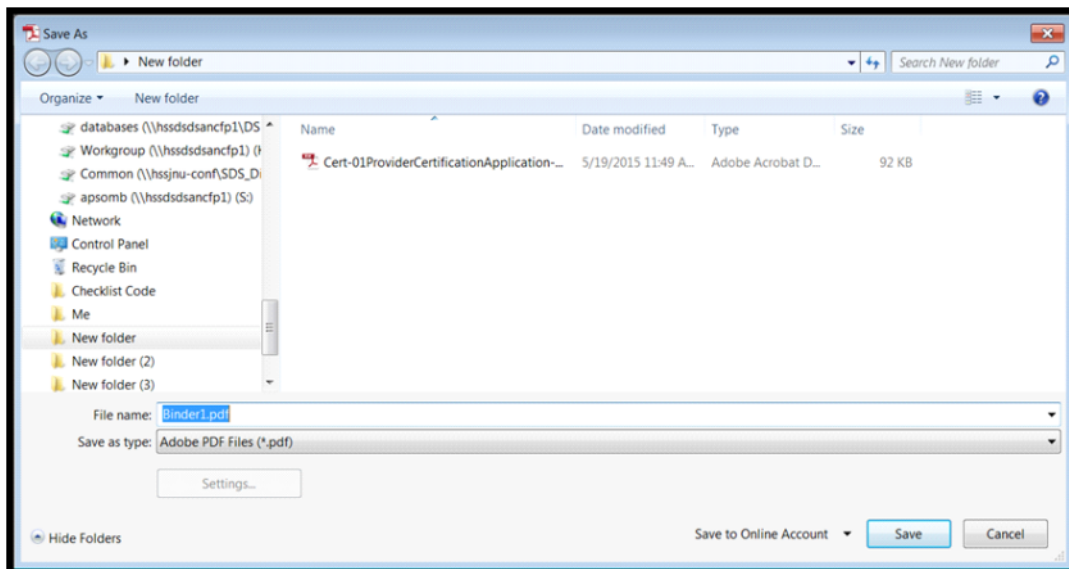
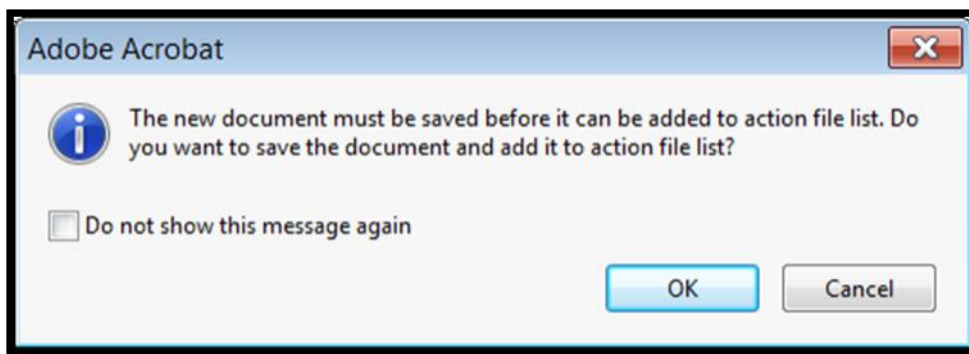


Note that this is a custom button and thus does not have a label like other toolbar buttons. It is also generally towards the right hand side of the screen on the button toolbar that has the save, open, print etc buttons

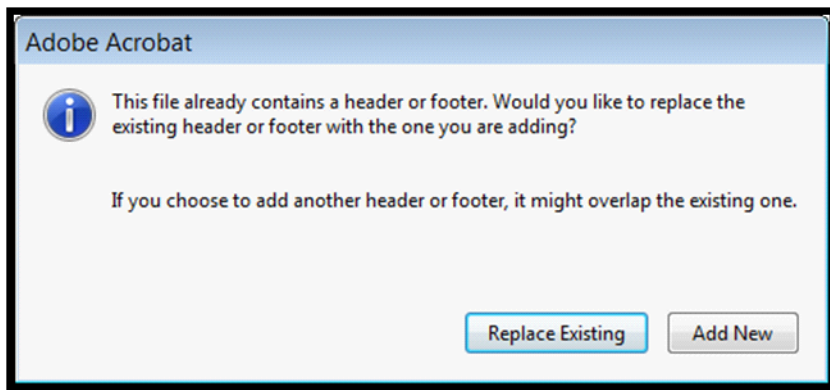
- Click the above button found on the menu bar to start the Wizard for date stamping
- The following side bar will pop out on the right side of the screen simply click Start



- You will likely see this dialog box simply save the binder in the folder you you're your originals in as follows.



- You will now have the option of replacing the footer or adding a new footer. Depending on the document you have either will work. Replacing will eliminate the current footer and simply have our date stamp on bottom. Adding a new one runs the risk of having multiple layers of text one on top of another.



- The text and date will be presetup and the only thing you will have to add is the current date in the center box of the footer

Add Header and Footer

Saved Settings: [None specified] **Delete** **Save Settings...**

Font
 Name: Arial Black Bold Size: 10 **U** **C**

[Appearance Options...](#)

Margin (Inches)
 Top: 0.5 Bottom: 0.3
 Left: 0.5 Right: 0.5

Left Header Text

Center Header Text

Right Header Text

Left Footer Text

Center Footer Text

Right Footer Text

Insert Page Number **Insert Date** [Page Number and Date Format...](#)

Preview
 Preview Page 1 of 31 [Page Range Options...](#)

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services
 Home and Community-based Waiver Services
☐ Northwest ☒ Statewide
☐ Southcentral

CERT-01 (Rev. 8-2-13)
 SDS CERT 05/20/2015 Rec'd via email May , 2015 1

Help **OK** **Cancel**

Before date

Add Header and Footer

Saved Settings: [Custom-not saved] Delete Save Settings...

Font
Name: Arial Black Bold Size: 10 U

Margin (Inches)
Top: 0.5 Bottom: 0.3
Left: 0.5 Right: 0.5

Appearance Options...

Left Header Text
Center Header Text
Right Header Text

Left Footer Text
Center Footer Text
Right Footer Text

SDS CERT <<mm/dd/yyyy>> Rec'd via email May 17, 2015 <<1>>

Insert Page Number Insert Date [Page Number and Date Format...](#)

Preview
Preview Page 1 of 31 [Page Range Options...](#)

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services
Home and Community-based Waiver Services
☐ Northwest ☒ Statewide
☐ Southcentral

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Help OK Cancel

After date

- Once a month the name of the month will need to be updated

Binder1.pdf - Adobe Acrobat Pro

File Edit View Window Help

1 / 31 96%

In-Home Support Habilitation	NA		
Supported-Employment	NA		
Intensive Active Treatment	NA		
Respite Care			
Family-Directed Respite Care	NA	NA	
Transportation			
Meal	////	////	////
Congregate Meals			
Home-Delivered Meals			
Environmental Modification			

Geographical area to be served: Check box for each location at which services will be offered.

☐ Anchorage ☐ Southeast
☐ Interior ☐ Southwest
☐ Northwest ☒ Statewide
☐ Southcentral

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Business Information
Location of Participant Records: 3310 W. Riverdell Dr., Wasilla, AK

Form of Organization
☐ Sole Proprietorship ☐ For-Profit Corporation
☐ General Partnership ☐ Non-Profit Corporation
☒ Limited Liability Company ☐ Limited Partnership
☐ Government/Public Agency ☐ Tribal Health Organization

EIN/Tax ID Number 56-2485257

Billing Agent ☒ Agency Employee ☐ Contractor
Name of Billing Agent Karen Rhoades
"Pay-To" Name (Business or Individual) Northern Living Centers, LLC

AUTO STAMP Close

Files to be processed:
Binder1.pdf ✓
Add Files...

Completed
Untitled

Add Header & Footer ✓
[Full Report](#)

- Once you click OK you are now ready to print with the ready to go date stamped footer and page numbers
- You can delete the saved attachments after you are done printing

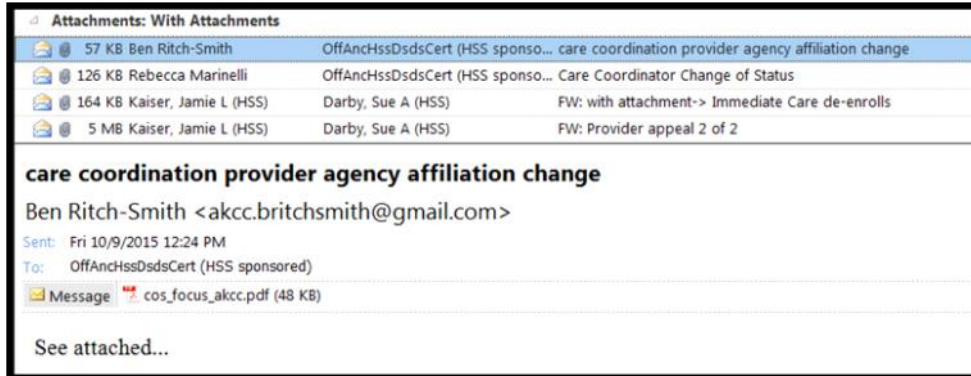
Adobe DC

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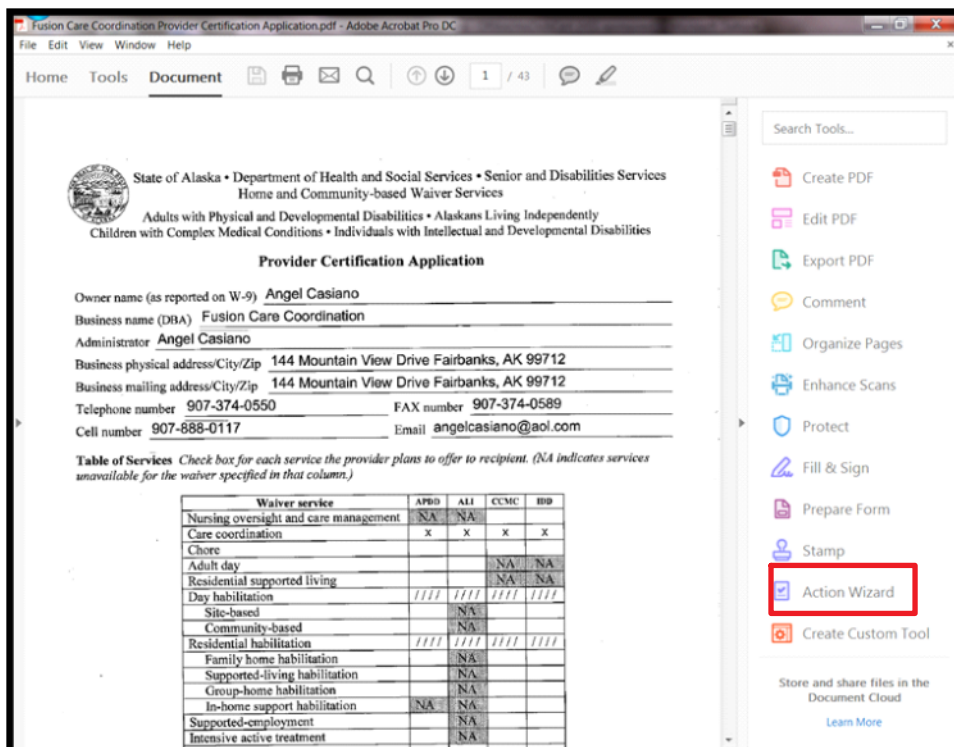
Adobe DC (Enterprise Adobe 2015)

Saving Email, Navigating the Network, Merging Multiple Files and setting up the Date Stamp Action Wizard Command are all procedures in the Appendix

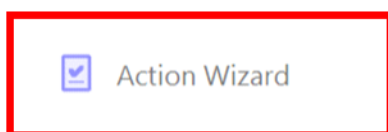
- *Receive email*



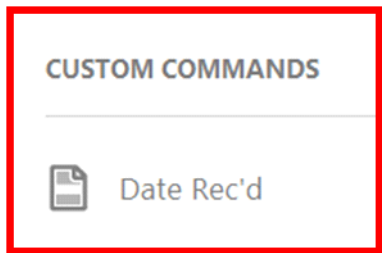
- *Double Click attachment to open*



- *Go to Action Wizard*



- *Click the custom command Date Rec'd*



- Enter the month and day in the center footer box

Save Settings: [None specified] Delete Save Settings...

Font: Name: Arial Bold Size: 10 U B

Margin (Inches): Top: 0.5 Bottom: 0.5 Left: 1 Right: 1

Left Header Text: Center Header Text: Right Header Text:

Left Footer Text: <<1>> Center Footer Text: SDS CERT DATE, 2015 Right Footer Text: <<mm/dd/yy>>

Insert Page Number Insert Date Page Number and Date Format...

Preview: Preview Page 1 of 43 Page Range Options...

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Interior Southwest North West Statewide Southcentral

CERT-01 (Rev. 4-4-14) SDS CERT DATE, 2015 Page 1 of 2 10/13/15

Help OK Cancel

Left Footer Text: <<1>> Center Footer Text: SDS CERT OCT 12, 2015 Right Footer Text: <<mm/dd/yy>>

Insert Page Number Insert Date Page Number and Date Format...

Preview: Preview Page 1 of 43 Page Range Options...

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Interior Southwest North West Statewide Southcentral

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Help OK Cancel

- Click OK

Fusion Care Coordination Provider Certification Application.pdf - Adobe Acrobat Pro DC

File Edit View Window Help

Home Tools Document 1 / 43

Action Wizard New Action Manage Actions More Actions (Web) New Custom Command

Table of Services Check box for each service the provider plans to offer to recipient. (NA indicates services unavailable for the waiver specified in that column.)

Waiver service	APBD	ALI	CCMC	IDD
Nursing oversight and care management	NA	NA		
Care coordination	X	X	X	X
Chore				
Adult day			NA	NA
Residential supported living			NA	NA
Day habilitation	////	////	////	////
Site-based		NA		
Community-based		NA		
Residential habilitation	////	////	////	////
Family home habilitation		NA		
Supported-living habilitation		NA		
Group-home habilitation		NA		
In-home support habilitation	NA	NA		
Supported-employment		NA		
Intensive active treatment		NA		
Respite care				
Family-directed respite care	NA	NA		
Transportation				
Meal	////	////	////	////
Congregate meals				
Home-delivered meals				
Environmental modification				

Geographical area to be served Check box for each location at which services will be offered.

☐ Anchorage
 ☐ Southeast
☐ Interior
 ☐ Southwest
☐ Northwest
 ☒ Statewide
☐ Southcentral

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ACTIONS LIST

- ☒ Make Accessible
- ☒ Archive Documents
- ☒ Publish Sensitive Inform...
- ☒ Optimize for Web and M...
- ☒ Optimize Scanned Docu...
- ☒ Prepare for Distribution

CUSTOM COMMANDS

- ☒ Date Rec'd

- Print the document

Setting up Adobe's Auto Date Stamping

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Merging and Splitting Documents

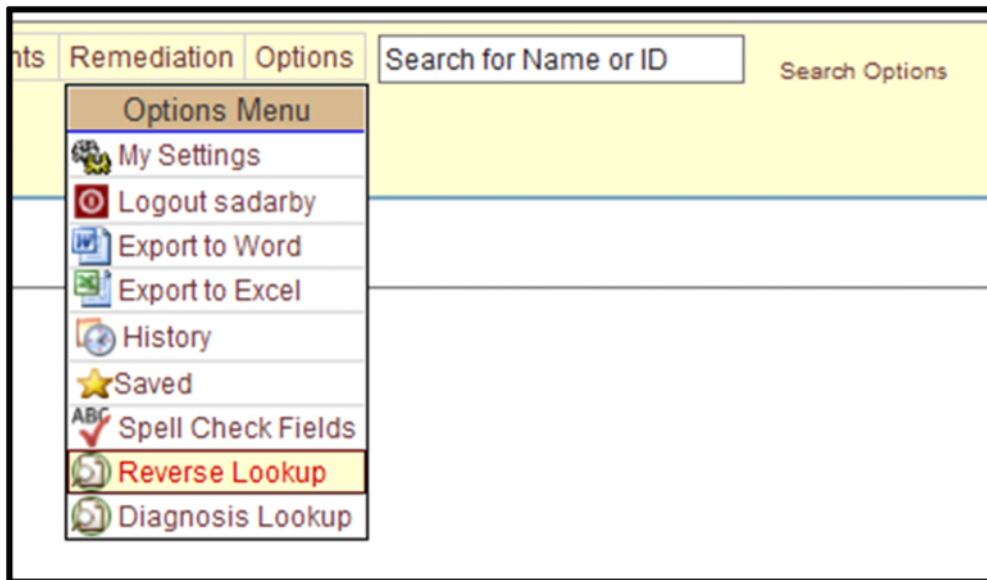
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Searching for a Provider in DS3

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Reverse Lookups

Go to the **Options** menu → **Reverse Lookup**

A screenshot of the 'Reverse Lookup' form. The title 'Reverse Lookup' is at the top. Below it is a section titled 'Enter Search Criteria'. There are three radio buttons: 'Address' (selected), 'Phone', and 'Email'. Below the radio buttons, there is a form for the 'Address' search. It includes a label 'Address', a '#' symbol, a text input field, and a 'Street:' label followed by another text input field. At the bottom of the form are two buttons: 'Find' and 'Reset'.

- Look up the provider by the **Address, Phone and Email** provided.
- If none of the three methods work then go to [add a new provider](#).
- If you find duplicates or more than one entry you can request a [Record Merge](#).
- If you find a record that is a contact such as for an Assisted Living Home or Care Coordinator then you can [Convert the Record](#) but **NOT** for any Child Family Habilitation Providers

Best Practices

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It is best to open up a new DS3 page and conduct your search in the new page. You will have a lot more entities displayed if you're looking up people with common names or organizations whose names start out the same but end differently.



It is best **not** to wait for names to appear under the search bar. Just type the name and hit enter. When you wait for the drop down to appear you will only see 10 entities when sometimes there can be 11 or 15 entities with the same name. Don't just rely on the first 10 entities. Make sure your search is exhaustive before creating a new entity in the database

You can disable the "**Auto-Complete**" drop down with the "**Search Options**" which is found next to the "**Search Box**"

on Options Search for Name or ID Search Options

Search Options

Auto-Complete

☐ Show me Results as I type

Limit Search Results (Not Auto-Completed)

These options are for the Search Results Page, not the Auto-Complete Feature

☒ All

☐ Providers

☐ Consumers

Search



The best way to find entities within DS3 is to enter their DSDSID number in the search bar →ex: 180



If you do not know their DSDSID number you can type in their Medicaid number → 1578624



Avoid typing the whole name, type in just part of the name as it is very hard to get some entities exactly right i.e.: → *Hope Community Resources*/Anchorage* vs just *hope comm*. Capitalization doesn't matter.



If a new care coordinator or other entity has a contact record it can be **converted** to a provider record, there are exceptions to this rule but just for Child Family Habilitation Homes.

Record Merges

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Record Conversions

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Registering Applications

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Applications are registered with the main database, DS3 (until Harmony comes online) and within the Unit's SharePoint Site's Application Tracker. This section will cover searching for a provider, dealing with duplicate records via merges, adding new providers to the system, reverse lookups and converting records.

Determining Application Type

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Initial Applications

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Adding a New Record

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Recertifications

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Adding Locations

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Care Coordinators

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SharePoint Tracking

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Initials

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Regulations

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DS3 Entries

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Application Tracker

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New Provider Number

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Closed Provider

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Electronic Folders

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Hard Folders

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PCS

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HCB

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Voluntary

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Involuntary

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Sanctions

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Decertifications

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Investigations

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Hearings

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Glossary

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Glossary of Terms

Adobe Pro- any version of Adobe that is not Reader. Pro's features include file merging, splitting, page insertion or deleting, redacting and adding a footer plus many other useful tools

Archiving- this is only for closed providers either voluntary (7 year retention) or involuntary (10 year retention). After the retention on site has been met (1 year minimum) files can be sent to storage for the remaining time until destruction which is handled at the storage site. Archives should contact SDS and specifically the unit manager regarding files before actually destroying them.

CC- Care Coordinator

CIR – Critical Incident Report

COS- Category of Service, this is the variety of services provided under the HCB Waiver or alternately the type of PCS service the agency provides. Almost all agencies will have a Core Waiver or PCS COS but Care Coordinators will only have the Care Coordination (Individual) COS while contracted Residential Habilitation Homes will have none.

Date Stamper- this is the machine located in the copier room and is used to stamp incoming hard copy documents with SDS CERT and the date received

DME-Durable Medical Equipment, these providers are not certified by SDS but the Waiver workers who process the client applications and POCs use DS3 for reference for this type of provider. Providers provide services such as Lifeline which is a service that is important to many clients and these providers do show on the public Provider Search Tool

DS3- SDS' mainframe database built originally by Chris Hamilton and being replaced by the Harmony System in 2014-2017 in phases.

HCB-Home and Community Based Waiver, the federal program that serves a large percentage of our clients

ICF-Intermediate Care Facility, an out of state assisted living type facility for IDD clients who have SOA care coordinators. A specialized facility to handle a very specific population. These facilities have a separate certification process

Non-Certified Providers- includes the SME and DME providers who only have end dates and are maintained by the unit's SST to assist Waiver personnel who process POCs

OCS-Office of Children Services, these are foster homes for our CCMC youth clients and are Habilitation providers contracted to an agency. These providers NEVER have a start date on the Medicaid tab as there was a MOU with OCS that the homes would remain confidential in our system and if there was a start date the home will show on the PST. These homes are generally to a Foster Parent and will frequently be the parent's names instead of an agency. Despite this they are entered as an organization or they cannot be linked to their provider agency.

Off Site Storage – a form of archiving the older materials of an active provider to reduce hard file folder size. Files are sent off site and kept for 20 years.

Organization – the name of the provider type in DS3

PCS – Personal Care Assistance, these agencies are either Agency Based or Consumer Direct and carry a designation of U3 for one of the two (which one?)

PST- Provider Search Tool, this is the public facing tool found on the state's website and used to find providers of services in a specific area or for a specific service. The exception should be that the res hab homes that are contracted to an agency should never show up especially OCS homes. Non-certified providers such as those who provide Lifeline or such as Geneva Woods which has durable medical equipment should show up. The Report manager has a report by the same name that is used to create the state wide list of Care Coordination Agencies and Care Coordinators list as well as a list of PCS Agencies which is used by Care Coordinators to provide client choice. The lists are posted in both PDF and XLSX formats to provide user friendly versions.

Res Hab – Residential Habilitation

RSL – Residential Supported Living or ALH, Assisted Living Home

SME – Specialized Medical Equipment

Tab -



Important Icon –

Note Titles

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Note Titles

Provider - ALH – General Info: Entry is used for notes concerning general ALH or licensing issues or information that does not meet one of the other ALH note topics.

Provider - ALH - License Issued: Assisted Living licensing program issued a provisional or biennial license that has not been modified.

Provider - ALH - License Made Conditional: The existing or issued license had a condition placed on the license as part of an enforcement action.

Provider - ALH - Modified License Issued: Assisted Living licensing program issued a provisional or biennial license that has been modified. A modification includes change in capacity, population served, administrator, ownership, physical address, mailing address, etc.

Provider - ALH - Report of Inspection Issued: Assisted Living licensing program completed an annual or renewal inspection and issued a notice of violations if requirements were not met. The notice may also include enforcement actions if applicable.

Provider - BCU General Info: Entry is used for notes concerning general BCU or variance issues or information. IS NOT USED for any type of Variance action.

Provider - BCU Variance - Approved: Provider has been granted a background check variance. In date field, enter the **effective date** of variance (this is the date the Commissioner signed the variance). In the body of the note, enter: end date of variance, Provider #, individual's name and barrier end date in text box. Add brief notes of any conditions, etc. regarding the variance if applicable.

Provider - BCU Variance - Continuance: Provider has been granted a background check variance continuance of an existing variance. In date field, enter the **effective date** of the variance (this is the date the Commissioner signed the original variance). In the body of the note, enter: end date of variance, Provider #, individual's name and barrier end date in text box. Add brief notes of any conditions, etc. regarding the variance if applicable.

Provider - BCU Variance – Denial/Closure: Provider's variance has either closed or a request was denied. If the variance closed, in the date field enter the **effective date** of the variance (this is the date the Commissioner signed the original variance). If the variance request was denied, enter the date the Commissioner denied the request. In the body of the note, enter: end date of variance, Provider #, individual's name and barrier end date in text box. Add brief notes of any conditions, etc. regarding the variance if applicable.

Provider - Certification - Application Complete: Application is signed and has all required attachments. Enter date in date field once application is complete. Indicate in text box the name of staff application is forwarded to and other applicable information.

Provider - Certification - Application Received: Applicant has submitted an initial, renewal, or additional service application. Enter date received by SDS in date field and indicate the type of application and services in text box.

Provider-Certification-Application Withdrawn: Applicant has chosen to withdraw their application or certification. Enter date written notification received by SDS.

Provider - Certification – Information Requested for Application

Evaluation: Application is complete but applicant did not have the elements needed to evaluate or make determination that certification requirements are met, prompting a request for more information. Enter date requested in date field. Copy and paste pend letter into case note.

Provider - Certification – Issued Notice of Incomplete Application: Initial or renewal application was determined to be incomplete and applicant was sent written request to submit items and given due date. Enter date notice sent in date field and describe needed items and due date or may copy and paste email in text.box.

Provider - Certification – Information Received: Information was requested from a provider, either during the application or recertification process and was received. Information requested was not of a Compliance nature. Enter date requested in date field. Briefly describe requested items in text box, method of contact and due date to submit items or information

Provider – Certification - Notice of Denial or Other Sanction*: Provider was issued notice to deny initial application, deny renewal of certification, terminate, suspend or other sanction described in 7AAC 105.410. Record date of notice in date field. Copy and paste denial letter into case note. ***Disregard this part of the note, use appropriate sanction note type as described below.**

Provider-Certification-Returned Incomplete Application: Entire application was returned to the provider as it was deemed incomplete because the provider either failed to submit the information when requested or failed to submit adequate information or documentation when requested.

Provider - Compliance - Certification Not Compliant: Substantiated that a provider does not meet certification requirements through a discovery made from critical incident or complaint investigation, onsite review, evaluation of renewal application, or other information received by the Department. This note category *does not* include applicant that is not currently certified. Record date of substantiation in date field (this becomes the tracking date for this compliance issue), and enter requirement(s) not met in text box.

Provider - Compliance - Corrective Action Complete: Provider has provided evidence corrected action was taken and requirement(s) is met. Enter the tracking date in the date field. Enter correction made in text box along with the date the evidence was provided to the department, along with any other applicable information. (Note: This note is used when all items identified using this tracking date have been corrected and the Non-Compliance Item can be closed. For non-compliant status update, use the “Provider – Compliance – Status Update” note entry.

Provider - Compliance - Issued Notice to Correct: Provider issued report of findings, email, or other written correspondence requesting correction and a timeline to correct. (This note category *does not* include applicant that is not currently certified.)

Enter the tracking date in the date field. Record date sent to provider in the text box and briefly describe the method of notice, correction needed, date due and confirmation that provider received notice. Emails may be copied into text box.

Provider - Compliance – Status Update: Provider has provided an update on completing requirements identified in the “Notice to Correct” notification sent to the provider. Enter the tracking date in the date field. In text box, enter the information the provider has given on correcting the identified deficiencies. If the department allows a new due date, be sure this is indicated as well.

Provider – Provider - Audit/Overpayment Finding: State has issued notice that provider must reimburse the state of Alaska. Enter date issued to provider in date field and briefly describe the audit findings, which State entity issued the Notice (PIU, SDS, etc), amount owed, subsequent action(s), etc.

Provider – Provider - Contact: SDS has contacted the provider or provider has contacted SDS (examples; technical assistance, general concerns/question, clarification of requirement, resource need, etc.) Enter date of contact in date field and briefly describe contact method, issue and outcome in text field.

Provider-Record-Conversion: Provider hard copy file has been converted to established standardized format and is complete as of the date entered.

Provider-Record-Location: This is an internal tool so that files can be located within SDS among various employees in case the file needs to be located.

Provider - Sanction – Appeal: The provider was sanctioned and activated their appeal rights within the allotted 30 day time frame. The appeal is handled by AAGs in the AG office.

Provider - Sanction - Appeal – Resolution: The provider was sanctioned, appealed the sanction, and there is an outcome to report. Notes will include what those outcomes are.

Provider - Sanction – Education: Provider has been sanctioned using 7 AAC 105.410 (6): Mandatory attendance at provider education sessions; including one-on-one sessions. This sanction comes with 30 days appeal rights.

Provider - Sanction - OIG Exclusion: The provider has been added to the Federal OIG Exclusion list by Program Integrity Unit (PIU).

Provider - Sanction – Other: The provider has been sanctioned using any other sanctions listed under 7 AAC 105.410 other than those described in this document and listed in DS3.

Provider - Sanction - Prepayment Review: Provider has been sanctioned using 7 AAC 105.410 (8): Department review of all claims submitted by a provider before payment to the provider. This sanction comes with 30 days appeal rights.

Provider - Sanction - Restriction/Withholding of payments: Provider has been sanctioned using 7 AAC 105.410 (3): Restriction or withholding of payments to a provider. This sanction comes with 30 days appeal rights.

Provider – Sanction - Suspension from Medicaid: Provider has been sanctioned using 7 AAC 105.410 (2): Suspension of participation in the Medicaid

program. This is a temporary sanction with 30 days appeal rights.

Provider – Sanction - Termination from Medicaid: Provider has been sanctioned using 7 AAC 105.410 (1): Termination from participation in the Medicaid program. This sanction comes with 30 days appeal rights. Once terminated, provider will be added to the State of Alaska exclusion list by Program Integrity Unit (PIU).

Provider - Training – Care Coordination: Provider has attended SDS required Care Coordination training. Enter date of training in date field and the name of the training completed in text box.

Provider - Training – Critical Incident Reporting: Provider has attended Critical Incident Report training. Enter date of training in date field and the name of the individual who completed the training in the text box.

Provider - Training – Personal Care Assistance: Administrator of PCS agency has attended SDS regulatory required training. Note of date of attendance in date field and in text identify the trainee

Provider - Training – Residential Supported Living: Administrator/Owner has attended SDS training specific to Residential Supported Living Service. Note of date of attendance in date field and in text identify the trainee

Provider – Waiver – CPR/FA: Provider has been granted a waiver of this requirement for an individual PCS staff. Note effective date of waiver in date field. Enter individual, city or town, and end date of waiver in text box and other applicable information.