**DS3 Provider “Notes” and Definitions**

**Drop down menu**

* **Provider- App received:** Applicant has submitted an initial, renewal, or additional service application. Enter date received by DSDS in date field and indicate the type of application and services in text box.
* **Provider- App 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-Audit/overpayment finding**: Other state partner 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, amount owed, subsequent action(s), etc.
* **Provider- BCU variance:** Provider has been granted a background check variance. Enter in date field the effective date of variance. 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- CC Training:** Provider has attended DSDS required Care Coordination training. Enter date of training in date field and other applicable notes in text box.
* **Provider- CIR Training:** Provider has attended Critical Incident Report training. Enter date of training in date field and other applicable notes in text box.
* **Provider-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 and enter requirement(s) not met in text box.
* **Provider-** **contact**: DSDS has contacted the provider or provider has contacted DSDS (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- Corrective action complete:** Provider has provided evidence corrected action was taken and requirement(s) is met. Enter date in date field that evidence was provided to Department. Enter correction made in text box along with any other applicable information.
* **Provider-CPR-FA Waiver:** Provider has been granted a waiver of this requirement for an individual PCA 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.
* **Provider-Information requested for app 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. Briefly describe requested items in text box, method of contact and due date to submit items or information
* **Provider- Issued 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. Record in text box brief description of the violation, specific sanction and appeal period end date.
* **Provider- Issued notice to correct:** Provider issued report of findings, email, or other written correspondence requesting correction and a timeline to correct. Record date sent to provider in date field. This note category *does not* include applicant that is not currently certified. Describe briefly in text box, the method of notice, correction needed, date due and confirmation that provider received notice. Emails may be copied into text box.
* **Provider-Issued notice of incomplete app:** 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-New ALH license issued:** Assisted Living licensing program issued a new or modified license that is either provisional or biennial status. The license may have had a condition placed on the license as part of an enforcement action. .
* **Provider-PCA Training**: Administrator of PCA agency has attended DSDS regulatory required training. Note of date of attendance in date field and in text identify the trainee
* **Provider-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-RSL Training:** Administrator/Owner has attended DSDS training specific to Residential Supported Living Service.Note of date of attendance in date field and in text identify the trainee