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## Update: Change in Personal Care Assistant Enrollment Requirements

Due to implementation of the personal care assistants (PCAs) enrollment requirement of 7AAC 125.090 (a)(3), there is a change to the process for requesting an SDS waiver for the first aid certificate requirement.

To enroll as Alaska Medical Assistance providers, personal care assistants (PCAs) must provide one of three items to demonstrate that first aid qualifications have been met. (7 AAC 125.160(a))

- Current first aid certificate with attendee name and expiration date
- A letter from a first aid instructor verifying that the PCA has attended training and the card will be issued in the near future (See suggested format on second page of this flyer.)
- SDS-approved temporary waiver for the training (7 AAC 125.090 (a)(e).

A letter completed by a first aid instructor will meet the requirement for **only 30 days from the date of the first aid training**. To avoid pending or denied claims, the first aid certificate must be submitted before the end of the 30 day period.

A letter from a first aid instructor must contain:

- Date of training
- First and last name of attendee
- Name of training agency
- Full printed name of instructor
- Contact number of instructor
- Signature of instructor
- Date of attestation by instructor

A letter verifying completion of first aid training will meet the requirement for **only 30 days from the date of the first aid training**. To avoid pending or denied claims, the first aid certificate must be submitted before the end of the 30 day period.

To enroll as a PCA provider, a current first aid certificate, a letter from a first aid instructor, or a waiver from the Department of Senior and Disability Services (DSDS) must be submitted with the enrollment application. There is no longer an allowance for the first 30 days of hire.

PCAs may submit a "Request for Waiver of First Aid and CPR Training for Personal Care Assistance Staff" to the Division of Senior and Disabilities Services (DSDS) Quality Assurance via email at [hss.dsdsqa@alaska.gov](mailto:hss.dsdsqa@alaska.gov) or fax 907.269.3690. The request form may be accessed at: [www.hss.state.ak.us/dsds/pca/documents/pcaCPR\\_FA.pdf](http://www.hss.state.ak.us/dsds/pca/documents/pcaCPR_FA.pdf).

The PCA must request the waiver from DSDS in writing. The request must explain why the PCA cannot either attend the first aid course or obtain the first aid card. Waivers are granted for **up to six months**, after such time the waiver **may not** be extended or renewed.

Send the current certificate of training, the letter from the first aid instructor, or the department-issued waiver to:

Affiliated Computer Services  
Provider Enrollment  
PO Box 240808  
Anchorage, AK 99524-0808

For further information, please contact DSDS Quality Assurance at [hss.dsdsqa@alaska.gov](mailto:hss.dsdsqa@alaska.gov). Questions regarding the enrollment process may be directed to Lyla Crane, ACS Provider Enrollment Supervisor, at 907.644.6853 or [lyla.crane@acs-inc.com](mailto:lyla.crane@acs-inc.com).

**First Aid Training Completion Verification – Suggested Format**

I, the undersigned, attest that on \_\_\_\_\_,  
(Mm/dd/yy)

The following individual \_\_\_\_\_  
(Please print full name of training attendee)

Completed a first aid course provided by \_\_\_\_\_  
(Name of training agency)

First Aid Card will be issued to the attendee or the affiliated provider agency as soon as available.

\_\_\_\_\_  
(Instructor's printed name)                      (\_\_\_\_\_) \_\_\_\_\_  
(Area code) phone number

\_\_\_\_\_  
(Instructor's signature)                      (Mm/dd/yy)