

**SESSION LAW 2013-306
PCS TRAINING ATTESTATION FORM
INSTRUCTIONS**

These instructions offer guidance for completing the Personal Care Services (PCS) Session Law 2013-306 Training Attestation Form, NC Medicaid-3085 and should be read in its entirety before completing the form. This form should ONLY be used to by Providers to attest to their compliance with NC Aide Training Requirements, per Session Law 2013-306. Completed Attestation Forms should be submitted electronically to NC Medicaid via medicaid.pcstraining@dhhs.nc.gov.

In accordance to Session Law 2013-306; Providers serving beneficiaries seeking additional hours of PCS due to Alzheimer's, or other Memory Care complications, are required to have caregivers with training or experience in caring for individuals who have a degenerative disease characterized by irreversible memory dysfunction that attacks the brain and results in impaired memory, thinking, and behavior, including gradual memory loss, impaired judgment, disorientation, personality change, difficulty learning, and the loss of language skills.

NC Medicaid's PCS program committee requires that Providers attest to their aide training curriculum by submitting the NC Medicaid-3085 to NC Medicaid for recordkeeping.

Select the Provider Type for the provider employing the Alzheimer's and Memory Care Training. Enter the Date of Submission in the outlined format. If insufficient space is provided, attach additional documents.

PART I – SUBMITTER INFORMATION:

1. Attestation forms cannot be processed if they are missing any of the information listed below:
 - National Provider Identifier (NPI #)
 - Address (Include: City, State, Zip, and County)
 - Provider Name
 - Contact Phone Number
 - Submitter Name (i.e., First, Last)
 - Contact Email

PART II – TRAINER QUALIFICATIONS:

1. If the training curriculum has a written component outlining the Trainer qualifications it can be supplied along with the form to provide additional information for this section. If additional materials, related to this section are included, the check box at the top of Part II should be checked.
2. The qualifications required for a Trainer to teach using the named training curriculum should be listed in the supplied area in Part II. List the trainer qualifications as accurately as possible.

PART III – CURRICULUM OUTLINE:

1. If the training curriculum has a written outline describing the structure and training methodology it can be supplied along with the form to provide additional information for this section. If additional materials related to this section are included, the check box at the top of Part III should be checked.
2. The curriculum must include training goals, core competencies, and skills validation, in addition to general training methodology.

SUBMISSION, REVIEW, AND ACKNOWLEDGEMENT

1. Send completed form and supporting documentation to NC - Medicaid at Medicaid.PCSTraining@lists.ncmail.net. Do not submit directly to Medicaid Staff.
2. Upon receipt of the completed form, an auto-reply email is sent confirming successful submission.
3. Submissions received by 5pm Wednesday will be reviewed the following Monday.
4. Incomplete submissions will not be processed.
5. NC Medicaid's PCS Program Committee will review submitted attestations and send an acknowledgement within 3 business days.