



Session Law 2013-306 Training Attestation

DMA 3085

PCS Provider Fall Regional Training

N.C. 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.

<http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H492v7.pdf>

N.C. Department of Health and Human Services – Division of Medical Assistance
SESSION LAW 2013-306 PCS TRAINING ATTESTATION FORM DMA-3085

Send completed form and supporting documentation to NC - Division of Medical Assistance at DMA.PCSTraining@lists.ncmail.net. For questions, contact 919-855-4337 or send an email to PCS_Program_Questions@dhhs.nc.gov



PROVIDER TYPE (select one)	DATE OF SUBMISSION: _____ (mm/dd/yyyy)
<input type="checkbox"/> Home Care Agency <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Adult Care Bed in Nursing Facility <input type="checkbox"/> SLF-5600a <input type="checkbox"/> SLF-5600c <input type="checkbox"/> Special Care Unit (stand-alone Special Care Unit or SCU bed) <input type="checkbox"/> Non-Provider: _____	

PART I SUBMITTER INFORMATION

National Provider Identifier (NPI#): _____

Provider Name: _____

Submitter Name: First: _____ Last: _____ M.I.: _____

Address: _____ City: _____

County: _____ Zip: _____ (zip code + 4 digit extension) Phone: _____

Suite: _____ Email: _____ Fax (if Applicable): _____

PART II TRAINER QUALIFICATIONS
<input type="checkbox"/> Check the box to the left if you have attached additional documentation for this section.
List Trainer Qualifications:

PART III CURRICULUM OUTLINE
<input type="checkbox"/> Check the box to the left if you have attached additional documentation for this section.
Outline the structure and training methodology. Include goals, core competencies, and skills validation.

SUBMITTER SIGNATURE _____ DATE (mm/dd/yyyy) _____

Who Should Submit the DMA 3085?



Any provider servicing or who plans to service a beneficiary that receives additional hours mandated by N.C. Session Law 2013-306.

Part I: Submitter information



- **NPI**
- **Provider Name**
- **Submitter Name**
- **County**
- **Contact Phone number and email.**

Part II: Trainer Qualifications



- **If the training utilized has a written training component that outlines the trainers qualification it may be supplied along with the form. Additional information related to this section may be provided.**
- **If additional information is provided check the box at the top of Part II to indicate.**

Cont. Part II: Trainer Qualifications



- If the training requires qualifications for the trainer, those qualifications should be listed in Part II.
 - Example: If the training curriculum requires that the course may only be taught by an RN, RN should be documented in this section.
- If the provider's chosen training curriculum includes online or pre-developed modules that do not require active teachers the organization that developed the module should be listed under training qualifications.

Part III: Curriculum Outline



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.

Cont. Part III: Curriculum Outline



The curriculum should include the following:

- Description of training goals
- Core competencies
- Skills Validation
- General Training Methodology

Cont. Part III: Curriculum Outline



- Online or pre-developed modules used as components of the selected training curriculum should also be listed under this section (descriptions or summaries if available).
- Online modules provided by Liberty Healthcare need only be referenced.

<http://www.nc-pcs.com/Alzheimers/>

How to Submit the DMA 3085?



Complete the DMA-3085 and submit by email, or U.S. mail as noted below along with any required materials as noted on the form.

Email: DMA.PCSTraining@lists.ncmail.net

Fax to: PCS Program Committee 919-715-0102

Mail to: NC DMA Home & Community Care

2501 Mail Service Center

Raleigh, NC 27699-2501

Provider Next Steps



Once the Provider has submitted the DMA 3085 to DMA (One DMA 3085 per NPI) the Provider shall ensure that each employee has a record of the identified training in their employee file.

******Note: Provider settings that are required by their NC DHSR Licensure Rules to provide training to staff may utilize that training and provide one copy of the curriculum outline and trainer qualifications.**

PCS Program

919-855-4360

PCS_Program_Questions@dhhs.nc.gov

