

**NC-DIVISION OF MEDICAL ASSISTANCE  
SESSION LAW 2013-306 PCS TRAINING ATTESTATION FORM DMA-3085**

**INSTRUCTIONS**

These instructions offer guidance for completing the Personal Care Services (PCS) Session Law 2013-306 PCS Training Attestation Form DMA-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- Division of Medical Assistance (DMA) via [DMA.PCSTraining@lists.ncmail.net](mailto:DMA.PCSTraining@lists.ncmail.net)

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.

The NC DMA PCS program committee requires that Providers attest to their aide training curriculum and submit the form to DMA for recordkeeping.

Indicate the date of the submission in the outlined format. When selecting the Provider Type indicate the type of provider employing the Alzheimer's and Memory care training curriculum.

**PART I – SUBMITTER INFORMATION:**

1. Attestation forms cannot be processed if they are missing any of the information listed below:
  - National Provider Identifier #
  - Provider Name
  - Submitter Name (i.e., First, Last)
  - Provider/Submitter Address (including city, state, and zip)
  - County
  - Contact Phone Number
  - 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. If the form provides insufficient space for the information, additional documents may be attached as per #1 above. 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. If the form provides insufficient space for the information, additional documents may be attached as per #1 above.

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](mailto: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

Do not submit materials directly to DMA Staff.

#### **REVIEW AND ACKNOWLEDGEMENT**

The DMA PCS program committee will review submitted attestations.

- Submissions received by 5pm Wednesday will be reviewed the following Monday.
- Auto-reply feature is provided to inform Providers of successful submission.
- Incomplete submissions will not be processed.
- After review, acknowledgement responses will be emailed to submitter within 3 business days.