Application For Contract For Currently Licensed Assisted Living Facilities

Application Instructions

The Department of Social and Health Services (DSHS) issues contracts to individuals and entities to provide contracted residential care services to state funded residents in a licensed assisted living facility. The applicant may apply for any or all of the following contract types:

- Assisted Living
- Adult Residential Care, and/or
- Enhanced Adult Residential Care
- Enhanced Adult Residential Care – Specialized Dementia Care

The licensee/contractor is ultimately responsible for the daily operational decisions of the assisted living facility and the care of the residents (WAC 388-78A-2730). DSHS must approve a contract before it is issued. Specific requirements for contracted facilities may be found in Chapter 388-110 WAC.

The Department of Health, Construction Review (DOH-CRS) may have a role in the contract application process. If the applicant applies for an Assisted Living contract, the building must comply with certain structural requirements (WAC 388-110-140 and 388-110-220 (C) for EARC-SDC). If the applicant proposes to modify the facility to comply with assisted living structural requirements, the applicant must contact DOH-CRS at (360) 236-2944 to discuss structural requirements.

Assisted living facility contract applications and DOH-CRS applications may be processed simultaneously. This will help minimize the time between DOH-CRS approval and DSHS, Business Operations and Analysis and Unit's (BOAU) contract approval.

When completing this application you must:

- Type or print clearly in BLUE or BLACK ink.
- Answer all questions or mark "N/A" if the question does not apply. You must complete the entire application (i.e., all of the sections must be filled out and/or marked); otherwise your application will be returned to you with no further action.
- If you have questions about completing the application, please call the BOAU at 360-725-2700.
- Sign the completed application. Make a copy of your application for your files.
- Email your completed application to RCSBOA@dshs.wa.gov or mail it to:

Business Operations and Analysis Unit (BOAU)
PO Box 45600
Olympia, WA 98504-5600

There is no fee for a contract application.

Assisted Living Facility Contract Application Processing and Timelines

It is extremely important that the application is complete. Otherwise, there will be a delay in the application and contracting process.

Applications are processed on a first-come, first served basis.

The amount of time it takes to process an application will vary based on several factors (for example, whether the application is filled out completely, whether an assisted living contract is requested, if the department has questions or concerns about the information associated with this application, and the number of applications in process). It could take 60 days or more to process an application. Assisted living and EARC-SDC contracts can take much longer to process because the facility must meet structural requirements.

Application For Contract For Currently Licensed Assisted Living Facility

Section 1: Information About the Assisted Living Facility (ALF)	
1. Name of Assisted Living Facility (ALF)	2. ALF License Number
3. Licensee Name	
4. Name of Contact Person for this Application	5. Telephone Number

Section 2: Unified Business Identifier (UBI) Number and Federal Employer Identification Number (EIN)	
6. Licensee's UBI Number	7. Licensee's EIN Number -

Section 3: Contract Information

8. Type of Contract(s) Requested

☐ Adult Residential Care ☐ Enhanced Adult Residential Care ☐ Assisted Living ☐ EARC-SDC

If applying for an assisted living or EARC-SDC contract, has this facility been approved for assisted living by the Department of Health Construction Review? ☐ Yes ☐ No ☐ Not Applicable

Project Review Number:

If no, contact DOH at (360) 236-2944. Construction review approval is required before DSHS can approve of the assisted living or EARC-SDC contract.

Section 4: List of Facilities

List below the licensed care facilities (adult family home, assisted living facility, or nursing home) that any of the following have been affiliated with in the last ten years:

- Any partner or owner of five percent or more of the licensee; and
- Any officer, director, or managerial employee of the licensee.

Attach additional pages if needed.

Name of Facility	Facility License Type	Facility City and State

For ALTSA Application Unit Use Only

Section 5: Certification

I certify, under the penalty of perjury under the laws of the State of Washington and by my signature, that the information provided in this application and all additional documents and forms required for the contract for this assisted living facility are true, complete, and accurate. I understand that the department may obtain additional information, verification and/or documentation related to my answers or information.

Copies of all documents needed to verify the items in this application are attached, and original documents will be readily available for the licensor.

I understand that failure to accurately answer or fully complete the questions on this application may result in denial of the application, termination of a license, or other sanctions as allowed by law.

I understand that the department may check the credit of the corporation or business and its principals; obtain a credit report; and verify any responses provided. The department will use such information and may disclose this information to other parts of the department as appropriate. The department may define some or all of such information as public information and also disclose this information to third parties when requested according to law to the extent that such information is not exempt from such disclosure by state or federal law.

I understand and agree that the information I give to the department will be used to verify the information in this application. Any information I give to the department may be used by the department for this purpose.

I understand that if my application for an assisted living facility contract is denied, I may request an administrative fair hearing within 28 days of receiving the denial letter from DSHS.

I have read Chapters 18.20, 70.129, 74.34 RCW, and 388-78A, 388-112, and 388-110 WAC, and any other applicable laws and rules.

No residents receiving care and service in the assisted living facility will be subject to discrimination on the basis of race, color, national origin, gender, age, religion, creed, marital status, disabled or Vietnam veteran's status, or the presence of any physical, mental, or sensory disability.

I/We understand that if a contract is granted, I/we as the contractor(s) shall be responsible for compliance with all applicable state and federal laws, and regulations, as now existing or hereafter amended, and shall be held responsible by the department for the residents' care. I/we are responsible for day-to-day control of the facility operation and business enterprise.

I/We understand that failure to promptly supply any of the following requested by the department is a basis for the department to deny or terminate any contract; any documentation, any additional information, any verifications, or any authorizations to verify or obtain information deemed relevant by the department to this application. I/we understand that misrepresentation by omission or expressly, of any information on the contract application or supporting material is a basis for the department to deny or terminate my contract.

I certify and declare under penalty of perjury under the laws of the State of Washington that the information in this application and all of the supporting documents are true and correct to the best of my knowledge.

I/We understand that the facility may not accept Medicaid residents until and unless the department's application review process is complete, and the contract is approved and signed by the applicant and the Department of Social and Health Services representative. If I/we accept Medicaid residents without contract approval, the facility will not be authorized to receive payments for services provided before the contract approval date.

Name of Officer, Director, Owner of 5% or more of the Applicant	
Signature	Date