STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Economic Services Administration
Community Services Division – Contracts' Unit
PO Box 45470, Olympia WA 98504-5710

RE: Your CSD Aged, Blind, or Disabled (ABD) Program Medical Evidence Review Contract
For the period of to

Dear Contractor,

In place of an on-site visit by the Department of Social and Health Services (DSHS) to monitor your Community Services Division (CSD) Medical Evidence Review (MER) contract, DSHS/CSD is using this Contractor Self-Assessment Monitoring Tool. Our goal in using this Contractor Self-Assessment Monitoring Tool is to support understanding and compliance with your CSD contract. The MER contract is for services requiring review of CSD customers' medical evidence needed to determine eligibility for Aged, Blind, or Disabled and Housing and Essential Needs Referral programs.

You are required by contract to complete and return this form and the DSHS Notice of Nondisclosures by the due date below. Your performance as a DSHS contractor is measured and recorded by your compliance with these requirements.

Failure to complete and return this form by the due date below will result in the suspension of referrals.

This tool is designed to be completed using Microsoft Word or a compatible program and consists of a series of yes/no questions. Please answer all of the questions by double clicking and selecting the appropriate answer box. If an explanation is requested, please add a narrative response in the Contractor Explanation section which will expand to allow unlimited text.

Return the completed tool to me no later than .

Attached is the current DSHS Notice of Nondisclosure form for you and your employees to sign and return to your CSD Contract Manager. You must retain the original signed form(s) and make the forms(s) available to DSHS upon request.

Please contact me if you have any questions about this Contractor Self-Assessment Monitoring Tool.

Sincerely,

Bryan Tso
DSHS CSD Program Consultant
(360) 812-6668
Email to: Bryan.Tso@dshs.wa.gov

Contractor's Name	Contractor Number
	-

DSHS
WASHINGTON STATE
Department of Social and Health Services

COMMUNITY SERVICES DIVISION (CSD)

CSD ABD Program Medical Evidence Review Contractor Self-Assessment Monitoring Tool

This form is formatted to be completed electronically using Microsoft Word. All Contractor Explanation text fields will expand to accommodate unlimited text.

Review Period: to

General Contractor Contact Information / Business and Professional Licensing

1. Are you a qualified health professional licensed in Washington State? See Qualifications and Licensing in the Special Terms and Conditions of your current contract. ☐ Yes ☐ No (explain)

   Contractor Explanation

2. Do you have any pending or current restrictions or disciplinary actions on your license? If your answer is yes, please describe the restriction or disciplinary action. ☐ Yes (explain) ☐ No

   Contractor Explanation

3. Does your business have a current Washington State Business License? ☐ Yes ☐ No (explain)

   Contractor Explanation

4. Is your business information (address, telephone, email) the same as when you entered into this contract? ☐ Yes ☐ No

   If your answer is no, please provide your current contact information using the Contractor Update form, DSHS 27-044A.

5. Are you currently employed with the State of Washington and performing services under this contract as outside employment? ☐ Yes (explain) ☐ No

   Contractor Explanation

6. If you answered yes to Question 5 above, are you in compliance with RCW 42.52.120 Compensation for outside activities? ☐ Yes ☐ No (explain)

   Contractor Explanation

Subcontractor / Vendor Information

1. Do you understand that services provided under the ABD Program Medical Evidence Review contract cannot be subcontracted? ☐ Yes ☐ No (explain)

Contractor's Name	Contractor Number
	-

Contractor Explanation

Insurance

The DSHS Insurance requirements have been waived for this contract.

Data Security

1. Are you keeping DSHS client data separate from non-DSHS data? ☐ Yes ☐ No (explain)
   Please refer to your contract, Exhibit A, Data Security Requirements.

   Contractor Explanation

2. List all the names of your employees and their job title that have access to DSHS client personal information under this contract.
   ☐ No employee / vendors

3. Have you and all of your employees / vendors with access to DSHS client personal information signed a Notice of Non-Disclosure? ☐ Yes ☐ No (explain)

   Contractor Explanation

4. Have you provided training to all of your employees with access to DSHS client data on compliance with DSHS data security requirements? ☐ Yes ☐ No (explain)
   ☐ No employees/vendors

   Contractor Explanation

5. How are you documenting this training? ☐ No employees/vendors

6. Are you storing DSHS records in a secure area that is accessible only by authorized personnel? ☐ Yes ☐ No (explain)

   Contractor Explanation

7. If you store paper records, when not in use, are DSHS records stored in a locked container, such as a file cabinet, locking drawer, or safe?
   ☐ Yes
   ☐ No physical records

Contractor's Name	Contractor Number -

☐ Other (explain)

Contractor Explanation

8. Are you using portable devices or media, such as a laptop, flash drive, or digital voice recorder to provide services under this contract? ☐ Yes (explain) ☐ No

   If your answer is yes, describe what devices or media you are using.

Contractor Explanation

9. Have you received written permission from the DSHS contact to use portable devices or media? ☐ Yes ☐ No

10. If you are using portable devices or media to provide services under this contract, are you protecting the data as required by Exhibit A, Data Security Requirements? ☐ Yes ☐ No (explain)

Contractor Explanation

11. If you are using portable devices or media to provide services under this contract, are you keeping the following records about the use of portable devices:
    a. Type of portable devices or media ☐ Yes ☐ No (explain)
    b. Serial Numbers ☐ Yes ☐ No (explain)
    c. Proof of encryption of DSHS data ☐ Yes ☐ No (explain)
    d. Check-in and check-out system which identifies which of the Contractors staff is using the portable device or media that contains DSHS Data. ☐ Yes ☐ Do not have staff ☐ No (explain)

12. What software are you using to encrypt data in your portable device?

    ☐ I only use Secure Access Washington (SAW)/DSHS Portal to access and complete documents ☐ Other encryption used (list below)

13. Do your passwords meet the data security requirements? ☐ Yes ☐ No (explain)

Contractor Explanation

Program Specific Requirements

1. Do you notify the DSHS Contact when you receive a referral for a client that you have examined or are treating so that the referral can be reassigned? ☐ Yes ☐ No (explain)

Contractor Explanation

Contractor's Name	Contractor Number -

2. Do you notify the DSHS Contact when you are unavailable to accept referrals at least seven (7) days in advance for planned absences or due to any unplanned absences?	☐ Yes ☐ No (explain)
Contractor Explanation	
3. Do you respond to accepted referrals as required by Special Terms and Conditions, Statement of Work, Section 4?	☐ Yes ☐ No (explain)
Contractor Explanation	

Contractor Input

1. What do you consider best practices that help you effectively perform services under this contract?	
2. Do you have any suggestions for improving or enhancing services provided under this contract?	☐ Yes (explain) ☐ No
Contractor Explanation	
3. Are there items in the contract you don't understand or think could be improved?	☐ Yes (explain) ☐ No
Contractor Explanation	

I hereby declare that the information I have given on this form is true, correct and complete to the best of my knowledge.

Signature	Date	Printed Name	
		Title	Telephone Number (and area code)

Please return the completed form to:

Bryan Tso
DSHS CSD Program Consultant
(360) 812-6668
Email to: Bryan.Tso@dshs.wa.gov

Please keep a copy for your records.