**Instructions**

After reviewing this document in its entirety, print out this document, initial each page and sign the provider qualification attestation. Send this signed form with the required documentation to the [appropriate AAA](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/AAA/AAA%20Medicaid%20Intake%20Contacts.docx) based on the counties in which you wish to provide services.

**General Description**

Adult Day Care (ADC) is a supervised daytime program defined under WAC 388-71-0704, that supports family and caregivers of clients who wish to remain in their home. Core services are provided to clients who meet the eligibility requirements under WAC 388-71-0708 and do not have a medical or disabling condition that requires the frequent skilled interventions of a Registered Nurse or licensed Rehabilitative Therapist acting under the supervision of the client’s Physician. Care may be provided in a structured, comprehensive and non-residential setting.

In addition to ADC services, the contractor may choose to provide facility based respite services and, if qualified, Memory Care and Wellness Services for clients enrolled in the Medicaid Transformation Demonstration waiver. Qualifications and statement of work are described in the sample contract attached below.

Adult Day Care includes the following services:

* Personal care;
* Social services, with Social Worker consultation;
* Routine health monitoring, with RN consultation;
* General therapeutic activities that an unlicensed person can provide or that a licensed person can provide with or without a physician's order;
* General health education that an unlicensed person can provide or that a licensed person can provide with or without a physician's order;
* A nutritional meal and snacks;
* Supervision and/or protection;
* Assistance with arranging transportation to and from the program; and
* First aid and provisions for obtaining or providing care in an emergency.

**Long-Term Services and Supports: Laws, Rules, and Policies**

Below is a list of some of the laws, rules, and policies that may be helpful to review prior to completing an application. This may not be a comprehensive list of all laws, rules, and policies that apply.

* [Chapter 74.39A RCW: Long-Term Care Services Options](http://app.leg.wa.gov/RCW/default.aspx?cite=74.39A)
* [Chapter 43.43.830 RCW through 43.43.845 RCW: Washington State Patrol Background Checks](http://apps.leg.wa.gov/RCW/default.aspx?cite=43.43)
* [Chapter 388-106 WAC: Long-Term Care Services](http://app.leg.wa.gov/WAC/default.aspx?cite=388-106)
* [Chapter 388-71 WAC: Home and Community Services and Programs](http://app.leg.wa.gov/WAC/default.aspx?cite=388-71)
* Chapter [388-71-0702 through 0776](http://app.leg.wa.gov/WAC/default.aspx?cite=388-71)
* Aging and Long-Term Support Administration LTC Manual Chapter 30: MTD
* [Aging and Long-Term Support Administration LTC Manual Chapter 12: Adult Day Services](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Adult%20Day%20Services%20Chapter.doc)

**Provider Contract**

The DSHS contract provided is for informational purposes only. This information is available to review to ensure all contract terms can be met prior to application.



**Minimum Qualifications**

In order to receive a contract to serve DSHS clients, the AAA must consider an applicant’s ability to perform successfully under the terms and conditions of the contract. This includes contractor integrity, compliance with public policy, record of past performance, and financial and technical resources. Providers must meet the following minimum qualifications:

1. At least one year of experience and ability to provide services per the specifications in the contract.
2. Current Washington State Business License or an explanation of why you are exempt from registering your business with the state of Washington.
3. Demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds and meet program expenses in advance of reimbursement, determined through evaluation of the agency’s most recent audit report or financial review.
4. Owners, managing employees, and anyone with a controlling interest (board of directors) of the agency have not been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid, or Title XVII, XIX, or XX, nor have they been placed on a Federal exclusion list or otherwise suspended or debarred from participation in these programs.
5. Insurance requirements listed in the DSHS contract. Local areas may require higher minimum coverage. Subcontractors, or any agency that is paid to carry out any of the duties of the contract, must maintain insurance with the same types and limits of coverage as required under the contract.
6. The agency owner/contract signatory must [pass a DSHS criminal history background check](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-113-0020).
7. All employees, volunteers, and subcontractors who may have unsupervised contact with vulnerable adults have [passed a DSHS criminal history background check](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-113-0020), which must be conducted every two years by the contractor and kept in personnel or subcontractor files.
8. No history of significant deficiencies as evidenced by monitoring, licensing reports or surveys, including Area Agency on Aging monitoring reports, if applicable.
9. Have sufficient staff qualified to provide services per the DSHS contract terms as evidenced by a current organizational chart or staffing plan indicating position titles and credentials, as applicable. This also includes any outside agency, person, or organization that will do any part of the work defined in the DSHS contract.
10. Current staff, including those with unsupervised access to clients and those with a controlling interest in the organization, have no findings of abuse, neglect, exploitation, abandonment nor has the agency had any government issued license revoked or denied related to the care of medically frail and/or functionally disabled persons suspended or revoked in any state.
11. Have no multiple cases of lost litigation related to service provision to medically frail and/or functionally disabled persons.
12. Provide services throughout the defined service area. The service area is defined by the contracting Area Agency on Aging.

**Specific Provider Qualifications**

1. Have sufficient staff qualified to provide services per the DSHS contract terms, conditions, rules and regulations. The minimum staffing requirements for adult day care centers include an administrator/program director, activity coordinator, a consulting registered nurse, and a consulting social worker. A staff person can have multiple functions, such as an administrator who is also responsible for providing nursing services or social services.
   1. Activities coordinator must have at minimum of a bachelor’s degree in recreational therapy or a related field and one year of full time experience, or a associates degree in recreational therapy or related field and two years of full time experience.
   2. The nurse must be a Registered Nurse with valid credentials, in good standing and at least one year of full time experience.
   3. In addition to a Registered Nurse, an Adult Day Center may utilize a Licensed Practice Nurse under the supervision of the Registered Nurse. The Licensed Practice Nurse must be licensed it the state of Washington and have a license in good standing.
   4. The Social Service Professional must have a master’s degree in Social work, gerontology or other human services field or counseling and at least one year of full time experience, or a bachelor’s degree in social work, counseling or a related field and two years of full time experience.
   5. Dieticians must be certified and hold a valid Washington state credential and have a minimum of one year full time work experience.
   6. The administrator/program director must have a master's degree and one year of supervisory experience in health or social services (full-time equivalent); or a bachelor's degree in health, social services or a related field, with two years of supervisory experience (full-time equivalent) in a social or health service setting; or a high school diploma or equivalent and four years of experience in a health or social services field, of which two years must be in a supervisory position, and have expertise with the populations served at the center.
   7. Volunteers may be individuals or groups who desire to work with adult day center clients and must take part in program orientation and training. Volunteers will be included in the staff ratio only when they conform to the same standards and requirements as paid staff, meet the job qualification standards of the organization, and have designated responsibilities.
   8. If the adult day center provides transportation, drivers must have a valid and appropriate state driver's license, a safe driving record, and training in first aid and CPR. The driver must meet all state requirements for licensure or certification.
2. Have demonstrated performance as a quality provider of Adult Day Services. This includes a review of county requirements for a business, Area Agency on Aging monitoring reports, and other documents that provide objective information about the quality of care delivered to medically frail and functionally disabled persons in Washington State (when applicable)

**Required Documentation to Send to the AAA**

1. Completed [Contractor Intake Form and Required Attachments](https://www.dshs.wa.gov/sites/default/files/forms/word/27-043.docx)
2. Mission statement, articles of incorporate, and bylaws, as applicable
3. Current rates
4. Total program operating budget, including all anticipated revenue sources and any fees generated
5. Record of past performance, including copies of all site visits or program review reports received from any monitoring entities (i.e., federal, local or state government) that occurred within the last 24 months, if applicable. If the monitoring report has not yet been provided to your organization, indicate the date of the site visit or program review and the name of the monitoring agency which completed the review.
6. Most Recent Audit Report or Financial Review
7. [Medicaid Provider Disclosure Statement](https://www.dshs.wa.gov/sites/default/files/FSA/forms/word/27-094.docx)
8. Completed [Medicaid Provider Background Check Form with Instructions](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/Medicaid%20Provider%20Background%20Check%20Form%20with%20Instructions.docx) for the owner/contract signatory
9. Organizational Chart or Staffing Plan, including the names and applicable credentials of employees and a list of any subcontractors and what services they provide. A nurse or other personnel with a current first aid and CPR card must be on-site whenever participants are attending the adult day care program.
10. Personnel policies and job description for each paid staff and volunteer position
11. Program Policies and Procedures that comply with the requirements of adult day care services under [WAC 388-71-0702 through WAC 388-71-0776](http://apps.leg.wa.gov/wac/default.aspx?cite=388-71)
12. A floor plan of the facility with measurements
13. Current building health, food service, and fire safety inspection reports, as applicable
14. Copies of TB tests for all staff and volunteers who function as staff, according to local public health requirements
15. Copies of CPR and first aid certificates for all staff and volunteers, who function as staff
16. Sample client case file, including all forms that will be used
17. Names and addresses of the center’s owners, officers, and directors, as applicable
18. One month of sample activities calendars, sample programming calendars and sample meal/snack menus.
19. Proof of current liability Insurance Certificate

Business Name and Address:

Application Contact Name/Phone/Email:

By signing this form, I attest that I have reviewed the requirements and understand the requirements for the Medicaid program for which my organization is applying and that the organization meets all of the qualifications and requirements listed in the application packet. I further attest that the organization has submitted all documents requested.

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Signature Title Date