**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**

Environmental modifications are physical modifications required by the participant’s service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home.

* For clients eligible for waiver services, environmental modifications may be authorized for the private residence of the participant or the participant’s family.
* Environmental modifications may be authorized for a community residential setting such as an adult family home or assisted living facility solely for clients who are eligible for the Roads to Community Living program.

Such modifications include but are not limited to:

* The installation of ramps and grab-bars
* Widening of doorway(s)
* Bathroom facilities
* The installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant
* Lift systems which require modification to the dwelling, such as overhead ceiling track lifts. This also includes electronic wheelchair lifts.

Excluded are:

* Those modifications or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant.
* Modifications that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

Environmental modifications include the performance of necessary assessments to determine the types of modifications that are necessary. Home modifications may be authorized up to 180 days in advance of the community transition of an institutionalized person.

**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)
* [Aging and Disability Services Long-Term Care Manual Chapter 7: CORE LTC Programs](https://www.dshs.wa.gov/altsa/aging-and-disability-services-long-term-care-manual)

**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 demonstrated experience in ADA accessible modifications and ability to provide services per ADA specifications in the contract unless more experience is required in the specific provider qualifications listed below.
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. A waiver of this requirement may be available for self-employed contractors who will only provide a direct service with no employees and no fiduciary responsibility.
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 must have passed a criminal history background check, which must be conducted by the contractor every two years and kept in personnel or subcontractor files. The criminal history background check must at least include Washington State Patrol criminal conviction records.
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**

The Contractor shall be currently registered as a general or specialty Contractor and in good standing with the Department of Labor and Industries under RCW 18.27, except as provided under RCW 18.27.090 Exemptions.

Home Modification Contractor who meets the standards of Chapter 18.27 RCW Registration of Contractors;

Volunteer who has signed confidentiality statement, has knowledge of building codes applicable to task, cost of materials and supplies are less than $500 per 18.27.090(9) RCW, and is not paid for labor/time.

**Required Documentation to Send to the AAA**

1. Completed [Contractor Intake Form and Required Attachments](http://www.dshs.wa.gov/sites/default/files/FSA/forms/word/27-043.doc)
2. Current rates
3. Record of past performance, including a sample of ADA modifications completed. This may also include 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 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.
4. Most Recent Audit Report or Financial Review
5. [Medicaid Provider Disclosure Statement](https://www.dshs.wa.gov/sites/default/files/FSA/forms/word/27-094.docx)
6. Completed [Background Check Authorization Form](https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/09-653.pdf) for the owner/contract signatory
7. Policies and Procedures meeting the requirements of mandatory reporting procedures as describe in Chapter 74.34 RCW, relating to the protection of vulnerable adults
8. Organizational chart or staffing plan, including applicable credentials and a list of any subcontractors
9. Evidence that specific provider qualifications are met
10. Current 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Date