**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**

Personal Emergency Response Systems (PERS) is a service to secure help in an emergency through an electronic device that is either connected to the Client’s phone or operates using GSM cellular signals and is programmed to signal a response center and staffed by trained professionals who will immediately summon help for the client.

PERS may include medication reminders if the person is eligible for a PERS unit and there is no caregiver available to provide the service and the person is able to use the reminder to take their medications. PERS may also include a bracelet, anklet or pendant with locator capabilities for clients who meet eligibility criteria for PERS.

PERS does not include well checks, smoke alarms, nursing triage services, health monitoring systems or other enhancements made available by the Contractor. PERS services and equipment are not allowed for clients living in residential settings (i.e., Adult Family Home, Assisted Living, Adult Residential Care and Enhanced Adult Residential Care).

**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 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 criminal history background check, which must be conducted every two years 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. The equipment is approved by the Federal Communications Commission and meets the Underwriters Laboratories, Inc. (UL) or ETL (Intertek) standard for home health care signaling equipment. The UL or ETL listing mark on the equipment will be accepted as evidence of the equipment’s compliance with UL or ETL standards.
2. The emergency response activator can be activated by breath, by touch, or other means; the emergency response activator must be usable by persons who are visually or hearing impaired or physically disabled.
3. The emergency response communicator does not interfere with normal telephone use when attached to the PERS Client’s telephone line.  The communicator must be capable of operating without external power during a power failure at the recipient’s home in accordance with UL or ETL requirements for home health care signaling equipment with stand-by capability.
4. The monitoring agencies’ equipment includes, at minimum:
   1. Primary receiver;
   2. Stand-by information retrieval system
   3. Separate telephone service when attached to the PERS Client’s telephone line;
   4. Stand-by receiver that is independent and interchangeable with the primary receiver;
   5. Back-up power supply; and
   6. Telephone line monitor when attached to the PERS Client’s telephone line.
5. The monitoring equipment’s clock printer prints out the time and date of the emergency signal, the PERS client’s ProviderOne Client ID located on the client’s medical Services Card and the emergency code that indicates whether the signal is active, passive, or a responder test.
6. The telephone line monitor gives visual and audible signals when an incoming telephone line is disconnected for more than 10 seconds.
7. The ability to install the system within 5 business days of the request for service and remove it after receiving notice to discontinue the service.
8. The monitoring agency is capable of simultaneously responding to multiple signals for help; maintains detailed technical and operations manuals that describe PERS elements, including PERS equipment installation, functioning, and testing; emergency response protocols; and record keeping and reporting procedures.
9. Systems are tested annually for 10% of current clients.
10. Monitoring agency staff will be trained on operational and technical aspects of the PERS system.  Training shall include testing procedures, emergency reporting and response procedures and servicing.
11. Monitoring agency staff are subject to and comply with DSHS requirements for safeguarding of Client information.

**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. Copies of all specialty licenses (in addition to general business license), if applicable
3. Mission statement, articles of incorporate, and bylaws, as applicable
4. Current rates
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 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 [Background Check Authorization Form](https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/09-653.pdf) 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
10. Copies of contracts for any part of the service that will be subcontracted
11. Policies and Procedures meeting the requirements of mandatory reporting procedures as describe in Chapter 74.34 RCW, relating to the protection of vulnerable adults
12. Description of the response systems and equipment that will be provided in compliance with the specifications of the contract. This must include the response activator, the response communicator, and monitoring equipment.
13. Copies of policies relating to installation response times, testing, emergency response protocols, record keeping and reporting procedures
14. Copy of the training program provided to staff on the operational and technical aspects of the PERS system. Training must include testing procedures, emergency reporting, response procedures, and servicing.

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