**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**

A professional supports specialist provider may provide services to eligible clients as authorized in the client’s plan of care. This includes Behavioral Consultation and Technical Assistance. Behavioral health services are for participants transitioning from institutional to community settings or requiring stabilization while residing in the community in those instances where the authorized Medicaid benefit amount, duration or scope of service does not meet the individual’s needs.

**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 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 businesses that have been in operation for less than one year or 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**

Behavioral Consultation and Technical Assistance providers must be qualified to perform the following services as authorized by DSHS:

Transitional Behavioral Health: Behavioral health services for participants transitioning from institutional to community settings, such as someone experiencing mild depression or anxiety related to their transition, in those instances where the authorized Medicaid benefit amount, duration or scope of service does not meet the individual’s needs.

1. The Contractor shall provide therapeutic techniques to assist an eligible individual in the amelioration or adjustment of mental, emotional or behavioral problems or issues.
2. The Contractor shall provide all services to clients of ADSA emphasizing positive behavior support.
3. The Contractor shall provide one of more of the following services, as authorized by DSHS:
	1. Assess and evaluate individuals for treatment;
	2. Design a therapeutic treatment plan that includes time-limited goals and objectives based on assessment data;
	3. Provide direct individual treatment to a Client in accordance with the therapeutic plan;
	4. Provide training and instruction to Clients or significant others; and/or
	5. Provide consultation and instruction in the use of adaptive equipment.

Challenging Behavior Consultation: Services provided by Contractor may include, but are not limited to, the following:

1. Development and implementation of services designed to help facilitate inclusion in the community.
2. Training, behavior support plans and/or specialized cognitive counseling.
3. Consultation may be in home or in common community settings that the person needs to navigate (i.e., stores, offices, parks, etc.).
4. Behavior management services will begin with assessment of the Client’s behavior by a Behavior Specialist in order to determine the causes, triggers, and purposes behind the challenging behavior. The comprehensive behavior support plan, based upon the assessment, is to be developed within 90 days of the Client’s referral to the Contractor.
5. Assessment and behavioral interventions must address:
	1. The overall quality of a Client's life, factors that increase the likelihood of both challenging and positive behavior, underlying physical and/or mental health conditions, and the function or purpose of the challenging behavior.
	2. Comprehensive behavior support, based upon the assessment, must include recommendations for improving the Client's overall quality of life, teaching methods and environmental changes designed to decrease the effectiveness of the challenging behavior and increase the effectiveness of positive behavior in achieving desired outcomes, and recommendations for treating mental or physical health symptoms.
	3. Direct interventions with the person to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise their ability to remain in the community (i.e., training; specialized counseling; development, implementation, and oversight of a comprehensive behavior support plan.)
	4. Strategies for effectively relating to caregivers and other people in the Client’s life.
6. The Contractor shall consider recommendations from professional and natural/community supports in developing and implementing the comprehensive behavior support plan.
7. Behavioral support strategies will be individualized and coordinated across all environments to promote a consistent approach among all involved persons.
8. The Contractor shall be available for telephone consultations regarding emergency situations such as suicide risks.
9. The Contractor shall be available for case consultation with DSHS staff and discussion of mental health issues, as requested and necessary within the limits of confidentiality, with the Client’s relatives, legal representative, or caregivers.

Technical Assistance (tailored evaluation, consultation, and skill building to the client’s informal and formal supports):

1. Assessment of the client’s behavior to determine the causes, triggers, and purposes behind challenging behaviors;
2. Behavioral interventions, supports, or modifications to increase positive behaviors and/or decrease negative behaviors;
3. Case consultation regarding crisis situations;
4. Therapeutic techniques for the amelioration or adjustment of mental, emotional, or behavioral problems.

Behavioral Consultation and Technical Assistance providers must have one of the following credentials:

1. Behavior Specialist Ph.D. level: Doctoral degree in psychology, education, or related discipline & licensed and credentialed as a Psychologist with the state of Washington in accordance with the requirements of [Chapter 18.83 RCW](http://apps.leg.wa.gov/RCW/default.aspx?cite=18.83&full=true) as evidenced by a current credential as a psychologist from the DOH.
2. Behavior Specialist Master’s Level: Master’s degree in psychology, education, social work or related discipline AND licensed and credentialed as a Mental Health Counselor, Marriage and Family Therapist, or Independent Clinical Social Worker, or Associate of any of the former, with the state of Washington in accordance with the requirements of [Chapter 18.225 RCW](http://apps.leg.wa.gov/RCW/default.aspx?cite=18.225) as evidenced by a current credential as a mental health professional from the DOH.
3. Recognized Mental Health Agency: The Contractor shall be an approved community mental health agency certified under [RCW 71.05](http://apps.leg.wa.gov/RCW/default.aspx?cite=71.05) or [71.24](http://apps.leg.wa.gov/RCW/default.aspx?cite=71.24). The Contractor shall ensure that all employees providing mental health services to ALTSA Clients shall be credentialed as a mental health practitioner under [WAC 246-809](http://apps.leg.wa.gov/WAC/default.aspx?cite=246-809) or [246-810](http://apps.leg.wa.gov/WAC/default.aspx?cite=246-810) as evidence by a license as a community mental health agency and certification by DSHS’ Behavioral Health and Service Integration Administration (BHSIA) as a mental health agency.

**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. Total program operating budget, including all anticipated revenue sources and any fees generated
4. 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.
5. Most Recent Audit Report or Financial Review
6. [Medicaid Provider Disclosure Statement](https://www.dshs.wa.gov/sites/default/files/FSA/forms/word/27-094.docx)
7. Completed [Background Check Authorization Form](https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/09-653.pdf) for the owner/contract signatory
8. Policies and Procedures meeting the requirements of mandatory reporting procedures as describe in Chapter 74.34 RCW, relating to the protection of vulnerable adults
9. Organizational chart or staffing plan, including applicable credentials and a list of any subcontractors
10. Evidence that specific provider qualifications are met
11. 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.

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Signature Title Date