**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 service animal has been individually trained to perform tasks for the purpose of assisting or accommodating an individual’s sensory, mental, or physical disability that will enhance the individual’s ability to live and function in the community.

The Contractor will provide:

1. A written assessment and evaluation of Client’s need for a service animal.
2. A healthy, trained and certified/registered service animal. The service animal must meet the following minimum standards:

• Demonstrate basic obedience skills by responding to voice and/or hand signals for sitting, staying in place, walking in a controlled position near the client and coming to the client when called.

• Be spayed or neutered and have current vaccination certificates.

• Demonstrate 3 tasks that mitigate the Client’s sensory, mental, or physical disability.

1. A harness appropriate to the animal’s function(s) that meets the identified needs of the Client while clearly identifying the animal as a service animal.
2. Orientation and training with the Client, Client’s guardian and/or Client’s family and the service animal that is directly related to the Client’s individualized plan of care. Contractor must provide:

• Written documentation of the commands and/or behaviors the animal will be expected to perform that will increase the Client’s ability to live and function in the community.

• Written evaluation of training outcomes.

• Certificate of successful completion of training.

• Follow-up consultation/training with the Client and animal as needed.

1. Contractor shall relinquish all claims to the animal if the Client demonstrates ability to care for and utilize the animal for the tasks identified in the assessment and plan of care.
2. Excluded are:
   * The general care of the animal, including feeding, grooming, veterinary care and other basic maintenance or general training or the animal.

* The Contractor may request a plan demonstrating that the Client will be able to provide ongoing general care to the animal including feeding, grooming and veterinary care.
* Animals whose sole purpose is the crime deterrent effects of its presence and/or the provision of emotional support, well-being, comfort, or companionship to the Client.

Area Agencies on Aging contract with providers of Specialized Transition Goods and Services for Service Animals to assure that services are provided within health and safety standards established by statute and rule.

**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)
* [WAC 246.335 In-Home Services Agencies](http://app.leg.wa.gov/WAC/default.aspx?cite=246-335)

**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.
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. 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**

Services must be performed within the scope of practice of the contractor’s license and in compliance with professional rules, as defined by law or regulation, and are provided in a manner consistent with protecting and promoting the client’s health and welfare, and appropriate to the client’s physical and psychological needs. Contractor must have a minimum of three years of experience providing services to disabled populations.

**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. 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 [Background Check Authorization Form](https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/09-653.pdf) for the owner/contract signatory
9. Policies and Procedures meeting the requirements of mandatory reporting procedures as describe in Chapter 74.34 RCW, relating to the protection of vulnerable adults
10. Organizational chart or staffing plan, including applicable credentials and a list of any subcontractors
11. Evidence that specific provider qualifications are met
12. 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