**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**

Transportation Services provide access to waiver and other community services, activities and resources, as specified in a participant’s service plan. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State Plan, defined in 42 CFR 440.170(a) and does not replace them. Whenever possible, family, neighbors, friends or community agencies which can provide this service without charge should be utilized.

**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 Long-Term Support Administration Long-Term Care Manual Chapter 7 (with subchapters)](https://www.dshs.wa.gov/altsa/home-and-community-services/information-potential-medicaid-contractors)
* [Title 480 WAC:](https://apps.leg.wa.gov/wac/default.aspx?cite=480) 480-30 Passenger transportation companies and 480-31 Private nonprofit transportation providers

**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 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**

Transportation providers shall ensure that all vehicle drivers are trained adequately and are able to safely use all associated equipment. In addition to the general personnel selection procedures of the organization, selection of vehicle drivers should include verification that the applicant:

1. Has a current Washington State Driver’s license appropriate for the type of vehicle to be operated. State law requires a commercial driver’s license for those driving a vehicle with a capacity of 16 or more.
2. Has had no moving traffic violations and has not been involved in any at-fault incidents within the past two years.
3. Is physically capable of safely driving the program vehicles. This verification should be in the form of a written medical statement.
4. Has no criminal conviction or pending charge that would automatically disqualify an individual from having unsupervised access to adults or minors receiving home and community services and programs. Disqualifications are listed in WAC 388-113-0020. The criminal history check must include records from the Washington State Patrol.

Transportation providers must document all maintenance services received by each vehicle and related equipment.  Vehicle servicing should be based upon the vehicle’s preventive maintenance schedule.

For-profit Motor Companies must meet the requirements described in the Washington Utilities and Transportation Commission (WUTC) [WAC 480-30](http://apps.leg.wa.gov/WAC/default.aspx?cite=480-30).  Private not-for-profit transportation providers must meet the requirements described in WUTC [WAC 480-31](http://apps.leg.wa.gov/WAC/default.aspx?cite=480-31).

**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 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 applicable credentials and a list of any subcontractors
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. Valid business vehicle insurance
13. Copy of the plan to evaluate driver’s performance including on-board evaluation, a review of job responsibilities, and protocols for reporting and investigating any accidents involving a driver’s agency-sponsored activities.
14. Copy of the vehicle maintenance program including vehicle servicing and ADA vehicle accessibility maintenance requirements.

\*Additional Information:

* Audit Report - An audit is the examination of a potential contractor’s accounting records, as well as the physical inspection of its assets. The auditor (typically a CPA) provides an opinion on the fairness of the potential provider’s financial statements.
* Financial Review - A review is a reduced form of an audit that provides a reduced level of assurance regarding a potential contractor’s financial statements. Based on an investigation, the auditor can provide limited assurance that the financial statements do not need any material modifications.
* If a waiver of this requirement is requested and approved, other documentation that validates financial stability will be required. This may include income or financial statements or reports that outline revenue, earnings, and expenses.

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