**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**

Provide eligible client and unpaid family caregiver with treatments and therapies that reduce pain and increase flexibility allowing client to continue in maintaining health. These services may also reduce stress related to providing/receiving care, increase the eligible client’s sense of well-being and increase stamina.

The Contractor will provide personalized wellness, fitness services/exercise instruction for clients referred by the authorizing agency in order to support improving balance, flexibility, coordination and stress reduction. The contractor may perform an assessment, including the client’s strengths and weaknesses, and develop or recommend a personalized program to support the client’s physical activity and wellness goals or provide instruction/support in a class setting.

For MTD clients only. MTD waiver is the authority granted to the state by the federal government under section 1115 of the Social Security Act.  This waiver is a five year demonstration to support health care systems prepare for and implement health reform and provide new targeted Medicaid services to eligible individuals with significant needs.  It includes MAC and TSOA programs.

**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)
* Chapter [388-71-0702 through 0776](http://app.leg.wa.gov/WAC/default.aspx?cite=388-71)
* Aging and Long-Term Support Administration LTC Manual Chapter 30: MTD

**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. Click here to access the DSHS contract.



**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 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 DSHS criminal history background check](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-113-0020), which must be conducted every two years by the contractor 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**

The contractor must be certified to provide physical fitness training services or exercise instruction.

**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. For adult day ~~care~~ service providers:
   1. Organizational Chart or Staffing Plan, including the names and applicable credentials of employees and a list of any subcontractors and what services they provide. A nurse or other personnel with a current first aid and CPR card must be on-site whenever participants are attending the adult day service program;
   2. Program Policies and Procedures that comply with the requirements of adult day services under [WAC 388-71-0702 through WAC 388-71-0776](http://apps.leg.wa.gov/wac/default.aspx?cite=388-71)
   3. A floor plan of the facility with measurements
   4. Current building health, food service, and fire safety inspection reports, as applicable
   5. Copies of TB tests for all staff and volunteers who function as staff, according to local public health requirements
   6. Copies of current CPR and first aid certificates for all staff and volunteers, who function as staff
   7. Sample client case file, including all forms that will be used
10. Personnel policies and job description for each paid staff and volunteer position
11. Names and addresses of the center’s owners, officers, and directors, as applicable
12. Activities calendar for the month prior to application
13. Policies and Procedures meeting the requirements of mandatory reporting procedures as describe in Chapter 74.34 RCW, relating to the protection of vulnerable adults
14. Proof of 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