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| DSHS Logo Transforming Lives |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Alternative Living Provider Application,** **Contracting, and Certification Overview Checklist** |
| **The following documents are submitted to the DDA Resource Manager to initiate the Alternative Living provider application, certification, and contracting process.** |
| CHECK IF RECEIVED | APPLICATION DOCUMENTS (REVIEW FOR COMPLETE FORMS) |
| [ ]  | DDA Alternative Living Provider Application form, [DSHS 10-665](https://www.dshs.wa.gov/sites/default/files/forms/word/10-665.docx) |
| [ ]  | Letter of Interest  |
| [ ]  | Copy of high school diploma, GED, or other advanced degree |
| [ ]  | Copy of Washington State business license ([Department of Revenue website](https://dor.wa.gov/)) |
| [ ]  | Background check confirmation code and date of birth per [Background Check Policy 5.01](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.01.pdf)For provider Online background check form and instructions: * <https://fortress.wa.gov/dshs/bcs/>
* [Instructions on filling out form](https://www.dshs.wa.gov/sites/default/files/bccu/documents/BCS%20Training%20Materials/BCS_Online_Authorization_Form_Guide.pdf)

[Background Check Requirements for Applicant’s brochure](https://www.dshs.wa.gov/sites/default/files/publications/documents/22-1850.pdf), DSHS 22-1850[Video Tutorial](https://www.youtube.com/watch?v=p_iwKi0fpMg)If needed Character, Competency and Suitability Review. |
| [ ]  | Copy of receipt from fingerprint appointment |
| [ ]  | Copy of Driver’s License |
| [ ]  | Proof of automobile insurance coverage |
| [ ]  | [W-9 form](https://www.irs.gov/forms-pubs/about-form-w-9) |
| [ ]  | Contractor Intake form, [DSHS 27-043](https://www.dshs.wa.gov/sites/default/files/forms/word/27-043.docx) |
| [ ]  | Medicaid Provider Disclosure Statement (MPDS) form, [DSHS 27-094](https://www.dshs.wa.gov/sites/default/files/forms/word/27-094.docx) |
| [ ]  | Residential Services Mandatory Reporting of Abuse, Neglect, Personal and Financial Exploitation, or Abandonment of a Child or Vulnerable Adult form, [DSHS 10-403](https://www.dshs.wa.gov/sites/default/files/forms/word/10-403.doc) |
| [ ]  | Signed up for [GovDelivery](https://public.govdelivery.com/accounts/WADSHSDDA/subscriber/new) (recommended)  |
| [ ]  | Any trainings completed by applicant that can be applied toward AL program requirements |
| **The following steps are taken once application documents are received and reviewed for completion.** |
| STEPS | CERTIFICATION AND CONTRACTING PROCESSWhen application documents are received, training, certification, and contracting process begins. All three are interconnected and worked on at the same time. |
| [ ]  | **Explain basics of the certification process to the applicant (initial and ongoing).*** Discuss orderly record keeping, types of records to keep, why records need to be kept, how long to keep records, and when records may be requested.
* Review [WAC 388-829A-170](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829A-170) What information must alternative living providers keep in their records.
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| [ ]  | **Review training needs with applicant and assist the applicant to sign up for training.**Trainings must begin after the initial certification letter is issued in order for the provider to get paid for training.Training requirements (75 hours): a. 5-hours Orientation and Safety1. 40-hours DDA Basic Training
2. 30-hours Population Specific Training

After initial certification – minimum provider training requirements to issue alternative living contract:* Orientation and Safety
* First Aid / CPR Training
* Bloodborne Pathogens
* Alternative Living Provider Orientation

Refer to AL SharePoint site for links to various training resources.1. Have the applicant sign up for First Aid / CPR Training (6-hours)
2. Have the applicant sign up for Bloodborne Pathogens Training (or included in Basic Training)
* Blood-borne pathogen requirements can be taken separately as long as they meet [WAC 296-823-12005](https://app.leg.wa.gov/WAC/default.aspx?cite=296-823-12005) requirements.
1. Give the applicant link to the On-Line Orientation and Safety Training (5-hours)
2. Schedule the Alternative Living Provider Orientation (6-hours)
3. Assist the applicant to sign up for the 40-Hour Basic Training
4. Assist the applicant to sign up for Population Specific Training

(First Aid, CPR, and Alternative Living Provider Orientation are a part of the 30-hours of Population-Specific training. The remaining 18-hours of Population-Specific training must be completed within 120-days of date of hire). |
| [ ]  | **Enter Contracting information in ACD and create draft.**Contract in draft status will show as “pending.”The following documents are needed to draft contract:* Contractor Intake form
* Medicaid Provider Disclosure Statement
* W-9
* Business License
* Background Check authorization (CC and S Review, if needed).
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| [ ]  | **Request Initial Certification Letter for provider.**When contract is in “pending” status, email HQ QA identified staff with cc to AL Program Manager with “Initial Certification Request” in the subject line. Email must include:* Name of the client (if applicable)
* Provider Name
* Address
* Telephone Numbers (Home and Cell)
* E-mail Address

The email must confirm the applicant has met minimum requirements:1. Meets all requirements under [WAC 388-829A-050](https://apps.leg.wa.gov/Wac/default.aspx?cite=388-829A&full=true#388-829A-050)
2. All background check / fingerprinting issues are resolved, and any CC and S reviews are in place
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| [ ]  | **Provider Training** After RM receives confirmation that the initial certification letter is issued, provider can begin training.1. Track provider progress on minimum training requirements for contracting:
* On-Line Orientation and Safety Training
* Bloodborne Pathogens Training Certificate
* First Aid Training and CPR Training Certificate
1. Meet with the applicant to complete Alternative Living Provider Orientation (6-hours)
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| [ ]  | **Check that provider has a Grievance Policy** |
| [ ]  | **Move “pending” contract into “approved” status.** After RM receives confirmation that initial certification letter is issued, minimal training has been completed and provider has a Grievance Policy, email designated contract approver (Regional Operations Manager (ROM), Supervisor, etc.) for approval of pending contract in ACD. Once approved, status will show “approved” in ACD. |
| [ ]  | **Complete Contract Risk Assessment and Monitoring Plan (RAMP).** * The Contract Manager (who is the RM) completes the RAMP.
* The RAMP must be completed and in the contract file before the contract is signed.

More on RAMPs can be found in DDA Management Bulletin D14-012 – Procedure |
| [ ]  | **Execute the contract - moving it from “approved” to “signed” status.**After RM receives confirmation that initial certification letter is issued, minimum training is complete, the provider has a Grievance Policy, and a RAMP is in the contract file: open approved contact document in ACD and e-mail pdf to provider for signature. The provider must sign:* The front page of the contract at the bottom.

Electronic and digital signatures are fine |
| [ ]  | After provider signs contract, e-mail contract approver for DSHS counter signature on:* The front page of the contract.

The contract approver will then go into ACD and enter the signatures electronically, moving the contract from “approved” to “signed” status. |
| [ ]  | Check ACD for “signed” status and distribute the executed and signed copy to provider. Place a copy in provider contract file. |
| [ ]  | **Explain basics of ProviderOne, OneHealthPort, Billing, and Payment.**Review the Service Verification and Attendance Record form, DSHS 10-104B with provider.1. AL providers are 1099 Social Services Providers
2. Once the provider’s contract is in “approved” status, a ProviderOne ID number is assigned for new providers. HCA is triggered to send communication to provider about steps to access ProviderOne. The provider needs to watch for mail and emails on how to set up ProviderOne access. This is a multi-step process.
3. ProviderOne offers Electronic Funds Transfer (EFT) payments.
4. ProviderOne pays on Fridays. Claims must be submitted by Tuesday at 5 p.m.

Make sure the provider has the following resources:* [ProviderOne for social services ⎜ Washington State Health Care Authority](https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-social-services)
* [ProviderOne Billing and Resource Guide](https://www.hca.wa.gov/billing-resource-guide)

 Health Care Authority (HCA) requires all providers to utilize the OneHealthPort Single Sign-On to access Provider One.* Learn more about OneHealthPort Single Sign-On at: [SSO Home ⎜OneHealthPort](https://www.onehealthport.com/sso-overview)
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| **Steps to take within 120 days of date of hire.** |
| [ ]  | 1. Collect the remainder of initial training certificates
* 40-Hour Basic Training
* 18-Hour for Population Specific Training
1. Pay the provider for training.

When provider meets 75-hour training requirement, the RM authorizes payment for training up to 75-hours. The RM does not reimburse the provider for applicable trainings completed prior to initial certification.* If the provider is working with a client, authorize payment under that client’s name (Code SA534-U1).
* If the provider does not have a client by the time 75-hours of training is completed, authorize payment under the provider.
* Transportation (S0215, U2) is only paid to provider in conjunction with client services per the PCSP and is authorized by the CM.
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| **Follow Up.** |
| [ ]  | A DDA-contracted evaluator will coordinate with the Resource Manager and schedule on-site certification evaluation.Within 90-days of provider beginning work with a client, RM will assess provider record-keeping and assist as needed.RM will provide technical assistance to provider if needed on AL Policy, WAC, or forms. |