**Instructions**

After reviewing this document in its entirety, print it and sign the provider qualification attestation. Send this signed and dated document (all pages initialed/dated), including all of the additional required documentation, to atcontract@dshs.wa.gov.

**General Description**

This is a statewide contract valid for use by two of DSHS’ administrations – ALTSA (which includes Home & Community Services and Area Agencies on Aging) and the Developmental Disabilities Administration (DDA).

This contract is intended for contractors who provide **one-time purchases** of Assistive Technology (AT) Goods and/or Assistive Technology (AT) Services that are not covered by Medicare, Washington Medicaid (Apple Health), other insurance or resources; and may not duplicate other goods or services available through Washington Medicaid (Apple Health), Medicare, or other resources.

AT Goods and AT Services may be covered by various programs through ALTSA and DDA. The case worker will request AT Goods and/or AT Services from the Contractor based on the client’s eligible program’s AT rules and policy.

**Assistive Technology (AT) Goods** means adaptive/assistive items, devices, pieces of equipment, or product systems used to increase a client’s independence, improve or maintain a client’s functional ability, or to substitute for human assistance to the client with activities of daily living, instrumental activities of daily living or health related tasks.

* AT Goods must be the most appropriate and cost-effective item to meet the client’s assessed need.
* The Contractor cannot bill DSHS in excess of its “usual and customary price” per Federal regulations – meaning the price most commonly charged by the Contractor for items provided to a non-Medicaid individual or general public.

**Assistive Technology (AT) Services** means services to directly assist the client and their caregiver(s) to select, acquire, and use the technology. AT Services include: evaluation for the correct type of AT Goods, set-up, repair, and short-term training to the client and their caregiver(s) in the use and maintenance of the AT Goods purchased under this service.

* The Contractor must only provide AT Services when authorized by the Case Worker. This one-time fee includes if the Contractor must conduct multiple visits/sessions for evaluation, training or installation to complete the service as authorized.
* With the exception of the Preadmission Screening and Resident Review (PASRR) program: the fee for evaluation, installation, or training in the use of AT Goods shall not exceed the maximum total rate of $60, including administrative functions associated with service delivery.

**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 is not a comprehensive list of all laws, rules, and policies that apply to this service.

* [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 388-71 WAC: Home and Community Services and Programs](http://app.leg.wa.gov/WAC/default.aspx?cite=388-71)
* [Chapter 388-106 WAC: Long-Term Care Services](http://app.leg.wa.gov/WAC/default.aspx?cite=388-106)
* [Chapter 388-834 WAC: Preadmission Screening and Resident Review (PASRR)](https://app.leg.wa.gov/WAC/default.aspx?cite=388-834)
* [Chapter 388-845 WAC: DDA Home and Community Based Service Waivers](https://app.leg.wa.gov/WAC/default.aspx?cite=388-845)

## **Provider Contract**

The DSHS sample contract provided below is for informational purposes only. This information is available for review, to ensure all contract terms can be met prior to application.



**Minimum Qualifications**

In order to receive a contract to serve DSHS clients, DSHS 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.
2. Current Washington State Business License or an explanation of why you are exempt from registering your business with the state of Washington.
3. 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.
4. 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.
5. 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).
6. All employees, volunteers, and subcontractors who may have unsupervised contact with vulnerable adults must have passed a criminal history background check. Background checks must be conducted by the company every two years and kept in personnel or subcontractor files.
7. No history of significant deficiencies as evidenced by monitoring, licensing reports or surveys, including Area Agency on Aging monitoring reports, if applicable.
8. 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.
9. Have no multiple cases of lost litigation related to service provision to medically frail and/or functionally disabled persons.
10. Provide services throughout the state of Washington.

**Specific Provider Qualifications**

To provide AT Goods, a Contractor must be one of the following (see [sample contract](#_Provider_Contract) available above for definitions). Please select the box below that applies to your company:

[ ]  A legal manufacturer of one or more AT Goods, or

[ ]  A retail establishment which provides AT Goods, or

[ ]  A wholesale distributor of AT Goods.

If your business organization is not one of those listed above and you are interested in providing AT Goods, you are considered a third-party purchaser and will need to obtain one or both of the following contracts to be able to provide AT Goods to DSHS clients:

* DSHS contract 1853XP “Purchasing Goods & Services” (for individuals receiving DDA)
* DSHS contract 1071XP “Community Choice Guiding” with the Purchasing subcode [for individuals receiving services through Home and Community Services (HCS) and/or the local Area Agency on Aging (AAA)]

To provide AT Services, a Contractor must have (please select the box below that applies to your company):

[ ]  Personal knowledge of the AT Goods and AT Services **and** a minimum of two years of professional experience with providing AT Services (i.e., evaluation, training and/or installation); or

[ ]  Personal knowledge of the AT Goods and AT Services **and** personal experience using assistive devices to increase functional independence.

To provide AT Goods and/or AT Services:

1. The contractor must be a legal business entity and legitimately engaged in the business of the provision of AT Goods and/or AT Services.
2. Contractors located in the State of Washington must have a Universal Business Identifier and Master Business License, as issued by the State Department of Revenue.
3. Out-of-state contractors must possess a Universal Business Identifier and Master Business License only when it is required by Washington State law.

**Required Documentation to Send to DSHS**

1. Completed copy of this document (Medicaid Provider Application Form-AT)
2. Completed [Contractor Intake Form and Required Attachments](https://www.dshs.wa.gov/sites/default/files/FSA/forms/word/27-043.docx)
3. Copies of all specialty licenses (in addition to general business license), if applicable
4. [Medicaid Provider Disclosure Statement](https://www.dshs.wa.gov/sites/default/files/FSA/forms/word/27-094.docx)
5. Completed [Background Check Authorization Form (wa.gov)](https://fortress.wa.gov/dshs/bcs/) for the owner/contract signatory, if required.

Business Name:

Business Address:

Business Website Address:

Contact Name and title of person completing this application (please print):

Contact Phone number (please print):

Contact Email (please print):

By signing this form, I attest that I have reviewed the requirements, selected the appropriate qualification for AT Goods and/or AT Services, and understand the requirements for the Medicaid service for which my organization is applying, and that my organization meets all of the qualifications and requirements listed in the application packet. I also understand that submission of false information on this form could result in a Medicaid fraud investigation.

I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify DSHS of any changes in any statement.

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Signature Title Date