**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**

This service provides training to individuals living in a community setting (their own home, adult family home, assisted living facility, adult residential center, or enhanced residential center) to meet a therapeutic goal identified in their care plan and authorized by the case worker.

Training activities provided by this service are not covered through Medicaid, Medicare, or private insurance.

Training services may include:

* Adjustment to serious impairment
* Maintenance or restoration of physical functioning
* Self-management of chronic disease and/or personal care needs or other evidence-based training programs
* Acquisition of skills to address minor depression
* Development of skills to work with care providers

**Please Note**: *Client Training- Behavior Support is not provided under this contract. Please see the Professional Support Specialist: Behavior Support Consultation and Technical Assistance contract.*

#### **Dementia Consultation for MTP clients only**. Dementia consultation may include:

##### Education: The Contractor may provide information and instruction about a variety of topics including but not limited to:

###### Activity Planning: unpaid caregivers will learn activities that can be completed at home with care receivers who may have some form of memory loss.

###### Disease Education: unpaid caregivers can learn about memory loss and dementia, including specific kinds of dementia such as Alzheimer’s. This knowledge helps unpaid caregivers plan into the future and understand what their care receiver is experiencing.

###### Looking for a higher level of care: the decision to move a care receiver to a higher level of care can be very difficult and full of mixed emotions. Learn how to make a successful transition for continued enjoyment and a higher quality of life for a care receiver.

##### Medication Management: Contractor acting within his/her scope of practice will provide assistance with understanding prescribed and over the counter medications being used, the potential side effects, dosage, and when to take prescribed medications. Unpaid caregiver and care receiver questions regarding medications will be answered.

##### Behavior Management: how to identify causes of and manage behaviors brought on by a variety of situations such as pain, hunger, fear, illness, thirst, the need to go to the bathroom, disturbing dreams, being too hot or too cold, depression, or feeling lost or abandoned.

##### Depression Screening/Education: will discuss the symptoms of depression and effective treatments, while dispelling common myths about depression, which are often barriers to treatments for adults.

##### Counseling/Referral: if the Contractor is a licensed counselor/therapist, consultation regarding unpaid caregiving problems, dilemmas, and emotions may be provided. If the Contractor is not a licensed counselor/therapist, a referral to a credentialed professional could be provided.

##### Stress Reduction: recommendations for ways that unpaid caregivers can lessen worry and tension related to caregiving. Many aspects of being an unpaid caregiver can produce stress and it is important to understand and mitigate these burdens.

#### **Legal Services/Long Term Care Planning for MTP- clients only**. Education and services designed to help guide unpaid caregivers through various aspects of elder law. This may include providing unpaid caregivers with assistance and education regarding Medicaid long range planning, simple wills, powers of attorney, health care proxies, living wills, and/or advanced directives, reverse mortgages, providing relevant legal forms, and guidance in completing relevant legal forms.

Area Agencies on Aging contract with Client Training providers 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)
* CORE LTC services: <https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual>
* Aging and Long-Term Support Administration LTC Manual Chapter 30: MTD
* [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. 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 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. A waiver of this requirement may be available for businesses that have been in operation for less than one year or for self-employed contractors who will only provide a direct service with no employees and no fiduciary responsibility.
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.

The Contractor must meet the following qualifications for the training provided and the Contractor and any employees of the Contractor must maintain all necessary license, registration and certification as required by law. Applicable licensing laws include but are not limited to the following:

1. Registered Nurse (RN) licensed RCW [18.79](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79) and [Chapter 246-840 WAC](http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840);
	1. Submit evidence of a current RN license from DOH and a current core provider agreement with the Health Care Authority.
2. Licensed Practical Nurse under RCW [18.79](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79) and [Chapter 246-840 WAC](http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840);
	1. Submit evidence of a current LPN license from DOH and a current core provider agreement with the Health Care Authority.
3. Certified Dietician/Nutritionist under [RCW 18.138](http://app.leg.wa.gov/RCW/default.aspx?cite=18.138);
	1. Submit evidence of a current certification as a dietitian or nutritionist from the DOH and a current core provider agreement with the Health Care Authority.
4. Physical Therapist (PT) licensed under [RCW 18.74](http://app.leg.wa.gov/RCW/default.aspx?cite=18.74);
	1. Submit evidence of a current license as a Physical Therapist from the DOH and a current core provider agreement with the Health Care Authority, which includes a site visit.
5. In Home Services Agencies: Home Health Services under [RCW 70.127](http://app.leg.wa.gov/RCW/default.aspx?cite=70.127) and [WAC 246-335](http://app.leg.wa.gov/WAC/default.aspx?cite=246-335) or Home Care Agency under [RCW 70.127](http://app.leg.wa.gov/RCW/default.aspx?cite=70.127) and [WAC 246-335](http://app.leg.wa.gov/WAC/default.aspx?cite=246-335)
	1. Submit evidence of the following:
		1. Current Washington State Department of Health Home Health or Home Care Agency License.
		2. Have at least three years’ experience in Washington State as a licensed in-home service provider in the home health or home care agency category.
		3. Have a staffed office in the local Area Agency on Agency service area and telephone number with local area code and/or a toll-free number to ensure client and worker access.
		4. Have supervisory/administrative staff in each office in the service area who have demonstrated experience in the care of medically frail and/or functionally disabled persons.
		5. Demonstrated performance as a quality provider of in-home services. This includes quality of care delivered to medically frail and functionally disabled persons in Washington State as evidenced by Department of Health surveys, Area Agency on Aging Monitoring Reports, and other documents that provide objective information.
		6. Long-term care workers must complete the training requirements specified in RCW 74.39A.
		7. Have an independent financial audit or financial review without findings covering the two-year period prior to contracting. The audit or review must be conducted by a licensed Certified Public Accountant or a recognized financial firm.
		8. Have an electronic method of timekeeping.
6. Community College as higher education institution conducting programs under [RCW 28B.50](http://app.leg.wa.gov/RCW/default.aspx?cite=28B.50)
	1. Submit evidence of meeting Northwest Commission on College and University (NWCCU) accreditation standards as outlined in [RCW 43.17.390.](http://app.leg.wa.gov/RCW/default.aspx?cite=43.17.390)
7. Community Mental Health Agency – licensed under [WAC 388-865](http://app.leg.wa.gov/WAC/default.aspx?cite=388-865);
	1. Submit evidence of a current license by DOH and a current core provider agreement with the Health Care Authority.
8. Pharmacist – Licensed under [RCW 18.64](http://app.leg.wa.gov/RCW/default.aspx?cite=18.64) and [WAC 246.863](http://app.leg.wa.gov/WAC/default.aspx?cite=246-863);
	1. Submit evidence of license by DOH and a current core provider agreement with the Health Care Authority.
9. Independent Living Providers meeting these qualifications:
	1. Bachelor’s degree in social work or psychology with two years’ experience in the coordination or Independent Living Services (ILS). Examples of ILS include working as a supported employment or supported living staff, peer trainer or mentor, volunteer or staff of an Independent Living Center, or similar where you teach and support individuals to maintain or learn skills to increase independence.
		1. Submit evidence of:
			1. Educational requirement (diploma or certified transcript showing bachelor’s degree achieved); and
			2. Work experience in ILS
	2. Two years’ experience in the coordination of ILS in a social service setting under qualified supervision. See above for examples of ILS
		1. Submit evidence of work experience in ILS
	3. Four years personal experience with a disability and experience in the coordination or provision or ILS. See above examples of ILS
		1. Submit the following:
			1. self-attestation of a disability; and
			2. Work experience in ILS
10. Chronic Disease Self-Management Trainers meeting these qualifications: certification in an evidence based chronic disease self-management training program such as the Stanford University Chronic Disease Self-Management Program (CDSMP).
	1. Evidence of certification from an evidence based CDSMP training program.
11. Evidence-Based Trainers meeting these qualifications: certification in an evidence-based training program.
	1. Submit evidence of certification from an evidence-based training program.
12. Human Service Professionals meeting these qualifications: bachelor’s degree or higher in Psychology, Social Work or a related field with a minimum of two years’ experience providing services to aging or disabled populations.
	1. Submit evidence of:
		1. Degree (diploma, certified transcript showing bachelor’s degree achieved)
		2. Two years’ experience working with aging or disabled populations
13. Occupational therapist licensed under [Chapter 18.59 RCW](http://app.leg.wa.gov/RCW/default.aspx?cite=18.59);
	1. Submit evidence of license from DOH and a current core provider agreement with the Health Care Authority.
14. Adult Day Health Center certified under [WAC 388-71-0702](http://app.leg.wa.gov/WAC/default.aspx?cite=388-71-0702) through 0826
	1. Submit evidence of a current core provider agreement with Health Care Authority.
15. Centers for Independent Living are community based non-profit organizations in Washington State which are funded by Federal Dept. of Education/Rehab and contracted with Washington State Division of Vocational Rehabilitation.
	1. Submit evidence of:
		1. A contract with WA State Division of Vocational Rehabilitation
		2. Non-profit status: 501(c)3

##### Dentist or Dental Hygienist under chapter 18.32 RCW and chapter 18.29 RCW (MTP clients only); and

##### Licensed Attorney or Legal Services Organization: must be a licensed member of the Washington State Bar Association (MTP clients only).

##### Board-Certified Music Therapist: Board Certified (MT-BC) active credential.

**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. A waiver of this requirement may be available, see additional information below.\*
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. 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, including copies of Washington specialty licenses, certifications, or credentials as appropriate to the documentation listed in specific provider qualifications.
12. Core Provider Agreement, when applicable
13. Current insurance certificate

\*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