

## Dementia and behavioral supports

### PROVIDER APPLICATION DETAILS

#### INSTRUCTIONS

Please review this entire document and compile the necessary information and documentation before you begin the WA Cares provider application process.

#### GENERAL DESCRIPTION OF SERVICE

Offers non-medical, community-based services to beneficiaries and their caregivers to improve care for the beneficiary by developing a written strategy of the factors associated with beneficiary's documented or identified behaviors, and an individualized program of measurable, behaviorally specific interventions designed to address those behaviors and promote optimal functioning.

#### RELATED 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 50B.04 RCW: Long-term services and supports trust program](#)
- [Chapter 74.39A RCW: Long-term care services options](#)
- [RCW 43.43.830 through 43.43.845: Washington State Patrol background checks](#)
- [Chapter 388-116 WAC: WA Cares program](#)

#### MINIMUM PROVIDER QUALIFICATIONS

1. Contractors must meet all Washington state laws to do business in the state (and city or county requirements, if applicable). This includes having all required business license(s), endorsement(s), credential(s) and certification(s) to provide the service.
2. The agency owner(s) and contract signatory must pass a Department of Social and Health Services criminal history background check at initial application and contract renewal. The date of birth and background check confirmation number must be provided at time of application.
3. All employees, volunteers, and subcontractors who may have unsupervised access to beneficiaries must have passed a criminal history background check, which must be conducted by the contractor prior to access and every two years. The criminal history background check must at least include Washington State Patrol criminal conviction records and be kept in their personnel or subcontractor file(s).

4. Meet Department of Social and Health [insurance requirements](#).
5. Contractors for dementia and behavioral supports must meet one of the following licensed mental health professional qualifications:
  - a. Per [Chapter 71.24 RCW](#) and [Chapter 246-341 WAC](#)
    - Behavioral Health Agency
  - b. Per [Chapter 18.19 RCW](#) and [Chapter 246-810 WAC](#)
    - Agency affiliated counselor
    - Certified Advisor
    - Certified Counselor
    - Registered Hypnotherapist
  - c. Per [Chapter 18.380 RCW](#) and [Chapter 246-805 WAC](#)
    - Certified Behavior Analyst (including Assistant)
    - Certified behavior technician
  - d. Per [Chapter 18.225 RCW](#) and [Chapter 246-809 WAC](#)
    - Marriage and family therapist (LMFT; including Associate)
    - Licensed Mental Health Counselor (LMHC; including Associate)
    - Licensed Advanced Social Worker (LASW; including Associate)
    - Licensed Independent Social Worker (LISW; including Associate)
  - e. Per [Chapter 18.83 RCW](#) and [Chapter 246-924 WAC](#)
    - Psychologist

## PROVIDER CONTRACT

Dementia and behavioral support contracts have a maximum duration of two years. Sample contracts are available in the [provider toolkit](#). The sample is available to review to ensure all contract terms can be met before application.

## REQUIRED DOCUMENTATION FOR PROVIDER APPLICATION

1. Completed provider network application and required attachments.
2. Copy of Washington state business license or proof of exemption.
3. Copy of W-9 request or taxpayer identification number and certification.
4. Unless a sole proprietor, supporting documentation on business organization (e.g., list of partners, members, directors, officers, board members).
5. Name, date of birth, and background check confirmation number for the contract signatory and the agency owner(s) with 5% or more ownership interest.
6. Evidence of a Core Provider Agreement with the Health Care Authority required for medical providers only (e.g. ProviderOne number).



7. Evidence of one of the following licenses/credentials:
  - a. Certified Behavioral Health Agency,
  - b. Agency affiliated counselor,
  - c. Certified Advisor,
  - d. Certified Counselor,
  - e. Registered Hypnotherapist,
  - f. Certified Behavior Analyst (including Assistant),
  - g. Certified Behavior Technician,
  - h. Marriage and Family Therapist (LMFT; including Associate),
  - i. Licensed Mental Health Counselor (LMHC; including Associate),
  - j. Licensed Advanced Social Worker (LASW including associate),
  - k. Licensed Independent Social Worker (LISW including Associate), or
  - l. Psychologist.
8. Current certificate of insurance (COI) satisfying the [insurance requirements](#).
9. Current rate(s) or pricing guide, for informational purposes.