

Home safety evaluation

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 the assessment of a beneficiary's home (rented or owned) by a licensed therapist (physical or occupational therapist) to identify and reduce or eliminate potential hazards to help minimize injury and improve accessibility while in the home.

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](#)
- [RCW 43.43.830 through 43.43.845: Washington State Patrol background checks](#)
- [Chapter 388-116 RCW: 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 Services [insurance requirements](#).

5. Contractors for home safety evaluations must meet at least one of the following professional qualifications:
 - a. A licensed home health agency that meets the requirements of [Chapter 246-335 WAC](#) and [Chapter 70.127 RCW](#).
 - b. A licensed occupational therapist meeting the requirements of [Chapter 18.59 RCW](#) and [Chapter 246-847 WAC](#) (solo practitioner or agency).
 - c. Any licensed physical therapist meeting the requirements of [Chapter 18.74 RCW](#) and [Chapter 246-915 WAC](#) (solo practitioner or agency).
6. Hold a Core Provider Agreement with the Health Care Authority and have access to ProviderOne at time of application.

PROVIDER CONTRACT

Home safety evaluation contracts have a maximum duration of two years. The sample contract is available in the [provider toolkit](#). The sample contract 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. Current certificate of insurance (COI) satisfying the [insurance requirements](#).
7. Current rate(s) or pricing guide, for informational purposes.
8. Name, date of birth, and background check confirmation number for owner(s) and contract signatory
9. Evidence of a Core Provider Agreement with the Health Care Authority (e.g., ProviderOne number)
10. Copy of one of the following active licenses:



- a. Home care agency license¹
- b. Physical therapist license
- c. Occupational therapist license

¹ Note that the person performing the home safety evaluation must be a licensed physical or occupational therapist