

2021 Medicaid Services Special Terms and Conditions

1. Additional Client Rights.

- a. In compliance with Title VI of the Civil Rights Act of 1964, and under RCW 2.42.010, RCW 2.43.010, and RCW 49.60.010, the Agency shall ensure that Limited English Proficient (LEP) Clients have access to a certified, or, if non-certifiable language, to an otherwise qualified language interpreter, who has successfully passed the DSHS language test. The Agency shall also ensure that DSHS Clients have access to documents translated into the Client's primary language. To request a qualified interpreter, sign up at [CTS LanguageLink](#) or email hcaproviders@ctslanguageink.com. For additional information, visit their [Provider FAQs](#) page.
- b. In compliance with the Americans with Disabilities Act (ADA) of 1990, under RCW 2.42.010 and RCW 49.60.010, the Agency shall ensure that deaf, deaf-blind, or hard of hearing Clients have access to the services of an interpreter certified by the National Association of the Deaf (NAD) as a Sign Language Interpreter, or qualified interpreter having a Registry of Interpreters for the Deaf (RID).

2. Duty to Report Suspected Abuse, Abandonment, Neglect or Financial

Exploitation. The Agency and its employees must immediately report all instances of suspected abandonment, abuse, financial exploitation or neglect of a vulnerable adult under RCW 74.34.035 or a child under RCW 26.44.030. The report shall be made to the Department's current state abuse hotline, 1-866-363-4276 (END-HARM). The Agency must also report all suspected instances to the Client's case manager. If the notice to the Client's case manager was verbal then it must be followed by written notification within 48 hours. Further, when required by RCW 74.34.035, the Agency and the Agency's employees must immediately make a report to the appropriate law enforcement agency.

3. Significant Change in Client's Condition.

The Agency agrees to report any significant change in the Client's condition within twenty-four (24) hours to the Case Manager identified in the Client's current service plan.

4. Death of Clients.

The Agency shall report all deaths of DSHS Clients receiving services under this Contract to the Client's Case Manager within twenty-four (24) hours of finding out about the death. In addition, the Agency shall provide written notification of the Client's death to the Client's Case Manager within seven (7) days.

5. Provider Screenings.

- a. The State must ensure the Department does not pay federal funds to excluded persons or entities. States are also required to check for the death of an individual provider, agency owner or authorized official prior to contracting. The required ownership and control information for individuals with ownership interest of five percent (5%) or more, officers and managing employees will be obtained from the Medicaid Provider Disclosure Statement and checked against all required federal exclusion lists, and the Social Security Death Master List, prior to finalizing a contract.
- b. The Agency will report any change in ownership, managing employees, and/or those with a controlling interest to the Department within thirty-five (35) days of such a change so that these individuals can be screened against the required federal exclusion lists as well as the Social Security Death Master List. For detailed instructions, please refer to the Medicaid Provider Disclosure Statement.

6. Duty to Disclose Business Transactions.

- a. Under 42 CFR §455.104, the Agency is required to provide disclosures from individuals with ownership interest, managing employees, and those with a controlling interest. The State must obtain certain disclosures from providers and complete screenings to ensure the State does not pay federal funds to excluded person or entities. Agency must complete and submit a Medicaid Provider Disclosure Statement, DSHS Form 27-094. According to 42 CFR 455.104(c) (1), disclosures must be provided:
 - (1) When the prospective Agency submits their initial application;
 - (2) When the prospective Agency signs the contract;
 - (3) Upon request of the Department at contract revalidation/renewal;
 - (4) Within thirty-five (35) days after any change in ownership of the Agency entity.
- b. Failure to submit the requested information may cause the Department to refuse to enter into an agreement or contract with the Agency or to terminate existing agreements. The State will recover any payments made to a disclosing entity that fails to disclose ownership or control information, as required by 42 CFR 455.104.
- c. Under 42 CFR §455.105(b), within thirty-five (35) days of the date of a request by the Secretary of the U.S. Department of Health and Human Services or DSHS, Agency must submit full and complete information related to Agency's business transactions that include:
 - (1) The ownership of any subcontractor with whom the Agency has had business transactions totaling more than \$25,000 during the twelve (12) month period ending on the date of the request; and
 - (2) Any significant business transactions between the Agency and any wholly owned supplier, or between the Agency and any subcontractor, during the five (5) year period ending on the date of the request.
- d. Failure to comply with requests made under this term may result in denial of payments until the requested information is disclosed. See 42 CFR §455.105(c).

7. Background Check. The signatory for this Contract agrees to undergo and successfully complete a DSHS criminal history background check conducted by DSHS or the AAA every two years, and as required under RCW 43.20A.710, and RCW 43.43.830 through 43.43.842. If the Agency has owners, employees or volunteers who may have unsupervised access to Clients in the course of performing the work under this Contract, the Agency shall require those owners, employees or volunteers to successfully complete a criminal history background check prior to any unsupervised access and at least every two years thereafter. The Agency must maintain documentation of successful completion of required background checks.

8. False Claims Act Education Compliance. Federal law requires any entity receiving annual Medicaid payments of five (5) million or more to provide education regarding federal and state false claims laws for all of its employees, contractors and/or agents. If Agency receives at least five (5) million or more in annual Medicaid payments under one or more provider identification number(s), the Agency is required to establish and adopt written policies for all employees, including management, and any contractor or agent of the entity, including detailed information about both the federal and state False Claims

Acts and other applicable provisions of Section 1902(a)(68) of the Social Security Act. The law requires the following:

Agency must establish written policies to include detailed information about the False Claims Act, including references to the Washington State False Claims Act;

- a. Policies regarding the handling and protection of whistleblowers;
- b. Policies and procedures for detecting and preventing fraud, waste, and abuse;
- c. Policies and procedures must be included in an existing employee handbook or policy manual, but there is no requirement to create an employee handbook if none already exists.

9. **Bribes and Kickbacks.** Federal law stipulates that Medicaid participants be offered free choice among qualified providers, therefore any exclusive relationship between the Agency and any other Medicaid Service is prohibited.
10. **State or Federal Audit Requests.** The Agency is required to respond to State or Federal audit requests for records or documentation, within the timeframe provided by the requestor. The Agency must provide all records requested to either State or Federal agency staff or their designees.
11. **Drug-Free Workplace.** The Agency agrees he or she and all employees or volunteers shall not use or be under the influence of alcohol, marijuana, illegal drugs, and/or any substances that impact the Agency's ability to perform duties under this Contract.
12. **Execution and Waiver.** This Contract shall be binding on DSHS only upon signature by DSHS with an Authorized Countersignature. Only the Contracting Officer or the Contracting Officer's designee has authority to waive any provision of this Contract on behalf of DSHS.