

121 North Cedar Street Centralia, WA 98531

360.438.3646

[application17@rsasnet.org](mailto:application17@rsasnet.org)

## APPLICATION FOR ACCREDITATION

### Provider Information

Provider Name : \_\_\_\_\_

Provider Executive Director / CEO / Owner: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postal City, State, Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_

Physical City, State, Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Position: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Current Business Status ( if new provider, skip to Service Delivery Information )

Is your firm currently certified by the state VR agency or any other funding sources? \_\_\_\_\_

VR / Funding Sources: \_\_\_\_\_

Date of initial certification(s) \_\_\_\_\_

Date certification(s) expires \_\_\_\_\_

Has your firm been accredited by another organization ? \_\_\_\_\_

Date of expiration \_\_\_\_\_ Organization \_\_\_\_\_

**Indicate services your firm has provided to VR in past 12 months:**

Evaluation/Assessment \_\_\_\_\_ Work Training \_\_\_\_\_ Job Retention \_\_\_\_\_

Job Coaching \_\_\_\_\_ Job Placement \_\_\_\_\_ Supported Employment \_\_\_\_\_

Independent Living Services \_\_\_\_\_

Other \_\_\_\_\_

What is the average daily population of all participants your firm serves? \_\_\_\_\_

How many vocational services participants are served in the average month \_\_\_\_\_

Does your firm provide paid employment as a rehabilitation service? \_\_\_\_\_

**Service Delivery Information**

Type(s) of service you will be delivering:

Evaluation/Assessment \_\_\_\_\_ Work Training \_\_\_\_\_ Job Retention \_\_\_\_\_

Job Coaching \_\_\_\_\_ Job Placement \_\_\_\_\_ Supported Employment \_\_\_\_\_

Independent Living Services \_\_\_\_\_

Other \_\_\_\_\_

State you will be performing services in: \_\_\_\_\_

State regions you will be performing services in: \_\_\_\_\_

Location(s) that you will be performing services from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal, Insurance Information ( not required for application, is required for accreditation )**

Legal Type of Organization: \_\_\_\_\_

Date of Incorporation or Organization: \_\_\_\_\_

Professional Liability Insurance Carrier: \_\_\_\_\_

Professional Liability Insurance Policy Number: \_\_\_\_\_

Effective / Expiration Date of Policy: \_\_\_\_\_

For each direct service staff to be providing vocational services, please complete the below qualification sheets

Name

Date of Birth

Date of Completed Criminal History Background Check   
Date of Completed First Aid / CPR Certification

Current Vocational Services Position(s)	Date of Hire	Date End	Number of Months Services Performed *					
			WE	Mths -P&F-	#Plcmnts	JSD	CJC	

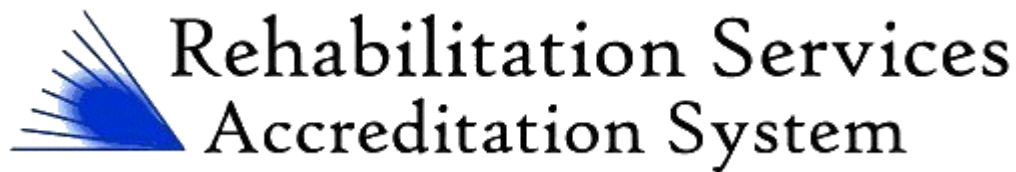
Previous Vocational Services Position(s)	Organization	Date of Hire	Date End	WE	Mths -P&F-	#Plcmnts	JSD	CJC

Previous Social Services Position(s)	Organization	Date of Hire	Date End

\* WE – Facility or Community Based Work Evaluation  
 JSD – Job Site Development  
 P&F – Placement and Follow Along months / # of placements ( 90 days )  
 CJC – Community Supported Employment Job Coaching

Please include the following Vocational Service Training Record





## ACCREDITATION AGREEMENT

1. This agreement is between the organization or individual providing vocational services ( hereafter referred to as Service Provider ) and Rehabilitation Services Accreditation System, Inc. hereafter referred to as RSAS ).
2. The Service Provider hereby attests to and assumes responsibility for the accuracy of all documentation submitted to RSAS, during the application process and subsequently until accreditation status is officially terminated by either party.
3. The award of accreditation status is in force for each Service Provider location within the governmental agency geographical borders as specified in the Accreditation Review Document. Service provider will notify RSAS in the event that the Service Provider opens any additional offices not specified in the Accreditation Review Document.
4. The Service Provider agrees to provide independent safety inspection reports, with appropriate corrective action verification, on an annual basis, where such safety inspections have been determined by RSAS to be necessary.
5. The Service Provider agrees to provide fire department inspection reports, with corrective action verification, where such inspections have been determined by RSAS to be necessary.
6. The Service Provider agrees to provide to RSAS additional reports on both safety and fire when there have been substantial changes in buildings, equipment, or procedures which would indicate the need for new safety and fire inspections.
7. The Service Provider agrees to provide RSAS with documentation of annual revenue received from State Vocational Rehabilitation agencies, Medicaid, and/or any other funding organizations or individuals requiring awards of accreditation status of vocational service on an every twelve month basis as requested annually.
8. The Service Provider agrees to notify RSAS of significant changes in service delivery methods, address of home office, addition or termination of branch offices, changes of staff involved in service delivery, changes in management staff and/or changes in owners / principals involved in the organization.
9. The Service Provider agrees to provide RSAS with Staff Qualification Sheet forms on all direct service staff annually and at any time that direct service staff begin providing vocational services to program participants.
10. RSAS agrees to maintain full and open communication with Service Providers receiving awards of accreditation status regarding all information which might have an effect upon accreditation status, prior to the rendering of an accreditation decision.
11. RSAS will keep applicable funding agencies or individuals fully informed of the accreditation status of the Service Provider agency, and will assist the Service Provider in its dealings with that agency, so long as the Service Provider maintains active accreditation status.

12. The Service Provider agrees to pay the agreed upon accreditation and other fees as specified in the Financial Agreement, by the end of each month following the award of accreditation status and understands that payment of accreditation fees as scheduled are a condition of accreditation. The Service Provider agrees that if its account should become 60 days delinquent, accreditation may be terminated upon notification.
13. The Service Provider understands and agrees that all accreditation decisions rendered by RSAS assume the good faith, accuracy, and completeness of documentation and performance data submitted for accreditation and performance reporting purposes and that RSAS can not be held responsible or liable for decisions based upon inaccurate or absent data.
14. The Service Provider agrees that all information, documentation, forms and processes utilized by RSAS are the exclusive property of RSAS and may not be used, copied, reproduced or transmitted without the express written consent of RSAS.
15. In the event that RSAS should determine that an Service Provider with an active award of accreditation status no longer meets essential standards as listed in the Accreditation Review Document, that fact will be communicated by RSAS in writing to both the Service Provider and State Vocational Rehabilitation agencies, Medicaid, and/or any other funding organizations or individuals, together with the terms of the necessary corrective action plan which would enable on-going accreditation status.
16. RSAS policy is to only award two consecutive awards of Provisional Accreditation status to a Service Provider. The Service Providers understands that, if after the review subsequent to the two consecutive awards results in less than Full Accreditation status, accreditation status may be denied.
17. The Service Provider agrees to indemnify and hold harmless RSAS, its staff and Board from any and all claims, actions, and judgments, including all costs of defense and attorney's fees incurred in defending against same, arising from and related to any action resulting from the awarding of accreditation status, denial of accreditation status or any other activity.
18. In the event that the Service Provider wishes to terminate this agreement, written notice will be given 30 days prior to the date of termination.

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Service Provider Name

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Signature of Service Provider Executive Director / CEO/Administrator/Owner

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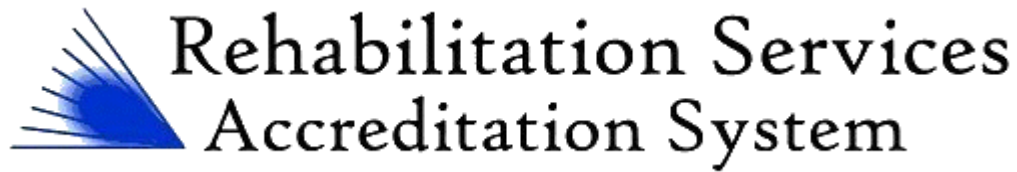
Date

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Thomas Craven  
 Chief Executive Officer  
 Rehabilitation Services Accreditation System, Inc.

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Date



## FINANCIAL AGREEMENT

This Financial Agreement is between \_\_\_\_\_  
 ( hereafter referred to as Service Provider ) and Rehabilitation Services Accreditation System, Inc. ( hereafter referred to as RSAS ).

Below is the list of possible applicable fees relative to transactions between the Service Provider and RSAS. While this may not be a complete list of possible fees, it is typical of possible service provider fees. Any other fee costs will be based on costs to RSAS for the service rendered or expense incurred.

Initial Accreditation Fee	\$ 750.00	Initial Accreditation
Reaccreditation Fee	\$ 700.00	Accreditation of Provider Currently Accredited
Consultation	\$ 250.00 /day + expenses	Contracted Consultation between RSAS and Provider
Cancellation of Accreditation Review Fee	\$ 350.00	Cancellation of Confirmed Accreditation Review
Late Fee	\$ 35.00	Fee for Accounts Past Due At Billing Date (typically the 1 <sup>st</sup> of each month )
NSF Fee	\$ 25.00	Non Sufficient Funds ( bounced check )
Wire Transfer Fee	\$ 10.00	Fee for Receiving Wire Transfer

Reasonable collection, attorney and court fees for any account 90 days past due.

The Service Provider agrees to submit documentation showing all revenues received from State Vocational Rehabilitation agencies, Medicaid, and/or any funding organizations or individuals requiring awards of accreditation status directly or indirectly initially and on an annual basis when notified by RSAS. If appropriate revenue documentation is not submitted at time of application or annually thereafter ( by 12/31/17 this year ) , the maximum fee of \$325.00 fee per month will be charged until the Financial Agreement is completed and returned to RSAS.

Based upon the previous 12 months applicable revenue of \$ \_\_\_\_\_ ( per the attached **Provider Revenue By Month** form ), the Service Provider agrees to pay a monthly fee of \$ \_\_\_\_\_ ( per the included **Costs of Accreditation** sheet ) to RSAS beginning the month following application, to be due and payable by the last day of each month. This payment will be required until such time as either party gives the other 30 days written notice.

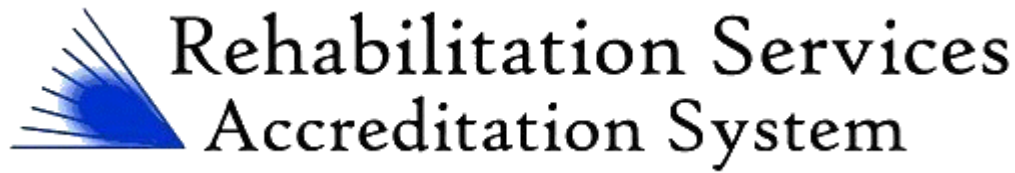
Non payment of fees for a period of 60 days may result in termination of award of accreditation status.

\_\_\_\_\_  
 Signature of Service Provider Executive Director / CEO/Administrator/Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Thomas Craven  
 Chief Executive Officer RSAS

\_\_\_\_\_  
 Date



## COSTS OF ACCREDITATION

Rehabilitation Services Accreditation System ( RSAS ) assesses a \$750.00 Initial Accreditation Fee or a \$700.00 Accreditation Renewal Fee to be paid prior to a scheduled review , which includes all of the materials needed to complete the accreditation review.

Monthly fees are based upon the total revenue received from the State Vocational Rehabilitation agencies, Medicaid and/or any funding organizations requiring accreditation during the preceding 12 months prior to application. The agreed upon fee will be billed the month following submission and every month thereafter. (The monthly payment process is in lieu of a lump sum accreditation payment).

The fees will be re-evaluated annually and adjusted in accordance with the previous 12 months' revenue. The fee can only be adjusted at the time of the annual review of revenues received from funding agencies. RSAS will send the service provider a Financial Agreement form as part of this annual process. The new fee will be billed the month following the signing of the Agreement.

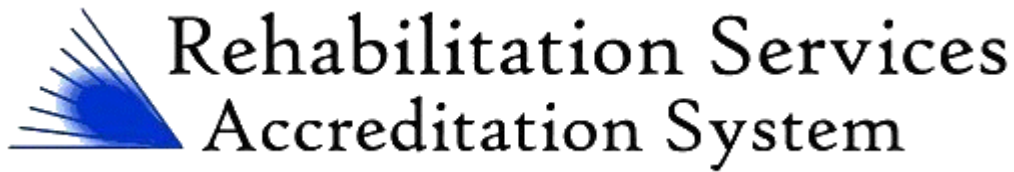
The fee schedule is as follows:

Previous	12 month	Revenue	Monthly Fee	Previous	12 month	Revenue	Monthly Fee
	to						
\$0	to	\$3,499	\$70.00	\$91,000	to	\$94,499	\$200.00
\$3,500	to	\$6,999	\$75.00	\$94,500	to	\$97,999	\$205.00
\$7,000	to	\$10,499	\$80.00	\$98,000	to	\$101,499	\$210.00
\$10,500	to	\$13,999	\$85.00	\$101,500	to	\$104,999	\$215.00
\$14,000	to	\$17,499	\$90.00	\$105,000	to	\$108,499	\$220.00
\$17,500	to	\$20,999	\$95.00	\$108,500	to	\$111,999	\$225.00
\$21,000	to	\$24,499	\$100.00	\$112,000	to	\$115,499	\$230.00
\$24,500	to	\$27,999	\$105.00	\$115,500	to	\$118,999	\$235.00
\$28,000	to	\$31,499	\$110.00	\$119,000	to	\$122,499	\$240.00
\$31,500	to	\$34,999	\$115.00	\$122,500	to	\$125,999	\$245.00
\$35,000	to	\$38,499	\$120.00	\$126,000	to	\$129,499	\$250.00
\$38,500	to	\$41,999	\$125.00	\$129,500	to	\$132,999	\$255.00
\$42,000	to	\$45,499	\$130.00	\$133,000	to	\$136,499	\$260.00
\$45,500	to	\$48,999	\$135.00	\$136,500	to	\$139,999	\$265.00
\$49,000	to	\$52,499	\$140.00	\$140,000	to	\$143,499	\$270.00
\$52,500	to	\$55,999	\$145.00	\$143,500	to	\$146,999	\$275.00
\$56,000	to	\$59,499	\$150.00	\$147,000	to	\$150,499	\$280.00
\$59,500	to	\$62,999	\$155.00	\$150,500	to	\$153,999	\$285.00
\$63,000	to	\$66,499	\$160.00	\$154,000	to	\$157,499	\$290.00
\$66,500	to	\$69,999	\$165.00	\$157,500	to	\$160,999	\$295.00
\$70,000	to	\$73,499	\$170.00	\$161,000	to	\$164,499	\$300.00
\$73,500	to	\$76,999	\$175.00	\$164,500	to	\$167,999	\$305.00
\$77,000	to	\$80,499	\$180.00	\$168,000	to	\$171,499	\$310.00
\$80,500	to	\$83,999	\$185.00	\$171,500	to	\$174,999	\$315.00
\$84,000	to	\$87,499	\$190.00	\$175,000	to	\$178,499	\$320.00
\$87,500		\$90,999	\$195.00	\$178,500	and above		\$325.00

If documentation is not submitted at the time of application or annual review as notified by the previous RSAS Provider Update, providers will be charged \$325.00 (Full Fee) per month until documentation is received.

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## Provider Revenue By Month

Return With Financial Agreement

Provider Name \_\_\_\_\_

January 2017	_____
February 2017	_____
March 2017	_____
April 2017	_____
May 2017	_____
June 2017	_____
July 2017	_____
August 2017	_____
September 2017	_____
October 2017	_____
November 2017	_____
December 2017	_____
Total	_____

I affirm the above information to be correct and accurate:

\_\_\_\_\_  
Signature of Executive Director / CEO/Administrator/Owner

\_\_\_\_\_  
Date