

121 North Cedar Street Centralia, WA 98531

360.438.3646

[application19@rsasnet.org](mailto:application19@rsasnet.org)

## APPLICATION FOR ACCREDITATION

### Service Provider Information

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

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

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

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

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

Website \_\_\_\_\_

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

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

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

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

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

Designated 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 organization 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,  
complete the below qualification sheets**

Name

Date of Birth

Date of Completed Criminal History Background Check

Date of Expiration of Current First Aid / CPR Certification

Total Hours of Vocational Services Training completed within first 6 months of employment or vocational position )

Date Initial 40 hours of vocational services training including all training topics was completed

Current Vocational Services Position(s)	Date of Hire	Date End	# of Months Services Performed*				# 90 Day Plcmnts
			WE	JSD	P&F	CJC	

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

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

**\* Services Performed**

WE – Facility or Community Based Work Evaluation

JSD – Job Site Development

P&F – Placement and Follow Along

CJC – Community Supported Employment Job Coaching

90 Days of Placement into Employment Position





## **AFFIRMATION STATEMENT**

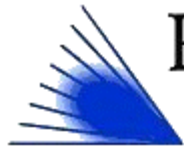
**I affirm that all the information submitted in this Application and Staff Qualification Sheet(s) is complete and accurate:**

---

**Signature of Executive Director / CEO / Owner/ Administrator**

---

**Date**



# Rehabilitation Services Accreditation System

## 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 shall be determined to be in force for vocational service provision at the Service Provider location for the dates indicated and within the governmental agency geographical borders as specified in the Accreditation Review Document. The 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 for compliance with standards listed in the Accreditation Review Document.
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 for compliance with standards listed in the Accreditation Review Document.
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 within 90 days of the substantial changes occurring.
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 annually or when requested by RSAS.
8. The Service Provider agrees to notify RSAS of significant changes in service delivery methods, location of vocational service provision, 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 a decision of accreditation status.
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.

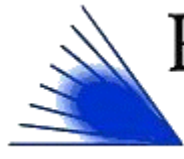
12. The Service Provider agrees to pay the agreed upon accreditation fees as specified in the Financial Agreement, by the end of each month following any award of accreditation status and understands that payment of accreditation fees as scheduled are a condition of the award of accreditation status. The Service Provider agrees that if its account should become 60 days delinquent, the award of accreditation status 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/or performance reporting purposes. The Service Provider agrees that RSAS can not be held responsible 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 a Service Provider with an active award of accreditation status no longer meets essential accreditation standards listed in the Service Provider's current Accreditation Review Document, that fact will be communicated by RSAS in writing to both the Service Provider and the State Vocational Rehabilitation agency, Medicaid and/or funding agencies or individuals requiring the award of accreditation status.
16. RSAS policy is to only award two consecutive awards of Provisional Accreditation status to a Service Provider. The Service Provider 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. 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 RSAS activity related to the Services Provider.
18. In the event that the Service Provider wishes to terminate this agreement, written notice will be given to RSAS 30 days prior to the date of termination.

Service Provider Administrator / Executive Director / CEO -/ Owner	Date

Chief Executive Officer Rehabilitation Services Accreditation System, Inc.	Date

© 2019 RSAS – This document is for the use of RSAS member agencies. Any duplication and/or transmission to a third party is prohibited.





# Rehabilitation Services Accreditation System

## FINANCIAL AGREEMENT

This Financial Agreement is between \_\_\_\_\_  
( hereafter referred to as Service Provider ) and Rehabilitation Services Accreditation System, Inc. ( hereafter referred to as RSAS ) for vocational service provision in Idaho Department of Health & Welfare Region \_\_\_\_\_ .

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 12/31/19 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.

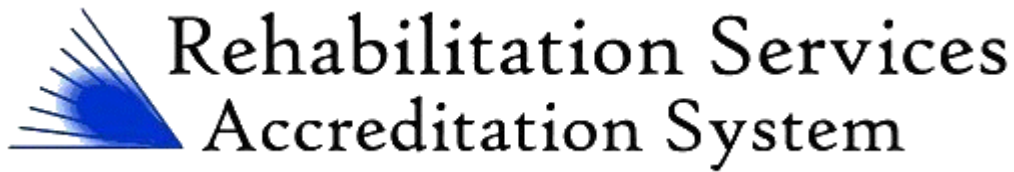
\_\_\_\_\_  
Signature of Service Provider Executive Director / CEO / Administrator / Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

Rehabilitation Services Accreditation System, Inc.



**Idaho Provider Revenue By Month**  
Return With Financial Agreement

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

**Idaho Department of Health & Welfare Region** \_\_\_\_\_

**June 2018** \_\_\_\_\_

**July 2018** \_\_\_\_\_

**August 2018** \_\_\_\_\_

**September 2018** \_\_\_\_\_

**October 2018** \_\_\_\_\_

**November 2018** \_\_\_\_\_

**December 2018** \_\_\_\_\_

**January 2019** \_\_\_\_\_

**February 2019** \_\_\_\_\_

**March 2019** \_\_\_\_\_

**April 2019** \_\_\_\_\_

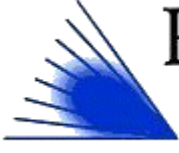
**May 2019** \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**I affirm the above information to be complete and accurate:**

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

\_\_\_\_\_  
Date



# Rehabilitation Services Accreditation System

## 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 January 1, 2019 or the first 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, the Service Provider will be charged \$325.00 (Full Fee) per month until documentation is received.

© 2019 RSAS – This document is for the use of RSAS member agencies. Any duplication and/or transmission to a third party is prohibited.

## Idaho Staff Qualification Sheet Procedure

**Date Completed:** Today's date

**Name:** First, Last Name of Staffperson

**Date of Birth:** Date of birth of Staffperson ( mm/dd/yyyy )

**Date of Completed Criminal History Background** Date of notice of completed Criminal History Background report or letter

**Date of Expiration of Current First Aid / CPR Certification** Date that current First Aid / CPR course certificate or report expires

**Total Hours of Vocational Services Training completed within first 6 months of employment or vocational position** Total number of hours from below training record of staffperson's initial six months  
- of employment of the organization  
- or of providing vocational services for the organization  
- if began employment in another service area  
  
Note: This RSAS requirement is modeled after IDVR Extended Employment Services training requirement  
- IDAPA 47.01.02.300.02

**Date Initial 40 hours of vocational services training including all training topics completed** Date initial 40 hours of vocational services training completed  
- must include training in each of the 9 Vocational Services Training Topics listed on the Staff Qualification Sheet

**Current Vocational Service Positions** Title of current vocational service position  
- If more than one, indicate each on separate line

**Organization position** Name of company or organization where employed for indicated vocational service

**Date of Hire** Date began indicated vocational service position

**Date End** Date ended indicated vocational service position

**Number of Months Services Performed** Indicate below for each service  
- if none, enter 0

**WE** Number of months performing Facility or Community Based Work Evaluation services

Mths – P&F	Number of months performing Placement and Follow Along services
# Plcmts	Number of Placements lasting over 90 days
JSD	Number of months performing Job Site Development services
CJC	Number of months performing Community Supported Employment Job Coaching
<b>Previous Social Service Positions</b>	Title of previous social service position - If more than one, indicate each on separate line
Organization	Name of company or organization where employed for indicated social service position
Date of Hire	Date began indicated vocational service position
Date End	Date ended indicated vocational service position
<b>Vocational Services Training Record</b>	Listing of all trainings while Staffperson is employed by organization - related to vocational service provision - related to general social service provision
<b>Vocational Services Trainings</b>	For each training attended, enter the below information
Date Completed	Date training was completed
Training Title	Title of training
Trainer Name	Name of trainer conducting training ( first and last names )
Trainer Organization	Name of organization that employs trainer
Training Hours	Number of hours of training
Training Topics	Put a checkmark or X for each training topic addressed in training - Of Training Topics listed in Staff Qualification Sheet – Vocational Services
Training	Topics
<b>Total Training Hours this page</b>	Total of all training hours on this page

**Use additional pages if necessary to fully document all vocational services training received**