

121 North Cedar Street Centralia, WA 98531

360.438.3646

application21@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**

RSAS Vocational Providers

RSAS Standard

Date Completed

Staff Qualification Sheet

B-4a & B-4b

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
			WE	JSD	P&F	CJC	Plcmnts

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

Name

Vocational Services Training Record

Vocational Services Training Topics Key (for this and subsequent pages)

Note: Trainings must include training in each topic (though each topic is not required to be in each training)

Put a X in Training Topic box for each Topic was covered in training

- i. Behavior technology, especially in positive behavior support
- ii. Instructional technique
- iii. Strategies for dealing with aberrant or maladaptive behavior
- iv. Integration / normalization
- v. Functional impact of disabilities, particularly developmental disabilities and mental illness
- vi. Strategies for remediation and accommodation
- vii. Ethics and confidentiality
- viii. The development of measurable objectives
- ix. Overview of assistive technology

Vocational Services Trainings

Date Complete	Training Title	Trainer Name	Trainer Organization	Training Hours	Training Topics								
					i.	ii.	iii.	iv.	v.	vi.	vii.	viii.	ix.

Total Required Training Hours this page

Use additional pages if necessary

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Vocational Services Training

[illegible]

Total Required Training Hours this page

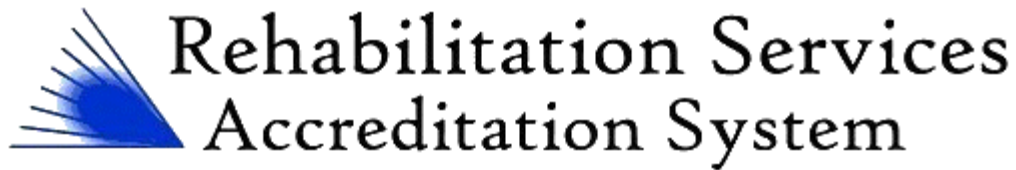
Total Required Training Hours all pages

AFFIRMATION STATEMENT

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

Signature of Executive Director / CEO / Owner/ Administrator

Date



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 withing 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.

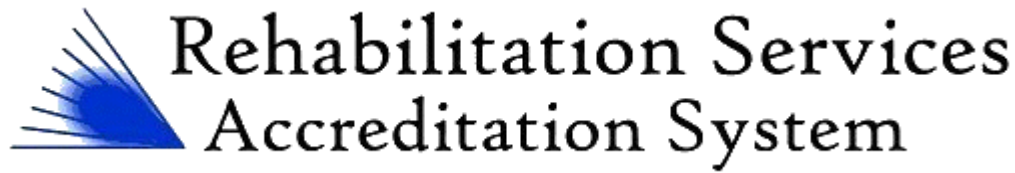
Service Provider Administrator / Executive Director / CEO -/ Owner

Date

Chief Executive Officer
Rehabilitation Services Accreditation System, Inc.

Date

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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 your state's Vocational Rehabilitation Region _____.
(In Idaho, use the Idaho Department of Health & Welfare region number.)

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 st 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 12/31/21 this year) , a maximum fee of \$360.00 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.

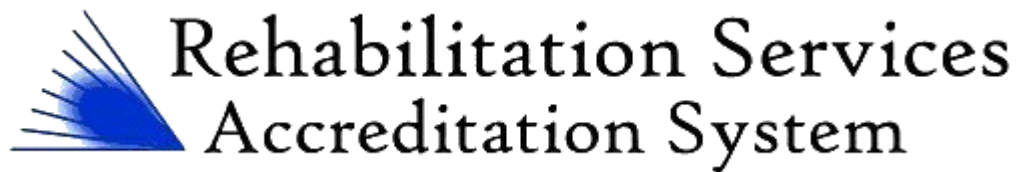
Signature of Service Provider Executive Director / CEO / Administrator / Owner

Date

Chief Executive Officer

Date

Rehabilitation Services Accreditation System, Inc.



Previous 12 Months Provider Revenue
Return With Financial Agreement

Provider Name _____

State Vocational Rehabilitation Region _____
(In Idaho, use the Idaho Department of Health & Welfare region number.)

January 202_ _____

February 202_ _____

March 202_ _____

April 202_ _____

May 202_ _____

June 202_ _____

July 202_ _____

August 202_ _____

September 202_ _____

October 202_ _____

November 202_ _____

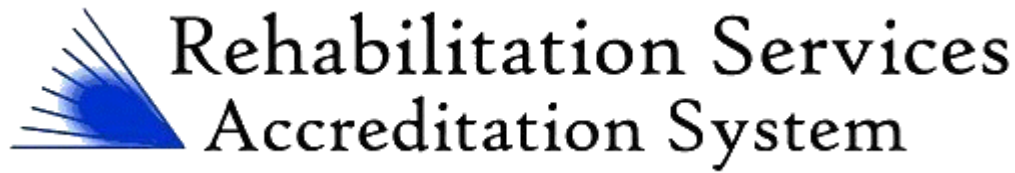
December 202_ _____

TOTAL _____

I affirm the above information to be complete and accurate:

Signature of Executive Director / CEO / Administrator / Owner

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 January 1, 2102 or the first month following the signing of the Agreement.

Previous	12 month	Revenue	Monthly Payment	Previous	12 month	Revenue	Monthly Payment
\$0.00	to	\$3,499.00	\$75.00	\$101,500.00	to	\$104,999.00	\$220.00
\$3,500.00	to	\$6,999.00	\$80.00	\$105,000.00	to	\$108,499.00	\$225.00
\$7,000.00	to	\$10,499.00	\$85.00	\$108,500.00	to	\$111,999.00	\$230.00
\$10,500.00	to	\$13,999.00	\$90.00	\$112,000.00	to	\$115,499.00	\$235.00
\$14,000.00	to	\$17,499.00	\$95.00	\$115,500.00	to	\$118,999.00	\$240.00
\$17,500.00	to	\$20,999.00	\$100.00	\$119,000.00	to	\$122,499.00	\$245.00
\$21,000.00	to	\$24,499.00	\$105.00	\$122,500.00	to	\$125,999.00	\$250.00
\$24,500.00	to	\$27,999.00	\$110.00	\$126,000.00	to	\$129,499.00	\$255.00
\$28,000.00	to	\$31,499.00	\$115.00	\$129,500.00	to	\$132,999.00	\$260.00
\$31,500.00	to	\$34,999.00	\$120.00	\$133,000.00	to	\$136,499.00	\$265.00
\$35,000.00	to	\$38,499.00	\$125.00	\$136,500.00	to	\$139,999.00	\$270.00
\$38,500.00	to	\$41,999.00	\$130.00	\$140,000.00	to	\$143,499.00	\$275.00
\$42,000.00	to	\$45,499.00	\$135.00	\$143,500.00	to	\$146,999.00	\$280.00
\$45,500.00	to	\$48,999.00	\$140.00	\$147,000.00	to	\$150,499.00	\$285.00
\$49,000.00	to	\$52,499.00	\$145.00	\$150,500.00	to	\$153,999.00	\$290.00
\$52,500.00	to	\$55,999.00	\$150.00	\$154,000.00	to	\$157,499.00	\$295.00
\$56,000.00	to	\$59,499.00	\$155.00	\$157,500.00	to	\$160,999.00	\$300.00
\$59,500.00	to	\$62,999.00	\$160.00	\$161,000.00	to	\$164,499.00	\$305.00
\$63,000.00	to	\$66,499.00	\$165.00	\$164,500.00	to	\$167,999.00	\$310.00
\$66,500.00	to	\$69,999.00	\$170.00	\$168,000.00	to	\$171,499.00	\$315.00
\$70,000.00	to	\$73,499.00	\$175.00	\$171,500.00	to	\$174,999.00	\$320.00
\$73,500.00	to	\$76,999.00	\$180.00	\$175,000.00	to	\$178,499.00	\$325.00
\$77,000.00	to	\$80,499.00	\$185.00	\$178,500.00	to	\$181,999.00	\$330.00
\$80,500.00	to	\$83,999.00	\$190.00	\$182,000.00	to	\$185,499.00	\$335.00
\$84,000.00	to	\$87,499.00	\$195.00	\$185,500.00	to	\$188,999.00	\$340.00
\$87,500.00	to	\$90,999.00	\$200.00	\$189,000.00	to	\$192,499.00	\$345.00
\$91,000.00	to	\$94,499.00	\$205.00	\$192,500.00	to	\$195,999.00	\$350.00
\$94,500.00	to	\$97,999.00	\$210.00	\$196,000.00	to	\$199,499.00	\$355.00
\$98,000.00	to	\$101,499.00	\$215.00	\$199,500.00	and over	2% of vocational service revenue	

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.

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	<p>Total number of hours from below training record of staffperson's initial six months</p> <ul style="list-style-type: none">- of employment of the organization- or of providing vocational services for the organization- if began employment in another service area <p>Note: This RSAS requirement is modeled after IDVR Extended Employment Services training requirement</p> <ul style="list-style-type: none">- IDAPA 47.01.02.300.02
Date Initial 40 hours of vocational services training including all training topics completed	<p>Date initial 40 hours of vocational services training completed</p> <ul style="list-style-type: none">- must include training in each of the 9 Vocational Services Training Topics listed on the Staff Qualification Sheet
Current Vocational Service Positions	<p>Title of current vocational service position</p> <ul style="list-style-type: none">- 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	<p>Indicate below for each service</p> <ul style="list-style-type: none">– if none, enter 0

- | | |
|-------------------------------------|--|
| - Work Evaluation | Number of months performing Facility or Community Based Work Evaluation services |
| - Placement& Followalong | Number of months performing Placement and Follow Along services |
| # Placements | Number of Placements lasting over 90 days |
| - Job Site Development | Number of months performing Job Site Development services |
| - Community Job Coach | Number of months performing Community Supported Employment Job Coaching |

Vocational Services Training Record	Listing of all trainings while Staffperson is employed by organization - related to vocational service provision - related to general social service provision
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- | | |
|-------------------------------|---|
| - 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 |

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