AREA AGENCY ON
Aging & Disabilities
OF SOUTHWEST WASHINGTON

Health Related Social Needs Program

Medically Tailored Meals Service Contract Application

Instructions

After reviewing this document in its entirety, initial each page and sign the provider qualification attestation. Send this signed form with the required documentation to the Area Agency on Aging and Disabilities of SW Washington (AAADSW) at aaadswcontracts@dshs.wa.gov .
Eligible applicants must meet all qualifications and documentation requirements from this application to be considered. Organizations that have been debarred, suspended, proposed for debarment, declared ineligible or excluded from participating in a contract by any Federal or Washington State agency will not be considered.

As funding for this new service is limited, the maximum dollar amount for initial contracts will be limited, until enough qualified providers are contracted to exhaust funding limits. At that time, applications will be closed. Additional funds may become available in the future.

General Description

Medically Tailored Meals (MTMs) are specialized meals to support individuals with health-related condition(s) for which nutrition supports would improve health outcomes.

Contractors for this service would provide:

1. Development of a medically appropriate nutrition plan, both initially and when recipient's needs change. Updated plans are completed at the time of reauthorization or when there's a change in the individual's medical condition necessitating a new nutrition plan.
2. The preparation and provision of meals consistent with the nutrition plan, up to 3 meals a day, for up to 6 months at a time; and
3. Delivery of the meal.

Each meal must contain sufficient food to support approximately one-third of an individual's daily nutritional need as indicated by the Dietary Reference Intakes and Dietary Guidelines. The meal may also include an accompanying fluid/drink and/or a supplementary food item to support meeting a member's nutrition needs between meals if medically appropriate (for example, to provide access to fluids and/or support taking medication accompanied by food). Meals may consist of fresh or frozen food.

The service must be provided in accordance with nutrition-related national guidelines, such as the Dietary Guidelines for Americans, or evidence-based practice guidelines for specific chronic diseases and conditions. Staff developing MTM nutrition plans for recipients should include a Registered Dietitian Nutritionist (RDN) (preferred), or, if not available, a primary care provider to develop medically appropriate nutrition plan. In Washington, individuals who practice as Registered Dieticians (RDs)/Registered Dietician Nutritionist (RDNs) must hold an active certification issued by the Department of Health (DOH) under WAC 246-822-132. This requirement applies for providers located in WA and providers located out of state who serve residents of WA.

Providers under this contract will receive referrals for eligible clients from other entities, and will be required to record nutritional plans as well as monthly units provided into the state's Community Living Connections (CLC) site.

Population Served

Eligible recipients of this service are those who are:

- Enrolled in Apple Health (Medicaid), and

- Meet the below USDA definition of low food security, or very low food security, and
  - **Low food security**: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
  - **Very low food security**: reports of multiple indications of disrupted eating patterns and reduced food intake.

- Have a chronic condition and

- Have been or are being discharged from institutional care, a hospital, or congregate settings, within 6 months, OR at high risk of hospitalization or nursing facility placement.

Service Details

- Recipients can receive up to 3 meals per day for 6 months.
  If the individual is pregnant/postpartum or there is a child under 21 in the household, 3 meals additional meals a day may be authorized (there is no household cap).

- This service may be renewed for additional 6-month periods if the need continues.

Minimum Qualifications and Documentation

In order to receive a contract for this service, AAADSW must consider an applicant's ability to perform successfully under the terms and conditions of the contract. This includes contractor integrity, compliance with public policy, record of past performance, and financial and technical resources. Providers must meet the following minimum qualifications and provide the required documentation:

	Minimum Qualifications:	Required Documentation to Send:
1	At least one year of demonstrated experience and ability to provide services per the specifications in the contract unless more experience is required in the specific provider qualifications listed below.	• Copy of Washington State Master Business License or Articles of Incorporation demonstrating one year or greater of business experience.
2	Current Washington State Business License or an explanation of why you are exempt from registering your business with the state of Washington.	• Copy of Washington State Master Business License or proof of exemption.
3	Evidence that specific provider qualifications are met, including copies of Washington specialty licenses, certifications or credentials as appropriate.	• Copy of any specific licenses and/or certifications (dietician, etc) required for this service. *In Washington, individuals who practice as Registered Dieticians (RDs)/Registered Dietician Nutritionist (RDNs) must hold an active certification issued by the Department of Health (DOH) under WAC 246-822-132.This requirement*

		applies for providers located in WA and providers located out of state who serve residents of WA under this contract.
4	Provide services throughout the defined service area, defined by AAADSW Provider Contract. AAADSW covers Clark, Cowlitz, Wahkiakum, Klickitat, and Skamania counties in SW WA.	• List of counties you will serve.
5	Demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds and meet program expenses in advance of reimbursement, determined through evaluations of agency's most recent audit report or financial review. **An Audit waiver may be available, see additional information.*	• Total program operating budget, including all anticipated revenue sources and any fees generated. • Most recent Audit Report or Financial Review. • List of Current Rates for Medically Tailored Meals • Copy of W9 or Taxpayer Identification Number and Certification.
6	Insurance requirements listed in the contract. Local areas may require higher minimum coverage. *Subcontractors, or any agency that is paid to carry out any of the duties of the contract, must maintain insurance with the same types and limits of coverage as required under the contract.*	• Copy of Certificate of Insurance.
7	The agency owner / contract signatory must pass a criminal history background check.	• Completed Background Check Authorization Form for the owner/contract signatory:  Background Check Authorization Form.dc
8	Your business must require that all employees, volunteers, and subcontractors who may have unsupervised contact with vulnerable adults have passed a criminal history background check, which must be conducted at least every two years and kept in personnel or subcontractor files. The criminal history background check must at least include Washington State Patrol criminal conviction records.	• Copy of your Policies and Procedures.

9	Policies and Procedures meeting the requirements of Mandatory Reporting procedures as described in Chapter 74.34 RCW, relating to the protection of vulnerable adults.	• Copy of your Policies and Procedures.
10	Have sufficient staff qualified to provide services per the contract terms as evidenced by a current organizational chart or staffing plan indicating position titles and credentials, as applicable. This also includes any outside agency, person, or organization that will do any part of the work defined in the contract.	• Organizational Chart or Staffing Plan, including applicable credentials and a list of any subcontractors.
11	No history of significant deficiencies as evidenced by monitoring, licensing reports or surveys, including Area Agency on Aging monitoring reports, if applicable.	• Record of past performance, including copies of all site visits or program review reports received from monitoring entities *(i.e., federal, local, or state government)* that occurred within the last 24 months. *If the monitoring report has not yet been provided to your organization, indicate the date of the site visit or program review and the name of the monitoring agency which completed the review.*
12	Owners, managing employees, and anyone with a controlling interest (board of directors) of the agency have not been convicted of a criminal offense related to that person's involvement in any state or federal programs, nor have they been placed on a Federal exclusion list or otherwise suspended or debarred from participation in these programs.	• Signed Application attesting to meeting this requirement.
13	Current staff, including those with unsupervised access to clients and those with a controlling interest in the organization, have no findings of abuse, neglect, exploitation, abandonment nor has the agency had any government issued license revoked or denied related to the care of medically frail and / or functionally disabled persons suspended or revoked in any state.	• Signed Application attesting to meeting this requirement.

*Number 5: Additional Information:

- **Audit Report** - An audit is the examination of a potential contractor's accounting records, as well as the physical inspection of its assets. The auditor (typically a CPA) provides an opinion on the fairness of the potential provider's financial statements.
- **Financial Review** - A review is a reduced form of an audit that provides a reduced level of assurance regarding a potential contractor's financial statements. Based on an investigation, the auditor can provide limited assurance that the financial statements do not need any material modifications.

- If a waiver of this requirement is requested and approved, other documentation that validates financial stability will be required. This may include income or financial statements or reports that outline revenue, earnings, and expenses, such as income and budget to actuals statements, balance sheets, and fiscal policies for the current and last two years.

Long-Term Services and Supports: 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 182-565 WAC: Health Related Social Needs (HRSN) Program
- Chapter 43.43.830 RCW through 43.43.845 RCW: Washington State Patrol Background Checks

Please list your Business Name and Address:

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Please provide the Application Contact Names, Phone Numbers, and Email addresses:

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By signing this form, I attest that I have reviewed and understand the requirements for this contract application, and that the organization meets all of the qualifications and requirements listed in the application packet. **I further attest that the organization has submitted all documents requested.**

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Signature Title Date