

## **Long Term Services Benefit Specifications and Provider Qualifications**

# HEALTH MAINTENANCE AND THERAPY SUPPORTS

### SCOPE OF BENEFIT/SERVICE

Health Maintenance & Therapy Supports include services that assist the care receiver to remain in their home or the caregiver to remain in their caregiving role providing high quality care. Services are provided for the purpose of preventing further deterioration, improving or maintaining current level of functioning of the participant, and reducing the stress and level of burden experienced by the caregiver to prevent decline in the caregiver's own health. Health maintenance and therapy supports are typically performed or provided by people with specialized skill, certification, or licenses. Services include evidence-based health and exercise programs, culturally appropriate health promotion services such as massage and acupuncture, individual and family counselling, and participation in adult day health programs. Services may also include wellness education materials that are individually tailored to the participant or caregiver's identified needs.

### AMOUNT OF BENEFIT/SERVICE, INCLUDING LIMITATIONS

Participants/caregivers may select services identified in their assessment which they or their unpaid caregiver are eligible to receive. All other payment sources such as Medicare, Apple Health, Veterans benefits, or private insurance must be considered before the demonstration service may be authorized.

### DURATION OF BENEFIT/SERVICE, INCLUDING LIMITATIONS

N/A

### AUTHORIZATION REQUIREMENTS

A skilled nursing or rehabilitative therapy service must be provided by staff operating within their scope of practice under Washington State law and regulation on each Adult Day Health service day for which reimbursement is claimed.

### PROVIDER SPECIFICATIONS AND QUALIFICATIONS:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Individual (list types) | <input checked="" type="checkbox"/> Agency (list types of agencies) |
| <input type="checkbox"/> Legally Responsible Person         | <input type="checkbox"/> Relative/Legal Guardian                    |

1. PROVIDER TYPE: **LICENSED MESSAGE THERAPIST**

License Required:  Yes  No

Certificate Required:  Yes  No

Must be in compliance with Chapter 18.108 RCW and Chapter 246-830 WAC.

2. PROVIDER TYPE: **LICENSED ALTERNATIVE MEDICINE PRACTITIONER/ACUPUNCTURIST**

License Required:  Yes  No

Certificate Required:  Yes  No

Must be in compliance with Chapter 18.06 RCW and Chapter 246-803 WAC.

3. PROVIDER TYPE: **ADULT DAY HEALTH CENTER**

License Required:  Yes  No

Certificate Required:  Yes  No

Must be in compliance with all of WAC 388-71-0702 through 388-71-0776. Must meet all requirements of Federal HCB settings rules CFR §42.441.301 c (4).

4. PROVIDER TYPE: **EVIDENCE-BASED PROGRAMS**

License Required:  Yes  No

Certificate Required:  Yes  No

Instructors are trained and certified to conduct the particular evidence-based intervention.

5. Provider Type: **Mental Health Professional**

License Required:  Yes  No

Certificate Required:  Yes  No

Mental health professionals—including psychiatrists, psychologists, psychiatric advanced registered nurse practitioners (ARNPs), psychiatric mental health nurse practitioners-Board certified (PMHNP-BCs), mental health counselors, clinical and advanced social workers, and marriage and family therapists—must hold a current license with the Washington State Department of Health.