

## Long Term Services Benefit Specifications and Provider Qualifications

For each Long Term Service and Support (home and community-based service) that the State proposes to include in the Demonstration, provide a description of the amount, duration and scope of the service and any authorization requirements under the Demonstration. Also provide the provider specifications and qualifications for the benefit or service.

### Name of Service: Caregiver Assistance Services (CAS)

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Services take the place of those typically performed by the unpaid caregiver in support of unmet needs the care receiver has for assistance with activities of daily living, instrumental activities of daily living and health related tasks. Services may also decrease the burden of the unpaid caregiver and/or provide the caregiver with short-term relief in providing care to the participant.

Assistance is available for essential shopping, limited transportation, meal preparation or home delivered meals, and routine household tasks when the caregiver regularly responsible for these activities is temporarily absent or unable to complete these activities for the care receiver. Meals may be provided to the participant or unpaid caregiver to relieve caregiver burden on the unpaid caregiver. It could also include a home safety evaluation, home modifications and repairs required to maintain a safe environment for caregiver and receiver.

Respite Care is available for an unpaid family caregiver short-term relief or temporary absence from the tasks related with caregiving. Respite care services may be provided in the home or in a qualified out of home setting. Respite care services may include evidence-based interventions such as Memory Care and Wellness Services.

### Amount of Benefit/Service

Describe any limitations on the amount of service provided under the demonstration:

Meals shall not replace nor be a substitute for a full day's nutritional regimen.

Benefit Amount: \_\_\_\_\_ per  Day  Week  Month  Year

*Other, describe:* 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:** Describe any limitations on the duration of the service under the demonstration:

	Day(s)	
	Week(s)	
	Month(s)	
	(Other)	

**Authorization Requirements:** Describe any prior, concurrent or post-authorization requirements, if any: Respite care is available to unpaid caregivers who live with the care recipient or who provide the minimum required amount of unpaid caregiving each week and who meet the minimum threshold of caregiver burden.

**Description of allowable providers**

**Provider Specifications and Qualifications:**

Individual (list types)                       Agency (list types of agencies)

The service may be provided by a:

Legally Responsible Person                       Relative/Legal Guardian  
(Individual Providers only)

**Specify the types of providers of this benefit or service and their required qualifications:**

1. Provider Type: **Individual Provider**

License Required:                       Yes                       No

Certificate Required:                       Yes                       No

Describe:

Other Qualifications required for this Provider Type (please describe):

Individual providers must contract with the Department before providing services and limited mileage reimbursement. In order to contract with the Department the individual provider must meet the following requirements:

- a. is authorized to work in the United States
- b. has passed a background check, including the federal background check
- c. is age 18 or older

Individual Providers must meet training requirements and timeframes required in Washington State rule.

2. Provider Type: **Home Care Agency (Respite Care, Housework/Errands)**

License Required:                       Yes                       No

License from Department of Health

Certificate Required:                       Yes                       No

Describe: Providers must have a Home Care Agency license as described under Chapter 70.127 RCW and WAC 246-335 or Home Health Agency license under Chapter 70.127 RCW

3. Provider Type: **Adult Day Care Center (Respite Care)**

License Required:                       Yes                       No

Certificate Required:                       Yes                       No

Describe:

Other Qualifications required for this Provider Type (please describe):

Must be in compliance with all of WAC 388-71-0702 through 388-71-0776

If an Adult Day Center is also a provider of Memory Care & Wellness Services, they must also meet the MCWS Standards of Care.

4. Provider Type: **Adult Day Health Center (Respite Care)**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe:

Other Qualifications required for this Provider Type (please describe): Must be in compliance with all of WAC 388-71-0702 through 388-71-0776.

If an Adult Day Health Center is also a provider of Memory Care & Wellness Services, they must meet the MCWS Standards of Care.

5. Provider Type: **Nursing Homes (Respite Care)**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe:

Other Qualifications required for this Provider Type (please describe):

Nursing Homes must be in compliance with Chapters 74.42 and 18.51 RCW and all of WAC Chapter 388-97 which includes requirements for respite services (388-97-1880).

6. Provider Type: **Home Health Agency (Respite Care)**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe:

Other Qualifications required for this Provider Type (please describe): Home Health Agencies must be in compliance with Chapter 70.126 RCW and Chapter 246-335 RCW and WACs 182-551-2000 - 182-551-2210.

7. Provider Type: **Assisted Living Facilities (Respite Care)**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe:

Other Qualifications required for this Provider Type (please describe):

Assisted Living Facilities must be in compliance with Chapter 18.20 RCW and Chapter 388-78A WAC

8. Provider Type: **Adult Family Homes (Respite Care)**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe:

Other Qualifications required for this Provider Type (please describe):

Chapter 70.128 RCW and Chapter 388-76 WAC

9. Provider Type: **Food Service Vendor**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe:

Other Qualifications required for this Provider Type (please describe):

Food Service Vendors must meet requirements for Older Americans Act Title III C2 or Title VI service provision and Chapter 246-215 WAC. When a participant's needs cannot be met by a Title III provider due to geographic inaccessibility, special dietary needs, the time of day or week the meal is needed, or existing Title III provider waiting lists, a meal may be provided by restaurants, cafeterias, or caterers who comply with Washington State Department of Health and local board of health regulations for food service establishments.

10. Provider Type: **Public, Private Agency, Volunteer or Individual Transportation Provider**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe: Standards are the same as those applied to vendors who provide access to State Plan medical services.

Other Qualifications required for this Provider Type (please describe):

11. Provider Type: **Home Modifications and Repair Contractor**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe: Must be licensed to do business in the state of Washington and licensed, certified and bonded as a contractor in the State of Washington according to RCW 18.27 Registration of Contractors.

12. Provider Type: **Volunteer for Home Modifications and Repair**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe: Must sign confidentiality statement and be contracted. Must have knowledge of building

codes as applicable to the specific task. Cost must be less than \$500 per Chapter 18.27.090(9) RCW (Volunteers are reimbursed for costs of supplies and materials but are not reimbursed for labor).

13. Provider Type: **Evidence-Based/Evidence Informed Interventions Consultants/Trainers,**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe:

For each Evidence Based Program, the practitioner must be trained and certified in the evidence based program before providing services. Some examples of evidence based programs include: Consultants/Trainers for STAR-C, Powerful Tools for Caregivers, Chronic Disease Self-Management /Living Well classes, Diabetes Self -Management Program, Chronic Pain Self -Management Programs, Thriving and Surviving with Cancer, Skills2Care, along with leaders for Early Stage Memory Loss Support Groups.

An Evidence Informed approach draws on information from research and academic studies, bringing it together with the expertise and wisdom from practice and the views and experiences of people accessing services.

Other Qualifications required for this Provider Type (please describe):

14. Provider Type: **Dementia Behavior Consultants**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe: These specialists must be licensed or certified when applicable and be in compliance with all licensure and certification rule and statute. When no certification or licensure exists, the provider must demonstrate by relevant successful experience and training that they have the skills and abilities to provide training services that are expected to achieve outcomes identified.