

## 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: Health Maintenance & Therapy Supports

*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:*

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 and provide 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/evidence informed health and exercise programs, culturally appropriate health promotion services such as massage and acupuncture and individual and family counselling. Services may also include wellness education materials that are individually tailored to the participant or caregiver's identified needs.

**Amount of Benefit/Service:** *Describe any limitations on the amount of service provided under the demonstration:*

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:

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:**

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

The service may be provided by a:

Legally Responsible Person                       Relative/Legal Guardian

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

1. Provider Type:                      **Licensed Massage Therapist**

License Required:                       Yes                       No

Certificate Required:                       Yes                       No

Describe:

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

Describe:

Other Qualifications required for this Provider Type (please describe): Must be in compliance with Chapter 18.06 RCW and Chapter 246-803 WAC.

3. Provider Type:                      **Evidence-Based/Evidence Informed Program Practitioners**

License Required:                       Yes                       No

Certificate Required:                       Yes                       No

Describe:

Other Qualifications required for this Provider Type (please describe): Instructors are trained and certified to conduct the particular evidence based/evidence informed intervention.

4. Provider Type:                      **Mental Health Professional or Mental and/or Behavioral Health Organization**

License Required:                       Yes                       No

Certificate Required:  Yes  No

Describe:

Other Qualifications required for this Provider Type (please describe): Mental health professionals must hold a current license with the Washington State's Department of Health (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).

5. Provider Type: **Wellness Instructor, Personal Trainer, Fitness Center or other Community Service Center**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe:

Other Qualifications required for this Provider Type (please describe): Wellness instructor or personal trainer who leads wellness activities, such as yoga or aerobic activities are trained and certified and when business owners, must be licensed to do business in the state of Washington. Fitness Centers or other Community Service Center must be licensed to do business in the state of Washington. Community Service Center could include Senior Centers/Elder Centers, Community Centers, Municipal Parks and Recreation Programs.

6. Provider Type: **Wellness Education Agency**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe: The Wellness Education newsletter is published and mailed by an agency with experience managing, developing and distributing monthly newsletters to a specified population. The providers is contracted with DSHS to produce a monthly tailored newsletter that contain three (3) articles that educate the Client or Caregiver on relevant aspects of lifestyle, health education or clinical management. Newsletters must be culturally appropriate for the community culture they are targeting and support CLAS standards.

7. Provider Type: **Professional and Community Organizations/Associations/Individuals**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe: Professional and Community Organizations or Associations are health or social service organizations that enhance or support education and training on health and well-being. The specialists delivering the trainings must be licensed or certified when applicable and be in compliance with all licensure and certification rule and statutes. 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 services that are expected to achieve outcomes identified.

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

