

## 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: Personal Assistance Services (PAS)

*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:*

Supports involving the labor of another person to help waiver participants carry out everyday activities they are unable to perform independently. Services may be provided in the person's home or to access community resources. PAS includes direct personal care services which are defined as assistance with activities of daily living, including mobility, bathing, body care, dressing, eating, personal hygiene, medication management, toilet use, and transfer and assistance with instrumental activities of daily living (i.e. essential shopping, housework, meal preparation and transportation for essential shopping).

Personal care services also include assistance with health related tasks that can be delegated under the Washington State Nurse Delegation rule. Providers of direct personal care services may be asked to perform certain delegated tasks. These services differ from Treatment and Health Maintenance services in that they are provided to a participant by an individual or agency caregiver who has been trained by a nurse to provide what would otherwise be a skilled task. Treatment and Health maintenance services are provided by a licensed, skilled professional.

Personal care services may be provided outside of the participant's home as specified in the service plan. Personal care may be furnished to individuals participating in communities activities or accessing other community services or to assist a person to function in the work place.

**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:

-The following tasks CANNOT be delegated: injections other than insulin, central lines, sterile procedures, and tasks that require nursing judgement.

-Home delivered meals shall not replace nor be a substitute for a full day's nutritional regimen.

|  |          |  |
|--|----------|--|
|  | Day(s)   |  |
|  | Week(s)  |  |
|  | Month(s) |  |
|  | (Other)  |  |

**Authorization Requirements:** Describe any prior, concurrent or post-authorization requirements, if any:

**Provider Specifications and Qualifications:**

- Individual (list types)
- Agency (list types of agencies)
- 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 (when required by State statute)  No

Describe:

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

Individual providers must contract with the Department before providing personal care services. 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**

- 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**

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**

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: **Registered Nurse**

License Required:  Yes  No

Certificate Required:  Yes  No

Describe:

Other Qualifications required for this Provider Type (please describe): Licensed under Chapter 18.79.040 RCW

6. Provider Type: **Home Health Agency**

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: **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/Title VI service provision and Chapter 246-215 WAC. When a participant's needs cannot be met by a Title III/Title VI provider due to geographic inaccessibility, special dietary needs, the time of day or week the meal is needed, or existing Title III/Title VI 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.