

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: Specialized Equipment & Supplies

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:

Specialized equipment and supplies are items needed for participant and/or caregiver health and safety. Items include devices to assist with mobility and transfers, grab bars and bath equipment, incontinence supplies. The service also includes assistive technology and adaptive equipment such as safe return bracelets, reaching tools, grabbers, specialized utensils, devices to assist with dressing, and environmental controls. Eligible participants may access a personal emergency response system (PERS) which includes a basic electronic device that enables participants to secure help in an emergency and may include add-ons to the basic device such as a fall detector mechanism, a medication reminder system or a GPS locator device.

This service also includes installation, maintenance and upkeep of items covered under the service and training for the participant or caregiver in the operation and maintenance of the item.

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:

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: **Specialized Equipment or Supply Company**

License Required: Yes No

Certificate Required: Yes No

Describe: Must be licensed to do business in the state of Washington.

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

2. Provider Type: **Assistive Technology Company**

License Required: Yes No

Certificate Required: Yes No

Describe: The contractor must be a legal business entity and legitimately engaged in the business of the provision of Assistive Technology. Contractors located in the State of Washington must have a Universal Business Identifier and Master Business License, as issued by the State Department of Revenue. Out-of-state contractors must possess a Universal Business Identifier and Master Business License only when it is required by Washington State law. The provider must be currently registered as a general or specialty contractor and in good standing with the Department of Labor and Industries as required by state statute

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

3. Provider Type: **PERS Monitoring Agency**

License Required: Yes No

Certificate Required: Yes No

Describe:

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

The PERS Monitoring Agency must be capable of simultaneously responding to multiple signals for help from clients with PERS equipment. The monitoring agency's equipment must include a primary receiver, a stand-by information retrieval system and a separate telephone service, a stand-by receiver, a stand-by back-up power supply, and a telephone line monitor. The primary receiver and back-up receiver must be independent and interchangeable. The clock printer must print out the time and date of the emergency signal, the PERS client's Medical identification code (PIC) and the emergency code that indicates whether the signal is active, passive, or a responder test. The telephone line monitor must give visual and audible signals when an incoming telephone line is

disconnected for more than 10 seconds. The monitoring agency must maintain detailed technical and operations manuals that describe PERS elements including PERS equipment installation, functioning and testing; emergency response protocols; and record keeping and reporting procedures.

6. Provider Type: **Retail Store**

License Required: Yes No

Certificate Required: Yes No

Describe: Must be licensed to do business in the state of Washington and have a provider agreement with the WA Department of Social and Health Services.