

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: Training and Educational 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:

Training and educational supports are for the benefit of the participant or care giver and include training and education that is necessary to promote the participants ability to live and participate in the community; or that is necessary for the unpaid family caregiver to learn or enhance caregiving, safety and coping skills. This service category may include training or education on participant health issues, supported decision-making, and skill development that improve the participant's ability to perform or adapt everyday activities, to improve or maintain functioning or slow functional decline. Evidence based/evidence informed trainings may be provided in a group setting or one on one basis. Training may also include individual consultations with licensed health care professionals and with specialists in areas such as occupational therapy, supported decision making, law, family mediation, and dementia behavior. It could also include sessions offered within support groups or a focused conference setting.

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:

Description of allowable providers

Provider Specifications and Qualifications Provider

Category(s):

☒ 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 Health Professionals**

License Required: ☒ Yes ☐ No

Certificate Required: ☐ Yes ☒ No

Describe: These professionals are licensed through WA State's Department of Health

Registered Nurses: Chapter 18.79 RCW and Chapter 246-840 WAC

Occupational Therapist: RCW 18.59 and WAC 246-847)

Physical Therapist: Chapter 18.74 RCW and Chapter 246-915 WAC

Nutritionist: Chapter 18.138 RCW and Chapter 246-822 WAC

Hygienist/Dentist: Chapter 18.32.020 RCW and Chapter 246-817- 040 thru 110 WAC

Pharmacist: RCW18.64 and Chapter 246-863-20 thru 246-863-120 WAC

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

2. 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).

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

License Required: ☐ Yes ☒ No

Certificate Required: ☒ Yes ☐ No

Describe:

For each Evidence Based/Evidence Informed Program, the practitioner must be trained and certified in the evidence based/evidence informed 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..

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

4. Provider Type: **Dementia Behavior Consultants, Supported Decision Making providers, Licensed Attorneys and Legal or Mediation experts**

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.

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

5. Provider Type: **Colleges/ University/ Professional and Community Organizations/ Associations/ Individuals**

License Required: ☒ Yes ☐ No

Certificate Required: ☐ Yes ☒ No

Describe: Colleges or universities, including Tribal Colleges, must be licensed and accredited institutes of higher education. Professional and Community Organizations or Associations, including Tribal Professional and Community Organizations, 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):

