

NEW SECTION

WAC 388-116-3080 Exception to an approved services rule. (1) A long-term services and supports provider may request an exception to an approved services rule.

(2) To request an exception to an approved services rule, a long-term services and supports provider must submit a written request and justification to the department.

(3) A long-term services and supports provider may not request an administrative hearing to dispute decisions on exception requests.

PAYMENT AND REIMBURSEMENT FOR APPROVED SERVICES

NEW SECTION

WAC 388-116-4010 Payment for approved services. (1) To receive payment for services rendered, a long-term services and supports provider must:

(a) Enroll in a department-authorized payment system; and

(b) Adhere to billing standards and guidelines established by the department.

(2) A long-term services and supports provider may claim up to the maximum rate for an approved service.

(3) The consumer-directed employer must claim at a set rate as established in its contract. For all other providers, the rate claimed for an approved service is determined and agreed upon by the eligible beneficiary and the provider.

(4) For the purposes of this section, "claim" means to request payment from the department for approved services provided to an eligible beneficiary.

NEW SECTION

WAC 388-116-4020 Maximum rates. (1) The department will pay long-term services and supports providers, for approved services rendered, up to the following maximum rates:

(a) Adaptive equipment and technology: \$15,450.00 each item;

(b) Adult day services: \$338.00 per day or \$11 per 15-minute unit;

(c) Adult family home services: \$473.00 per day;

(d) Assisted living services: \$562.00 per day;

(e) Care transition coordination: \$374.00 per month for up to two consecutive months;

(f) Dementia and behavioral supports: \$42.00 per 15-minute unit;

- (g) Education and consultation: \$83.00 per 15-minute unit;
- (h) Environmental modifications: Up to the fund's maximum benefit amount;
- (i) Home delivered meals: \$16.00 each meal;
- (j) Home safety evaluation: \$47.00 per 15-minute unit, not to exceed \$300.00;
- (k) In-home personal care: \$12.00 per 15-minute unit;
- (l) Memory care: \$624.00 per day;
- (m) Nursing home services: \$556.00 per day;
- (n) Personal emergency response system: \$103.00 per installation and \$85.00 monthly;
- (o) Professional nursing services: \$68.00 per 15-minute unit;
- (p) Respite for family caregivers:
 - (i) In-home respite: \$12.00 per 15-minute unit;
 - (ii) Adult day service: \$338.00 per day or \$11.00 per 15-minute unit;
 - (iii) Adult family home: \$473.00 per day;
 - (iv) Assisted living services: \$562.00 per day; and
 - (v) Nursing homes: \$556.00 per day;
- (q) Services that assist paid and unpaid family members caring for eligible beneficiaries:
 - (i) Housework and errands: Not to exceed \$412.00 per month;
 - (ii) Yardwork and snow removal: \$36.00 per 15-minute unit, not to exceed \$412.00 per month; and
- (r) Transportation. Up to \$412 for the total of:
 - (i) 260 miles per month, paid at the standard federal mileage rate as set by the internal revenue service; and
 - (ii) Monthly transportation expenses, such as public transit passes, ferry tickets, parking, and other transportation-related expenses.
- (2) For the purposes of this section, the following definitions apply.
 - (a) "Maximum rate" means the highest amount per unit the department will pay for an approved service.
 - (b) "Unit" means the smallest amount in which an approved service is claimed.

NEW SECTION

WAC 388-116-4030 Eligible beneficiary reimbursement. (1) An eligible beneficiary may pay out-of-pocket and request reimbursement up to the maximum rate for the following approved services:

- (a) Adaptive equipment and technology; and
- (b) Transportation.
- (2) To request reimbursement, the eligible beneficiary must submit a reimbursement request and a receipt for the purchased item to a financial management services vendor.
- (3) The receipt must include the:
 - (a) Name of the seller;
 - (b) Date of the transaction;
 - (c) Name of the approved service;
 - (d) Method of payment; and

(e) Total amount paid for the approved service, which includes additional required fees or costs, such as tax, shipping, or transaction fees.

(4) A request for reimbursement must be submitted to the financial management services vendor no more than 60 days after the date of the transaction.

(5) For the purposes of this section, the following definitions apply.

(a) "Financial management services vendor" means an entity contracted with the department to administer reimbursements to eligible beneficiaries, acquire adaptive equipment and technology on behalf of an eligible beneficiary, and process claims for provider payment.

(b) "Reimbursement" means payment to an eligible beneficiary from their benefit, by the financial management services vendor, for amount paid in the purchase of an approved service.

NOTICE OF DEPARTMENT DETERMINATIONS AND ADMINISTRATIVE HEARINGS

NEW SECTION

WAC 388-116-5000 Notice of department determinations. (1) The department will provide written notice when a determination is made by the department.

(2) Written notice will include:

(a) The name of the party subject to the determination;

(b) The date of the notice;

(c) The effective date of the determination;

(d) The determination that has been made by the department;

(e) The reason(s) for the determination;

(f) The specific regulation(s) or laws on which the determination is based;

(g) Contact information for a department representative;

(h) Administrative hearing rights, if applicable; and

(i) Other information required by state or federal law.

(3) Except as described in subsection (4) of this section, the department will send notice of a determination that terminates benefits or discontinues provider registration at least 10 calendar days before the effective date of the determination. Day one of the 10-day notice period is the day after the date of the notice.

(4) The department may send notice to a long-term services and supports provider fewer than 10 days before the effective date if:

(a) The provider requests the determination;

(b) The provider violates registration requirements or operational standards; or

(c) The provider dies.

(5) The department sends electronic notice of department determinations to long-term services and supports providers and provider applicants.

(6) The department sends electronic notice of department determinations to applicants and eligible beneficiaries. If the determination is a denial for a beneficiary or termination of benefits for a beneficiary, the department will also send a copy of the notice via US Mail.

NEW SECTION

WAC 388-116-5010 Eligible beneficiary administrative hearing rights. (1) A person applying to be an eligible beneficiary may request an administrative hearing to dispute a department denial of benefits under RCW 50B.04.120.

(2) An eligible beneficiary may request an administrative hearing to dispute the denial of a reimbursement or termination of their benefits under RCW 50B.04.120.

NEW SECTION

WAC 388-116-5020 Long-term services and supports provider administrative hearing rights. (1) A provider applicant applying to be registered as a long-term services and supports provider may request an administrative hearing to dispute a department denial of registration under RCW 50B.04.120.

(2) A long-term services and supports provider may request an administrative hearing to dispute a discontinuation of their registration under RCW 50B.04.120.

NEW SECTION

WAC 388-116-5030 Administrative hearing requests. (1) A request for an administrative hearing must be received no later than 5:00 p.m. on the 30th day from the date the notice was sent. Days are counted as described under WAC 388-02-0035.

(2) An administrative hearing request may be made by:

(a) Submitting an electronic request to the department as directed by the department;

(b) Calling 844-CARE4WA (844-227-3492);

(c) Mailing a request to the department at P.O. BOX 45612, Olympia, WA 98504-5612;

(d) Notifying a program employee in-person at any of the department's regional office locations, or at an area agency on aging office; or

(e) Submitting an online request to the office of administrative hearings or contacting the office of administrative hearings in writing, in person, or by telephone at a location specified in WAC 388-02-0025.

(3) To ask for assistance in requesting an administrative hearing, contact:

(a) One of the department's regional offices;

- (b) An area agency on aging;
 - (c) The department at 844-CARE4WA (844-227-3492); or
 - (d) The office of administrative hearings.
- (4) To be complete, an administrative hearing request must contain:
- (a) Enough information to identify the person appealing the determination, and the person filing the request, if they are not the same person;
 - (b) The department determination being appealed; and
 - (c) The contact information of the appellant.
- (5) If a party disagrees with an initial order, they may request review by the department's board of appeals under WACs 388-02-0560 through 388-02-0595. If a party requests review, the initial order is stayed pending the final order.
- (6) If an appellant disagrees with a final order, they may request judicial review under WAC 388-02-0640 through 388-02-0650.
- (7) Appeals will be resolved through adjudicative proceedings governed by this chapter and:
- (a) Chapter 50B.04 RCW;
 - (b) Chapter 34.05 RCW;
 - (c) Chapter 388-02 WAC; and
 - (d) Chapter 10-08 WAC.
- (8) If there is a conflict between this chapter and chapter 388-02 WAC or 10-08 WAC, this chapter prevails; and if there is a conflict between chapter 388-02 WAC and 10-08 WAC, chapter 388-02 WAC prevails.