



General Description of Service

Adaptive Equipment and Technology:

Adaptive Equipment and Technology are assistive devices and items that would increase, maintain, or improve a beneficiary's ability to perform the activities of daily living (ADL) such as, but not limited to eating, bathing, toileting, walking, or to perceive control or communicate within their living environment.

Typical **Adaptive Equipment and Technology** services will include but are not limited to mobility aides, cognitive and sensory aides, and fine and gross motor aides. Assistive technology is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities or health related issue.

A beneficiary may purchase covered items from a retail or online store of their choice and be reimbursed by a Financial Management Services (FMS) vendor contracted by DSHS if beneficiary submits receipt to FMS vendor for covered purchased items.

Proposed Provider Payment Maximums Recommendation:

1. WA Cares will pay usual and customary rates up to \$15,000 for adaptive equipment and technology. Requests to exceed the payment maximum may be considered by the department.
2. Usual and customary rates for services vary significantly by type:

Description	Rate Range (2024)
Bathroom equipment	\$15 - \$1,000
Incontinence supplies	\$10 - \$250
Mobility aids	\$100 - \$5,000
Hospital beds	\$2,500 - \$15,000
Pressure relieving equipment	\$50 - \$300
Compression garments	\$25 - \$500

3. The ProviderOne payment system will prevent payment beyond the maximum. To mitigate fraud, the department will conduct a risk assessment, monitor claims, and conduct contract monitoring as appropriate.



General Description of Service

Environmental Modifications:

Environmental Modification services provide needed changes such as ramps, stair lifts, and widened doorways for a wheelchair in the home to increase, improve or maintain a beneficiary's health, welfare, safety, and independence.

Typical **environmental modification** services include but not limited to grab bars, ramps, widening doors, and bathroom remodels for safety and accessibility. Certain environmental modification supplies may be purchased for self-installation such as grab bars or modular ramps that do not require professional installation. A beneficiary may purchase these items from a retail or online store of their choice and be reimbursed by a Financial Management Services (FMS) vendor contracted by DSHS if beneficiary submits receipt to FMS vendor for covered purchased items.

Proposed Provider Payment Maximums Recommendation:

1. WA Cares will pay usual and customary rates up to \$40,000 for environmental modifications. Requests to exceed the payment maximum may be considered by the department.
2. Usual and customary rates for services vary significantly by type:

Description	Rate Range (2024)
Accessible bathrooms & bedrooms	\$100 - \$35,000
Accessible lighting	\$20 - \$6,000
Automatic door openers	\$400 - \$6,000
Ceiling track lifts	\$1,500 - \$8,000
Door and hallway widening	\$300 - \$40,000
Emergency exits	\$2,600 - \$5,600
Grab bars	\$85 - \$500
Ramps	\$1,000 - \$5,000
Low-pile carpet and smooth flooring	\$100 - \$10,000
Stairlift and porch lifts	\$1,500 - \$6,000

3. The ProviderOne payment system will prevent payment beyond the maximum. To mitigate fraud, the department will conduct a risk assessment, monitor claims, and conduct contract monitoring as appropriate.



General Description of Service

Home Delivered Meals:

Home delivered meals provides nutritionally balanced meals delivered to the beneficiary's home.

Typical **Home Delivered Meal** services include, but are not limited to, box meals, pre-packaged meals, and hot meals delivered to a beneficiary's home.

Proposed Provider Payment Maximums Recommendation:

1. WA Cares will pay usual and customary rates up to \$16 per meal. Requests to exceed the payment maximum may be considered by the department.
2. Usual and customary rates vary based on delivery type:

Description	Rate range (2024)
Face-to-face delivery	\$8 - \$9
Mail delivery	\$8.50 - \$16

3. The ProviderOne payment system will prevent payment beyond the maximum. To mitigate fraud, the department will conduct a risk assessment, monitor claims, and conduct contract monitoring as appropriate.



General Description of Service

Personal Emergency Response System:

Personal Emergency Response System (PERS) is a service to secure help in an emergency through an electronic device that is either connected to the beneficiary's phone or operates using GSM cellular signals and is programmed to signal a response center that is staffed by trained professionals who will immediately summon help for the beneficiary.

Typical **Personal Emergency Response System** services will include but are not limited to basic PERS, GPS, Med reminder, fall detector and wellness checks, via phone or in-person.

Proposed Provider Payment Maximums Recommendation:

1. WA Cares will pay usual and customary rates up to \$100 for installation and up to \$83 per month for monthly services, which includes flexibility to accommodate multiple add on services. Requests to exceed the payment maximum may be considered by the department.
2. Usual and customary rates for services vary by type:

Description	Rate Range (2024)
Installation	\$0 - \$99
Monthly service	\$19 - \$40
Add on services	\$10 - \$43

3. The ProviderOne payment system will prevent payment beyond the maximum. To mitigate fraud, the department will conduct a risk assessment, monitor claims, and conduct contract monitoring as appropriate.



General Description of Service

Adult Family Home Services:

An Adult Family Home (AFH) is a home-like residential setting licensed under Chapter 70.128 RCW (Revised Code of Washington) where two to eight adults live and receive personal care, special care, room, and board. Services may include help with activities of daily living such as help with dressing, eating, and personal hygiene to support self-care; transportation to medical appointments and community activities; specialty care for mental illness or developmental disabilities; other nonmedical services; and nursing services when provided by appropriately credentialed staff or when appropriately delegated. Note: Adult family homes also provide memory care, respite care, and adult day services; however, these are separate WA Cares services with their own rate structures.

Provider Payment Maximums Recommendation:

1. Beneficiaries will be provided WA Cares educational materials that assist them in asking the right questions to make an informed choice in selecting providers as individuals may use other fund sources following WA Cares benefit.
2. WA Cares will pay usual and customary rates up to \$455 per day for services included in the WA Cares Fund contract. Rates should be inflation adjusted on a regular basis.
 - a. Providers will be required to charge the usual and customary rate up to the maximum rate based on acuity identified in the negotiated care plan.
 - b. Providers cannot charge the maximum rate without justification in the provider's negotiated care plan. The Department of Social and Health Services will monitor to this expectation.
3. Rates should be adjusted to reflect regional differences.
4. Beneficiaries may blend private funds up to the maximum rate, but providers may not charge over the maximum rate for services in the WA Cares Fund contract.
5. Rates are payment in full for standard services consistent with resident assessment including, for example:
 - a. Room (shared or private)
 - b. Meals
 - c. Laundry
 - d. Supervision
 - e. Direct personal care
 - f. Medication assistance
6. Non-typical services consistent with the resident assessment that may be approved to exceed the maximum rate under an exception request for WA Cares Fund or could be paid privately above the maximum rate include, for example:
 - a. Medical escort
 - b. Specialty care



7. Disclosure of charges form must be provided to each resident prior to or upon admission and on request as required under [WAC 388-76-10532](#), which will support the beneficiary in making an informed decision when choosing an AFH.
8. The adult family home is required to fully disclose the home's policy on accepting Medicaid or other public funds as a payment source under [WAC 388-76-10522](#), which will support the beneficiary in understanding the requirements for transitioning to other funds when they choose the AFH.
9. Fraud mitigation:
 - a. All registered providers are subject to a provider-specific risk assessment and regular contract monitoring to ensure the provider is complying with all requirements in the WA Cares Fund contract Statement of Work.
 - b. The ProviderOne payment system will not allow payment beyond the maximum rate allowable. If an exception is approved, the payment rate will be adjusted accordingly.

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General Description of Service

An **Assisted Living Facility** (ALF) is a residential setting licensed under Chapter 18.20 Revised Code of Washington (RCW) where seven or more adults live and receive basic services for their safety and well-being. Services may include domiciliary care, help with activities of daily living, transportation, specialty care for mental illness or developmental disability, other nonmedical services, and nursing services when provided by appropriately credentialed staff or when appropriately delegated. Assisted Living Facilities may also provide respite care for other non-residents who are receiving care from family caregivers in their homes. Note: Assisted living facilities also provide memory care, respite care, and adult day services; however, these are separate WA Cares services with their own rate structures.

Provider Payment Maximums Recommendation:

1. Beneficiaries will be provided with WA Cares educational materials that assist them in asking the right questions to make an informed choice in selecting providers as individuals may use other fund sources following WA Cares benefit.
2. WA Cares will pay usual and customary rates up to \$540 per day for services included in the WA Cares Fund contract. Rates should be inflation adjusted on a regular basis.
 - a. Providers will be required to charge the usual and customary rate up to the maximum rate based on acuity identified in the providers negotiated service agreement.
 - b. Providers may not charge the maximum rate without justification in the negotiated service agreement. The Department of Social and Health Services will monitor to this expectation.
3. Rates should be adjusted to reflect regional differences.
4. Beneficiaries may blend private funds up to the maximum rate, but providers may not charge over the maximum rate for services in the WA Cares Fund contract.
5. Rates are payment in full for standard services consistent with resident assessment including, for example:
 - a. Room (shared or private)
 - b. Meals
 - c. Laundry
 - d. Housekeeping
 - e. Supervision
 - f. Direct personal care
 - g. Intermittent nursing services
 - h. Specialty care
6. Non-typical services consistent with resident assessment that may be approved to exceed the maximum rate under an exception request for WA Cares Fund or could be paid privately above the maximum rate include, for example:
 - a. Move-in fees



7. Disclosure of services form must be provided to each resident prior to or upon admission and on request as required under [WAC 388-78A-2710](#), which will support the beneficiary in making an informed decision when choosing an ALF.
8. Assisted living facilities are required to fully disclose the facility's policy on accepting Medicaid as a payment source under [WAC 388-78A-2710](#), which will support the beneficiary in understanding the requirements for transitioning to Medicaid when choosing an ALF.
9. Fraud mitigation:
 - a. All registered providers are subject to a provider-specific risk assessment and regular contract monitoring to ensure the provider is complying with all requirements in the WA Cares Fund contract Statement of Work.
 - b. The ProviderOne payment system will not allow payment beyond the maximum rate allowable. If an exception is approved, the payment rate will be adjusted accordingly.

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General Description of Service

In-Home Personal Care:

In-home personal care is a service provided by a caregiver that comes to the beneficiary's home to provide care. Care includes support with Activities of Daily Living (ADLs), such as assistance with dressing, eating, bathing and medication management. It also includes Instrumental Activities of Daily Living (IADLs), or homemaking services, such as assistance with cleaning, shopping, meal preparation, and transportation to appointments and essential shopping. Care may also include other nonmedical services or delegated nursing tasks under RCW 18.79.260(3)(e).

Respite for Family Caregivers:

Respite services are used to relieve paid or unpaid family caregivers who are caring for a beneficiary. The purpose of respite is to provide reprieve to the primary caregiver for a couple of hours up to a couple of weeks when needed.

Provider Payment Maximums Recommendation:

1. Beneficiaries will be provided with WA Cares educational materials that assist them in asking the right questions to make an informed choice in selecting providers.
2. WA Cares will pay up to a maximum of \$45 per hour for in-home personal care or respite services.
3. Rates should be adjusted to reflect regional differences.
4. Rates should be informed by the Medicaid rates for home care and should be inflation adjusted on a regular basis.
5. DSHS should develop wage/compensation pass through requirements to incentivize long-term care worker participation and mitigate worker shortages.
6. Services included in this rate are ADLs, IADLs, and nurse delegation for Home Care Agencies per a plan of care developed by or with input from the beneficiary and within the scope of the long-term care worker's practice.
7. Provider must fully disclose what the services a caregiver may provide under the provider license or contract.
8. Fraud mitigation:
 - a. In-home caregivers are required to track service hours, which is typically done electronically or telephonically.
 - b. The beneficiary is responsible for ensuring the caregiver is doing the work being asked of them, and reporting concerns or dismissal of the caregiver to the appropriate authority.
 - c. The ProviderOne payment system will not allow payment beyond the maximum rate allowable.



General Description of Service

Nursing Home Services:

A Nursing Home is a facility licensed under Chapter 18.51 Revised Code of Washington (RCW) that provides convalescent or chronic care for three or more patients who are not able to independently care for themselves for a period of more than 24 consecutive hours.

Convalescent or chronic care may include administering medicines; preparing special diets; giving bedside nursing care; applying dressings and bandages; carrying out treatment prescribed by a licensed health care provider; and respite care for non-residents who are receiving care from family caregivers in their home. Note: Nursing homes also provide memory care, respite care, and adult day services; however, these are separate WA Cares services with their own rate structures.

Provider Payment Maximums Recommendation:

1. Beneficiaries will be provided with WA Cares educational materials that assist them in asking the right questions to make an informed choice in selecting providers as individuals may use other fund sources following WA Cares benefit.
2. WA Cares will pay usual and customary rates up to \$535 per day for services included in the WA Cares Fund contract. Rates should be inflation adjusted on a regular basis.
 - a. Providers will be required to charge the usual and customary rate up to the maximum rate based on acuity identified in the providers resident assessment.
 - b. Providers may not charge the maximum rate without justification in the resident assessment. The Department of Social and Health Services will monitor to this expectation.
3. Rates will be adjusted to reflect regional differences.
4. Beneficiaries may blend private funds up to the maximum rate, but providers may not charge over the maximum rate for services in the WA Cares Fund contract.
5. Rates are payment in full for standard services consistent with resident assessment and plan of care including, for example:
 - a. Room and board (shared or private)
 - b. Direct personal care
 - c. Meals consistent with requirements in WAC 388-91-1120
 - d. Nursing services
 - e. Activities programs
6. Non-typical services consistent with resident assessment that may be approved to exceed the maximum rate under an exception request for WA Cares Fund or could be paid privately above the maximum rate include, for example:
 - a. Dialysis services
 - b. Exceptional care services
 - c. Outpatient services



- d. Specialized habilitative and rehabilitative services consistent with requirements in WAC 388-97-1280
- 7. Notice of rights and services must be provided before or at time of admission, or when the resident becomes eligible for Medicaid including disclosure of items, services, and activities the nursing home will offer as required under [WAC 388-97-0300](#)
- 8. Fraud mitigation:
 - a. All registered providers are subject to a provider-specific risk assessment and regular contract monitoring to ensure the provider is complying with all requirements in the WA Cares Fund contract Statement of Work.
 - b. The ProviderOne payment system will not allow payment beyond the maximum rate allowable. If an exception is approved, the payment rate will be adjusted accordingly.

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General Description of Service

Adult Day Services (Adult Day Health and Adult Day Care and Adult Day Respite):

Adult Day Health centers provide supervised daytime programs including skilled nursing and rehabilitative therapy services, which included PT/OT, to beneficiaries who need assistance throughout the day.

Adult Day Care centers provide supervised daytime programs to support families by providing care and meaningful activities to beneficiaries who need assistance or supervision throughout the day.

Typical **Adult Day** services will include but are not limited to for ADH; skilled nursing and rehabilitative therapy and for ADC; supervised day programs, respite, and meaningful activities.

Respite services are used to relieve paid or unpaid family caregivers who are caring for a beneficiary. The purpose of respite is to provide reprieve to the primary caregiver for a couple of hours up to a couple of weeks when needed.

Proposed Provider Payment Maximums Recommendation:

1. WA Cares will pay usual and customary rates up to \$325 per day for adult day services, including respite. Usual and customary rates ranged from \$75 to \$325 per day in 2024. The maximum rate reflects a full (8 hour) day offering adult day health skilled nursing and rehab therapy. Requests to exceed the payment maximum may be considered by the department.
2. Rates will be adjusted to reflect regional differences and the type of service provided in the following categories.
 - a. ADH (skilled nursing and rehabilitative therapy)
 - b. ADC (supervised day programs, respite, and meaningful activities)
 - c. ADC Respite (short term break for family/caregivers)
3. The ProviderOne payment system will prevent payment beyond the maximum. To mitigate fraud, the department will conduct a risk assessment, monitor claims, and conduct contract monitoring as appropriate.



General Description of Service

Respite for Family Caregivers in Residential Settings:

Respite Care is a short-term specialty service offered by residential providers that allows family caregivers time for self-care. Respite Care may be provided by an Adult Family Home (AFH), Assisted Living Facility (ALF), or Nursing Home (NH). Respite Care provided in a licensed residential care setting can only be provided to non-resident beneficiaries.

Provider Payment Maximums Information:

1. Beneficiaries will be provided with WA Cares educational materials that assist them in asking the right questions to make an informed choice in selecting providers as individuals may use other fund sources following their WA Care benefit.
2. WA Cares will pay usual and customary rates up to:
 - a. AFH: \$455 per day
 - b. ALF: \$540 per day
 - c. NH: \$535 per day
3. Providers will be required to charge the usual and customary rate up to the maximum rate based on acuity identified in a care needs assessment. Rates should be inflation adjusted on a regular basis.
4. Providers cannot charge the maximum rate without justification in the negotiated service agreement or similar care plan, and the department will monitor to this expectation.
5. Rates should be adjusted to reflect regional differences.
6. Beneficiaries may blend private funds up to the maximum rate, but providers may not charge over the maximum rate for services in the WA Cares Fund contract.
7. Rates are payment in full for standard services consistent with the beneficiary's care needs assessment or plan of care and applicable licensing requirements.
 - a. AFH: Personal care services or special care services as defined in WAC 388-76-1000;
 - b. ALF: Services needed to maintain or improve the individual's health and functional status during their stay as described in the negotiated service agreement under WAC 388-78A-2208;
 - c. NH: Services needed to maintain or improve the individual's health and functional status during their stay or care in the nursing home consistent with the beneficiary's plan of care under WAC 388-97-1880.
8. Non-typical services consistent with the care needs assessment may be approved to exceed the maximum rate under an exception request for WA Cares Fund or could be paid privately above the maximum rate.
9. Fraud mitigation:
 - a. All registered providers are subject to a provider-specific risk assessment and regular contract monitoring to ensure the provider is complying with all requirements in the WA Cares Fund contract Statement of Work.



- b. The ProviderOne payment system will not allow payment beyond the maximum rate allowable. If an exception is approved, the payment rate will be adjusted accordingly.

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General Description of Service

Transportation:

Transportation services are to support beneficiaries transporting to and from the grocery store, medical appointments, social services, and therapeutic recreational activities.

Typical **Transportation** services include but not limited to trip or mileage reimbursement, bus passes, taxi scripts, ferry tickets, and parking fees associated with medical appointments.

Proposed Provider Payment Maximums Recommendation:

1. In order to reduce actuarial risk, WA Cares will pay up to \$400 per month for transportation services. This includes any combination of the following:
 - a. \$0.67 (or the current standard IRS mileage rate) per mile up to 220 miles per month for friends and family mileage reimbursement. Limits are imposed to reduce actuarial risk.
 - b. Usual and customary per trip costs which may include, but are not limited to: costs associated with wait time, hospital discharge, vehicle type to accommodate specific needs, after hours and mileage.

Requests to exceed the payment maximum may be considered by the department.

2. Usual and customary rates vary by type of vendor and geography. Rates will be adjusted to reflect regional differences.

Description	Rate Range (2024)
Non-emergency medical transportation	\$35 - \$50 pick up plus \$3 - \$5 per mile, additional costs for wait time, hospital discharge, vehicle type, after hours, etc.
Ride-share transportation	Average price of a 6-mile rideshare: <ul style="list-style-type: none">• All WA: \$25-\$28• Seattle \$35-\$38

3. WA Cares will not cover:
 - a. Plane tickets
 - b. Ambulance rides covered by insurance
 - c. Transportation for leisure activities
 - d. Parking fees for non-medical appointments
4. The ProviderOne payment system will prevent payment beyond the maximum. To mitigate fraud, the department will conduct a risk assessment, monitor claims, and conduct contract monitoring as appropriate.