



General Description of Service

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 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. 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
 - g. Memory Care
5. Non-typical services consistent with the resident 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.



6. 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.
7. 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.
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

An **Assisted Living Facility** 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 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. (See the Memory Care rates sheet for the maximum Assisted Living Facility rate that includes Memory Care.) 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. 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. Mental illness and developmental disabilities specialties care



5. Non-typical services consistent with resident 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 include, for example move-in fees
6. 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.
7. 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.
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

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 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 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 standard of 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 or their delegate 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

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 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. 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
 - f. Memory care
5. 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
6. 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](#)
7. 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.

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 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. Max Rate for services included in the WA Cares Fund contract:
 - a. AFH: \$455 per day
 - b. ALF: \$535 per day
 - c. NH: \$540 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.
4. Providers cannot charge the maximum rate without justification in the negotiated service agreement or similar care plan, and the Department of Social and Health Services will monitor to this expectation.
5. Rates will be adjusted in the WA Cares Fund contract to reflect regional differences.
6. Maximum rate is 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 388-76-10000;
 - 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.
7. 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.
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

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.

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.
2. Requests to exceed the payment maximum may be considered by the department.
3. 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

4. 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
5. 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

Care transition coordination¹ is a time-limited service that complements primary care. Care transition coordination is designed to ensure proper coordination, timely follow-up care, and healthcare continuity with the goal of avoiding preventable poor outcomes as beneficiaries return home from an acute care setting like a hospital or skilled nursing facility (such as readmission).

Typical **care transition coordinators** have a minimum of a bachelor's degree in nursing, gerontology, healthcare, social work, or a related field. WCF anticipates most providers will be health homes, home health agencies, medical social workers, and non-profit agencies.

Services include visiting the individual in the hospital, meeting with the healthcare team, and following the beneficiary to the next site of care. Time spent on calls, travel, and documentation is also compensated as a service.

Provider Payment Maximums Information:

1. WA Cares will pay the usual and customary rates up to \$360 per month, for up to two consecutive months, when transitioning from an acute care setting.
2. 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.

¹ There may be medical insurance plans or hospital/nursing facility systems that provide Care Transition Coordination for individual's discharging from their facility. WA Cares will flag this service with a recommendation that beneficiaries explore the use of medical insurance or the acute care facility's transition planning team before pursuing authorizing this service through WA Cares to ensure all beneficiaries make an informed decision about using their WA Cares Fund for this service.



General Description of Service

Dementia and Behavior Supports¹ offers non-medical, community-based services to beneficiaries and their caregivers to improve care for the beneficiary by:

1. Helping to develop a behavior support plan for the beneficiary; and
2. Providing legal consultation for beneficiaries seeking powers of attorney or other decision-making supports.

Provider Payment Maximums Information:

1. WA Cares will pay usual and customary rates up to \$125 per 15-minute unit for dementia and behavior supports.
2. Usual and customary rates for services vary significantly by type:

Description	Rate Range (2024)
Legal Consultation	\$50 - \$125 per 15 minutes
Behavior Support	\$25 - \$40 per 15 minutes
Support Group	Up to \$40 per session

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.

¹ There may be medical insurance plans that can assist a beneficiary to develop a behavior support plan through the plan's mental health benefit. WA Cares will flag this service with a recommendation that beneficiaries explore the use of medical insurance before pursuing authorizing this service through WA Cares to ensure all beneficiaries make an informed decision about using their WA Cares Fund for this service.



General Description of Service

Through **Education and Consultation**, beneficiaries, and caregivers (including paid and unpaid family members) receive non-medical education, consultation, behavior management, and training regarding the beneficiary's care, diagnoses, and chronic health issues aimed at supporting the beneficiary to better manage their activities of daily living and their health and wellness.

Education and consultation services can also include evidence-based programs (EBPs) including but not limited to:

- Chronic Disease Self- Management Education Programs (CSDMP)/ Tomando Control de su Salud (Spanish CDSMP)
- Program to Encourage Active and Rewarding Lives for Seniors (PEARLS: a community-based treatment program of older adults with minor depression)
- Stay Active & Independent for Life (SAIL; a strength, balance, and fitness program for adults 65 and older)
- Otago (fall reduction exercise program)
- A Matter of Balance (program to reduce fear of falling with exercises to increase strength and balance)
- Aging Mastery (helps older adults take key steps to improve their well-being, add stability to their lives, and strengthen their involvement in the community)
- Community Aging in Place Advancing Better Living for Elders (CAPABLE: helps adults set goals and direct-action plans to improve their health, safety, and independence)

Provider Payment Maximums Information:

1. WA Cares will pay usual and customary rates up to \$80 per 15-minute unit.
2. Usual and customary rates vary by type:

Description	Rate Range (2024)
Skills Training/Development	Up to \$80 per 15-minute
Evidence-Based Programs	Up to \$600 per program
Training for Eligible Relative Caregivers	Up to \$800 per program

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 Safety Evaluation¹ offers the assessment of a beneficiary's home (rented or owned) by a professional therapist to identify and reduce or eliminate potential fall hazards to help minimize injury and improve accessibility while in the home.

Provider Payment Maximums Information:

1. WA Cares will pay usual and customary rates up to \$300 per home safety evaluation. Requests to exceed the payment maximum may be considered by the Department.
2. Usual and customary rates are:

Service	Rate Range (2024)
Home Safety Evaluation	\$200 to \$500 per hour

3. Services included in rate:
 - a. Complete evaluation of the beneficiary's home to determine health and safety risks.
 - b. Professional recommendations to reduce or eliminate risk (e.g. removing trip hazards, raising or lowering the bed, removing extension cords, moving cookware to a lower shelf, etc.).
 - i. Recommended interventions could include the purchase of items or technology to improve safety such as grab bars, lift chair, bath bench, Ring doorbell, etc.
 1. Some recommended durable medical equipment may be available through medical insurance.
 2. Adaptive Equipment and Technology are available through WA Cares Fund under its own service category.
 3. Beneficiaries can elect to use whichever available resource best meets their need to maximize all available resources.
 - ii. Recommendations could include modification to the dwelling (e.g. installing swing-away door hinges, replacing door handles, and installing

¹ There may be medical insurance plans (including Medicare) or hospital/nursing facility systems that provide Home Safety Evaluations when certain criteria are met, such as discharge from an acute care setting. WA Cares will flag this service with a recommendation that beneficiaries explore the use of medical insurance before pursuing authorizing this service through WA Cares to ensure all beneficiaries make an informed decision about using their WA Cares Fund for this service. A beneficiary can elect to use whichever resource best meets their need (insurance or WA Cares Fund).



grab bars or a stair lift). Environmental modifications are available through WA Cares Fund under its own service category.

4. Services not covered by WA Cares include recommendation for services or items that are unrelated to reducing risk of falls or improving the beneficiary's accessibility such as replacing an old appliance that is considered a fire hazard or obtaining a firmer mattress.
5. Provider must fully disclose what is included in the service they will provide.
6. Payment in full for a Home Safety Evaluation does not mean a beneficiary cannot purchase other services not described in 3 (above), at their own expense. Beneficiaries can blend private funds up to maximum rate allowable, but a provider cannot charge over the maximum rate set for that service.
7. 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.

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General Description of Service

Memory Care is a specialty service provided to beneficiaries with dementia in Assisted Living Facilities. Specialty training for dementia care must be completed prior to providing Memory Care services to residents. Assisted Living Facility administrators, their designees, and caregivers must complete specialty training under Chapter 388-112A WAC.

Provider Payment Maximums Information:

1. WA Cares will pay usual and customary rates up to \$600 per day for Assisted Living Facility services that include Memory Care. (See the Assisted Living Facility maximum rate sheet for the standard rate that does not include Memory Care.)
 - a. Providers must charge their 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.
2. Rates should be adjusted to reflect regional differences.
3. Rates should be inflation adjusted on a regular basis.
4. Rates are payment in full for memory care services consistent with care standards under Chapter 388-112A WAC and the resident assessment.
5. 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.
6. 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.
7. 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

Professional Services include:

- **Skilled Nursing¹:** a service that is intended for short-term, intermittent treatment of acute conditions or exacerbation of a chronic condition. Skilled nursing is used for treatment of chronic, stable, long-term conditions that cannot be delegated or self-directed.
- **Nurse delegation:** allows an RN to delegate specific skilled nursing tasks to nursing assistants or home care aides for eligible clients who have a skilled nursing task need. Tasks that can be delegated include, but are not limited to:
 - Oral medication and administration
 - Topical medication administration
 - Nasal sprays
 - Eye drops
 - Gastrostomy tube feedings (including med. administration)
 - Wound care (simple, non-complex) as determined by the delegating nurse.
 - Blood glucose monitoring
 - Insulin or non-insulin injectables for the treatment of diabetes
 - Non-sterile tracheal and oral suctioning

NOTE: Other nursing tasks may be determined appropriate by the delegating nurse.

Tasks that are prohibited by RCW and WAC from being delegated are:

- Administration of medications by injection (by intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) with exception of insulin injections.
 - Sterile procedures
 - Central line maintenance
 - Anything that requires nursing judgement.
- **Private Duty Nursing (PDN):** a program that provides in-home skilled nursing care to individuals who would otherwise be served in a medical institution. Individuals using PDN services are dependent on a technology modality, including mechanical ventilation, complex respiratory support, tracheostomy, intravenous (IV) or parenteral

¹ There may be medical insurance plans that can provide skilled nursing through a home health benefit. WA Cares will flag this service with a recommendation that beneficiaries explore the use of medical insurance before pursuing authorizing this service through WA Cares to ensure all beneficiaries make an informed decision about using their WA Cares Fund for this service.



administration of medications, or IV administration of nutritional substances. The purpose of PDN is to:

- Provide community-based alternatives to institutional care for clients who have complex medical needs and require skilled nursing care on a continuous and daily basis that can be provided safely outside of an institution.
- Support beneficiary families, who must assume a portion of the client’s care.

Provider Payment Maximums Information:

1. WA Cares will pay usual and customary rates up to \$65 per 15-minute unit.
2. Usual and customary rates vary by type:

Description	Rate Range (2024)
Skilled Nursing	\$10 - \$35 per 15 minutes
Nurse Delegation	\$10 - \$15 per 15 minutes
Private Duty Nursing	\$25 - \$65 per 15 minutes

3. Each service has inclusions in the rate based on provider type to assist a beneficiary to safely manage their health and wellness:
 - a. Skilled nursing rates include direct patient nursing care provided to the beneficiary.
 - b. Nurse delegation rates include the comprehensive assessment of the beneficiary to ensure the individual’s condition is stable and predictable, determining if tasks can be delegated to a credentialed long-term care worker (LTCW), providing written plans and detailed instructions to the LTCW, and supervising and regularly evaluating the LTCW. A nurse delegator may also perform skin observation protocols which is a task that cannot be delegated.
 - c. Private duty nursing rates include direct patient nursing care and support to family members who must assume a portion of the beneficiary’s care.
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.



General Description of Service:

Housework and Errands supports beneficiaries to remain in the community by assisting with the health and safety of the beneficiary who may no longer be able to perform such duties. This service can be used to eliminate the burden of these tasks typically left to family members or risk institutionalization of the beneficiary. This service should not be used by beneficiaries who are already receiving in-home personal care as these tasks are included in that service.

Housework may include:

- General cleaning
- Assistance with laundry onsite or at a laundry mat (washing, drying, and folding clothes)
- Changing bedding and making the bed
- Cleaning ovens and refrigerators
- Washing interior windows and walls of areas of the home used by the beneficiary
- Keeping walkways free of clutter or hazard
- Removing extreme clutter and garbage that may be causing health and safety issues
- Sweeping & mopping behind and under major appliances such as refrigerators, dryers, washing machines, etc.

Errands may include:

- Grocery shopping
- Local essential trips such as banking, going to the pharmacy, post office

Excluded tasks involve:

- Personal care tasks (bathing, grooming, dressing, etc.)
- Yard work and exterior maintenance
- Home repairs
- Providing service to anyone in the household other than the beneficiary
- Rearranging furniture unless to support safe walkways through the home

Provider Payment Maximums Information:

1. The max commercial rate for this service is \$60/hour, not to exceed \$400 per month, in order to reduce actuarial risk
 - a. This will allow for the standard service but also allow for a one-off cleaning need such as 'move out' cleaning or a more intense deep cleaning.
2. Department will consider exceptions to exceed the maximum rate.
3. Provider must fully disclose what is included in the service they will provide.
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.



General Description of Service:

Yardwork and Snow Removal is available to beneficiaries who may need this support to remain in the community. The purpose will be to allow safe egress/entry into the home, reduce potential fire danger, assist the beneficiary to comply with local city/county codes, or other local requirements, such as a Homeowner’s Association, or to address violations to remain in their choice of setting. This service can be used to eliminate the burden of these tasks typically left to family members.

Yardwork consists of maintaining the property where the beneficiary resides:

- Trimming bushes, grass, low hanging branches away from home and main walkways to ensure safe egress and reduce fire hazard
- Raking leaves
- Mowing lawn
- Watering plants/bushes
- Weeding
- Cleanup and removal of debris associated with yardwork

Exclusions include:

- General yard work such as planting flowers, shrubs, and trees for aesthetic purposes
- Landscaping projects
- Maintenance of indoor plants
- Maintenance of a vegetable garden

Snow Removal consists of removing snow and ice from sidewalks, driveways, entryways, etc. to provide safe egress and entry to the home for the beneficiary.

Provider Payment Maximums Information:

1. WA Cares will pay usual and customary rates up to \$140/hour, not to exceed \$400 per month. Rates will be adjusted to reflect regional differences.
2. Requests to exceed the maximum rate may be considered by the Department.
3. Provider must fully disclose what is included in the service they will provide.
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.