

WA Cares Fund: Draft for Informal Review 7/2025

WAC 388-116-3080 Exception to a provider-related rule.

- (1) A long-term services and supports provider may request an exception to a provider-related rule.
- (2) To request an exception to a provider-related rule, a long-term services and supports provider must submit a written request, including justification, to the department.
- (3) Decisions about exception requests are not appealable.

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 guides established by the department.
- (2) A long-term services and supports provider may claim up to the maximum rate for an approved service.
 - (a) Unless excluded under subsection (3) of this section, the rate charged for an approved service is determined and agreed upon by the eligible beneficiary and the long-term services and supports provider.
 - (b) A long-term services and supports provider must not charge an eligible beneficiary more than the maximum rate unless approved to do so under WAC 388-116-3080.
- (3) The consumer-directed employer must claim at a set rate as established in contract.
- (4) For the purposes of this section, “claim” means to formally request payment from the department for approved services provided to an eligible beneficiary.

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;
 - (b) Adult day services: \$338.00 daily or \$42.00 per hour;
 - (c) Adult family home services: \$473.00 daily;
 - (d) Assisted living services: \$562.00 daily;
 - (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;

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- (h) Environmental modifications: Up to the fund's maximum benefit amount;
 - (i) Home delivered meals: \$16.00 each;
 - (j) Home safety evaluation: \$47.00 per 15-minute unit, not to exceed \$300.00;
 - (k) In-home personal care: \$47.00 hourly or \$12.00 per 15-minute unit;
 - (l) Memory care: \$624.00 daily;
 - (m) Nursing home services: \$556.00 daily;
 - (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: \$47.00 hourly or \$12.00 per 15-minute unit;
 - (ii) Adult day service: \$338.00 daily or \$11.00 per 15-minute unit;
 - (iii) Adult family home: \$473.00 daily;
 - (iv) Assisted living services: \$598.00 daily; and
 - (v) Nursing homes: \$603.00 daily;
 - (q) Services that assist paid and unpaid family members caring for eligible beneficiaries:
 - (i) Housework and errands: Not to exceed \$400.00 monthly;
 - (ii) Yardwork and snow removal: \$36.00 per 15-minute unit, not to exceed \$400.00 monthly; 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 the department will pay for an approved service.
 - (b) "Unit" means the smallest amount in which an approved service is authorized, provided, and billed.

WAC 388-116-4030 Eligible beneficiary reimbursement.

- (1) An eligible beneficiary may pay privately, and request reimbursement up to the maximum rate, for the following approved services:
- (a) Adaptive equipment and technology; and
 - (b) Transportation.

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- (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 costs incurred in the purchase of an approved service.