



RULE-MAKING ORDER PERMANENT RULE ONLY

CR-103P (December 2017) (Implements RCW 34.05.360)

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FILED

DATE: March 27, 2018

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WSR 18-08-033

Agency: Department of Social and Health Services, Aging and Long-Term Support Administration

Effective date of rule:

Permanent Rules

- 31 days after filing.
- Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- Yes No If Yes, explain:

Purpose: The department is creating new sections in chapter 388-106 WAC "Long-Term Care Services" for two new benefit packages for Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) as part of Washington's Medicaid Transformation Demonstration.

Citation of rules affected by this order:

New: WAC 388-106-1900, WAC 388-106-1905, WAC 388-106-1910, WAC 388-106-1915, WAC 388-106-1920, WAC 388-106-1921, WAC 388-106-1925, WAC 388-106-1930, WAC 388-106-1931, WAC 388-106-1932, WAC 388-106-1933, WAC 388-106-1935, WAC 388-106-1940, WAC 388-106-1945, WAC 388-106-1950, WAC 388-106-1955, WAC 388-106-1960, WAC 388-106-1965, WAC 388-106-1970, WAC 388-106-1975, WAC 388-106-1980, WAC 388-106-1985, WAC 388-106-1990

Repealed: None
Amended: None
Suspended: None

Statutory authority for adoption: RCW 74.08.090

Other authority:

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 17-24-128 on December 6, 2017 (date).

Describe any changes other than editing from proposed to adopted version:

WAC 388-106-1900:

1. In the definition of "caregiver phases", the five phases were listed.
2. The definition of "GetCare" was modified to include the use of GetCare system.

WAC 388-106-1910:

1. The modifier "full" was added to 388-106-1910(2)(a)(ii) so it would mirror the language in 388-106-1905(2)(a)(i).

WAC 388-106-1915:

1. Language was added to clarify that TCARE assessment recommends services but caregiver and care receiver may select any service from the list of services.
2. Language was added to clarify that the GetCare assessment does not recommend or restrict the services available to the care receiver.

WAC 388-106-1985:

1. Language was added to clarify that there is no right to an administrative hearing for presumptive eligibility determinations described in 388-106-1905(2) and 388-106-1910(2).

WAC 388-106-1920:

1. The maximum amount of step three services was edited to clarify when the maximum amount changes.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Web site:
Other:

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	___	Repealed	___
Recently enacted state statutes:	New	<u>23</u>	Amended	___	Repealed	___

The number of sections adopted at the request of a nongovernmental entity:

New	___	Amended	___	Repealed	___
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The number of sections adopted on the agency's own initiative:

New	___	Amended	___	Repealed	___
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	___	Amended	___	Repealed	___
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The number of sections adopted using:

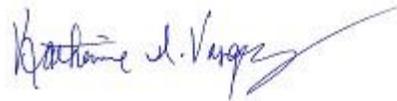
Negotiated rule making:	New	___	Amended	___	Repealed	___
Pilot rule making:	New	___	Amended	___	Repealed	___
Other alternative rule making:	New	<u>23</u>	Amended	___	Repealed	___

Date Adopted: March 26, 2018

Name: Katherine I. Vasquez

Title: DSHS Rules Coordinator

Signature:



MAC AND TSOA SERVICES

NEW SECTION

WAC 388-106-1900 What definitions apply to MAC and TSOA services? The following definitions apply to MAC and TSOA services:

"Care plan" means the plan developed by the department in TCARE or GetCare that summarizes the services described in WAC 388-106-1915 that you chose to receive.

"Care receiver" means an adult age fifty-five and over who has been authorized for MAC or TSOA services.

"Caregiver" means a spouse, relative, or friend (age eighteen and over) who has primary responsibility for the care or supervision of an adult who meets eligibility criteria and does not receive direct, public, or private payment such as a wage for the caregiving services they provide.

"Caregiver assistance services" are services that take the place of those typically performed by an unpaid caregiver in support of the care receiver's unmet needs for assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

"Caregiver phases" means the phases a caregiver experiences as the needs of the care receiver change, which in turn changes the responsibilities and tasks of caregiving. The change in responsibilities and tasks impacts the relationship between the caregiver and the care receiver. There are five phases showing the change in relationship roles from primarily family member to primarily caregiver. The five phases are:

(1) Phase one—acting as a relative/friend almost all of the time;

(2) Phase two—acting most often as a relative/friend, but sometimes as a caretaker;

(3) Phase three—acting equally as a relative/friend and as a caregiver;

(4) Phase four—acting most often as a caregiver, but sometimes you are still a relative/friend; and

(5) Phase five—acting as a caregiver almost all of the time.

"Family caregiver" means the same as "caregiver."

"GetCare" means a statewide web-based information system that includes a client management component that includes screening and assessment tools for use by area agencies on aging (AAA) and other aging and disability network partners.

"GetCare assessment" is a process during which the department gathers information for an individual without a caregiver in the following areas: functional needs, diagnoses and conditions, behavior health supports, oral health, and nutritional health to assist the individual with choosing step three services.

"GetCare screening" is a process during which the department gathers information for an individual without a caregiver in order to determine risk scores. The information covers the following areas:

function needs, fall risk, availability of informal help, memory and decision-making issues, and emotional well-being. The risk scores are used to determine if the individual is referred for a full GetCare assessment.

"Health maintenance and therapies" are clinical or therapeutic services that assist the care receiver to remain in their home or the caregiver to remain in their caregiving role and provide high quality care. Services are provided for the purpose of preventing further deterioration, improving, or maintaining current level of functioning.

"Identity discrepancy" means a negative psychological state that occurs when the activities and responsibilities that a caregiver assumes with regard to the care receiver are inconsistent with the caregiver's expectations or personal norms concerning these activities and responsibilities.

"MAC" means medicaid alternative care, which is a federally funded program authorized under section 1115 of the Social Security Act. It enables an array of person-centered services to be delivered to unpaid caregivers caring for a medicaid eligible person who lives in a private residence (such as their own home or a family member's home) and chooses to receive community-based services.

"Medicaid transformation demonstration" refers to the authority granted to the state by the federal government under section 1115 of the Social Security Act. This waiver is a five year demonstration to support health care systems prepare for and implement health reform and provide new targeted medicaid services to eligible individuals with significant needs. It includes MAC and TSOA programs.

"Personal assistance services" are supports involving the labor of another person to help the care receiver complete activities of daily living and instrumental activities of daily living that they are unable to perform independently. Services may be provided in the care receiver's home or to access community resources.

"RDAD" means reducing disability in Alzheimer's disease. This program is designed to improve the ability of the person with memory problems to complete activities of daily living while also helping caregivers provide assistance to the person.

"Service provider" means an agency or organization contracted with the department.

"Specialized medical equipment and supplies" are goods and supplies needed by the care receiver that are not covered under the medicaid state plan, medicare, or private insurance.

"TCARE" means tailored caregiver assessment and referral, which is an evidence-based caregiver coordination process designed to assist department assessors who work with family caregivers to support adults living with disabilities. TCARE is designed to tailor services to the unique needs of each caregiver to help reduce stress, depression, and burdens associated with caregiving. TCARE was developed by a research team at the University of Wisconsin-Milwaukee led by Dr. Rhonda Montgomery in collaboration with over thirty organizations serving family caregivers. The TCARE process is licensed for use by Tailored Care Enterprises, Inc.

"TCARE assessment" is a part of the TCARE process during which the department assessors gather responses to all of the TCARE screening questions and additional questions focused on both the caregiver's experience and the care receiver's situation, such as memory issues, behavioral needs, assistance needs with activities of daily living and instrumental activities of daily living, and diagnoses/conditions.

"**TCARE screening**" is a part of the TCARE process during which the department gathers information from the caregiver to determine scores and ranges for the caregiver's identity discrepancy, burdens, uplifts, and depression. The ranges are used to determine if the caregiver is referred for a full TCARE assessment.

"**Training and education**" are services and supports to help caregivers gain skills and knowledge to implement services and supports needed by the care receiver to remain at home and skills needed by the caregiver to remain in their role.

"**TSOA**" means tailored supports for older adults, which is a federally-funded program approved under section 1115 of the Social Security Act. It enables the delivery of person-centered services to:

(1) Caregivers who care for an eligible person as defined in WAC 388-106-1910; and

(2) Eligible persons as defined in WAC 388-106-1910, without a caregiver.

NEW SECTION

WAC 388-106-1905 Am I eligible for MAC services? (1) You are eligible to receive MAC services if you, as a care receiver, meet the following criteria:

(a) Are age fifty-five or older;

(b) Meet nursing facility level of care as defined in WAC 388-106-0355;

(c) Meet medicaid financial eligibility requirements as defined in WAC 182-513-1605;

(d) Have an unpaid caregiver who:

(i) Is age eighteen or older;

(ii) Has participated in the following:

(A) Care plan for step one services;

(B) TCARE screening and care plan for step two services; or

(C) TCARE assessment and care plan for step three services;

(e) Live in a private residence (such as your own home or a family member's home) and choose to receive community based services; and

(f) Do not receive any other medicaid funded long-term services and supports (LTSS) while receiving MAC services.

(2) The department may use preliminary information you provide through a presumptive eligibility screening to determine if you, as the care receiver, meet the eligibility criteria in subsection (1) of this section in order to receive services while the formal eligibility determination is being completed. This is called presumptive eligibility.

(a) Your presumptive eligibility period ends with the earlier date of:

(i) The date you were confirmed not to meet full functional eligibility criteria; or

(ii) The last day of the month following the month when your MAC services were first authorized.

(b) In the event the department implements a wait list under WAC 388-106-1970 for MAC services, your presumptive eligibility ends.

(c) You may only receive services under presumptive eligibility once within a twenty-four month period.

(d) Under presumptive eligibility you may receive services as described in WAC 388-106-1915.

NEW SECTION

WAC 388-106-1910 Am I eligible for TSOA services? (1) You are eligible to receive TSOA services if you, as a care receiver, meet the following criteria:

(a) Are age fifty-five or older;

(b) Meet nursing facility level of care as defined in WAC 388-106-0355;

(c) Meet financial eligibility requirements defined in WAC 182-513-1615 or 182-513-1620;

(d) Live in a private residence (such as your own home or a family member's home) and choose to receive community-based services; and

(e) Meet the criteria in either (e)(i) or (ii) of this subsection:

(i) Have an unpaid caregiver who is age eighteen or older and has participated in the following:

(A) A care plan for step one services;

(B) A TCARE screening and care plan for step two services; or

(C) A TCARE assessment and care plan for step three services; or

(ii) You do not have an available caregiver and have participated in the following:

(A) A care plan for step one services;

(B) A GetCare screening and care plan for step two services; or

(C) A GetCare assessment and care plan for step three services.

(2) The department may use preliminary information you provide through a presumptive eligibility screening to determine if you, as the care receiver, meet the eligibility criteria in subsection (1) of this section in order to receive services while the formal eligibility determination is being completed. This is called presumptive eligibility.

(a) Your presumptive eligibility period ends with the earlier date of:

(i) The day the decision was made on your TSOA application;

(ii) The date you were confirmed not to meet full functional eligibility criteria; or

(iii) The last day of the month following the month in which your presumptive eligibility services were authorized if you did not submit your TSOA application.

(b) In the event the department implements a wait list under WAC 388-106-1970 for TSOA services, your presumptive eligibility ends.

(c) You may only receive services under presumptive eligibility once within a twenty-four month period.

(d) Under presumptive eligibility, you may receive services as described in WAC 388-106-1915.

NEW SECTION

WAC 388-106-1915 What services may I receive in MAC and TSOA?

MAC and TSOA services include the following three benefit levels referred to as steps in subsections (1) through (3) of this section. You and your caregiver may receive services under any of the three steps depending upon your requests and needs identified in the screening process for step two and the assessment process for step three. Steps do not need to be used in order. For example, you may begin services at step two or three. In general, step one services are used by caregivers or care receivers requesting lesser supports than those using step three services.

(1) Step one: After the department obtains your demographics and approves your program eligibility, you may receive the following services:

(a) Information and referrals to family caregiver or community resources;

(b) A selection of the following services up to a one time limit of two hundred and fifty dollars:

(i) Training and education, which includes but is not limited to:

(A) Support groups;

(B) Group training;

(C) Caregiver coping and skill building training;

(D) Consultation on supported decision making;

(E) Caregiver training to meet the needs of the care receiver;

(F) Financial or legal consultation; and

(G) Health and wellness consultation;

(ii) Specialized medical equipment and supplies for the care receiver, which includes but is not limited to:

(A) Supplies;

(B) Specialized medical equipment, which includes durable medical equipment; and

(C) Assistive technology;

(iii) Caregiver assistance services, which includes but is not limited to short term respite to allow the caregiver to attend an educational event or training series; and

(iv) Health maintenance and therapy supports, which may include but are not limited to:

(A) Adult day health;

(B) RDAD and evidence based exercise programs;

(C) Health promotion and wellness services; and

(D) Counseling related to caregiving role.

(2) Step two: After the department obtains your demographics, approves your program eligibility, and completes a GetCare or TCARE screening, you may receive the following:

(a) Information and referrals to family caregiver or community resources;

(b) The following services up to an annual limit of five hundred dollars minus any expenditures for step one services:

(i) Training and education, which includes but is not limited to:

(A) Support groups;

(B) Group training;

(C) Caregiver coping and skill building training;

(D) Consultation on supported decision making;

(E) Caregiver training to meet the needs of the care receiver;

(F) Financial or legal consultation; and

(G) Health and wellness consultation;

(ii) Specialized medical equipment and supplies for the care receiver, which includes but is not limited to:

(A) Supplies;

(B) Specialized medical equipment, which includes durable medical equipment;

(C) Assistive technology; and

(D) Personal emergency response system (PERS);

(iii) Caregiver assistance services, which include but are not limited to:

(A) Short-term respite to allow the caregiver to attend an educational event or training series;

(B) Home delivered meals for the care receiver and caregiver;

(C) Minor home modifications and repairs to the care receiver's home;

(D) Home safety evaluation of the care receiver's home; and

(E) Transportation, only in conjunction with the delivery of a service; and

(F) Bath aide;

(iv) Health maintenance and therapy supports, which include but are not limited to:

(A) Adult day health;

(B) RDAD and evidence based exercise programs;

(C) Health promotion and wellness services such as massage therapy and acupuncture therapy; and

(D) Counseling related to the caregiving role; and

(v) Personal assistance services for the TSOA without an unpaid caregiver, as described in WAC 388-106-1910(e)(ii), which include but are not limited to:

(A) Adult day care;

(B) Transportation, only in conjunction with the delivery of a service;

(C) Home delivered meals;

(D) Home safety evaluation of the care receiver's home; and

(E) Minor home modifications and repairs to the care receiver's home.

(3) Step three:

(a) For MAC and TSOA care receivers with caregivers:

(i) You may receive information and referrals to family caregiver or community resources.

(ii) After the department has obtained your demographics and approved your program eligibility, your caregiver must complete a TCARE assessment in order to access step three services. In order to qualify for a TCARE assessment, the TCARE screening must result in at least three medium scores or one high score for the TCARE measures described in WAC 388-106-1932. TCARE uses an evidence-based algorithm to identify a primary goal based on your caregiver's answers to the TCARE assessment questions. The department will assist you to develop an individualized care plan containing the services chosen by you and your caregiver up to the limits established in WAC 388-106-1920.

(iii) The table below lists the available step three services. The Xs in the table indicate the services that may be recommended by the TCARE strategies, defined in WAC 388-106-1930, from your caregiver's assessment. You may request services in this step that the TCARE assessment does not list as a recommendation.

Services	Strategies				
	A	B	C	D	E
<i>Training and education</i>					
Group training		X			
Caregiver coping and skill building training	X	X	X	X	
Consultation on supported decision making	X	X	X		
Caregiver training to meet needs of care receiver	X	X	X		
Financial or legal consultation		X			
Health and wellness consultation		X			
Support groups	X	X	X		
<i>Specialized medical equipment and supplies</i>					
Supplies		X			
Specialized medical equipment		X			
Assistive technology		X			
Personal emergency response system		X			
<i>Caregiver assistance services</i>					
Home delivered meals		X			
Minor home modifications and repairs		X			
Housework/errands and yard work		X			
In-home respite, including a bath aide		X			
OT/PT evaluation	X	X		X	
Home safety evaluation		X			
Out-of-home respite		X			
Transportation		X			
<i>Health maintenance and therapy supports</i>					
Adult day health		X			
RDAD and evidence based exercise programs		X		X	
Health promotion and wellness services such as acupuncture and massage therapy				X	X
Counseling related to the caregiver role	X		X	X	

(b) For TSOA care receivers who do not have an available caregiver:

(i) You may receive information and referrals to community resources.

(ii) After the department has obtained your demographics and approved your program eligibility, you must complete a GetCare assessment in order to access step three services. In order to qualify for a GetCare assessment, the GetCare screening must result in a risk score of moderate or high as described in WAC 388-106-1933. The department will assist you to develop an individualized care plan that includes the services you have chosen up to the limits established in WAC 388-106-1920.

(iii) The services available include any step one and step two services noted in subsections (1) and (2) of this section (except for respite) and the following personal assistance services:

- (A) Personal care;
- (B) Nurse delegation; and
- (C) Housework/errands and yard work.

NEW SECTION

WAC 388-106-1920 What is the maximum amount of step three services I may receive a month? (1) Unless the department authorizes additional funds through an exception to rule under WAC 388-440-0001, the maximum amount of step three services you and your caregiver may receive in MAC and TSOA:

(a) From January 1, 2018 through June 30, 2018 is an average of five hundred and fifty-eight dollars per month not to exceed three thousand three hundred and forty-five dollars in a six month period.

(b) Beginning July 1, 2018 is an average of five hundred and seventy-three dollars per month not to exceed three thousand four hundred and thirty-eight dollars in a six month period.

(2) If you are a care receiver who does not have an available unpaid caregiver, you are receiving TSOA personal assistance services, and the department has not authorized additional funds through an exception to rule under WAC 388-440-0001, the maximum amount of step three services you may receive:

(a) From January 1, 2018 through June 30, 2018 is five hundred and fifty-eight dollars per month.

(b) Beginning July 1, 2018 is five hundred and seventy-three dollars per month.

NEW SECTION

WAC 388-106-1921 How does the TCARE assessment determine what step three services are recommended to my caregiver? (1) The TCARE assessment process gathers the following information reflecting the current status of both you and your caregiver in order to recommend services for your caregiver:

(a) TCARE screening scores from the five measures described in WAC 388-106-1931;

(b) Caregiver obligations;

(c) Caregiver's phase in the caregiving journey;

(d) Potential risk of out-of-home placement;

(e) Care receiver's need for assistance with activities of daily living and instrumental activities of daily living;

(f) Care receiver's memory status, physical health conditions, and behavioral support needs; and

(g) Caregiver's understanding of the care receiver's level of need and the ability to safely provide care with the assistance of available resources/services.

(2) Based upon the information gathered during the TCARE assessment process described in subsection (1) of this section, one of three primary goals, as defined in WAC 388-106-1925, is established for your caregiver with at least one strategy identified for meeting that goal. One or more of the five strategies described in WAC 388-106-1930, which are linked to recommended services and supports that have the most potential to help your caregiver continue providing care safely while also addressing their needs as a caregiver, may be recommended to reach the established goal.

NEW SECTION

WAC 388-106-1925 What are the goals in TCARE? The three primary goals for caregivers identified in TCARE are:

(1) Maintain current identity: The goal appropriate for caregivers who experience modest levels of identity discrepancy and stress and are willing and able to continue in their current role. Suggested support services will help caregivers make small adjustments in their personal norms and the manner in which they undertake their caregiving responsibilities.

(2) Embrace caregiver identity: The goal appropriate for caregivers who are likely to benefit from embracing a stronger identity as a caregiver and releasing, to some degree, their commitment to a familial identity. Suggested support services will encourage the caregiver to accept a greater identity with the caregiver role.

(3) Reduce caregiver identity: The goal appropriate for caregivers who are engaged in a level of caregiving that requires emotional or physical resources beyond their capability. Suggested support services will encourage caregivers to explore ways to reduce workload and stress related to their caregiving role.

NEW SECTION

WAC 388-106-1930 What is the purpose of the TCARE assessment? The purpose of the TCARE assessment is to gather critical information about the caregiving context, identity, strengths, problems and concerns. These data are used to identify strategies and goals to address your caregiver's needs. Program limits are established in WAC 388-106-1915.

(1) The five strategies in TCARE are:

(a) Strategy A: Change personal rules for care, which entails encouraging and helping your caregiver to change or adjust their personal rules or norms.

(b) Strategy B: Reduce or minimize work load, which focuses on reducing the amount or intensity of your caregiver's work load and therefore aligns your caregiver's behaviors with their expectations.

(c) Strategy C: Support positive self-appraisal, which focuses on offering positive affirmation and assuring your caregiver that the behaviors that they must engage in as a caregiver are consistent with their norms.

(d) Strategy D: Reduce generalized stress, which focuses on giving your caregiver tools and skills to cope with daily stresses of caregiving.

(e) Strategy E: Improve overall health, which encourages your caregiver to seek appropriate health services.

(2) Each service is mapped to a strategy(s) that may support your caregiver's needs. A service may be mapped to more than one strategy.

(3) Assessors assist you and your caregiver to understand the evidence based strategies and recommended services, choose the services to meet the identified goals, and create an individualized care plan.

NEW SECTION

WAC 388-106-1931 What are the TCARE screening measures? The following six TCARE screening measures and response options will be presented to your caregiver in order to receive step two services and to determine whether a TCARE assessment is needed for step three services:

(1) Identity discrepancy: How much do you agree or disagree with each statement:

(a) The things I am responsible for do not fit very well with what I want to do.

(b) I am not always able to be the person I want to be when I am with my care receiver.

(c) It is difficult for me to accept all the responsibility for my care receiver.

(d) I am having trouble accepting the way I relate to my care receiver.

(e) I am not sure that I can accept any more responsibility than I have right now.

(f) It is difficult for me to accept the responsibilities that I now have to assume.

(2) Relationship burden: Have your caregiving responsibilities:

(a) Caused conflicts with your care receiver?

(b) Increased the number of unreasonable requests made by your care receiver?

(c) Caused you to feel that your care receiver makes demands over and above what they need?

(d) Made you feel you were being taken advantage of by your care receiver?

(e) Increased attempts by your care receiver to manipulate you?

(3) Objective burden: Have your caregiving responsibilities:

(a) Decreased time you have to yourself?

(b) Kept you from recreational activities?

(c) Caused your social life to suffer?

(d) Changed your routine?

(e) Given you little time for friends and relatives?

(f) Left you with almost no time to relax?

(4) Stress burden: Have your caregiving responsibilities:

(a) Created a feeling of hopelessness?

(b) Made you nervous?

(c) Depressed you?

(d) Made you anxious?

(e) Caused you to worry?

(5) Depression: How often have you felt this way during the past week?

(a) I was bothered by things that usually don't bother me.

(b) I had trouble keeping my mind on what I was doing.

(c) I felt depressed.

(d) I felt that everything I did was an effort.

(e) I felt hopeful about the future.

(f) I felt fearful.

(g) My sleep was restless.

(h) I was happy.

(i) I felt lonely.

(j) I could not "get going."

(6) Uplifts: Have your caregiving responsibilities:

- (a) Given your life meaning?
- (b) Made you more satisfied with your relationship?
- (c) Given you a sense of fulfillment?
- (d) Left you feeling good?
- (e) Made you enjoy being with your care receiver more?
- (f) Made you cherish your time with your care receiver?

NEW SECTION

WAC 388-106-1932 How is the TCARE screening scored to determine if my caregiver is eligible for a TCARE assessment and related step three services. (1) The TCARE screening measures are scored with a number value of one through six for the measure on identity discrepancy or one through five for the remaining measures based upon the caregiver's responses. Ranges for each measure determine whether the measure score is high, medium, or low. One high or three medium scores from the table in this subsection, except for the uplifts measure, will make a caregiver eligible for a TCARE assessment and step three services as described in WAC 388-106-1915(3)(a)(ii). The following table indicates the score ranges for each measure:

	High	Medium	Low
Identity discrepancy	22-36	14-21	6-13
Relationship burden	13-25	8-12	5-7
Objective burden	24-30	18-23	6-17
Stress burden	17-25	12-16	5-11
Uplifts	19-30	13-18	6-12
Depression-CESD	26-40	19-25	10-18

(2) The scale used to score the responses within the identity discrepancy measure is:

- (a) Strongly disagree = one;
- (b) Disagree = two;
- (c) Disagree a little = three;
- (d) Agree a little = four;
- (e) Agree = five; and
- (f) Agree strongly = six.

(3) The scale used to score the responses to the relationship, objective, stress, and uplift measures are:

- (a) Not at all = one;
- (b) A little = two;
- (c) Moderately = three;
- (d) A lot = four; and
- (e) A great deal = five.

(4) The scale used to score the responses within the depression measures in WAC 388-106-1931 (5)(a), (b), (c), (d), (f), (g), (i) and (j) are:

- (a) Rarely or none of the time (less than one day in the last week) = one;
 - (b) Some or a little of the time (one to two days in the last week) = two;
 - (c) Occasionally or a moderate amount of time (three to four days in the last week) = three; and
 - (d) All of the time (five to seven days in the last week) = four.
- (5) The scale used to score the responses within the depression measures in WAC 388-106-1931(5)(e) and (h) are:
- (a) Rarely or none of the time (less than one day in the last week) = four;
 - (b) Some or a little of the time (one to two days in the last week) = three;
 - (c) Occasionally or a moderate amount of time (three to four days in the last week) = two; and
 - (d) All of the time (five to seven days in the last week) = one.

NEW SECTION

WAC 388-106-1933 How is the GetCare screening scored to determine if I am eligible for a GetCare assessment and related step three services? (1) For TSOA individuals who do not have an unpaid caregiver to support and are seeking step three TSOA services, the GetCare TSOA individual without a caregiver screening must result in a risk score of moderate or high to be eligible for a GetCare assessment, care plan, and associated step three services as described in WAC 388-106-1915 (3)(b)(ii).

(2) There are eight TSOA individual without a caregiver screening questions. The following table indicates the risk score allocated to each potential response to the eight screening questions:

No.	Question	Scoring					
		Response	Score	Response	Score	Response	Score
1	Do you need help to do the following? Bathing Bed mobility Medication management Transferring Ambulating Eating Toileting	Zero to two selected	Zero	Three or more selected	Two		
2	During the last six months, have you had a fall that caused injuries?	No	Zero	Yes	Two		
3	Do you have a family member/ friend to give you help when you need it?	No	Zero	Yes	Two		

4	Have you thought about moving to other housing?	No	Zero	Yes	Two		
5	Do you live alone?	No	Zero	Yes	Two		
6	Do you or your family have concerns about your memory, thinking, ability to make decisions, or remembering to pay your bills?	No	Zero	Yes, somewhat concerned	One	Yes, very concerned	Two
7	Do you need help turning and repositioning?	No	Zero	Yes	Two		
8	Do you or your family have concerns about your mental or emotional well-being?	No	Zero	Yes, somewhat concerned	One	Yes, very concerned	Two

(3) The risk level is calculated by totaling the eight point scores determined by responses to the screening questions in subsection (2) of this section to determine the following risk categories:

Risk level	Point totals
Low risk	1-5
Moderate risk	6-10
High risk	11-16

NEW SECTION

WAC 388-106-1935 Where may I receive MAC and TSOA services? You may receive MAC and TSOA services:

- (1) In your own home; and
- (2) In the community setting where the authorized service occurs:
 - (a) Within the state of Washington; or
 - (b) In a recognized out-of-state bordering city as defined in WAC 182-501-0175.

NEW SECTION

WAC 388-106-1940 When will my MAC or TSOA services be authorized? Your MAC or TSOA services will be authorized when you:

- (1) Have completed initial requirements for intake including but not limited to screenings and assessments;
- (2) Are found to be at least presumptively eligible, both financially and functionally;
- (3) Have chosen a provider(s) qualified for payment; and
- (4) Have given consent for services and approved your care plan.

NEW SECTION

WAC 388-106-1945 When do my MAC or TSOA services begin? Your MAC or TSOA services may begin as early as the date authorized by the department.

NEW SECTION

WAC 388-106-1950 How do I remain eligible for MAC and TSOA services? (1) In order to remain eligible for MAC and TSOA services, you, as the care receiver must:

(a) Remain functionally eligible as defined in WAC 388-106-0355 and financially eligible as defined in WAC 182-513-1605, 182-513-1615, and 182-513-1620; and

(b) Have your functional and financial eligibility reviewed at least annually.

(2) If eligibility laws, regulations, or rules change, and if you as the caregiver or the care receiver do not meet the changed eligibility requirements, the department will terminate services, even if your circumstances have not changed. You will receive advance notice of any termination or change in your services and an opportunity to appeal.

NEW SECTION

WAC 388-106-1955 What do I pay for if I receive MAC or TSOA services? You, as a caregiver or a care receiver, will not be required to pay toward the cost of your MAC or TSOA services. This means that neither estate recovery nor participation towards cost of care are required.

NEW SECTION

WAC 388-106-1960 May I be employed and receive MAC or TSOA services? You, as the care receiver may be employed and receive MAC or TSOA services. Your caregiver may be employed in roles other than caregiving and receive services under MAC or TSOA.

NEW SECTION

WAC 388-106-1965 Are there limits to the services I may receive? The services you may receive under MAC or TSOA will not include the following:

- (1) Rent or mortgage;

- (2) Groceries;
- (3) Car repairs;
- (4) Utility bills;
- (5) Household appliances;
- (6) Vacation expenses;
- (7) Entertainment items such as TVs, radios, computers, cell phones;
- (8) Pet care items;
- (9) Gift cards;
- (10) Any services not defined in WAC 388-106-1915; and
- (11) Any services covered under your medicaid state plan coverage, medicare, private insurance, or other federal or state programs.

NEW SECTION

WAC 388-106-1970 Who may provide MAC and TSOA services? The following providers may provide MAC and TSOA services:

- (1) Durable medical equipment vendors and adult day health providers that have a core provider agreement with the health care authority; and
- (2) Providers who are contracted with the department to provide goods and services.

NEW SECTION

WAC 388-106-1975 Will there be a wait list for MAC and TSOA?

- (1) The department will implement a statewide wait list if program expenditures or enrollment exceeds availability of demonstration funding.
- (2) If the department implements a wait list for new MAC and TSOA applicants:
 - (a) We will stop conducting presumptive eligibility determinations and financial and functional eligibility assessments.
 - (b) We may reduce benefit limits for step one, two, and three to maintain department spending within available demonstration funding. If we reduce benefit limits, individuals currently receiving benefits will maintain their current benefit level, including those with approved presumptive eligibility.
 - (c) If additional funding becomes available, applicants on a wait list for MAC or TSOA services will be considered on a first come first serve basis based upon their request date for MAC or TSOA services.

NEW SECTION

WAC 388-106-1980 When may the department terminate or deny MAC or TSOA services? (1) The department will deny or terminate MAC or TSOA services if you are not eligible for services pursuant to WAC 388-106-1905, 388-106-1910, and 388-106-1945.

(2) The department may deny or terminate your MAC or TSOA services if, after exhaustion of standard case management activities and the approaches delineated in the department's challenging cases protocol that must include an attempt to reasonably accommodate your disability or disabilities, one or more of the following conditions exist:

(a) Your rights and responsibilities as a client of the department are reviewed with you by a department representative under WAC 388-106-1300 and 388-106-1303, and you refuse to accept those services identified in your care plan that are vital to your health, welfare, or safety.

(b) You choose to receive services in your own home and you or others in your home demonstrate behaviors that are substantially likely to cause serious harm to you or your care provider.

(c) You choose to receive services in your own home and hazardous conditions in or immediately around your home jeopardize the health, safety, or welfare of you or your provider. Hazardous conditions include but are not limited to the following:

(i) Threatening, uncontrolled animals (such as dogs);

(ii) The manufacture, sale, or use of illegal drugs;

(iii) The presence of hazardous materials (such as exposed sewage, evidence of a methamphetamine lab).

(3) The department may terminate services if the department does not receive consent of the care plan within sixty days of the completion of your care plan. Written consent for step one and step two care plans may be provided by secure email or other electronic means.

NEW SECTION

WAC 388-106-1985 Do I have the right to an administrative hearing regarding MAC or TSOA services? Yes, you may request an administrative hearing based on the rules outlined in WAC 388-106-1305 to contest the department's decisions regarding MAC or TSOA services except for presumptive eligibility determinations described in WAC 388-106-1905(2) and 388-106-1910(2).

NEW SECTION

WAC 388-106-1990 May I choose to receive traditional medicaid long term services and supports instead of services under the MAC program? Yes. You, as the care receiver, may choose to apply for traditional medicaid long term services and supports such as community first choice, community option program entry system (COPES), new freedom, and residential support waiver, instead of services under the MAC program. You must contact your case manager who will assist you with this process. You may only receive services that you are eligible for under the applicable rules. You may not receive services under MAC and a traditional medicaid long term services and supports program at the same time.