COPES Ancillary Services

Adult Day Services

Adult Day Care (ADC)

ADC is a supervised daytime program providing core services for adults with medical or disabling conditions that do not require the intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of the client’s authorizing practitioner.

Adult Day Health (ADH)

ADH is a supervised daytime program providing skilled nursing and/or rehabilitative therapy services in addition to the core services of adult day care. Adult day health services are appropriate for adults with medical or disabling conditions that require the intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of the client’s authorizing practitioner.

Clients eligible for ADC services are:

- Age 18 or over
- Enrolled in the COPES/CFC waiver or the Roads to Community Living (RCL) program and assessed as having an unmet need in one or more of the following areas:
  - Personal Care
  - Routine Health Monitoring with consultation from a registered nurse
  - General Therapeutic Activities
  - Supervision/Protection for those who require it for safety

Clients are not eligible for ADC if they:

- Can independently perform or obtain the services provided at adult day care
- Have unmet needs that can be met through the COPES/CFC or RCL program more cost effectively without authorizing adult day care services;

Have referred care needs that:

- Exceed the scope of authorized services that the adult day care center is able to provide;
- Can be met in a less structured care setting; or
- Are being met by paid or unpaid caregivers.
COPES Ancillary Services

Live in a nursing facility (NF), assisted living facility (ALF), adult family home (AFH), or other licensed institutional or residential facility; or Are not capable of participating safely in a group care setting.

Clients eligible for ADH are:

- Age 18 or over
- Enrolled in the COPES/CFC waiver or the Roads to Community Living (RCL) program
- Assessed as having an unmet need for skilled nursing or skilled rehabilitative therapy and there is a reasonable expectation that these services will improve, restore or maintain the client’s health status:
  - In the case of a progressive disabling condition, will either restore or slow the decline of the client’s health and functional status or ease related pain or suffering; or
  - When the client is at risk for deteriorating health, deteriorating functional ability, or institutionalization; or
  - When the client has a chronic or acute health condition that he or she is not able to safely manage due to a cognitive, physical, or other functional impairment; and
  - Are assessed as having needs for personal care or other core services, whether or not those needs are otherwise met.

Clients not eligible for ADH who:

- Can independently perform or obtain the services provided at an adult day health center; or
- Have referred care needs that:
  - Exceed the scope of authorized services that the adult day health center is able to provide;
  - Do not need to be provided or supervised by a licensed nurse or therapist;
  - Can be met in a less structured care setting; or
  - In the case of skilled care needs, are being met by paid or unpaid caregivers;
  - Live in a nursing home or other institutional facility (Note: This does not include adult family homes or assisted living facility); or
COPES Ancillary Services

- Are not capable of participating safely in a group care setting.

For Eligibility and Descriptions of services click on the link to the LTC Manual

### Contracted Providers

<table>
<thead>
<tr>
<th>Provider #</th>
<th>Provider Name</th>
<th>Service Area</th>
<th>Phone/Contact</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1# 102933401</td>
<td>Circle of Friends 121 107th Ave NE Bellevue, WA 98004</td>
<td>ADC &amp; ADH</td>
<td>(425) 454-8585  Contact: Tatiana Bogacheva</td>
<td><a href="mailto:tatianab.cof@gmail.com">tatianab.cof@gmail.com</a></td>
</tr>
<tr>
<td>P1# 202796901</td>
<td>Easter Seals Washington 12831 NE 21st Pl. Bellevue, WA 98005  Des Moines Site: 816 S 216Th St., Suite 1 Des Moines, WA 98198</td>
<td>ADC &amp; ADH</td>
<td>Bellevue Site: (425) 250-7030  Contact: Leslie Oja Des Moines Site: (425) 250-7046  Contact: Chris Plyman</td>
<td><a href="mailto:bellevueADS@wa.easterseals.com">bellevueADS@wa.easterseals.com</a> <a href="mailto:desmoinesADS@wa.easterseals.com">desmoinesADS@wa.easterseals.com</a></td>
</tr>
<tr>
<td>P1# 102702406</td>
<td>Full Life Care 800 Jefferson Street Seattle, WA 98104  North Seattle Site: 6555 Ravenna Ave NE Seattle, WA 98115  South Seattle Site: 4712 35th Ave S Seattle, WA 98118  Kent Site: 7829 S. 180th St. Kent, WA 98032</td>
<td>ADC &amp; ADH</td>
<td>North Seattle Site: (206) 528-5300  South Seattle/Kent Sites: (206) 923-7392  Contact: Pati Dahlman</td>
<td><a href="mailto:NBreferrals@fulllifecare.org">NBreferrals@fulllifecare.org</a> <a href="mailto:SBreferrals@fulllifecare.org">SBreferrals@fulllifecare.org</a> <a href="mailto:CNreferrals@fulllifecare.org">CNreferrals@fulllifecare.org</a></td>
</tr>
<tr>
<td>P1# 20499041</td>
<td>Hyatt Adult Day Care Center 95 S. Tobin Street, Suite 104 Renton, WA 98057</td>
<td>ADC</td>
<td>(425) 282-4776  Contact: Fadumo Abdullahi</td>
<td><a href="mailto:hyatt@hyattadultdaycare.com">hyatt@hyattadultdaycare.com</a></td>
</tr>
<tr>
<td>P1# 102664801</td>
<td>Legacy House 803 South Lane Seattle, WA 98104</td>
<td>ADC &amp; ADH</td>
<td>(206) 292-5184  Contact: Min Qiu Huang</td>
<td><a href="mailto:minh@scidpda.org">minh@scidpda.org</a></td>
</tr>
<tr>
<td>P1# 102743801</td>
<td>Northshore Senior Center 10212 East Riverside Dr. Bothell, WA 98011</td>
<td>ADC &amp; ADH</td>
<td>(425) 286-1037  Contact: Judy Pirone</td>
<td><a href="mailto:NorthshoreADH@mynorthshore.org">NorthshoreADH@mynorthshore.org</a></td>
</tr>
</tbody>
</table>
COPES Ancillary Services

Client Training

When to Authorize

Service provides client training by licensed and certified providers with expertise in the area of the client’s training need. Use this service when:

- the client’s training need is identified in the comprehensive assessment; and
- the training is provided in accordance with a therapeutic goal in the client’s service plan.

Additional Information

Only 20 units (hours) can be authorized in a six-month period. You may authorize more than one service in the 6-month period such as PT and nutrition counseling as long as the 20 hours/6-month limit is not exceeded.

- This service may be used to meet a client's intense service need by proration and authorization of the hours over a shorter period of time, or the 20 hours may be prorated and authorized to meet a client's ongoing need throughout the entire six-month period.

- Examples of training include: nutrition evaluation and counseling; adjustment to a serious impairment; self-management of personal care needs; medication management or, development of a client's skills to deal with care providers.

<table>
<thead>
<tr>
<th>Provider #</th>
<th>Provider Name</th>
<th>Contact Information</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1# 101576402</td>
<td>Nutrition Services - Chicken Soup Brigade (Lifelong AIDS Alliance) 1002 E. Seneca Seattle, WA 98122 -4214</td>
<td>Phone: (206) 957-1698 Fax: (206) 860-6326 Contact: Maureen Lilly, Lead Dietitian <a href="#">Nutrition Consultation Referral Form</a></td>
<td>Authorize 8 units a month @ $25 per 6 months totaling 48 units. Additional hours may be authorized on a case by case basis.</td>
</tr>
</tbody>
</table>
### COPES Ancillary Services

#### Video: What is Medication Management Training?

<table>
<thead>
<tr>
<th>Provider #</th>
<th>Provider Name</th>
<th>Contact Information</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1# 104560401</td>
<td><strong>Kelley-Ross &amp; Assoc, Inc.</strong> 805 Madison St. Suite 702 Seattle, WA 98104</td>
<td>Pharmacy Phone: (206) 838-4587 Fax: (206) 971-5076 Consult with the CM RN who will complete a Client Referral Form, policy &amp; procedures Indicate to Kelley-Ross whether client may have “complex” drug regimen or circumstance. Encourage client to have Kelley-Ross provide all medications if beneficial. Geographic area served are in the Seattle city limits and Eastside only. Eastside areas are along the I-405 corridor as far north as Bothell and as far east as Issaquah. Specific areas NOT served are: Duvall, Carnation, Snoqualmie, North Bend and South King County.</td>
<td>Authorize first training visit for 20 units @ $42.50 for the first month. Additional training should be authorized for 12 units per month @ $42.50 for months 2-6.</td>
</tr>
<tr>
<td>P1# 104431401</td>
<td><strong>A&amp;H Pharmaceutical Services</strong> 610 W Meeker St. Suite 201 Kent, WA 98032</td>
<td>Phone: (253) 852-1123 Fax: (253) 852-3167 Email A&amp;H Consult with the CM RN who will complete a Client Referral Form policy &amp; procedures. Indicate to A&amp;H whether client may have “complex” drug regimen or circumstances. Encourage client to have A&amp;H provide all medications if beneficial. Geographic area served South King County.</td>
<td>First training visit should be authorized for 20 units @ $42.50 in the first month. Additional training should be authorized for 12 units @ $42.50 for months 2-6.</td>
</tr>
</tbody>
</table>

The pharmacist will send reports to the RN & CM.
## Independent Living Skills
### P1 H2014 UD

<table>
<thead>
<tr>
<th>Provider #</th>
<th>Provider Name</th>
<th>Contact Information</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1# 111413201</td>
<td>Michael Corsini, Validus Consulting &amp; Services Independent Living Skills Trainer</td>
<td>Phone: (253) 847-7887 Fax: 1-866-823-7887 Email Michael Corsini</td>
<td>Authorize 16 units @$21.25 for months 1 &amp; 2 (4 hours each mo). Authorize 12 units @$21.25 for months 3-6. Recommended authorization protocol</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact: Michael Corsini.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Send a copy of the client assessment details page.</td>
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</tbody>
</table>

**Validus Consulting’s mission is to help people with disabilities develop a mindset that empowers them to live and operate according to their fullest capabilities.**

**Information Links below:**
- [Validus brochure](#)
- [Description of what independent living training can provide and examples of how clients can benefit](#)
- [Description of independent living skills training areas](#)

## Occupational & Physical Therapy
### P1 H2014 UC
#### Speech Therapy - P1 SA892

<table>
<thead>
<tr>
<th>Provider #</th>
<th>Provider Name</th>
<th>Contact Information</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1# 109203802</td>
<td>EvergreenHealth Occupational Therapy (OT) Physical Therapy (PT) Speech Therapy</td>
<td>Phone: (425) 899-6300 Fax: (425) 899-6302 Referral Form Fax a copy of the CARE assessment details pages.</td>
<td>Authorization &amp; Referral Protocol 3 hour initial evaluation. Authorize 12 units @$33.00 for the first month. Follow-up visits @$33.00 per unit to be authorized per plan developed by OT.</td>
</tr>
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</table>

**OT description and client examples**
# COPES Ancillary Services

## Challenging Behavior Management
Includes development of skills to work with care providers
**P1 H2019 or H2014**

(For RCL/WA Roads clients go to Community Transition Services)

<table>
<thead>
<tr>
<th>Provider #</th>
<th>Provider Name</th>
<th>Contact Information</th>
<th>Rate</th>
</tr>
</thead>
</table>
| P1# 102702405 | **Full Life Care**     | Phone: (206) 678-7322  
Fax: (206) 829-1426  
Email: [Jessica](mailto:Jessica)  
Fax a copy of the CARE assessment details pages. | Authorize 5 hours initial training for the first month at 20 units for $22.50 (unless mental health therapist identifies why more hours are needed)  
Follow-up training for months 2-6 to be authorized per plan developed by mental health therapist @ $22.50 per unit. Typically, 3 hrs a month. |
| P1# 205743501 | **Trina Ademofe**      | Phone: (206) 538-1323  
Fax: (425) 245-7194  
Email: [Trina](mailto:Trina)  
Fax a copy of the CARE assessment details pages. | Authorize 5 hours initial training for the first month at 20 units for $22.50 (unless mental health therapist identifies why more hours are needed)  
Follow-up training for months 2-6 to be authorized per plan developed by mental health therapist @ $22.50 per unit. Typically, 3 hrs a month. |

## PEARLS
**P1 T2025 U2**

<table>
<thead>
<tr>
<th>Provider #</th>
<th>Provider Name</th>
<th>Contact Information</th>
<th>Rate</th>
</tr>
</thead>
</table>
| P1# 203744705 | **Sound Generations**  | Contact: Cassidy Stout  
Phone: (206)727-6265  
Fax: 206-448-5766  
[Email Cassidy Stout](mailto:Cassidy Stout)  
[Referral Form](#) | Authorize 12 units (3 visits) @ $41.75 for month 1 & 2.  
Authorize 4 units (1 visit) @ $41.75 for months 3-7.  
A total of 32 units (9 visits) total.  
See link below for example: [PEARLS Authorization & Protocol](#) |
COPES Ancillary Services

Environmental Modification

For further eligibility and descriptions of services click on the link to the [LTC Manual](#).

**When to Authorize**

Authorize minor physical adaptations to the client's own home when the service is in the service plan and:

- is necessary to ensure the client's health, welfare, and safety; or
- enables the client to function with greater independence in the home; and
- is of direct medical or remedial benefit to the client; and
- is in accord with applicable state or local building codes; and
- is necessary to prevent the institutionalization of the client.

Services include installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities. Service excludes home improvements which are not of direct medical or remedial benefit to the waiver client, such as carpeting, roof repair, central air conditioning, etc.

**Additional Information**

- Services should be billed in the month they are provided.
- If this modification is to be done in a residence that client does not own, the [Environmental Modification Property Release Statement](#) must be completed and signed by clients landlord or building manager before the modification is requested.
- [ADA ramp requirements](#) & [ramp bid checklist](#)
- Portable ramps should be purchased and installed by environmental modification providers to ensure ADA compliance even if purchased through specialized medical equipment providers.

### Environmental Modification

**P1 S5165 UA**  
**Maximum Unit 1**  
Rate $431.27 maximum per unit/request ETP if over

<table>
<thead>
<tr>
<th>Provider #</th>
<th>Provider Name</th>
<th>Contact Information</th>
<th>Services Provided</th>
</tr>
</thead>
</table>
| P1# 203744702 | Sound Generations  
2208 Second Ave. | Phone: (206) 448-5751  
Fax: (206) 448-5748 | Grab bars, hand rails, hand held showers, ADS toilets |
<table>
<thead>
<tr>
<th>P1#</th>
<th>Company</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>112010301</td>
<td><strong>Balance Construction</strong> dba RampArts</td>
<td>17016 32nd Ave NE Lake Forest Park, WA 98155</td>
<td>(206) 440-9999</td>
<td>(206) 364-0116</td>
<td>Joe Lewis</td>
<td>Small, medium, and large ramps, handrails, and grab bars. Ramp photo, price Railing photo, price Ramp sample bid</td>
</tr>
<tr>
<td>111489401</td>
<td><strong>Bath Plus</strong></td>
<td>1427 130th Ave NE Bellevue, WA 98005</td>
<td>(425) 941-2258</td>
<td>(425) 740-5062</td>
<td>Nick Sary</td>
<td>Remodel bathrooms, widening of doorways, ramps, hand rails, grab bars. Stairway chairlifts, platform lifts and overhead lift system.</td>
</tr>
<tr>
<td>111743202</td>
<td><strong>McLeod Construction</strong></td>
<td>10310 Aurora Ave N Seattle, WA 98133</td>
<td>(206) 545-7837</td>
<td>(206) 545-7252</td>
<td></td>
<td>Remodel bathrooms, widening of doorways, medium to large ramps, handrails, and grab bars.</td>
</tr>
</tbody>
</table>
COPES Ancillary Services

Home Delivered Meals

When to Authorize

- Authorize provision of nutritionally balanced meals, delivered to the client in his/her own home, when:
  - home delivered meal provision is more cost effective than having a personal care provider prepare the meal; and
  - the client is homebound (Definition of homebound: Client is normally unable to leave home unassisted because doing so requires considerable effort. Client may occasionally leave home for medical treatment, or for short, infrequent, non-medical trips such as a hair appointment or church attendance.); and
  - the client is unable to prepare the meal and there is no other person, paid or unpaid, to prepare the meal.

Personal Care Hours must be Reduced:

If a client receives home-delivered meals, the number of personal care hours available for paid caregivers must be reduced. See HDM Deductions Training Handout

Additional Information

- Meals are dual oven-able (microwave and oven).
- The Case Manager can order up to 31 in a month for a COPES client (1 meal per day).

<table>
<thead>
<tr>
<th>Provider #</th>
<th>Provider Name</th>
<th>Contact Information</th>
<th>Rate</th>
</tr>
</thead>
</table>
| P1# 203744704 | **Sound Generations**  
  2208 Second Ave.  
  Suite 100  
  Seattle, WA 98101 | Paul Lacine  
  Ph.(206) 448-5767  
  Fax (206)448-5756  
  Menu  
  Online Application  
  Printed Application | $6.80 |
| P1# 101576402 | **Lifelong AIDS Alliance**  
  (Chicken Soup Brigade)  
  1002 E. Seneca St.  
  Seattle, WA 98122 | Paul Getzel, Intake Coordinator  
  Ph. (206) 957-1686  
  Fax (206) 860-6326 | $6.80 |
COPES Ancillary Services

| Can provide meals that vary with clients’ dietary restrictions, e.g., no dairy, low fat, no spice, low sodium, renal diet, etc. | A client referral form is required. This form must be submitted to agency before services can be delivered. | Menu |

Skilled Nursing

When to Authorize

Authorize skilled nursing services within the scope of the State's Nurse Practice Act when:

- the client requires services beyond the scope which can be provided by non-licensed staff; and
- the skilled nursing services are medically necessary to ensure the client's health, welfare and safety; and
- without which the client would require admittance into a nursing facility.
- There is no limit to the number of visits case managers may authorize. Service Units will be authorized based on client need. Do not authorize for Assisted Living or Enhanced Adult Residential Care.

Additional Information

This service is authorized in addition to any home health agency skilled nursing services available to the client through either Medicare or the use of the client's medical identification card. This service shall not replace nor be a substitute for the Medicare of regular Medicaid home health agency skilled visits. Use this service only when the Medicare or the regular Medicaid home health agency skilled visits are not sufficient in amount, duration and scope to meet the client's home care needs.

This service should not be used if client is receiving skilled nursing services through any home health agency funded by Medicare or the client's State of Washington services card and those services are sufficient to cover the client's needs.

Skilled Nursing Special Circumstances

This service and rate were developed to allow access to COPES skilled nursing services when circumstances are extraordinary. Parameters for this service code include unusual client care need and
remote location of the client. The Special Circumstances Skilled Nursing Rate is negotiated by the case manager.

ADSA Headquarters approval is required prior to authorization of this service code. This request is made via the Exception to Rule (ETR) process in CARE.

<table>
<thead>
<tr>
<th>Provider #</th>
<th>Provider Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1# 111413705</td>
<td>Chesterfield Health Services</td>
<td>Phone: (253) 856-3071</td>
</tr>
<tr>
<td></td>
<td>1810 E. Yesler Way</td>
<td>Fax: (253) 856-3074</td>
</tr>
<tr>
<td></td>
<td>Seattle, WA 98122</td>
<td>Julie Christine - Nursing Supervisor</td>
</tr>
<tr>
<td>P1# 102088701</td>
<td>Sea Mar Community Health Centers - Home Health</td>
<td>Phone: (206) 764-4717</td>
</tr>
<tr>
<td></td>
<td>8915 14th Ave. S. Seattle, WA 98108</td>
<td>Fax: (206) 764-8072</td>
</tr>
<tr>
<td></td>
<td>Intake/Manager - Katharine Greger</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Referral</td>
<td>Most nurses are bilingual in English</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and Spanish</td>
</tr>
<tr>
<td>P1# 200128701</td>
<td>Wesley Homes</td>
<td>Phone: (206) 870-1318</td>
</tr>
<tr>
<td></td>
<td>815 S 216th St</td>
<td>Fax: (206) 870-4165</td>
</tr>
<tr>
<td></td>
<td>Des Moines, WA 98198</td>
<td>Contact: Joanie Farley</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Referral</td>
</tr>
</tbody>
</table>