

# COPES Waiver Services

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## 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 or 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.

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#### Standard Rate

P1 T1030

Rate: \$52.02 Per Visit/Unit

Max Units: based on client need

#### Special Circumstances Rate

P1 T1030 CG

Rate: \$52.03 - \$86.86 per visit/unit (negotiated on case by case basis)

Max Units: based on client need

<i>Provider #</i>	<i>Provider Name</i>	<i>Contact Information</i>
P1# 102088701	<b>Sea Mar Community Health Centers - Home Health</b> 8915 14th Ave S Seattle, WA 98108	Phone: (206) 764-4717 Fax: (206) 764-8072 Intake/Manager: Deb Ned <a href="#">Referral</a>  Most nurses are bilingual in English and Spanish
P1# 200128701	<b>Wesley Homes</b> 815 S 216th St Des Moines, WA 98198	Phone: (206) 870-1318 Fax: (206) 870-4165 Contact: Claudia Cheatom Email: ccheatom@wesleyhomes.org <a href="#">Referral</a>