

Residential Services Coverage and Payment Policy

As of January 1, 2009 payments for Adult Family Homes and Boarding Homes will change:

- From a single billing code for each type of facility payment methodology,
- To a multiple code approach based on the needs of injured workers. This approach utilizes an assessment form that measures the injured workers needs.

Crime Victims Compensation (CVC) Program will also adopt policy and payment methodology.

Who Can Bill

Qualifying providers are authorized by the Department of Social and Health Services (DSHS) to provide residential services and include:

- Adult Family Homes
- Boarding Homes
 - Assisted Living Facilities
 - Adult Residential Care
 - Enhanced Adult Residential Care

Prior Authorization Requirements

Only an L&I ONC can authorize residential care services for State Fund claims. The self-insured employer will authorize residential care services for self-insured claims. The insurer will authorize an initial length of stay based on discussions with the facility's representative. To receive payment, providers must notify the insurer when they agree to provide residential care services for a worker.

At the insurer's request, a Long Term Care Assessment Tool must be completed by an independent Registered Nurse (RN) within 10 days of admission. The tool will determine the appropriate L&I payment grouping. Failure to complete the assessment tool may result in delayed or reduced payment. An assessment must be completed at least once per year after the initial assessment.

If the needs of a worker change following admission, a new assessment must be completed.

For self-insured claims, contact the self-insurer directly.*

Billing Codes

For dates of service on or after January 1, 2009:

The numeric score determined by the Long Term Care Assessment Tool will determine which code to use. The amounts below are daily payment rates.

Billing Code	Description	Assessment Score	Maximum Fee
8893H	L&I RF Low	0-20	\$ 158.31
8894H	L&I RF Medium	21-36	\$ 193.18
8895H	L&I RF High	37-57	\$ 228.04

These three levels of care will be applied to all non nursing home facility types. Do not bill for assessments. The RNs conducting the assessments will bill the insurer separately.

L&I REVIEW OF RESIDENTIAL SERVICES

L&I or its designee may perform periodic independent nursing evaluations of residential care services provided to industrially injured workers. Evaluations may include, but are not limited to, on-site review of the worker and review of medical records. All services rendered to workers for industrial insurance claims are subject to audit by L&I. See

- RCW 51.36.100 <http://apps.leg.wa.gov/RCW/default.aspx?cite=51.36.100> and
- RCW 51.36.110 <http://apps.leg.wa.gov/RCW/default.aspx?cite=51.36.110>

* Find contact information for self-insured claims at:

<http://www.lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/ImportEmpLists/Default.asp>