

Chapter 296-33 WAC

ATTENDANT SERVICES

WAC

296-33-010

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WAC 296-33-010 Attendant services. (1) What are attendant services?

Attendant services are proper and necessary personal care services (custodial care) provided to maintain the victim in their residence.

(2) Who may receive attendant services?

Victims who are temporarily or permanently totally disabled and rendered physically unable to care for themselves due to the crime may receive attendant services.

(3) Is prior authorization required for attendant services?

Yes. To be covered by the crime victims compensation program, attendant services must be requested by the attending physician and authorized by the department before services begin.

(4) Am I required to use other insurance coverage before the crime victims compensation program will cover attendant services?

Yes, all other insurances both private and public must be used first.

(5) What attendant services does the crime victims program cover?

The program covers proper and necessary attendant services that are provided consistent with the victim's needs, abilities and safety. Only attendant services that are necessary due to the physical restrictions caused by the crime are covered.

The following are examples of attendant services that may be covered:

- Bathing and personal hygiene;
- Dressing;
- Administration of medications;
- Specialized skin care, including changing or caring for dressings or ostomies;
- Tube feeding;
- Feeding assistance (not meal preparation);
- Mobility assistance, including walking, toileting and other transfers;
- Turning and positioning;
- Bowel and incontinent care; and
- Assistance with basic range of motion exercises.

(6) What attendant services are not covered?

Services the department considers everyday environmental needs, unrelated to the medical needs of the victim, are not covered. The following are examples of some chore services that not covered:

- Housecleaning;
- Laundry;
- Shopping;
- Meal planning and preparation;

- Transportation of the victim;
- Errands for the victim;
- Recreational activities;
- Yard work;
- Child care.

(7) Will the crime victims compensation program review the attendant services being provided?

Yes. Periodic evaluations by the crime victims compensation program or its designee will be performed. Evaluations may include, but not be limited to, a medical records review and an on-site review of appropriate attendant services consistent with the victim's needs, ability, and safety.

(8) Who is eligible to become a provider of attendant services?

Any person eighteen years of age and over that maintains an active provider account with the crime victims compensation program. Attendant service providers can be family members or others who the victim hires to perform non-skilled home nursing services.

(9) Is my attendant service provider(s) an employee(s) of the crime victims compensation program?

No. Even though the crime victims compensation program is required by the federal government to withhold certain payroll taxes from moneys paid to some nonagency providers, the victim is the common law employer of attendant service provider(s).

(10) How can a provider obtain a provider account number from the department?

In order to receive a provider account number from the department, a provider must:

- Complete a provider application;
- Sign a provider agreement;
- Provide a copy of any practice or other license held;
- Complete, sign and return Form W-9; and
- Meet the department's provider eligibility requirements.

Note: A provider account number is required to receive payment from the department but is not a guarantee of payment for services.

(11) How many hours will be authorized for attendant services?

The crime victims compensation program will determine the maximum hours of authorized care based on an independent nursing assessment conducted in the victim's residence. More than one provider may be authorized, based on the victim's needs and the availability of providers. Attendant service providers are limited to a maximum of seventy hours per week per provider.

(12) What are the provider account status definitions?

- Active - Account information is current and provider is eligible to receive payment.

- Inactive - Account is not eligible to receive payment based on action by the department or at provider request. These accounts can be reactivated.

- Terminated - Account is not eligible to receive payment based on action by the department or at provider request. These accounts cannot be reactivated.

(13) When may the department inactivate a provider account?

The department may inactivate a provider account when:

- There has been no billing activity on the account for thirty-six months; or
- The provider requests inactivation; or
- Provider communications are returned due to address changes; or
- The department changes the provider application or application procedures; or
- Provider does not comply with department request to update information.

(14) When may the department terminate a provider account?

The department may terminate a provider account when:

- The provider is found ineligible to treat per department rules; or
- The provider requests termination; or
- The provider dies or is no longer in active business status.

(15) How can a provider reactivate a provider account?

To reactivate a provider account, the provider may call or write the department. The department may require the provider to update the provider application and/or agreement or complete other needed forms prior to reactivation. Account reactivation is subject to department review. If a provider account has been terminated, a new provider application will be required.

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