### **When to Authorize**

Service provides client training by licensed and certified providers with expertise in the client’s training need. **Use this service in accordance with the ALTSA Long-Term Care Manual** [**Chapter 7d**](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%207d.docx) **and ensure:**

* 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 hours (80 ¼ hr units) 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, 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, development of a client's skills to work with care providers, and more.

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| **Client Training Services**  ***Max Units: 20 hours (80 ¼ hr units) per 6-month period*** | | | |
| **Nutrition Services**  **P1 H2014 UC** | | | |
| ***Provider #*** | ***Provider Name*** | ***Contact Information*** | ***Rate*** |
| P1# 101576402 | Nutrition Services –  **Chicken Soup Brigade** (Lifelong) 1002 E. Seneca Seattle, WA 98122-4214 | Phone: 206-957-1698  Email: eligibility@lifelong.org Fax: 206-960-4088 Contact: Solenne Vanne  [Nutrition Consultation Referral Form](https://cmp.agingkingcounty.org/wp-content/uploads/sites/274/2018/06/CSB-nut-Fillable-COPES-referral-form.pdf) | Authorize 8 units a month @ $25 per 6 months totaling 48 units.  Additional hours may be authorized on a case-by-case basis. |

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| **Evergreen Health**  **Occupational & Physical Therapy P1 H2014 UC** | | | |
| ***Provider #*** | ***Provider Name*** | ***Contact Information*** | ***Rate*** |
| P1# 109203802 | **Evergreen Health, King County Public Hospital #2**  *Please reference the LTC Manual* [**Chapter 7d**](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%207d.docx)*for specific guidance around requirements prior to referring for this service.* | Phone: 425-899-3970 Fax: 425-899-3228  Referrals accepted through FAX ONLY. Referrals will NOT be accepted via email due to hospital policy.  The CARE assessment details must be submitted for the referral to be accepted. | 3-hour initial evaluation. Authorize 12 units @ $46.63 per unit for the first month.  Follow-up visits @ $46.63 per unit & authorized per plan developed by OT. |

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| **Independent Living Skills**  **P1 H2014 UD** | | | |
| ***Provider #*** | ***Provider Name*** | ***Contact Information*** | ***Rate*** |
| P1# 111413201 | **Michael Corsini**, Validus Consulting & Services Independent Living Skills Trainer 24421 - 34th Ave Court East Spanaway, WA 98387  Information Links below:   * [Validus brochure](https://cmp.agingkingcounty.org/wp-content/uploads/sites/274/2018/06/Copes_CltTraining_Validus-Brochure.pdf) * [Description of what independent living training can provide and examples of how clients can benefit](https://cmp.agingkingcounty.org/wp-content/uploads/sites/274/2018/06/COPES_CltTraining_IndependentLivingSkillsAreas.pdf" \t "_blank) * [Description of independent living skills training areas](https://cmp.agingkingcounty.org/wp-content/uploads/sites/274/2018/06/Copes_CltTraining_IndependentLiving-Validus.pdf" \t "_blank) | Phone: 253-847-7887  Fax: 1-866-823-7887 Send an encrypted email here [Email Michael Corsini](mailto:referrals@validusconsulting.org)  Contact: Michael Corsini  Send a copy of the client’s service summary and assessment details. | Authorize 16 units @$22.50 for months 1 & 2 (4 hours each month).  Authorize 12 units @$22.50 for months 3-6. |

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| **PEARLS**  **P1 T2025 U2** | | | |
| ***Provider #*** | ***Provider Name*** | ***Contact Information*** | ***Rate*** |
| P1# 203744705 | **Sound Generations** 2208 Second Ave, Suite 100 Seattle, WA 98121 | Contact: Deidre Damon Phone: 206-727-6250 Fax: 206-448-5766  Email: [deidred@soundgenerations.org](mailto:camilleg@soundgenerations.org)  [Referral Form](https://cmp.agingkingcounty.org/wp-content/uploads/sites/274/2018/06/PEARLS_Referral_Form_Sound_Gen.docx) | Authorize 3 units @ $167 for month 1 & 2 (two months).  Authorize 1 unit @ $167 for months 3-8 (six months)  A total of 9 units authorized |

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| **Chronic Disease Self-Management (CDSM) Programs** **P1 T2025 U1**  *This CDSMP workshop is for individuals who experience various chronic health conditions. It helps participants develop skills and self-confidence in managing their health. Participants attend weekly 2.5-hour interactive workshops for six weeks to learn about problem-solving, decision-making, communication, maintaining a healthy diet, and other skills related to managing common issues people with chronic conditions experience. Kin On will offer this workshop in the area of chronic health conditions, diabetes and chronic pain.* | | | |
| ***Provider #*** | ***Provider Name*** | ***Contact Information*** | ***Rate*** |
| P1# 100864202 | Kin On Community Center  4416 S Brandon St.  Seattle, WA 98118  Providers are bilingual in Chinese and English. | Phone: 206-556-2262 Contact: Michael Woo, LICSW  Email Completed Referral: [mwoo@kinon.org](mailto:mwoo@kinon.org)  [Referral Form](https://cmp.agingkingcounty.org/wp-content/uploads/sites/274/_pda/2023/11/Kin-On-Client-Training-Referral-Form-CURRENT-112023.docx) | Authorize 4 units (sessions) for the first month and 2 for the second month at $50 per unit (session). Maximum 6 sessions total. |

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| **Health Coaches for Hypertension Control** **P1 T2025 U1**  *This workshop is an evidence-based hypertension self-management program. It focuses on helping participants develop skills and foster behavioral and attitudinal changes to manage their hypertensive condition more effectively. The program consists of eight weekly 1.5-hour workshop sessions covering health risk appraisal, basics of hypertension, nutrition, tobacco use cessation, physical activity, medication management, stress management, and developing an individual action plan.* | | | |
| ***Provider #*** | ***Provider Name*** | ***Contact Information*** | ***Rate*** |
| P1# 100864202 | Kin On Community Center  4416 S Brandon St.  Seattle, WA 98118  Providers are bilingual in Chinese and English. | Phone: 206-556-2262 Contact: Michael Woo  Email Completed Referral: [mwoo@kinon.org](mailto:mwoo@kinon.org)  [Referral Form](https://cmp.agingkingcounty.org/wp-content/uploads/sites/274/_pda/2023/11/Kin-On-Client-Training-Referral-Form-CURRENT-112023.docx) | Authorize 4 units (sessions) per month at $50 per unit for two months.  Maximum 8 sessions total. |