



Medicaid Personal Care

Chapter 7c describes the Medicaid Personal Care (MPC) program which provides assistance with personal care services that enable individuals to remain in, or return to, their own communities through the provision of coordinated, comprehensive and economical home- & community-based services (HCBS). Rules governing MPC can be found in Washington Administrative Code (WAC) [388-106-0200](#) through [0235](#) – see [Resources](#) for full list of WACs.

Ask the Expert

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BACKGROUND

Medicaid Personal Care (MPC) is a Medicaid program that is allowed under Washington State's Medicaid State Plan. It is available to those clients who do not meet institutional level of care, otherwise known as Nursing Facility Level of Care (NFLOC) for Home and Community Services (HCS) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) for Developmental Disabilities Community Services (DDCS). MPC provides an opportunity for individuals to receive assistance with personal care tasks so they can remain in their own home or move into a community-based setting.

Just like Community First Choice (CFC), MPC pays for personal care which is assistance with the following Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and health-related tasks (for example, nurse delegation). Assistance for IADLs is available only when the client also needs assistance with ADLs.

ADLs and IADLs as listed in [Washington Administrative Code \(WAC\) 388-106-0010](#) include:

ADLs	• Bathing • Body Care • Dressing • Eating • Personal hygiene • Toilet use	• Medication management • Transfer • Bed mobility • Locomotion outside room • Locomotion in room & immediate living environment • Walk in room & immediate living environment
IADLs	• Meal preparation • Ordinary housework • Essential shopping	• Wood supply (<i>when sole source of heat</i>) • Travel to medical services • Telephone use

ELIGIBILITY

To be eligible for the MPC program, and before services can be authorized, the client must meet **ALL** of the following eligibility criteria:

Age

If services are authorized by Home and Community Services (HCS)/Area Agency on Aging (AAA), clients must be 18 years of age or older.

If services are authorized by Developmental Disabilities Community Services (DDCS):

- Clients who meet DDCS' determination of a developmental disability may be any age
- Children with functional disabilities who do not meet DDCS' determination of a developmental disability may be served by DDCS until age 18. DDCS will refer adults age 18 and over who are not DDCS eligible to HCS.

Functional eligibility

Individual must meet functional eligibility as determined by Comprehensive Assessment Reporting Evaluation (CARE).

- The individual has an unmet or partially met need as defined in [WAC 388-106-0210](#); and
- Does not meet institutional level of care as outlined in [WAC 388-106-0355\(1\)](#).

Financial eligibility

To be financially eligible for MPC, an individual must be eligible for non-institutional categorically needy (CN) or alternative benefit plan (ABP) medical. See [Chapter 7a](#) of the Long-Term Care (LTC) manual for more information regarding financial eligibility for LTC programs.

SETTINGS & PROVIDER QUALIFICATIONS

Clients enrolled in MPC have the right to choose to receive personal care services using a qualified provider in one of the following settings:

Client's Home

Where the client resides (own home, relative's home, etc.). Client's "own home" is defined in [WAC 388-106-0010](#).

Individual Provider (IP)

Clients may choose an Individual Provider (IP) as their provider. If the client chooses an IP,

- The IP is an employee of the [Consumer Directed Employer \(CDE\) contracted vendor for Washington state, Consumer Direct Washington \(CDWA\)](#),
- The client will work with the CDE and the IP on assignment of the client's authorized in-home hours,
- The client will be the one to select, schedule, supervise, direct, and dismiss the IP.
 - If a client is unable to provide supervision, an alternate supervisor must be identified in the CARE plan.
 - The client is responsible for identifying back-up caregivers to cover sick or vacationing caregivers.
 - If a client wants training on how to select, direct, or dismiss an in-home caregiver, they may request training materials at any time from their case manager or the CDE. See [Caregiver Management Training](#) for more information.

Qualifications:

- Meet the qualifications listed in [WAC 388-115-0510](#);
- Are hired and employed by the CDE (see [LTC Manual, Chapter 11 – Consumer Directed Employer](#) for more information on CDE);
- Must have:
 - Successfully passed the appropriate criminal background check(s);
 - Met all training and certification requirements; **and**

- Must be:
 - Age 18 or older;
 - Able to legally work in the United States; **and**
- Are regulated under [Chapter 388-71 WAC](#) (specifically 388-71-0500 through 388-71-1006), and [RCW 74.39A.250](#).

CDE contact numbers dedicated specifically to CM, Client, or IP:

For Case Managers *only*:

- 1-866-932-6468

For Clients and IPs:

- 1-866-214-9899

- infocdwa@consumerdirectcare.com

Home Care Agency:

Qualifications:

- Must have a current Department of Health (DOH) license;
- Must have a current Contract with DSHS or AAA; **and**
- Are regulated under Chapter [70.127](#) RCW, and Chapter [246-335](#) WAC.

To authorize MPC in-home personal care services, use service code: [T1019-U6](#)

Adult Family Home (AFH)

Qualifications:

- AFH License under Chapter [70.128](#) RCW and Chapter [388-76](#) WAC;
- Contract with DSHS; **and a**
- Specialty designation, if needed, based on the needs of the client.

To authorize MPC personal care services at an AFH, use service code: [T1020-U1](#)

Adult Residential Care (ARC) contracted/licensed assisted living facility

Qualifications:

- Contract with DSHS under Chapter [388-110](#) WAC;
- Current DSHS contract for Adult Residential Care (ARC) services; **and**
- Assisted Living Facility (ALF) license under Chapter [18.20](#) RCW and Chapter [388-78A](#) WAC.

To authorize MPC personal care services at an ARC, use service code: [T1020-U2](#)

Payment for services cannot occur while the client is in an institutional setting (such as hospital, nursing facility, residential habilitation center, or jail). Authorizations for services must be adjusted or terminated during this time.



MPC SERVICES

The services available through MPC are limited to personal care services, nurse delegation (only for clients living in AFH and ARC settings and DDCCS in-home clients only), nursing services, and caregiver management training.

Personal Care Services

The definition of personal care services can be found in [WAC 388-106-0010](#) and is as follows:

Physical or verbal assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) due to functional limitations. Assistance is evaluated with the use of assistive devices.

Personal care services include assistance:

- Provided to enable clients to accomplish tasks that they would normally do for themselves if they did not have a disability;
 - This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the client to perform a task.
 - Personal care services may be provided on an episodic or on a continuing basis.
- To complete ADLs;
- To complete IADLs if not comprising the entirety of the service for an individual and the client also has an unmet need and accepts assistance with ADLs;
- For tasks completed outside of the client's home as specified in the CARE plan.
 - Personal care may be furnished to support clients in community activities or to access other services in the community.
 - Personal care may be furnished in order to assist a person to function in the workplace or as an adjunct to the provision of employment services.

Requesting funding from the Managed Care Organization (MCO) for Behavioral Health Wraparound Support (BHWS) or Community Behavioral Health Support (CBHS) service

Please see [Chapter 22a – Apple Health Managed Care \(MCO\) and Apple Health Medicare Connect \(DSNP\)](#) for Behavioral Health Wraparound Support (BHWS) or Community Behavioral Health Support (CBHS) service information and eligibility criteria.



In-Home Personal Care Services Outside Washington

Per [WAC 388-106-0035](#), a client may receive personal care services from an Individual Provider (IP) employed through the Consumer Directed Employer (CDE) while temporarily traveling out of the state for **less than 30 days**.

All the following must be completed in order for out-of-state in-home personal care to be received and paid for:

1. Prior to the client leaving Washington, the case manager must:
 - Discuss with the client and/or client representative how the client's personal care needs will be met while the client is traveling out-of-state;
 - Obtain the temporary out-of-state address and phone contact;
 - Document in a SER note the conversation including the client's departure date and return date; and
 - Update the Client Details on the Contact Details screen in CARE to reflect the client's Washington address and phone contact **as well as** the temporary out-of-state address and phone contact(s);
2. Client's CARE plan must be in "current" status and services are authorized in the client's service plan prior to departure;
 - Out-of-state services are strictly for client's personal care and must not include provider's travel time or expenses;
 - The IP must be in good standing with the CDE and have met all required qualifications;
 - Other services, such as nurse delegation, need to be closed while client is out-of-state.
3. Personal Care services must only be provided in the United States.
4. The client must also advise the CDE of the dates they will be out-of-state, and that the IP (employed through the CDE) will be with them. The IP should also advise the CDE.

Personal Care services are not allowed outside the United States.

If the client requests to receive personal care services out-of-state for **more than 30 days**, in addition to the above being completed, the following protocol must be followed:

5. The client must maintain Medicaid eligibility per Health Care Authority (HCA) [WAC 182-503-0520](#);
6. The client must provide in writing to the case manager with their intent to return to Washington once the purpose of their absence has been accomplished and provide adequate information of this intent. Written documentation from the client must be added to their case file (electronic case record for HCS/AAA or hard copy file for DDCS);
7. Advise the Public Benefits Specialist (PBS) via Barcode (HCS/AAA use [DSHS form 14-443](#) and DDCS use form 15-345) of the following:
 - The dates the client will be out-of-state,
 - The client's intention of returning to Washington and that a written document of such was received and placed in their file, and
 - That the client will continue receiving personal care through MPC.

Note: Steps 5 – 11 are in addition to the four (4) steps noted above.



8. Prior to the client leaving the state, an Exception to Rule (ETR) must be reviewed and approved at the local, regional/AAA level.
 - ETR Category and ETR Type will be “Other”
 - Date Range: “Custom”
 - Start date and End date boxes: will be the dates the client will be out of the state.
 - Hours/Rate, Units, and Quantity boxes: leave blank as the client will not be eligible for or able to use hours beyond their current CARE plan.
 - WAC(s) referenced: add [388-106-0035](#) and [182-503-0520](#)
 - Request description section: indicate the ETR is for client to receive personal care out-of-state and to allow payment to the CDE (CDWA) for the IP that is also out-of-state beyond 30 days out-of-state.
 - Justification for request section: explain/notate the protocol steps listed above (in the less than 30-day section) that have been completed; and confirm that the written document from the client has been filed in the client’s case record.
 - ETR must go through your local office process for final review and approval.
9. During the time out of Washington, the client must not have been determined eligible for Medicaid or state funded health care coverage in another state (other than coverage in another state for incidental or emergency medical care); *and*
10. The client and/or their representative must contact the case manager:
 - *every* 30 days while the client is out of state to confirm that the CARE plan is meeting client’s needs; *and*
 - each contact must be documented in a Monitor Plan SER note.
 - Set a CARE tickler to remind the case manager of the next required check-in.

Nurse Delegation

Under the MPC program, nurse delegation was legislatively appropriated only for residential MPC clients. Legacy DDCS had a different budget and have allowed nurse delegation for their in-home MPC clients in addition to the residential MPC clients.

Therefore, for MPC clients, nurse delegation is only available in Adult Family Homes (AFH) and some Adult Residential Care (ARC) facilities, and for in-home MPC clients served by DDCS only.

Nurse Delegation means nursing tasks, such as administration of medication, blood glucose monitoring, insulin injections, ostomy care, simple wound care, or straight catheterization, which may be delegated under the direction of a licensed, registered nurse if the provider meets the requirements of a nursing assistant certified and/or registered in the State of Washington.

The following tasks CANNOT be delegated:

- Injections other than insulin,
- Central lines,
- Sterile procedures, and
- Tasks that require nursing judgments.



To authorize nurse delegation for an MPC residential client (at an AFH or ARC) or a DDCS MPC in-home client, use service code: [H2014-U5](#)

For more information related to nurse delegation see LTC Manual [Chapter 13 - Nurse Delegation](#).

Nursing Services

Nursing Services offer clients, providers, and case managers with health-related assessment and consultation in order to enhance the development and implementation of the client's plan of care.

The goal of nursing services is to help promote the client's maximum possible level of independence and contribute nursing expertise by performing the following activities:

- Comprehensive Assessment Reporting Evaluation (CARE) review;
- Nursing assessment/reassessment;
- Instruction to care providers and clients;
- Care and health resource coordination;
- Referral to other health care providers; and/or
- Evaluation of health-related care needs affecting service planning and delivery.

A Nursing Services provider is not a direct care provider of intermittent or emergency nursing care, skills, or services requiring physician orders and supervision. Skilled treatment is provided by Nursing Services only in an emergency. For example, the provisions of CPR or First Aid until emergency responders arrive to provide care.

This service does not typically require an authorization in ProviderOne since HCS and AAA nursing staff are most commonly used for this service. For more information about Nursing Services, including referral process and resources, see LTC Manual [Chapter 24 - Nursing Services](#).

Nursing Service provider qualifications:

- Registered Nurse licensed under [Chapter 18.79 RCW](#) and [Chapter 246-840 WAC](#)
- Contracted with the AAA, employed by the AAA, or employed by HCS

Caregiver Management Training

Caregiver Management Training is designed as a self-study training to help clients understand how to select, manage, and dismiss their personal care provider. There is a web-based booklet and also two videos on YouTube. Training should be provided to any client that requests this information.

The web-based self-study training booklet, "Managing Employer Handbook", which is downloadable from the [CDWA website, Client Resources section](#). This booklet as well as the "Managing Employer Quick Start Guide" which has general information to help a client and their IP, can be found under the General Information section of the Client Resources page.

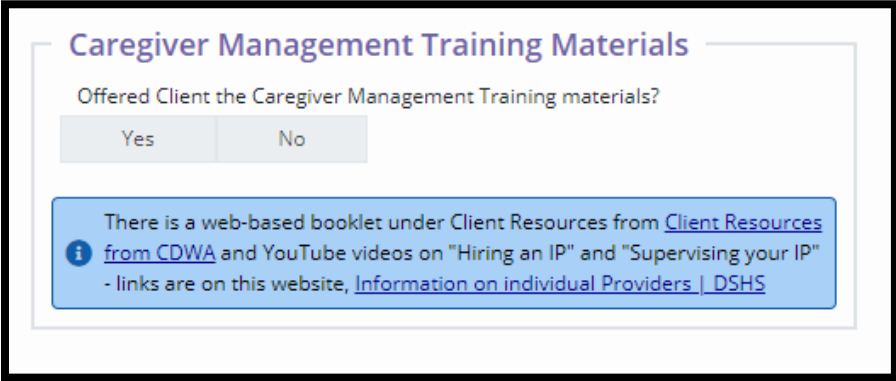
There are also two online videos available on YouTube:

- [How to Hire the Right Individual Provider - YouTube](#)
- [Supervising Your Individual Provider - YouTube](#)

Training topics include:

- Understanding the CARE plan;
- Creating job descriptions;
- Locating caregivers;
- Pre-screening, interviewing, and completing reference checks;
- Training, supervising, and communicating effectively with caregivers;
- Tracking authorized hours worked;
- Recognizing, discussing, and attempting to correct any caregiver performance deficiencies;
- Discharging unsatisfactory caregivers; and
- Developing a back-up plan for coverage of services when the regular caregiver is not available or requires relief.

Clients may be offered the training by the Case Manager during service planning such as their assessment or when they are changing to an Individual Provider (IP). Indicate on the Profile screen under the Client Details section in CARE if the client and/or their legal representative was offered and/or if they requested the Caregiver Management Training materials.



Caregiver Management Training Materials

Offered Client the Caregiver Management Training materials?

There is a web-based booklet under Client Resources from [Client Resources from CDWA](#) and YouTube videos on "Hiring an IP" and "Supervising your IP" - links are on this website, [Information on individual Providers | DSHS](#)

SERVICE NEEDS BEYOND MPC

Home Delivered Meals (HDM) is a service paid under the COPES waiver program to a contracted HDM provider. Please see [LTC Chapter 7d – COPES](#) for more information about HDM. To receive HDM, a client must meet all the criteria below:

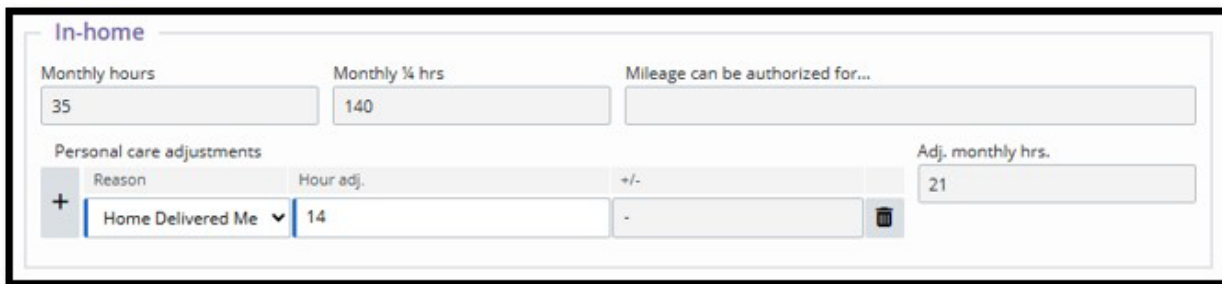
- Is homebound and lives in their own private residence;
 - Homebound means that leaving home takes considerable and taxing effort. A person may leave home for medical treatment or short, intermittent absences for non-medical reasons, such as a trip to the barber or to attend religious services.
- Is unable to prepare the meal;
- Doesn't have a caregiver (paid or unpaid) available to prepare the meal; and
- Receiving the meal is more cost-effective than having a paid caregiver.

See the [“Moving from MPC to CFC or CFC+COPES”](#) section below to determine if the MPC client would be eligible for CFC+COPES and choose to have HDM through COPES if they meet the criteria.

If, however, an MPC client is not determined eligible for CFC+COPES and they need/want home-delivered meals//nutrition services, they must receive the meals from a different funding source such as a church, or a community center, or the Older Americans Act (OAA). Regardless of the funding source for the home-delivered meals/nutrition services, a 0.5 hour (30 minutes) deduction from the client's eligible CARE-generated monthly personal care hours will be made for each meal up to a 15 hour maximum deduction per month.

To reflect the hour adjustment for the home-delivered meals/nutrition services, in the CARE assessment, on the Care Plan screen, in the In-home section, under Personal care adjustments, select “Home Delivered Meals” and add the number of hours (not meals) to be deducted. The example below shows the client has chosen to receive 28 meals per month at 0.5 hours = 14 hours deducted from their CARE-generated monthly personal care hours.

Deduct HDM from the Care Plan section:



The screenshot shows the 'In-home' section of a CARE assessment. It includes fields for 'Monthly hours' (35), 'Monthly ¼ hrs' (140), and 'Mileage can be authorized for...'. Below these is the 'Personal care adjustments' table, which has columns for 'Reason', 'Hour adj.', and '+/-'. A row is added with 'Home Delivered Me' as the reason and '14' as the hour adjustment. To the right of the table is a field for 'Adj. monthly hrs.' showing the value '21'.

Reason	Hour adj.	+/-
Home Delivered Me	14	-

The Service Summary will reflect the deduction:

Classification: A High	Daily Rate: N/A	Monthly Hours: 35
Hour Adjustments:		
Home Delivered Meals:		-14.00
Monthly Hours After Adjustments:		21.00

Moving from MPC to CFC or CFC+COPES

If an MPC client's needs exceed what MPC can provide, and the MPC client wishes to enroll in CFC **or** CFC+COPES:

- MPC eligible clients were determined not to meet institutional level of care criteria and do not qualify functionally for CFC services.
- If they are re-assessed in CARE and are found to meet institutional level of care criteria, they *must* change programs from MPC to CFC as they are no longer functionally eligible for MPC.
- The institutional level of care criteria applies to both CFC and to COPES.

See LTC manual chapter [7b – CFC](#) and chapter [7d – COPES](#) for additional information.

MPC to CFC	A functional eligibility determination in CARE that determines NFLOC is required.
MPC to CFC+COPES	• A functional eligibility determination in CARE that determines NFLOC is required. • Financial eligibility review and determination through financial.
MAGI on ABP MPC to CFC+COPES	MAGI-based ABP MPC (N-track) clients are not part of the Aged, Blind, Disabled population that is required to be eligible for waiver services, therefore the client: • must complete a Social Security Disability Determination (or the Non-Grant Medical Assistance (NGMA) process – see Appendix IV in LTC Manual Chapter 7h – Appendices for information on NGMA) before being considered for COPES or any other waiver service. • must also apply for SSI related medical using Health Care Authority (HCA) form 18-005. Information about the form and the process to fill out the application can be found here. Clients who have completed the above-mentioned disability determination process, will then need to have a functional and financial determination as noted in the “MPC to CFC+COPES” row above.

RESOURCES

Related Washington Administrative Codes (WACs)

WAC 388-106-0200	MPC Services
WAC 388-106-0210	MPC Eligibility
WAC 388-106-0215	MPC Eligibility Date
WAC 388-106-0220	MPC Remaining Eligible
WAC 388-106-0225	MPC Paying for Services
WAC 388-106-0230	MPC Employment
WAC 388-106-0235	MPC Waiting Lists
WAC 388-71	Home and Community Services and Programs
WAC 388-76	Adult Family Home Minimum Licensing Requirements
WAC 388-106	Long-Term Care Services
WAC 388-110	Contracted Residential Care Services
WAC 246-335	In-Home Services Agencies
WAC 246-840	Practical and Registered Nursing

Related Revised Codes of Washington (RCWs)

RCW 18.20	Assisted Living Facilities
RCW 70.127	In-Home Services Agencies
RCW 70.128	Adult Family Homes

Acronyms

AAA	Area Agency on Aging
ABP	Alternative Benefit Plan
ADL	Activities of Daily Living
AFH	Adult Family Home
ALF	Assisted Living Facility
ARC	Adult Residential Care
BHWS	Behavioral Health Wraparound Support
CARE	Comprehensive Assessment and Reporting Evaluation
CBHS	Community Behavioral Health Support services
CDE	Consumer Directed Employer
CDWA	Consumer Direct Care Network of Washington
CFC	Community First Choice
CM	Case Manager
CN	Categorically Needy
COPES	Community Options Program Entry System
CRM	Case Resource Manager with DDSCS
DDCS	Developmental Disability Community Services
DOH	Department of Health

DSHS	Department of Social and Health Services
ECR	Electronic Case Record
ETR	Exception to the Rule
HCA	Health Care Authority
HCBS	Home- and Community-Based Services
HCLA	Home and Community Living Administration
HCS	Home and Community Services
IADL	Instrumental Activities of Daily Living
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
IP	Individual Provider
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
MAGI	Modified Adjusted Gross Income
MCO	Managed Care Organization
MPC	Medicaid Personal Care
ND	Nurse Delegation
NFLOC	Nursing Facility Level of Care
NGMA	Non-Grant Medical Assistance
P1	ProviderOne
PBS	Public Benefits Specialist – HCS Financial Worker
PCSP	Person-Centered Service Plan
RAC	Recipient Aid Category
RCW	Revised Code of Washington
RND	Registered Nurse Delegator
SCDS	Service Code Data Sheet
SER	Service Episode Records
SSAM	Social Service Authorization Manual
WAC	Washington Administrative Code

REVISION HISTORY

DATE	MADE BY	CHANGE(S)	MB #
11/2025	Victoria Nuesca	• Updated phone number for DDCCS contact • Updated language to reflect HCS and DDCCS versus Aging & Long-Term Support Administration (AL TSA) and Developmental Disabilities Administration (DDA) • Moved service codes to align with the appropriate service provider • Reorganized and clarified “Nurse Delegation” section • Reorganized “Service Needs Beyond MPC” section to clarify receiving home-delivered meals/nutrition services for MPC clients. Added snapshots of how	



		to reflect deduction from CARE-generated monthly personal care hours.	
4/2025	Annie Moua	• Update template • Update MPC contact	H25-010
08/2024	Annie Moua	• Removal of BHPC • Added BHWS and CBHS reference in Chapter 22a	H24-044
04/2024	Annie Moua	• Aligned Out-of-State Personal Care and Caregiver Management Training sections with updated information • Added information about home delivered meals reduction in in-home hours • Fixed formatting, links, and Acronyms	H24-018
10/2023	Annie Moua	• Corrected eligibility for services authorized by DDCS	H23-071
06/2023	Annie Moua	• Updated contacts	H23-039
03/2022	Grace Brower	• Updated contacts and links, updated info to reflect that Individual Providers are now employees of the Consumer Directed Employer (CDE) and made the appropriate changes, clarified information regarding In-Home Personal Care Services Outside Washington, added acronyms	H22-020
10/2020	Beth Adams	• Moved to new template, re-arranged content	