Chapter 7g – State-Funded Programs

This chapter provides an introduction to the state-funded programs currently available to individuals who are not eligible to receive Medicaid funded programs but wish to remain in or return to their own communities through the provision of coordinated, comprehensive and economical home and community-based services.

Ask the Expert

If you have questions or need clarification about the content in these Appendices, please contact the expert(s) listed in each Appendix section.

TABLE OF CONTENTS

Chapter 7g – State-Funded Programs 1
Table of Contents 1
Chore 3
What is Chore? WAC 388-106-0600 through 0630 3
Who is eligible? 3
What services are available? 4
Who are the qualified providers? 4
Where can individuals receive services? 4
Medical Care Services 5
What is State-funded Medical Care Services? WAC 182-508-0005 and 0150 5
Who is eligible? 5
What services are available? 5
Who are the qualified providers? 6
Where can individuals receive services? 6
Long-Term Care Services for Non-Citizens 6
What is State-funded LTC for Non-Citizens? WAC 182-507-0125 6
Who is eligible? 6
What services are available? 7
Who are the qualified providers? 7
Where can individuals receive services? 8
How can a client get added to the waitlist? 8

Guardianship and Conservatorship Assistance 9
What is State-funded Guardianship and Conservatorship Assistance Program (GCAP)? WAC 388-106-2100 9
Who is eligible? WAC388-106-2110(2)-(3) 9
What services are available? 10
Who are the qualified providers? WAC388-106-2110(1) 10
Where can individuals receive services? 10
How can a client get added to the waitlist? WAC 388-106-2120 10
Resources 11
Acronyms 11
Revision History 12

CHORE

Ask the Expert

If you have questions or need clarification about the content of Chore, please contact:

Becca Howard HCBS Waiver Program Manager
564-263-0839 Rebecca.Howard@dshs.wa.gov

What is Chore? WAC 388-106-0600 through 0630

Chore is a program using state-only funds. **Chore was frozen to new applicants as of August 2001.** Do not authorize Chore services for any new clients or clients on other home and community-based services. Current Chore clients have been grandfathered into the program. Chore is the only program that allows a spouse to be a paid caregiver; however, the monthly payment to the spouse CANNOT exceed the monthly income limit for the Medical Care Services (MCS) medical program per WAC 388-478-0090.

A client may remain on the Chore program until he/she:

- Becomes eligible for MPC or CFC;
- No longer meets functional or financial eligibility for Chore;
- No longer has a spouse being paid to provide care and the client is eligible for MPC or CFC;
- Has a break in services; or
- Chooses to terminate services.

Once terminated from CHORE services, clients cannot return to the program.

Who is eligible?

To be eligible for Chore, the client must meet the following eligibility criteria:

- Reside in a private home (not a licensed residential setting);
- Be grandfathered on the Chore program before August 1, 2001, and have continued to receive Chore without a break in service;
- Be 18 years of age or older;
- Meet Functional Eligibility - the participant continues to be functional eligibility for the program based on his/her CARE assessment. To be eligible, the individual must have an unmet or partially met need outlined in WAC 388-106-0610;
- Meet Financial Eligibility ***as determined by the case manager at least annually*** or when there is a change in income. The case manager also determines participation for Chore clients. Instructions for both financial eligibility and determination of participation are provided in Chapter 7a – Core Long-Term Services & Supports Financial Eligibility.

What services are available?

The only service available under the Chore program is personal care services. The monthly benefit is the number of hours generated by CARE up to a **maximum limit of 116 hours**. If it is determined that additional hours are needed, an ETR must be submitted via CARE.

An ETR approved by the HQ ETR committee is required when the number of monthly hours being requested exceed the number of monthly hours generated by CARE.

An ETR approved by the HQ Chore Program Manager is required under the following circumstances:

1. The client is eligible for MPC or CFC but wants to remain on Chore to keep their spouse as the paid caregiver;
2. Authorizing a payment to a spouse provider in excess of MCS standard;
3. Requesting more than the program limit of 116 hours per month, but equal to or less than the base hours generated by CARE.

NOTE: A separate ETR must be submitted for [#1 and/or #2] and #3 of the above three reasons. For example, you cannot submit one ETR to allow payment to a spouse in excess of Medical Care Services (MCS) standard and to request hours above the 116 hour limit. They must be two separate ETRs. You may submit one ETR when the client is requesting to remain on Chore to keep a spouse provider even though they are now eligible for MPC or CFC AND the payment to the spouse provider will exceed the MCS standard.

Who are the qualified providers?

Clients on the Chore program may choose to receive services from the following qualified provider types:

- Individual Provider (IP) who:
  - Has a current contract with DSHS or AAA
  - Passes a BCCU criminal history background check
  - Meets all training and certification requirements outlined in WAC 388-71-0500 through 1006.
- Home Care Agency (HCA) that:
  - Is licensed by Dept. of Health per Chapter 70.127 RCW and Chapter 246-335 WAC
  - Has a current DSHS contract with an AAA

Where can individuals receive services?

Personal care services provided through the Chore program are delivered in the client's home. Personal care services may also be provided for tasks completed outside of the client's home, as specified in the service plan, in order to support clients to access other services in the community. Personal care may be furnished to assist a person to function in the workplace or as an adjunct to the provision of employment services.

MEDICAL CARE SERVICES

Ask the Expert

If you have questions or need clarification about the content of Medical Care Services, please contact:

Emily Watts Residential Policy Program Manager
360.725.3426 emily.watts1@dshs.wa.gov

What is State-funded Medical Care Services? WAC 182-508-0005 and 0150

Medical Care Services (MCS) is a small program funded 100% by state dollars. LTC services are limited and only available in certain residential settings. A person can be placed in these settings on MCS without a NGMA being completed first. Clients on this program are not eligible for waiver services unless there is a change in the client's citizenship status.

MCS clients must pay for room and board (R&B). However, ACES does not create and send cost of care letters therefore the case worker must calculate R&B. R&B is determined by subtracting the client's personal needs allowance (PNA) from their countable income and/or cash grant. The remaining income is applied to R&B up to the R&B standard. **Case managers must send a copy of DSHS 18-720 Client Responsibility Notice informing clients of their R&B amount.** Please see Chapter 8 for additional information on determining R&B.

Who is eligible?

Individuals may receive services under this program if they are:

1. Immigrants in their 5-year Medicaid bar or lawfully present non-citizens not subject to the 5-year bar (previously known as PRUCOL); and
2. Eligible for aged, blind disabled (ABD) cash program or housing and essential needs (HEN) program; and
3. Determined functionally eligible for MPC or CFC; and
4. Determined to be financially ineligible for CFC or MPC because of their citizenship status.

What services are available?

Available services in this program include:

- Skilled Nursing Facility services
- Personal care services in a residential setting
- Nurse delegation in an AFH or ARC
- Additional services can be found in Column MCS of WAC 182-501-0060. Details on what is included in each service category are available in WAC 182-501-0065.

Who are the qualified providers?

Clients may choose from the following qualified provider types:

- Skilled Nursing Facility that:
  - ✓ Is Medicaid certified
- Adult Family Home (AFH) that has a current:
  - ✓ AFH license under Chapter 70.128 RCW and Chapter 388-76 WAC; and
  - ✓ Contract with DSHS
- Adult Residential Care (ARC) facility that has a current:
  - ✓ Assistive Living Facility (ALF) license under Chapter 18.20 RCW and Chapter 388-110 WAC; and
  - ✓ Contract with DSHS

Where can individuals receive services?

Under this program, clients may choose to receive services in a nursing facility, adult family home or adult residential care facility. In-home services are not allowed.

LONG-TERM CARE SERVICES FOR NON-CITIZENS

If you have questions or need clarification about the content of Long-Term Care service for Non-Citizens, please contact:

Emily Watts Assisted Living Facility Policy Program Manager
360.725.3426 hcsresidentialpolicy@dshs.wa.gov

What is State-funded LTC for Non-Citizens? WAC 182-507-0125

The State-funded LTC for Non-Citizens program is available to clients who do not qualify for any other Medicaid program or the State-funded MCS program and have heavy care needs. It is used only as a last resort. There are a limited number of slots statewide for this program. There is a long wait list for this program. Enrollment requires approval from HCS HQ program manager.

ACES calculates Room and Board (R&B) for clients in the L24 coverage group and sends a client letter.

Note: Alien Emergency Medical (AEM) is a separate Medicaid program that offers coverage for qualifying medical emergencies. AEM is overseen by the Healthcare Authority. It does not provide LTC services.
For more information on how to apply and what is covered, please visit the HCA Apple Health Alien Emergency Medical page.

Who is eligible?

Individuals may receive services under this program if they are:

- Age 19 or older;

- Not eligible for federally funded **Medicaid or state-funded Medical Care Services (MCS) because of their citizenship status**
- Assessed in CARE to meet nursing facility level of care, there is no NGMA requirement for this program

What services are available?

Available services in this program include:

- Personal care services in a client's own home or a licensed residential setting
- Specialized Dementia Care Program
- Nurse delegation in an AFH or ARC
- Skilled Nursing Facility services
- Additional services can be found in Column CN 21+ of WAC 182-501-0060. Details on what is included in each service category are available in WAC 182-501-0065.
- Washington Roads Services (available for SNF and acute care clients only)
- Medical Escort and Medical Mileage (available for AFH clients only)

> Prior to receiving Washington Roads services, case managers must receive HQ approval from the MCS Program Manager or a delegate. For more information on Washington Roads, please see Chapter 5a.

Individuals on the LTC Medicaid Non-Citizen program are not eligible for:

- Expanded Community Services (ECS)
- Specialized Behavioral Support (SBS)
- Enhanced Service Facilities (ESF)

> If you are looking for information on the 100% state funded GOSH service and subsidy, please see Chapter 5b: Housing Resources for HCS Clients.

Who are the qualified providers?

Clients choosing to live in their own home may select from the following qualified provider types:

- Individual Provider (IP) who:
  - Has a current contract with DSHS or AAA
  - Passes a BCCU criminal history background check
  - Meets all training and certification requirements outlined in WAC 388-71-0500 through 1006.
- Home Care Agency (HCA) that:
  - Is licensed by Dept. of Health per Chapter 70.127 RCW and Chapter 246-335 WAC
  - Has a current DSHS contract with an AAA

Clients choosing to live in a residential setting may select from the following qualified provider types:

- Skilled Nursing Facility that:

  - ✓ Is Medicaid certified
- Adult Family Home (AFH) that has a current:
  - ✓ AFH license under Chapter 70.128 RCW and Chapter 388-76 WAC; and
  - ✓ Contract with DSHS
- Adult Residential Care (ARC) facility that has a current:
  - ✓ Assisted Living Facility (ALF) license under Chapter 18.20 RCW and Chapter 388-110 WAC; and
  - ✓ Contract with DSHS
- Enhanced Adult Residential Care (EARC) facility that has a current:
  - ✓ Assisted Living Facility (ALF) license under Chapter 18.20 RCW and Chapter 388-110 WAC; and
  - ✓ Contract with DSHS
- Assisted Living that has a current:
  - ✓ Assisted Living Facility (ALF) license under Chapter 18.20 RCW and Chapter 388-110 WAC; and
  - ✓ Contract with DSHS

Where can individuals receive services?

Under this program, clients may choose to receive services in their own home, an adult family home (AFH), adult residential care (ARC), enhanced adult residential care (EARC), assisted living (AL), or a nursing facility.

How can a client get added to the waitlist?

An application for long term care services must be submitted by the client or a representative prior to requesting placement on the waitlist. This is to ensure the client meets financial eligibility and is not eligible for any other services. The case manager only needs to screen the client for nursing facility level of care; a full assessment is not required until client has been awarded a slot.

After the application has been reviewed, the PBS or case manager will send an e-mail to hcsresidentialpolicy@dshs.wa.gov with the following information:

- Client's Name
- Client ID (if available)
- ProviderOne Number (if available)
- Date of Birth
- Current residence or setting, including the address
- Client or representative contact information
- Primary diagnoses or care services required

Once this information is received, the client will be added to the waitlist effective the date of initial request. An e-mail confirmation will be sent once the client's information has been added to the waitlist. The HQ Program Manager will notify the client/representative, Public Benefit Specialist, and Case Manager once a spot becomes available.

GUARDIANSHIP AND CONSERVATORSHIP ASSISTANCE

If you have questions or need clarification about the content of Guardianship and Conservatorship Assistance program, please contact:

Sarah Tremblay Guardianship Program Manager
360.725.3704 office sarah.tremblay@dshs.wa.gov

What is State-funded Guardianship and Conservatorship Assistance Program (GCAP)? WAC 388-106-2100

The State-funded Guardianship and Conservatorship Assistance program is available to LTSS eligible clients who are currently hospitalized in an acute care hospital, have been determined to no longer have decision making capacity, and who do not have an identified legal decision maker needed to access LTSS benefits for hospital transitions. It is used only as a last resort who no other available, less restrictive decision maker is available to serve the client. There are a limited number of slots statewide for this program. There can be a wait list for this program, dependent on tier designation required to meet the client's needs. Enrollment requires approval from HCS HQ program manager.

Note: The Office of Public Guardians (OPG) is a separate guardianship and conservatorship program that offers decision maker services for qualifying individuals. OPG is overseen by the Administrative Office of the Courts (AOC).

For more information on how to apply for a public guardian or conservator and to verify what is covered, please visit the OPG website at Washington State Courts - Guardian Portal

Who is eligible? WAC388-106-2110(2)-(3)

At the time of referral and eligibility determination, individuals may receive services under this program if they:

- Are age 18 or older;
- Meet long-term care services and supports (LTSS) Medicaid functional eligibility requirements in chapter 388-106 WAC and financial eligibility requirements in WAC 182-513-1315(1)-(3) or be determined provisionally approved;
- Do not have financial resources to pay for guardianship services, fees, or costs from their estate;
- Are occupying an acute care hospital bed, and not be in a restricted sub-group including current occupancy in a bed readiness program, skilled nursing facility, inpatient rehabilitation, inpatient mental health, emergency department, long-term acute care hospital bed, facility bed under observation status, or in a facility bed under a single bed certification pursuant to a cause under Chapter 71.05 RCW;
- Determined to be non-decisional for consent to LTSS services purposes and have no identified less restrictive legal representative willing or able to provide consent to LTSS services or to serve as guardian or conservator;

- Who have at least one qualifying neuro-cognitive diagnosis as defined om WAC 388-106-2105;
- No longer requires an inpatient level of care at an acute care hospital;
- Likely require the appointment of a guardian or conservator to be able to access and maintain long-term services and supports.

What services are available?

Available services in this program include:

- Professional guardianship services
- Professional conservatorship services
- Limited filing and case related service fees
- Additional services information can be found in WAC 388-106-2100. Details on tier terms are available in WAC 388-106-2105.

Who are the qualified providers? WAC388-106-2110(1)

All GCAP providers:

- Hold a current DSHS GCAP contract and maintain sufficient insurance coverage per contract terms;
- Hold certification Certified Professional Guardians and Conservators approved by the state of Washington supreme court;
- Must be in good standing with the certified professional guardian and conservator review board (CPGCRB); and
- Pass a BCCU criminal history background check.

While every effort is made to ensure client preference and client choice in the nomination of a proposed guardian and conservator contractor, the Court has ultimate determination as to which contractor is appointed, if any.

Where can individuals receive services?

Under this program, clients may choose to receive services in their own home, an adult family home (AFH), adult residential care (ARC), enhanced adult residential care (EARC), assisted living (AL), specialized dementia care program (SDCP) facility, or a nursing facility.

How can a client get added to the waitlist? WAC 388-106-2120

A client will be added to the waitlist by the Guardianship Program Manager after the Acute care hospital has completed the referral procedure outlined in Chapter 388-106-2115 WAC and:

- The individual is determined eligible for GCAP services;
- It is determined that there is not an appropriate GCAP program slot available for the eligible individual based on the client's tier designation;
    a. If a person is found eligible for a tier 2 slot, but at the time of acceptance only a tier 1 slot is available, DSHS will accept the person into the tier 1 slot while simultaneously placing

the person on the waitlist for a tier 2 slot. Acceptance into the tier 2 waitlist does not guarantee that a person will be accepted into the program under a tier 2 slot designation.

An e-mail confirmation will be sent once the client's information has been added to the waitlist. The Guardianship Program Manager will notify the client/representative, Public Benefit Specialist, and Case Manager once a spot becomes available.

- ❖ Waitlist priority is determined based on a first-come basis utilizing the date DSHS receives a complete referral packet and DSHS completes an eligibility determination for the person.
- ❖ Being added on the waitlist does not guarantee that a person will be accepted into the program.

RESOURCES

Acronyms

AAA	Area Agency on Aging
ABD	Aged, Blind, Disabled
AEM	Alien Emergency Medical
AFH	Adult Family Home
ALF	Assisted Living Facility
AOC	Administrative Office of the Courts
ARC	Adult Residential Care Facility
BCCU	Background Check Central Unit
CARE	Comprehensive Assessment and Reporting Evaluation
CFC	Community First Choice
COPES	Community Options Program Entry System
DSHS	Department of Social and Health Services
EARC	Enhanced Adult Residential Care Facility
ECS	Expanded Community Services
ESF	Enhanced Services Facility
ETR	Exception to the Rate/Rule
GCAP	Guardianship and Conservatorship Assistance Program
GOSH	Governor's Opportunity for Supportive Housing
HCA	Health Care Authority
HCA	Home Care Agency
HCBS	Home and Community Based Services
HCLA	Home and Community Living Administration
HCS	Home and Community Services
HEN	Housing and Essential Needs
HQ	Headquarters
IP	Individual Provider
LTC	Long-Term Care
LTC-NC	Long Term Care for Non-Citizens
LTSS	Long Term Services and Supports
MCS	Medical Care Services

MPC	Medicaid Personal Care
NGMA	Non-Grant Medical Assistance
OPG	Office of Public Guardians
PBS	Public Benefit Specialist
PNA	Personal Needs Allowance
R&B	Room and Board
RCW	Revised Code of Washington
SBS	Specialized Behavior Support
SDCP	Specialized Dementia Care Program
SER	Service Episode Record
SNF	Skilled Nursing Facility
WAC	Washington Administrative Code

REVISION HISTORY

DATE	MADE BY	CHANGE(S)	MB #
5/2026	Emily Watts Becca Howard	• Updated MCS Program and included services available link as well an information on R&B • Updated LTC NC Program, no longer requires NGMA • Updated contact information	
7/2025	Annie Moua	• Update ALTSA to HCLA and DDA to DDCS	TBD
4/2025	Annie Moua	• Update template • Remove CFC from programs individuals on LTC-NC are not eligible for	