DSHS
WASHINGTON STATE Department of Social and Health Services

Home and Community Services (HCS)
Area Agencies on Aging (AAA)
Developmental Disabilities Administration (DDA)

Financial Communication to Social Services

Date

From: Name	Phone Number	Organization

1. Client Information

Case Name	Phone Number	Message Number	ACES ID

Address State State Zip Code

2. Case Information

☐ Equal Access (NSA) Accommodation Plan:

☐ Medicare eligible (has or will have Part D co-pays)

☐ Limited English Proficiency preferred language:

Civil Transitions Program (conditionally eligible): ☐ Yes Start Date

Application date: _____ ☐ Approved ☐ Withdrawn ☐ Active Medicaid ☐ Active TSOA

☐ Denied
- ☐ Over resources
- ☐ Asset transfer penalty period: to
- ☐ Other:

☐ Pending
- ☐ Functional eligibility determination
- ☐ Verification due date: _____
- ☐ NGMA decision

Expenses **(For DDA Use Only)**

☐ Court ordered fees: Guardian $_____; Attorney $_____

☐ Medical $_____

☐ DDA Room and Board ETR Request (CRM, please approve or deny on 15-345). Total ETR amount $_____

Comments:

3. Representative

Name

Address City State Zip Code

Phone Number (area code) | Email Address

Representative Type
- ☐ Authorized representative
- ☐ Attorney-in-fact
- ☐ Legal guardian
- ☐ Representative payee
- ☐ Parent / Spouse

4. Service Request

NFLOC determination needed? ☐ Yes ☐ No

☐ Nursing Facility ☐ Home Maintenance Allowance ☐ TSOA ☐ MAC

☐ MPC / CFC ☐ In-home ☐ Residential
☐ HCS / DDA HCB Waiver ☐ In-home ☐ Residential

☐ Ongoing Additional Requirements (indicate type of OAR in comments)
☐ Non-grant Medical Assistance (NGMA) packet is needed for disability determination

State Funded Services

☐ LTC for non-citizens (preapproval needed) ☐ In-home ☐ Residential
☐ NF ☐ MCS residential ☐ MCS NF

For HCS Use ONLY

Use only for referrals to designated WSH / ESH and NGMA / Incapacity / SSI facilitation social workers.

- ☐ ABD cash disability / HEN incapacity determination
- ☐ SSI Facilitation
- ☐ WSH / ESH
- ☐ Other (indicate specific request in comments

☐ Is client a good candidate for Fast Track? ☐ Yes ☐ No, and why not?

Potentially eligible for: ☐ MPC ☐ CFC ☐ Waiver ☐ Other:

5. Financial Eligibility Determination

☐ Financially eligible for CN or ABP (MPC or CFC)
☐ Financially eligible for CN (CFC, but not financially eligible for MPC)
☐ Financially eligible for CN (MAC)
☐ Financially eligible for HCBS waiver
☐ HCBS waiver rules are needed for eligibility (not eligible for CFC only)
☐ Financially eligible for MCS (state-funded residential / NF (A01/A05)
☐ Financially eligible for LTSS for non-citizens (L04 / L24)
☐ Financially eligible for TSOA
☐ Civil Transitions Program (conditionally eligible)

Projected Date of Financial Eligibility		
Estimated Amount of client Responsibility		
Month 1	Month 2	Month 3
$	$	$

6. Comments

7. Client Responsibility Overpayment / Underpayment

Overpayment / Underpayment (client reimbursement) notification.

WAC reference: Chapter 182-515 WAC, WAC 182-513-1315, WAC 182-504-0105, WAC 182-504-0120

Reason for Overpayment / Underpayment		Client or Department Caused? ☐ Client ☐ Department	Change Reported Timely? ☐ Yes ☐ No
Month / Year	Previous Client Responsibility	Correct Client Responsibility	Overpayment / Underpayment