DSHS
WASHINGTON STATE
Department of Social and Health Services

Physician Certification For Home Maintenance Allowance (HMA)

Client Name	Starting Date	ACES Client ID Number

Physician: The following information is needed to allow the client to be eligible for the Home Maintenance Allowance (HMA). The HMA will allow some of the client's income (to the 100% Federal Poverty Level maximum) to be set aside for up to six (6) months to maintain or support the client's transition to a community residence while they are receiving services in a nursing facility or Medicaid Medical Institution.

Your cooperation is sincerely appreciated.

Please Check One:

☐ Upon review of the above-named person's health status, I believe they will likely return to a community home within six (6) months from the date above.

☐ Upon review of the above-named person's health status, I believe they are **NOT LIKELY** to return to a community home within six (6) months from the date above.

Physician's Signature	Date

DSHS 14-456 (Rev. 08/2026)