STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
Residential Care Services • P.O. Box 45600 • Olympia, Washington 98504

June 10, 2026
~~Amended July 08, 2026~~
Amended September 23, 2026

HCLA: AFH #2026-022
HCLA: ALF #2026-025
HCLA: ESF #2026-019
Updates to Notice of Transfer and Discharge Form and Process

Dear Provider/Administrator:

This Dear Provider Letter has been amended to include additional information to clarify the process and updates to DSHS Form 15-458, Notice of Transfer or Discharge.

The Department of Social and Health Services (DSHS) wanted to inform you of recent updates to the **DSHS Form 15-458** **Notice of Transfer or Discharge** form. The updates affect notices you issue to residents with Medicaid only. We've added a field for the ACES ID and a new centralized fax number and mailing address for sending a copy of the notice to the Department of Social and Health Services (department) case manager. These updates streamline the process for Assisted Living Facilities, Enhances Services Facilities and Adult Family Homes, providing a single point of contact for distribution of the notice to the department. The changes will help ensure the correct case manager receives timely notification, allowing them to assist the resident with the transfer or discharge process.

Effective immediately, you will need to include the ACES ID when issuing a notice of transfer or discharge to a resident with Medicaid. The ACES ID may also be referred to as the Client ID on communications sent directly to residents. When sending the notice of Transfer or Discharge to the Home & Community Services or the Developmental Disabilities case manager, **send the form directly to the Document Management System (DMS) via fax at (855) 635-8305 or via mail to DMS at PO Box 45826 Olympia, WA 98599-5826. You may also email the form directly to DMS at HCLANTD@dshs.wa.gov.** When emailing, please send files as a PDF and only one form per email. You will still need to follow all other instructions on the form. These changes do not apply to transfer or discharge notices you issue to non-Medicaid residents.

The Notice of Transfer or Discharge form is optional for use. If your facility or home creates and uses your own form or letter, we ask that you send copies of those notices also to DMS via the fax number, address, or email above. We request that you include the residents' ACES ID on whichever format you use for the Notice of Transfer or Discharge for Medicaid residents.

The ACES/Client ID can be found on the CARE Assessment Details and Service Summary. It is located in the upper right-hand side of both documents as well as in the footer of each page of the documents. Below is a screenshot example of the footer for reference:

Client Name: [redacted]	Assessment Date: 12/23/2025
Client ACES ID: [redacted]	Date Completed: 12/31/2025
Client ProviderOne ID: [redacted]	Date Printed: 06/12/2026 08:20 AM
Client ADSA ID [redacted]	Page: 1

Thank you for your assistance. If you have questions, please contact Emily Watts at hcsresidentialpolicy@dshs.wa.gov Home & Community Services and Paula Costa at paula.costa@dshs.wa.gov for Development Disabilities Administration.

Sincerely,

Amy, Abbott, Director
Residential Care Services

DSHS: *"Partnering with People*