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

July 16, 2026

ALTSA: NH #2026-027
Home and Community Services (HCS) Statewide Eligibility and Service Delivery (SESD) Assignment Process

Dear Nursing Facility Administrator,

Effective July 14, 2026, Home and Community Services (HCS) will implement a centralized statewide intake, application, and referral process for all requests for financial determinations and assessments related to long-term services and supports. This is referred to as the statewide eligibility, and service delivery (SESD) assignment process. This change is designed to create more consistent statewide operations, balance workload, and improve our ability to respond to increased demand for assessments.
All requests will be processed by statewide staff across Washington, while functional assessment staff will continue to be physically located within their regional offices.

All Skilled Nursing Facility operators must use the following contact information for submitting required forms:

- Toll-free line**:** 877-429-7019
- Fax: 855-635-8305

Because this transition represents a significant operational shift, temporary disruptions in timeliness may occur as statewide teams adjust to new workflows and increased coordination. During this period, it is more critical than ever that nursing facilities submit complete and accurate notifications for all changes in a resident's funding, admission status, and discharge.

Reminder of Required Notice Of Action Notifications:
Nursing facilities must continue to follow existing requirements for communicating with HCS regarding residents who apply for or convert to a custodial Apple Health benefit, as well as those who discharge from your facility. More detailed information is available in the Washington State Health Care Authority (HCA) Nursing Facilities Billing Guide.

After an Apple Health client has been admitted to a skilled nursing facility (SNF), converted from a medical benefit, or discharged, the SNF must submit the Nursing Facility Notice of Action (Form 15-031). The form must include:

- The client's Medicaid identification number (ProviderOne ID or ACES ID)
- The date of admission
- The date of any status change

Please note: DSHS Form 15-031 should not be submitted for individuals who are not active on or seeking an Apple Health benefit. An application for long term services and supports is required for individuals who are seeking nursing facility services or Home and Community Based Services. Confirm eligibility in ProviderOne before faxing. Submitting forms for ineligible individuals overwhelms the system and contributes to delays that may be amplified during the transition to a statewide eligibility and service delivery model.

For residents covered under Classic Medicaid, fax Form 15-031 to DSHS as instructed on the form. For residents covered under MAGI programs, fax the form directly to the HCA Medicaid Eligibility team, as detailed on the form. Incorrect routing of MAGI forms to DSHS causes processing delays and impacts timely access to long-term services and supports.
Please make sure you have the most up to date form by routinely checking online, as these forms and instructions are updated regularly.

NFLOC Requests and Case Management Notification:
To request a Nursing Facility Level of Care (NFLOC) determination or to notify Case Management that a Medicaid resident may need additional long-term services and supports for community-based transition planning, facilities must fax the HCS Intake and Referral (Form 10-570) to the Centralized toll-free Fax number: 877-429-7019 or 1-855-635-8305. This form initiates assignment of an HCS case manager and signals that an NFLOC assessment is needed.

Please note: DSHS Form 10-570 should not be submitted for individuals who are not active on or seeking an Apple Health benefit. An application for long term services and supports is required for individuals who are seeking nursing facility services or Home and Community Based Services. The application will also initiate assignment of an HCS Case manager and signals that an NFLOC determination is requested.

A NFLOC determination must be completed to receive Medicaid payment after skilled care ends or is exhausted. Medicaid payment begins on the date the NFLOC request is received or the date of admission, whichever is later for existing Medicaid clients. Delays in submitting Form 10-570 may result in loss of payment, making timely submission essential, especially during the transition to a statewide eligibility, and service delivery (SESD) assignment process.

If there are concerns that a client may no longer meet NFLOC requirements, please contact your assigned HCS Case Manager.

Thank you for your continued partnership. Please share this information with all Business Office staff, Admissions staff and Social Services involved in billing and Medicaid coordination. If you have questions, please contact your assigned HCS Nursing Facility Case Manager or Julie Cope, Nursing Facility Case Management Policy Unit Manager, at Julie.Cope@dshs.wa.gov or Amanda Aseph, Deputy Director of Field Operations at Amanda.aseph@dshs.wa.gov.