



Home and Community Living Administration (HCLA)
Case Mix Index Detail (CMID) Report Authorization

Recipient of Secure Email	
<p>This form lists information for one (1) corporate email account of a nursing facility in the State of Washington. Please do not designate an individual (personal) email. Nursing facilities are responsible for security and internal distribution of the reports they receive. Consult with tech support to assure that secure emails from the State can be received (i.e., firewalls, Google groups).</p> <p>This account is authorized and responsible for receiving the Facility PDPM / HIPPS Case Mix Index Detail (CMID) Reports via secure e-mail by the Home and Community Living Administration (HCLA) of the Department of Social and Health Services.</p> <p>Completed forms are submitted electronically to the MDSHELPDESK@dshs.wa.gov. HCLA reserves the right to return the form for resubmission. Please type to complete legibly.</p>	
Name of Facility	
Nursing Facility License Number	
Email address for CMID Report	
Minimum Data Set (MDS) Contact	
Signature	Date
Print Name	
Job Title	
Confirmation by Nursing Facility Administrator	
<p>I confirm that the email address above is confidential and authorized to receive CMID Reports listing clients of the nursing facility.</p>	
Signature	Date
Print Name	
Job Title	