

# Transforming Lives

## How to apply for DSHS Long Term Services and Supports (LTSS)

Medicaid is a government health insurance program that pays for long term services and supports (LTSS) for people who have very limited income and resources. To receive (LTSS) through DSHS Home and Community Services (HCS), you must be both financially and functionally eligible for Medicaid, therefore there are two application components to complete. More information about the services can be found on the [DSHS Aging and Long-Term Support Administration \(ALISA\)](#) website.

**Financial Eligibility**-An application for DSHS services must be submitted and an interview completed. Applications for LTSS may be submitted using any of the following methods:

1. An application can be completed and submitted online:
  - a. For clients under 65 who are not receiving Medicare, apply online at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org).
    - Applications submitted through this site will have a real-time determination of Washington Apple Health medical coverage eligibility under the modified adjusted gross income (MAGI) methodology.
    - To apply for LTSS through this site, the client must indicate a need for the services in the *Additional Questions* screen in the Healthplanfinder application AND take the link at the end of the application to transfer the application data to the Washington Connection site to complete additional information that is needed specific to LTSS.
  - b. For individuals over 65 or receiving Medicare:

An online application can be completed and submitted by going to the [Washington Connections](#) website and clicking "Apply Now" (this is not a real time process).
2. Complete and submit [HCA form 18-005](#) or call your [local HCS office](#) and ask them to mail you an application.

Submit the application using one of the following methods:

- Mail or FAX to:  
Home and Community Services - LTSS Services  
PO Box 45826  
Olympia WA 98504-5826  
FAX: 1-855-635-8305
- Drop off at your [local HCS office](#)



# Transforming Lives

3. You can apply in-person at your [local HCS office](#). If you have difficulty reading the application or have mental, physical, hearing, or sight impairment that make it difficult to understand what is happening during the application process, ask an HCS staff person for help.

Once you have completed your application, an HCS financial services specialist works with you to see if you are financially eligible to receive Medicaid. Depending on what works best for you, this can be an in-person or telephone interview.

Any additional information requested through the interview by the financial worker will need to be submitted within the timeframe requested.

**Functional Eligibility**- An in-person assessment must be completed and information collected.

1. Once a financial application for services has been submitted (you do not need to wait for a determination) you can call the HCS central intake lines and request a social services assessment for HCS LTSS.

Region 1 HCS	Pend Oreille, Stevens, Ferry, Okanogan, Chelan, Douglas, Grant, Lincoln, Spokane, Adams, Klickitat, Yakima, Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin and Whitman	Call: (509) 568-3767 or (866) 323-9409  FAX: (509) 568-3772
Region 1 South	Klickitat, Kittitas, Yakima, Benton, Franklin, Walla Walla, Columbia, Garfield and Asotin	Call: (509) 568-3767 or 1(866)323-9409  FAX: (509) 568-3772
Region 2 North HCS	Snohomish, Whatcom, Skagit, Island Counties	Call: 1(800) 780-7094 FAX: (425) 977-6579
Region 2 South HCS	King County	Call: (206) 341-7750 or FAX: (206) 373-6855
Region 3 HCS	Pierce, Kitsap, Thurston, Mason, Lewis, Grays Harbor, Pacific, Cowlitz, Clark, Clallam, Jefferson	Call: 1 (800) 786-3799 FAX: 1 (855) 635-8305



## Transforming Lives

2. The intake worker will assign a social worker to complete an in-person assessment to determine functional eligibility. The social worker will collect some of the following information:
  - a. What your needs are for personal care; mobility, bathing, dressing, eating, etc.
  - b. Medical information; medical records, diagnosis, medications, physicians information
  - c. Any needs for behavioral, chemical dependency or other supports
  - d. Information on any supports already in place
  - e. Preferences on setting in which you would like to receive care or caregivers

Once both the assessment and financial eligibility has been completed, you will be notified via phone call and mail.

1. If eligible for services, the social worker will discuss a Care Plan with you and services will be started.
2. If you are found ineligible, the social worker will discuss the reasons and a detailed denial letter will be mailed to you. If you do not agree with the decision, the letter will detail how you can appeal the decision.

If you would like a friend, family member or professional to assist with the application process, the following can be done:

1. You can add a support person's contact information to the application as an Authorized Representative, if you cannot be reached or if you need assistance with communication.
2. You can complete [DSHS form 14-532](#) to request an AREP (Authorized Representative) to assist you through the application and assessment process.
3. A support person/AREP can be with you during the financial review and in-person assessment. You are considered the primary source of information, but a support person/AREP can provide collateral, supporting information.
4. You can add a support person's/AREP's mailing address so they receive duplicates of mailed information since a lot of the application process is done via mail.
5. You can add the support person/AREP to the [Authorization form 17-063](#) so that the financial/social workers can communicate with them on your behalf, if desired.