

**Financial Communication to Social Services.  
Barcode DSHS form 07-104**

**Purpose:** Communication between the HCS and DDA LTC financial worker and social worker/case manager is an important piece for correct long-term services and supports (LTSS) eligibility. Initial eligibility for LTSS is done concurrently by both the financial worker and the social worker / case manager. Changes in circumstance must be communicated back and forth between the financial worker and social services to maintain correct eligibility.

LTSS has 2 parts to eligibility:

1. The financial eligibility for the medical program; and
2. The functional eligibility for the service.

In addition, there are 2 start dates for Medicaid:

1. The Medicaid (medical assistance) start date, which is always the first day of the month unless there is a transfer and the client is not eligible for any other Medicaid program except institutional.
2. The service start date. This is the date LTSS starts.
3. For NF admissions:
  - a. For applicants the earliest of the following:
  - b. The first day of the month the client is eligible. If there is a transfer of asset, it is the day following the end of the transfer period; or
  - c. The date of admission to the facility. If there is a transfer of asset, it is the day following the end of the transfer period; or
    - i. For recipients, the first day DSHS was notified of the admission; and
    - ii. The client is NFLOC
4. For HCB waivers, the service start date is when the social worker / case manager started the service and the client is found financially eligible. This date is provided to the financial worker by the social worker / case manager via the 15-345 (DDA) or the 14-443 (HCS). If the case was fast-tracked and the client was not financially eligible, notify social services.

This communication form is used by the HCS and DDA LTC specialty unit financial worker to give information to the social worker / case manager regarding financial eligibility.

**Mandatory points in Financial Application Process  
(when to send 07-104 to Social Services)**

- **After the first attempted contact with the client / representative, even if interview was not completed.** This step is where you want to provide as much information to Case Management regarding the client's current circumstances.
- **When the client / representative has provided us with the requested verifications or has not provided verifications by the due date.** Leave comment for when: extension is requested; application denied into 30 day reconsideration; or client needs help gathering documents (reference the request letter)
- **When financial eligibility has been determined.** Address: transfer penalties, if client over resources, or date client will be financially eligible.
- **If services have not been approved by SSS by end of application time period.** Send 7-104 regarding denial and placement on spend down if eligible.

## Instructions

1. **Financial worker and client information:** The barcode 07-104 auto-populates the date, financial worker name, telephone number, organization, (HCS or DDA), ACES ID and client address in the appropriate fields.
2. **Case Information:**
  - a. Indicate if the client is on Medicare. This is needed so the social worker / case manager knows whether HCB waiver services may be needed to waive Medicare D co-payments.
  - b. Indicate equal access / NSA needs. NSA examples are:
    - i. Large print for clients with impaired vision.
    - ii. Case management assistance is needed for forms or verification. Be clear what type of case management assistance is needed in order for the client to retain or achieve medical eligibility.
    - iii. Assistance in applying for certain benefits that is required for Medicaid eligibility such as Medicare.
  - c. LEP indicated in ACES is pre-populated.
  - d. Application status information. Information on initial application status is indicated in these fields.
  - e. DDA expenses for room and board. These fields are used by the DDA LTC specialty unit regarding expenses that need an ETR decision by the DDA case manager.
3. **Representative:** Complete information on the client's representative.
4. **Service Request:**
  - a. Nursing home
    - i. For recipients, financial needs the date social services was notified of the admission
    - ii. Does the client meet NFLOC
    - iii. Review for home maintenance allowance.
  - b. Initial service request (MPC / CFC) indicate the LTSS request and the living arrangement (in home or residential). If eligible for MPC or CFC only, indicate this in the comments
  - c. Check the HCB waiver needed box if the client will only be financially eligible using HCB waiver rules.
  - d. State funded services.
    - i. LTC for non-citizens, pre-approval is needed. Check the box for in-home or residential
    - ii. Medical Care Services. Check the box for in-home or residential.
  - e. Fast Track:
    - i. Check the box if the client appears to be financially eligible and a good candidate to fast-track services. (See Fast Track Guideline for help)
    - ii. If the client is not a good candidate for fast-track, check the box and briefly explain why (examples include: when the client appears over resources; transfers that may cause a penalty period; or information provided is not enough to determine if the client appears financially eligible).
    - iii. Select the programs fast track can be utilized for.
5. **Financial eligibility determination:** Check the appropriate box for the Medicaid program the client is financially eligible for.
  - a. Enter a projected date of financial eligibility if you have determined the client to be eligible in a future month (this is helpful for private pay to Medicaid cases). Example: client applies on 06/25/2015 and has been paying private in an adult family home. The client has enough money to pay privately for 07/2015, but expects to be at or below the resource standard on 08/01. In this example indicate 08/1/2015 as the projected financial eligibility and indicate in the comments it is a private pay to Medicaid request.
  - b. Client responsibility: Indicate the estimated amount of participation based on information on the application and/or interview for the first three (3) months. This field is only completed for initial / pending applications.
6. **Comments.** Add additional comments that need to be communicated to the social worker / case manager. For example, the client needs help gathering documents or you have been unable to contact the client for an interview.
7. **Client responsibility overpayment / underpayment.** This is used to notify the social worker / case manager of historical changes in participation liability based on Method 3.
  - a. Reason. Enter the reason why client responsibility has changed: Increase in income, decrease in income, increase in allowable deductions, or decrease in allowable deductions.
  - b. Enter whether it is client or department caused.
  - c. If it is client caused, enter whether the change was reported timely.
  - d. In the table enter the correct month / year; previous client responsibility (what is in ACES); correct client responsibility (what *should be* in ACES); and the amount of the overpayment / underpayment.