

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

**Purpose:** Communication between the HCS / LTC financial worker and HCS / AAA / DDA 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 two (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 / AAA case managers 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 07-104 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 / AAA case managers 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. TSOA: Check this box if the client is applying for TSOA.
  - c. MAC: Check this box if the client is applying for MAC
  - d. Initial service request (MPC / CFC) indicate the LTSS request and the living arrangement (in home or residential). If eligible for MPC, CFC or only, indicate this in the comments
  - e. Check the HCB waiver needed box if the client will only be financially eligible using HCB waiver rules.
  - f. 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.
  - g. 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, MAC or TSOA 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.