Washington State Department of Social & Health Services
Transforming lives

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

# Nursing Facility Notice of Action

To be completed by nursing facility or DDA institution.

TO: Classic Medicaid cases FAX to DSHS: 1-855-635-8305

MAGI Medicaid cases FAX to: 1-866-841-2267
Health Care Authority (HCA) claims processing NF unit. Codes for classic and MAGI programs are in the 15-031 instructions.

| CLIENT NAME LAST FIRST MIDDLE INITIAL (MI) | |
|---|---|
| SEX ☐ Male ☐ Female | DATE OF BIRTH |
| PROVIDER NUMBER, IF A NURSING FACILITY (NF) | |
| DSHS ACES CLIENT ID (REQUIRED FOR SUBMISSION) | |
| EFFECTIVE DATE OF ACTION | |

## Section I: Type of Action

IF DISCHARGED OR DECEASED CHECKED, COMPLETE THE FOLLOWING INFORMATION:

| AMOUNT OF REFUND | NAME ON REFUND |
|---|---|
| | |

☐ 1. Discharged/transferred
☐ 2. Deceased
☐ 3. Social/therapeutic leave exceeds 18 days in calendar year
☐ 4. Change in payment status (includes Medicare to Medicaid, Managed Care admission and end dates, Hospice, etc.)
☐ 5. Readmit to Title XIX certified facility from hospitalization
☐ 6. Admit

## Section II: Transfer / Discharge Information

IF BOX 1 ABOVE WAS CHECKED, COMPLETE THE FOLLOWING:

☐ 1. Home
☐ 2. Hospital
☐ 3. Nursing Facility
☐ 4. Assisted Living
☐ 5. Institution - DDA ICF – IID, DDA state facility (RHC)
☐ 6. Away without leave
☐ 7. Adult Family Home
☐ 8. DDA ICF – IID Group Home
☐ 9. Hospice / Hospice Care Center (The Medicare / Medicaid Hospice provider must also submit HCA 13-746 Medicaid Hospice Notification to report changes per the Hospice billing guide.)
☐ 10. Other (specify):

| NAME OF NEW FACILITY | | | TELEPHONE NUMBER (INCLUDE AREA CODE) |
|---|---|---|---|
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| MAILING ADDRESS, IF DIFFERENT FROM ABOVE | CITY | STATE | ZIP CODE |

## Section III: Reason for Action; Indicate Date:

☐ 1. Apple Health Managed Care rehabilitation / skilled nursing - admission / start date
☐ 2. Apple Health Managed Care rehabilitation / skilled nursing - coverage ends or prior authorization ends
☐ 3. Hospice admission / election (indicate hospice agency information in comments)
☐ 4. Hospice revocation
☐ 5. Private pay to Medicaid
☐ 6. Medicare to Medicaid
☐ 7. Medicaid to private pay
☐ 8. Medicaid to Medicare
☐ 9. Not in need of Nursing Facility Care

## Section IV: Comments

| NURSING FACILITY REPRESENTATIVE | DATE | TELEPHONE NUMBER (INCLUDE AREA CODE) |
|---|---|---|
| NAME OF FACILITY REPORTING THE CHANGE | | TELEPHONE NUMBER (INCLUDE AREA CODE) |
| STREET ADDRESS | CITY | STATE ZIP CODE |



Barcode label

15031

**Nursing Facility Notice of Action**
DSHS 15-031

## Instructions

This form is used by Nursing Facilities (NF) or Developmental Disabilities Administration (DDA) institutions to report changes to the DSHS financial worker on active Medicaid clients. Reporting changes promptly will enable correct eligibility and award letters and alert the DSHS financial worker of discharges and change in status. This form is also used by the HCA NF billing unit on active modified adjusted gross income (MAGI) clients. Don't submit this form without indicating an ACES client ID. All active Medicaid clients will have an ACES client ID and the medical coverage group in the provider inquiry function in Provider One. Forms submitted without an ACES client ID won't be processed. It is important to indicate the facility name and address as facilities have the same or similar names. Indicate the effective date of the change. For additional instructions and medical coverage group desk tool, consult the NF provider billing guide.

The NF is required to get pre-approval from the Managed Care Organization (MCO) if the Medicaid client is active with a MCO or was in an MCO at the time of hospital/facility admission.

DSHS staff determines eligibility for "Classic" Medicaid programs. FAX this form to DSHS at 1-855-635-8305 when a client is active on one of the following medical coverage groups: A01, A05, D01, D02, D26, G03, G95, G99, L01, L02, L04, L21, L22, L24, L31, L32, L41, L42, L51, L52, L95, L99, S01, S02, S08, S95, S99 And T02. HCA maintains eligibility for MAGI Medicaid authorized through the Health Benefit Exchange (HBE). FAX this form to the HCA claims processing NF unit 1-866-841-2267 when the client is active under the following medical coverage groups: N01, N02, N03, N05, N10, N11, N13, N23, N31, N33, K01, K95, or K99.

**Do not use this form to request a social service assessment from Home and Community Services (HCS).** This form is used to report changes to the financial worker that may affect Medicaid eligibility. The DSHS 10-570 Intake and Referral request form is used to request a social service assessment. https://www.dshs.wa.gov/sites/default/files/FSA/forms/word/10-570.docx. Contact the HCS social service intake line to request an assessment for discharge services in the community. (See below.)

- **REGION 1 –** Pend Oreille, Stevens, Ferry, Okanagan, Chelan, Douglas, Grant, Lincoln, Spokane, Adams, Whitman, Klickitat, Kittitas, Yakima, Benton, Franklin, Walla Walla, Columbia, Garfield and Asotin: 509-568-3767 or 1-866-323-9409; FAX 509-568-3772
- **Region 2 North HCS -** Snohomish, Whatcom, Skagit, Island, and San Juan Counties 1-800-780-7094 or FAX 425-977-6579. Nursing Facility Intake: FAX 425-977-6579.
- **Region 2 South HCS -** King County 206-341-7750 or FAX 206-373-6855.
- **Region 3 HCS -** Pierce, Kitsap, Thurston, Mason, Lewis, Grays Harbor, Pacific, Cowlitz, Clark, Clallam, Jefferson, Skamania, and Wahkiakum, counties 1-800-786-3799 or FAX 360-586-0499.

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### Section I: Type of Action
- Select the appropriate box
- For boxes 2 through 6 enter the effective date the action took place

### Section II: Transfer / Discharge Information
- If you selected box 1 in section one then:
  - Select appropriate box
  - Enter the effective date the action took place

### Section III: Reason for Action
- Enter the effective date the action happened
- Select appropriate box

### Section IV: Comments
Enter any comments to clarify the actions marked in section one through three.