

Instructions for Medicaid Transformation Demonstration Service Notice, DSHS 15-492 (for case manager only)

Date of Notice: Enter date you are completing and mailing notice.

The following action(s) will go into effect on full eligibility RAC **start date** through full eligibility RAC **end date**:

Step: Enter “Step 1 Services”; “Step 2 services”; or “Step 3 services.”

Program: Enter “MAC”; “TSOA”; or “TSOA Individual (IND).”

Action: Enter “approved”; “withdrawn”; “terminated”; or “denied.”

Unit: Enter unit type as “one-time”; “annual”; or “monthly.”

Amount: Enter the benefit / step level limit preceded by the words “up to” (such as “up to \$250”).

WAC 388-106-19__: Enter the appropriate WAC section for that benefit / step.

Action	Program	WAC
Approved / Denied	MAC and TSOA dyad Step 2	388-106-1915(1)
Approved / Denied	MAC and TSOA dyad Step 2	388-106-1915(2)
Approved / Denied	MAC and TSOA dyad Step 3	388-106-1915(3)(a)
Approved / Denied	TSOA IND Step 3	388-106-1915(3)(b)
Denied / Terminated due to eligibility	MAC and TSOA dyads and TSOA individuals	388-106-1980
Withdrawn	MAC and TSOA dyads, and TSOA individuals	388-106-1980

Examples of Action section:

Step	Program	Action	Unit	Amount
Step 1 services	TSOA	Approved	One-time	Up to \$250
OR				
Step 2 services	MAC	Approved	Annual	Up to \$500
OR				
Step 3 services	TSOA (IND)	Approved	Monthly	Up to \$615
OR				
Step 3 services	MAC	Approved	Monthly	Up to \$615 or \$3,690 for six months
Step 3 services	MAC	Terminated	Monthly	\$0