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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION**Fast Track Service Agreement** | CLIENT’S NAME |
| ACES ID NUMBER |
| I understand that the long term care services I will be receiving (checked below) are temporary pending my Medicaid financial eligibility and may be authorized for a maximum of 90 days. [ ]  Community First Choice (CFC) [ ]  Medicaid Personal Care (MPC)[ ]  CFC and COPES [ ]  Residential Support Waiver Service start date:  Service end date:  I agree to apply for Medicaid by  (10 days from the starting date of my service). Failure to apply for Medicaid will result in the termination of my services. If I apply for Medicaid but I am not eligible during the period I have been approved for services through Fast Track, my services will be stopped 10 days after I receive notice of the Medicaid denial.I understand my case manager will not create an overpayment for the cost of services I have received during the approved Fast Track period. However, upon my death, the cost of these services and any future services may be subject to Estate Recovery. (See WAC 182-527-2742 for services that are subject to Estate Recovery.)I understand that changes in the amount I pay toward my cost of care (participation) may be necessary when financial eligibility is determined. If I am determined to be financially eligible, my services will continue until my next CARE assessment.  |
| CLIENT’S SIGNATURE DATE |
| WORKER’S SIGNATURE DATE |
| OFFICE |