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|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION**Financial / Social Services Communication** | DATE |
| **Required:** **[ ]**  New Service **[ ]**  Service/Program Change **[ ]**  Functional Assessment Completed  [ ]  Address / Phone Change [ ]  Other (see comments below)NOTE: Do not send this form to financial for MAGI clients unless the client is applying for a HCBS waiver. |
| TO | OFFICE NAME |
| FROM | TELEPHONE NUMBER | OFFICE NAME |
| CLIENT NAME | TELEPHONE NUMBER | DATE OF BIRTH | ACES CLIENT ID NUMBER |
| CLIENT STREET ADDRESS (INCLUDE APT. UNIT OR ROOM NUMBER) CITY STATE ZIP CODE |
| CLIENT MAILING ADDRESS (IF DIFFERENT THAN STREET ADDRESS) CITY STATE ZIP CODE |
| **[ ]**  Client remains functionally eligible**[ ]**  No change in service**[ ]**  Client is no longer functionally eligible -  Case Closed:  | NECESSARY SUPPLEMENTAL ACCOMMODATION (NSA): [ ]  YES [ ]  NO DESCRIBE:  |
| LEGAL DECISION MAKER: [ ]  YES [ ]  NO TYPE: [ ]  POA [ ]  GUARDIANDESCRIBE:  |
|  |
| **Nursing Facility**[ ]  Admission / Date of admit:  Date of request for Level of Care:   NFLOC criteria met? [ ]  Yes [ ]  NoLikely to meet / exceed 30 days? [ ]  Yes [ ]  No (do not select “Yes” if bed hold has been authorized)Name of Nursing Facility:  Facility ProviderOne ID:  Home Maintenance Allowance (HMA)? [ ]  Yes [ ]  No HMA Date:  [ ]  Discharged / Date of discharge:  Transitioned with services: [ ]  Yes (complete Service section) [ ]  No |
| **Services**[ ]  Need medical redetermination (e.g., MAGI closures) [ ]  NGMA request / in-process:  [ ]  Please send DSHS 07-104 to indicate if client is a Fast Track candidate.PROGRAM EFFECTIVE DATE PROGRAM EFFECTIVE DATE[ ]  CFC  [ ]  PACE – ProviderOne ID:   [ ]  MPC  [ ]  State Funded LTC for Non-Citizens (L04 / L24)  [ ]  COPES  [ ]  State Funded MCS Residential (A01 / A05)  [ ]  NEW FREEDOM  [ ]  RSW  [ ]  MAC  [ ]  LTSS Presumptive Eligibility (PE)  [ ]  TSOA  [ ]  RCL  Initial due date of TSOA application:   End date of RCL demo year:  [ ]  Fast Track (also select CFC, MPC, RSW, or COPES above) NOTE: FT not allowed for New Freedom, PACE, or any MAGI clients |
| Setting: [ ]  In-home [ ]  Residential ACES CODESETTING FAC TYPE LVG ARR[ ]  AFH FH FH[ ]  AL AF DC[ ]  ARC AF CN[ ]  EARC AF DC[ ]  ESF AF ES | Residential Rate:Total Daily Rate: $ (include CARE rate and any other approved add-on such as ETR, ECS and SDCP in the total daily rate amount)Facility Name:  Facility Address:  Facility Telephone:  Facility ProviderOne ID:   |
| COMMENTS |