# Aged, Blind or Disabled Program

Information for Contracted, Long-Term, Civil Commitment and Intensive Behavioral Health Treatment Facilities in the Community

# Aged, Blind or Disabled Benefits

ABD is a cash grant for people who have a disabling condition or who are age 65 or older. Patients who reside in a facility can apply for cash assistance and potentially be eligible for a reduced grant of \$38.84, called ABD Clothing and Personal Incidentals. When they leave the facility and upon discharge, people may be eligible to receive the full grant amount of \$450 and a Housing and Essential Needs referral. To keep receiving benefits, people who leave facilities need to report their change of circumstance and provide an updated address to the Department of Social and Health Services by calling the Customer Service Contact Center at 877-501-2233 or going into a local Community Services Office.

If a person is already receiving ABD when they enter a facility, they are not required to report the admission to DSHS.

# ABD Eligibility - WAC 388-400-0060

To be eligible to receive the ABD CPI grant, a person must:

- Have countable income under the income limit listed in WAC 388-478-0090.
- Have countable resources under \$12,000 (WAC 388-470-0005 and WAC 388-470-0045).
- Meet citizenship or immigrant requirements under WAC 388-424-0015.
- Not currently be receiving Social Security Disability or Supplemental Security Income benefits.

# **Submitting Applications**

- Applications for assistance can be submitted in any of the following ways:
  - Online through Washington Connection (available in English and Spanish). Facilities can register as partners to help patients apply.
  - To register as a partner, go to washingtonconnection.org and look for "Register as a Community Partner" under the "Community partner resources" navigation panel. Their regional consultant will reach out to schedule a meeting with them.
  - By calling the Customer Service Contact Center at 877-501-2233.
  - By going into a local Community Services Office.
  - By printing out and completing a paper application with a wet signature. A printable version of the application is available in English and several other languages.
  - By faxing an application to 888-338-7410.
  - By mailing an application to:

DSHS - CSD Customer Service Center P.O. Box 11699 Tacoma, WA 98411-6699

### **Eligibility Review**

- An Eligibility Review is required every 12 months.
- A letter is sent out 45 days prior to the due date of the Eligibility Review.
- An Eligibility Review can be submitted through any of the application methods listed above.

#### **Interview Requirements**

- An interview must be completed when applying and for eligibility reviews, either over the phone or in person at a local office.
- The patient or their authorized representative (designated by the patient on the application, eligibility review form or DSHS 14-532 AREP form) must complete the interview.

#### **Medical Evidence**

- Medical evidence is required at the time a patient applies for ABD and every 24 months at their disability review. A valid consent form (DSHS 14-012 form) is needed to share information.
- If a patient is on SSI when entering a facility, medical evidence is not needed.
- To make a determination, objective medical evidence such as clinical interview observations, a mental status exam, DSM findings, hospital, outpatient and other treatment records, testing results or chart notes is required. The evidence must include each of the following:
  - A diagnosis for the impairment, or impairments, within five years of ABD application.
  - A clear description of how the impairment relates to ability to perform the work-related activities listed in WAC 388-449-0005.
  - Documentation of how long a condition has impaired ability to perform work-related activities.
  - A prognosis or written statement of how long an impairment will limit ability to perform work-related activities.
- Medical evidence can by submitted by:
  - Faxing it to 888-338-7410.
  - Sending through an email system called MyDocs. To set up MyDocs, call the Customer Service Contact Center at 877-501-2233.

#### **Discharging from Facilities**

People are eligible for a higher grant amount when they are not residing at a facility. In order to increase their ABD grant amounts, clients who are discharging from a facility should contact DSHS to report they have been discharged. They can also apply for food benefits at this time.

#### Payments

- ABD benefits are issued by a paper check while clients are in a facility.
- If a check has been received after a client is discharged from a facility, return it by mail to: DSHS CSD - Customer Service Center P.O. Box 11699
  - Tacoma, WA 98411
- Add "No longer at this address" or "No longer payee" on the return envelope.

