



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

December 16, 2024

ALTSA: NH #2024-060
REMINDER OF COMMUNICATIONS REQUIREMENTS
WITH HOME AND COMMUNITY SERVICES

Dear Nursing Facility/Home Administrator:

Due to the high volume of change in ownership and operations, this notice is providing a reminder to nursing facilities about existing requirements for communication with Home and Community Services for those residents which apply or convert to an Apple Health benefit for their nursing facility services. You can find more detailed information in the [Washington State Health Care Authority billing guide for Nursing Facilities](#).

After an Apple Health client has been admitted to a skilled nursing facility (SNF), and converted from a medical benefit or submitted a Medicaid application, the SNF must submit the [Nursing Facility Notice of Action \(Form 15-031\)](#). The form must include the client's Medicaid identification number (ProviderOne ID or ACES ID), the date of admission and the date of the client's status change (when applicable.) Please note that this form [\(15-031\)](#) is **not** required and should **not** be sent for individuals who are neither interested nor active on an Apple Health benefit. Incorrectly sending in forms for these individuals overwhelm the system and may create unnecessary delays in supporting Medicaid recipients to access long-term services and supports.

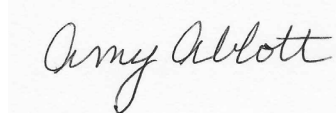
The instructions on the [Nursing Facility Notice of Action \(Form 15-031\)](#) direct Classic Medicaid admissions to have this form faxed to DSHS, and for those Modified Adjusted Gross Income (MAGI) residents, the form is faxed directly to the Health Care Authority (HCA) claims processing unit. Apple Health coverage groups are conveniently detailed on this form, and can also be found in HCA's ProviderOne Billing and Resource Guide: [Appendix E-Benefit services packages](#). Incorrectly sending the [Nursing Facility Notice of Action \(Form 15-031\)](#) to DSHS for MAGI residents overwhelms the system and creates unnecessary delays in supporting Medicaid recipients in accessing long-term services and supports.

For a client who will likely receive long-term care services in a nursing facility or who are interested in learning about Home and Community Based Services, fax a Home and Community Services (HCS) [Intake and Referral \(Form 10-570\)](#) to the HCS office in your region to request an HCS case manager assignment and nursing facility level of care (NFLOC) assessment through the HCS social service intake process. The fax numbers and the regional information are located on the Intake and Referral form. A NFLOC assessment must be completed and in place to receive payment for the stay after any skilled care is completed or exhausted. Medicaid payment begins either on the date of the request for a NFLOC assessment or the date of admission to the SNF, whichever is later. Clients must continue to meet NFLOC in order for the nursing facility to receive Medicaid payment.

Dear NH Administrator
December 16, 2024
Page 2

Thank you for your continued partnership. If you have any questions, please contact your assigned HCS Nursing Facility Case Manager, or Julie Cope, Nursing Facility Case Management Policy Unit Manager at Julie.Cope@dshs.wa.gov.

Sincerely,

A handwritten signature in black ink that reads "Amy Abbott". The signature is written in a cursive style and is centered within a light gray rectangular box.

Amy Abbott, Director
Residential Care Services

DSHS: *"Partnering with People"*