

MIST in CARE

PREPARE for CARE

- ✓ Long-Term Care Case Manager (LTC CM) receives approval email from a Housing Program Manager (HPM).
 - *Please read this email carefully! It details specific CARE instructions and timelines.*
- ✓ LTC CM notifies the Contracted Provider that the client has been approved for MIST.
- ✓ LTC CM documents approval for MIST funds in SER note.

OPEN the RAC

STEP 1: Use the appropriate RAC (provided in HPM’s initial approval email).

- The RAC will differ between clients. Refer to the RAC noted in HPM’s initial approval email.
- Open the RAC for the **approval period** noted in the HPM email.

RAC	Start date	End Date
3131 - LTSS Housing Stabilization	07/18/2024	01/18/2025

Use specific RAC in HPM email.

Approval period

AUTHORIZE the PROVIDER



Email the Contracted Provider to proceed with motel payments on the client’s behalf.
CC the HPM.

INVOICE or ESTIMATED COST

I’ve received an invoice or estimated cost from the Contracted Provider.

Limit: \$2,000 per two-week stay



Econo Lodge (WA150)
 300 N Ely Street
 Kennewick, WA 99336
 (509) 783-6191
 WA150@stayatchoice.com

Account:	Amount
Date: 7/18/24	(1,378.13)
Room: 6	
Arrival Date: 7/18/24	
Departure Date: 8/1/24	(1,378.13)
Balance Due:	(1,378.13)

3720 MOUNTAIN MEADOW RD
 WEST RICHLAND, WA 99353

SERVICE CODE

STEP 2: For each two-week stay, use specific Service Code (see HPM's initial approval email).

Use specific **Service Code** provided by HPM.

Note the **start** and **end dates** for the 2-week increment stay.

of Units is always one (1).

Insert the **estimated cost** for the 2-week increment stay (from invoice or quote).

Place authorization in **REVIEWING** status.
* **Do not move to APPROVED until you receive a receipt of payment from the Contracted Provider.**

Write a **comment** for the authorization.

Edit Line Data

[Interim Housing State SCDS](#)

Line #	Service code	Service name
	SA294,U2	Interim Housing State
Start	End	
07/18/2024	08/01/2024	
# of Units	Unit type	
1	Each	
Rate	Lookup rate	Total
1378.13		\$1,378.13
Business status	Reason code	
Reviewing	No reason code needed	
<input type="checkbox"/> Cancel line		
Comments		
MIST- Hotel/Motel Authorization for July 18, 2024 to August 1, 2024		

RECEIPT RECEIVED

I have receipt of payment from the Contracted Provider for the two-week increment.

The Contracted Provider will be reimbursed every two weeks over the course of the client's stay.

STEP 3: Compare the receipt's dates and amounts to the authorization in "Reviewing" status.

Rate

1378.13

Business status

Reviewing

Guiding Hands Coalition
3019 Duportail Street #330
Richland, WA 99352

Subject :
EconoLodge Stay and Deposit 07.18.24 - 08.01.24

#	Description	Qty	Rate	Amount
1	EconoLodge Hotel Stay (07.18.24 - 08.01.24) VISA # 1361	1.00	1,378.13	1,378.13

Please Note: If the amount on receipt *does not match* the authorization, **update the authorization with the actual number.**

Consider deposits, extra fees, etc.

		Econo Lodge (WA150) 300 N Ely Street Kennewick, WA 99336 (509) 783-6191	Account: 155 Date: 7/18/24 Room: LMSPT Arrival Date: 7/18/24 Departure Date: 8/1/24
Post Date	Description	Comment	Amount
7/18/24	Hotel Payment	deposit XXXXXXXXXXXX1361	(100.00)
Folio Summary 7/18/24 - 7/18/24			
Visa Payment			(100.00)
Balance Due			(100.00)

Update with the **actual amount** from the receipt.

Rate	▼ Lookup rate	Total
1478.13		\$1,478.13
Business status	Reason code	
Approved ▼	No reason code needed ▼	
<input type="checkbox"/> Cancel line		
Comments	Received receipt for hotel stay from July 18, 2024 to August 1, 2024 for \$1378.13, & an additional \$100 deposit fee. The total was for \$1478.13	

Write a comment for any amount and/or date discrepancies.

Step 4: Verify and update the START and END dates to match the receipt's dates of stay.

Interim Housing State SCDS			Econo Lodge (WA150) 300 N Ely Street Kennewick, WA 99336 (509) 783-6191 WA150@stayatchoice.com	Account: 155 Date: 7/18/24 Room: LMSPT Arrival Date: 7/18/24 Departure Date: 8/1/24 Check In Time: Check Out Time:
Line #	Service code	Service name		
1.1	SA294,U2	Interim Housing State		
Start	End			
07/18/2024 📅	08/01/2024 📅			

APPROVAL

Step 5: Move the authorization from **REVIEWING** status to **APPROVED**.

Step 6: Submit all invoices/receipts to DMS using [DSHS Form 02-615](#).

Business status
Approved ▼

Repeat steps #2-6 for every two-week incremental stay.
For any changes to client need or status, or if CARE errors occur, notify your assigned HPM immediately.