# **MIST in CARE**



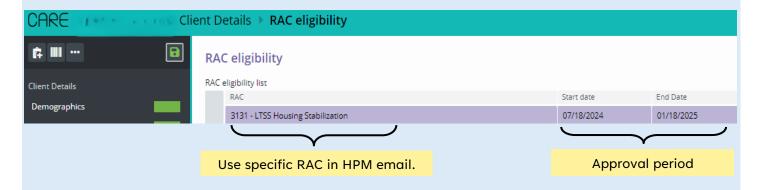
## **PREPARE for CARE**

- ✓ 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.



#### **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

Date: 7/18/24 Room: % - \*

Amount (1.378.13)

Arrival Date: 7/18/24 Departure Date: 8/1/24

Balance Due:

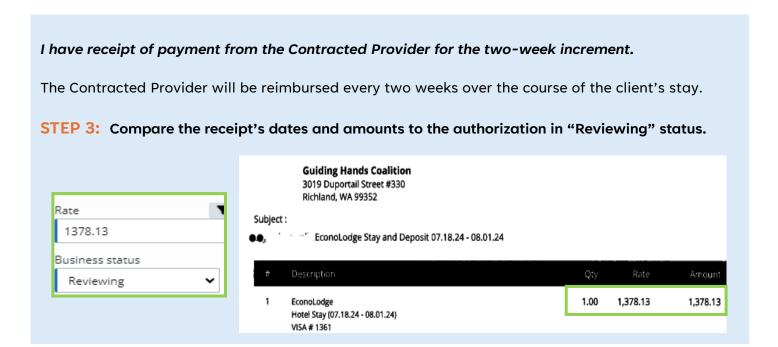
(1,378.13)(1,378.13)

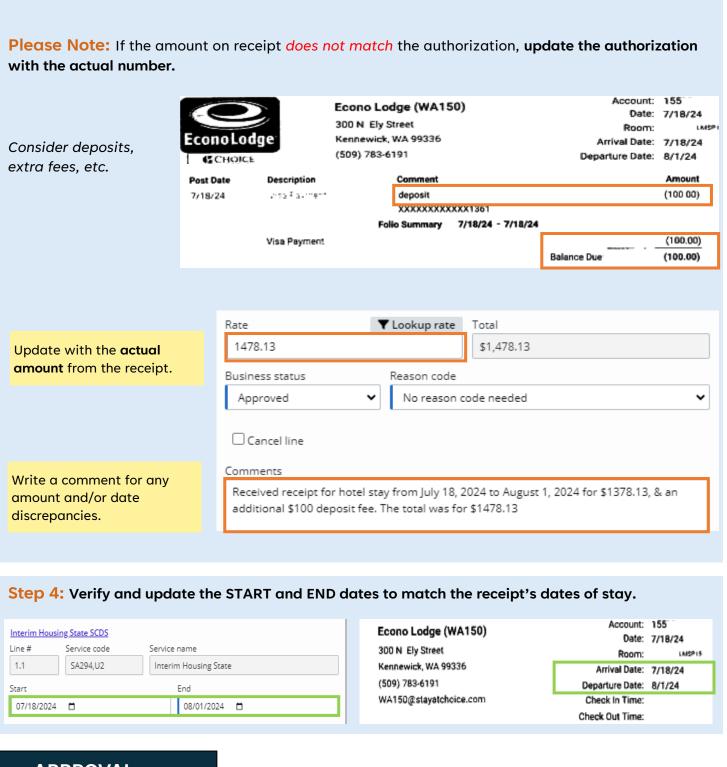
3720 MOUNTAIN MEADOW RD WEST RICHLAND, WA 99353

#### **SERVICE CODE**

STEP 2: For each two-week stay, use specific Service Code (see HPM's initial approval email). **Edit Line Data** Interim Housing State SCDS Line# Service code Service name Use specific Service Code provided by HPM. SA294,U2 Interim Housing State Start End Note the **start** and **end dates** for the 2-week 07/18/2024 08/01/2024 increment stay. # of Units Unit type 1 Each # of Units is always one (1). ▼ Lookup rate Rate Total Insert the **estimated cost** for the 2-week 1378.13 \$1,378.13 increment stay (from invoice or quote). Business status Reason code Reviewing No reason code needed Place authorization in **REVIEWING** status. \* Do not move to APPROVED until you Cancel line receive a receipt of payment from the Contracted Provider. Comments MIST- Hotel/Motel Authorization for July 18, 2024 to August 1, 2024 Write a comment for the authorization.

#### RECEIPT RECEIVED

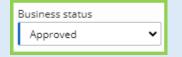




#### **APPROVAL**

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

Step 6: Submit all invoices/receipts to DMS using <u>DSHS Form 02-615</u>.



# 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.