Medicare Savings Programs (MSP) Application Desk Aid

- o Go to www.washingtonconnection.org
- o Click "Apply Now"

WASHINGTON CONNECTION your link to services			THE STATE
	🔑 Login 🗢	😌 Create Account 🤝	💡 About This Site 👻
English Español			AAA
Welcome			Navigation Tutorial

Washington Connection offers a fast and easy way for families and individuals to apply for a variety of services such as Food, Cash, Child Care, Long-Term Care, and Medicare Savings Programs. Individuals that are age 65 or older, blind or disabled may also apply for medical assistance. Click "See If I Qualify" to get started. <u>Watch Video</u>

Washington Healthplanfinder offers healthcare coverage for children, parents/caretakers with children, pregnant women, or adults age 18 to 64 years old. For information regarding available services or to apply for benefits, visit <u>www.wahealthplanfinder.org</u>.



o Click "Close" on "Have you created a SAW Account" pop up

o Click "Next" on bottom right of the page

· Giuzenship of Allen Status Social Security Number Income Assets and Resources Housing Costs Utilities **Processing Time** · Childcare Costs Other Household Circumstances Provide as much information as If you are logged into an account, the information you enter is automatically saved after each page and kept for 90 days. If possible to help process your you do not have an account, you must select the 'Save and Finish Later' button and save with a Temporary Access Code. application faster. To apply for Washington Apple Health programs that cover children, parent/caretaker with children, pregnant women, or adults 18 to 64 years old, go to Washington Healthplanfinder by clicking here. Use the buttons at the bottom of the page to move within the application. If you ever need to return to a specific page, select the page name in the na Have you created a Secure Access Washington (SAW) Account? The Application for Benefits ([If not, creating a SAW account allows you to save and finish incomplete applications ទម្រង់លិខិតដាក់ពាក្យសុំជំនួរ at a later date. It may also be used to view the status of your application plus access Client Benefit Account information. 福利申请表格 [Chine · 혜택 신청서 [Korean] Close Заявление на по Codsi loogu talagalay Waxtarrada ^[Somali] Đơn Xin Phúc Lợi ^[Vietnamese] Additional languages are available here. Next >> **OFFICE** of the



o Scroll to bottom of page and click "Next"

You may also contact your local Area Agency on Aging (AAA) office.

Repaying the State for Medical and Long Term Care

By law, the State of Washington may recover the costs it paid for certain types of medical services from your estate through Estate Recovery (RCW 41.05A.090, RCW 43.20B.080, and Chapter 182-527 WAC). Estate Recovery doesn't happen until after your death, and is deferred until the death of your surviving spouse, and your surviving children are age 21 or older. It is also deferred if a surviving child was blind/disabled at your time of death. Recoverable costs include:

- · Certain Washington Apple Health long-term services and supports, if you're age 55 or older at the time you received the services;
- · Certain state-only funded services, regardless of your age at the time you received the services.

The State may also file a pre-death lien on your real property, at any age, if you become permanently institutionalized (WAC 182-527-2734). The State may recover from a sale of the property, or your estate, unless:

- · Your spouse lives at the property.
- · Your sibling lives at the property, is a co-owner, and meets certain conditions.
- · Your child lives at the property, and is blind/disabled; or
- · Your child lives at the property and is younger than age 21.

You can find a list of services subject to cost recovery under WAC 182-527-2742. You can find a list of assets excluded from recovery under WAC 182-527-2746. Estate Recovery doesn't apply to services provided under the following Long-term services and support programs:

- · Medicaid Alternative Care (MAC)
- · Tailored Supports for Older Adults (TSOA)

Race and Ethnic Background Information

Race and Ethnic background information is voluntary and will not affect eligibility or benefit amounts. This information is used to assure program benefits are distributed without regard to race, color, or national origin. For Food Assistance the USDA requires us to answer for you if no information is provided.

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o Enter client's zip code and click "Next"



ZIP Code

We need to know the ZIP Code where you live so we can send your information to the office nearest you.

Enter the ZIP Code where you live:

If you don't know your ZIP Code, use the United States Postal Service ZIP Code finder and pick any ZIP Code in the city where you currently stay.





- Check "Medicare Savings Program," and click "Yes" on the Attention pop-up box
- o Click "Next"

% Complete	Tracking Number:	
Your Needs	Pelp with the	his Page
Tour Needs		Attention
Select all the benefits you need.		If you or someone you are applying for needs health care coverage and is:
Cash Assistance	Food Assistance	 Pregnant, or 64 years old or younger, or Not eligible for Medicare ,or Not Disabled
Washington Apple Health	Child Care Assistance	You MUST apply at <u>www.wahealthplanfinder.org</u> for your healthcare coverage. The information entered in this application cannot be used to determine whether that person is eligible for health care coverage. You may continue with your application in Washington Connection if you are entitled to Medicare Part A or Part B, and are
Health Care Coverage - Everyone applying is 65 or older, blind or disabled Medicare Savings Program	Child Care Subsidy Programs	applying for the Medicare Savings Program to help you pay your Medicare premiums and other Medicare costs. Do you wish to continue?
	Long Term Services and Supports	Yes No
	In-Home Long Term Care Services	
	Assisted Living Facility / Adult Family Home	
	Nursing Home	
	Hospice	
	Healthcare / Workers with Disabilities (HWD)	
	Tailored Supports For Older Adults (TSOA)	







For SHIBA volunteers only

o Fill in client's personal information and click "Next"

% Complete	ete Tracking Number:	
About You		elp with this Page
First Name		
Middle Initial		
Last Name		
Include this person in benefits?	○ Yes ○ No Information needed for applicants and non-applicants	
Date of Birth		
Marital Status?	✓	
Gender	○ Male ○ Female	
Social Security Number		
<< Back		Next >>
	Save and Finish Later	
SHIBA COMMISSIONER	For SHIBA volunteers only	MSP Applicat

o Add client's physical and mailing address. Click "Next"

		POSTAL SERVICE Not Standardized
Firm Name/Attention		
Street Line 1		
Street Line 2		
City		
State	Washington V	
ZIP Code		
Same as home add	ress above	UNITED STATES POSTAL SERVICE Not Standardized
	ress above	POSTAL SERVICE Not Standardized
Firm Name/Attention	ress above	Postal Service Not Standardized
Firm Name/Attention Mailing Line 1	ress above	Not Standardized Postal service
Firm Name/Attention Mailing Line 1 Mailing Line 2	ress above	POSTAL SERVICE Not Standardized
	ress above	Not Standardized
Firm Name/Attention Mailing Line 1 Mailing Line 2 City		Not Standardized



- o Click "Add More" to list any additional people that live in the client's home.
- o If list is complete, click "Next"



List everyone in your home, even if you do not want them included in your benefits. This includes household members that live outside the home.

Name	Include in Benefits	Lives Outside of Home	Gender	Date of Birth	Marital Status	Social Security Number	Relation	Edit	Delete
	Cli	ent nam	e will app	bear here			Self		

🛉 Add More

<< Back





o Enter client's contact information. Click "Next"

% Complete 30%		Tracking Number:
Contact Info	ormation	Help with this Page
		Belongs to:
Home Phone		
Cell Phone		
Work Phone	Ext	
Message Phone		
Email Address		
Fax Number		
<< Back		Next >>
OFFICE of the		



- Enter client's self-reported total monthly income (including pension, social security, annuities, etc.)
- o Enter total amount of cash and money in client's bank accounts
- o Enter client's monthly rent
- o Select "At Home" if the client lives on their own
- o Click "Next"

% Complete	Tr	acking Nu	mber:
^{38%} Household Que	stions (Page 1/2)		Help with this Page
How much money do you expect	the people in your home to receive this month?	s	
How much money do the people	in your home have in cash and bank accounts?	s	
How much do the people in your	home pay monthly for rent or mortgage?	s	
Where are you living?		At Home	\checkmark
<< Back	Save and Finish Later		Next >>
FFICE of the NSURANCE OMMISSIONER	For SHIBA volunteers only		MSP Application Desk Aid

- o Ask the client the following questions and select their answers.
- o Click "Next"

//////	//////
01	
U	Help with this Page
⊖Yes ⊖No	
	~
⊖Yes ⊖No	
⊖Yes ⊖No	
	Next >>
	⊖Yes ∩No OYes ∩No



- o Ask the client the following questions and select their answers. Click "Next"
- If client has Medicare, select "Yes" for question "Covered by health insurance?" and select "Other" and enter their Medicare information. Click "Next"

DSHS Client ID number (if any)			
Covered by health insurance? (Including Tricare or Long-Term Care Insurance)		● Yes ◯ No	
(Check all that apply)			
Long Term Care Indian Health Services Other			
Who is the insurance with?	ſ	Medicare]
Who is the policy holder?		Client Name	
What is the policy number?		Medicare Number ×	
U.S. Citizen?	_	⊖Yes ⊖No	-
Washington State resident?		⊖Yes ⊖No	
Living outside the state of Washington?		⊖Yes ⊖No	
If Hispanic or Latino, select from list			~
Race (select up to 5 that apply):			
 White Black or African American Asian Other Pacific Islander American Indian / Alaskan Native 	Asian Indian Cambodian Chinese Filipino Japanese	 Korean Laotion Thai Vietnamese Samoan 	 Guamanian Hawaiian Other Race
<< Back			Next >>



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 $_{\circ}~$ Ask the client the following questions and select their answers. Click "Next"

% Complete 41%	Tracking Number:
41% Client Questions (Page 1/5)	Page <u>Help with this Page</u>
Is anyone in your home:	
Covered by Medicare Part A and/or B?	⊖Yes ⊖No
Disabled?	⊖ Yes ⊖ No
<< Back	Next >>
Save and Finis	sh Later



 $_{\circ}~$ Ask the client the following questions and select their answers. Click "Next"

% Complete	Tracking Number:		
43% Client Questions (Page 3/5)	Page <u>Help with this Page</u>		
Is anyone in your home:			
A Boarder?	⊖Yes ⊖No		
On Strike?	⊖ Yes ⊖ No		
<< Back	Next >>		
Save and Finis	h Later		



o Ask the client the following questions and select their answers. Click "Next"



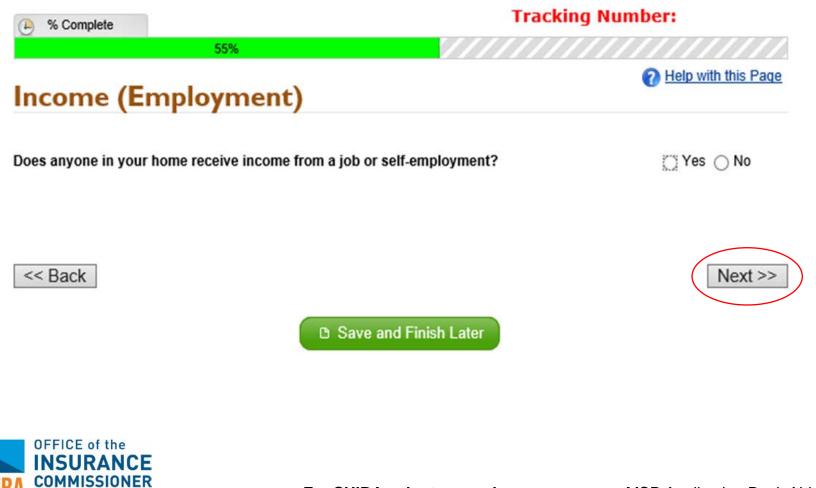


o Ask the client the following questions and select their answers. Click "Next"





o Ask the client the following question and select their answer. Click "Next"



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• Ask the client the following questions about all other income and specify all sources of income in the pop-up box. Click "Next"

(Complete	Tracking Number:
56%	///////////////////////////////////////
Other Income	Help with this Page
Does anyone you're applying for receive money from a source ot	her than a job?
Other income sources may include money from:	
 Unemployment Benefits Social Security Supplemental Security Income (SSI) Child Support Spousal Maintenance Labor & Industries (Workman's Compensation) 	 Retirement or Pension Trusts Interest Investment Income Railroad Benefits Rental Income

<< Ba	ack		Next >>
ĺ	Please enter other income		×
	Type of Income		×
	Income for	~	
	Monthly gross amount (before deductions)	\$	
OFFICE of the INSURANCE COMMISSIONER		Add Another Save	e Cancel
WASHINGTON STATE	For SHIBA volur	iteers only	MSP Application Desk Aid 18

o Ask client for information on all types of vehicles and enter details in the pop-up box. Click "Next" when complete

Vehicle	60%		0	Help with thi
Does anyone	you're applying for have a vehic	le?	⊖Yes ⊖	No
Vehicles Inclu	ide:			
	Cars Trucks or SUVs	BoatsMotorcycles	Vans Recreational Vehicles	S
	Please enter your vehicle information	ation		×
	Owner		▼	
<< Back	Vehicle Type		~	Ne
	Year			
	Make			
	Model			
	Is this a leased vehicle?	⊖ Ye	s 🔿 No	
	Do you use it for medical purposes?	⊖ Ye	s 🔿 No	
	Do you owe money on this vehicle?	⊖ Ye	s 🔿 No	
f the ANCE SIONER			Add Another Save Can	cel

For SHIBA volunteers only

MSP Application Desk Aid 19

• Ask client for information on all assets and include details in the pop-up box. Click "Next" when done **Tracking Number:** A % Complete



NOTE: We ask about annuities on a different page.

	Please enter your resou	rce information		×	
	Resource Type		~	Next >>)
	Owner		~		
	Where is it?				
	Amount or value	\$			
OFFICE of the INSURANCE			Add Another Save	Cancel	



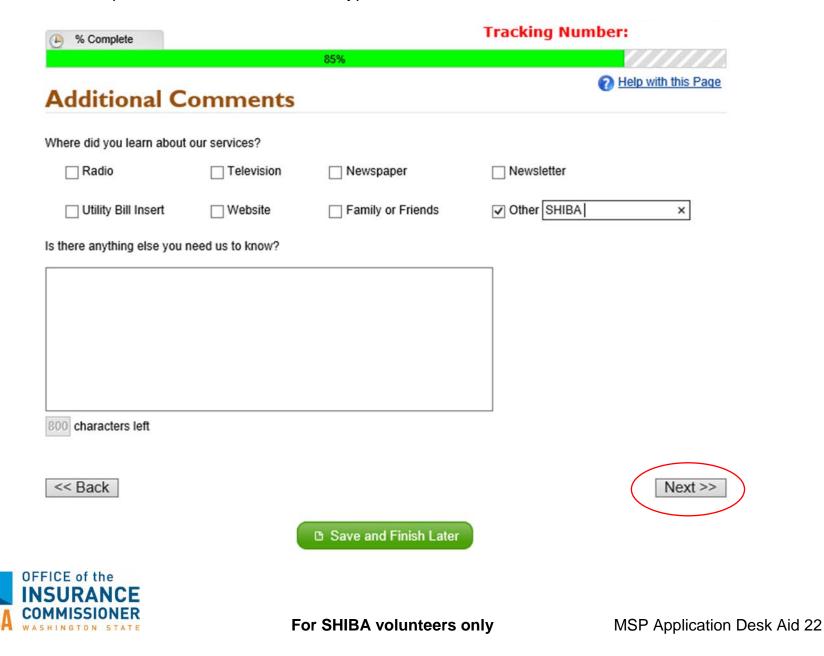
For SHIBA volunteers only

o Ask client the following question and answer select their answer. Click "Next"

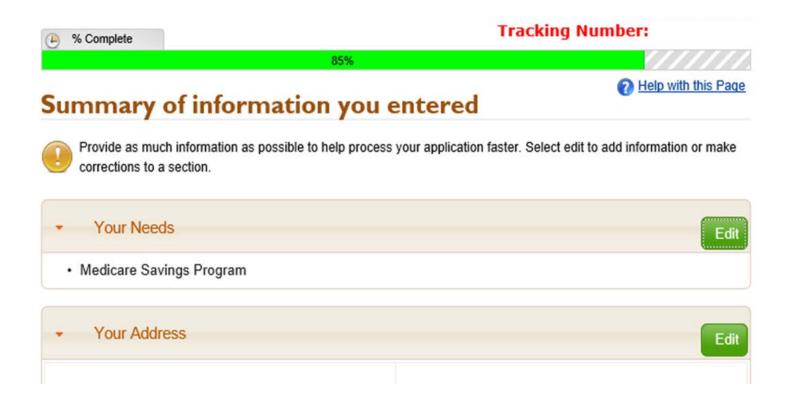




o For the first question, select "Other" and type in "SHIBA." Click "Next"



o Review application for accuracy with client and then click "Next"





- o Review Health Care Coverage Rights and Responsibilites with client.
- Scroll to bottom of the page and click "Yes." Click "Next"

The State may also file a pre-death lien on your real property, at any age, if you become permanently institutionalized (WAC 182-527-2820). The State may recover from a sale of the property, or your estate, unless:

- · Your spouse lives at the property;
- · Your sibling lives at the property, is a co-owner, and meets certain conditions.
- · Your child lives at the property, and is blind/disabled; or
- · Your child lives at the property and is younger than age 21.

· You may be restricted to one health care provider, pharmacy, and/or hospital if you seek out unnecessary health care services from providers.

No

Yes

I have read and understood Health Care Coverage Rights and Responsibilities

<< Back





- o Have client read "State/Federal Program Declaration."
- Select "Yes" to apply for services

(-) % Complete	Tracking Number:
	100%
Electronic Sign	ature
You are almost done. Read the	following and answer the questions on this page to submit your application.
State/Federal Pro	gram Declaration
	s in the household (or an authorized representative) must sign. al assistance the applicant (or an authorized representative) must sign.
 Assign certain rights to Needy Families (TANI children. Assign my rights to me Washington when I re or third party payment 	on. jible. DSHS/HCA may help me get the proof or contact other persons or agencies for it. o child support to the State of Washington when I receive Temporary Assistance to F). However, I can ask DSHS not to pursue child support if it would endanger me or my redical care support and third party payments for medical care to the State of ceive medical care benefits. However, I can ask DSHS not to pursue medical support is for medical care if it would endanger me or my children. ssistance work requirements.
I understand I can be crimin report.	ay be denied benefits or have to pay them back. ally prosecuted if I willfully make a false statement or fail to report something I should this application does not guarantee eligibility or enrollment in any program(s).
You have applied for the fe	ollowing programs:
✓ Medicare Savings Prog	gram
Do you want to send this a	application to apply for services?



 Under "Start Next Quarter Consent," click "No" if your client does not want to apply for free/reduced tuition.

Start Next Quarter Consent

Start Next Quarter requires employment, income, and other personal information to determine eligibility for free or reduced tuition. To avoid asking you to re-enter this information, Washington Connection can send certain parts of your eligibility criteria to Start Next Quarter in an encrypted, secure manner. If you choose to do this now, you will have an opportunity to see the information again to make sure it is correct. If you choose to do this at a later time, you will need to re-enter your information.

O Yes, use the information from my Washington Connection application. I will make sure the information is correct when I see it.

No, do not copy the information from my Washington Connection application. I will re-enter the information later myself.



X

- o Enter client's full name, the captcha phrase, and click "Submit Application."
- o Optional: you can enter your name under "Who helped you fill out this form?"

CERTIFICATION AND ELECTRONIC SIGNATURE	
I (we) certify or declare under penalty of perjury under the laws of the Stat gave in this application, including the information concerning citizenship a applying for benefits, is true and correct.	
You can consider the typed name(s) here as my (our) electronic signature	
Enter your full name (Applicant or Authorized Representative)	
Enter full name of other adult applicant (if any)	
Who helped you fill out this form?	
Type the letters you see in this picture.	@
rype the letters you see in this picture.	۲
<< Back	Submit Application

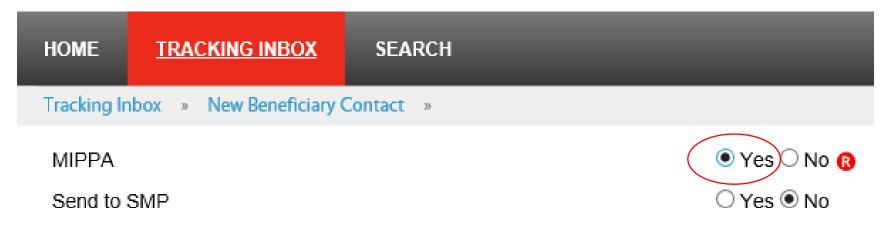


- Print this confirmation page for your client and also print a copy of the application if they would like a copy.
- The client can wait for DSHS to call to schedule their interview or the client can call DSHS to schedule a "Medicare Savings Program interview" with DSHS: 877-501-2233

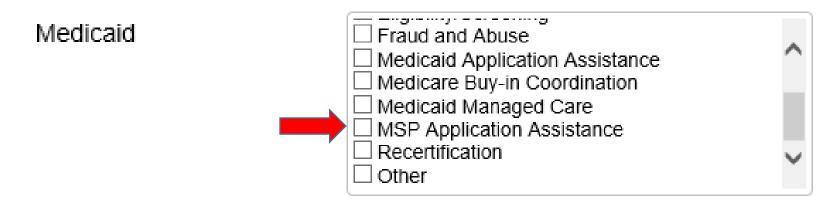
WASHINGTON CONNECTION your link to services			TRES STATE
1 Home	🔑 Login 🗢	🔒 Create Account 🗢	💡 About This Site 👻
nglish Español			AAA
Confirmation You have submi	tted your online a	pplication	Help with this Page
Confirmation You have submit		pplication I like to take a survey click here.	Help with this Page
			Help with this Page
Your confirmation tracking number is :	If you are a customer and would Customer Survey		



o In **STARS** or on BC (Beneficiary Contact) form, check "Yes" for "MIPPA" (first question on BC)



o Scroll down to Topics Discussed, and under "Medicaid," check "MSP Application Assistance"





If you help a client submit a MSP application, please ask your Volunteer Coordinator for your agency's protocol on tracking MSP application data:

Sponsor.

Volunteer Coordinator.

Protocol for tracking MSP applications:

