

Medicare Savings Programs (MSP) application guide

Completing the application will expedite the submission process. The form may be submitted without answering all the questions though, if needed, and Dept. of Social & Health Services (DSHS) will still process the form.

1. Go to www.washingtonconnection.org.
2. Click on “**Apply Now**.”



The screenshot shows the Washington Connection website homepage. At the top, there is a green header with the Washington state map and the text "WASHINGTON CONNECTION your link to services". To the right is the state seal. Below the header is a navigation bar with "Login", "Create Account", and "About This Site" buttons. Below that is a language selector for "English | Español" and accessibility icons. The main content area has a "Welcome" section with a "Navigation Tutorial" link. Below this, there are three buttons: "See If I Qualify", "Apply Now" (circled in red), and "Find Services".

Contact: SHIBA | 800-562-6900 | shiba@oic.wa.gov

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For training purposes only – Do NOT share with consumers.

SHIBA JOB AID – UPDATED 5.21.2021

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3. Click **“Close”** on “Have you created a SAW Account?” pop up.
4. Click **“Next”** on bottom right of the page.

• Citizenship or Alien Status

• Income

• Housing Costs

• Childcare Costs

• Social Security Number

• Assets and Resources

• Utilities

• Other Household Circumstances

If you are logged into an account, the information you enter is automatically saved after each page and kept for 90 days. If you do not have an account, you must select the 'Save and Finish Later' button and save with a Temporary Access Code.

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 navigation menu to the left of the screen.

The Application for Benefits (D

Have you created a Secure Access Washington (SAW) Account?

If not, creating a SAW account allows you to save and finish incomplete applications at a later date. It may also be used to view the status of your application plus access Client Benefit Account information.

• ឡូយ៉ង់លីខិតដាក់ពាក្យសុំជំនួញ

• 福利申请表格 [Chinese]

• 혜택 신청서 [Korean]

• Заявление на по

• Codsii loogu talagalay Waxtarrada [Somali]

• Đơn Xin Phúc Lợi [Vietnamese]

Additional languages are available [here](#).

Processing Time

Provide as much information as possible to help process your application faster.

Close

Next >>

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5. 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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6. Enter **client's zip code** and click "Next."

 % Complete
0%

Tracking Number:

[Help with this Page](#)

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.

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

Tracking Number:

% Complete
5%

[Help with this Page](#)

Your Needs

Select all the benefits you need.

Cash Assistance	Food Assistance
<input type="checkbox"/> Cash	<input type="checkbox"/> Basic Food

Washington Apple Health	Child Care Assistance
<input type="checkbox"/> Health Care Coverage - Everyone applying is 65 or older, blind or disabled	<input type="checkbox"/> Child Care Subsidy Programs
<input checked="" type="checkbox"/> Medicare Savings Program	

Long Term Services and Supports
<input type="checkbox"/> In-Home Long Term Care Services
<input type="checkbox"/> Assisted Living Facility / Adult Family Home
<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Hospice
<input type="checkbox"/> Healthcare / Workers with Disabilities (HWD)
<input type="checkbox"/> Tailored Supports For Older Adults (TSOA)

Attention

If you or someone you are applying for needs health care coverage and is:

- Pregnant, or
- 64 years old or younger, or
- Not eligible for Medicare, or
- Not Disabled

You MUST apply at www.wahealthplanfinder.org 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 applying for the Medicare Savings Program to help you pay your Medicare premiums and other Medicare costs. Do you wish to continue?

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9. Fill in **client's personal information** and click "Next."

Tracking Number:

% Complete
10%

[? Help with this Page](#)

About You

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

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

I am Homeless. [What information do I enter if I'm homeless?](#)

Home Address

 **Not Standardized**

Firm Name/Attention

Street Line 1

Street Line 2


City

State

ZIP Code

Mailing Address

Same as home address above

 **Not Standardized**

Firm Name/Attention

Mailing Line 1

Mailing Line 2

City

State

ZIP Code

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

Tracking Number:

% Complete
20%

[Help with this Page](#)

Household Members

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
Client information will appear here							Self		


+ Add More

<< Back

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13. Enter **client's contact information**. Click "Next."

 **Tracking Number:**

[? Help with this Page](#)

Contact Information

Belongs to:

Home Phone --

Cell Phone --

Work Phone -- Ext


Message Phone --

Email Address

Fax Number --

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14. Enter **client's self-reported total monthly income** (including pension, social security, annuities, etc.).
15. Enter **total amount of cash at home and money in client's bank accounts**.
16. Enter **client's monthly rent or mortgage**.
17. Select "**At Home**" if the client lives on their own.
18. Click "**Next**."

 **Tracking Number:**

[? Help with this Page](#)

Household Questions (Page 1/2)

How much money do you expect the people in your home to receive this month? \$

How much money do the people in your home have in cash and bank accounts? \$

How much do the people in your home pay monthly for rent or mortgage? \$


Where are you living?

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19. Ask the **client** the following questions and **select their answers**.

20. Click "**Next.**"

Tracking Number:

 % Complete 38%

[? Help with this Page](#)

Household Questions (Page 2/2)

Will you need an interpreter? Yes No

If you don't read English. What language do you read?

Has anyone in your home received cash, food, or medical from another state or a Tribe in the last 30 days? Yes No

Do you need help with unpaid medical bills for any of the past three months? Yes No

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21. Ask the **client** the following questions and **select their answers**. Click **“Next.”**

DSHS Client ID number (if any)

Covered by health insurance?
(Including Tricare or Long-Term Care Insurance) Yes No

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):


<input type="checkbox"/> White	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Thai	<input type="checkbox"/> Other Race
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan	

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22. Ask the **client** the following questions and **select their answers**. Click **“Next.”**

 **Tracking Number:**

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Client Questions (Page 1/5)


Is anyone in your home:

Covered by Medicare Part A and/or B? Yes No

Disabled? Yes No

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23. Ask the **client** the following questions and select their answers. Click “**Next**.”

 **Tracking Number:**

[? Help with this Page](#)

Client Questions (Page 3/5)

Is anyone in your home:

A Boarder? Yes No

On Strike? Yes No

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24. Ask the **client** the following questions and **select their answers**. Click “**Next**.”

Tracking Number:

% Complete
44%

[Help with this Page](#)

Client Questions (Page 4/5)


Is anyone in your home:

A sponsored alien? Yes No

Temporarily out of the home? Yes No

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25. Ask the **client** the following questions and **select their answers**. Click “**Next**.”

 **Tracking Number:**

[Help with this Page](#)

Your Authorized Representative


Does anyone in your home have an authorized representative? Yes No

Most people don't have an Authorized Representative. If you don't, you can continue to the next page.

If you want more information, read [What is an Authorized Representative](#)

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26. Ask the **client** the following question and **select their answer**. Click **“Next.”**

 **Tracking Number:**

[? Help with this Page](#)

Income (Employment)

Does anyone in your home receive income from a job or self-employment? Yes No

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27. Select **"Yes"** and ask client to specify all sources of other income.

28. In the pop-up box, select **type of income**, enter **gross amount**, and select **"Add Another"** if client has more than one source of income or **"Save"** if client only has one source of income.

29. Click **"Next."**

The screenshot displays the 'Other Income' section of the application. At the top, a progress bar shows 56% completion. A 'Tracking Number:' field is present. Below the progress bar, the heading 'Other Income' is followed by a question: 'Does anyone you're applying for receive money from a source other than a job?'. The 'Yes' radio button is selected and circled in red. A 'Help with this Page' link is also visible.

A pop-up dialog titled 'Please enter other income' is open. It contains a list of income sources: Unemployment Benefits, Social Security, Supplemental Security Income (SSI), Child Support, Spousal Maintenance, Labor & Industries (Workman's Compensation), Veterans Admin (VA) or Military Benefits, Retirement or Pension, Trusts, Interest, Investment Income, Railroad Benefits, Rental Income, and Other. To the right of the list are input fields for 'Type of Income', 'Income for', and 'Monthly gross amount (before deductions)'. The 'Add Another' button is circled in red, along with the 'Next >>' button at the bottom of the main form.

Navigation buttons include '<< Back', 'Next >>', and 'Save and Finish Later'.

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30. Ask **client** for information on all **types of vehicles** and enter details in the pop-up box.

31. Click “**Next**” when complete.

% Complete 60% **Tracking Number:**

[Help with this Page](#)

Vehicles

Does anyone you're applying for have a vehicle? Yes No

Vehicles Include:

- Cars
- Trucks or SUVs
- Boats
- Motorcycles
- Vans
- Recreational Vehicles

Please enter your vehicle information

<< Back

Owner

Vehicle Type

Year

Make

Model

Is this a leased vehicle? Yes No

Do you use it for medical purposes? Yes No

Do you owe money on this vehicle? Yes No

Next >>

Add Another Save Cancel

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32. Ask **client** for information on all assets and include details in the pop-up box.
33. In the pop-up box, select **resource type**, enter details, and select “**Add Another**” if client has more than one resource or “**Save**” if client only has only one resource.
34. Click “**Next**” when done.

% Complete 65% **Tracking Number:**

[Help with this Page](#)

Resources

Does anyone you're applying for have any resources? Yes No

Resources are things you own or have interest in, such as:

- Cash (Money on Hand)
- Checking Account
- Savings or Credit Union Account(s)
- Other
- CD or Money Market Account(s)
- Trusts
- Livestock
- Stocks, bonds, or mutual funds
- Retirement Fund or IRA
- Burial Funds, plans, or plots
- Life Insurance
- Property
- Account held by Nursing Home/Facility
- Business Equipment
- Crops

NOTE: We ask about annuities on a different page.

Please enter your resource information

Resource Type

Owner


Where is it?

Amount or value \$

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35. Ask **client** the following question and **select their answer**.

36. Click "**Next**."

 **Tracking Number:**

[? Help with this Page](#)


Annuities

Does anyone you're applying for have an annuity? Yes No

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37. Select “**Other**” and type in “**SHIBA.**”

38. Click “**Next.**”

 % Complete **Tracking Number:**

Additional Comments [Help with this Page](#)

Where did you learn about our services?

Radio Television Newspaper Newsletter

Utility Bill Insert Website Family or Friends Other


Is there anything else you need us to know?

800 characters left

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39. **Review** application for accuracy with client.

40. Click “**Next**” when done.


 % Complete

Tracking Number:

85%

[Help with this Page](#)

Summary of information you entered

 Provide as much information as possible to help process your application faster. Select edit to add information or make corrections to a section.

▼ Your Needs Edit

- Medicare Savings Program

▼ Your Address Edit

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41. Review **Health Care Coverage Rights and Responsibilities with client.**
42. Scroll to bottom of the page and click "**Yes.**"
43. 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.

I have read and understood Health Care Coverage Rights and Responsibilities

Yes No

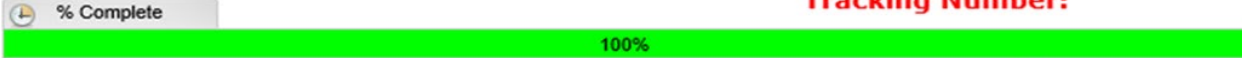
<< Back

Next >>

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44. Review "State/Federal Program Declaration."


45. Select "Yes" to apply for services.

 % Complete **Tracking Number:**

[? Help with this Page](#)

Electronic Signature

You are almost done. Read the following and answer the questions on this page to submit your application.

State/Federal Program Declaration 

If applying for cash, all adults in the household (or an authorized representative) must sign.
If applying for food or medical assistance the applicant (or an authorized representative) must sign.
I understand I must

- Give correct information.
- Provide proof I am eligible. DSHS/HCA may help me get the proof or contact other persons or agencies for it.
- Assign certain rights to child support to the State of Washington when I receive Temporary Assistance to Needy Families (TANF). However, I can ask DSHS not to pursue child support if it would endanger me or my children.
- Assign my rights to medical care support and third party payments for medical care to the State of Washington when I receive medical care benefits. However, I can ask DSHS not to pursue medical support or third party payments for medical care if it would endanger me or my children.
- Cooperate with food assistance work requirements.

If I don't do these things, I may be denied benefits or have to pay them back.
I understand I can be criminally prosecuted if I willfully make a false statement or fail to report something I should report.
I understand that submitting this application does not guarantee eligibility or enrollment in any program(s).

You have applied for the following programs:


Medicare Savings Program

Do you want to send this application to apply for services? Yes No

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46. Review “**Asset Verification Authorization.**”

47. Select “**Yes**” to apply for services.

Asset Verification Authorization (Aged, Blind or Disabled Medicaid programs only) 

I understand the information I provide to apply for or renew assistance will be subject to verification by federal and state officials to determine if it is correct. I understand the Health Care Authority (HCA) and Department of Social and Health Services (DSHS) may investigate and contact any financial institution, state or federal agency, or private database, as part of the asset verification process. I understand this authorization ends when a final adverse decision is made on my application, my eligibility for benefits ends, or if I revoke this authorization at any time by providing HCA or DSHS with written notice.

Should I revoke or refuse to provide authorization, I understand that I will not be eligible for any Washington Apple Health Aged, Blind or Disabled SSI-related Medicaid programs. This does not impact your ability to apply for cash, food, and/or childcare.

I authorize HCA and DSHS to conduct asset verification to determine my eligibility and to verify the accuracy of my financial information. Yes No

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48. Ask the **client if they agree to submit this application for MSP.**
49. Enter **client's full name.**
50. Fill out the CAPTCHA box.
51. Click "**Submit Application.**"

CERTIFICATION AND ELECTRONIC SIGNATURE

I (we) certify or declare under penalty of perjury under the laws of the State of Washington that the information I gave in this application, including the information concerning citizenship and alien status of the members 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.

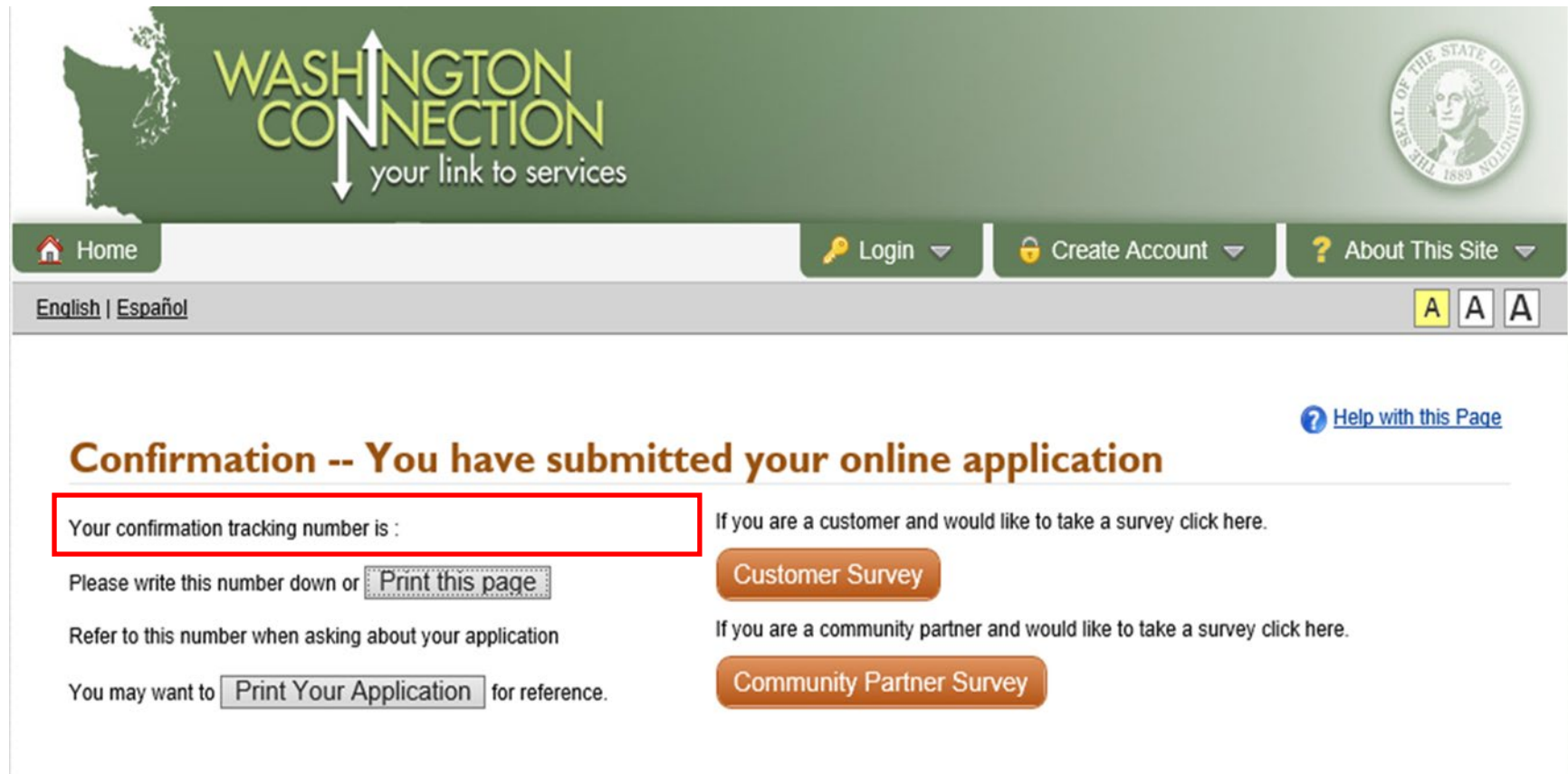


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Submit Application

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52. Print this page or take a screenshot and email it to your client so they have their **confirmation number**.
53. Print or email your client a copy of the application if needed.



The screenshot shows the Washington Connection website header with the logo and navigation menu. The main content area displays a confirmation message: "Confirmation -- You have submitted your online application". A red box highlights the confirmation tracking number field. Below the number, there are instructions to print the page and refer to the number. To the right, there are two buttons: "Customer Survey" and "Community Partner Survey".

Confirmation -- You have submitted your online application

Your confirmation tracking number is :

Please write this number down or [Print this page](#)

Refer to this number when asking about your application

You may want to [Print Your Application](#) for reference.

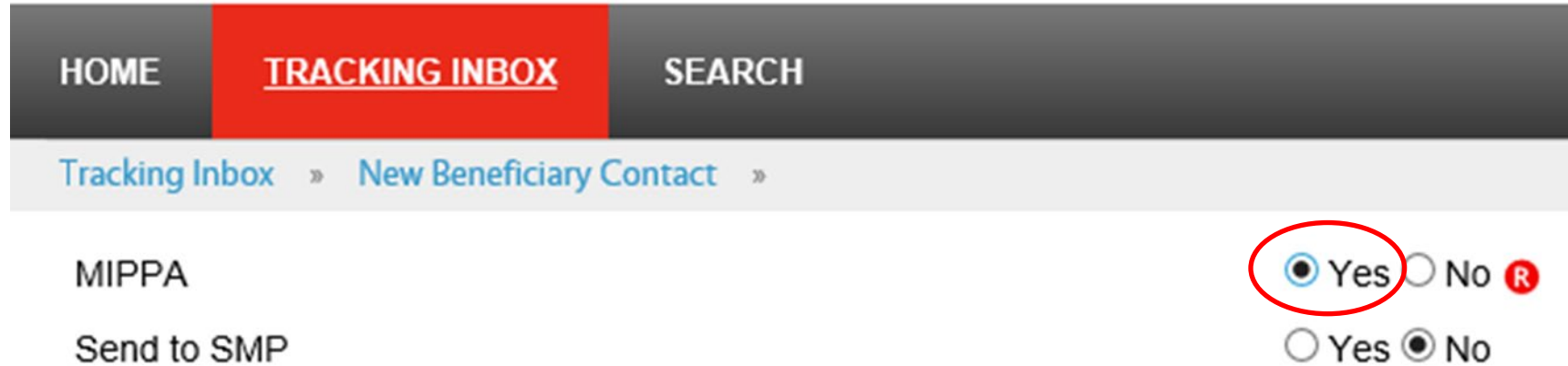
If you are a customer and would like to take a survey click here. [Customer Survey](#)

If you are a community partner and would like to take a survey click here. [Community Partner Survey](#)

[Help with this Page](#)

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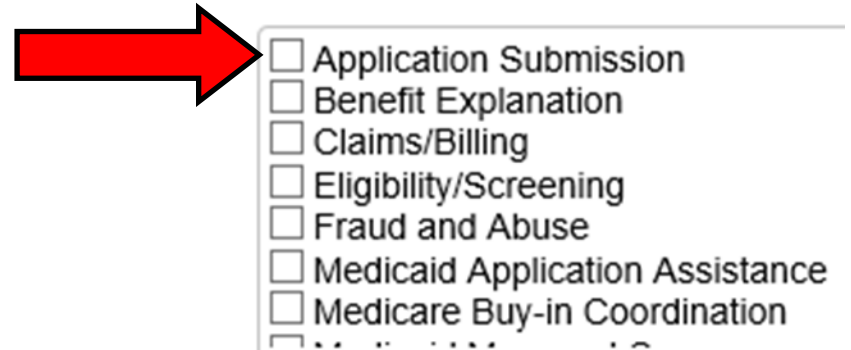
54. In STARS or on a BC (Beneficiary Contact) form, check “**Yes**” for “**MIPPA**” (first question on BC).



The screenshot shows a navigation bar with three tabs: HOME, TRACKING INBOX (highlighted in red), and SEARCH. Below the navigation bar is a breadcrumb trail: Tracking Inbox » New Beneficiary Contact ». The main content area displays the text 'MIPPA' and 'Send to SMP'. To the right of this text are two sets of radio buttons. The top set has 'Yes' selected (indicated by a blue dot) and 'No' (with a red 'R' next to it). The bottom set has 'Yes' and 'No' (with a blue dot next to it).

55. Scroll down to **Topics Discussed**, and under “**Medicaid**,” check “**Application Submission.**”

Medicaid



The screenshot shows a list of checkboxes under the heading 'Medicaid'. A large red arrow points to the first checkbox, 'Application Submission'. The other items in the list are: Benefit Explanation, Claims/Billing, Eligibility/Screening, Fraud and Abuse, Medicaid Application Assistance, and Medicare Buy-in Coordination.

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If you help a client submit a Medicare Savings Programs (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: