

Medicare Savings Programs (MSP) Application Desk Aid

- Go to www.washingtonconnection.org
- Click “Apply Now”

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. [Watch Video](#)

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 www.wahealthplanfinder.org.

- Click “Close” on “Have you created a SAW Account” pop up
- 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

Processing Time

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

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.

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

The Application for Benefits (D)

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.

- ទម្រង់លិខិតដាក់ពាក្យសុំជំនួញ
- 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](#).

Close

Next >>

- 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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Next >>

- 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.

Next >>

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

Tracking Number:

% Complete

[? Help with this Page](#)

Your Needs

Select all the benefits you need.

Cash Assistance

Cash

Washington Apple Health

Health Care Coverage - Everyone applying is 65 or older, blind or disabled

Medicare Savings Program

Food Assistance

Basic Food

Child Care Assistance

Child Care Subsidy Programs

Long Term Services and Supports

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)

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

 % Complete
10%

Tracking Number:

[? 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

- 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

- Click “Add More” to list any additional people that live in the client’s home.
- 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 name will appear here							Self		

+ Add More
<< Back
Next >>

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



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Contact Information

Belongs to:

Home Phone --

Cell Phone --

Work Phone -- Ext

Message Phone --

Email Address

Fax Number --

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Next >>

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

 **Tracking Number:**

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

 % Complete 38% **Tracking Number:**

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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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[Next >>](#)

[Save and Finish Later](#)

- 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)

Tricare

Long Term Care

Indian Health Services

Other

Who is the insurance with?

Who is the policy holder?

What is the policy 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):

<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	

<< Back Next >>



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

Tracking Number:

% Complete 41%

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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

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

 **Tracking Number:**

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Client Questions (Page 3/5)

Is anyone in your home:

A Boarder? Yes No

On Strike? Yes No

- 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

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

Tracking Number:

 % Complete 44%

[? 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](#)

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

 **Tracking Number:**

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Income (Employment)

Does anyone in your home receive income from a job or self-employment?

Yes No

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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”

Tracking Number:

% Complete 56%

[Help with this Page](#)

Other Income

Does anyone you're applying for receive money from a source other than a job? Yes No

Other income sources may include money from:

- 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
- Other

<< Back Next >>

Please enter other income

Type of Income

Income for

Monthly gross amount (before deductions) \$

Add Another Save Cancel

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

Tracking Number:

% Complete
60%

[? 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

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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

- Ask client for information on all assets and include details in the pop-up box. Click “Next” when done

 % Complete **Tracking Number:**

65%

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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 \$

Next >>

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

 **Tracking Number:**

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Annuities

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

- For the first question, select “Other” and type in “SHIBA.” Click “Next”

Tracking Number:

% Complete 85%

[Help with this Page](#)

Additional Comments

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

- Review application for accuracy with client and then click “Next”

 **Tracking Number:**

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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

- Review Health Care Coverage Rights and Responsibilities 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.

I have read and understood Health Care Coverage Rights and Responsibilities

Yes No

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

Tracking Number:

% Complete 100%

[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

- 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.

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.

- Enter client’s full name, the captcha phrase, and click “Submit Application.”
- 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 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

- 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**

The screenshot shows the Washington Connection website interface. At the top, there is a green header with the text "WASHINGTON CONNECTION your link to services" and the Seal of the State of Washington. Below the header is a navigation bar with links for Home, Login, Create Account, and About This Site. A language selector shows "English | Español" and there are three "A" icons for font size. The main content area features a confirmation message: "Confirmation -- You have submitted your online application". To the right of this message is a link "Help with this Page". Below the confirmation message, there are two columns of text. The left column says "Your confirmation tracking number is :" followed by a red circle around a "Print this page" button. Below that, it says "Please write this number down or" followed by another red circle around a "Print Your Application" button. The right column says "If you are a customer and would like to take a survey click here." followed by a "Customer Survey" button, and "If you are a community partner and would like to take a survey click here." followed by a "Community Partner Survey" button.

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

HOME **TRACKING INBOX** SEARCH


Tracking Inbox » New Beneficiary Contact »

MIPPA Yes No **R**

Send to SMP Yes No

- o Scroll down to **Topics Discussed**, and under “Medicaid,” check “MSP Application Assistance”

Medicaid

 Fraud and Abuse

Medicaid Application Assistance

Medicare Buy-in Coordination

Medicaid Managed Care

MSP Application Assistance

Recertification

Other

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: