



Washington Healthplanfinder Release 5.1 Update

Office of Medicaid Eligibility and Policy
Medicaid Eligibility and Community Support
April 2018

5.1 System Release

April 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
				12	13	14
					20	21
22	23	24	25	26	27	28
29	30					

Washington Healthplanfinder will go down for maintenance on Friday, April 20, at 10pm and is tentatively scheduled to go live Saturday, April 21 at 9am

Topics

- Income and Deductions
- Other Health Insurance
- Other Updates
- WAPlanfinder
- Correspondence Changes

Income and Deductions

Income and Deductions

The income and deduction pages have been enhanced:

- Divided into separate pages
- More simplified text and on screen messaging

Three calculators have been added to help individuals calculate their monthly income including:

- Income from a job
- Self-employment income
- Rental income


Add your household income

* REQUIRED FIELD

Select the income your household receives and choose which household member receives it.

[Learn more about reporting income.](#)

Confirm if any of the members on your application have the income types listed.

Income from a job *  YES NO

Self-Employment *  YES NO

Social Security *  YES NO

Rental income *  YES NO

Other income *  YES NO

Examples of other income:

<i>Alimony or spousal support</i>	<i>Capital gains</i>	<i>Dividend, stock, or shares income</i>
<i>Farming income</i>	<i>Foreign income</i>	<i>Interest income</i>
<i>Other taxable income</i>	<i>Annuity or Pension income</i>	<i>Railroad Retirement Benefits</i>
<i>Royalty income</i>	<i>Income from a trust</i>	<i>Taxable tribal income</i>
<i>Unemployment benefits</i>		

< Back

Finish Later

Next >

When reporting their income, individuals can now select from these simplified options.

Add your household income

* REQUIRED FIELD

Select the income your household receives and choose which household member receives it.

[Learn more about reporting income.](#)

Confirm if any of the members on your application have the income types listed.

Income from a job * 

Susan Stone

Steve Stone

YES NO

Self-Employment * 

Susan Stone

Steve Stone

YES NO

Social Security * 

YES NO

Rental income * 

Susan Stone

Steve Stone

YES NO

Other income * 

Susan Stone

Steve Stone

YES NO

Examples of other income:

Alimony or spousal support

Capital gains

Dividend, stock, or shares income

Farming income

Foreign income

Interest income

Other taxable income

Annuity or Pension income

Railroad Retirement Benefits

Royalty income

Income from a trust

Taxable tribal income

Unemployment benefits

Individuals can indicate who in the household has the income.

If the individual selects Other Income, they have the option to specify the type on the next screen.

Enter your income details

* REQUIRED FIELD

Provide the amount of income for each household member. You can add more income for each category.

Susan Stone

+ Add Income

Income from a job

EMPLOYER NAME	MONTHLY AMOUNT
	\$ -

Close ^ Remove

Enter any income received from a job. Use the income calculator or enter the gross amount before taxes and other deductions.

AMOUNT *

\$ 0.00

FREQUENCY *

Select an Option

 Income Calculator

Company Information

EMPLOYER NAME *

EMPLOYER ADDRESS LINE 1 *

EMPLOYER ADDRESS LINE 2

CITY *

STATE *

Select an Option

ZIP *

E.g. 98501

Did your employer offer you health insurance coverage? *

YES NO

Close

Self-Employment

COMPANY NAME	MONTHLY AMOUNT
	\$ -

Edit Remove

Rental Income

PROPERTY NAME	MONTHLY AMOUNT
	\$ -

Edit Remove

Other Income

INCOME TYPE	MONTHLY AMOUNT
	\$ -

Edit Remove

If you would like to add another household member, go back to the previous screen to add income for that member.

< Back

Finish Later

Next >

Income types are listed in a collapsed style.

Individuals select Edit to open the section to add income and make changes.

Some income types have a calculator to help the individual calculate their income including:

- Income from a job
- Self-employment
- Rental income

Calculator – Income from a Job

Employment income calculator ×

Enter wages or salary and the frequency it is received.

<p>AMOUNT</p> <input style="width: 90%; border: 1px solid gray;" type="text" value="\$ 0.00"/>	<p>FREQUENCY</p> <div style="border: 1px solid gray; padding: 2px; display: flex; align-items: center;"> Select an Option ▼ </div>
--	--

Add additional income from this job. Enter the monthly amount.

<p>COMMISSIONS</p> <input style="width: 90%; border: 1px solid gray;" type="text" value="\$ 0.00"/>	<p>SALARIES</p> <input style="width: 90%; border: 1px solid gray;" type="text" value="\$ 0.00"/>
<p>BONUSES</p> <input style="width: 90%; border: 1px solid gray;" type="text"/>	<p>TIPS</p> <input style="width: 90%; border: 1px solid gray;" type="text"/>

<p>CALCULATED MONTHLY AMOUNT</p>	<input style="width: 90%; border: 1px solid gray;" type="text" value="\$ 0.00"/>
----------------------------------	--

Cancel

Use Amount

An individual can calculate the monthly amount of income by choosing an amount and selecting a frequency. In addition, the calculator will add on additional monthly:

- commissions
- salaries
- bonuses
- tips

Enter your income details * REQUIRED FIELD

Provide the amount of income for each household member. You can add more income for each category.

Jake Johnson + Add Income

Self-Employment

COMPANY NAME	MONTHLY AMOUNT	
	\$ -	Edit Remove

Click Here to Watch the Video

Sam Johnson + Add Income

Will this individual's income meet the threshold requirement to file a federal tax return for this tax year? YES NO *

Income from a job

EMPLOYER NAME	MONTHLY AMOUNT	
	\$ -	Edit Remove

If you would like to add another household member, go back to the previous screen to add income for that member.

← BackFinish Later Next →

Income Details

Susan Stone + Add Income

Income from a job

EMPLOYER NAME	MONTHLY AMOUNT	
TIMMY'S BURGERS	\$ 116.00	Close ^ Remove

Enter any income received from a job. Use the income calculator or enter the gross amount before taxes and other deductions.

AMOUNT *

FREQUENCY *

Income Calculator

Company Information

EMPLOYER NAME *

EMPLOYER ADDRESS LINE 1 *

EMPLOYER ADDRESS LINE 2

CITY *

STATE *

ZIP *

COUNTY

Did your employer offer you health insurance coverage? * YES NO

Close

Clicking Use Amount from the calculator populates the total into the Amount field.

Clicking Close will allow these details to collapse the selection and allow the individual to edit another income type.

Enter your income details



* REQUIRED FIELD

Provide the amount of income for each household member. You can add more income for each category.



Susan Stone

+ Add Income



Income from a job

EMPLOYER NAME	MONTHLY AMOUNT	
TIMMY'S BURGERS	\$ 116.00	Edit  Remove 



Self-Employment

COMPANY NAME	MONTHLY AMOUNT	
	\$ -	Edit  Remove 

Rental Income

PROPERTY NAME	MONTHLY AMOUNT	
	\$ -	Edit  Remove 

Other Income

INCOME TYPE	MONTHLY AMOUNT	
	\$ -	Edit  Remove 

If you would like to add another household member, go back to the previous screen to add income for that member.

← Back

Finish Later

Next >

Clicking Edit will allow the individual to enter in details for another income type.

The individual can also remove an income type or add an income type for the individuals listed.

Self-Employment Income

When entering in self-employment income, the individual can select which type of company they have:

- Sole proprietor
- Partnership
- Corporation

This income type also has a calculator option.

Self-Employment

COMPANY NAME	MONTHLY AMOUNT
	\$ -
Close Remove	

Enter income received from operating a business such as a sole proprietor, independent contractor, a partnership or S-corporation. Use the self-employment income calculator or enter the net amount of income after allowable business expenses.

TYPE OF COMPANY *

Sole Proprietor
▼

NAME OF COMPANY *

Betty's Beads

AMOUNT *

\$ 120.00

FREQUENCY *

Monthly
▼

[Income Calculator](#)

Close

Calculator – Self-Employment Income

Self-employment income calculator

Enter self-employment income and the frequency it is received.

AMOUNT	FREQUENCY
<input type="text" value="\$ 0.00"/>	<input type="button" value="Select an Option"/>

Add any IRS allowable self-employment expenses. Enter the monthly total.

ADVERTISING	CAR AND TRUCK EXPENSES
<input type="text" value="\$ 0.00"/>	<input type="text" value="\$ 0.00"/>
COMMISSIONS, FEES, AND CONTRACT LABOR	DEPLETION

CALCULATED MONTHLY AMOUNT	<input type="text" value="\$ 0.00"/>
---------------------------	--------------------------------------

HOME | EN ESPAÑOL WELCOME, JAKE JOHNSON (SIGN OUT) | CUSTOMER SUPPORT

washington healthplanfinder
click. compare. covered.

Enter your income details * REQUIRED FIELD

Provide the amount of income for each household member. You can add more income for each category.

Jake Johnson + Add Income

Self-Employment

[Click Here to Watch the Video](#)

If a partnership or a corporation use the self-employment income calculator or enter the net amount of income after allowable business expenses.

TYPE OF COMPANY *	NAME OF COMPANY *
Sole Proprietor	Self Employed
AMOUNT *	FREQUENCY *
\$ 0.00	Monthly

[Income Calculator](#) Close

Rental Income

PROPERTY NAME	MONTHLY AMOUNT	
	\$ -	Edit Remove

Enter your income details

uat.wahbexchange.org/HBEWeb/CompleteMyApplication.action

Washington Health CSA Tool ADP WAHBEHive Home Page

Jake Johnson + Add Income

Self-Employment

COMPANY NAME	MONTHLY AMOUNT	
SELF EMPLOYED	\$ 400.00	Edit Remove

Rental Income

PROPERTY NAME	MONTHLY AMOUNT	
	\$ -	Edit Remove

Click Here to Watch the Video

Will this individual's income meet the threshold requirement to file a federal tax return for this tax year? * YES NO

Income from a job

EMPLOYER NAME	MONTHLY AMOUNT	
JOB	\$ 258.00	Edit Remove

If you would like to add another household member, go back to the previous screen to add income for that member.

< Back Finish Later Next >

Other Income

When individuals select the option of Other Income, they have the option to select the income type from a dropdown menu.

Other Income

INCOME TYPE	MONTHLY AMOUNT
	\$ -

Close ^ Remove

INCOME TYPE *

Select an Option

- Alimony or spousal support
- Annuity or pension income
- Capital gains
- Dividend, stock, or shares income
- Farming income
- Foreign income
- IRA
- Income from a trust
- Interest income
- Other taxable income
- Railroad retirement benefits
- Royalty income
- Taxable tribal income
- Unemployment benefits

Close

← Back
Finish Later
Next >

Other Income

When individuals select the type of Other Income they need to report, the appropriate text to describe that income populates with corresponding frequency. Here are some examples:

Other Income

INCOME TYPE	MONTHLY AMOUNT
\$ -	Close ^ Remove

INCOME TYPE *

Unemployment benefits

Enter income received from a state while unemployed or underemployed, and looking for a job. Use the gross amount before taxes and deductions.


AMOUNT * FREQUENCY *

Select an Option
▼

Other Income

Here is an example of Other taxable income:

Other Income

INCOME TYPE	MONTHLY AMOUNT	
	\$ -	Close ^ Remove 

INCOME TYPE *

Other taxable income ▼

Enter the taxable income received not already reported, such as jury duty pay, unearned income in-kind, and gambling or lottery winnings.

AMOUNT * FREQUENCY *

Select an Option
▼

Close

Other Income

Here is an example of Dividends, stocks, or shares income:

Other Income

INCOME TYPE	MONTHLY AMOUNT	
	\$ -	Close ^ Remove

INCOME TYPE *

Dividend, stock, or shares income ▼

Enter taxable distributions received from investments in a company or entity where stocks or shares are held.

<p>AMOUNT *</p> <div style="border: 1px solid #ccc; padding: 5px; display: inline-block; margin-bottom: 5px;">\$ 500.00</div>	<p>FREQUENCY *</p> <div style="border: 1px solid #ccc; padding: 5px; display: inline-block; margin-bottom: 5px;">Select an Option ▼</div>
---	---

Close

Enter your income details



* REQUIRED FIELD

Provide the amount of income for each household member. You can add more income for each category.



Susan Stone

+ Add Income



Income from a job

EMPLOYER NAME	MONTHLY AMOUNT	
TIMMY'S BURGERS	\$ 116.00	Edit  Remove 

Self-Employment

COMPANY NAME	MONTHLY AMOUNT	
BETTY'S BEADS	\$ 120.00	Edit  Remove 

Other Income

INCOME TYPE	MONTHLY AMOUNT	
DIVIDEND, STOCK, OR SHARES INCOME	\$ 500.00	Edit  Remove 

If you would like to add another household member, go back to the previous screen to add income for that member.

← Back

Finish Later


Next →

Once all the income is entered, the individual can click Next to save everything that has been entered.

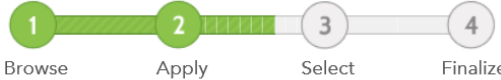
Deduction Screens

When reporting their deductions, individuals can now select from these simplified options.

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WELCOME, HCA WORKER (SIGN OUT) | CUSTOMER SUPPORT



click. compare. covered.



Add your household deductions * REQUIRED FIELD

Confirm if any of the members on your application have deductions.
[Learn more about deductions.](#)

Do any of the members on your application have deductions? * YES NO

Examples of deductions:


<i>Alimony or spousal support paid out</i>	<i>Certain claimable business expenses</i>	<i>Domestic production activities</i>
<i>Educator expenses</i>	<i>Health savings account contributions</i>	<i>Moving costs for a job this year</i>
<i>Penalty on early withdrawal of savings</i>	<i>Pre-tax retirement account contributions</i>	<i>School tuition and fees</i>
<i>Self-employment health insurance</i>	<i>Self-employment retirement plan</i>	<i>Self-employment tax</i>
<i>Student loan interest</i>		

← Back
Finish Later
Next >

Deduction Screens

If an individual in the household has deductions, they can select Yes and then indicate who in the household has that deduction.

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WELCOME, HCA WORKER (SIGN OUT) | CUSTOMER SUPPORT



click. compare. covered.

1

2

3

4

Browse
Apply
Select
Finalize

Add your household deductions * REQUIRED FIELD

Confirm if any of the members on your application have deductions.
[Learn more about deductions.](#)

Do any of the members on your application have deductions? * ⊕

YES
 NO

Susan Stone

Bobby Stone

Examples of deductions:

<i>Alimony or spousal support paid out</i>	<i>Certain claimable business expenses</i>	<i>Domestic production activities</i>
<i>Educator expenses</i>	<i>Health savings account contributions</i>	<i>Moving costs for a job this year</i>
<i>Penalty on early withdrawal of savings</i>	<i>Pre-tax retirement account contributions</i>	<i>School tuition and fees</i>
<i>Self-employment health insurance</i>	<i>Self-employment retirement plan</i>	<i>Self-employment tax</i>
<i>Student loan interest</i>		

← Back

Finish Later

Next >

Deduction Details

On the next page, individuals can select the deduction type from a dropdown menu.

Enter your deduction details * REQUIRED FIELD

Provide the deduction amount for each household member. Add more deductions as needed.

Susan Stone

+ Add deduction

Deductions

DEDUCTION TYPE	MONTHLY AMOUNT	Close ^ Remove 🗑️
	\$ -	

DEDUCTION TYPE *

Select an Option

- Alimony or spousal support paid out
- Certain claimable business expenses
- Domestic production activities
- Educator expenses
- Health savings account contributions
- Moving costs for a job this year
- Penalty on early withdrawal of savings
- Pre-tax retirement account contributions
- School tuition and fees
- Self-employment health insurance
- Self-employment retirement plan
- Self-employment tax
- Student loan interest

Close

← Back
Finish Later
Next >

Deduction Details

Similar to when individuals report Other Income types, when they select a deduction type, the appropriate text to describe that deduction populates with corresponding frequency.

Susan Stone + Add deduction

Deductions

DEDUCTION TYPE	MONTHLY AMOUNT	
	\$ -	Close ^ Remove

DEDUCTION TYPE *

Self-employment tax
▼

Enter self-employment taxes paid to the federal government to fund Medicare and Social Security by self-employed individuals and employees of churches or church organizations.

AMOUNT *

\$ 32.00

FREQUENCY *

Monthly
▼

Close

Deduction Details

Once collapsed, the individual has the option to add additional deductions.

Enter your deduction details * REQUIRED FIELD

Provide the deduction amount for each household member. Add more deductions as needed.

Susan Stone
+ Add deduction

Deductions

DEDUCTION TYPE	MONTHLY AMOUNT	
SELF-EMPLOYMENT TAX	\$ 32.00	Edit Remove

If you would like to add another household member, go back to the previous screen to select a deduction for that member.

← Back
Finish Later
Next →

Income of a Tax Dependent or Child

Individuals have to attest if they anticipate the income of their tax dependent or children age 18 or younger will meet the tax filing threshold for the year.

Bobby Stone Add Income

Will this individual's income meet the threshold requirement to file a federal tax return for this tax year? * YES NO

Income from a job

EMPLOYER NAME	MONTHLY AMOUNT	
	\$ -	Edit <input checked="" type="checkbox"/> Remove <input type="checkbox"/>

If you would like to add another household member, go back to the previous screen to add income for that member.

← Back
Finish Later
Next >

Existing Applications

Individuals with existing applications will need to select new income types for previously grouped questions when updating their applications.

Account workers will have the ability to bypass updating individuals income when they are doing other account maintenance.

Individual users, brokers, navigators, and other in-person assisters will have to update the income screens prior to submitting an application with the new income updates.

Income Enhancements

An additional check through the Federal Hub will be made to Equifax when an application is submitted to receive additional income details.

This will allow a portion of individuals who go through post-eligibility review to receive an automatic request for information letter when they do not have an Equifax match.

This letter will be sent once the Equifax match is validated later this spring.

Other Health Insurance Updates

Other Health Insurance

There are updates to how Washington Healthplanfinder collects and retains information for other health insurance.

Please check the box for any member who has other coverage.

Susan Stone

Employer Sponsored Insurance

Same Policy As

Policy Holder's Name *

Policy Holder's Date of Birth *

Policy Number *

Group Number *

Name of the Carrier *

Medicare

Tri-Care

VA Health Benefits

Peace Corps

Other

Other Updates

Special Enrollment Period Enhancements

Updates have been made to the Special Enrollment Period functionality including:

- User friendly screen flows
- Correspondence updates
- New special enrollment periods may be restricted based on qualifying life events
- Individuals who transition from Washington Apple Health (Medicaid) to a Qualified Health Plan will now have a special enrollment period that will auto open

Responsive Washington Healthplanfinder

There are about 30 more screens becoming responsive in this release enabling users to do the following on their mobile or tablet devices:

- Apply for coverage
- Report a change
- Renew coverage

Washington Healthplanfinder is being made more American Disabilities Act (ADA) compliant

Additional Documents Banner

The upload documents banner will now display across all tabs on an individual's dashboard when information is due.

The image shows a screenshot of the Washington Healthplanfinder dashboard. At the top left is the logo for Washington Healthplanfinder with the tagline "click. compare. covered." Below the logo is a yellow notice box with the text: "Notice: Download our new mobile app, WAPlanfinder, now available at the App Store and Google Play." The dashboard navigation tabs include "Account Home", "Payments", "My Household", "Document Center", and "My Profile". A yellow banner with a warning icon and the text "We need additional documents to verify your eligibility." is displayed across the dashboard. A green "Upload Documents" button is located in the bottom right corner of the banner. Below the banner, there is a section for "Upcoming Year - 2018" with a link to "KAISER PERMANENTE" and the website "www.kp.org".

WAPlanfinder

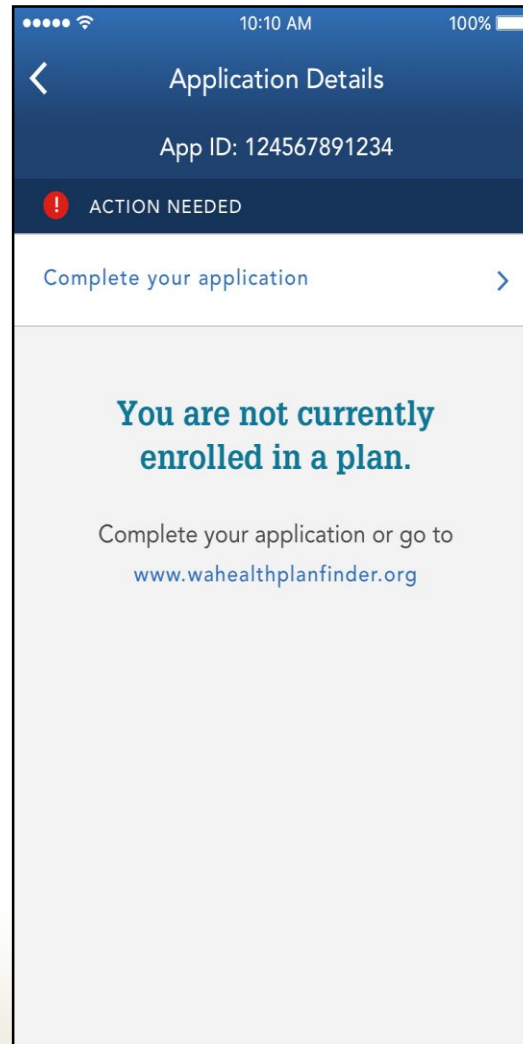
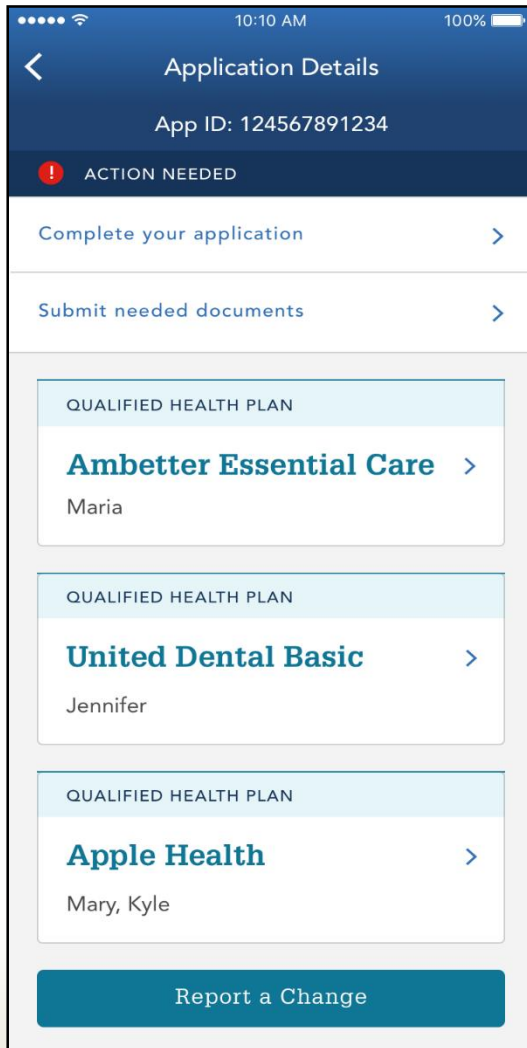
WAPlanfinder

Individuals can now do the following in Washington Healthplanfinder in-application browser, WAPlanfinder:

- Apply for coverage
- Renew coverage
- Report a change

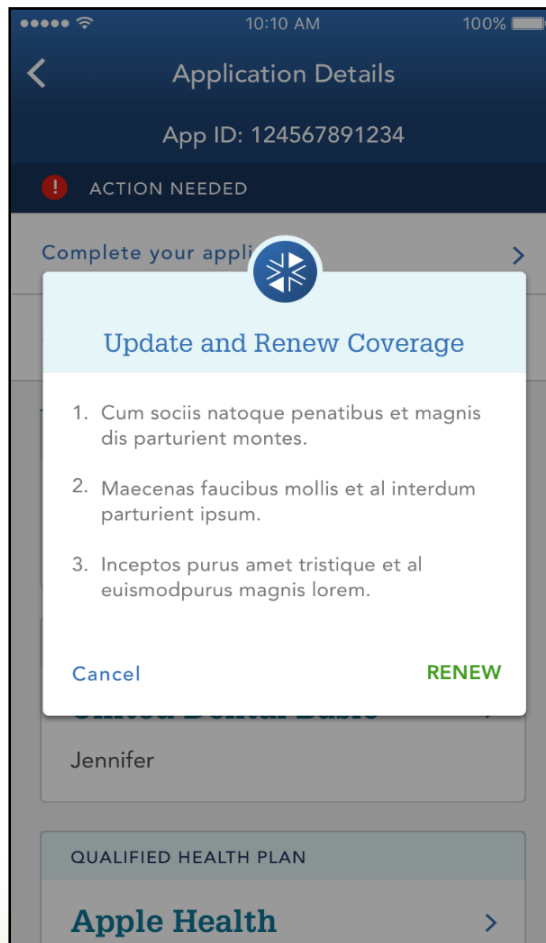


WAPlanfinder: Applications



Individuals have the ability to complete their application using their mobile application from the Application Details page.

WAPlanfinder: Renewals



Individuals can complete their renewal from the mobile application. When their renewal is due, a message will appear letting the individual know it's time to renew coverage.

WAPlanfinder: Reporting Changes

10:10 AM 100%

< Application Details

App ID: 124567891234

ACTION NEEDED

Complete your application >

Submit needed documents >

QUALIFIED HEALTH PLAN

Ambetter Essential Care >

Maria

QUALIFIED HEALTH PLAN

United Dental Basic >

Jennifer

QUALIFIED HEALTH PLAN

Apple Health >

Mary, Kyle

Report a Change

washington healthplanfinder
click. compare. covered

SIGN IN

About You

We are now going to collect some information about you and your household to help you find health coverage options

* Required Field

Personal Identification

Notice:
Please provide your official name such as the name on your social security card.

FIRST NAME *

E.g. John

M.I.

E.g. J

LAST NAME *

E.g. Smith

SUFFIX

SOCIAL SECURITY NUMBER ?

Individuals have the ability to report a change from the Application Details page.

Correspondence Changes

Important Deadline to Submit Documents (EE001) Updates

Improvements have been made to the Important Deadline to Submit Documents (EE001) notice. Updates include:

- Due dates for documents for the Alien Emergency Medical (AEM) verification and the Qualified Health Plan verification display on the notice when the individual is eligible for both programs
- A new AEM verifications table
- The document list is suppressed when an individual is pending AEM only

JANE DOE
123 BOXCAR ST
OLYMPIA WA 98504

08/07/2018

Application ID:
3000500354

Here is an example of an updated EE001 – individual is pending for AEM verification

Important Deadline to Submit Information

Dear Jane Doe,

Act now! We need more information about one or more household members.

You or others in your household still need to send one or more document copies to prove your eligibility for coverage or financial help. If we do not get these documents by the dates below, you or other individuals in your household could lose or be denied coverage, or have changes to the financial help you may be getting.

Washington Apple Health Alien Emergency Medical - Verification Needed

Individual Name	Verification Pending	Documents Due By
Johnny Doe	Emergency Services	08/22/2018

Types of verification for emergency services:

Emergency Room Care: If emergency room care was received, provide:

- Emergency room treatment page(s); and
- Completed hospital claim form (UB04)

Inpatient Admission: If admitted for inpatient care, provide:

- History and physical chart notes; and
- Hospital discharge summary; and
- Completed hospital claim form (UB04)

Outpatient Surgery Care: If outpatient surgery care was received, provide:

Apple Health

Termination and Denial Notices

New text updates and reconsideration language is coming to the Apple Health denial (EE010) and some termination (EE011) notices (no renewal and non-payment of CHIP premiums).

Example of termination for no renewal reconsideration language:

Reconsideration We will reconsider this decision if you complete your renewal within 90 days of the date coverage ends. If the renewal is not completed within 90 days, you will need to reapply for coverage:

- **Online:** <http://www.wahealthplanfinder.org>
- **Call:** 1-855-WAFINDER (1-855-923-4633)
- **Mail or Fax:** print and return a paper application from <https://www.hca.wa.gov/assets/free-or-low-cost/18-001P.pdf>

SUSAN STONE
GENERAL DELIVERY
OLYMPIA WA 98504

01/11/2018

Application ID:
3000500448

Washington Apple Health Denial

Dear Susan Stone,

We received your application for Washington Apple Health coverage on 01/11/2018. The application for the individuals listed below is denied.

Name	Reason
Steve Stone	You didn't give us the information we asked for.

On 12/20/2017, we asked you to give us:

1. Steve: Proof of gross monthly income for the last 60 days. Examples can include: wage stubs, statement from the employer, etc.

This information was due by 01/04/2018.

Because we have not received this information, we cannot determine if you may be eligible for coverage. If you have any questions about this notice, call the Health Care Authority at 1-800-562-3022.

Reconsideration

We will reconsider this decision if we receive the information we need from you within 30 days of this notice. If the requested information is not received within 30 days, you will need to reapply for coverage:

- Online: www.wahealthplanfinder.org
- Call: 1-855-WAFINDER (1-855-923-4633)
- Mail or Fax: print and return a paper application from <https://www.hca.wa.gov/assets/free-or-low-cost/18-001P.pdf>

The language of the Washington Apple Health Denial notice has been revised and simplified.

Other Correspondence Updates

The pre-populated renewal form has been updated to coincide with the income updates to the system. This form goes out with the following notices:

- Washington Apple Health Renewal – Review Only (EE008)
- Washington Apple Health Renewal – Action Required (EE009)
- Time to Renew Your Coverage (EE017)

The Death of Primary Applicant tag will be updated on the Eligibility Results (EE015) notice to encourage other individuals in the household to apply and include coverage end dates.

Resources

Resource Information

HCA Training & Education Resources

<http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage/stakeholder-training-and-education>

Cross-agency Desk Aid

http://www.hca.wa.gov/assets/free-or-low-cost/customer_support_center_referrals.pdf

HCA Community-Based Specialists

http://www.hca.wa.gov/assets/free-or-low-cost/community_based_staff_contact.pdf

Contact your local HCA Area Representative:

http://www.hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf