Washington State
Department of Social
& Health Services

Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Cost of Care Adjustment (COCA)

Absent Client: to be completed by Service Provider

ABSENT CLIENT NAME	PROVIDER'S NAME	DATE SUBMITTED
CLIENT P1 ID NUMBER	PROVIDER'S CONTACT NAME	PROGRAM TYPE ☐ SL ☐ GH ☐ GTH
AFFECTED CLIENTS ☐ SPH	PHONE NUMBER (INCLUDE AREA CODE)	COCA PAYMENT START DATE
	ONGOING COCA? ☐ Yes ☐ No	INITIAL DEPARTURE DATE	COCA PAYMENT END DATE

REASON FOR TEMPORARY ABSENCE
☐ Admitted to medical facility   ☐ Admitted to nursing facility
☐ Social leave   ☐ RHC respite
☐ In jail   ☐ Death; date:
☐ Other:

Instructions

Provider:

- No more than five business days after a client's departure, the provider must notify the resource manager of the need for a COCA.
- No more than 30 calendar days after the client's return or the end of the month if the absence continues into the next month the provider must submit this form.

Absent Client Name: Indicate the name of the client that is out of the home.

Client P1 ID Number: Indicate the Provider 1 ID number for the client that is out of the home.

Affected Clients: List the absent client's housemate or those within the cluster. If Single Person Household check SPH. The Resource Manager will select a client from the household or cluster to authorize COCA payment under. If this is a SPH, the RM will chose an eligible client in absent client's contract to submit payment authorization under.

Provider Name: Enter the name of your agency that you do business under.

Date Submitted: Write in the date the COCA is sent to the RM.

Provider Contact: Specify the Provider Contact Name and phone number the RM would call for questions.

Program Type: Check the program type SL for Supported Living, GH for Group Home, or GTH for Group Training Home.

COCA Payment Start Date: Indicate the first day for the COCA payment

COCA Payment End Date: Indicate the last day of the COCA payment within the month of this request. Note: the date the client goes to the hospital is typically a COCA payment day and the date a client returns home can be billed as usual and is not typically a COCA payment day.

Ongoing COCA: If a COCA was submitted in the previous month and the client is still out of the home, a new COCA request for the new month will need to be summited and the "Yes" check box will need to be marked indicating it is ongoing from the previous month with not break in absence.

Initial Departure Date: If there is a "Yes" marked in the "Ongoing COCA" box indicate the date the client initially departed the home.

Reason for Temporary Absence: Check the box that applies to the temporary absence; if reason is "death" type in the date the client died. Check "other" and describe if none of the other options are appropriate.

Resource Manager:

- Enter request into RRDD.
- If approval is received, authorize payment in CARE and add date of authorization to the form generated from RRDD and email to provider.

COST OF CARE ADJUSTMENT (COCA)
DSHS 06-124 (REV. 02/2024)