



AGING AND LONG-TERM SUPPORT ADMINISTRATION
Fast Track Service Agreement

CLIENT'S NAME
ACES ID NUMBER

I understand that the long term care services I will be receiving (checked below) are temporary pending my Medicaid financial eligibility and may be authorized for a maximum of 90 days.

- Community First Choice (CFC) Medicaid Personal Care (MPC)
 CFC and COPES Residential Support Waiver

Service start date: _____ Service end date: _____

I agree to apply for Medicaid by _____ (10 days from the starting date of my service). Failure to apply for Medicaid will result in the termination of my services.

If I apply for Medicaid but I am not eligible during the period I have been approved for services through Fast Track, my services will be stopped 10 days after I receive notice of the Medicaid denial.

I understand my case manager will not create an overpayment for the cost of services I have received during the approved Fast Track period. However, upon my death, the cost of these services and any future services may be subject to Estate Recovery. (See WAC 182-527-2742 for services that are subject to Estate Recovery.)

I understand that changes in the amount I pay toward my cost of care (participation) may be necessary when financial eligibility is determined. If I am determined to be financially eligible, my services will continue until my next CARE assessment.

CLIENT'S SIGNATURE	DATE
WORKER'S SIGNATURE	DATE
OFFICE	