ADDENDUM J

MEDICAID DISCLOSURE FORM (WA)

This Facility currently participates in the Medicaid Program as it applies to licensed Boarding Homes/Assisted Living Facilities in the State of Washington. In the future, This Facility may choose to withdraw from participating in the Medicaid Program.

If This Facility chooses to withdraw from the Medicaid Program This Facility may continue to provide Medicaid Program services to residents, assuming Medicaid eligibility is maintained.

Upon such withdrawal from the Medicaid Program, Medicaid Program services can continue to be provided to residents who were receiving these services on the day before the effective date of This Facility's withdrawal from the Medicaid Program; or to residents who have been paying This Facility's "private pay" rate for at least the two year period immediately prior to This Facility's termination of its Medicaid Contract and residents who become eligible for Medicaid within one hundred and eighty (180) days of the date of This Facility's termination of its Medicaid contract.

Notwithstanding the above, if This Facility chooses to withdraw from the Medicaid Program it may discharge or refuse residency to current residents if the residents become eligible for Medicaid at any time after termination of the Medicaid contract and the resident's have not resided at This Facility, paying a "private pay" rate, for at least the two year period immediately prior to termination of the Medicaid contract.

Also, any resident who becomes eligible for Medicaid more than one hundred and eighty (180) days after the date of This Facility's termination of its Medicaid contract will not be able to remain at This Facility under the Medicaid program.

Nothing in this notice should be treated or interpreted as a waiver of This Facility’s authority and responsibility to initiate transfer or discharge proceeding under authority of RCW 70.129.110 when appropriate for any reasons justified under the provisions of that statute.

Should you have questions about Medicaid eligibility or those facilities in the area accepting Medicaid you are urged to contact the Medicaid Waiver Program of the Washington State Department of Social and Health Services at (360) 725-2385.

The foregoing Medicaid Eligibility notification is acknowledged this ____ day of_______________, 20______.

__________________________________
RESIDENT SIGNATURE

__________________________________
RESPONSIBLE PARTY SIGNATURE