

# Tailored Supports for Older Adults (TSOA) Rights and Responsibilities

**We have to tell you this information. Don't skip it.**

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## **Your rights (we must):**

**Explain to you your rights and responsibilities** if you ask.

**Help you if you have a disability.** We describe this help in a rule. See WAC 182-503-0120.

**We will help you read and fill out any form if you need help.** Call your local Home & Community Services Office. Locations are at:  
<http://www.altsa.dshs.wa.gov/Resources/clickmap.htm>

**If you need an interpreter or translator services, let us know. We will not charge you. We will get one for you right away.**

**Keep your personal information private.** We will only share information with other state and federal agencies to see if you are eligible and get you on the program.

**Make a decision as quickly as we can.**

**If we need more information, we will tell you. You will have 10 calendar days** to give us that information. If you ask for more time, we will give you more time. Give us the information in 10 calendar days or ask us for more time. If you do not, you will not get TSOA.

**We will help you** if you have trouble getting information we need.

**Give you a written decision,** in most cases, within 45 days.

**You do not have to talk** to an investigator if we audit your case. You do not have to let an investigator into your home. Not talking to an investigator will not affect whether you get TSOA.

**Give you the opportunity to appeal** if you disagree with a determination made by the Department of Social and Health Services (DSHS) that affects your eligibility for TSOA. By asking for an appeal, you will be scheduled an Administrative Hearing.

**Treat you fairly. Discrimination is against the law.** DSHS and the Health Care Authority (HCA) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. DSHS and HCA does not exclude people or treat them differently because of their race, color, national origin, age, disability, or sex.

DSHS and HCA also comply with applicable state laws and do not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

DSHS and HCA:

- Provide free aids and services to people with disabilities so they can communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact 1-855-567-0252.

If you believe that DSHS or HCA has failed to provide these services or discriminated in another way, you can file a grievance with:

- **DSHS**

ATTN: Constituent Services  
PO Box 45131  
Olympia, WA 98504-5131  
1-800-737-0617  
Fax: 1-888-338-7410  
[askdshs@dshs.wa.gov](mailto:askdshs@dshs.wa.gov)

- **HCA Division of Legal Services**

ATTN: Compliance Officer  
PO Box 42704  
Olympia, WA 98501-2704  
1-855-682-0787  
Fax: 1-360-507-9234  
[compliance@hca.wa.gov](mailto:compliance@hca.wa.gov)

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, the DSHS Constituent Services or HCA Division of Legal Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at  
[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

## **Your responsibilities (you must):**

**If requested by the agency**, provide any information or proof needed to decide if you are eligible.

**SSN and Immigration Status Disclosure.** You have to give us your Social Security Number (SSN) or immigration document number. We need this to decide if you are eligible. We use your SSN to confirm your identity, citizenship, immigration status, date of birth, and whether you have other health care coverage. **We do not share this information with Homeland Security.**

**Report changes as required** in our rules within 30 days of the change. **Read your approval letter to see what changes you must report.**

**Complete renewals** when we ask you.

**Cooperate with Quality Assurance** staff if we ask you to.

## **Things you should know:**

**There are state and federal** laws that govern how we process your application. They also govern your rights and your responsibilities as an applicant and if you get TSOA services, too. By applying, you agree to follow these laws. If you get TSOA, you agree to follow the laws that apply.

**A federal law requires us to help you register to vote** if you want to. You can decide to register or not. That decision will not affect our decision about services or benefits. You can also register to vote at [www.vote.wa.gov](http://www.vote.wa.gov) or get a voter registration form by calling 1-800-448-4881.

**Health Insurance Portability and Accountability Act (HIPAA)** restrictions prevent HCA and DSHS from discussing the health information of you or any member of your household with anyone, including an authorized representative, unless that individual has power of attorney or you have signed a consent form authorizing the disclosure of this information. This includes disclosure of mental health information, HIV, AIDS, STD test results, or treatment and chemical dependency services.

**The Affordable Care Act** prevents DSHS from giving the personally identifiable information (PII) of you or any member of your household, without your consent, to anyone who is not authorized to receive it.

**The information that you give DSHS is subject to verification by federal and state officials for purposes of determining your eligibility for the TSOA program. Verification can include follow-up contacts from DSHS staff.**

[English] Language assistance services, including interpreters and translation of printed materials, are available free of charge. Call 1-855-567-0252 (TRS: 711).

[Amharic] የቋንቋ እገዛ አገልግሎት፡ አስተርጓሚ እና የሰነዶችን ትርጉም ጨምሮ በነጻ ይገኛል፡፡ 1-855-567-0252 (TRS: 711) ይደውሉ፡፡

[Arabic] خدمات المساعدة في اللغات، بما في ذلك المترجمين الفوريين وترجمة المواد المطبوعة، متوفرة مجاناً، اتصل على رقم (TRS: 711) 1-855-567-0252.

[Burmese] ဘာသာပြန်ဆိုသူများနှင့် ထုတ်ပြန်ထားသည့် စာရွက်စာတမ်းများဘာသာပြန်ခြင်းအပါအဝင် ဘာသာစကားအထောက်အကူဝန်ဆောင်မှုများကို အခမဲ့ရရှိပါသည်။ 1-855-567-0252 (TRS: 711) ကိုဖုန်းခေါ်ဆိုပါ။

[Cambodian] សេវាជំនួយភាសា រួមមានទាំងអ្នកបកប្រែផ្ទាល់មាត់ និង ការបកប្រែឯកសារបោះពុម្ព គឺអាចរកបានដោយឥតគិតថ្លៃ។ ហៅទូរស័ព្ទទៅលេខ 1-855-567-0252 (TRS: 711)។

[Chinese] 免费提供语言协助服务，包括口译员和印制资料翻译。请致电 1-855-567-0252 (TRS: 711)。

[Korean] 통역 서비스와 인쇄 자료 번역을 포함한 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-567-0252 (TRS: 711)번으로 전화하십시오.

[Laotian] ການບໍລິການດ້ານພາສາ, ລວມທັງນາຍແປພາສາ ແລະ ການແປເອກສານຕີພິມ, ມີໄວ້ໃຫ້ຟຣີໂດຍບໍ່ຄິດຄ່າ. ໂທຫາລេກ 1-855-567-0252 (TRS: 711).

[Oromo] Tajajilli gargaarsa afaanii, nama afaan hiikuu fi ragaalee maxxanfaman hiikuun, kaffaltii malee ni argattu. 1-855-567-0252 (TRS: 711) irratti bilbilaa.

[Persian] خدمات کمک زبانی، از جمله مترجم شفاهی و ترجمه اسناد و مدارک (مطالب) چاپی، بصورت رایگان ارائه خواهد شد. با شماره 1-855-567-0252 (TRS: 711) تماس بگیرید.

[Punjabi] ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ—ਦੁਭਾਸ਼ੀਏ ਅਤੇ ਪ੍ਰਿੰਟ ਕੀਤੀ ਹੋਈ ਸਮੱਗਰੀ ਦੇ ਅੰਨ੍ਹਵਾਦ ਸਮੇਤ—ਮੁਫ਼ਤ ਉਪਲੱਬਧ ਹਨ। 1-855-567-0252 (TRS: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

[Romanian] Serviciile de asistență lingvistică, inclusiv cele de interpretariat și de traducere a materialelor imprimate, sunt disponibile gratuit. Apelați 1-855-567-0252 (TRS: 711).

[Russian] Языковая поддержка, в том числе услуги переводчиков и перевод печатных материалов, доступна бесплатно. Позвоните по номеру 1-855-567-0252 (TRS: 711).

[Somali] Adeego caawimaad luuqada ah, ay ku jirto turjubaano afka ah iyo turjumid lagu sameeyo waraaqaha la daabaco, ayaa lagu helayaa lacag la'aan. Wac 1-855-567-0252 (TRS: 711).

[Spanish] Hay servicios de asistencia con idiomas, incluyendo intérpretes y traducción de materiales impresos, disponibles sin costo. Llame al 1-855-567-0252 (TRS: 711).

[Swahili] Huduma za msaada wa lugha, ikiwa ni pamoja na wakalimani na tafsiri ya nyaraka zilizochapishwa, zinapatikana bure bila ya malipo. Piga 1-855-567-0252 (TRS: 711).

[Tagalog] Mga serbisyonang tulong sa wika, kabilang ang mga tagapagsalin at pagsasalin ng nakalimbag na mga kagamitan, ay magagamit ng walang bayad. Tumawag sa 1-855-567-0252 (TRS: 711).

[Tigrigna] ተርጓሚታን ናይ ዝተፀሓፉ ማተራያላት ትርጉምን ሓዊሉ ናይ ቋንቋ ሓገዝ ግልጋሎት፤ ብዘይ ምንም ክፍሊት ይርከቡ፡፡ ብ 1-855-567-0252 (TRS: 711) ደውሉ፡፡

[Ukrainian] Мовна підтримка, у тому числі послуги перекладачів та переклад друкованих матеріалів, доступна безкоштовно. Зателефонуйте за номером 1-855-567-0252 (TRS: 711).

[Vietnamese] Các dịch vụ trợ giúp ngôn ngữ, bao gồm thông dịch viên và bản dịch tài liệu in, hiện có miễn phí. Gọi 1-855-567-0252 (TRS: 711).