Washington State Department of Social & Health Services

DIVISION OF DEVELOPMENTAL DISABILITIES

OGEYSIISKA TALAABO QORSHEYSAN
DIIDO AMA JOOJIN ADEEG-BIXIYE

PLANNED ACTION NOTICE
PROVIDER DENIAL OR TERMINATION

MAGACA IYO ADREESKA MACMIILKA

MAGACA IYO ADREESKA WAKIILKA

TALAABO

Waxa lagu ogeysiinayaa in laga bilaabo _____ , DDD ay qaadayso talaabada soo socota oo ay ka qaadayso adeeg-bixiyahaaga:

- ☐ **Joojin lacag-siin**
- ☐ **Joojin qandaraas**
- ☐ **Diidmo qandaraas**
- ☐ **Diidmo lacag-bixin**

Adeeg-bixiyahani waxa uu imminka bixiyaa adeegyadan soo socda:

- ☐ **Daryeelka Shakhsiga ee Medicaid (Medicaid Personal Care)**
- ☐ **Daryeelka Shakhsiga ee Oggalaanshaha (Waiver Personal Care)**
- ☐ **Daryeelka Nasashada (Respite Care)**
- ☐ **Guri Wehel (Companion Home)**
- ☐ **Hab Nololeedka Beddelaadda ah (Alternative Living)**
- ☐ **Adeegyada Daganaanshaha ee la Xaqiijiyay (Certified Residential Services)**
- ☐ **Wax Kale** _____

DDD sababta ay talaabadan u qaadayso waa:

AMARKA GO'AANKA

Awoodda ay DDD ku qaadayso talaabadan waxay ku saleysan tahay:

- ☐ **Xeerka Maamulka ee Washington (Washington Administrative Code) (WAC):**
  - ☐ **388-845-0300 ilaa 2205** Shahaadooyinka Adeeg-bixiyaha Oggalaanshaha HCBS (HCBS Waiver Provider)
  - ☐ **388-71-0500 ilaa 05665** Shahaadooyinka Adeeg-bixiyaha Shakshi ah/Hay'ad Daryeel Guri (Individual Provider/Home Care Agency Provider)
  - ☐ **388-101-1440 ilaa 1550** Shahaadooyinka Adeeg-bixiyaha Adeeg Guri oo Cadeyn Leh (Certified Residential Service Provider)
  - ☐ **388-06** Baadhis Taariikh
  - ☐ **Wax kale** _____
- ☐ **Qandaraas: (Sheeg qaybta qandaraaska)** _____

Waxa laga yaabaa in adeeggani kuu sii banaanaado laakiin waa inaad dooratid adeeg-bixiye la ictiraafsan yahay.

Taariikhda macmiilka boosta loogu diray ama la siiyay: _____

Lifaaq: Qof la Isu Dhow Yahay: _____
Faylka macmiilka

XUQUUQDAADA RACFAANKA

Waxa aad haysataa sagaashan (90) maalmood laga bilaabo helitaanka ogeysiiskan oo aad ku codsatid dhageysi maamul (administrative hearing) si aad talaabadan racfaan ama ambiil uga qaadatid.

- Si ay kuugu sii socoto inaad adeegyo ka heshid adeeg-bixiyahan inta lagu jiro racfaanka, waa inaad weydiisatid dhageysi ugu dambeyn _____

Waxa aad leedahay xuquuqda soo socota:

1. In wakiil laguu noqdo (waxa laga yaabaa inuu kuu banaan yahay gargaar sharci oo bilaash ah);
2. Inaad codsatid koobi ah faylkaaga iyo dhamaan warka ay DDD fiirisay si ay go'aankeeda u gaadho;
3. Inaad dukumenti u keentid marag-kac ahaan;
4. Inaad dhageysiga marag ka bixisid iyo inaad keentid markhaatiyo adiga kuu marag fura; iyo
5. Inaad su'aalo weydiisid markhaatiyada u marag furaya qaybta.

MA QABTAA WAX SU'AALO AH?

Haddii aad qabtid wax su'aalo ah oo ku saabsan go'aankan ama habka racfaanka, fadlan la soo xidhiidh

_____ **oo laga helo** _____

LAMBAR TELEEFON

Washington State Department of Social & Health Services

OGEYSIISKA TALAABO QORSHEYSAN DIIDMADA AMA JOOJINTA ADEEG-BIXIYAHA EE DDD CODSIGA DHEGAYSIGA

marka la eego Qaybta 388-01 ee xeerarka dhageysiga ee DSHS.

FOR AGENCY USE ONLY ☐ **Oral request taken by:**	
NAME	TELEPHONE NUMBER
INVOLVED DIVISION/ORGANIZATION	

U SOO DIR: OFFICE OF ADMINISTRATIVE HEARING (OAH), MAIL STOP: 42489
PO BOX 42489
OLYMPIA WA 98504-2489

FAAKIS: 360-586-6463

Waxa aan codsanayaa dhageysi sababta oo ah waxa aanan raali ka ahayn go'aanka soo socda ee ay gaadhay Qaybta Naafada Maskaxda (Division of Developmental Disabilities) (DDD):

MAGACAAGA (FADLAN XURUUF KALA GO'AN)	TAARIIKH DHALASHO	LAMBARKA SUGIDDA BULSHADA (SOCIAL SECURITY NUMBER)
ADREESKA QOFKA CODSANAYA DHAGEYSIGA	LAMBARKA AQOONSIGA (ID) EE MACMIILKA	
MAGAALO GOBOL SUMMAD (ZIP)	LAMBAR TELEEFON (KU DAR FURAHA AAGGA) ☐ **TELEEFON FARIIN**	

Waxa go'aanka la i ogeysiiyay taariikhdu markii ay ahayd: _____

waxana i ogeysiiyay: _____ TAARIIKH

MAGACA IYO GOOBTA XAFIISKA DSHS

Waxa aan doonayaa gargaar sii socda, haddii uu ii banaan yahay: ☐ **Haa** ☐ **Maya** Barnaamij: _____

Waxa wakiil iga ah (Haddii aad adigu isu hadli doontid, ha buuxin labada layn am sadar ee soo socda):

MAGACA WAKIILKAAGA	HAY'AD	LAMBAR TELEEFON
ADREES	MAGAALO	GOBOL SUMMAD (ZIP)

☐ **Waxa aan amrayaa in warka ku saabsan dhageysigayga la siiyo wakiilkayga.**

SAXEEXAAGA	TAARIIKH

Ma u baahan tahay turjubaan ama gargaar kale ama ku-talogal inta dhageysigu socdo? ☐ **Haa** ☐ **Maya**

Haddii ay tahay haa, waa maxay afku ama gargaarku? _____

Xaakinnada Sharciga Maamulku (Administrative Law Judges) (ALJ's) waxay dhageysiyada qaarkood ku sameyn karaan teleefonka. Haddii aad doonaysid inaad u beddelatid dhageysi la is hor imanayo, raac fariimaha ku yaala Ogeysiiska Dhageysiga ee uu kuu soo diri doono OAH.

INSTRUCTIONS

Do clients have appeal rights to denial or termination of their choice of providers?
Yes, clients have appeal rights. Refer to WAC 388-825-120.

What are some reasons I might deny or terminate a provider?
Some examples might be (but not limited to):

- The provider has worked for 120 days or more and has not met the training requirements.
- Provider is not available to provide care as outlined on the client's service Plan.
- The Division does not believe this provider can meet the client's health and safety needs.
- Payment can be terminated at the request of the client or the client's representative.
- A contract can be terminated for default when the contractor has not complied with the terms of the contract.
  Refer to (WAC 388-825-375).

Who makes the decision to deny or terminate a provider payment or contract?

- The decision to deny or renew a contract is made by the Field Services Administrator (FSA).
- The decision to terminate a contract prior to the end date of the contract is made by the Office of Central Contracts Services upon the recommendation of the DDD HQ Contracts Manager.
- A regional management decision to terminate payment prior to the termination of the contract can only be made when there is substantiated abuse/neglect, the department determines client is in imminent jeopardy or there has been a failed background check on a provider with a contract.

How do I determine the effective date for terminating payment to the provider?

- When possible the termination date of payment coincides with the contract termination date, allowing at least 10 days from the date the Planned Action Notice is mailed, and extending to the end of that month.
- Termination of payment is immediate when there is substantiated abuse/neglect, or the department determines client is in imminent danger.

How do I determine the effective date for denying a current contract?
The date of contract termination is determined by the Office of Central Contracts Services.

How do I determine the effective date for denying a new/renewal contract?

- If it is a new contract the effective date is the date of denial by the FSA.
- If it is a contract renewal, the date for termination is the end date on the existing contract.

How do I ensure receipt of notification by client/client representative?
Per WAC 388-825-100 attempt at least twice to notify first by telephone then send written notification.

If my client appeals the decision to terminate their provider can they continue to use their provider during the appeals process?

The client can continue to use their provider if they request a hearing within the allotted time frame. The effective date is calculated by counting 10 days from the date the Planned Action Notice is mailed and extending to the end of that month. The request to continue services from the provider will be denied if there is substantiated abuse/neglect, the department determines client is in imminent danger, or there has been a failed background check on a provider with a contract.