Washington State Department of Social & Health Services
DDD Division of Developmental Disabilities

DIVISION OF DEVEOPMENTAL DISABILITIES (DDD)

OGEYSIISKA HIRGALINTA QORSHAHA DARYEELKA AMA QORSHAHA WAX-KA-BEDDELIDDA DARYEELKA

NOTICE OF IMPLEMENTATION OF PLAN OF CARE OR
PLAN OF CARE AMENDMENT

MAGACA IYO ADREESKA MACMIILKA/CODSADAHA KU:

MAGACA IYO ADREESKA WAKIILKA SHARCI

HALKAN UGA LAAB DAAQADDA GALKA.

Galiso/Gacaliye :

Halkan waxa la socda Oggalaanshaha Qorshaha Daryeelka ama Qorshaha Wax-ka-beddelidda Daryeelka (Waiver Plan of Care/Plan of Care Amendment) si aad u fiirisid.

- Haddii aad raali ka tahay Qorshaha Daryeelka ama Qorshaha Wax-ka-beddelidda Daryeelka, fadlan saxeex oo soo celi bogga saxeexa adiga oo ku soo diraya galka leh adreeska ka hor .
- Haddii aanad raali ka ahayn Qorshaha Daryeelka ama Qorshaha Wax-ka-beddelidda Daryeelka, waa inaad racfaan ama ambiil ku codsatid ugu dambeyn . Adeegyada aad imminka heshid way sii socon doonaan inta lagu jiro racfaanka.
- Haddii bogga saxeexa ama racfaanka aan la helin ugu dambeyn , waxay DDD ka soo qaadi doontaa inaad oggalaatay waxana la hirgalin doonaa Qorshaha Daryeelka ama Qorshaha Wax-ka-beddelidda Daryeelka iyada oo waafaqsan WAC 388-845-3070.

Haddii aad su'aalo qabtid, fadlan soo wac: _____ laga helo _____.

Nuqul: Ku dhaji POC oo ku jira faylka macmiilka

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OGEYSIISKA HIRGALINTA QORSHAHA DARYEELKA AMA QORSHAHA WAX-KA-BEDDELIDDA DARYEELKA

Marka la eego Cutubka 388-02 ee xeerarka dhageysiga 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: 360-586-6563

Waxa aan codsanayaa dhageysi sababta oo ah waxa aanan raali ka ahayn go'aankan soo socda ee ay gaadhay Wasaaradda Adeegyada Bulshada iyo Caafimaadka (Department of Social and Health Services) (DSHS):

- Si kooban u sharax waxay DSHS sameysay ama aanay sameynin; iyo
- Soo raaci koobiga ogeysiiska aad racfaanka ka qaadanaysid, haddii taasi suurogal tahay.

MAGACAAGA (FADLAN XURUUF KALA GO'AN)	TAARIIKH DHALASHO	LAMBARKA SUGIDDA (SSN)
ADREESKA QOFKA CODSANAYA DHAGEYSIGA	LAMBARKA AQOONSIGA (ID) EE MACMIILKA	
MAGAALO GOBOL SUMMAD (ZIP)	LAMBAR TELEEFON (KU DAR FURAHA AAGGA) ☐ TELEEFONKA FARIIMAHA	

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
ADREESKA JIDKA	MAGAALO	GOBOL SUMMAD (ZIP)

☐ **Waxa aan amrayaa in warka ku saabsaan 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

What is the legal authority for this action?

The legal authority for this action is WAC 388-845-3020: What happens if I do not sign my plan of care? If DDD is unable to obtain the necessary signature on the plan of care from you or your legal representative, DDD will take one or more of the following actions:

(1) DDD will continue providing services as identified in your prior POC for up to thirty days after completion of your new POC.
(2) DDD will attempt to contact you or your legal representative by phone or mail.
(3) After thirty days, if DDD has not heard from you or your legal representative, DDD will assume consent and implement the new POC with or without your signature or the signature of your legal representative.
(4) You will be provided written notification and appeal rights to this action to implement the new POC.
(5) Your appeal rights are in WAC 388-825-0120 through 388-825-0165.

When would I use this notification?

This notification is necessary when the legal representative is required to sign the POC but has not responded with either agreement or disagreement to the POC.

What is the case manager expectation for attempted communication with this person?

This notice is sent only after other reasonable but unsuccessful attempts to communicate with the person before and during the POC process.

- Use available methods such as the telephone book to get a current telephone number.
- Attempt to call the person before sending this notice to explain the intent of the notification and implementation.
- Document all of these attempts and contacts in the SER.

Is the notice sent with the POC/POC Amendment?

Yes, Both the POC and POC Amendment include the appeal rights. Enclose a stamped self-addressed return envelope.

Is the notice to be sent by certified mail?

Send the notification and POC by standard delivery and allow 5 days for receipt of mailing.

How do I calculate the due dates?

- DDD must provide 30 days advance notice of any change so allow 30 days + 5 days for mailing, based on the estimated mailing date.
- Appeal timeline is 28 days from receipt of notice so allow 28 days +5 days for mailing and receipt.
- Implementation date is same date used for the due date of the signature date in the first bullet.

What if the person makes an oral request to appeal the POC?

If the person makes an oral request to appeal the POC, the case manager will complete the request for appeal from the POC and refer the request onto the Office of Administrative Hearings.

How do I proceed if an appeal to the POC is filed?

The filing of an appeal stops the implementation of the new POC. Services continue per the previous POC until the final decision is issued in the appeal.