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

DIVISION OF DEVELOPMENTAL DISABILITIES

PLANNED ACTION NOTICE
WAIVER SERVICES

CLIENT NAME AND ADDRESS

REPRESENTATIVE NAME AND ADDRESS

DDD has made the following decision(s) regarding your services or request for services.

This decision is effective _____

REASON FOR DENIAL, REDUCTION, OR TERMINATION OF SERVICE

The list references the reason numbers below:

1. You are not eligible for the service.
2. The service or the previous amount of service is not necessary for your health and welfare.
3. The amount of service is determined by an assessment.
4. The service may be available through other resources.
5. The service is not available in your waiver or is not a waiver service.
6. You or your representative requested this decision.
7. Funding exceeds waiver budget.

DECISION

SERVICE	DECISION	REASON	AMOUNT
	☐ Reduced	WAC 388- Reason #	From: To:
	☐ Denied ☐ Terminated	WAC 388- Reason #	
	☐ Reduced	WAC 388- Reason #	From: To:
	☐ Denied ☐ Terminated	WAC 388- Reason #	
	☐ Reduced	WAC 388- Reason #	From: To:
	☐ Denied ☐ Terminated	WAC 388- Reason #	

DECISION (CONT.)			
SERVICE	DECISION	REASON	AMOUNT
	☐ Reduced	WAC 388- Reason #	From: To:
	☐ Denied ☐ Terminated	WAC 388- Reason #	
	☐ Reduced	WAC 388- Reason #	From: To:
	☐ Denied ☐ Terminated	WAC 388- Reason #	
	☐ Reduced	WAC 388- Reason #	From: To:
	☐ Denied ☐ Terminated	WAC 388- Reason #	
	☐ Reduced	WAC 388- Reason #	From: To:
	☐ Denied ☐ Terminated	WAC 388- Reason #	
	☐ Reduced	WAC 388- Reason #	From: To:
	☐ Denied ☐ Terminated	WAC 388- Reason #	

ADDITIONAL COMMENTS

YOUR APPEAL RIGHTS

You have ninety (90) days from receipt of this notice to request an administrative hearing to appeal this action.

- If you are currently receiving this paid service from DDD and want the service continued during your appeal, you must file your request for an administrative hearing by _____.
- If you choose to continue this paid service and the final decision upholds the department's action, you will be responsible to repay up to 60 days of paid services.
- If you do not want your paid services to continue, contact:

_____ at _____

CASE/RESOURCE MANAGER TELEPHONE NUMBER

You have the following rights:

1. To be represented (you may be eligible for free legal assistance);
2. To request a copy of your file and all information reviewed by DDD to make its decision;
3. To submit documents into evidence;
4. To testify at the hearing and to present witnesses to testify on your behalf; and
5. To cross examine witnesses testifying for the department.

A form for requesting an administrative hearing is enclosed.

QUESTIONS

If you have questions about this decision or appeal process, please contact:

NAME	TELEPHONE NUMBER	LOCAL OFFICE

Washington State Department of Social & Health Services

DDD Division of Developmental Disabilities

PLANNED ACTION NOTICE DDD WAIVER SERVICES REQUEST FOR HEARING

per Chapter 388-02 for DSHS hearing rules.

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

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

FAX: 360-586-6563

I request a hearing because I disagree with the following service decision by the Division of Developmental Disabilities (DDD):

YOUR NAME (PLEASE PRINT)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS OF PERSON REQUESTING HEARING	CLIENT ID NUMBER	
CITY STATE ZIP CODE	TELEPHONE NUMBER (INCLUDE AREA CODE) ☐ **MESSAGE PHONE**	

I was notified of the decision on: _____ by: _____
DATE DSHS OFFICE NAME AND LOCATION

I want continued assistance, if I am eligible: ☐ **Yes** ☐ **No** Program: _____

I am represented by (if you are going to represent yourself, do not fill in the next two lines):

YOUR REPRESENTATIVE'S NAME	ORGANIZATION	TELEPHONE NUMBER
ADDRESS	CITY	STATE ZIP CODE

☐ **I authorize release of information about my hearing to my representative.**

YOUR SIGNATURE	DATE

Do you need an interpreter or other assistance or accommodation for the hearing? ☐ **Yes** ☐ **No**

If yes, what language or what assistance? _____

Administrative Law Judges (ALJ's) may hold some hearings by telephone. If you want to change to an in-person hearing, follow the instructions in the Notice of Hearing that will be mailed to you by OAH.

WAC Reference for Waiver DDD Services Planned Action Notice

SERVICE	WAC	REASON
All Exceptions to Rule	388-440-0001(1)	ETR Criteria
County Day Program		
Community Access	388-845-0600	Definition of service
	388-845-0610	Limits to service
Community Guide	388-845-0700	Definition of service
	388-845-0710	Limits to service
Person-to-Person	388-845-1200	Definition of service
	388-845-1210	Limits to service
Prevocational	388-845-1400	Definition of service
	388-845-1410	Limits to service
Supported Employment	388-845-2100	Definition of service
	388-845-2110	Limits to service
DDD Paid Residential		
Adult Family Home	388-845-0300 388-106-0080; 0115	Definition of service Amount of service
	388-845-1310 388-106-0120	Limits to service Payment rate
Adult Residential Care	388-845-0400 388-106-0080; 0115	Definition of service Amount of service
	388-845-0410 388-106-0120	Limits to service Payment Rate
Residential Habilitation Service Voluntary Placement Program Group Home Alternative Living Companion Home Supported Living Foster Home State Operated Living Alternative	388-845-1500	Definition of service
	388-845-1515	Limits to service
Nursing		
Skilled Nursing	388-845-1700	Definition of service
	388-845-1710	Limits to service

SERVICE	WAC	REASON
Personal Care		
Waiver Clients	388-106-0210 388-845-1300	Eligibility
	388-845-1310	Limits to personal care
	388-106-0220	Requirement for annual redetermination/reassessment
Adult In-Home	388-106-0130; 0135 388-106-0220 388-106-0080; 0125; 0130	Reduction or reassessment amount
Child In-Home	388-106-0130; 0135 388-106-0213	Age guidelines
Professional Services		
Behavior Management	388-845-0500	Definition of service
	388-845-0510	Limits to service
Extended State Plan Services	388-845-1000	Definition of service
	388-845-1015	Limits to service
Psychiatric Services	388-845-1900	Definition of service
	388-845-1910	Limits to service
Staff/Family/Cons./Training	388-845-2000	Definition of service
	388-845-2010	Limits to service
Specialized Services		
Specialized Med. Equip/Supplies	388-845-1800	Definition of service
	388-845-1810	Limits to service
Environment Accessibility	388-845-0900	Definition of service
	388-845-0910	Limits to service
Transportation Services	388-845-2200	Definition of service
	388-845-2210	Limits to service

SERVICE	WAC	REASON
Respite Care		
Waiver Clients	388-845-1600	Definition of service
	388-845-1605	Eligibility for respite care
	388-845-1606	Exception requirements
	388-845-1610	Where respite can be provided
	388-845-1620	Limits to service
State Only Funded Services		
Waiver Clients	388-845-0115	Access to non-waiver services

INSTRUCTIONS FOR PLANNED ACTION NOTICE DDD WAIVER SERVICES

Notification Requirements

1. A Planned Action Notice, Appeal Rights, and Request for Hearing must be sent when a service(s) is reduced, denied, or terminated.
2. A request for a specific service can be oral or in writing. A denial of either request requires a Planned Action Notice.
3. All decisions are documented in the client's CARE Service Episode Record.
4. The Planned Action Notice must be sent within 5 working days of the decision date.
5. The Planned Action Notice is addressed to the client regardless of age and a copy sent to their representative per WAC 388-825-100. Use the following order to determine who represents the client:
    - A parent if the client is under the age of eighteen (18);
    - The guardian or other legal representative;
    - Other relative;
    - Other person identified by the client;
    - An advocacy agency.

Completing the form

1. The effective date of a **denial** is the date of the decision. (First page)
    - Provide 90 days from the date of receipt for requesting an appeal.
2. The effective date of a **reduction** or **termination** is a minimum of ten (10) days and a maximum of ninety (90) days from the date the Planned Action Notice is mailed to the client.
    - A service termination occurs on the last day of the month
    - A service reduction occurs on the first day of the month
    - Services continue if an appeal is filed in a timely manner except for circumstances listed in WAC 388-825-150.
3. Services: Choose the service from the attached list of services and WAC references.
4. Decision: Identify the appropriate decision.
5. Reason:
    - Insert the WAC number(s) that give the legal authority for the decision.
    - Insert the corresponding number of the reason(s) listed on the Planned Action Notice for the decision.
6. Amount:
    - Amount and unit of service required for Approvals and Reductions.
    - Example: Approved at 60 hours per month;
      Reduced "From" 100 hours per month "to" 80 hours per month.
7. The second page is optional. Use if there are more than two decisions.

8. Instructions for completing a **translated form**:

   - Enter the information in English.
   - Identify each service with a number if there is more than one.
   - Write the number next to the corresponding reference line on the Services/WAC chart and highlight the WAC reference and reason.
   - Send the highlighted WAC reference (page 6) with the Planned Action Notice.

Appeal Rights

1. Insert a date in the first bulleted statement ONLY if this is a reduction or termination of an existing service.

2. To calculate the date in the first bulleted statement, count 10 days from the date the notice is mailed.

   Examples:

   1. The notice is completed October 10th with anticipated mailing October 11th.

      - Ten (10) days counting October 11th is October 20th.
        The last day of the month of the 10th day is October 31st.

   2. The notice is completed October 20th with anticipated mailing October 23rd.

      - Ten (10) days counting October 23rd is November 1st.
        The last day of the month of the 10th day is November 30th.

3. Case/Resource Manager name for terminating paid services during an appeal is the CRM responsible for authorizing the client's paid services.

4. The name at the bottom of the form will be determined by regional authority.