



Notice of Action Exception to Rule

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| WORKER'S OFFICE | WORKER'S TELEPHONE NUMBER |
| CLIENT ID NUMBER | DATE |

**Please see sections checked below
for important information.**

Note to Case Worker: Use this form only for initial or additional Residential Rate ETRs and in-home / residential non-personal care ETRs. Use Planned Action Notices in CARE for decisions related to renewal, reduction or termination of previously approved ETRs for in-home personal care and residential rates.

Exception to Rule Request (check one):

- Additional Residential Rate of \$ _____.
- Other Non-Personal Care Item: Describe item or amount requested:

An exception to Department rule, per WAC _____:

- Has not been initiated.** The reason for not initiating this request is:
 - WAC 388-440-0001. Your situation does not differ from the majority.
 - Other based on WAC 388-440-0001.
- Has been initiated and approved:** Dates: _____ to _____.
 Additional Rate approved: _____.
 Other Non-Personal Care Item or amount approved: _____.
- Has been initiated and denied** because:
 - WAC 388-440-0001. Your situation does not differ from the majority
 - Other based on WAC 388-440-0001.

You do not have a right to a fair hearing over this decision

- A. If you do not agree with the decision, you have the right to complain in writing to the supervisor of your social worker or case manager who will review and respond in writing within ten (10) days of receipt of the complaint.
- B. If you do not agree with the decision of the supervisor, you have the right to complain in writing to the Home and Community Services (HCS) Regional Administrator or Area Agency on Aging (AAA) Director or designee who will review and respond within ten (10) days of receipt of the complaint.
- C. If administrative or judicial review is pending on the same issue, the Department may choose to respond to the complaint by informing you that the matter be resolved through the administrative or judicial review process.

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|--------------------|-------|-------------------|
| WORKER'S SIGNATURE | DATE | SUPERVISOR'S NAME |
| WORKER'S OFFICE | | |
| HCS / AAA ADDRESS | | |
| CITY | STATE | ZIP CODE |