



DATE OF NOTICE

Individual Provider Planned Action Notice Training / Certification

PROVIDER NAME AND ADDRESS

Planned Action

Washington Administrative Code (WAC) Chapter 388-71 contains training and/or certification requirements necessary to be eligible to work and be paid by Aging and Disability Services (ADS) as an Individual Provider / Long Term Care Worker.

You are receiving this notice because you have not completed the required training or certification. If you do not complete this requirement you will not receive payment for services after the effective date of this notice.

Effective _____

- ADS is denying your payment because it determined, based on information from the Training Partnership, that you have not completed the required training within the required time frame.
You have not completed the required Basic Training.
You have not completed the required Continuing Education.
ADS is denying your payment because it determined you are required to be certified/ recertified as a Home Care Aide or other health care professional by the Department of Health and ADSA determined that you have not been certified/ recertified within the required time frame.
ADS is terminating your contract because it determined you are required to be certified as a Home Care Aide or other health care professional by the Department of Health and ADSA determined that the Department of Health has revoked your certification as a Home Care Aide.

This action is being taken per the following authority:

Rules pertaining to requirements for training and certification of individual providers/Long-Term Care workers are found in WAC 388-71-0500 through WAC 388-71-1130. The following specific citations may be useful to you:

General Rules (describing who is required to be trained or certified, exemptions, documentation requirements, etc): WAC 388-71-0500; WAC 388-71-0520; WAC 388-71-0540; WAC 388-71-0551; WAC 388-71-0561; WAC 388-71-0836; WAC 388-71-0975 and WAC 388-71-0523

Basic Training Requirements: WAC 388-71-0870; WAC 388-71-0875; WAC 388-71-0880; WAC 388-71-0885; WAC 388-71-0890, WAC 388-71-0895, WAC 388-71-0901; WAC 388-71-0931 and WAC 388-71-0932

Continuing Education Requirements: WAC 388-71-0985, WAC 388-71-0990, WAC 388-71-0991 and WAC 388-71-1001

Certification Requirements: WAC 388-71-0973, WAC 246-12-030, and RCW 18.88B.021(1)-(2)

Hearing Right Authority: WAC 388-71-0561

WAC 388-71-0561 When does an individual provider have the right to an administrative hearing and how can a hearing be requested?

- (1) An individual provider has the right to an administrative hearing when the department denies payment to the individual provider because:
 - (a) He or she has not been certified by the department of health as a home care aide within the required timeframe;
or
 - (b) If exempted from certification, he or she has not completed required training within the required timeframe.
- (2) An individual provider has the right to an administrative hearing when the department terminates the individual provider's contract, or takes other enforcement measures against the individual provider because:
 - (a) He or she has not completed required training within the required timeframe.
 - (b) His or her certification as a home care aide has been revoked by the department of health.
- (3) In an administrative hearing challenging DSHS action to deny payment to an individual provider or to terminate the contract of an individual provider, the individual provider may not challenge the action by the department of health affecting the individual provider's certification. Action by the department of health affecting the individual provider's certification must be challenged in a department of health hearing, as provided in department of health rules.
- (4) To request an administrative hearing, an individual provider must send, deliver, or fax a written request to the office of administrative hearings (OAH). OAH must receive the written request within thirty (30) calendar days of the date the department's notice letter is served upon the individual provider.
- (5) The individual provider should keep a copy of the request.
- (6) Chapters 34.05 and 74.39A RCW, chapter 388-02 WAC, and the provisions of this chapter govern any administrative hearing under this section. In the event of a conflict between the provisions of this chapter and chapter 388-02 WAC, the provisions of this chapter shall prevail.

Your Appeal Rights

Per WAC 388-71-0561 you have a right to an administrative hearing.

You have 30 calendar days from the date of the department's notice letter to appeal this action.

You have the following rights:

- To receive copies of all information used by ADS in making its decision;
- To submit documents into evidence;
- To testify at the hearing and to present witnesses to testify on your behalf; and
- To cross examine witnesses testifying for the department.

Your administrative hearing request must be submitted in writing. A form for requesting an administrative hearing is included.

Who you may contact for information

NAME	TELEPHONE NUMBER
OFFICE	AGENCY <input type="checkbox"/> AAA <input type="checkbox"/> DDA <input type="checkbox"/> HCS

Copy in Provider File.



AGING AND DISABILITY SERVICES (ADS)

Request for Hearing

Per Chapter 388-02 for DSHS hearing rules

Mail your request to this address:
OFFICE OF ADMINISTRATIVE HEARINGS (OAH)
PO BOX 42489
OLYMPIA WA 98504-2489

OR

Fax to this number:
(360) 586-6563

I am requesting a hearing because I want to challenge the following decision made by Aging and Disability Services (ADS).

Select one of the following:

- ADS is denying my payment because it determined that I have not completed the required training within the required time frame.
- ADS is denying my payment because it determined that I have not been certified as a Home Care Aide by the Department of Health (DOH) within the required time frame.
- ADS is terminating my contract because it determined the DOH revoked my certification as a Home Care Aide.

PRINT YOUR NAME HERE

YOUR TELEPHONE NUMBER

YOUR PROVIDER NUMBER

THE OFFICE YOU RECEIVED THIS NOTICE FROM:

- AAA DDA HCS

PRINT YOUR ADDRESS

CITY

STATE ZIP CODE

If you have a representative

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

PRINT YOUR REPRESENTATIVE'S NAME HERE

PRINT YOUR REPRESENTATIVE'S TELEPHONE NUMBER
HERE

ADDRESS

CITY

STATE ZIP CODE

If you have accommodation needs

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

If yes, what language or assistance do you need?