

2. DDD clients are entitled to a representative who is willing to receive copies of Planned Action Notices (PAN) of eligibility decisions; reduction, denial, or termination of services; denial or termination of provider of choice, and assist them with understanding and exercising their appeal rights.

PROCEDURES

A. For all currently eligible DDD clients:

1. There must be a representative documented in the record and confirmed prior to initiating any action that results in a decision with appeal rights (DDD eligibility, service eligibility or amount, termination or denial of provider of choice).

Complete the following steps prior to initiating any of the above actions and document these steps in the client's Service Episode Record (SER):

- a. Review "significant others" in the Common Client Data Base (CCDB) and NSA information in CARE to identify the current NSA representative. Use WAC 388-825-100(2) to help determine the NSA representative.
 - i. If none is listed in the client record, ask the client for her/his choice of representative.
 - ii. The NSA representative cannot be a department employee or a contractor of DSHS unless he/she meets the criteria of WAC 388-825-100(2).
 - iii. The Washington Protection and Advocacy System (WPAS) will be the NSA for Allen/Marr members currently in the state hospital when:
 - (a) There is no one else, and
 - (b) The issue is an eligibility review.
- b. Contact the identified NSA representative:
 - i. Confirm that the person agrees to accept the DDD notices sent to the client and understands their responsibility to assist the eligible person to understand the decision and appeal rights.
 - ii. Confirm the mailing address and phone and ensure the CCDB and CARE record have this current information.

- iii. Document this contact in the CARE SER.
 - c. Include the NSA representative(s) as the primary “significant other” with mail contact (i.e., mailing address, phone number, and legal relationship) in the CCDB.
 - d. In the CARE assessment, mark “Yes” for the NSA question (on the last screen of the assessment) and:
 - i. Enter the name of the NSA representative in the “Comments” box; and
 - ii. Enter the NSA representative’s name, address, and phone number as a collateral contact in CARE demographics.
 - e. When the eligible person has no NSA representative for any of the following reasons, consult with the Assistant Attorneys General (AAG) when:
 - i. There is no one available to act as the NSA representative; or
 - ii. The client objects to the person that is identified; or
 - iii. The client objects to the appointment of anyone to act as his/her NSA representative.
 - f. Do not initiate an eligibility review, assessment/reassessment of services, reduce or terminate an existing service, deny or terminate a provider until an NSA representative is identified, or the AAG agrees that the person is competent and no NSA representative is required. Enter the reason for delay in the SER.
 - i. Continue current services until the NSA issue is resolved.
 - ii. If immediate emergency services are authorized, no action can be taken to reduce or terminate those services until an NSA representative is identified.
2. For DDD clients, write an accommodation plan in the person’s service plan or SER.
- a. When the client has an NSA representative available to assist with accessing services, enter the representative’s name and contact

information in the Plan of Care/Individual Service Plan. The identification of an NSA representative is the accommodation plan.

- b. For clients without an NSA representative and determined by the AAG as not requiring one, the NSA accommodations must be evaluated and addressed in the service plan or SER. Examples of accommodations include needing:
 - i. Someone to read and/or explain information;
 - ii. Written material in large print or another language; and
 - iii. Help understanding information and accessing services.

B. Applicants and clients will receive the following accommodations:

- 1. Help with completing and understanding forms and processes.
- 2. The PAN will be sent to the client and her/his representative in the person's primary language and in a manner that can be understood.
- 3. Prior to mailing any PAN, call the NSA representative and applicant/client and explain the decision, the PAN, and the appeal rights.

C. Persons Who Are *Allen* and *Marr* Class Members

The following procedures are in addition to A and B above:

- 1. Prior to sending any *Allen* or *Marr* class member a PAN, DDD will contact the WPAS Director of Legal Advocacy or his/her designee by telephone or email to inform him/her of the official department communication being sent to the class member.
 - a. WPAS will be the NSA representative if no else is available for class members residing in WSH or ESH, if the issue is DDD eligibility.
 - b. WPAS does not agree to be the NSA representative for any clients other than *Allen/Marr* class members who are not currently in WSH or ESH and whose eligibility is being reviewed.
- 2. When DDD sends a PAN to any *Allen* or *Marr* class member residing in a state hospital, the Case Resource Manager (CRM) will notify the DDD Mental Health CRM. The DDD Mental Health CRM will do all of the following:

- a. Notify the appropriate Eastern State Hospital (ESH)/Western State Hospital (WSH) social worker in person or by telephone that the PAN is being mailed in care of an identified hospital staff representative.
- b. Coordinate with the appropriate ESH/WSH social worker and hospital unit program manager to ensure that the class member's hospital treatment team is aware that the PAN is being sent. Also identify the hospital staff who will receive the PAN on behalf of the class member.
- c. Be available as necessary to assist in the support of the class member receiving this important information.
- d. Work closely with the class member, his/her legal representative, WPAS, and other appropriate department staff providing services to the class member.

GOVERNING DSHS RULES AND DEFINITIONS

[WAC 388-472-0010](#) *What are necessary supplemental accommodation services (NSA)?*

“Necessary supplemental accommodation (NSA) services are services provided to you if you have a mental, neurological, physical or sensory impairment or other problems that prevent you from getting program benefits in the same way that an unimpaired person would get them.

NSA services include, but are not limited to:

- (1) Arranging for or providing help to complete and submit forms to us;
- (2) Helping you give or get the information we need to decide or continue eligibility;
- (3) Helping you request continuing benefits;
- (4) If you miss an appointment or deadline, contacting you about the reason before we reduce or end your benefits;
- (5) Explaining to you the reduction in or ending of your benefits;
- (6) If we know you have a person who helps you with your applications, notifying them when we need information or when we are about to reduce or end your benefits;
- (7) Assisting you with requests for fair hearings;
- (8) Providing protective payments if needed; and
- (9) On request, reviewing our decision to terminate, suspend or reduce your benefits.”

[WAC 388-472-0020\(1\)](#) *We identify you as “NSA” if you: (c) Have a developmental disability.*

[WAC 388-472-0040](#) *What are the department's responsibilities in giving NSA services to me?*

“All of our staff are continually responsible to identify you as possible NSA eligible and assist you with NSA services.”

