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| DATE OF NOTICE |
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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 Long Term Care Support Administration (AL TSA) or Developmental Disabilities Administration (DDA) as an Individual Provider / Long Term Care Worker.

This is to notify you that effective _____, the Department of Social and Health Services (DSHS) or the Area Agency on Aging (AAA) is:

- Denying / terminating payment to you as an Individual Provider;
- Taking steps to terminate your Individual Provider Client Service Contract.

You are not permitted to work as an Individual Provider and DSHS will not pay you for any hours worked on or after the effective date above if you do not complete your training/certification requirement(s) by the date required. You may not work for DSHS payment again until you complete the required training/certification *and* you are authorized to do so by DSHS or the AAA.

The DSHS client(s) you work for will be notified that if you do not complete the required training/certification by the deadline, DSHS will not pay for your services on or after the effective date and that he/she will need to find another provider.

You will not be able to work because you:

- Have not been certified by the Department of Health (DOH) as a home care aide within the required timeframe;
- Have not completed required training within the required timeframe based on information from the Training Partnership. The required training you have not completed is:
 - Basic Training;
 - Continuing Education.
- No longer have a Home Care Aide or other DOH-issued qualifying credential that is both active and in good standing.

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 388-71-0931 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

Your Appeal Rights

You have a right to an administrative hearing pursuant to WAC 388-71-0561. You may not challenge an action by DOH that affects your certification. Actions by DOH must be challenged through an appeal to DOH.

You have the following rights:

- To receive copies of all information used by AL TSA or DDA 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.

You have 30 calendar days from the effective date on this notice to appeal this action. To request an administrative hearing, you must send, deliver, or fax a written request to the Office of Administrative Hearings (OAH). OAH must receive the written request within 30 calendar days of the effective date on this notice. 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.



Request for Hearing

Per Chapter 388-526 for DSHS hearing rules

Mail your request to this address:

OR

Fax to this number:

OFFICE OF ADMINISTRATIVE HEARINGS (OAH)
PO BOX 42489
OLYMPIA WA 98504-2489

(360) 586-6563

I am requesting a hearing because I want to challenge the following decision made by Aging and Long Care Support Administration (AL TSA).

Select one of the following:

AL TSA or DDA is:

- Denying / terminating payment to me as an Individual Provider;
- Taking steps to terminate my Individual Provider Client Service Contract.

Because DSHS determined I:

- Have not been certified by DOH as a home care aide within the required timeframe;
- Have not completed required training within the required timeframe based on information from the Training Partnership;
- No longer have a Home Care Aide or other qualifying credential by DOH that is both active and in good standing.

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?