



Notice of Action Exception to Rule (Excluding AFH)

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

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

Exception to Rule Request: Additional Residential rate of \$_____.

An exception to Department rule, per WAC 388-106-0145:

Has been initiated and approved: Dates: _____ to _____.

Additional Rate approved: \$_____.

Has been initiated and denied based on WAC 388-440-0001.

Has not been initiated. This request was not initiated because your situation does not differ from the majority or other reason based on WAC 388-440-0001.

You do not have a right to an administrative 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.

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

Instructions to Case Worker

Use this form **only** for initial additional rate Exceptions to Rule (ETR) for all residential setting types, excluding Adult Family Homes (AFH). For AFH use the Notice of Action Exception to Rule for AFH Daily Rate form, DSHS 05-256. Use Planned Action Notices in CARE for decisions related to renewal, reduction or termination of previously approved ETRs for residential daily rates.

1. Enter the worker's contact information.
2. Enter the client's mailing information
3. Enter the additional dollar amount requested above the CARE generated daily rate into the text field labeled "Additional Residential Rate of _____."
4. Select only one of three boxes to indicate the action taken:
 - A. Select "Has been initiated and approved" when a request has been submitted to the HQ ETR Committee and approved or partially approved by the HQ ETR Committee. Enter the date range approved (note this may be different than the dates requested) and note the additional dollar amount approved. Verify the correct dates and amounts in the ETR Decision in CARE. The start date must not be before the HQ ETR Committee Decision Date.
 - B. Select "Has been initiated and denied" when a request has been submitted and denied by the field office or HQ ETR Committee.
 - C. Select "Has not been initiated" when a request has been made by the client or provider and the CM/CRM/SSS/field office has determined the request does not meet WAC criteria.
5. Send a copy of this document to the client/representative.
6. Submit a copy to DMS.