



**Medicaid Transformation Demonstration
Notice of Action Exception to Rule**

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

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

Exception to Rule Request:

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 _____.
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 an administrative hearing over this decision

- A. If you do not agree with the decision, you have the right to complain in writing within 30 days from the date of this notice to the supervisor of your 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 Area Agency on Aging (AAA) Director or designee (see "AAA address" below) 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	PRINTED NAME
SUPERVISOR'S NAME		SUPERVISOR'S PHONE NUMBER
AAA ADDRESS		
CITY	STATE	ZIP CODE