Washington State
Department of Social
& Health Services
Transforming lives

ADULT FAMILY HOMES (AFH)
Notice of Action
Exception to Rule for
AFH Daily Rates

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

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

Exception to Rule Request:

☐ Additional AFH daily rate of $_____.

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

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

Additional Rate approved: $_____.

Client's Care need(s) are exceptional, and the client's situation differs from the majority in the same classification (WAC 388-106-0115).

The ETR decision is supported by the current CARE assessment. The additional rate approved is added to the base daily rate to meet the needs identified in the client's DSHS plan of care.

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

Clients care need(s) are addressed in assessed care classification (WAC 388-106-0115).

☐ **Has not been initiated.** This request was not initiated because your situation does not differ from the majority or for other reasons.

If you are a client, client representative, or an Adult Family Home provider and have requested an ETR <u>and this request was not initiated</u>, you may submit a request directly to the ETR Committee. Please submit this request in writing and include the reasons for your request. You may submit the request to: ETR Committee
PO Box 45600
Olympia, WA 98504

<u>You do not have a right to an administrative hearing over this decision.</u>

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, Area Agency on Aging (AAA) Director or designee, or Developmental Disabilities Administration (DDA) Regional Administrator 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 / DDA ADDRESS		
CITY	STATE	ZIP CODE

NOTICE OF ACTION EXCEPTION TO RULE
DSHS 05-256 (REV. 07/2023)

Instructions to Case Worker

Use this form **only** for initial additional daily rate Exceptions to Rule (ETR) for <u>Adult Family Homes</u>. Use form DSHS 05-246 Notice of Action for Exception to Rule for additional daily rates in other residential settings. Use Planned Action Notices in CARE for decisions related to renewal, reduction, or termination of previously approved Exception to Rules for Adult Family Home daily rates.

1. Enter the workers' agency 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 the 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. Send a copy to the AFH provider.

7. Submit a copy to DMS.