

CLIENT NAME AND ADDRESS

The Developmental Disabilities Administration (DDA) is required to provide you with written notice of decisions affecting your DDA eligibility or DDA services in order to ensure that you understand the decision and your appeal rights. Washington state law requires that DDA send these notices to you and at least one other person.

DDA asked you to identify a representative to receive department notices and you have:

- Been unable to identify a representative.
- Requested to represent yourself.
 - Your request is denied because DDA has determined you are unable to understand notices and your appeal rights without assistance.

DDA will begin the process for appointing a representative to receive notices on your behalf. You will continue to receive notices yourself, unless a guardian is appointed for you by a Superior Court.

You have a right to appeal this decision. If you wish to appeal, please complete and mail in the attached form, "DDA Requirement to Identify a Representative Request for Hearing," by _____.

Sincerely,

cc: DDA Assistant Attorney General
DDA Assistant Secretary or Designee

RCW and WAC citations:

RCW 71A.10.060 - Notice by secretary

WAC 388-472-0010 - What are necessary supplemental accommodation services?

WAC 388-472-0020 (1) (c) – How does the department decide if I am eligible for NSA services?



DDA Requirement to Identify a Representative Request For Hearing

Per Chapter 388-02 for DSHS hearing rules.

FOR AGENCY USE ONLY	
<input type="checkbox"/> Oral request taken by:	
NAME	TELEPHONE NUMBER
INVOLVED DIVISION / ORGANIZATION	

MAIL TO: OFFICE OF ADMINISTRATIVE HEARING (OAH), MAIL STOP: 42489
PO BOX 42489
OLYMPIA WA 98504-2489

FAX: 360-586-6563

I request a hearing because I disagree with the following decision by the Developmental Disabilities Administration (DDA):

YOUR NAME (PLEASE PRINT)		DATE OF BIRTH	CLIENT ID NUMBER
ADDRESS OF PERSON REQUESTING HEARING		TELEPHONE NUMBER (INCLUDE AREA CODE)	
CITY	STATE	ZIP CODE	<input type="checkbox"/> MESSAGE PHONE
I was notified of the decision on: _____ by: _____			
DATE		DSHS OFFICE NAME AND LOCATION	
I want continued assistance, if I am eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No Program: _____			
I am represented by (if you are going to represent yourself, do not fill in the next two lines):			
YOUR REPRESENTATIVE'S NAME		ORGANIZATION	TELEPHONE NUMBER
STREET ADDRESS		CITY	STATE ZIP CODE
<input type="checkbox"/> I authorize release of information about my hearing to my representative.			
YOUR SIGNATURE			DATE
Do you need an interpreter or other assistance or accommodation for the hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what language or what assistance? _____			
Administrative Law Judges (ALJ's) may hold some hearings by telephone. If you want to change to an in-person hearing. Follow the instructions in the Notice of Hearing that will be mailed to you by OAH.			

Instructions

(Instructions are for staff use only)

Case Resource Manager

If the client has been unable to identify a representative or has requested to represent him/herself to receive notification documents, your regional designee must consult with the DDA HQ and Assistant Attorney General (AAG). The client must make the request to be his/her own NSA in writing (per WAC 388-825-102). After a written request is received, the regional designee must submit DSHS form 14-491 (Does Your Adult Client Need an NSA Representative?) to the DDA HQ. If DDA HQ makes a determination that the individual is not able to understand notices, you must:

- Check the appropriate box regarding the reason for this notification (DSHS 14-493).
- Present this notification (DSHS 14-493) to the client in a face to face interview. The client also receives a copy of the full text for WACs 388-825-100 and 388-825-101.
- Explain to the client what happens when his/her request is denied. The explanation should include this notification and the two WACs cited in the bullet above.
- Explain the appeal process, including the 90 day time limit, and assist with a request for an Administrative Hearing if needed.
- Send a copy of this notification to the office of the DDA HQ, MS: 45310, Fax (360) 407-0955.
- Write an SER based on the DDA HQ's decision to deny the client's request.
- Place DSHS form 14-491 with the DDA HQ's denial decision in the legal section of the client's case file.
- Write an SER based on your face to face interview with the client after you presented this notification (DSHS 14-493).
- Consult with the DDA HQ for further follow-up and document in SERs.

RCW and WAC citations:

RCW 71 A.10.060 – Notice by secretary

WAC 388-825-100 – How will I be notified of decisions made by DDA?

WAC 388-825-101 – Why does DDA need to send my notices and correspondence to someone else?

Additional Information:

WAC 388-825-102 – What if I do not want my DDA notices and correspondence sent to anyone else?

NSA Policy

Policy 5.02 – Necessary Supplemental Accommodation