

## Notice and Finding of Responsibility

This Notice and Finding of Responsibility (NFR) is being sent as your initial notice or because your participation amount has changed since the last NFR was sent. It is a reminder that you have a responsibility to pay for a part of your care as determined by the Department of Social and Health Services. See RCW 43.20B.430, 43.20B.435 and WAC 388-835-0940. Remember, participation is your monthly share of your cost of care, support, and treatment at the Residential Habilitation Center. You are required to pay your participation every month. You will receive a monthly billing statement with a return envelope and a coupon from the Office of Financial Recovery. The coupon needs to be included with your payment.

The DDA Long-Term Care and Specialty Programs Unit (LTC) calculates your obligation according to WAC 182-513-1380 and that amount is included in this letter. LTC determines your participation cost based on the examination of your financial resources.

### **Why is there a change?**

Your participation amount may change as your income, assets and expenses change. LTC calculates your new participation based on the new information supplied and notifies you of your change in participation.

### **What if I don't agree with this NFR?**

If you disagree or have a question, you may call the LTC customer service center toll free number at 1-855-873-0642 to review your information.

If you still disagree and want to appeal this notice, you may request an administrative hearing within 30 days of receiving this notice. Your request must be in writing and mailed back with a copy of this letter to the following address:

ATTN: Office of Administrative Hearing (OAH)  
PO Box 42489  
Olympia, WA 98504-2489

You will be notified by mail, when and where to appear for the hearing. An administrative law judge will hear your case and make a decision based on the information you present.

### **What if I fail to pay?**

If you fail to pay this debt, the department may take further collection action by filing a lien against your property, seizing your assets including but not limited to bank accounts and/or garnishing your wages. We may also ask the court or Social Security Administration or other income source to appoint the facility where you are residing as the payee. The Department is under no obligation to notify you of any further action.