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|  | **Important: Time sensitive information about your services.**  HOME AND COMMUNITY SERVICES (HCS)  AREA AGENCY ON AGING (AAA) | | | | | |
| **Medicaid Transformation Project**  **Service Notice** | | | | | | |
| **Client Name and Address** | | | | | Date of Notice: | |
| **Summary of Services**  This notice tells you about your services. It also tells you about your right to appeal.  **Read details below. You may need to take action.**  AAA is taking the following action(s) about your services or request for services. The following action(s) will go into effect on through . | | | | | | |
| **Step** | | **Program** | **Action** | | **Unit** | **Amount** |
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| **This action is being taken per the following authority:**  WAC 388-106-19  Other:  **If you don’t agree with the action and want to appeal, you need to know:**   * An Administrative Law Judge will hear your appeal. * You have 90 days from the date of this notice to appeal this decision. * You may request a hearing by contacting your case manager. They can also provide more information about the appeal process.   **Information about Appeals**  **Could it cost me anything if I appeal the termination or reduction of a service and I lose the hearing?**   * You may have to pay DSHS back the cost of services you receive while waiting for the hearing decision. This amount can be no more than what 60 days of services cost DSHS. * Special note about medical benefits: If these services are ending because medical benefits ended, you may have to pay DSHS back the paid services from the day your medical services ended.   **What are my rights before and at the hearing?** | | | | | | |
| * You can have someone else represent you. * No one from DSHS can represent you. * Free legal help may be available. Call 1-888-201-1014 for more information. * DSHS will not pay for someone to represent you. * You can look at your DSHS file. You may have free copies of your DSHS file if you ask. * DSHS can’t give you private information about other clients. | | | | * Sometimes DSHS can’t give you information that’s protected by law. * You will get copies of all information DSHS used to make the decision. * You can ask the judge to look at any documents you have. * You can testify at the hearing. * You can have witnesses testify at the hearing. * You can ask DSHS witnesses questions. | | |
| CASE MANAGER’S NAME | | | TELEPHONE NUMBER  **(     )** | | EMAIL ADDRESS | |
| CASE MANAGER’S ADDRESS | | | | | | |