



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: \$_____.

Has been initiated and denied based on WAC 388-440-0001:

Has not been initiated. This request was not initiated because your situation does not differ from the majority or other reason.

If you are a client, client representative, or an Adult Family Home provider and have requested an ETR and this request was not initiated, 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

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 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

Instructions to Case Worker

Use this form **only** for initial additional daily rate Exceptions to Rule (ETR) for Adult Family Homes. 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 worker's 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.