Notices

The purpose of this chapter is to provide requirements and policy regarding Planned Action Notices (PANs) and other notices for client services.

Ask the Expert

If you have questions or need clarification about the content in this chapter, please contact:

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For specific program questions about PANs, contact the Program Manager who manages that program.

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BACKGROUND

Providing appropriate notice to clients and providers, prior to taking action in most instances, is a due process requirement and required by statute/rule. While this chapter will not cover program specific notices, it covers general information about notice requirements that can be applied to particular situations.

GENERAL NOTICE INFORMATION

In general, notices to clients must include the following, when applicable.

1. **Action taken by the department**- the action the department took that impacted the client's benefit.
2. **Reason for the action**- the reason the department took the action.
3. **Legal authority**- specific rule, Washington Administrative Code (WAC); law/statute, Revised Code of Washington (RCW); or Code of Federal Regulation (CFR) that supports the agency action.
4. **Date of notice-** date the notice is completed and mailed.
5. **Effective date-** date the action takes effect.
6. **Contact information-** department representative's name and contact information.
7. **Information about hearing rights-** when applicable, information in the notice informing the recipient about their hearing rights.
8. **Information about continued benefits-** when applicable, information in the notice informing the recipient about continued benefits.

> **Important:** Planned Action Notices generated in CARE include some auto-populated fields, including WAC citations. Ensure this information is correct and applicable. Modify info as necessary before sending.

CLIENT SERVICES PAN

This section describes the requirements and policy direction for completing PANs related to client services.

Notice requirements

When a client applies for or receives benefits, the department is required to send timely written notice in the client's primary language, when the department takes an action that impacts the client's benefits.

1. Action

Examples of Actions taken by the department include approvals, increases, withdrawals, denials, reductions, terminations, and changes. Choose the **Action on the PAN** that most accurately reflects what the department is doing related to the client's benefits.

Use this table to assist you in selecting the correct Action.

ACTION	USE WHEN	10 to the END?
APPROVED (includes renewals and changes)	• Initial eligibility decisions • Continued eligibility/services when there is no change • A change in services from one program to another, e.g. MPC to CFC • Adding a service	n/a
INCREASED	Services/rate increase	n/a
WITHDRAWN	Requests for services that are **withdrawn by the client** after the assessment and before services start. ***The department does not complete withdrawal PANs for actions or changes the department is taking.***	n/a
DENIED	• Initial functional ineligibility • Not eligible for requested service/program and services were never initiated or authorized.	n/a
REDUCED	• Services/program/hours/rate reduced	Yes
TERMINATED	• If a service/program has been initiated and authorized, select "Terminated." • Use when client requests termination.	Yes

2. **Reason**
   Select the reason that most accurately fits your situation. Reasons may include functionally eligible, not functionally eligible, not financially eligible, change of functional impairment, change in unmet need level, etc.

   TIP: select "other" and add a brief, plain talk, explanation for unusual situations.

3. **Legal authority**
   Include the specific WAC, RCW, or CFR that supports the action the agency took. WAC should be used first whenever possible. WACs related to LTC Services can be found in **Chapter 388-106**

4. **Date of notice**
   This is the date the notice is completed and mailed. This date is auto populated when the PAN is finalized in CARE.

   TIP: finalize and mail PAN on the same day. The day of mailing begins the count for 10 to the end, continued benefits, and hearing deadlines.

5. **Effective date**
   This is the date the action takes effect. If a client is no longer functionally eligible for in-home care services, the services will be terminated on the effective date. This means the client will no longer receive services on or after that date. The Effective date auto-populates for reductions and terminations.

   > **Important:** To edit the effective date to allow more time for **translations**, complete an amended PAN. An amended PAN is currently the only way to edit the dates on a reduction or termination PAN.

   TIP: the end date of the authorization is one day before the effective date.

6. **Contact information**
   The case manager's name and contact information is auto populated into the PAN from CARE.

7. **Hearing rights**
   Clients have a right to a hearing when "aggrieved" by an agency decision. There must be an "action" to trigger a right to hearing. However, if a client asks for a hearing, regardless of whether the department made a decision or took an action, the department must assist the client in filing for an

administrative hearing with the Office of Administrative Hearings (see chapter 26). In these cases, the department's Administrative Hearing Coordinator will argue that the client does not have a right to a hearing. The local grievance policy should also be discussed with the client.

> **Grievance Process:** Each office has a written grievance policy and procedure. In situations where a client does not have a right to a hearing, he or she should be informed of the local grievance process. This may meet the client's needs outside of the hearing process.

Clients have 90-days to appeal the department's action, unless good cause is demonstrated per RCW 74.09.741, which may allow more than 90 days in some situations. Information about how to request a hearing and a Request for Hearing Form is included on each Service PAN printed from CARE.

8. **Continued Benefits**
Continued benefits allow a client to continue receiving services at their prior level while they wait for the outcome of their hearing.

For service reductions and terminations, a client is automatically entitled to continued benefits if they request a hearing by the **Appeal-by-date** (at least one day before the effective date on the PAN). A client can request not to receive continued benefits.

- The appeal by date is auto populated.
- If the effective date on the PAN is August 1st, the appeal-by-date is July 31st.
- Client must ask for a hearing by July 31st to be eligible for continued benefits.

Continuation of benefits terminates immediately if Office of Administrative Hearings (OAH) rules in favor of the department in the Initial Order. Client may be subject to an overpayment for the first 60-days of continued benefits if OAH rules in favor of the department.

NOTICE TIMEFRAMES

PANs should be completed and sent immediately after completing an assessment. 10-to-the-end policies, continued benefits, and hearing rights all offer clients protections and options if they disagree with a department decision.

1.Reductions and Termination:
When an Annual or Significant Change CARE assessment results in a **decrease** in residential rate or a **termination** of a service, the department must provide clients with at least 10-days' notice prior to implementing the reduction or termination. This is called the **10-to-the-end policy**.

The reduction or termination becomes effective the first day of the following month that the PAN was finalized and sent to the client.

When a PAN is finalized with more than 10 days in the month, the dates would line up like this:

PAN finalized	7/10/2024
Date of Notice	7/10/2024
Appeal-by-Date	7/31/2024
Current Auth End Date	7/31/2024
Effective date	8/1/2024

When there are less than 10 days between the Date of Notice and the last day of the month, the effective date is the first day of the following month. This means the client will have more than 10 days notice.

When the PAN is finalized with less than 10 days left in the month, the dates would line up like this:

PAN finalized	7/23/2024
Date of Notice	7/23/2024
Appeal-by-Date	8/31/2024
Current Auth End Date	8/31/2024
Effective Date	9/1/2024

Exceptions to 10 to the End

Refer to WAC 182-518-0025 for certain exceptions to the 10-day notice requirements including incarceration, returned mail, death, receipt of Medicaid from another state, etc.

If your client becomes incarcerated and you learn client will be incarcerated 30 days or more you can issue a PAN with an effective date that same day. You do not need to give 10 days notice.

2. Denials

When a client is found not to be eligible for services, send a denial-of-service PAN. The effective date is auto populated and is the same as the date of notice.

- The 10-to-the-end policy does not apply to denials.
- Denial PANs have no appeal-by-date because continued benefits are not relevant. A client will still have a right to request a hearing.

3. Approvals and Increases:

When an assessment results in the approval of a new service, increase in residential rate or in-home hours, or other service, the department IS required to send client notice of their benefits, but 10 days advanced notice is not required.

- Approval and increase PANs have no appeal-by-date because continued benefits are not relevant. Clients will continue to have a right to request a hearing.
- The effective date can be the beginning of the following month or immediately if needed (upon completion of the new assessment and client approval).
- If authorizing services mid-month, follow the instructions in the SSAM 3.0 to ensure authorizations are done correctly.
- For mid-month hours *increase,* reflect all CARE-generated hours on the PAN for personal care. The effective date should match the date that the assessment was moved to current to reflect the date that the increase in benefit/change in eligibility took effect.

4. Service Changes

A PAN must be sent any time there is a change in the amount or type of benefits or services.

If a client is moving from one care setting to another, such as in home to a residential setting or vice versa, send a PAN noting the termination of in-home care and the approval of residential setting.

A PAN is also required if a client is moving from one residential setting to another such as AFH to ALF.

5. Correcting Errors

A PAN may be corrected up to the point of an administrative hearing (see WAC 388-02-0260).

OTHER CLIENT NOTICES

This section describes the policy direction for completing other types of notices.

1. **When a client cannot be reached to complete the intake process**

   When a client makes a request for in-home services or services in a residential facility and the department is unable to reach the client to complete the intake process, send a HCS - 10 Day Form Letter Intake requesting contact within 10-days so the intake process can be completed. A PAN is not required.

2. **When a client cannot be reached to schedule an assessment**

   When a client makes a request for in-home services or services in a residential facility and the department is unable to reach the client to schedule an assessment, send a HCS - 10 Day Form Letter Assessor requesting contact within 10-days so an assessment may be scheduled. A PAN is not required.

3. **Notice of Decision on Request for an In-Home Personal Care Exception to Rule**

   Refer to LTC manual Chapter 3.pdf , Exception to Rule (ETR) process for information on this type of notice.

4. <u>When a client becomes financially ineligible for LTC services</u>

When a client is or becomes **financially ineligible**, **HCS financial staff *may* send the required notice** to the client, depending upon the ACES coverage group the client is on and the LTC program/service the client is receiving. The financial notice includes the required information, including hearing rights.

When financial sends notice to a client, a SS PAN is not required and should not be sent[1].

Use this table to determine when a SS PAN is required when a client is **financially ineligible**.	
Program	**Send PAN?**
MPC	Yes
Fast Track	Yes
MCS	Yes
MAGI based	YES[2]
HWD	In home-YES, Residential-No
CFC Classic	NO
CFC + Waiver	NO
Waiver (COPES or New Freedom)	NO
RCL	NO
PACE	NO
Non-Citizen Program (45 slot)	NO

[1] If a financial notice and a SS PAN are sent on the same action, the client will be given hearing rights in both instances for the same issue.

[2] The Health Care Authority (HCA) sends notices to clients about their WA Apple Health benefits, but the notice does not include information about LTC services. CMs receive a H002 tickler in Barcode to alert them that a MAGI client's benefits may be changing. Please refer to MB 16-050 for more information.

RESOURCES

Related WACs and RCWs

RCW 74.09.741	Adjudicative Proceedings
eCFR :: 42 CFR 431.206	Informing applicants and Beneficiaries
WAC 388-458	Notices to Clients
WAC 388-02-0260:	May the Department Amend a Notice?
WAC 182-518	WASHINGTON APPLE HEALTH—LETTERS AND NOTICES
WAC 388-106	Long Term Care Services
WAC 388-71	Home and Community Services and Programs
RCW 43.20B.675	Vendor overpayments—Goods or services provided on or after July 1, 1998—Notice—Adjudicative proceeding—Enforcement—Collection—Rules.
RCW 43.20B.010	Definitions (overpayments)
42 CFR § 433.304	Definitions (overpayments)

Other Resources

Social Service Authorization Manual Chapter 3.pdf	Payment Issues notices for ETR's

Where to find Notice documents

Client Services PAN	CARE
10-Day Form Letter – Intake	In Translated Docs
10-Day Form Letter- Assessment	In Translated Docs

Notice of Decision on Request for an In-Home Personal Care Exception to Rule #05-246 CARE

REVISION HISTORY

DATE	MADE BY	CHANGE(S)	MB #
3/27/2023	Stacy Graff	Removed references and sections that were related to contracted Individual Providers including: rejection of client choice of provider PAN, IP PANs, Stop Work Notices, IP payments and overpayments.	
4/1/2025	Kim Averill	Updated new DSHS logo and formatting Added spacing to page 2, General Notice information Minor wording and formatting changes to PAN action table pg 3 Reworded section on continued benefits Reworded section on 10 to the end Minor wording changes in section covering client PANs Deleted some text boxes and replaced with plain text to improve readability of page. Added more resource links in resource table	
11/14/2025	Kim Averill	Corrected chart on page 3 to show 10 to the end doesn't apply to denials	
3/31/2026	Kim Averill	Added information and reference about good cause/RCW 74.09.741 on page 5 Added information about PAN's when there is a mid month hours increase to page 7. Added information about PAN's when there is a service change, page 7. Added information about correcting PANs, page 7. Corrected links to 10 day letters for intake and assessor, pages 7 and 8. Corrected link to ch3 ETR process, page 8. Corrected links under resources, page 10.	

7/13/2026	Kim Averill	Added note about due process on page 2. Added info about PANs when a client becomes incarcerated on page 6. Updated link to SSAM on page 7. Updated information about PANs for service changes on page 7.	