Administrative Hearings

The purpose of this chapter is to ensure that all persons have the right to apply for Long-term Care (LTC) services administered by the department and to:

a) Have their financial and functional program eligibility correctly determined by the department; and
b) Appeal any decision made by the department which they perceive as adversely impacting the authorization or delivery of LTC services, including approvals and increases.

Vendors have the right to an administrative hearing when the department determines that a vendor was overpaid by the department for either goods or services, or both and issues notice of the overpayment. RCW 43.20B.675, 43.20B.010 and RCW 41.05A.170.

Department staff has information about the administrative hearing process and the department's role in an administrative hearing.

Ask the Expert

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

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BACKGROUND

The administrative hearing process allows individuals the right to challenge a government action to verify it was valid and based on laws and rules. It is a legal proceeding but is designed to be user friendly for appellants who represent themselves (not attorneys) with relaxed rules of evidence and procedure.

In 2011 the Health Care Authority (HCA) became the single state agency for Medicaid. This means DSHS is a designee of the HCA for managing some Medicaid benefits and represents HCA in hearings that relate to Medicaid. DSHS is the single state agency for Temporary Assistance for Needy Families and Basic Food.

RIGHTS TO AN ADMINISTRATIVE HEARING

Clients and vendors have a right to an administrative hearing only when entitled by law and when aggrieved by a department decision/action.

1. **Clients** have a right to a hearing:
    a) For any action indicated on the Planned Action Notice (PAN) including, but not limited to approval, denial, reduction, or termination of services or eligibility;
    b) When the department determines a client received a benefit or more benefit than they were eligible for, and an overpayment notice was issued; and
    c) When the total number of in-home personal care hours or New Freedom budget being received is reduced because of a reduction or termination in the number of in-home personal care hours approved as an exception to rule[1] or the residential payment rate that was approved as an ETR is reduced or terminated.

2. **Vendors** have a right to a hearing when the department determines they were overpaid for goods and/or services provided to department clients on or after July 1, 1998[2], and notice of OP is provided to the vendor.

Resources:
RCW 74.09.741 Right to an Administrative Hearing (HCA).
RCW 74.02.080 Right to an Administrative Hearing (DSHS).

WAC 182-526-0085 Determining if a hearing right exists.
WAC 388-71-0562 Home Care Agency's Right to an Administrative Hearing.
WAC 388-115-0562 Consumer Directed Employer's Right to an Administrative Hearing.
WAC 388-106-1315 Hearing Rights for an ETR.

[1] There is no appeal right for a denial of an initial ETR request.
[2] In 1998 the legislature enacted RCW 43.20B.675, which requires the department to offer a "formal uniform appeal process" to vendors including the right to an adjudicative proceeding, which is governed by the Administrative Procedure Act and department rules.

REQUESTING AN ADMINISTRATIVE HEARING

Hearing requests must be made within a specific timeframe. See timeframes and deadlines for specifics.

1. A client may request a hearing in any of the following ways:
    a) Verbal request. Department staff must notify the Office of Administrative Hearings (OAH) IMMEDIATELY[3] of any verbal request from the client, preferably in writing. These requests can be entered into the Administrative Hearing Control System (AHCS) in Barcode by any staff with access to Barcode. Enter the hearing request in the client's own words, email it, print and fax or mail to OAH.
    b) Written request (of any kind). Department staff must notify OAH IMMEDIATELY[4] of any written request that doesn't go directly to OAH.
    c) The Request for Hearing form that accompanies every PAN. This form can be completed by the client and mailed or faxed to OAH. The client may also ask department staff to help them complete and submit the hearing request to OAH.
    d) Per the instructions on the Client Overpayment Notice to request a hearing for an overpayment issue.

2. Vendors may request a hearing related to an overpayment by using the instructions on the Vendor Overpayment Notice.

Resources
WAC 182-526-0095 How to Request a Hearing
WAC 182-526-0025 Use and Location of Office of Administrative Hearing (OAH)

[3] Not to exceed two calendar days.
[4] Not to exceed two calendar days.

NOTICES- SEE CHAPTER 27 "NOTICES"

When a client applies for or gets benefits, the department is required to send notice to alert clients about the decisions made about their benefits. Notices are the crux of the department's case in an administrative hearing and should accurately represent the action that was taken by the department, including the supporting authorities for the action. If the notice is fatally deficient, the department may lose the case on inadequate notice. Notices may be amended up to and during the hearing in most instances[5].

CASE MANAGER ROLE

1. The case manager remains responsible for case management activities, including completing an accurate assessment to determine correct eligibility.

2. In addition, the case manager:
    a) Notifies the client, informally over the phone or in person, AND in writing using the automated PAN, when the department takes an action affecting the client's services.
    b) Attempts to resolve any issues expressed by the client when they don't agree with the decision/action the department is taking. This includes but is not limited to:
        i. Reviewing the assessment with the client to ensure accuracy and to explain the assessment process and the CARE tool.
        ii. Gathering additional supporting information from collateral contacts including other health care professionals, when applicable.
        iii. Exploring alternatives to help resolve issues like:
            (1) Evaluating whether the client needs a reassessment and completing one if appropriate;
            (2) Checking the availability and suitability of programs or services which may be offered by other community social service agencies or informal supports; and
            (3) Assessing whether a request for an ETR is applicable.

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[5] **WAC 182-526-0260 Amending the health care authority or managed care organization notice.**

(1) The administrative law judge (ALJ) must allow the health care authority (HCA), HCA's authorized agent, or a managed care organization (MCO) to amend (change) the notice of an action before or during the hearing to match the evidence and facts.

(2) HCA, HCA's authorized agent, or MCO must put the change in writing and deliver a copy to the ALJ and all parties.

(3) The ALJ must offer to continue (postpone) the hearing to give the parties more time to prepare or present evidence or argument if there is a substantive change from the earlier notice.

(4) If the ALJ grants a continuance, the office of administrative hearings must serve a new hearing notice at least fourteen calendar days before the hearing date.

c) If the client does not agree with a decision made by the department and a resolution cannot be reached, explains to the client that an administrative hearing may be requested.
d) Informs the client that he or she will get continued benefits if they do not agree with a decision for a reduction or termination of services, if a hearing is requested before the effective date and pending the outcome of the hearing, unless they request not to receive them.
e) Notifies the client that up to 60-days of continued benefits may have to be repaid if the department prevails in the hearing.
f) Notifies the financial worker of continued benefits.
g) Documents the communications with the client in SER including that the administrative hearing process was explained to the client and the client's decision about whether to request a hearing, if known. Include the details about the hearing issue(s) and attempts made to resolve the issue(s).

For local OAH contacts use WAC 182-526-0025 or the OAH website or send requests to:
Office of Administrative Hearings (OAH)
PO Box 42489 Olympia, WA 98504-2489

h) Assists the client to request a hearing, as needed, when the client chooses to make a formal request, by using the Administrative Hearing Control System[6]. Submits the request immediately to the local OAH field office.
i) Notifies the local AHC of the verbal or written request for a hearing, and provides the AHC with the client's:
    i. Name,
    ii. ACES # and ProviderOne #.
    iii. Date of request, and
    iv. Administrative hearing issue.
j) When informed that a formal notice of an administrative hearing is received, documents the:
    i. Date of the request, and
    ii. Date of the hearing.
k) Provides the AHC with any physical records or other information that the AHC can't electronically access that would help the AHC decide if the department's decision/action was accurate.
l) Provides the AHC with any additional information that will assist in the AHC's preparation for the hearing.
m) Participates in the prehearing process, if requested by the AHC.
n) Participates in the hearing as a witness for the department if requested by the AHC[7].

Note: 182-526-0155
An appellant may represent themselves, or may be represented by a lawyer or paralegal, or by a relative, friend, or any other person of his or her choice, other than the department.

[6] The AHCS does not link to OAH, so after a request is completed in the AHCS, it must still be sent to OAH.
[7] HCS or AAA staff may not represent the appellant in an administrative hearing. Consult with program managers for any exceptions to DSHS staff representing the client. A case manager may be subpoenaed to testify as a witness for the appellant.

o) Documents in the SER when the client withdraws an Administrative Hearing request, and includes the date and reason. Notifies the AHC so that a formal request for withdrawal can be made with the client, AHC, and OAH.

It is assumed that vendors do not require the same degree of assistance as that of a client, and it is not the expectation that case manager or Administrative hearing coordinators provide it.

4. For vendor overpayment hearings, OFR notifies the vendor in writing using the Provider Overpayment Notice when there is an overpayment. The case manager follows the same basic process about providing documents and information to the AHC and participating in the hearing as indicated above for client.

ADMINISTRATIVE HEARING COORDINATOR ROLE

The AHC represents the department (and HCA) in all activities related to the hearing request. The AHC is responsible to know the laws and rules, the facts of the case they are presenting, and be able to apply the law and rules to the facts in the appeal.

The AHC:

1. Receives notice of the administrative hearing request from the Case Manager or OAH and documents all hearing related activities and hearing related information in the Administrative Hearing Control System (AHCS) in Barcode.

2. Uses the AHCS system to track all hearing related activities, document witness names, exhibits, and the hearing report.

   The Administrative Hearing Control System (AHCS) is a subsystem in Barcode used by AHCs to help in the tracking of cases for Administrative Hearings, printing DSHS forms, and keeping track of hearing statistics for both client and vendor hearings. Using the AHCS is mandatory for AHCs.

   Functionality of the AHCS includes but is not limited to:
   - Daily Hearing Schedule reports and prehearing and hearing calendars;
   - Availability to print hearing related forms like hearing withdrawals, AH Report template, Dismissal Order template, etc.
   - Tracking hearing events including dates, witnesses, the hearing issue and outcomes; and
   - Statistic Reports including appealed cases, pending cases, dockets with continuances, closes cases, dockets by program, etc.

3. Notifies the social worker/case manager and the CMs supervisor of the administrative hearing request and discusses the case with worker(s) involved and their supervisors, as appropriate.

4. Requests the case record and all applicable documents.

5. Reviews the records including but not limited to the CARE assessment and the PAN to ensure accuracy. If any errors are found they should be corrected at this time. Notices may be corrected at any time up to and through the hearing, depending on the type of error on the notice.

6. Reviews the HCS/AAA case to determine whether the department/agency made the correct decision/action.

7. Makes other contacts/reviews other information, as necessary, to determine and make a recommendation about the department/agency position. If the department/agency made an error in its decision or action:
    a. The decision/action is corrected;
    b. The appellant/appellant representative is contacted; and
    c. The hearing request is withdrawn at the applicant/client request if the issue is sufficiently resolved, and the client agrees with this step. This can be done in writing or by calling OAH with the appellant/appellant representative. This may require a written follow up letter requesting that the administrative hearing be withdrawn, by the client, depending on local OAH procedures.
    d. If the action has been reversed and the client does not want to withdraw their request for hearing, the AHC will request a motion to dismiss the case. There is no right to a hearing without an action.

8. If the appellant wishes to continue with the hearing, the AHC is required to initiate the prehearing meeting. The AHC contacts the client[8] and:
    a. Reviews the administrative hearing process and the role of the AHC.
    b. Describes both the informal and formal prehearing process and its purpose.
    c. Asks about the need for an interpreter, or other auxiliary aids (Administrative Policy No. 7.02 Equal Access to Services for Individuals with Disabilities) and informs OAH.
    d. Determines whether the appellant has legal or other representation, and if requested, may refer the appellant to legal resources.
    e. Informs the client that he or she will get continued benefits, when applicable[9], pending the outcome of the hearing, unless he or she requests not to receive them.
    f. Informs the client that up to 60-days of continued benefits must be repaid if the outcome of the administrative hearing is in favor of the department.
    g. Clarifies the issues surrounding the hearing and attempts to resolve them outside of the hearing process whenever possible.

9. Discusses the issues with department/agency administration or HQ Program Management staff and requests the assistance of the Assistant Attorney General's office (AAG) by contacting the HQ Program Manager(s) or requests assistance of AAA legal counsel if needed.

[8] The AHC does not have the same responsibilities to assist the IP through the Administrative hearing process.

[9] And if the client requests the hearing before the effective date of the notice.

10. Participates in the formal prehearing conference, if scheduled by OAH, or requests a prehearing conference from OAH when needed.

11. Acts as the contact person between OAH and the department, appellant, appellant legal representative or other person representing the appellant;

12. Develops the theory of the case and prepares the administrative hearing Report, DSHS 09-354 in the AHCS. This is a required document for all administrative hearings.

13. Notifies the department's witnesses of the date of the hearing, when they are required to be present, and helps prepare the witnesses for the hearing.
    This includes reviewing with the witness:
    a) The hearing issue
    b) The types of questions that may be asked by the AHC, appellant, and ALJ
    c) The exhibits that will be referenced that the witness may be asked to talk about during the hearing

    In addition, to increase the comfort of the witness, the AHC practices with the witness, emphasizes confidence and truthfulness and provides encouragement and support[10]. The AHC should never give the answers to the witness for the questions they plan to ask or tell them what to say. The AHC should only coach the witness so they are prepared.

14. Gathers exhibits and reviews what documents are available to present and support the department's case.

15. Provides the administrative hearing packet, including exhibits to OAH and to the appellant, at least five days prior to the hearing and includes the appellant in any "substantive" communications with OAH. The AHC must not participate in any *ex parte*[11] communications.

16. Arranges for the location (room) of the hearing, if applicable (OAH may make these arrangements). Most hearings take place via phone.

17. Presents the department's case to the ALJ and appellant at the hearing including opening and closing statements to clarify and summarize the issues and arguments, and facilitates witness testimony and cross examination. Opening and closing statements should be a summary of the department's position and should not be a reading of the administrative hearing report.

18. Reviews the ALJ's decision and informs the case manager and supervisor. If the department/action is not upheld, the department must implement the order by the end of the month the order was received and the AHC must decide whether to request a review of the

[10] Remember that the AHC may ask for a short recess. This may be an effective tool if the agency witness is anxious or scared and this is interfering with testimony. The witness will have to answer any question that has been asked before a recess will be granted but may benefit from this to break to compose themselves.
[11] See definition section

initial order to the Board of Appeals. In order to make this decision the AHC may consult with the social worker/case manager, supervisor, administrator/director, AAA attorneys, and with HQ Program Manager who may request consultation with the AAG's office.

Consultation with HQ is especially important when the initial decision, or a belief that a later decision by the Board of Appeals (BOA), may set a precedent that would have far reaching and/or long-term effects on eligibility, rules, policies, and costs, especially if the AHC anticipates the appellant could move the case through to Superior Court. The importance is to ensure a complete and accurate record and to get legal advice as appropriate.

If the department's position is upheld and the client received continued benefits, the AHC must notify the case manager who will terminate continued benefits and initiate the overpayment when appropriate.

19. Advises the client of the appeals process to BOA, as appropriate.

20. When known, refers the case to the HQ Program Manager if the appellant loses the BOA review and decides to appeal to Superior Court. HQ staff will coordinate with the AAG's office, which represents the department/agency in Superior Court[12].

21. Documents the actions in the AHCS in Barcode and files documents into the AH file. Sends the client hearing file to Document Management Services (DMS) for imaging when the hearing process is complete, (provider OP hearings are documented in the AHCS but not sent to DMS).

CONTINUED BENEFITS

Whenever the Department notifies a client that his or her benefits will be reduced or terminated, federal law allows the recipient to maintain benefits at the prior level if the recipient appeals the decision by requesting an administrative hearing prior to the appeal by/effective date on the PAN.

1. Clients automatically receive continued benefits if the appeal is requested prior to the appeal by date[13] on the PAN, unless they request not to receive them.
2. Continued benefits are in the amount indicated by the assessment under appeal, unless less benefit is requested by the client. They are authorized on the first day after the request for appeal. If the ALJ reduces or terminates benefits, the initial order takes effect at the end of the month during which OAH mailed the initial order, even if the client requests an appeal through the Board of Appeals.
3. If the ALJ reduces or terminates benefits, the first 60-days of continued benefits, starting on the date of the request for hearing from OAH, are subject to an overpayment and the department

[12] Also known as Judicial Review.
[13] For each Service on a PAN the date the client must appeal by, to receive continued benefits, is printed in the notice. For example: "To keep your services from being reduced until a hearing decision is made, you must appeal by 12/13/2019, and "If you appeal by 12/13/2019, we assume you want your services to stay the same until the hearing decision".

sends the overpayment to Office of Financial Recovery (OFR) if appropriate[14]. The recoverable funds that may be collected on the overpayment are from the effective date on the PAN out 60-days from the request of the hearing from OAH[15].

4. The overpayment is based on the additional benefit the client received over and above the amount required by the initial order. The order should state the effective date of the reduction or termination and the amount the client is eligible to receive.
5. If the client requests an appeal of the initial decision with BOA, there will not be any collection action from OFR until the BOA decision is reached.
6. Vendors do not receive continued benefits.
7. If the department prevails at the hearing, continued benefits stop at the end of the month the hearing decision is mailed. The department must complete an overpayment, when appropriate. See the Overpayment section for more information.

Resources
WAC 182-504-0130 Continued Coverage Pending an Appeal.
388-458-0040(5) What happens if I ask for a hearing before a change happens?

TIMEFRAMES AND DEADLINES

1. PANs must be sent to the client immediately after completing the assessment and must provide at least 10-days' notice before the effective date[16] of the action for services. For client services, the PAN in CARE automatically provides for at least 10-days' notice, using the ten-to-the-end policy.
2. If a request is received by OAH before the appeal by date on the PAN, the client receives continued service benefits, unless he or she requests not to receive them.
3. OAH must receive an appeal within 90-days[17] of the date the client receives the PAN.
4. Request for correction of clerical errors on initial orders must be received on or before the tenth calendar day after the order was served.
5. BOA must receive the request for review within 21 calendar days from the mail date stamped on the initial decision from OAH and should:
    a. Identify the parts of the initial order with which the department disagrees.

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[14] There may be certain situations where a client may have the kind of income that can't be garnished. The department must continue to submit the overpayment to OFR and OFR will determine whether or not the overpayment gets processed. Examples of income that may not be garnished may include: Income from Social Security, SSI, veteran's benefits, or retirement pensions, IRAs or 401(k) s.

15 For example:

- Date of the Notice is February 2nd.
- The appeal by date is February 29th.
- Effective date of reduction is March 1st.
- OAH receives the hearing request on February 8th.
- Continued benefits start on March 1st.
- The department prevails at the hearing that takes place in May.
- The overpayment clock begins on February 8th because that's when OAH received the request.
- 60 days is February 8th – April 7th.
- The department would collect from March 1st-April 7th (only 38 days).

[16] See Notices (5) for exceptions.

[17] Except in cases where good cause has been determined for a state only program, per RCW 74.08.080 and 74.09.741 effective 7/2023

b. Identify arguments/evidence as to why the department believes the ALJ's decision was in error.
c. Send a copy of the review request to the other parties.
d. Direct Appeals to:
Board of Appeals
PO Box 45803
Olympia, WA. 98504-5803

6. Request for reconsideration must be received by BOA within 10 calendar days from the date stamped on the Review Decision or Order.
7. Superior Court must receive the request for review FROM THE APPELLANT (the department has no rights for this review) within 30-days from the date stamped on the review decision or order from BOA.

Resources

WAC 182-518-0025 Washington apple health- Notice Requirements
WAC 182-504-0130 Continued Coverage Pending an Appeal
WAC 182-526-0110 Process After a Hearing is Requested
WAC 182-526-0550 Deadline for Requesting a Corrected Initial Order
WAC 182-526-0560 Review of an Initial Order by a Review Judge
WAC 182-526-0575 How to Request Review of an Initial Order
WAC 182-526-0605-0620 Reconsideration
WAC 182-526-0650 Service of Petition for Judicial Review

HEARING DECISIONS AND FINAL ORDERS

1. An Initial Order becomes a final order at 5 pm on the 21st calendar day after OAH serves the initial order unless:
    a. There is a request for a review of the initial order made to BOA.
    b. There is a request for an extension that is granted.
    c. Any party files a late request for review which is accepted[18].

2. When you receive a final order you must:
    a. Follow the judge's order.
    b. Contact HQ program management staff for consultation if needed.

Resources
WAC 182-526-0525 When an Initial Order Becomes Final

COMPONENTS OF THE ADMINISTRATIVE HEARING PROCESS

1. A **prehearing meeting** is an informal discussion with the appellant. The ALJ is not present. Prehearing meetings are required, by policy, for the AHC but the appellant can refuse to participate in a prehearing meeting. Although the prehearing meeting is voluntary for the appellant, it must be offered to every appellant as early in the hearing process as possible. It can be held by phone, in person, or by other correspondence. Prehearing meetings can be used to:
    a. Identify or clarify the issue(s) for the hearing and resolution where possible.
    b. Explain the department's decision to the appellant by reviewing the rules (WAC) the department relied on when making the decision being appealed.
    c. Arrange to give or receive documents as proposed exhibits including: additional medical documents from the appellant, documents or other evidence the department relied on when making the decision being appealed, etc.
    d. Answer the appellant's questions about the hearing process and rules that apply.
    e. Attempt to resolve the dispute through agreement and assist with the withdrawal of the hearing at the appellant's request.
    f. Advise the appellant about possible free legal help at: 1-888-201-1014.
    g. Discuss a request for a continuance, if necessary. If both parties are in agreement, call OAH together to request additional time to get more information, clarify issues, correct misunderstandings, make agreements, etc.

2. A formal **prehearing conference** with OAH may be requested if needed and is not already scheduled. A prehearing conference is generally required for overpayment hearings. If a prehearing conference is requested and granted (the ALJ must grant a request if it is filed with OAH at least 7 business days before a scheduled hearing date), all parties must attend. The

[18] Good cause must be established for a late request to be accepted. The department should instead request an extension of the timeframe, before the deadline, if more time is needed.

conference is scheduled by OAH and usually takes place by phone. The prehearing conference can be used to:

a. Simplify the issues. The department should be prepared to discuss the hearing issues.
b. Set the date, time, and place of the hearing.
c. Identify accommodation/safety issues.
d. Set a deadline to exchange witness lists and exhibits (which must not be less than five days before the hearing). Be prepared to know how many witnesses you expect to call and days you expect to need for the hearing.
e. Set deadlines for motions ("briefing" and "argument" deadlines).
f. Schedule additional prehearing conferences.
g. Discuss procedural matters.
h. Distribute written testimony and exhibits to the parties before the hearing.
i. Discuss other matters that may aid in the disposition or settlement of the proceeding.
j. Request a continuance if necessary.
k. Ask for a motion briefing schedule if wanting to file a motion.

3. A **hearing** is where the AHC, appellant, and witnesses come together with the ALJ, frequently by phone[19], to present the issues being appealed. The AHC may:
    a. Present an opening statement that states the issue and briefly summarized the evidence that will be presented at the hearing.
    b. Offer evidence to support the department's decision such as exhibits and witness testimony and may question the witnesses presented by the other parties.
    c. Give closing arguments where the facts presented at the hearing are applied to law. The ALJ or the appellant may also ask questions and the appellant may offer exhibits to support his or her position.

Resources
WAC 182-526-0175 Prehearing Meetings
WAC182-526-0195 Prehearing Conference

Most Social Services and Financial hearings fall under the HCA hearing rules: 182-526
HCA Hearings (WAC 182-526) include:
- Social Services Hearings- Services.
- Financial Hearings

DSHS Hearings (WAC 388-02) include:
- Food Stamps

RESOURCES

WACs and RCWs

WAC 182-526 Administrative Hearing Rules for Medical Services Programs (HCA)
RCW 34.05.410-34.05.494 General requirements for Administrative Hearings
RCW 74.09.741 Right to an Administrative Hearing (HCA)
RCW 74.02.080 Right to an Administrative Hearing (DSHS)
WAC 388-106 Long-Term Care Services
WAC 388-71 Home and Community Services and Programs

[19] The hearing may also be in person or some parties may be in-person and some by phone.

Glossary

WORD	DEFINITION
Administrative Hearing Coordinator (AHC)	An employee of the department who represents the department in all activities related to administrative hearings. The AHC is also the Health Care Authority hearing representative, or authorized agent of HCA, for certain HCA hearings
Administrative Law Judge (ALJ	An impartial decision-maker who is an attorney and presides at an administrative hearing. The Office of Administrative Hearings (OAH), which is a state agency, employs the ALJs. ALJs are not department employees or department representatives
Appellant	Term used for the client/rep or provider during the hearing process.
Board of Appeals (BOA)	An entity from HCA and DSHS responsible for reviewing the decisions issued by the ALJs as part of the appeals process. BOA review judges are attorneys who have the authority to review hearing records and initial orders for legal or factual errors. After their review, these judges enter final orders.
Client	For the purposes of this chapter, means an individual, who may also be the appellant, applying for Medicaid services (applicant) or an individual receiving Medicaid services. This also includes the client's chosen representative
Continued Benefits	When a Medicaid recipient's benefits are reduced or terminated by the department, and the recipient is able to maintain benefits at the prior level, if the recipient appeals the decision by requesting an administrative hearing with OAH by the appeal date on the notice.
Department	DSHS, Home and Community Services (HCS) and the Area Agencies on Aging (AAA) or their subcontracted entities. It also means Health Care Authority (HCA) because HCS and AAA staff represents HCA in most social services administrative hearings.
Department of Health (DOH)	A state agency separate from DSHS.
Exception to Rule (ETR)	Means an approved amount beyond the maximum hours/budget/daily rate generated by CARE when a client's situation differs from the majority. See 388-440-0001 for specifics.
Ex Parte Communication	Occurs when a party to a case, or someone involved with party, talks or writes to or otherwise communicates directly with the judge about the issues in the case without the other parties' knowledge.
Health Care Authority (HCA)	The single state agency responsible for overseeing Washington Apple Health (Medicaid), as well as other health care programs. HCS and AAA staff represents HCA in most social services hearings.
Office of Administrative Hearings (OAH)	A state agency that is independent from DSHS and HCA, which handles appeals of DSHS and HCA actions

Planned Action Notice (PAN)	A written form of communication used to notify clients of decisions about services and of the right to appeal that decision. It is the legal document/Notice that provides the client with the department's eligibility decision or decision about services and the authority that allows the department to take the action.

REVISION HISTORY

DATE	MADE BY	CHANGE(S)	MB #
11/21/2022 5/20/2025	Nina Banken Stacy Graff	• Updated contact information under "Ask the Expert" • Corrected minor typos • Removed all references to Individual Providers because of the implementation of the Consumer Directed Employer (CDE). Clients no longer have a right to an Administrative Hearing regarding their choice of provider. IPs no longer have an administrative hearing related to training/certification and will not receive department issued overpayment notices that are for dates of payment after the transition to the CDE. The CDE has a grievance process for clients and providers. • Updated contact information under "Ask the Expert". • Added "email" as an option to notify OAH of a hearing request. • Removed IP Planned Action and Stop Work Notice information due to the transition to the CDE. • Added "This is a required document for all administrative hearings" re: administrative hearing report. • Added information in footnote 13 about requesting a recess during the hearing if needed. • Clarified in footnotes that a request to Superior Court is also known as Judicial Review. • Removed most of the duplicative information about notices that can be found in chapter 27.	

		• Added footnote 17 about changes to statute related to hearing request timeframes for state only programs where good cause is shown. • Other minor wording changes add for clarification.	