

## **6003-D NOTICE OF INTENDED ACTION (STATE ONLY)**

REVISION DATE: 3/2/2015

EFFECTIVE DATE: July 31, 1993

REFERENCES: A.R.S. § 36-563; A.A.C. R6-6-1802

A Support Coordinator or District representative must issue a written Notice of Intended Action to any member/responsible person who receives services from Department of Economic Security (DES)/Division of Developmental Disabilities (DDD) that is not eligible to receive Arizona Long Term Care System (ALTCS) services, or the service is not an ALTCS covered service.

State only actions include:

- A. Service denial, change, reduction, termination; or,
- B. Eligibility is denied or terminated.

The notice must be issued on the Division form, *Notice of Intended Action or Service System Discharge*, and include the following information:

- A. The name and address of the responsible person;
- B. The date that the notice is mailed;
- C. The name of the member affected by this action;
- D. The action that is being taken;
- E. The effective date of the action;
- F. The reason for the action;
- G. What the member/responsible person can do if he/she does not agree with the action being taken; and,
- H. The signature of the person authorized to make the decision regarding the determinations noted previously.

Every effort must be made to explain the action using vocabulary the member/responsible person will understand. The notice will be written in English and when appropriate and reasonably possible to do so, in the primary language of the recipient. If the recipient cannot understand the notice, the recipient may call the Support Coordinator for assistance with interpretation.