STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND DISABILITY SERVICES ADMINISTRATION
*PO Box 45600 * Olympia, WA 98504-5600*

November 14, 2012

Colleen Crawford
Colleen Crawford Provider
Country Care
14330 81st Pl SE
Snohomish, WA 98290

License number: 54103

NOTICE OF UNPAID ANNUAL LICENSING FEE AND IMPOSITION OF CIVIL FINE

Dear Provider:

Washington Administrative Code (WAC) 388-76-10025 requires that you pay an annual adult family home license fee. Subsections read:

> (1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060.
> (2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.
> (3) The home must ensure that the department receives the annual license fee when it is due.
> (4) If the home does not pay the fee when it is due, the department will impose remedies.

The annual license fee is due each year by the 15th day of your license anniversary month.

UNPAID ANNUAL LICENSE FEE

On June 15, 2012 a billing statement for the annual license fee was mailed to you. This notice was mailed sixty (60) days prior to your license anniversary month. As of the date of this letter, **the Department has not received the required annual license fee. You are in violation of WAC 388-76-10025 by not paying your annual license fee when due.**

You must pay the annual license fee within 10 calendar days after the mailing date of this letter. Payment for the annual license fee must be submitted in the form of a cashier's check or money order only. Please use the enclosed statement and blue envelope to submit your payment. Questions regarding the annual license fee should be directed to Deb LaRose at (360) 725-2491.

IMPOSITION OF $1000 FINE

In addition, because you have not paid your annual license fee when due, **the Department has imposed a civil fine of $1,000** on your adult family home license as authorized by WAC 388-76-10975(3). **You must pay the civil fine amount of $1,000 within twenty-eight (28) calendar days** after the mailing date of this notice unless you request an administrative hearing. The civil fine is owed in addition to the annual license fee even if you pay the annual license fee owed. Please submit payment to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

Interest for your fine will accrue at a rate of one percent (1%) a month if the department has not received the civil fine payment within twenty-eight days. Questions regarding the imposition of the civil fine should be directed to Bett Schlemmer at (360) 725-2403.

HOW TO CONTEST THE UNPAID ANNUAL LICENSE FEE AND/OR CIVIL FINE

You can contest your citation for WAC 388-76-10025 the unpaid annual license fee, the civil fine imposed for not paying the fee, or both. You may do so by requesting an Informal Dispute Resolution review or by requesting an Administrative Hearing. You may request either or both processes. Please note that they are two separate processes. You must follow the instructions and timelines for the processes you choose.

To request an Informal Dispute Resolution review:

You may present written evidence disputing the enforcement action during the Informal Dispute Resolution review.

Submit the Informal Dispute Resolution review request in writing to the Department **within 10 working days after mailing date of this notice**. The request should include the following information:

- Identify the enforcement action that is disputed (civil fine);
- Explain why the home is disputing the action; and
- Indicate the type of informal dispute resolution review you prefer (telephone conference or documentation review).

To request an Informal Dispute Resolution review, send your written request to:

Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

Requesting an Informal Dispute Resolution review will not change the deadline for you to request an administrative hearing. Informal Dispute Resolution review by the department is not binding in an administrative hearing.

To request an Administrative Hearing:

Submit the hearing request in writing. The hearing request must be sent **directly** to the Office of Administrative Hearings. The Office of Administrative Hearings must receive your hearing request **within twenty-eight (28) calendar days** after the mailing date of this notice. You **must** include a copy of this letter when requesting an administrative hearing.

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If you have any questions about the violation, informal dispute resolution process, and hearing appeal rights, please call Bett Schlemmer at 360.725.2403.

Sincerely,

Lori Melchiori, Ph. D
Assistant Director
Residential Care Services

Enclosure

cc: Bett Schlemmer, Compliance Specialist
Deb LaRose, Business Analyst
Field Manager, District 2, Unit A
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2
WA LTC Ombudsman
Area Agency on Aging, AAA-Sno
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
HQ Central Files

License Number: AH54103
ADSA Point of Contact: Deb LaRose
Telephone: (360) 725-2491
(800) 422-3263

00147

AGING & DISABILITY SERVICES
PO BOX 45600
OLYMPIA WA 98504

RETURN SERVICE REQUESTED

COLLEEN J CRAWFORD
COUNTRY CARE
14330 81ST PL SE
SNOHOMISH WA 98290-9076

Washington State Department of Social & Health Services

ADSA Aging & Disability Services Administration

Adult Family Home Renewal

DATE: 06-15-2012

Licensed Beds	Fee Per Bed	Previous Balance	Payments	Invoices & Adjustments	New Balance	Payment Due Date	Amount Due
6	$175.00	$0.00	$0.00	$1,050.00	$1,050.00	8/15/2012	$1,050.00

Invoice/Coupon Explanation: **PLEASE READ CAREFULLY**

Effective July 1, 2011 all Adult Family Homes are required to pay an annual fee based on the number of licensed beds in your adult family home.

This notice is to inform you that the annual fee for Adult Family Home licensure is due. If there are changes in the basic information that DSHS has on record regarding your adult family home, you must update the information on the back of the detachable portion of this notice.

If there are any changes in the licensee information related to the operating entity, and/or the ownership status that DSHS has on record, you must contact the Business Analysis and Application Unit at (360) 725-2420.

Your payment must be in the form of a personal check, cashier's or money order, payable to DSHS.

If you do not pay the balance due by the above due date, enforcement action will be taken against your AFH.

Please include your AFH license number AH54103 on your check or money order to assure that your annual fee is credited appropriately.

If you have any questions, please call the ADSA Primary Contact listed above.

Please include this coupon and your payment in the enclosed envelope. Make payment to "DSHS". Write "AFH Annual License Fee" and your License Number on payment.

COLLEEN J CRAWFORD
COUNTRY CARE
14330 81ST PL SE
SNOHOMISH WA 98290-9076

License Number	New Balance
AH54103	$1,050.00
Payment Due Date	Amount Due
8/15/2012	$1,050.00

☐ Check here if your address has changed. Print your new address on the back.

Amount Paid

$

DSHS FINANCIAL SVCS ADMIN
PO BOX 9501
OLYMPIA WA 98507-9501

FEE AH54103 00000105000 1