

Title 388 WAC

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (PUBLIC ASSISTANCE)

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DISPOSITION OF CHAPTERS FORMERLY CODIFIED IN THIS TITLE

Chapter 388-12

PUBLIC ASSISTANCE--PURPOSE--OBJECTIVES

388-12-010	Major purpose and objectives of public assistance-- Purpose. [Regulation 2.10, filed 1/25/67; Regulation 2.10, filed 6/17/67, 1/24/64.] Repealed by Order 526, filed 3/31/71, effective 5/1/71.
388-12-020	Major purpose and objectives of public assistance-- Objectives. [Regulation 2.20, filed 1/25/67; Regulation 2.20, filed 6/17/64, 1/24/64.] Repealed by Order 526, filed 3/31/71, effective 5/1/71.
388-12-030	Methods of administering public assistance. [Regulation 2.30, filed 6/17/64.] Repealed by Order 526, filed 3/31/71, effective 5/1/71.

- 388-12-040 Coordination with other community agencies. [Regulation 2.40, filed 6/17/64.] Repealed by Order 526, filed 3/31/71, effective 5/1/71.
- 388-12-050 Cooperation with private child placing or child caring agencies and institutions. [Regulation 2.50, filed 6/17/64.] Repealed by Order 526, filed 3/31/71, effective 5/1/71.
- 388-12-060 Services to recipient's family. [Regulation 2.60, filed 6/17/64.] Repealed by Order 526, filed 3/31/71, effective 5/1/71.
- Chapter 388-16**
SOCIAL SERVICES IN PUBLIC ASSISTANCE
- 388-16-010 Aid to families with dependent children services—Purposes and objectives. [Regulation 3.11, filed 7/27/67; Regulation 3.11, filed 1/25/67, 6/14/66, 6/17/64; Regulation 3.12, filed 6/14/66, 6/17/64.] Repealed by Order 527, filed 3/31/71, effective 5/1/71.
- 388-16-015 Aid to families with dependent children services—Definitions. [Order 527, § 388-16-015, filed 3/31/71, effective 5/1/71.] Repealed by Order 1088, filed 1/19/76.
- 388-16-020 Aid to families with dependent children services—Rights of applicants and recipients. [Order 527, § 388-16-020, filed 3/31/71, effective 5/1/71; Regulation 3.12, filed 7/27/67; Regulation 3.12, filed 1/25/67, 6/14/66, 6/17/64; Regulation 3.122, filed 6/14/66.] Repealed by Order 1088, filed 1/19/76.
- 388-16-050 Aid to families with dependent children services—Eligible persons. [Order 729, § 388-16-050, filed 10/27/72; Order 670, § 388-16-050, filed 4/14/72; Order 527, § 388-16-050, filed 3/31/71, effective 5/1/71; Regulation 3.14, filed 7/27/67.] Repealed by Order 1088, filed 1/19/76.
- 388-16-055 Aid to families with dependent children services—Services for eligible persons. [Order 729, § 388-16-055, filed 10/27/72; Order 670, § 388-16-055, filed 4/14/72.] Repealed by Order 1088, filed 1/19/76.
- 388-16-060 Aid to families with dependent children services—Defined service families—Services provided. [Order 527, § 388-16-060, filed 3/31/71, effective 5/1/71; Regulation 3.141, filed 7/27/67; Regulation 3.141, filed 5/17/67, 1/25/67, 6/14/66.] Repealed by Order 1088, filed 1/19/76.
- 388-16-070 Aid to families with dependent children services—Intake services and initial social studies. [Regulation 3.142, filed 7/27/67; Regulation 3.142, filed 1/27/67.] Repealed by Order 527, filed 3/31/71, effective 5/1/71.
- 388-16-075 Aid to families with dependent children services—Community planning. [Regulation 3.143, filed 7/27/67; Regulation 3.1421, filed 1/25/67.] Repealed by Order 527, filed 3/31/71, effective 5/1/71.
- 388-16-080 Aid to families with dependent children services—Continued care cases. [Regulation 3.144, filed 7/27/67; Regulation 3.143, filed 1/25/67, 6/14/66.] Repealed by Order 527, filed 3/31/71, effective 5/1/71.
- 388-16-110 Aid to families with dependent children services—Duration of service. [Order 527, § 388-16-110, filed 3/31/71, effective 5/1/71; Regulation 3.145, filed 7/27/67; Regulation 3.144, filed 1/25/67, 6/14/66.] Repealed by Order 1088, filed 1/19/76.
- 388-16-115 AFDC services—Family planning services. [Order 1204, § 388-16-115, filed 4/1/77; Order 1088, § 388-16-115, filed 1/19/76; Order 527, § 388-16-115, filed 3/31/71, effective 5/1/71; Order 364, § 388-16-115, filed 7/9/69.] Repealed by Order 1238, filed 8/31/77.
- 388-16-120 Services standards. [Regulation 3.15, filed 7/27/67; Regulation 3.17 (part), filed 6/14/66, 6/17/64.] Repealed by Order 527, filed 3/31/71, effective 5/1/71.
- 388-16-150 Selection of best qualified staff—Assignment by county administrators. [Regulation 3.16, filed 7/27/67.] Repealed by Order 527, filed 3/31/71, effective 5/1/71.
- 388-16-160 Aid to families with dependent children service case—Definition. [Regulation 3.17, filed 7/27/67; Regulation 3.19, filed 1/25/67, 6/14/66, 6/17/69.] Repealed by Order 527, filed 3/31/71, effective 5/1/71.
- 388-16-170 Recording of services. [Regulation 3.18, filed 7/27/67.] Repealed by Order 527, filed 3/31/71, effective 5/1/71.
- 388-16-180 Complementary services. [Regulation 3.19, filed 7/27/67.] Repealed by Order 527, filed 3/31/71, effective 5/1/71.
- 388-16-190 Homemaker service. [Regulation 3.191, filed 7/27/67.] Repealed by Order 527, filed 3/31/71, effective 5/1/71.
- 388-16-200 Special services for self-support. [Regulation 3.192, filed 7/27/67.] Repealed by Order 392, filed 10/15/69.
- 388-16-210 Aid to families with dependent children services—Day care and in-home care (baby-sitting) services. [Order 1001, § 388-16-210, filed 1/14/75; Order 925, § 388-16-210, filed 4/15/74; Order 828, § 388-16-210, filed 7/26/73; Order 720, § 388-16-210, filed 9/28/72; Order 692, § 388-16-210, filed 6/29/72; Order 611, § 388-16-210, filed 9/23/71; Order 551, § 388-16-210, filed 4/1/71; Order 527, § 388-16-210, filed 3/31/71, effective 5/1/71; Emergency Order 569, § 388-16-210, filed 5/25/71; Order 439, § 388-16-210, filed 4/15/70; Order 425, § 388-16-210, filed 1/21/70; Order 392, § 388-16-210, filed 10/15/69.] Repealed by Order 1088, filed 1/19/76.
- 388-16-213 Standards of in-home care. [Order 828, § 388-16-213, filed 7/26/73.] Repealed by Order 1088, filed 1/19/76.
- 388-16-215 Standards of in-home care—Payment standards for day care and in-home care. [Order 1052, § 388-16-215, filed 9/10/75; Order 907, § 388-16-215, filed 2/14/74; Order 720, § 388-16-215, filed 9/28/72; Order 692, § 388-16-215, filed 6/29/72; Order 611, § 388-16-215, filed 9/23/71; Order 527, § 388-16-215, filed 3/31/71, effective 5/1/71; Order 425, § 388-16-215, filed 1/21/70; Order 392, § 388-16-215, filed 10/15/69.] Repealed by Order 1088, filed 1/19/76.
- 388-16-220 Standards of in-home care—Summer camperships—Standards for purchase. [Order 576, § 388-16-220, filed 7/8/71; Order 527, § 388-16-220, filed 3/31/71, effective 5/1/71; Order 460, § 388-16-220, filed 6/17/70.] Repealed by Order 1088, filed 1/19/76.
- 388-16-225 Purchase of child welfare services—Agency—Licensing—Federal requirements. [Order 784, § 388-16-225, filed 3/30/73.] Repealed by Order 1238, filed 8/31/77.
- 388-16-300 Personal service in alternate care living arrangement—Purposes and objectives. [Order 318, § 388-16-300, filed 11/27/68.] Repealed by Order 527, filed 3/31/71, effective 5/1/71.
- 388-16-305 Personal service in alternate care—Definition. [Order 933, § 388-16-305, filed 5/15/74; Order 527, § 388-16-305, filed 3/31/71, effective 5/1/71; Order 318, § 388-16-305, filed 11/27/68.] Repealed by Order 1088, filed 1/19/76.
- 388-16-310 Personal service in alternate care—Persons eligible. [Order 933, § 388-16-310, filed 5/15/74; Order 527, § 388-16-310, filed 3/31/71, effective 5/1/71; Order 318, § 388-16-310, filed 11/27/68.] Repealed by Order 1088, filed 1/19/76.
- 388-16-315 Personal service in alternate care—Plan for services and supervision. [Order 933, § 388-16-315, filed 5/15/74; Order 527, § 388-16-315, filed 3/31/71, effective 5/1/71; Order 318, § 388-16-315, filed 11/27/68.] Repealed by Order 1088, filed 1/19/76.

- 388-16-320 Personal service in alternate care living arrangement—Acceptance of plan for person referred by mental hospital. [Order 318, § 388-16-320, filed 11/27/68.] Repealed by Order 527, filed 3/31/71, effective 5/1/71.
- 388-16-325 Personal service in alternate care—Services provided. [Order 933, § 388-16-325, filed 5/15/74; Order 527, § 388-16-325, filed 3/31/71, effective 5/1/71; Order 318, § 388-16-325, filed 11/27/68.] Repealed by Order 1088, filed 1/19/76.
- 388-16-330 Personal service in alternate care living arrangement—Standards for administration. [Order 318, § 388-16-330, filed 11/27/68.] Repealed by Order 527, filed 3/31/71, effective 5/1/71.
- 388-16-335 Congregate care—Definition. [Order 965, § 388-16-335, filed 8/29/74.] Repealed by Order 1238, filed 8/31/77.
- 388-16-336 Congregate care—Eligible persons. [Order 965, § 388-16-336, filed 8/29/74.] Repealed by Order 1238, filed 8/31/77.
- 388-16-337 Congregate care—Determination of need. [Order 965, § 388-16-337, filed 8/29/74.] Repealed by Order 1238, filed 8/31/77.
- 388-16-338 Congregate care—Placement in facility. [Order 965, § 388-16-338, filed 8/29/74.] Repealed by Order 1238, filed 8/31/77.
- 388-16-339 Congregate care—Absence or discharge. [Order 965, § 388-16-339, filed 8/29/74.] Repealed by Order 1238, filed 8/31/77.
- 388-16-340 Congregate care—Payment—Standards—Procedures. [Order 1017, § 388-16-340, filed 4/14/75; Order 965, § 388-16-340, filed 8/29/74.] Repealed by Order 1238, filed 8/31/77.
- 388-16-341 Congregate care—Application. [Order 965, § 388-16-341, filed 8/29/74.] Repealed by Order 1238, filed 8/31/77.
- 388-16-342 Congregate care—Services to be provided by operator. [Order 965, § 388-16-342, filed 8/29/74.] Repealed by Order 1238, filed 8/31/77.
- 388-16-343 Congregate care—Agreement. [Order 965, § 388-16-343, filed 8/29/74.] Repealed by Order 1238, filed 8/31/77.
- 388-16-400 Adult services—Objectives. [Order 625, § 388-16-400, filed 11/11/71; Order 527, § 388-16-400, filed 3/31/71, effective 5/1/71; Order 392, § 388-16-400, filed 10/15/69.] Repealed by Order 1088, filed 1/19/76.
- 388-16-402 Adult services—Eligible persons. [Order 933, § 388-16-402, filed 5/15/74; Order 625, § 388-16-402, filed 11/11/71.] Repealed by Order 1088, filed 1/19/76.
- 388-16-405 Adult services—Rights of applicant, recipient and beneficiary. [Order 933, § 388-16-405, filed 5/15/74; Order 527, § 388-16-405, filed 3/31/71, effective 5/1/71; Order 392, § 388-16-405, filed 10/15/69.] Repealed by Order 1088, filed 1/19/76.
- 388-16-410 Adult services—Entry services. [Order 933, § 388-16-410, filed 5/15/74; Order 625, § 388-16-410, filed 11/11/71; Order 527, § 388-16-410, filed 3/31/71, effective 5/1/71; Order 392, § 388-16-410, filed 10/15/69.] Repealed by Order 1088, filed 1/19/76.
- 388-16-415 Adult services—Ongoing services. [Order 933, § 388-16-415, filed 5/15/74; Order 527, § 388-16-415, filed 3/31/71, effective 5/1/71; Order 392, § 388-16-415, filed 10/15/69.] Repealed by Order 1088, filed 1/19/76.
- 388-16-425 Chore services for adult without minor child in home—Objective—Definition—Eligible persons. [Order 933, § 388-16-425, filed 5/15/74; Order 601, § 388-16-425, filed 9/8/71.] Repealed by Order 1088, filed 1/19/76. Later promulgation, see WAC 388-16-42501.
- 388-16-42501 Chore services—Objective—Definition—Eligible persons. [Order 1088, § 388-16-425 (Codified WAC 388-16-42501), filed 1/19/76. Formerly WAC 388-16-425.] Repealed by Order 1238, filed 8/31/77.
- 388-16-430 Chore services—Standards for determining need. [Order 1088, § 388-16-430, filed 1/19/76; Order 933, § 388-16-430, filed 5/15/74; Order 601, § 388-16-430, filed 9/8/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-435 Chore services for adult without minor child in home—Standards for payment of cost—FICA tax. [Order 933, § 388-16-435, filed 5/15/74; Order 692, § 388-16-435, filed 6/29/72; Order 649, § 388-16-435, filed 2/9/72; Order 601, § 388-16-435, filed 9/8/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-440 Chore services for adult without minor child in home—Continuing eligibility. [Order 601, § 388-16-440, filed 9/8/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-450 Homemaker service to adults—Purpose and objectives. [Order 933, § 388-16-450, filed 5/15/74; Order 527, § 388-16-450, filed 3/31/71, effective 5/1/71; Order 392, § 388-16-450, filed 10/15/69.] Repealed by Order 1088, filed 1/19/76.
- 388-16-455 Homemaker services—Policies for providing. [Order 1088, § 388-16-455, filed 1/19/76; Order 933, § 388-16-455, filed 5/15/74; Order 527, § 388-16-455, filed 3/31/71, effective 5/1/71; Order 392, § 388-16-455, filed 10/15/69.] Repealed by Order 1238, filed 8/31/77.
- 388-16-460 Homemaker service—Definition and purpose. [Order 1088, § 388-16-460, filed 1/19/76; Order 608, § 388-16-460, filed 9/22/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-462 Homemaker services—Payment. [Order 1088, § 388-16-462, filed 1/19/76; Order 608, § 388-16-462, filed 9/22/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-464 Homemaker services—Staff. [Order 1088, § 388-16-464, filed 1/19/76; Order 608, § 388-16-464, filed 9/22/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-466 Homemaker service for families with children—Conditions and limitations when provided. [Order 608, § 388-16-466, filed 9/22/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-470 Adult services—Purchase of service—Sheltered workshop and activity center—Other providers—Purpose. [Order 933, § 388-16-470, filed 5/15/74; Order 589, § 388-16-470, filed 8/18/71.] Repealed by Order 1088, filed 1/19/76.
- 388-16-475 Adult services—Persons eligible. [Order 933, § 388-16-475, filed 5/15/74; Order 589, § 388-16-475, filed 8/18/71.] Repealed by Order 1088, filed 1/19/76.
- 388-16-480 Adult services—Payment. [Order 933, § 388-16-480, filed 5/15/74; Order 589, § 388-16-480, filed 8/18/71.] Repealed by Order 1088, filed 1/19/76.
- 388-16-482 Summer camperships for adults—Definition. [Order 690, § 388-16-482, filed 6/15/72.] Repealed by Order 933, filed 5/15/74.
- 388-16-484 Summer camperships for adults—Persons eligible. [Order 690, § 388-16-484, filed 6/15/72.] Repealed by Order 933, filed 5/15/74.
- 388-16-486 Summer camperships for adults—Selection of individuals. [Order 690, § 388-16-486, filed 6/15/72.] Repealed by Order 933, filed 5/15/74.
- 388-16-488 Summer camperships for adults—Payment conditions. [Order 690, § 388-16-488, filed 6/15/72.] Repealed by Order 933, filed 5/15/74.
- 388-16-490 Services to adult offender—Definitions. [Order 608, § 388-16-490, filed 9/22/71.] Repealed by Order 1088, filed 1/19/76.
- 388-16-495 Services to adult offender—Persons eligible. [Order 608, § 388-16-495, filed 9/22/71.] Repealed by Order 1088, filed 1/19/76.
- 388-16-500 Child protective services—Legislative declaration—Duty to provide. [Order 1078, § 388-16-500, filed

- 12/24/75; Order 608, § 388-16-500, filed 9/22/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-505 Child protective services—Definitions. [Order 1078, § 388-16-505, filed 12/24/75; Order 608, § 388-16-505, filed 9/22/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-510 Child protective services—Acceptance of reports—Eligibility for services. [Order 1152, § 388-16-510, filed 9/22/76; Order 1078, § 388-16-510, filed 12/24/75; Order 828, § 388-16-510, filed 7/26/73; Order 608, § 388-16-510, filed 9/22/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-512 Child protective services—Notification—Substantiation. [Order 1078, § 388-16-512, filed 12/24/75; Order 984, § 388-16-512, filed 11/29/74; Order 828, § 388-16-512, filed 7/26/73.] Repealed by Order 1238, filed 8/31/77.
- 388-16-515 Child abuse—Mandatory reporting—Immunity from civil liability. [Order 1078, § 388-16-515, filed 12/24/75; Order 984, § 388-16-515, filed 11/29/74; Order 608, § 388-16-515, filed 9/22/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-520 Child abuse—Information to be reported. [Order 1078, § 388-16-520, filed 12/24/75; Order 608, § 388-16-520, filed 9/22/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-525 Central registry—Definition—Duty to maintain. [Order 1075, § 388-16-525, filed 12/17/75; Order 984, § 388-16-525, filed 11/29/74; Order 828, § 388-16-525, filed 7/26/73; Order 693, § 388-16-525, filed 6/29/72; Order 608, § 388-16-525, filed 9/22/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-530 Central registry—Purpose. [Order 693, § 388-16-530, filed 6/29/72; Order 608, § 388-16-530, filed 9/22/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-535 Central registry—Storage and retrieval of information. [Order 984, § 388-16-535, filed 11/29/74; Order 828, § 388-16-535, filed 7/26/73; Order 693, § 388-16-535, filed 6/29/72; Order 608, § 388-16-535, filed 9/22/71.] Repealed by Order 1238, filed 8/31/77.
- 388-16-540 Central registry—Information—Release—Dissemination—Expungement. [Order 1078, § 388-16-540, filed 12/24/75; Order 984, § 388-16-540, filed 11/29/74; Order 828, § 388-16-540, filed 7/26/73; Order 693, § 388-16-540, filed 6/29/72.] Repealed by Order 1238, filed 8/31/77.
- 388-16-545 Central registry—Eligibility procedures and criteria. [Order 1075, § 388-16-545, filed 12/17/75; Order 984, § 388-16-545, filed 11/29/74.] Repealed by Order 1238, filed 8/31/77.
- 388-16-550 Support enforcement services for child(ren) not receiving public assistance—Statutory basis. [Order 624, § 388-16-550, filed 11/11/71.] Repealed by Order 1054, filed 9/25/75.
- 388-16-555 Support enforcement services for child(ren) not receiving public assistance—Persons eligible. [Order 624, § 388-16-555, filed 11/11/71.] Repealed by Order 1054, filed 9/25/75.
- 388-16-560 Support enforcement services for child(ren) not receiving public assistance—Application. [Order 624, § 388-16-560, filed 11/11/71.] Repealed by Order 1054, filed 9/25/75.
- 388-16-565 Support enforcement services for child(ren) not receiving public assistance—Applicant's assignment of rights. [Order 624, § 388-16-565, filed 11/11/71.] Repealed by Order 1054, filed 9/25/75.
- 388-16-570 Support enforcement services for child(ren) not receiving public assistance—Fees—Limitations. [Order 624, § 388-16-570, filed 11/11/71.] Repealed by Order 1054, filed 9/25/75.
- 388-16-575 Support enforcement services for child(ren) not receiving public assistance—Disposition of absent parent payments to custodian of child(ren). [Order 624, § 388-16-575, filed 11/11/71.] Repealed by Order 1054, filed 9/25/75.
- 388-16-580 Support enforcement services for child(ren) not receiving public assistance—Department's obligation after accepting application. [Order 624, § 388-16-580, filed 11/11/71.] Repealed by Order 1054, filed 9/25/75.
- 388-16-585 Support enforcement services for child(ren) not receiving public assistance—Request to terminate service. [Order 624, § 388-16-585, filed 11/11/71.] Repealed by Order 1054, filed 9/25/75.

Chapter 388-30

AID TO FAMILIES WITH DEPENDENT CHILDREN AND CONTINUING GENERAL ASSISTANCE—CONTINUING ELIGIBILITY

- 388-30-010 Continuing eligibility. [Order 533, § 388-30-010, filed 3/31/71, effective 5/1/71; Regulation 9.00, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-015 Factors not common to all categories—Old age assistance. [Regulation 9.11, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.
- 388-30-020 Continuing eligibility—Aid to blind. [Order 533, § 388-30-020, filed 3/31/71, effective 5/1/71; Regulation 9.12, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.
- 388-30-025 Continuing eligibility—Aid to families with dependent children. [Order 976, § 388-30-025, filed 10/28/74; Order 918, § 388-30-025, filed 3/14/74; Order 830, § 388-30-025, filed 7/26/73; Order 533, § 388-30-025, filed 3/31/71, effective 5/1/71; Order 321, § 388-30-025, filed 11/27/68; Regulation 9.13, filed 8/29/66; Regulation 9.13, filed 6/17/64, effective 8/1/64, 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-030 Continuing eligibility—Disability assistance. [Order 637, § 388-30-030, filed 1/13/72; Order 533, § 388-30-030, filed 3/31/71, effective 5/1/71; Regulation 9.14, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.
- 388-30-040 Continuing eligibility—Continuing general assistance to unemployable persons. [Order 533, § 388-30-040, filed 3/31/71, effective 5/1/71; Order 490, § 388-30-040, filed 10/30/70, effective 12/1/70; Regulation 9.15, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-30-050 Continuing eligibility—Age. [Order 917, § 388-30-050, filed 3/14/74; Order 620, § 388-30-050, filed 10/27/71; Order 533, § 388-30-050, filed 3/31/71, effective 5/1/71; Order 490, § 388-30-050, filed 10/30/70, effective 12/1/70; Order 367, § 388-30-050, filed 7/9/69; Regulation 9.21, filed 12/31/65; Regulation 9.21, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-055 Continuing eligibility—Residence. [Order 533, § 388-30-055, filed 3/31/71, effective 5/1/71; Order 490, § 388-30-055, filed 10/30/70, effective 12/1/70; Order 367, § 388-30-055, filed 7/9/69; Regulation 9.221, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-060 Continuing eligibility—Institutional living arrangement. [Order 533, § 388-30-060, filed 3/31/71, effective 5/1/71; Regulation 9.23, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-065 Continuing eligibility—Transfer of exempt property. [Order 533, § 388-30-065, filed 3/31/71, effective 5/1/71; Regulation 9.24, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-070 Continuing eligibility—Exempt property transferable without consent. [Order 533, § 388-30-070, filed 3/31/71, effective 5/1/71; Order 459, § 388-30-070, filed 5/26/70, effective 7/1/70; Regulation 9.241, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-075 Continuing eligibility—Exempt property transferable with consent. [Order 533, § 388-30-075, filed 3/31/71, effective 5/1/71; Order 459, § 388-30-075,

- filed 5/26/70, effective 7/1/70; Regulation 9.242, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-078 Replacement of exempt property. [Order 1194, § 388-30-078, filed 3/3/77.] Repealed by Order 1241, filed 9/23/77.
- 388-30-080 Continuing eligibility—Property transferred contrary to WAC 388-30-070 and 388-30-075. [Order 533, § 388-30-080, filed 3/31/71, effective 5/1/71; Order 459, § 388-30-080, filed 5/26/70, effective 7/1/70; Regulation 9.243, filed 12/21/64, effective 2/1/65; Regulation 9.243, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-085 Continuing eligibility—Financial need. [Order 533, § 388-30-085, filed 3/31/71, effective 5/1/71; Regulation 9.25, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-090 Continuing eligibility—Nonexempt resources and income known at time of application. [Order 1058, § 388-30-090, filed 10/1/75; Order 533, § 388-30-090, filed 3/31/71, effective 5/1/71; Regulation 9.251, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-095 Continuing eligibility—Effect of newly acquired income and property on need. [Order 1224, § 388-30-095, filed 7/19/77; Order 975, § 388-30-095, filed 10/11/74; Order 917, § 388-30-095, filed 3/14/74; Order 533, § 388-30-095, filed 3/31/71, effective 5/1/71; Regulation 9.252, filed 10/4/67; Regulation 9.252, filed 5/17/67, 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-100 Continuing eligibility—Effect of newly acquired non-exempt income on need. [Order 1058, § 388-30-100, filed 10/1/75; Order 533, § 388-30-100, filed 3/31/71, effective 5/1/71; Regulation 9.253, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-105 Responsibility for eligibility maintenance. [Order 533, § 388-30-105, filed 3/31/71, effective 5/1/71; Order 448, § 388-30-105, filed 5/14/70, effective 6/15/70; Regulation 9.261, filed 7/27/67; Regulation 9.261, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-107 Responsibility for eligibility maintenance—Recipient. [Order 1016, § 388-30-107, filed 4/1/75; Order 842, § 388-30-107, filed 8/9/73; Order 790, § 388-30-107, filed 4/12/73; Order 533, § 388-30-107, filed 3/31/71, effective 5/1/71; Order 448, § 388-30-107, filed 5/14/70, effective 6/15/70.] Repealed by Order 1241, filed 9/23/77.
- 388-30-110 Responsibility for eligibility maintenance—Local office. [Order 533, § 388-30-110, filed 3/31/71, effective 5/1/71; Order 448, § 388-30-110, filed 5/14/70, effective 6/15/70.] Repealed by Order 1241, filed 9/23/77.
- 388-30-115 Responsibility for eligibility maintenance—Recipient's whereabouts unknown or failure to provide eligibility data. [Order 906, § 388-30-115, filed 2/14/74; Order 746, § 388-30-115, filed 12/7/72; Order 533, § 388-30-115, filed 3/31/71, effective 5/1/71; Order 448, § 388-30-115, filed 5/14/70, effective 6/15/70; Regulation 9.263, filed 3/11/65.] Repealed by Order 1241, filed 9/23/77.
- 388-30-120 Responsibility for eligibility maintenance—Reasonable doubt of eligibility—Warrant withheld. [Order 533, § 388-30-120, filed 3/31/71, effective 5/1/71; Order 448, § 388-30-120, filed 5/14/70, effective 6/15/70; Order 269, § 388-30-120, filed 12/5/67; Regulation 9.264, filed 3/11/65.] Repealed by Order 746, filed 12/7/72.
- 388-30-121 Responsibility for eligibility maintenance—Redirection of warrant. [Order 746, § 388-30-121, filed 12/7/72.] Repealed by Order 1241, filed 9/23/77.
- 388-30-125 Periodic review and redetermination of eligibility. [Order 917, § 388-30-125, filed 3/14/74; Order 841, § 388-30-125, filed 8/9/73; Order 746, § 388-30-125, filed 12/7/72; Order 533, § 388-30-125, filed 3/31/71, effective 5/1/71; Order 448, § 388-30-125, filed 5/14/70, effective 6/15/70; Regulation 9.27, filed 7/27/67; Regulation 9.27, filed 6/17/64, effective 8/1/64, 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-130 Periodic review and redetermination of eligibility—Content of review. [Order 533, § 388-30-130, filed 3/31/71, effective 5/1/71; Order 448, § 388-30-130, filed 5/14/70, effective 6/15/70; Regulation 9.271, filed 6/17/64, effective 8/1/64; Regulation 9.271, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-135 Periodic review and redetermination of eligibility—Action on review. [Order 533, § 388-30-135, filed 3/31/71, effective 5/1/71; Order 448, § 388-30-135, filed 5/14/70, effective 6/15/70; Regulation 9.272, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-140 Periodic review and redetermination of eligibility—Changing and terminating grant. [Order 533, § 388-30-140, filed 3/31/71, effective 5/1/71; Regulation 9.28, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-30-150 Supplemental assistance—Requirements of recipient enrolled in community training level 4 or 5 course of remedial or vocational education. [Regulation 9.31, filed 8/29/66; Regulation 9.31, filed 12/31/65.] Repealed by Order 327, filed 11/27/68.
- 388-30-160 Supplemental assistance—Transportation for enrolled recipient. [Regulation 9.311, filed 12/31/65.] Repealed by Order 327, filed 11/27/68.
- 388-30-165 Supplemental assistance—Care of child of enrolled recipient. [Regulation 9.312, filed 12/31/65.] Repealed by Order 327, filed 11/27/68.
- 388-30-170 Supplemental assistance—Tuition, supplies and materials, uniforms. [Regulation 9.313, filed 12/31/65.] Repealed by Order 327, filed 11/27/68.
- 388-30-175 Supplemental assistance—Requirements of federal aid recipient enrolled in Title V project of economic opportunity act. [Regulation 9.32, filed 7/27/67; Regulation 9.32, filed 8/29/66, 12/31/65.] Repealed by Order 327, filed 11/27/68.

Chapter 388-36

GENERAL ASSISTANCE--NONCONTINUING--ELIGIBILITY--PAYMENT

- 388-36-010 Noncontinuing general assistance. [Order 536, § 388-36-010, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-010, filed 12/31/69; Order 294, § 388-36-010, filed 7/10/68; Regulation 12.00, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-015 Employable person—Defined. [Order 294, § 388-36-015, filed 7/10/68; Regulation 12.01, filed 12/31/65, effective 2/1/66; Regulation 12.01, filed 1/24/64.] Repealed by Order 417, filed 12/31/69.
- 388-36-025 Noncontinuing general assistance—Eligibility conditions—Summary. [Order 760, § 388-36-025, filed 12/28/72; Order 536, § 388-36-025, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-025, filed 12/31/69; Order 368, § 388-36-025, filed 7/9/69; Order 294, § 388-36-025, filed 7/10/68; Order 250, § 388-36-025, filed 11/1/67; Regulation 12.10, filed 12/31/65, effective 2/1/66; Regulation 12.10, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-055 Full-time employment. [Order 250, § 388-36-055, filed 11/1/67; Regulation 12.12, filed 12/31/65, effective 2/1/66; Regulation 12.12, filed 1/24/64.] Repealed by Order 417, filed 12/31/69.
- 388-36-060 Full-time employment—Effect on eligibility. [Order 250, § 388-36-060, filed 11/1/67; Regulation 12.121, filed 12/31/65, effective 2/1/66; Regulation 12.121, filed 1/24/64.] Repealed by Order 417, filed 12/31/69.

- 388-36-070 Noncontinuing general assistance—Limitations on eligibility. [Order 760, § 388-36-070, filed 12/28/72; Order 633, § 388-36-070, filed 12/24/71; Order 622, § 388-36-070, filed 10/27/71; Order 536, § 388-36-070, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-070, filed 12/31/69; Order 250, § 388-36-070, filed 11/1/67; Regulation 12.13, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-080 Transfer of resource. [Order 294, § 388-36-080, filed 7/10/68; Regulation 12.14, filed 1/24/64.] Repealed by Order 417, filed 12/31/69.
- 388-36-095 Noncontinuing general assistance—Requirements. [Order 653, § 388-36-095, filed 2/9/72; Order 536, § 388-36-095, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-095, filed 12/31/69; Order 294, § 388-36-095, filed 7/10/68; Order 250, § 388-36-095, filed 11/1/67; Regulation 12.151, filed 12/31/65, effective 2/1/66; Regulation 12.151, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-100 Noncontinuing general assistance—Computing income. [Order 536, § 388-36-100, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-100, filed 12/31/69; Regulation 12.152, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-105 Noncontinuing general assistance—Exempt and nonexempt resources and income. [Order 536, § 388-36-105, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-105, filed 12/31/69; Regulation 12.153, filed 12/31/65, effective 2/1/66; Regulation 12.153, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-110 Noncontinuing general assistance—Utilization of resources and income by noncontinuing general assistance recipient. [Order 536, § 388-36-110, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-110, filed 12/31/69; Regulation 12.154, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-125 Noncontinuing general assistance—Assistance unit defined. [Order 760, § 388-36-125, filed 12/28/72; Order 659, § 388-36-125, filed 2/23/72; Order 536, § 388-36-125, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-125, filed 12/31/69; Regulation 12.20, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-160 Other persons eligible for noncontinuing general assistance. [Order 294, § 388-36-160, filed 7/10/68; Regulation 12.30, filed 1/24/64.] Repealed by Order 417, filed 12/31/69.
- 388-36-170 Applicant for federal aid or continuing general assistance. [Regulation 12.32, filed 1/24/64.] Repealed by Order 417, filed 12/31/69.
- 388-36-180 Noncontinuing general assistance—Applicant without intent to remain in state. [Order 536, § 388-36-180, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-180, filed 12/31/69; Order 368, § 388-36-180, filed 7/9/69; Order 294, § 388-36-180, filed 7/10/68; Regulation 12.33, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-190 Other persons temporarily in need. [Order 294, § 388-36-190, filed 7/10/68; Regulation 12.34, filed 1/24/64.] Repealed by Order 417, filed 12/31/69.
- 388-36-200 Immediate grant. [Regulation 12.35, filed 1/24/64.] Repealed by Order 417, filed 12/31/69.
- 388-36-202 Noncontinuing general assistance—Application. [Order 536, § 388-36-202, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-202, filed 12/31/69.] Repealed by Order 841, filed 8/9/73.
- 388-36-205 Computation, authorization, reauthorization of grant. [Regulation 12.40, filed 1/24/64.] Repealed by Order 417, filed 12/31/69.
- 388-36-210 Noncontinuing general assistance—Effective date of eligibility. [Order 536, § 388-36-210, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-210, filed 12/31/69; Regulation 12.41, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-220 Grant amount. [Regulation 12.42, filed 1/24/64.] Repealed by Order 536, filed 3/31/71, effective 5/1/71.
- 388-36-230 Noncontinuing general assistance—Grant period. [Order 536, § 388-36-230, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-230, filed 12/31/69; Regulation 12.43, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-240 Noncontinuing general assistance—Authorization and re-authorization of grant. [Order 536, § 388-36-240, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-240, filed 12/31/69; Regulation 12.44, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-245 Noncontinuing general assistance—Notification to recipient. [Order 536, § 388-36-245, filed 3/31/71, effective 5/1/71; Order 417, § 388-36-245, filed 12/31/69; Regulation 12.441, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-255 Noncontinuing general assistance—Payment of grant. [Order 536, § 388-36-255, filed 3/31/71, effective 5/1/71; Order 450, § 388-36-255, filed 5/14/70, effective 6/15/70; Order 417, § 388-36-255, filed 12/31/69; Regulation 12.50, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-36-265 Noncontinuing general assistance—Vendor payment. [Order 536, § 388-36-265, filed 3/31/71, effective 5/1/71; Order 450, § 388-36-265, filed 5/14/70, effective 6/15/70; Order 417, § 388-36-265, filed 12/31/69; Regulation 12.51, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.

Chapter 388-39
MEDICAL CARE

[Regulation 14.00 through 14.33, filed 1/24/64.] Repealed by Order 244, filed 10/20/67.

Chapter 388-50
CASE RECORDS—CASE NUMBERING

[Regulation 19.01 through 19.43, filed 1/24/64.] Repealed by Order 276, filed 1/29/68.

Chapter 388-56
COMMUNITY WORK AND TRAINING

- 388-56-010, 388-56-020, 388-56-030, 388-56-050, 388-56-060, 388-56-070, 388-56-080, 388-56-090, 388-56-150, 388-56-160, 388-56-170, 388-56-180, 388-56-190, 388-56-220, 388-56-230, 388-56-240, 388-56-260, 388-56-270, 388-56-280, 388-56-290, 388-56-300, 388-56-310, 388-56-315, 388-56-320, 388-56-340, 388-56-360, 388-56-370, 388-56-380, 388-56-390. [Regulation 22.00 through 22.63, filed 6/30/67.] Repealed by Order 326, filed 11/27/68.
- 388-56-040 [Order 279, § 388-56-040, filed 2/14/68; Regulation 22.02, filed 6/30/67.] Repealed by Order 326, filed 11/27/68.
- 388-56-330 [Regulation 22.58, filed 6/30/67.] Repealed by Order 277, filed 1/29/68 and Order 282, filed 2/14/68.

Chapter 388-58
CUBAN REFUGEE ASSISTANCE

- 388-58-010 Cuban refugee assistance. [Regulation 24.00, filed 12/21/64, effective 2/1/65; Regulation 24.00, filed 1/24/64.] Repealed by Order 545, filed 3/31/71, effective 5/1/71.
- 388-58-020 Scope of program—Federal auspices. [Regulation 24.11, filed 12/21/64, effective 2/1/65; Regulation 24.11, filed 1/24/64.] Repealed by Order 545, filed 3/31/71, effective 5/1/71.
- 388-58-025 Scope of program—Organization in Florida. [Regulation 24.12, filed 12/21/64, effective 2/1/65; Regulation 24.12, filed 1/24/64.] Repealed by Order 545, filed 3/31/71, effective 5/1/71.
- 388-58-030 Scope of program—Transition allowances. [Regulation 24.13, filed 12/21/64, effective 2/1/65;

- Regulation 24.13, filed 1/24/64.] Repealed by Order 1177, filed 12/23/76.
- 388-58-040 Cuban refugee assistance—Administration—Federal-state-local relationships. [Order 969, § 388-58-040, filed 9/13/74; Order 804, § 388-58-040, filed 5/31/73; Order 545, § 388-58-040, filed 3/31/71, effective 5/1/71; Regulation 24.21, filed 3/31/66; Regulation 24.21, filed 12/21/64, effective 2/1/65; Regulation 24.21, filed 1/24/64.] Repealed by Order 1177, filed 12/23/76.
- 388-58-050 Cuban refugee assistance—Refugee status defined. [Order 969, § 388-58-050, filed 9/13/74; Order 804, § 388-58-050, filed 5/31/73; Order 545, § 388-58-050, filed 3/31/71, effective 5/1/71; Regulation 24.22, filed 12/21/64, effective 2/1/65; Regulation 24.22, filed 1/24/64.] Repealed by Order 1177, filed 12/23/76.
- 388-58-060 Cuban refugee assistance—Eligibility conditions. [Order 969, § 388-58-060, filed 9/13/74; Order 804, § 388-58-060, filed 5/31/73; Order 545, § 388-58-060, filed 3/31/71, effective 5/1/71; Regulation 24.30, filed 12/21/64, effective 2/1/65; Regulation 24.30, filed 1/24/64.] Repealed by Order 1177, filed 12/23/76.
- 388-58-065 Cuban refugee assistance—Relatives joining resettled refugee. [Order 545, § 388-58-065, filed 3/31/71, effective 5/1/71; Regulation 24.31, filed 12/21/64, effective 2/1/65; Regulation 24.31, filed 1/24/64.] Repealed by Order 1177, filed 12/23/76.
- 388-58-070 Cuban refugee assistance—Financial need. [Order 545, § 388-58-070, filed 3/31/71, effective 5/1/71; Regulation 24.32, filed 12/21/64, effective 2/1/65; Regulation 24.32, filed 6/17/64, effective 8/1/64; Regulation 24.32, filed 1/24/64, effective 8/1/64.] Repealed by Order 1177, filed 12/23/76.
- 388-58-075 Cuban refugee assistance—Other eligibility considerations. [Order 545, § 388-58-075, filed 3/31/71, effective 5/1/71; Regulation 24.33, filed 12/21/64, effective 2/1/65; Regulations 24.33, 24.34, 24.35, 24.36, 24.37, and 24.38, filed 1/24/64.] Repealed by Order 1177, filed 12/23/76.
- 388-58-080 Records. [Regulation 24.34, filed 12/21/64, effective 2/1/65; Regulation 24.39, filed 1/24/64.] Repealed by Order 545, filed 3/31/71, effective 5/1/71.
- 388-58-090 Cuban refugee assistance—Payment of grant or foster care. [Order 545, § 388-58-090, filed 3/31/71, effective 5/1/71; Regulation 24.41, filed 12/21/64, effective 2/1/65; Regulation 24.41, filed 1/24/64.] Repealed by Order 1177, filed 12/23/76.
- 388-58-100 Payment—Medical care. [Regulation 24.42, filed 12/21/64, effective 2/1/65; Regulation 24.34, filed 1/24/64.] Repealed by Order 545, filed 3/31/71, effective 5/1/71.
- 388-58-120 Reporting. [Regulation 24.50, filed 12/21/64, effective 2/1/65; Regulation 24.50, filed 1/24/64.] Repealed by Order 545, filed 3/31/71, effective 5/1/71.
- 388-58-130 Cuban refugee assistance—Unaccompanied children. [Order 969, § 388-58-130, filed 9/13/74; Order 545, § 388-58-130, filed 3/31/71, effective 5/1/71; Regulation 24.60, filed 12/21/64, effective 2/1/65; Regulation 24.60, filed 6/17/64, effective 8/1/64, filed 1/24/64.] Repealed by Order 1177, filed 12/23/76.
- 10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-015 Application for license. [Order 1159, § 388-63-015, filed 10/6/76; Order 752, § 388-63-015, filed 12/14/72.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-020 Duration and provisions of license. [Order 1159, § 388-63-020, filed 10/6/76; Order 752, § 388-63-020, filed 12/14/72.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-025 Family home for retarded adults—Periodic visits—Consultation. [Order 752, § 388-63-025, filed 12/14/72.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-030 Family home for retarded adults—Administrative hearing. [Order 752, § 388-63-030, filed 12/14/72.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-035 Family home for retarded adults—Register. [Order 752, § 388-63-035, filed 12/14/72.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-040 Family home for retarded adults—Reporting illness, injuries and death. [Order 752, § 388-63-040, filed 12/14/72.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-045 Family home for retarded adults—First aid—Medical care. [Order 752, § 388-63-045, filed 12/14/72.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-050 Family home for retarded adults—Characteristics of family. [Order 1159, § 388-63-050, filed 10/6/76; Order 752, § 388-63-050, filed 12/14/72.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-055 Family home for retarded adults—Discipline. [Order 752, § 388-63-055, filed 12/14/72.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-060 Family home for retarded adults—Physical aspects of home. [Order 752, § 388-63-060, filed 12/14/72.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-065 Family home for retarded adults—Other requirements in providing care. [Order 1159, § 388-63-065, filed 10/6/76; Order 752, § 388-63-065, filed 12/14/72.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-070 Family home for retarded adults—Discrimination prohibited. [Order 752, § 388-63-070, filed 12/14/72.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-110 Adult family home—Placement—Care defined. [Order 1159, § 388-63-110, filed 10/6/76; Order 954, § 388-63-110, filed 7/26/74; Order 813, § 388-63-110, filed 6/28/73.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-120 Determination of need for care and placement. [Order 1159, § 388-63-120, filed 10/6/76; Order 954, § 388-63-120, filed 7/26/74; Order 813, § 388-63-120, filed 6/28/73.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-125 Exceptions to rules. [Order 1159, § 388-63-125, filed 10/6/76.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-130 Adult family home—Standards for approval for placement. [Order 954, § 388-63-130, filed 7/26/74; Order 813, § 388-63-130, filed 6/28/73.] Repealed by Order 1159, filed 10/6/76.
- 388-63-140 Adult family home—Standards for home and sponsor. [Order 813, § 388-63-140, filed 6/28/73.] Repealed by Order 1159, filed 10/6/76.

Chapter 388-63

FAMILY HOME FOR RETARDED ADULTS

- 388-63-005 Family home for adults—Definitions and exceptions. [Order 1159, § 388-63-005, filed 10/6/76; Order 752, § 388-63-005, filed 12/14/72.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-63-010 Capacity of home—Limitations on ages and numbers. [Order 1159, § 388-63-010, filed 10/6/76; Order 752, § 388-63-010, filed 12/14/72.] Repealed by 78-

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- 388-63-150 Adult family home—Services to be provided. [Order 813, § 388-63-150, filed 6/28/73.] Repealed by Order 1159, filed 10/6/76.
- 388-63-160 Adult family home—Application for approval for placement—Home study. [Order 954, § 388-63-160, filed 7/26/74; Order 813, § 388-63-160, filed 6/28/73.] Repealed by Order 1159, filed 10/6/76.

Chapter 388-64**MINIMUM LICENSING REQUIREMENTS FOR GROUP HOMES**

- 388-64-005, 388-64-010, 388-64-015, 388-64-020, 388-64-025, 388-64-030, 388-64-035, 388-64-040, 388-64-045, 388-64-050, 388-64-055, 388-64-060, 388-64-065, 388-64-105, 388-64-110, 388-64-115, 388-64-120, 388-64-125, 388-64-130, 388-64-135, 388-64-140, 388-64-145, 388-64-200, 388-64-205, 388-64-210, 388-64-215, 388-64-220, 388-64-225, 388-64-230, 388-64-235, 388-64-240, 388-64-245, 388-64-300, 388-64-305, 388-64-310, 388-64-400, 388-64-410, 388-64-500, 388-64-510, 388-64-515. [Order 347, filed 5/29/69.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-64-100 [Order 420, § 388-64-100, filed 1/21/70; Order 347, § 388-64-100, filed 5/29/69.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-64-525 [Order 504, § 388-64-525, filed 12/30/70, effective 2/1/71.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.

Chapter 388-65**FOSTER FAMILY HOMES—FAMILY DAY CARE HOMES—LICENSING—MINIMUM REQUIREMENTS**

- 388-65-010 Foster family homes—Definitions and exceptions. [Order 753, § 388-65-010, filed 12/14/72; Order 257, § 388-65-010, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-020 Foster family homes—Capacity of home—Limitations on ages and numbers. [Order 753, § 388-65-020, filed 12/14/72; Order 421, § 388-65-020, filed 1/21/70; Order 257, § 388-65-020, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-030 Foster family homes—Application for license. [Order 753, § 388-65-030, filed 12/14/72; Order 257, § 388-65-030, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-035 Duration and provisions of license. [Order 257, § 388-65-035, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-038 Duration and provisions of license—Limitation on licensing. [Order 753, § 388-65-038, filed 12/14/72.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-040 Periodic visits—Consultation. [Order 257, § 388-65-040, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-045 Administrative hearings. [Order 257, § 388-65-045, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-050 Register. [Order 257, § 388-65-050, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-055 Daily attendance record. [Order 257, § 388-65-055, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-060 Reporting of injuries and death. [Order 257, § 388-65-060, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-065 First aid—Medical care. [Order 257, § 388-65-065, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-070 First aid—Characteristics of foster family. [Order 753, § 388-65-070, filed 12/14/72; Order 421, § 388-65-070, filed 1/21/70; Order 308, § 388-65-

070, filed 9/20/68; Order 257, § 388-65-070, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.

- 388-65-080 Discipline. [Order 257, § 388-65-080, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-090 Physical aspects of home. [Order 421, § 388-65-090, filed 1/21/70; Order 257, § 388-65-090, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-100 Physical aspects of home—Additional requirements for full-time foster care. [Order 753, § 388-65-100, filed 12/14/72; Order 257, § 388-65-100, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-200 Additional requirements for family day care homes for children. [Order 257, § 388-65-200, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-210 Additional requirements for family day care homes for children—Additional requirements for homes for expectant mothers. [Order 753, § 388-65-210, filed 12/14/72; Order 257, § 388-65-210, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-65-300 Additional requirements for the care of mentally retarded adults. [Order 257, § 388-65-300, filed 11/24/67.] Repealed by Order 753, filed 12/14/72.
- 388-65-310 Additional requirements for the care of mentally retarded adults—Discrimination prohibited. [Order 505, § 388-65-310, filed 12/30/70, effective 2/1/71.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.

Chapter 388-66**DAY CARE CENTERS—LICENSING—MINIMUM REQUIREMENTS**

- 388-66-005, 388-66-010, 388-66-015, 388-66-020, 388-66-025, 388-66-030, 388-66-035, 388-66-040, 388-66-045, 388-66-050, 388-66-055, 388-66-060, 388-66-065, 388-66-070, 388-66-095, 388-66-110, 388-66-120, 388-66-125, 388-66-135, 388-66-150, 388-66-155, 388-66-165, 388-66-170, 388-66-175, 388-66-180, 388-66-185, 388-66-190, 388-66-195, 388-66-200, 388-66-230, 388-66-245, 388-66-250. [Order 258, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-66-090, 388-66-115, 388-66-130, 388-66-160, 388-66-220, 388-66-225, 388-66-235, 388-66-240, 388-66-255, 388-66-300. [Order 422, filed 1/21/70; Order 258, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-66-310 [Order 506, § 388-66-310, filed 12/30/70, effective 2/1/71.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.

Chapter 388-67**MATERNITY HOMES—LICENSING—MINIMUM REQUIREMENTS**

- 388-67-005, 388-67-010, 388-67-020, 388-67-025, 388-67-030, 388-67-035, 388-67-040, 388-67-045, 388-67-050, 388-67-055, 388-67-060, 388-67-065, 388-67-070, 388-67-100, 388-67-105, 388-67-150, 388-67-155, 388-67-160, 388-67-165, 388-67-170, 388-67-175, 388-67-200, 388-67-205, 388-67-250, 388-67-255, 388-67-260, 388-67-265, 388-67-270, 388-67-275, 388-67-280, 388-67-300, 388-67-305, 388-67-310, 388-67-315, 388-67-325, and 388-67-335. [Order 259, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-67-210, 388-67-320, 388-67-330. [Order 423, filed 1/21/70; Order 259, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.
- 388-67-345 [Order 507, § 388-67-345, filed 12/30/70, effective 2/1/71.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.

Chapter 388-68

CHILD CARE INSTITUTIONS--LICENSING--MINIMUM
LICENSING REQUIREMENTS

388-68-005, 388-68-010, 388-68-020, 388-68-025, 388-68-030, 388-68-035, 388-68-040, 388-68-045, 388-68-050, 388-68-055, 388-68-060, 388-68-065, 388-68-070, 388-68-100, 388-68-150, 388-68-155, 388-68-160, 388-68-165, 388-68-170, 388-68-175, 388-68-180, 388-68-200, 388-68-205, 388-68-250, 388-68-255, 388-68-260, 388-68-265, 388-68-270, 388-68-275, 388-68-280, and 388-68-300. [Order 260, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.

388-68-105, 388-68-210, 388-68-305, 388-68-315, 388-68-320, 388-68-325. [Order 424, filed 1/21/70; Order 260, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.

388-68-110 [Order 424, § 388-68-110, filed 1/21/70.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.

388-68-310 [Order 428, § 388-68-310, filed 3/3/70; Order 260, § 388-68-310, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.

388-68-345 [Order 508, § 388-68-345, filed 12/30/70, effective 2/1/71.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.

Chapter 388-69

CHILD PLACING AGENCIES--LICENSING--MINIMUM
REQUIREMENTS

388-69-005, 388-69-010, 388-69-020, 388-69-025, 388-69-030, 388-69-035, 388-69-040, 388-69-045, 388-69-050, 388-69-055, 388-69-060, 388-69-100, 388-69-105, 388-69-150, 388-69-155, 388-69-160, 388-69-165, 388-69-170, 388-69-175. [Order 261, filed 11/24/67.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.

388-69-185 [Order 509, § 388-69-185, filed 12/30/70, effective 2/1/71.] Repealed by Order 936, filed 5/23/74. See chapter 388-75 WAC.

Chapter 388-75

MINIMUM REQUIREMENTS FOR LICENSING CHILD CARE
AGENCIES AND MATERNITY SERVICES

388-75-003 Definitions. [Order 936, § 388-75-003, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-006 Nonlicensed facilities unlawful. [Order 936, § 388-75-006, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-009 Action against agency. [Order 936, § 388-75-009, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-012 Exceptions to rules. [Order 936, § 388-75-012, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-015 Agencies to be licensed--Definitions--Categories. [Order 936, § 388-75-015, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-018 Exemptions--Facilities not subject to licensing. [Order 1010, § 388-75-018, filed 2/19/75; Order 985, § 388-75-018, filed 11/29/74; Order 936, § 388-75-018, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-021 Certification of exempt program or facility. [Order 936, § 388-75-021, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-024 Certification of drug treatment center. [Order 936, § 388-75-024, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-027 Application for license. [Order 936, § 388-75-027, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-030 Licenses for homes under supervision of licensed agency. [Order 936, § 388-75-030, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-031 Licensure of staff members. [Order 1146, § 388-75-031, filed 8/26/76.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-033 Fire marshal's approval. [Order 936, § 388-75-033, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-036 Health approval. [Order 936, § 388-75-036, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-039 Local ordinances--Effect of. [Order 936, § 388-75-039, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-042 Character references. [Order 936, § 388-75-042, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-045 Duration and provisions of license. [Order 936, § 388-75-045, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-048 Renewal of license. [Order 936, § 388-75-048, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-051 Provisional license. [Order 936, § 388-75-051, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-054 Denial, revocation, suspension of license. [Order 936, § 388-75-054, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-057 Administrative hearing. [Order 936, § 388-75-057, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-060 Operation following suspension or revocation of license. [Order 936, § 388-75-060, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-063 Periodic review of licensing requirements. [Order 936, § 388-75-063, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-066 Review by advisory committee. [Order 936, § 388-75-066, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-069 Periodic visits and consultation. [Order 936, § 388-75-069, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-072 Reporting of injury, death, epidemic, or child abuse. [Order 936, § 388-75-072, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-075 Records and reports. [Order 936, § 388-75-075, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-078 Discrimination prohibited. [Order 985, § 388-75-078, filed 11/29/74; Order 936, § 388-75-078, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

388-75-081 Agency conducted by religious organization. [Order 936, § 388-75-081, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

- 388-75-084 Transportation. [Order 936, § 388-75-084, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-087 Care and administration of medications. [Order 936, § 388-75-087, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-090 Personnel policies. [Order 936, § 388-75-090, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-093 Special requirements regarding American Indians. [Order 985, § 388-75-093, filed 11/29/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-103 Child placing agency. [Order 936, § 388-75-103, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-106 Child placing agency—Governing or advisory board. [Order 936, § 388-75-106, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-109 Child placing agency—Out-of-state agencies. [Order 936, § 388-75-109, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-112 Child placing agency—Personnel. [Order 936, § 388-75-112, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-115 Child placing agency—Office space. [Order 936, § 388-75-115, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-118 Child placing agency—Records. [Order 936, § 388-75-118, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-121 Child placing agency—Medical care. [Order 936, § 388-75-121, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-124 Child placing agency—Legal consultation. [Order 936, § 388-75-124, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-127 Child placing agency—Foster care placements. [Order 936, § 388-75-127, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-130 Child placing agency—Adoptive placements. [Order 936, § 388-75-130, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-153 Foster family home. [Order 936, § 388-75-153, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-156 Foster family home—Capacity—Limitations on ages and numbers. [Order 936, § 388-75-156, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-157 Foster family home—Limitation on licensing. [Order 1018, § 388-75-157, filed 4/23/75.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-159 Foster family home—Characteristics of family. [Order 936, § 388-75-159, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-162 Foster family home—Care of child and expectant mother. [Order 936, § 388-75-162, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-165 Foster family home—Register. [Order 936, § 388-75-165, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-168 Foster family home—First aid—Health care. [Order 936, § 388-75-168, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-171 Foster family home—Responsibility of placing agency—Absence from home. [Order 936, § 388-75-171, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-174 Foster family home—Physical aspects of home. [Order 936, § 388-75-174, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-177 Foster family home—Fire safety. [Order 936, § 388-75-177, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-203 Family day care home. [Order 936, § 388-75-203, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-206 Family day care home—Capacity—Limitations on ages and numbers. [Order 936, § 388-75-206, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-209 Family day care home—Characteristics of family. [Order 936, § 388-75-209, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-212 Family day care home—Program and equipment. [Order 936, § 388-75-212, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-215 Family day care home—Nutrition. [Order 936, § 388-75-215, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-218 Family day care home—Discipline. [Order 936, § 388-75-218, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-221 Family day care home—Records. [Order 936, § 388-75-221, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-224 Family day care home—Health care. [Order 936, § 388-75-224, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-227 Family day care home—Physical aspects of home. [Order 936, § 388-75-227, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-230 Family day care home—Fire safety. [Order 936, § 388-75-230, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-253 Mini-day care center. [Order 936, § 388-75-253, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-256 Mini-day care center—Capacity—Limitations on ages and numbers. [Order 936, § 388-75-256, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-259 Mini-day care center—Staffing. [Order 936, § 388-75-259, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-262 Mini-day care center—Qualifications of licensee and staff. [Order 936, § 388-75-262, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

- 388-75-265 Mini-day care center—Program and equipment. [Order 936, § 388-75-265, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-268 Mini-day care center—Nutrition. [Order 936, § 388-75-268, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-271 Mini-day care center—Discipline. [Order 936, § 388-75-271, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-274 Mini-day care center—Records. [Order 936, § 388-75-274, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-277 Mini-day care center—Health care. [Order 936, § 388-75-277, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-280 Mini-day care center—Physical facilities. [Order 936, § 388-75-280, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-283 Mini-day care center—Fire safety. [Order 936, § 388-75-283, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-303 Day care center. [Order 936, § 388-75-303, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-306 Day care center—Required personnel. [Order 936, § 388-75-306, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-309 Day care center—Staff training. [Order 936, § 388-75-309, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-312 Day care center—Program. [Order 936, § 388-75-312, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-315 Day care center—Maximum hours—Rest periods. [Order 936, § 388-75-315, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-318 Day care center—Discipline. [Order 936, § 388-75-318, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-321 Day care center—Infant care. [Order 936, § 388-75-321, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-324 Day care center—Toddlers and preschool children. [Order 936, § 388-75-324, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-327 Day care center—School-age children. [Order 936, § 388-75-327, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-330 Day care center—Handicapped children. [Order 936, § 388-75-330, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-333 Day care center—Drop-in care. [Order 936, § 388-75-333, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-336 Day care center—Evening and nighttime care. [Order 936, § 388-75-336, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-339 Day care center—Furnishings and equipment. [Order 936, § 388-75-339, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-342 Day care center—Children's records. [Order 936, § 388-75-342, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-345 Day care center—Parent-center relationships. [Order 936, § 388-75-345, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-348 Day care center—Nutrition. [Order 936, § 388-75-348, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-351 Day care center—Tuberculosis tests for staff. [Order 936, § 388-75-351, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-354 Day care center—Medical policies. [Order 936, § 388-75-354, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-357 Day care center—First aid. [Order 936, § 388-75-357, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-360 Day care center—Health history—Physical exam. [Order 936, § 388-75-360, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-363 Day care center—Immunizations. [Order 936, § 388-75-363, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-366 Day care center—Ill children—Illness and accident report. [Order 936, § 388-75-366, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-369 Day care center—Site and communications—Outdoor play area. [Order 936, § 388-75-369, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-372 Day care center—Safety and maintenance. [Order 936, § 388-75-372, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-375 Day care center—Required rooms, area, equipment. [Order 936, § 388-75-375, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-378 Day care center—Sewage and liquid wastes. [Order 936, § 388-75-378, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-381 Day care center—Pest control. [Order 936, § 388-75-381, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-384 Day care center—Laundry. [Order 936, § 388-75-384, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-387 Day care center—Water supply and plumbing. [Order 936, § 388-75-387, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-390 Day care center—Floors, walls, ceilings, windows. [Order 936, § 388-75-390, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-393 Day care center—Ventilation—Room temperature—Lighting. [Order 936, § 388-75-393, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

<p>388-75-396 Day care center—Fire safety. [Order 936, § 388-75-396, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-403 Day treatment center. [Order 936, § 388-75-403, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-406 Day treatment center—Function of day treatment program. [Order 936, § 388-75-406, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-409 Day treatment center—Governing or advisory board. [Order 936, § 388-75-409, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-412 Day treatment center—Personnel. [Order 936, § 388-75-412, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-415 Day treatment center—Ratio of counselor and teaching staff to children. [Order 936, § 388-75-415, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-418 Day treatment center—Personnel—General qualifications. [Order 936, § 388-75-418, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-421 Day treatment center—Tuberculosis tests for staff. [Order 936, § 388-75-421, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-424 Day treatment center—Program. [Order 936, § 388-75-424, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-428 Day treatment center—Social study—Case plan. [Order 936, § 388-75-428, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-430 Day treatment center—Discipline. [Order 936, § 388-75-430, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-433 Day treatment center—Education. [Order 936, § 388-75-433, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-436 Day treatment center—Health. [Order 936, § 388-75-436, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-439 Day treatment center—Nutrition. [Order 936, § 388-75-439, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-442 Day treatment center—Site and communications—Outdoor play area. [Order 936, § 388-75-442, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-445 Day treatment center—Safety and maintenance. [Order 936, § 388-75-445, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-448 Day treatment center—Required rooms, area, equipment. [Order 936, § 388-75-448, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-451 Day treatment center—Sewage and liquid wastes. [Order 936, § 388-75-451, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-454 Day treatment center—Pest control. [Order 936, § 388-75-454, filed 5/23/74.] Repealed by 78-10-006</p>	<p>(Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-457 Day treatment center—Laundry. [Order 936, § 388-75-457, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-460 Day treatment center—Water supply and plumbing. [Order 936, § 388-75-460, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-463 Day treatment center—Floors, walls, ceilings, windows. [Order 936, § 388-75-463, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-466 Day treatment center—Ventilation—Room temperature—Lighting. [Order 936, § 388-75-466, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-469 Day treatment center—Fire safety. [Order 936, § 388-75-469, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-503 Group home. [Order 936, § 388-75-503, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-506 Group home—Description. [Order 936, § 388-75-506, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-509 Group home—Function. [Order 936, § 388-75-509, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-512 Group home—Governing or advisory board. [Order 936, § 388-75-512, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-515 Group home—Personnel—General qualifications. [Order 936, § 388-75-515, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-518 Group home—Tuberculosis tests for staff. [Order 936, § 388-75-518, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-521 Group home—Required positions. [Order 936, § 388-75-521, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-524 Group home—Social service. [Order 936, § 388-75-524, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-527 Group home—Education. [Order 936, § 388-75-527, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-530 Group home—Economic experiences. [Order 936, § 388-75-530, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-533 Group home—Spiritual training. [Order 936, § 388-75-533, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-536 Group home—Community contacts. [Order 936, § 388-75-536, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-539 Group home—Discipline. [Order 936, § 388-75-539, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.</p> <p>388-75-542 Group home—Clothing. [Order 936, § 388-75-542, filed 5/23/74.] Repealed by 78-10-006 (Order</p>
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- 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-545 Group home—Required rooms, areas and equipment. [Order 936, § 388-75-545, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-548 Group home—Site and communication. [Order 936, § 388-75-548, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-551 Group home—Safety and maintenance. [Order 936, § 388-75-551, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-554 Group home—Sewage and liquid wastes. [Order 936, § 388-75-554, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-557 Group home—Pest control. [Order 936, § 388-75-557, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-560 Group home—Water supply and plumbing. [Order 936, § 388-75-560, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-563 Group home—Floors, walls, and ceilings. [Order 936, § 388-75-563, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-566 Group home—Ventilation. [Order 936, § 388-75-566, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-569 Group home—Room temperature. [Order 936, § 388-75-569, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-572 Group home—Lighting. [Order 936, § 388-75-572, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-575 Group home—Food and food services. [Order 936, § 388-75-575, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-578 Group home—Health program—Medical service for children. [Order 936, § 388-75-578, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-581 Group home—Health records for children. [Order 936, § 388-75-581, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-584 Group home—Fire safety. [Order 936, § 388-75-584, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-603 Child care institution. [Order 936, § 388-75-603, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-606 Child care institution—Governing or advisory board. [Order 936, § 388-75-606, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-609 Child care institution—Personnel—General qualifications. [Order 936, § 388-75-609, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-612 Child care institution—Tuberculosis tests for staff. [Order 936, § 388-75-612, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-615 Child care institution—Personnel—Required positions. [Order 936, § 388-75-615, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-618 Child care institution—Staff training. [Order 936, § 388-75-618, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-621 Child care institution—Discipline. [Order 936, § 388-75-621, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-624 Child care institution—Social service. [Order 936, § 388-75-624, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-627 Child care institution—Education. [Order 936, § 388-75-627, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-630 Child care institution—Economic experiences. [Order 936, § 388-75-630, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-633 Child care institution—Clothing. [Order 936, § 388-75-633, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-636 Child care institution—Community contacts. [Order 936, § 388-75-636, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-639 Child care institution—Spiritual training. [Order 936, § 388-75-639, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-642 Child care institution—Food and food services. [Order 936, § 388-75-642, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-645 Child care institution—Health service. [Order 936, § 388-75-645, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-648 Child care institution—Health records. [Order 936, § 388-75-648, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-651 Child care institution—Nursing service. [Order 936, § 388-75-651, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-654 Child care institution—Site and communication. [Order 936, § 388-75-654, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-657 Child care institution—Safety and maintenance. [Order 936, § 388-75-657, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-660 Child care institution—Required rooms, areas and equipment. [Order 936, § 388-75-660, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-663 Child care institution—Sewage and liquid wastes. [Order 936, § 388-75-663, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-666 Child care institution—Pest control. [Order 936, § 388-75-666, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-669 Water supply and plumbing. [Order 936, § 388-75-669, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-672 Water supply and plumbing—Floors, walls, and ceilings. [Order 936, § 388-75-672, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

- Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-675 Water supply and plumbing—Ventilation. [Order 936, § 388-75-675, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-678 Water supply and plumbing—Room temperature and lighting. [Order 936, § 388-75-678, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-681 Water supply and plumbing—Fire safety. [Order 936, § 388-75-681, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-703 Maternity services. [Order 936, § 388-75-703, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-706 Maternity services—Definition. [Order 936, § 388-75-706, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-709 Maternity services—Eligibility for service—Required services. [Order 936, § 388-75-709, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-712 Governing or advisory board. [Order 936, § 388-75-712, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-715 Governing or advisory board—Personnel—General qualifications. [Order 936, § 388-75-715, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-718 Governing or advisory board—Staff training. [Order 936, § 388-75-718, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-721 Governing or advisory board—Tuberculosis tests for staff. [Order 936, § 388-75-721, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-724 Governing or advisory board—Required personnel. [Order 936, § 388-75-724, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-727 Governing or advisory board—Guidance and counseling. [Order 936, § 388-75-727, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-730 Governing or advisory board—Health education. [Order 936, § 388-75-730, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-733 Governing or advisory board—Family life education. [Order 936, § 388-75-733, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-736 Governing or advisory board—Religious activities. [Order 936, § 388-75-736, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-739 Governing or advisory board—Work assignments. [Order 936, § 388-75-739, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-742 Governing or advisory board—Leisure time activities. [Order 936, § 388-75-742, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-745 Governing or advisory board—Academic and vocational instruction. [Order 936, § 388-75-745, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-748 Governing or advisory board—Child care. [Order 936, § 388-75-748, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-751 Governing or advisory board—Economic experiences. [Order 936, § 388-75-751, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-754 Governing or advisory board—Medical service. [Order 936, § 388-75-754, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-757 Governing or advisory board—Records—Record keeping. [Order 936, § 388-75-757, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-760 Governing or advisory board—Medical records. [Order 936, § 388-75-760, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-763 Governing or advisory board—Site and communication. [Order 936, § 388-75-763, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-766 Governing or advisory board—Safety and maintenance. [Order 936, § 388-75-766, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-769 Governing or advisory board—Water supply—Plumbing. [Order 936, § 388-75-769, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-772 Governing or advisory board—Floors, walls and ceilings. [Order 936, § 388-75-772, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-775 Governing or advisory board—Ventilation—Room temperature. [Order 936, § 388-75-775, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-778 Governing or advisory board—Lighting. [Order 936, § 388-75-778, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-781 Governing or advisory board—Sewage and liquid wastes. [Order 936, § 388-75-781, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-784 Governing or advisory board—Pest control. [Order 936, § 388-75-784, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-787 Governing or advisory board—Required rooms, areas, equipment. [Order 936, § 388-75-787, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-790 Governing or advisory board—Food and food service. [Order 936, § 388-75-790, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.
- 388-75-793 Governing or advisory board—Fire safety. [Order 936, § 388-75-793, filed 5/23/74.] Repealed by 78-10-006 (Order 1336), filed 9/8/78. Statutory Authority: RCW 74.15.030.

Chapter 388-89

MEDICAL CARE--AGED PERSON IN MENTAL INSTITUTION

- 388-89-005 Definitions. [Order 938, § 388-89-005, filed 5/23/74; Order 331, § 388-89-005, filed 1/8/69; Order 264 (part), § 388-89-005, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.
- 388-89-010 Initial eligibility. [Order 938, § 388-89-010, filed 5/23/74; Order 435, § 388-89-010, filed 3/31/70; Order 331, § 388-89-010, filed 1/8/69; Order 264 (part), § 388-89-010, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.

- 388-89-015 Applicant not receiving grant prior to admission. [Order 331, § 388-89-015, filed 1/8/69; Order 264 (part), § 388-89-015, filed 11/24/67.] Repealed by Order 952, filed 7/16/74.
- 388-89-020 Person receiving grant prior to admission. [Order 331, § 388-89-020, filed 1/8/69; Order 264 (part), § 388-89-020, filed 11/24/67.] Repealed by Order 952, filed 7/16/74.
- 388-89-025 Application process. [Order 938, § 388-89-025, filed 5/23/74; Order 331, § 388-89-025, filed 1/8/69; Order 264 (part), § 388-89-025, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.
- 388-89-030 Certification of eligibility. [Order 938, § 388-89-030, filed 5/23/74; Order 331, § 388-89-030, filed 1/8/69; Order 264 (part), § 388-89-030, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.
- 388-89-035 Certification of eligibility—Effective date of authorization. [Order 938, § 388-89-035, filed 5/23/74; Order 331, § 388-89-035, filed 1/8/69; Order 264 (part), § 388-89-035, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.
- 388-89-040 Certification of eligibility—Duration of certification. [Order 938, § 388-89-040, filed 5/23/74; Order 331, § 388-89-040, filed 1/8/69; Order 264 (part), § 388-89-040, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.
- 388-89-045 Medical consultant approval for hospitalization or medical care—When required. [Order 938, § 388-89-045, filed 5/23/74; Order 331, § 388-89-045, filed 1/8/69; Order 264 (part), § 388-89-045, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.
- 388-89-050 Time-limited visit. [Order 938, § 388-89-050, filed 5/23/74; Order 331, § 388-89-050, filed 1/8/69; Order 264 (part), § 388-89-050, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.
- 388-89-055 Department responsibilities for patient/recipient entering psychiatric facility. [Order 938, § 388-89-055, filed 5/23/74; Order 331, § 388-89-055, filed 1/8/69; Order 264 (part), § 388-89-055, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.
- 388-89-060 Services to patient/recipient in psychiatric facility. [Order 938, § 388-89-060, filed 5/23/74; Order 331, § 388-89-060, filed 1/8/69; Order 264 (part), § 388-89-060, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.
- 388-89-065 Coordination of services for patient/recipient. [Order 938, § 388-89-065, filed 5/23/74; Order 331, § 388-89-065, filed 1/8/69; Order 264 (part), § 388-89-065, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.
- 388-89-070 Department responsibilities—Patient/recipient scheduled for release. [Order 938, § 388-89-070, filed 5/23/74; Order 331, § 388-89-070, filed 1/8/69; Order 264 (part), § 388-89-070, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.
- 388-89-075 Local office responsibility for social services—Recipient accepted for sixty caseload. [Order 938, § 388-89-075, filed 5/23/74; Order 331, § 388-89-075, filed 1/8/69; Order 264 (part), § 388-89-075, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.
- 388-89-080 Payment for care. [Order 938, § 388-89-080, filed 5/23/74; Order 331, § 388-89-080, filed 1/8/69; Order 264 (part), § 388-89-080, filed 11/24/67.] Repealed by Order 1044, filed 8/14/75. See chapter 388-95 WAC.
- 388-89-085 Caseload administration. [Order 264 (part), § 388-89-085, filed 11/24/67.] Repealed by Order 331, filed 1/8/69.

- Chapter 388-94**
MEDICAL CARE COST SHARING—MONTHLY PREMIUM IMPOSED—PAYMENT BY CERTAIN RECIPIENTS—FEDERAL AID MEDICAL CARE ONLY—ASSESSMENT OF COST SHARING PREMIUM
- 388-94-005 Definitions. [Order 940, § 388-94-005, filed 6/10/74.] Repealed by Order 977, filed 10/28/74 before publication in the WAC.
 - 388-94-010 Description of program. [Order 940, § 388-94-010, filed 6/10/74.] Repealed by Order 977, filed 10/28/74 before publication in the WAC.
 - 388-94-015 Persons obligated to pay premium. [Order 940, § 388-94-015, filed 6/10/74.] Repealed by Order 977, filed 10/28/74 before publication in the WAC.
 - 388-94-020 Cost-sharing premium—Standard for computing. [Order 940, § 388-94-020, filed 6/10/74.] Repealed by Order 977, filed 10/28/74 before publication in the WAC.
 - 388-94-025 Cost-sharing premium—Payment—Notice of amount due. [Order 940, § 388-94-025, filed 6/10/74.] Repealed by Order 977, filed 10/28/74 before publication in the WAC.
 - 388-94-030 Local office responsibility. [Order 940, § 388-94-030, filed 6/10/74.] Repealed by Order 977, filed 10/28/74 before publication in the WAC.
 - 388-94-035 Penalty for nonpayment of premium. [Order 940, § 388-94-035, filed 6/10/74.] Repealed by Order 977, filed 10/28/74 before publication in the WAC.

Chapter 388-104
PERSONNEL

- 388-104-100 Dismissal for cause. [Regulation 388-104-04 (Exhibit C), filed 10/31/63; Regulation 388-104-04, filed 11/15/62.] Repealed by Order 626, filed 11/11/71.

Chapter 388-07 WAC
ABBREVIATIONS

- WAC
- 388-07-005 Abbreviations.

WAC 388-07-005 Abbreviations.

- AAC Actual acquisition cost
- AB Aid to the blind
- ADL Activities of daily living
- AFDC Aid to families with dependent children
- AFDC-E Aid to families with dependent children—employable
- AFDC-FC Aid to families with dependent children—foster care
- AFDC-R Aid to families with dependent children—regular
- ARENA Adoption resource exchange of North America
- ATP Authorization to participate
- BNHA Bureau of nursing home affairs
- CAT Computerized axial tomographic
- CCF Congregate care facility
- CETA Comprehensive employment and training act
- CFR Code of federal regulations
- Ch Chapter
- CO County office (now CSO)
- CPR Cardio-pulmonary resuscitation

CR	Superior court civil rules	MO	Medical only
CSO	Community services office	MS	Medical care services
CWS	Child welfare services		
DA	Disability assistance	OAA	Old age assistance
DAC	Disaster assistance center	OEO	Office for equal opportunity
DD	Developmental disabilities	OJT	On-the-job training
DES	Department of employment security	ONHA	Office of nursing home affairs (now BNHA)
DNS	Director of nursing services	OTC	Over-the-counter
DSHS	Department of social and health services	PA	Public assistance
ECF	Extended care facility	PAS	Professional activity study
EIC	Earned income tax credit	PL	Public Law
ENT	Ear, nose and throat	PSE	Public service employment
EPSDT	Early and periodic screening, diagnosis and treatment	PSRO	Professional standards review organization
ESSO	Economic and social services office (now CSO)	RCW	Revised code of Washington
E&T	Employment and training	RR	Railroad retirement
FAMCO	Federal aid medical care only	RSDI	Retirement survivors and disability insurance
FCO	Federal coordinating officer	RSI	Retirement and survivor's insurance
FDAA	Federal disaster assistance administration	RV	Recreational vehicle
FEMA	Federal emergency management agency	SBA	Small business administration
FFA	Future farmers of America	SCO	State coordinating officer
FHA	Farmers home administration	SDPA	State department of public assistance
FICA	Federal insurance contributions act	SES	State employment service
FNS	Food and nutrition service	SF	State form
GA	General assistance	SMI	See SMIAFS
GAN	General assistance-noncontinuing	SMIAFS	State median income adjusted for family size
GAU	General assistance-continuing	SNF	Skilled nursing facility
GCO	Grant coordinating officer	SO	State office of department of social and health services
HEW	United States department of health, education and welfare (now HHS)	SSA	Social security administration
HHS	United States department of health and human services	SSI	Supplemental security income
HMO	Health maintenance organization	SSP	State supplementary payment
HUD	United States department of housing and urban development	TB	Tuberculosis
ICF	Intermediate care facility	UC	Unemployment compensation
ICF/MR	Intermediate care facility/mentally retarded (see IMR)	US	United States
ICPC	Interstate compact on the placement of children	USC	United States Code
ID	Identification	USDHEW	United States department of health, education, and welfare (now United States department of health and human services)
IFG	Individual and family grant program	VA	Veterans administration
IMR	Institution for the mentally retarded	VISTA	Volunteers in service to America
IMU	Income maintenance unit	VOLAG	Voluntary agency
INS	Immigration and naturalization service	WA	Washington
IPPB	Intermittent positive pressure breathing	WAC	Washington administrative code
IRAP	Indochinese refugee assistance program	WARE	Washington adoption resource exchange
JCAH	Joint committee on accreditation of hospitals	WIC	Women, infants and children
LO	Local office (now CSO)	WIN	Work incentive program
MA	Medical assistance	WSES	Washington state employment services
MAC	Maximum allowable cost		
MCFO	Medical care field office		
MDTA	Manpower development and training act		

[Statutory Authority: RCW 74.08.090. 81-01-013 (Order 1572), § 388-07-005, filed 12/8/80; Order 1044, § 388-07-005, filed 8/14/75; Order 615, § 388-07-005, filed 10/7/71; Order 523, § 388-07-005, filed 3/31/71, effective 5/1/71.]

Chapter 388-08 WAC

PRACTICE AND PROCEDURE—FAIR HEARING

WAC

388-08-00101	Fair hearing—Definitions.
388-08-002	Fair hearing—Statutory basis.
388-08-006	Fair hearing—Form of request.
388-08-00601	Fair hearing—Group hearing.
388-08-007	Fair hearing—Access to records.
388-08-010	Fair hearing—Appearance and practice before department—Who may appear.
388-08-050	Fair hearing—Appearance by former employee of department.
388-08-055	Fair hearing—Attendance at hearing—Reporting.
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388-08-083	Notice and opportunity for hearing—Computation of time.
388-08-150	Subpoenas—Where provided by law—Form.
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388-08-220	Subpoenas—Geographical scope.
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388-08-235	Questionnaires—Petitioner or witness out of state.
388-08-375	Official notice—Matters of law—Material facts.
388-08-390	Presumptions.
388-08-400	Stipulations and admissions of record.
388-08-405	Withdrawal—Dismissal—Settlement.
388-08-406	Special procedures for food stamp hearings.
388-08-407	Time limit for rendering decision.
388-08-408	Initial decision.
388-08-409	Petition for review by hearing authority.
388-08-413	Procedure on review by hearing authority.
388-08-414	Form, content, and effective date of decision.
388-08-420	Definition of issues before hearing.
388-08-430	Pre-hearing conference rule—Authorized.
388-08-440	Pre-hearing conference rule—Record of conference action.
388-08-450	Submission of documentary evidence in advance.
388-08-470	Expert or opinion testimony and testimony based on economic and statistical data—Number and qualifications of witnesses.
388-08-480	Expert or opinion testimony and testimony based on economic and statistical data—Written sworn statements.
388-08-490	Expert or opinion testimony and testimony based on economic and statistical data—Supporting data.
388-08-500	Expert or opinion testimony and testimony based on economic and statistical data—Effect of noncompliance.
388-08-503	Expert opinion or written testimony—Medical assessment.
388-08-510	Continuances.
388-08-520	Rules of evidence—Admissibility criteria.
388-08-540	Petitions for rule making amendment or repeal—Who may petition.
388-08-550	Updating mailing lists.
388-08-560	Delegation of authority by secretary.
388-08-580	Declaratory rulings.
388-08-590	Forms.
388-08-600	Judicial review.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-08-001	Complaint. [Regulation 23.10, filed 1/24/64.] Repealed by Order 286, filed 4/1/68.
388-08-003	Prerequisites. [Regulation 23.21, filed 10/13/66, effective 11/13/66; Regulation 23.21, filed 1/24/64.] Repealed by Order 286, filed 4/1/68.

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388-08-004	County office organization for fair hearing. [Regulation 23.22, filed 10/13/66, effective 11/13/66; Regulation 23.30, filed 1/24/64.] Repealed by Order 286, filed 4/1/68.
388-08-005	County office responsibility. [Order 265, § 388-08-005, filed 12/5/67; Regulation 23.23, filed 10/13/66, effective 11/13/66; Regulation 23.51, filed 1/24/64.] Repealed by Order 286, filed 4/1/68.
388-08-015	Attendance at hearing—Procedure. [Regulation 23.39, filed 10/13/66, effective 11/13/66.] Repealed by Order 286, filed 4/1/68.
388-08-410	Form and content of decision. [Order 768, § 388-08-410, filed 1/10/73; Order 524, § 388-08-410, filed 3/31/71, effective 5/1/71; Order 514, § 388-08-410, filed 1/20/71; Order 374, § 388-08-410, filed 8/7/69; Order 317, § 388-08-410, filed 11/27/68; Order 284, § 388-08-410, filed 4/1/68; Regulation 23.51, filed 10/13/66, effective 11/13/66; Regulation 23.70, filed 1/24/64.] Repealed by 79-09-054 (Order 1426), filed 8/24/79. Statutory Authority: RCW 34.04.020.
388-08-411	Decision by state department of public assistance director. [Regulation 23.50, filed 6/16/67; Regulation 23.50, filed 10/13/66, effective 11/13/66; Regulation 23.70, filed 1/24/64.] Repealed by Order 286, filed 4/1/68.
388-08-412	Procedure following decision. [Order 265, § 388-08-412, filed 12/5/67; Regulation 23.60, filed 10/13/66, effective 11/13/66; Regulation 23.80, filed 1/24/64.] Repealed by Order 286, filed 4/1/68.
388-08-455	Rules of evidence. [Regulation 23.41, filed 10/13/66, effective 11/13/66; Regulation 23.64, filed 1/24/64.] Repealed by Order 286, filed 4/1/68.
388-08-600	Court appeal. [Order 265, § 388-08-600, filed 12/5/67; Regulation 23.70, filed 10/13/66, effective 11/13/66; Regulation 23.90, filed 1/24/64.] Repealed by Order 286, filed 4/1/68.
388-08-610	Publication of fair hearing decisions. [Order 524, § 388-08-610, filed 3/31/71, effective 5/1/71; Order 317, § 388-08-610, filed 11/27/68.] Repealed by 80-06-089 (Order 1506), filed 5/28/80. Statutory Authority: RCW 34.04.020.

WAC 388-08-00101 Fair hearing—Definitions. (1) "Department" means the department of social and health services.

(2) "Fair hearing" means an administrative proceeding by which the department hears and decides the appeal of an applicant or recipient provided for in RCW 74.08.070.

(3) "Hearing examiner" or "hearing officer" means the departmental employee designated by the secretary to conduct fair hearings according to chapter 388-08 WAC.

(4) "Secretary" means the executive head of the department or his designee. [Order 768, § 388-08-00101, filed 1/10/73.]

WAC 388-08-002 Fair hearing—Statutory basis. (1) The right to a fair hearing established by RCW 74.08.070 applies to all applicants for or recipients of benefits, assistance and/or services authorized by Title 74 RCW.

(2) The right to a fair hearing may be exercised by an individual feeling himself aggrieved by lack of a reasonably prompt decision or a decision of the department or its local office in respect to his claim for assistance or service authorized by Title 74 RCW, or aggrieved by department policy as it affects his situation.

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(3) A comparable right is established by RCW 74.15-.130 for any child welfare agency (legally defined as including a foster home) which believes its application for a license was improperly denied or whose license was suspended, revoked, or not renewed.

(4) In the absence of a superior court order or final decree of divorce the right to a fair hearing is provided by RCW 74.20A.050 for any individual alleging defenses to liability for debts accrued and/or accruing for child support based on public assistance paid to or for dependent children, as established by the notice of the secretary pursuant to chapter 74.20A RCW. [Order 768, § 388-08-002, filed 1/10/73; Order 524, § 388-08-002, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-002, filed 4/1/68; Regulation 23.20, filed 10/13/66, effective 11/13/66; Regulation 23.20, filed 1/24/64.]

WAC 388-08-006 Fair hearing--Form of request.

Any person or person[s] acting for him entitled to and desiring a fair hearing under RCW 74.08.070 shall within time limits provided by law, make an oral or written request for hearing with the secretary of the department. The request need not be in any particular form but should specify the decision with which the petitioner is dissatisfied and the date he was notified by the local office. The request, if oral, should be confirmed in writing within fifteen days and shall be signed by the petitioner, or his legal guardian, attorney, or other person acting for him. The day the oral request is made, however, is the day of the act or event for computation of time purposes as prescribed in WAC 388-08-083. [Order 768, § 388-08-006, filed 1/10/73; Order 524, § 388-08-006, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-006, filed 4/1/68; Regulation 23.31, filed 10/13/66, effective 11/13/66; Regulation 23.40, filed 1/24/64.]

WAC 388-08-00601 Fair hearing--Group hearing.

(1) When more than one individual requests a fair hearing to protest department policy, the department may hold a group hearing with the agreement of the individuals and shall hold such group hearing upon request of the individuals.

(2) If a group hearing is held, each individual retains his right to representation. An appellant scheduled for a group hearing may withdraw from a group hearing in favor of an individual hearing. [Order 768, § 388-08-00601, filed 1/10/73.]

WAC 388-08-007 Fair hearing--Access to records.

After filing a request for a fair hearing under RCW 74.08.070, a petitioner, or attorney for petitioner with written authorization, or other designated representative of petitioner with written authorization, shall have the right of access to, and adequate opportunity to examine any files and records of the department in a case on appeal at a reasonable time before the date of the hearing as well as during the hearing. This right shall also extend to evidence secured through the provisions of WAC

388-08-230, 388-08-235, and 388-08-450. The examination if prior to the hearing shall be conducted in an office of the department and an employee of the department shall be present at the time and place of examination. [Order 768, § 388-08-007, filed 1/10/73; Order 524, § 388-08-007, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-007, filed 4/1/68; Regulation 23.33, filed 6/16/67; Regulation 23.33, filed 10/13/66, effective 11/13/66; Regulation 23.52, filed 1/24/64.]

WAC 388-08-010 Fair hearing--Appearance and practice before department--Who may appear.

The appellant in a fair hearing under RCW 74.08.070 shall be afforded the opportunity of presenting his case by himself and may be represented by legal counsel or by a relative, friend, or other spokesman, but shall not be represented at such hearing by an employee of the department. Nothing in this regulation shall be construed as prohibiting an employee of the department from acting as a witness on behalf of an appellant, nor from referring such an appellant to legal resources in the community, assisting the appellant in obtaining nonconfidential information available to the appellant, or from advising the appellant as to possible arguments which can be made against the ruling being appealed. [Order 952, § 388-08-010, filed 7/16/74; Order 768, § 388-08-010, filed 1/10/73; Order 524, § 388-08-010, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-010, filed 4/1/68; Regulation 23.32, filed 6/16/67; Regulation 23.32, filed 10/13/66, effective 11/13/66; Regulation 23.63, filed 1/24/64.]

WAC 388-08-050 Fair hearing--Appearance by former employee of department.

A former employee of the department shall not at any time after severing his employment with the department appear, except with the written permission of the secretary, as a representative or an expert witness in behalf of a petitioner in a matter in which he previously took an active part as a representative of the department. [Order 768, § 388-08-050, filed 1/10/73; Order 524, § 388-08-050, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-050, filed 4/1/68.]

WAC 388-08-055 Fair hearing--Attendance at hearing--Reporting.

(1) Attendance at a fair hearing under RCW 74.08.070 shall be limited to parties directly concerned. The hearing examiner may exclude unauthorized persons unless the principals agree to their presence.

(2) The hearing shall be recorded manually or by a mechanical, electronic or other device capable of transcription. [Order 768, § 388-08-055, filed 1/10/73; Order 524, § 388-08-055, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-055, filed 4/1/68.]

WAC 388-08-080 Notice and opportunity for hearing.

(1) A hearing under RCW 74.08.070 shall be held in the county in which the appellant resides. The department shall notify the appellant, his attorney, or other designated representative, of the date, time and

place of the hearing at least twenty days prior to the date thereof by first class mail, registered mail, or personal service of a written notice upon appellant or his representative. However, if the date, time or place of the hearing is not convenient to appellant he shall be afforded the opportunity of requesting a different date, time or place. Such request shall be granted upon a showing of due cause.

(2) The hearing shall be conducted by an impartial duly qualified hearing examiner appointed by the secretary for such purpose who was not previously involved in any way with the action in question.

(3) Any party may request the removal of the assigned hearings examiner for good cause shown. Requests to remove hearings examiners shall be ruled upon promptly by the field office supervisor. Requests to remove field office supervisors acting as the assigned hearings examiner shall be ruled upon by the hearings review chief. [Statutory Authority: RCW 34.04.020. 80-06-090 (Order 1505), § 388-08-080, filed 5/28/80; Order 768, § 388-08-080, filed 1/10/73; Order 524, § 388-08-080, filed 3/31/71, effective 5/1/71; Order 374, § 388-08-080, filed 8/7/69; Order 284, § 388-08-080, filed 4/1/68; Regulation 23.34, filed 6/16/67; Regulation 23.34, filed 10/13/66; effective 11/13/66; Regulation 23.53, filed 1/24/64.]

WAC 388-08-083 Notice and opportunity for hearing—Computation of time. (1) In those instances in which the computation of time is not specified in Title 388 WAC the rule in subsection (2) shall apply.

(2) In computing any period of time prescribed or allowed by any applicable statute the day of the act, event, or default after which the designated period of time begins to run is not to be included. The last day of the period so computed is to be included, unless it is a Saturday, Sunday or a legal holiday, in which event the period runs until the end of the next day which is neither a Saturday, Sunday nor a holiday. When the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays and holidays shall be excluded in the computation. [Order 768, § 388-08-083, filed 1/10/73; Order 524, § 388-08-083, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-083, filed 4/1/68.]

WAC 388-08-150 Subpoenas—Where provided by law—Form. Every subpoena shall state the name of the department and the title of the proceeding, and shall command the person to whom it is directed to attend and give testimony or produce designated books, documents or things under his control at a specified time and place. [Order 768, § 388-08-150, filed 1/10/73; Order 524, § 388-08-150, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-150, filed 4/1/68; Regulation 23.35, filed 10/13/66, effective 11/13/66.]

WAC 388-08-160 Subpoenas—Issuance to parties—Issuance by department. (1) Upon application of any party to a contested case, fair hearing or license hearing, there shall be issued to such parties, subpoenas

requiring the attendance and testimony of witnesses or the production of evidence in such proceeding upon a showing of general relevance and reasonable scope of the testimony or evidence sought. Such subpoenas may be issued with like effect by the attorney of record of the party in whose behalf such witness is required to appear and the form of such subpoena in each case may be the same as when issued by the department except that it shall only be subscribed by the signature of such attorney.

(2) In any contested case, fair hearing, license hearing or hearing to determine the necessity or desirability of adopting, amending, repealing or otherwise revising a rule or proposed rule (RCW 34.04.105(1)) the department may issue a subpoena on its own motion. [Order 524, § 388-08-160, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-160, filed 4/1/68.]

WAC 388-08-170 Subpoenas—Service. Unless the service of a subpoena is acknowledged on its face by the person subpoenaed, service shall be made by delivering a copy of the subpoena to such person according to law. [Order 524, § 388-08-170, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-170, filed 4/1/68.]

WAC 388-08-180 Subpoenas—Fees. Witnesses summoned before the department shall be paid by the party at whose instance they appear the same fees and allowances in the same manner and under the same conditions as provided for witnesses in the superior courts of the state of Washington. [Order 768, § 388-08-180, filed 1/10/73; Order 524, § 388-08-180, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-180, filed 4/1/68.]

WAC 388-08-190 Subpoenas—Proof of service. The person serving the subpoena shall make proof of service by filing the subpoena and the required return, affidavit, or acknowledgment of service with the department or the officer before whom the witness is required to testify or produce evidence. If service is made by a person other than an officer of the department and such service has not been acknowledged by the witness, such person shall make an affidavit of service. Failure to make proof of service does not affect the validity of the service. [Order 524, § 388-08-190, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-190, filed 4/1/68.]

WAC 388-08-200 Subpoenas—Quashing. Upon motion made promptly and in any event at or before the time specified in the subpoena for compliance by the person to whom the subpoena is directed and upon notice to the party to whom the subpoena was issued, the department or its authorized member or officer may (1) quash or modify the subpoena if it is unreasonable or requires evidence not relevant to any matter in issue, or (2) condition denial of the motion upon just and reasonable conditions. [Order 524, § 388-08-200, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-200, filed 4/1/68.]

WAC 388-08-210 Subpoenas--Enforcement. Upon application and for good cause shown, the department will seek judicial enforcement of subpoenas issued to parties and which have not been quashed. [Order 524, § 388-08-210, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-210, filed 4/1/68.]

WAC 388-08-220 Subpoenas--Geographical scope. Said attendance of witnesses and such production of evidence may be required from any place in the state of Washington, at any designated place of hearing. [Order 524, § 388-08-220, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-220, filed 4/1/68.]

WAC 388-08-230 Depositions and interrogatories. (1) When deemed expeditious, the department or the hearing examiner may take, or cause to be taken, depositions and interrogatories for use as evidence in any hearing.

(2) Unless otherwise ordered, the deponent may be examined regarding any matter not privileged or confidential which is relevant to the subject matter involved in the proceeding.

(3) A party desiring to take the deposition of any person upon oral examination shall give reasonable notice of not less than five days in writing to the department's examiner and all parties. The notice shall state the time and place for taking the deposition, and the name and address of each person to be examined. If the parties so stipulate in writing, depositions may be taken before any person, at any time or place, upon any notice, and in any manner and when so taken may be used as other depositions.

(4) After notice is served for taking a deposition, upon its own action or upon motion reasonably made by any party or by the person to be examined and for good cause shown, the department or its designated hearing examiner may make an order that the deposition shall not be taken, or that it may be taken only at some designated place other than that stated in the notice, or that it may be taken only on written interrogatories, or that the scope of the examination shall be limited to certain matters, or that the examination shall be held with no one present except the parties to the action and counsel. [Order 768, § 388-08-230, filed 1/10/73; Order 524, § 388-08-230, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-230, filed 4/1/68; Regulation 23.36, filed 10/13/66, effective 11/13/66.]

WAC 388-08-235 Questionnaires--Petitioner or witness out of state. (1) The testimony of petitioner or other witness who is outside the state of Washington may be secured by written questionnaires answered under oath. The principals shall be given an opportunity to propose questions, to rebut the answers, and to submit evidence in addition to that contained in the questionnaires.

(2) The submission of a completed questionnaire by a petitioner who is outside the state shall constitute an appearance by said petitioner. [Order 524, § 388-08-235, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-

235, filed 4/1/68; Regulation 23.44, filed 10/13/66, effective 11/13/66.]

WAC 388-08-375 Official notice--Matters of law--Material facts. The department's hearing examiner, upon request, will officially notice:

(1) Federal law. The constitution; congressional acts, resolutions, records, journals and committee reports; decisions of federal courts and administrative agencies; executive orders and proclamations; and all rules, orders and notices published in the Federal Register.

(2) State law. The constitution of the state of Washington, acts of the legislature, resolutions, records, journals and committee reports; decisions of administrative agencies of the state of Washington, executive orders and proclamations by the governor; and all rules, orders and notices filed with the code reviser.

(3) Agency organization. Organization, administration, officers, personnel, official publications of the secretary of the department and practitioners before its bar.

(4) Material facts. In the absence of controverting evidence, the department and its hearing examiner, upon request made during a hearing, may officially notice:

(a) General customs and practices followed in the transaction of business,

(b) Facts generally and widely known to all informed persons as not to be subject to reasonable dispute,

(c) Matters within the technical knowledge of the department as a body of experts, within the scope of its duties, responsibilities, or jurisdiction,

(d) Any party may request or the hearing examiner may suggest that official notice be taken of a material fact which shall be clearly and precisely stated. [Order 768, § 388-08-375, filed 1/10/73; Order 524, § 388-08-375, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-375, filed 4/1/68; Regulation 23.42, filed 10/13/66, effective 11/13/66.]

WAC 388-08-390 Presumptions. The secretary, with or without prior request or notice, may make the following presumptions, where consistent with all surrounding facts and circumstances:

(1) Identity. That persons and objects of the same name and description are identical.

(2) Delivery. That mail matter, communications, properly addressed, marked, and delivered respectively to the post office or authorized common carrier with all postage, tolls and charges properly prepaid, is or has been delivered to the addressee or consignee in the ordinary course of business.

(3) Acceptance of benefit. That a person for whom an act is done or to whom a transfer is made has, does or will accept same where it is clearly in his own self-interest so to do. [Order 768, § 388-08-390, filed 1/10/73; Order 524, § 388-08-390, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-390, filed 4/1/68; Regulation 23.43, filed 10/13/66, effective 11/13/66.]

WAC 388-08-400 Stipulations and admissions of record. The existence or nonexistence of a material fact, as made or agreed in a stipulation or in an admission of

record, will be conclusively presumed against any party bound thereby, and no other evidence with respect thereto will be received upon behalf of such party, provided:

(1) Upon whom binding. Such a stipulation or admission is binding upon the parties by whom it is made, and upon all other parties to the proceeding who do not expressly and unequivocally deny the existence or nonexistence of the material fact so admitted or stipulated, upon the making thereof.

(2) Withdrawal. Any party bound by a stipulation or admission of record at any time prior to final decision may be permitted to withdraw the same in whole or in part by showing to the satisfaction of the hearing examiner that such stipulation or admission was made inadvertently or under a bona fide mistake of fact contrary to the true fact and that its withdrawal at the time proposed will not unjustly prejudice the rights of other parties to the proceeding. [Order 768, § 388-08-400, filed 1/10/73; Order 524, § 388-08-400, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-400, filed 4/1/68.]

WAC 388-08-405 Withdrawal--Dismissal--Settlement. (1) A petitioner in a fair hearing, contested case, or license hearing shall have the right to withdraw at any time prior to the decision by filing a written notice with the department or its hearing officer.

(2) If after receiving a notice of a hearing, a petitioner, his attorney or other designated representative fails to appear and does not respond within fifteen days to a letter of inquiry, the hearing request shall be considered abandoned.

(3) An appeal may be concluded by a written stipulated settlement entered into by the appellant with the department. [Order 768, § 388-08-405, filed 1/10/73; Order 524, § 388-08-405, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-405, filed 4/1/68; Regulation 23.38, filed 10/13/66, effective 11/13/66.]

WAC 388-08-406 Special procedures for food stamp hearings. The time limit for rendering a decision and the decision-making procedures set forth in WAC 388-08-407 through 388-08-413 shall not apply to hearings involving the food stamp program. Those hearings are governed by WAC 388-54-815. [Statutory Authority: RCW 34.04.020. 79-09-054 (Order 1426), § 388-08-406, filed 8/24/79.]

WAC 388-08-407 Time limit for rendering decision
(1) A final decision shall be rendered within 75 days of the department's receipt of the request for a hearing, unless extended by a continuance of the hearing requested by or consented to by the appellant.

(2) The hearings examiner or hearing authority shall give first priority to those pending proceedings where the appellant has appealed a department decision:

(a) denying an application for a benefit, or

(b) terminating benefits, if benefits are not being continued pending the decision. [Statutory Authority: RCW 34.04.020. 79-09-054 (Order 1426), § 388-08-407, filed 8/24/79.]

WAC 388-08-408 Initial decision (1) The hearings examiner who conducted the hearing shall write an initial decision. The hearings examiner shall file the original of the initial decision in the record of the proceedings and shall mail copies of the initial decision to the parties and their representatives.

(2) The initial decision shall automatically become the final decision of the secretary, if no petition for review is filed in accordance with WAC 388-08-409 within 15 days of mailing of the initial decision. [Statutory Authority: RCW 34.04.020. 79-09-054 (Order 1426), § 388-08-408, filed 8/24/79.]

WAC 388-08-409 Petition for review by hearing authority (1) Within 15 days of mailing of the initial decision, either party may petition the hearing authority, in writing, for review of the initial decision. The petition for review shall set forth in detail the basis for the requested review, and shall be mailed postage prepaid to the office of hearings and to the other party at his/her last known address.

(2) The petition shall be based on any one of the following grounds materially affecting the substantial rights of a party:

(a) Irregularity in the proceedings by which the moving party was prevented from having a fair hearing. This includes misconduct by the prevailing party and misconduct or abuse of discretion by the hearings examiner.

(b) The findings of fact are unsupported by substantial evidence in view of the entire record,

(c) Errors of law,

(d) Need for clarification in order for the parties to implement the decision.

(3) The responding party may respond in writing to the petition for review. The response shall be mailed postage prepaid to the office of hearings and to the other party at his/her last known address. [Statutory Authority: RCW 34.04.020. 79-09-054 (Order 1426), § 388-08-409, filed 8/24/79.]

WAC 388-08-413 Procedure on review by hearing authority (1) A petition for review shall be granted only if, in the reasoned opinion of the hearing authority, one of the grounds for review set forth in WAC 388-08-409(2) is shown. Otherwise, the petition for review shall be denied and the initial decision shall be the final decision of the secretary as of the date of denial of the petition(s) for review.

(2) In determining whether to grant review and in reviewing the initial decision, the hearing authority shall consider the initial decision, the petition(s) for review, the record or any part thereof and any additional evidence submitted by the agreement of both parties in accordance with WAC 388-08-413(4).

(a) The 15-day time limit established by WAC 388-08-409 for filing a petition for review of an initial decision shall be waived where the petitioner demonstrates good cause for failure to file a timely petition for review. Good cause includes mistake, inadvertence, and excusable neglect on the part of petitioner or unavoidable casualty or misfortune preventing the petitioner from

timely filing a petition for review. Upon a showing of good cause either party may petition for review of an initial decision within 30 days of the date the initial decision becomes final.

(b) The 15-day time limit established by WAC 388-08-409 for filing a petition for review of the initial decision shall be waived where petitioner demonstrates that the initial decision was not received by petitioner. In such case the petitioner may petition for review of the initial decision within a reasonable period of time.

(3) If review is granted, the hearing examiner's initial findings of fact, conclusions of law, and decision shall not be modified by the hearing authority unless, in the reasoned opinion of the hearing authority:

(a) Irregularity in the proceedings occurred by which the moving party was prevented from having a fair hearing. This includes misconduct by the prevailing party and misconduct or abuse of discretion by the hearing examiner and/or

(b) The findings of fact are unsupported by substantial evidence in view of the entire record and/or

(c) The application of law in the conclusions is erroneous and/or

(d) There is need for clarification in order for the parties to implement the decision.

(4) The hearing authority may accept additional evidence to correct omissions in the record, but only after notice to and agreement by both parties.

(5) The hearing authority may remand the proceedings to the hearing examiner for additional evidence or argument if:

(a) Neither party cited the law correctly applicable to the issue(s) defined at the hearing and additional evidence or argument is needed for the hearing authority to reach a reasoned decision. Nothing in this subsection shall be construed to allow the hearing authority to remand the case to consider additional grounds for denial, termination or ineligibility for assistance which were not alleged by the department at the hearing.

(b) Irregularity in the proceedings occurred by which the party seeking review was prevented from having a fair hearing and additional evidence or argument is necessary to cure the irregularity or

(c) The hearing authority considers a remand necessary and both parties assent to the remand.

(6) If review is granted, the hearing authority shall render a reasoned decision affirming, reversing, modifying, or remanding the initial decision.

(7) That decision shall be final on the date of filing and shall be the final decision of the secretary. The hearing authority shall file the original of the final decision in the record of the proceedings and shall mail copies to the parties and their representatives. [Statutory Authority: RCW 34.04.020, 79-09-054 (Order 1426), § 388-08-413, filed 8/24/79.]

WAC 388-08-414 Form, content, and effective date of decision. (1) Every recommended decision, proposal for decision, initial decision, and final decision shall be in writing and:

(a) Be correctly captioned as to the name of the parties and the name of the proceedings.

(b) Designate all parties,

(c) Include a concise statement of the issue(s) to be considered,

(d) The decision shall contain findings of fact and conclusions of law as to each contested issue of fact and law. The findings must be based on evidence adduced at the hearing; the conclusions must be justified by the findings; and the order must be supported by the findings and conclusions.

(2) Decisions shall be rendered without ex parte communications and shall be based exclusively on evidence and argument introduced at the hearing or submitted on review in accordance with WAC 388-08-409(1) and (3) and WAC 388-08-413(4).

(3) The effective date of the final decision reversing the CSO is the date of the incorrect action or such other date as may be provided under department rules.

(4) The final decision shall receive immediate attention and processing by the CSO. [Statutory Authority: RCW 34.04.020, 79-09-054 (Order 1426), § 388-08-414, filed 8/24/79.]

WAC 388-08-420 Definition of issues before hearing. In all department hearings the issues to be considered shall be made initially as clear as possible so that the hearing officer may proceed promptly to conduct the hearing on relevant and material matter only. [Order 524, § 388-08-420, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-420, filed 4/1/68.]

WAC 388-08-430 Pre-hearing conference rule--Authorized. In any hearing where the department or its hearing officer, on its or his own motion, or upon the motion of the petitioner or his attorney of record, may direct the parties or their qualified representatives to appear at a specified time and place to consider:

(1) Simplification of the issues

(2) The possibility of obtaining stipulations, admission of facts and of documents

(3) The limitation of expert witnesses

(4) Such other matters as may aid in disposition of the proceeding. [Order 524, § 388-08-430, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-430, filed 4/1/68; Regulation 23.40, filed 10/13/66, effective 11/13/66.]

WAC 388-08-440 Pre-hearing conference rule--Record of conference action. The department hearing officer shall prepare a statement which recites the action taken at the conference including the settlement or simplification of issues and such statement shall control the subsequent course of the hearing. [Order 524, § 388-08-440, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-440, filed 4/1/68.]

WAC 388-08-450 Submission of documentary evidence in advance. Where practicable the department or its designated hearing officer may require:

(1) That all documentary evidence which is to be offered during the taking of evidence be submitted to the hearing examiner and to the other parties to the proceeding sufficiently in advance of such taking of evidence to permit study and preparation of cross-examination and rebuttal evidence;

(2) That documentary evidence not submitted in advance, as may be required by subsection (1), be not received in evidence in the absence of a clear showing that the offering party had good cause for his failure to produce the evidence sooner;

(3) That the authenticity of all documents submitted in advance in a proceeding in which such submission is required, be deemed admitted unless written objection thereto is filed prior to the hearing, except that a party will be permitted to challenge such authenticity at a later time upon a clear showing of good cause for failure to have filed such written objection. [Order 524, § 388-08-450, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-450, filed 4/1/68.]

WAC 388-08-470 Expert or opinion testimony and testimony based on economic and statistical data--Number and qualifications of witnesses. The hearing examiner or other appropriate officer in all classes of cases where practicable shall make an effort to have the interested parties agree upon the witness or witnesses who are to give expert or opinion testimony, either by selecting one or more to speak for all parties or by limiting the number for each party; and, if the interested parties cannot agree, require them to submit to him and to the other parties written statements containing the names, addresses and qualifications of their respective opinion or expert witnesses, by a date determined by him and fixed sufficiently in advance of the hearing to permit the other interested parties to investigate such qualifications. [Order 524, § 388-08-470, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-470, filed 4/1/68.]

WAC 388-08-480 Expert or opinion testimony and testimony based on economic and statistical data--Written sworn statements. The hearing examiner or other appropriate officer, in all cases in which it is practicable, may require that all direct opinion or expert testimony and all direct testimony based on economic or statistical data be reduced to written sworn statements, and, together with the exhibits upon which based, be submitted to him and to the other parties to the proceeding by a date determined by the hearing officer and fixed a reasonable time in advance of the hearing; and that such sworn statements be acceptable as evidence upon formal offer at the hearing, subject to objection on any ground except that such sworn statements shall not be subject to challenge because the testimony is not presented orally, and provided that witnesses making such statements shall not be subject to cross-examination unless a request is made sufficiently in advance of the hearing to insure the presence of the witnesses. [Order 524, § 388-08-480, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-480, filed 4/1/68.]

WAC 388-08-490 Expert or opinion testimony and testimony based on economic and statistical data--Supporting data. The hearing examiner or other appropriate officer, in his discretion but consistent with the rights of the parties, shall cause the parties to make available for inspection in advance of the hearing, and for purposes of cross-examination at the hearing, the data underlying statements and exhibits submitted in accordance with WAC 388-08-480, but, wherever practicable, that he restrict to a minimum the placing of such data in the record. [Order 524, § 388-08-490, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-490, filed 4/1/68.]

WAC 388-08-500 Expert or opinion testimony and testimony based on economic and statistical data--Effect of noncompliance. Whenever the manner of introduction of opinion or expert testimony or testimony based on economic or statistical data is governed by requirements fixed under the provisions of WAC 388-08-470 or 388-08-480, such testimony not submitted in accordance with the relevant requirements shall not be received in evidence in the absence of a clear showing that the offering party had good cause for his failure to conform to such requirements. [Order 524, § 388-08-500, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-500, filed 4/1/68.]

WAC 388-08-503 Expert opinion or written testimony--Medical assessment. In a hearing involving medical issues and only when the hearing examiner or the appellant considers a medical assessment other than that of the person making the original decision to be necessary, it will be obtained at department expense from a medical source satisfactory to the appellant. The assessment of such medical authority shall be reported in writing or by personal testimony as an expert witness and made a part of the record only when the appellant or hearing examiner considers it necessary. [Order 768, § 388-08-503, filed 1/10/73; Order 524, § 388-08-503, filed 3/31/71, effective 5/1/71; Order 317, § 388-08-503, filed 11/27/68.]

WAC 388-08-510 Continuances. Any party who desires a continuance shall immediately, upon receipt of notice of a hearing, or as soon thereafter as facts requiring such continuance come to his knowledge, notify the department or its designated hearing examiner stating the reasons such continuance is necessary. For good cause shown, the department may grant such continuance upon its own motion. During the hearing, if it appears in the interest of justice that further testimony or argument should be received, the hearing examiner conducting the hearing may with the assent of the appellant, continue the hearing and fix the date for introduction of additional evidence or presentation of argument. If requested by the department, the continuance must be assented to by the appellant. [Order 768, § 388-08-510, filed 1/10/73; Order 524, § 388-08-510, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-510, filed 4/1/68; Regulation 23.37, filed 10/13/66, effective 11/13/66.]

WAC 388-08-520 Rules of evidence--Admissibility criteria. (1) All relevant and material evidence is admissible which, in the opinion of the hearing examiner, is the best evidence reasonably obtainable, having due regard for its necessity, availability and trustworthiness. In passing upon the admissibility of evidence, the examiner conducting the hearing shall give consideration to, but shall not be bound to follow, rules of evidence governing civil proceedings.

(2) When objection is made to the admissibility of evidence, such evidence may be received subject to a later ruling. The hearing examiner may, in his discretion, either with or without objection, exclude inadmissible evidence or order cumulative evidence discontinued. Parties objecting to the introduction of evidence shall state the precise ground of objection at the time evidence is offered.

(3) All evidence material to the issues raised in the fair hearing shall be offered into evidence. All evidence forming the basis of the department's decision in a matter shall, subject to subsection (1), be offered into evidence.

(4) Every party shall have the right of cross-examination of witnesses who testify and shall have the right to submit rebuttal evidence.

(5) Documentary evidence may be received in the form of copies and excerpts or incorporation by reference. [Order 768, § 388-08-520, filed 1/10/73; Order 524, § 388-08-520, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-520, filed 4/1/68.]

WAC 388-08-540 Petitions for rule making amendment or repeal--Who may petition. (1) Any interested person may petition the department requesting the promulgation, amendment, or repeal of any rule.

(2) When the petition requests a promulgation of a rule, the requested or proposed rule must be set out in full. The petition must also include all the reasons for the requested rule together with the briefs of any applicable law. Where the petition requests the amendment or repeal of a rule presently in effect, the rule or portion of the rule in question must be set out as well as the suggested amended form, if any. The petition must include all reasons for the requested amendment or repeal of the rule.

(3) All petitions shall be considered by the department. The department may, at its discretion, order a hearing for the further consideration and discussion of the requested promulgation, amendment, repeal or modification of any rule.

(4) Within thirty days after the submission of a petition, the department shall formally consider the petition and shall within thirty days thereafter either deny the petition in writing stating the reasons for the denial or initiate rule making proceedings in accordance with chapter 34.04 RCW. [Order 768, § 388-08-540, filed 1/10/73; Order 524, § 388-08-540, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-540, filed 4/1/68.]

WAC 388-08-550 Updating mailing lists. (1) Periodically, the department may cause the following notice,

or a notice substantially similar, to be mailed: "In order to maintain as current a mailing list as possible, and to eliminate mailing notices to those who no longer have need for such notices, the department will discontinue use of its old mailing lists, effective (date to be specified). If you wish to continue receiving copies of notices of intention to adopt, amend or repeal rules after that date, please fill out the attached form and return it to the department at the address indicated on the form. If you do not return the form indicating your desire to continue to receive notices to adopt, amend or repeal rules, your name or the names of your organization will be removed from the mailing lists."

(2) The notice regarding updating of mailing lists is to be mailed by first-class mail.

(3) The form to be filled out by those persons or organizations wishing to continue to receive department notices to adopt, amend or repeal rules shall specify interest areas covered by these notices, thereby enabling those on mailing lists to limit correspondence received. [Statutory Authority: RCW 34.04.020. 80-13-057 (Order 1544), § 388-08-550, filed 9/17/80.]

WAC 388-08-560 Delegation of authority by secretary. Pursuant to RCW 43.20A.110, certain powers and duties have been delegated by the secretary, DSHS. Writings evidencing delegations of authority are on file in the secretary's office and may be inspected between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, excluding holidays. [Statutory Authority: RCW 34.04.020. 80-13-057 (Order 1544), § 388-08-560, filed 9/17/80.]

WAC 388-08-580 Declaratory rulings. (1) As provided by RCW 34.04.080 any interested person may petition the department for a declaratory ruling. The department shall consider the petition and within a reasonable time the department shall:

- (a) Issue a nonbinding declaratory ruling, or
- (b) Notify the person that no declaratory ruling is to be issued, or
- (c) Set a reasonable time and place for hearing argument upon the matter, and give reasonable notification to the person of the time and place for such hearing and of the issues involved.

(2) If a hearing as provided in subsection (1)(c) is conducted, the department shall within a reasonable time:

- (a) Issue a binding declaratory ruling, or
- (b) Issue a nonbinding declaratory ruling, or
- (c) Notify the person that no declaratory ruling is to be issued. [Order 524, § 388-08-580, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-580, filed 4/1/68.]

WAC 388-08-590 Forms. (1) Any interested person petitioning the department for a declaratory ruling pursuant to RCW 34.04.080 shall generally adhere to the following form for such purpose.

(a) At the top of the page shall appear the wording "Before the State Department of Social and Health Services". On the left side of page below the foregoing

the following caption shall be set out: "In the Matter of the Petition of (name of petitioning party) for a Declaratory Ruling". Opposite the foregoing caption shall appear the word "Petition".

(b) The body of the petition shall be set out in numbered paragraphs. The first paragraph shall state the name and address of the petitioning party. The second paragraph shall state all rules or statutes that may be brought into issue by the petition. Succeeding paragraphs shall set out the state of facts relied upon in form similar to that applicable to complaints in civil actions before the superior courts of this state. The concluding paragraphs shall contain the prayer of the petitioner. The petition shall be subscribed and verified in the manner prescribed for verification of complaints in the superior courts of this state.

(c) The original and two legible copies shall be filed with the department. Petitions shall be on white paper, either 8 1/2" x 11" or 8 1/2" x 13" in size.

(2) Any interested person petitioning the department requesting the promulgation, amendment or repeal of any rules shall generally adhere to the following form for such purpose:

(a) At the top of the page shall appear the wording "Before the State Department of Social and Health Services". On the left side of the page below the foregoing the following caption shall be set out: "In the Matter of the Petition of (name of petitioning party) for (state whether promulgation, amendment or repeal) of Rule (or Rules)". Opposite the foregoing caption shall appear the word "Petition".

(b) The body of the petition shall be set out in numbered paragraphs. The first paragraph shall state the name and address of the petitioning party and whether petitioner seeks the promulgation of new rule or rules, or amendment or repeal of existing rule or rules. The second paragraph, in case of a proposed new rule or amendment of an existing rule, shall set forth the desired rule in its entirety. Where the petition is for repeal of an existing rule, such shall be stated and the rule proposed to be repealed shall either be set forth in full or shall be referred to by agency rule number. The third paragraph shall set forth concisely the reasons for the proposal of the petitioner and shall contain a statement as to the interest of the petitioner in the subject matter of the rule. Additional numbered paragraphs may be used to give full explanation of petitioner's reason for the action sought.

(c) Petitions shall be dated and signed by the person or entity named in the first paragraph or by his attorney. The original and two legible copies of the petition shall be filed with the department. Petitions shall be on white paper, either 8 1/2" x 11" or 8 1/2" x 13" in size. [Order 768, § 388-08-590, filed 1/10/73; Order 524, § 388-08-590, filed 3/31/71, effective 5/1/71; Order 284, § 388-08-590, filed 4/1/68.]

WAC 388-08-600 Judicial review. (1) Any appellant in a fair hearing who feels himself aggrieved by the decision of the secretary has the right to judicial review

as provided by law. Written notice of such right and the method by which such review is available shall be attached to the decision.

(2) A transcript of the fair hearing, together with all pleadings, motions, intermediate rulings; evidence received or considered; statement of matters officially noticed; questions and offers of proof, objections, and rulings thereon; proposed findings and exceptions; any decision, opinion, or report by the officer presiding at the hearing shall be furnished by the department upon request of the appellant. [Order 768, § 388-08-600, filed 1/10/73; Order 524, § 388-08-600, filed 3/31/71, effective 5/1/71; Order 317, § 388-08-600, filed 11/27/68.]

Chapter 388-09 WAC

PRACTICE AND PROCEDURE-- ADMINISTRATIVE HEARING--CHILD WELFARE AGENCY

WAC

- 388-09-010 Administrative hearing--Child welfare agency--Denial, suspension, revocation or nonrenewal of license.
- 388-09-020 Administrative hearing--Applicability of chapter 388-08 WAC.
- 388-09-030 Administrative hearing--Appearance and practice before department--Who may appear.

WAC 388-09-010 Administrative hearing--Child welfare agency--Denial, suspension, revocation or nonrenewal of license. (1) Whenever the director shall have reasonable cause to believe that in the administration of chapter 74.15 RCW grounds exist for the denial, suspension or revocation of a license or that a licensee has failed to qualify for renewal of a license he shall notify the licensee in writing by certified mail, stating the grounds upon which it is proposed that the license be denied, suspended, revoked or not renewed.

(2) Within thirty days from the receipt of notice of the grounds for denial, suspension, revocation or lack of renewal, the licensee may serve upon the director a written request for hearing. Service of a request for hearing shall be made by certified mail. Upon receiving a request for hearing, the director shall fix a date upon which the matter may be heard, which date shall be not less than thirty-five days from the receipt of the request for hearing and he shall also notify the child welfare and day care advisory committee not less than twenty-five days before the hearing date. If no request for hearing is made within the time specified, the license shall be deemed denied, suspended or revoked. [Order 525, § 388-09-010, filed 3/31/71, effective 5/1/71; Order 285, § 388-09-010, filed 4/1/68.]

WAC 388-09-020 Administrative hearing--Applicability of chapter 388-08 WAC. In a hearing under WAC 388-09-010, 388-08-083 through 388-08-590 shall apply. [Order 525, § 388-09-020, filed 3/31/71, effective 5/1/71; Order 285, § 388-09-020, filed 4/1/68.]

WAC 388-09-030 Administrative hearing--Appearance and practice before department--Who may appear. In a hearing under WAC 388-09-010 only the following may appear in a representative capacity:

(1) Attorneys at law duly qualified and entitled to practice before the supreme court of the state of Washington;

(2) Attorneys at law duly qualified and entitled to practice before the highest court of record of any other state, if the attorneys at law of the state of Washington are permitted to appear in a representative capacity before administrative agencies of such other state, and if not otherwise prohibited by our state law;

(3) A bona fide officer, partner, or full time employee of an individual firm, association, partnership or corporation who appears for such individual firm, association, partnership or corporation. [Order 525, § 388-09-030, filed 3/31/71, effective 5/1/71; Order 285, § 388-09-030, filed 4/1/68.]

Chapter 388-11 WAC CHILD SUPPORT--OBLIGATIONS

WAC

388-11-010	Statutory basis.
388-11-011	Definitions.
388-11-015	Credits allowable in satisfaction of debt.
388-11-030	Notice and finding of financial responsibility.
388-11-040	Service of notice and finding of financial responsibility.
388-11-045	Service within sixty days--Tolling.
388-11-050	Failure to make request for hearing.
388-11-055	Petition for hearing after twenty days--Stay.
388-11-060	Request for hearing.
388-11-065	Responsible parent to show cause--Affirmative defenses--Burden of proof.
388-11-070	Continuance of cases.
388-11-080	Requests for admission.
388-11-090	Hearings examiner.
388-11-100	Duty of hearing examiner.
388-11-105	Review of initial decision.
388-11-115	Fraud--Vacation of decision.
388-11-120	Default.
388-11-130	Decision and order after hearing.
388-11-135	Service.
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388-11-145	Notice to appellant.
388-11-150	Consent order.
388-11-155	Duration of obligation.
388-11-170	Collection of debts determined.
388-11-180	Procedural reference.
388-11-185	Discovery.
388-11-190	Scale of minimum contributions.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-11-020	Original determinations. [Order 1054, § 388-11-020, filed 9/25/75; Order 875, § 388-11-020, filed 11/16/73.] Repealed by 80-01-026 (Order 1465), filed 12/14/79. Statutory Authority: RCW 74.08.090.
388-11-110	Determination of future liability. [Order 875, § 388-11-110, filed 11/16/73.] Repealed by 80-01-026 (Order 1465), filed 12/14/79. Statutory Authority: RCW 74.08.090.
388-11-160	Procedure for reconsideration of decision, clarification of decision or for rehearing. [Order 1054, § 388-11-160, filed 9/25/75; Order 875, § 388-11-160, filed

11/16/73.] Repealed by 78-07-015 (Order 1305), filed 6/15/78. Statutory Authority: RCW 74.08.090.

WAC 388-11-010 Statutory basis. RCW 74.20A-.055 is the administrative process for determination of or establishment of support obligations when there is no superior court order. These provisions contain the administrative method to be used when there is an absence of a superior court order in cases where a notice and finding of financial responsibility has been served by the office of support enforcement or their agent on the responsible parent. Action based on chapter 74.20A RCW may not be based on agreements. The notice and finding of financial responsibility may be served only for a support debt or responsibility to support accrued and/or to be established under chapter 171, sections 17 and/or 22, Laws of 1979 ex. sess. [RCW 74.20.320][RCW 74.20-.330], RCW 74.20A.030, 74.20.040, 26.16.205 and/or 74.20A.250 relating to a period of time when a superior court order did not exist, specifically including cases eligible for nonassistance support enforcement services under WAC 388-14-302. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-010, filed 12/14/79; Order 1054, § 388-11-010, filed 9/25/75; Order 875, § 388-11-010, filed 11/16/73.]

WAC 388-11-011 Definitions. (1) "Locate" for purposes of this chapter shall mean service of the notice and finding of financial responsibility in a manner prescribed by WAC 388-11-040.

(2) "Reasonable efforts to locate" shall mean any of the following actions taken on a case:

(a) Mailing of the notice and finding of financial responsibility by certified mail, return receipt requested to an address, reasonably believed by office of support enforcement to be a mailing address of the responsible parent, and presentation of said notice by the United States Postal Service to the address prior to the expiration of the sixty-day period specified in WAC 388-11-065(9) without effecting a locate of the responsible parent; or

(b) Referral to a sheriff, other server of process or locate service or other agent or employee of the department for locate activities if the responsible parent is not located under (a) above or if no known mailing address exists but the information which office of support enforcement has, reasonably indicates that the responsible parent can be located; or

(c) When service cannot be accomplished, tracing activity as stated below:

(i) Checking of local telephone directories and attempts by telephone or mail to contact the applicant/recipient, applicant/custodian, relatives of the responsible parent, past or present employers or the postal authorities when appropriate;

(ii) Contacting state agencies, union, financial, or fraternal organizations available on the local level to which the responsible parent is known to have had contact or membership.

(d) Referral to state parent locator service when tracing efforts under (c) above are exhausted;

(e) Referral to the attorney general, a prosecuting attorney or the internal revenue service for specific legal or collection action.

(3) "The date the state assumes responsibility for the support of the dependent child or children on whose behalf support is sought" shall mean the date payment of an AFDC-R, AFDC-E, AFDC-FC or state only foster care grant is authorized.

(4) "Department" means the state department of social and health services. For purposes of chapter 388-11 WAC, unless otherwise clearly indicated, "department" shall mean the chief, office of support enforcement or his designee.

(5) "Secretary" means the secretary of the department of social and health services, or the secretary's designee or authorized representative, which for purposes of chapter 388-11 WAC shall mean the designee of the secretary, the chief, office of hearings or his designee.

(6) "Hearing examiner" shall mean the hearing examiner employed by the department of social and health services who hears the testimony and makes the initial decision under chapter 388-11 WAC.

(7) "Dependent child" means any person under the age of twenty-one who is not otherwise emancipated, self-supporting, married, or a member of the armed forces of the United States.

(8) "Superior court order" means any judgment or order of the superior court of the state of Washington ordering payment of a set or determinable amount of support moneys, or an order of a court of comparable jurisdiction of another state ordering payment of a set or determinable amount of support moneys. Orders of the superior court which fail to expressly require payment of support by a responsible parent or orders which fail to specifically relieve the responsible parent of the support obligation shall not constitute a superior court order.

(9) "Responsible parent" means the natural parent, adoptive parent, or stepparent of a dependent child.

(10) "Stepparent" means the present spouse of the person who is either the mother, father, or adoptive parent of a dependent child, and such status shall exist and continue as provided for by RCW 26.16.205 until the relationship is terminated by death or dissolution of marriage.

(11) "Support moneys" means any moneys paid to satisfy a support obligation whether denominated as child support, spouse support, alimony, maintenance, or any other such moneys intended to satisfy an obligation for support of any person or satisfaction in whole or in part of arrears or delinquency on such an obligation.

(12) "Future" support or "future and current" support or "future/current" support shall mean support moneys paid to satisfy the support obligation for the instant or present month as opposed to satisfaction of support obligations owed for previous and past months which, having been unpaid, are delinquent.

(13) "Debt," "arrears," "delinquency," "past support," shall all mean the amount owed for a period of time prior to the instant month but is owed for a period of time in the past.

(14) "Need" means the necessary costs of food, clothing, shelter, and medical attendance for the support of a dependent child or children.

(15) "Good cause" means that there is substantial reason or legal justification for delay, including a showing of those grounds enumerated in RCW 4.72.010 and CR60 and allegation is made of a defense under WAC 388-11-065.

(16) "Assignment pursuant to RCW 74.20A.040" shall mean the assignment made by an applicant/custodian of support rights pursuant to WAC 388-14-310.

(17) Fraud for the purposes of WAC 388-11-115 means (a) the representation of the existence or nonexistence of a fact; (b) its materiality; (c) its falsity; (d) the speaker's knowledge of its truth; (e) his/her intent that it should be acted on by the person to whom it is made; (f) ignorance of its falsity on the part of the person to whom it is made; (g) the latter's reliance on the truth of the representation; (h) his/her right to rely upon it; and (i) his/her subsequent damage. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-011, filed 12/14/79.]

WAC 388-11-015 Credits allowable in satisfaction of debt. Pursuant to RCW 74.20.101 after a notice and finding of financial responsibility has been served on the responsible parent, satisfaction in whole or in part of the debt may be obtained only by cash, check, or money order payments through the office of support enforcement. After service of said notice, any attempt to satisfy the debt by providing the caretaker, custodian, vendor or other third party with cash, check, money order or in-kind, noncash, nonnegotiable items or services, including payments to for any item vendors or other third parties of items included in the public assistance standards, is conclusively presumed to be gifts and will not be credited against the debt. Family necessities provided directly to the caretaker/custodian, or children, or provided through vendors or third parties, may be credited against the debt only if they are provided prior to service of the notice and finding of financial responsibility on the responsible parent pursuant to WAC 388-11-040. To obtain such credit the responsible parent has the burden of proving, by a preponderance of the evidence, that such items provided were, at that time, intended to satisfy, in whole or in part, the common law or statutory obligation of said responsible parent; Provided, no credit may be given for items which are not food, clothing, shelter or medical attendance: *Provided, further,* That shelter payments made may not be credited against any debt for any period determined under chapter 388-11 WAC in an amount greater than the shelter allocation in the public assistance standards for the same period or one-half of the actual shelter payment made, whichever is the greater. Any credit given shall be classified as a payment of child support and shall be treated consistent with rules of eligibility in effect at the time of payment. After assignment has been made pursuant to WAC 388-24-108, any support payments made subsequent to assignment shall be treated pursuant to WAC 388-14-

210. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-015, filed 12/14/79; 78-07-015 (Order 1305), § 388-11-015, filed 6/15/78; Order 1054, § 388-11-015, filed 9/25/75.]

WAC 388-11-030 Notice and finding of financial responsibility. (1) The notice and finding of financial responsibility shall set forth the office of support enforcement's finding of responsibility, the amount which the office of support enforcement alleges that the responsible parent owes as an accrued debt and a statement of the demand for payment thereon. Where appropriate the notice and finding of financial responsibility shall also set forth the office of support enforcement's finding of responsibility as to the amount the responsible parent should pay in the future as periodic future support for such period of time as the child or children are in need.

(2) The notice and finding of financial responsibility shall also include:

(a) A statement of the name of the recipient or custodian;

(b) The name of the child or children on whose behalf need is alleged;

(c) A statement that, if the responsible parent objects to all or any part of the notice and finding of financial responsibility, (s)he shall have a right, for not more than twenty days from date of service, to request a hearing to show cause why said responsible parent should not be determined to be liable for any or all of the debt, past and future;

(d) A statement that said objection shall be communicated, in writing, and shall be served on the district field office of the office of support enforcement issuing the notice and finding of financial responsibility;

(e) A statement that, if the responsible parent fails to object in writing, in a timely manner, the support debt and/or payments stated in the notice and finding of financial responsibility shall be assessed and determined and ordered in accordance with the finding of responsibility of the department as set forth in the notice and finding of financial responsibility;

(f) A statement that the support debt, as assessed and determined and ordered is subject to collection action and that the property of the debtor, without further advance notice or hearing, is subject to lien and foreclosure, distraint, seizure and sale, or order to withhold and deliver to satisfy the debt.

(g) A statement that, after service of the notice, all payments made which are intended to satisfy a current and/or accrued child support obligation alleged in the notice must be made directly to the office of support enforcement. Payments made to any other party will not be credited against the debt. Whether or not such payment is in cash, check, money order, in-kind services, merchandise or anything else of value. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-030, filed 12/14/79; 78-07-015 (Order 1305), § 388-11-030, filed 6/15/78; Order 1054, § 388-11-030, filed 9/25/75; Order 875, § 388-11-030, filed 11/16/73.]

WAC 388-11-040 Service of notice and finding of financial responsibility. The notice and finding of financial responsibility shall be served on the responsible parent by the office of support enforcement or their agent in the manner prescribed for the service of a summons in a civil action or by certified mail, return receipt requested. The receipt shall be prima facie evidence of service. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-040, filed 12/14/79; Order 1054, § 388-11-040, filed 9/25/75; Order 875, § 388-11-040, filed 11/16/73.]

WAC 388-11-045 Service within sixty days--Tolling. If the notice and finding of financial responsibility is not served within sixty days from the date the state assumes responsibility for the support of the dependent child or children on whose behalf support is sought, the department shall lose the right to reimbursement of payments made after the sixty days and before the date of service of the notice: *Provided*, That if the department exercises reasonable efforts to locate the debtor and is unable to do so the entire sixty day period is tolled until such time as the debtor can be located: *Provided further*, This section shall not be applicable to support obligations owed for months prior to September 1, 1979, and the sixty-day period shall commence on the date payment of an AFDC-R, AFDC-E, AFDC-FC or state only foster care grant is authorized or on September 1, 1979, whichever is later. [Statutory Authority: RCW 74.08.090. 80-06-088 (Order 1507), § 388-11-045, filed 5/28/80; 80-01-026 (Order 1465), § 388-11-045, filed 12/14/79.]

WAC 388-11-050 Failure to make request for hearing. If the responsible parent fails to object, in a timely manner, to the finding of responsibility of the office of support enforcement, such findings as are stated in the notice and finding of financial responsibility shall become final subject to the provisions of WAC 388-11-055. The debt, as stated, and/or the future periodic support payments to prospectively satisfy liability under chapter 171, sections 17 and/or 22, Laws of 1979 ex. sess. [RCW 74.20.320][RCW 74.20.330], RCW 74.20A.030, 74.20.040 or 26.16.205, and/or 74.20A.250 shall be subject to collection action. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-050, filed 12/14/79; 78-07-015 (Order 1305), § 388-11-050, filed 6/15/78; Order 1054, § 388-11-050, filed 9/25/75; Order 875, § 388-11-050, filed 11/16/73.]

WAC 388-11-055 Petition for hearing after twenty days--Stay. (1) The responsible parent may, at any time, upon a showing of good cause for the failure to make a timely request for hearing, petition the secretary or the secretary's designee for a hearing, as provided for but not previously granted pursuant to WAC 388-11-060, 388-11-065, and 388-11-100. A copy of said petition shall also be served by certified mail, return receipt requested, or by service in the manner of a summons in

a civil action on the district office of the office of support enforcement. The filing of such petition shall not stay any collection action being taken under chapter 74.20A RCW. The petition shall state the grounds alleged by the responsible parent to constitute good cause for the failure to make a timely request for hearing.

(2) The granting of a request for a hearing under (1) above shall operate as a stay on any collection action to collect moneys due under the original notice.

(3) On petition of the responsible parent or office of support enforcement, a hearing may be scheduled to consider:

- (a) Whether good cause exists to grant a hearing;
- (b) Setting of temporary current and future support;
- (c) Settlement of any or all of the issues;
- (d) Such other matters as may aid in disposition of the proceeding; and
- (e) If agreed to by the parties to hear the merits of the responsible parent's objections to the notice and finding of financial responsibility.

Notice of this hearing shall be mailed to the parties by certified mail, not less than ten days prior to the scheduled date of the hearing. The petition for setting temporary current and future support may be brought at any time prior to the final decision. The hearing examiner shall, in writing, order payment of temporary, current and future support in an amount determined pursuant to the scale of minimum contributions in WAC 388-11-190 unless such payment is contrary to law. Payment shall be ordered to be paid beginning with the month in which the petition for an untimely hearing is granted.

(4) In the event the responsible parent does not make payment of the temporary current and future support as ordered, the office of support enforcement may take collection action pursuant to chapter 74.20A RCW during the pendency of the hearing or thereafter to collect any amounts owing under the temporary order.

(5) Moneys withheld as a result of collection action in effect at the time of granting of the request for the hearing shall be delivered to the office of support enforcement and shall be held in trust by the office of support enforcement pending the final order of the secretary or during the pendency of any appeal to the courts. Temporary current and future support paid, or collected during the pendency of the hearing or appeal shall be disbursed when received by the office of support enforcement.

(6) If the final decision of the department or the courts on appeal is that the department has collected an amount from the responsible parent greater than such parents past support debt, other than temporary current and future support, such excess shall promptly be refunded to such parent. [Statutory Authority: RCW 74.08.090, 80-01-026 (Order 1465), § 388-11-055, filed 12/14/79; 78-07-015 (Order 1305), § 388-11-055, filed 6/15/78.]

WAC 388-11-060 Request for hearing. Any responsible parent who objects to all or any part of the notice and finding of financial responsibility shall have the

right, for not more than twenty days from the date of service of said notice and finding of financial responsibility, to request, in writing, a hearing which request shall be served upon the office of support enforcement by registered or certified mail or personally. A request for hearing, pursuant to this section, shall not be construed to be or considered as a general denial of requests for admission pursuant to WAC 388-11-080. The execution of the notice and finding of financial responsibility shall be stayed only until the final decision on such hearing. Further stays may be obtained only pursuant to RCW 34.04.130(3). If an objection is received, the secretary or the secretary's designee shall notify the appellant, his attorney, or other designated representative, of the date, time and place of the hearing, at least twenty days prior to the date thereof by written notice to the appellant or his representative by registered or certified mail. The hearing shall be scheduled within thirty days of the date of receipt of the objection. If the time, date or place is inconvenient to either party, the hearing examiner may grant a new time, date or place as is reasonably convenient upon a showing of good cause. [Statutory Authority: RCW 74.08.090, 80-01-026 (Order 1465), § 388-11-060, filed 12/14/79; 78-07-015 (Order 1305), § 388-11-060, filed 6/15/78; Order 1054, § 388-11-060, filed 9/25/75; Order 875, § 388-11-060, filed 11/16/73.]

WAC 388-11-065 Responsible parent to show cause--Affirmative defenses--Burden of proof. At the hearing held pursuant to WAC 388-11-060, the responsible parent shall show cause, if any there be, why the finding of financial responsibility and/or the amount prayed for therein is inaccurate and why the hearing examiner should not enter an initial decision and order as prayed for in said notice and finding of financial responsibility but should either rescind or modify the same. In said show cause hearing the responsible parent shall state affirmatively and shall have the burden of proving:

- (1) Estoppel;
- (2) Payment;
- (3) Release;
- (4) Superior court order;
- (5) Lack of eligibility in the receipt of public assistance funds paid to or for the benefit of the responsible parent's minor child or children: *Provided*, That lack of eligibility shall operate as a defense only as to debt accrued prior to September 1, 1979: *Provided, further*, That lack of eligibility shall operate as a defense to a responsible parent's liability to repay the department only to the extent the amount of ineligibility proven in any one month exceeds the difference between the total grant for that month and the amount of the support liability determined for that month;
- (6) That the applicant is not a responsible parent;
- (7) Inability to pay the amount determined;
- (8) Lack of need and/or debt pursuant to RCW 26.16.205: *Provided*, That the amount determined by reference to the schedule of suggested minimum

contributions in WAC 388-11-190, based on the earnings, resources, and property of the responsible parent shall be a rebuttable presumption of the responsible parent's ability to pay and the need of the family on whose behalf action is being taken. If said presumption is rebutted the office of support enforcement shall be afforded reasonable opportunity to present evidence of actual need with the right to a continuance on request to present said evidence: *Provided further*, Said rebuttable presumption shall apply whether or not the child or children are recipients of or applicants for public assistance. The responsible parent shall be presumed to have no ability to pay from income received from AFDC, SSI, or continuing general assistance;

(9) Discharge in bankruptcy; and

(10) Any other matter constituting an avoidance or affirmative defense to the notice and finding of financial responsibility.

Except as provided for in chapter 388-08 WAC for discovery, the hearing examiner or review examiner shall not require the office of support enforcement to produce or obtain information, documents or witnesses to assist the responsible parent in proof of defenses raised pursuant to WAC 388-11-065 except for that nonconfidential information or documents which the office of support enforcement has in its possession. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-065, filed 12/14/79; 78-07-015 (Order 1305), § 388-11-065, filed 6/15/78; Order 1054, § 388-11-065, filed 9/25/75.]

WAC 388-11-070 Continuance of cases. Either the office of support enforcement or the responsible parent desiring a continuance shall immediately, upon receipt of notice of a hearing, or as soon thereafter as facts requiring such continuance come to his or her or their knowledge, notify the hearing examiner stating the reasons such continuance is necessary. For good cause shown, the hearing examiner may grant such continuance upon his own motion. During the hearing, if it appears in the interest of justice that further testimony or argument should be received, the hearing examiner may continue the hearing and fix a date for introduction of additional evidence or presentation of argument. [Order 1054, § 388-11-070, filed 9/25/75; Order 875, § 388-11-070, filed 11/16/73.]

WAC 388-11-080 Requests for admission. Either the office of support enforcement or the responsible parent may serve upon the other party a written request for the admission, for purposes of the pending action only, of the truth of any matters within the scope of RCW 74.20A.055. Copies of documents shall be served with the request unless they have been or are otherwise furnished or made available for inspection and copying. The request may, without leave of the hearing examiner, be served upon the other party together with, or at any time subsequent to the service of the notice and finding of financial responsibility upon the responsible parent. Each matter of which an admission is requested shall be separately set forth. The matter is admitted unless, within

twenty days after service of the request or within such shorter or longer time as the hearing examiner may allow, the party to whom the request is directed serves upon the party requesting the admission a written answer or denial addressed to the matter, signed by the party or his attorney. If denial is made, the reasons therefor shall be stated. The answer shall specifically deny the matter or set forth in detail the reasons why the answering party cannot truthfully admit or deny the matter. A denial shall fairly meet the substance of the requested admission, and when good faith requires that a party qualify his answer or deny only a part of the matter of which an admission is requested, he shall specify so much of it as is true and qualify or deny the remainder. An answering party may not give lack of information or knowledge as a reason for failure to admit or deny unless he states that he has made reasonable inquiry and that the information known or readily obtainable by him is insufficient to enable him to admit or deny. The party who has requested the admission may move to determine the sufficiency of the answers or denials. Unless the hearing examiner determines that an objection is justified, he will order that an answer be served. If the hearing examiner determines that an answer does not comply with the requirements of this rule, he may order either that matter is admitted or that an amended answer be served. The hearing examiner may, in lieu of these orders, determine that final disposition of the request be made at a pretrial conference or at a designated time prior to hearing. Any matter admitted under this rule is conclusively established unless the hearing examiner on motion permits withdrawal or amendment of the admission for good cause shown. Any admission made by a party under this rule is for the purpose of the pending action only and is not an admission by him for any other purpose nor may it be used against him in any other proceeding. [Order 1054, § 388-11-080, filed 9/25/75; Order 875, § 388-11-080, filed 11/16/73.]

WAC 388-11-090 Hearings examiner. The hearing shall be conducted by a duly qualified hearings examiner appointed by the secretary for such purpose who was not previously involved in any way with the action in question. Any party may request the removal of the assigned hearings examiner for good cause shown. Requests to remove hearings examiners shall be ruled upon promptly by the field office supervisor. Requests to remove field office supervisors acting as the assigned hearings examiner shall be ruled upon by the hearings review chief. [Statutory Authority: RCW 34.04.020. 80-06-090 (Order 1505), § 388-11-090, filed 5/28/80. Statutory Authority: RCW 74.08.090. 78-07-015 (Order 1305), § 388-11-090, filed 6/15/78; Order 875, § 388-11-090, filed 11/16/73.]

WAC 388-11-100 Duty of hearing examiner. Based on the notice and finding of financial responsibility and objections made thereto, the hearing examiner shall determine the liability and responsibility, if any, of the responsible parent under chapter 171, sections 17 and/or

22, Laws of 1979 ex. sess. [RCW 74.20.320][RCW 74.20.330], RCW 74.20A.030, 74.20A.250 and/or 26.16.205. The hearing examiner shall also determine the amount of periodic payments to be made to satisfy past, present, or future liability under chapter 171, sections 17 and/or 22, Laws of 1979 ex. sess. [RCW 74.20.320][RCW 74.20.330], RCW 74.20A.250, 74.20.040, 74.20A.030 and/or 26.16.205, and shall provide in his order that failure to make periodic payments in a timely manner will make the entire arrearage collectable by the office of support enforcement.

In all cases in which the applicant-custodian has made assignment pursuant to RCW 74.20.040 for non-assistance support enforcement services, the hearing examiner shall determine the future, current and past support obligation not limited to the amount of any public assistance standards or grant but based upon need and ability to pay pursuant to RCW 26.16.205. Whenever there has been no assignment made pursuant to 42 USC 602 (a) (26) (A), or chapter 171, sections 17 and/or 22, Laws of 1979 ex. sess. [RCW 74.20.320][RCW 74.20.330] or RCW 74.20.040, the hearing examiner shall determine the liability and the responsibility, if any, of the responsible parent as to past, future and current support obligation based upon RCW 74.20A.030 and 74.20A.250. The hearing examiner shall include in his consideration:

- (1) All earnings and income resources of the responsible parent, including real and personal property;
- (2) The earnings potential of the responsible parent;
- (3) The reasonable necessities of the responsible parent;
- (4) The ability of the responsible parent to borrow;
- (5) The needs of the child for whom the support is sought;
- (6) The amount of assistance which would be paid to the child under the full standard of need of the state's public assistance plan;
- (7) The existence of other dependents; and
- (8) That the child, for whom support is sought, benefits from the income and resources of the responsible parent on an equitable basis in comparison with any other minor children of the responsible parent.

The hearing examiner shall also include in his consideration the standards in WAC 388-11-190 and any standards for determination of support payments used by the superior court of the county of residence of the responsible parent. The hearing examiner is empowered, upon proper showing of unusual circumstances, to set an amount of support, as to the past, present, or future, at a greater or lesser amount than the amount stated or computed in reference to the scale in WAC 388-11-190.

The findings of fact as to unusual circumstances shall consist of a concise statement of each fact found upon each contested issue of fact and shall state the grounds for deviation from the standards in WAC 388-11-190. The hearing examiner shall make his initial decision and enter his findings of fact based on the notice and finding of financial responsibility and the evidence admitted at the hearing.

The office of support enforcement has a right to orally amend the notice and finding of financial responsibility, at the time of hearing, to conform to the evidence in which case the hearing examiner is empowered, when deemed necessary, through continuance, to allow the responsible parent additional time to present rebutting evidence and/or argument as to the amendment.

After evidence has been presented at a hearing conducted by a hearing examiner, the hearing examiner shall enter an initial decision and order which shall be in writing and shall contain findings and conclusions as to each contested issue of fact and law, as well as the order based thereon.

The hearing examiner shall file the original of the initial decision and order signed by him with the secretary or his designee, and copies thereof shall be mailed by the hearing examiner to the office of support enforcement and to the appellant by certified mail to the last known address of the party. [Statutory Authority: RCW 74.08-.090. 80-01-026 (Order 1465), § 388-11-100, filed 12/14/79; 78-07-015 (Order 1305), § 388-11-100, filed 6/15/78; Order 1054, § 388-11-100, filed 9/25/75; Order 875, § 388-11-100, filed 11/16/73.]

WAC 388-11-105 Review of initial decision. Within thirty days of service of the initial decision, either the appellant or the office of support enforcement may petition the secretary or the secretary's designee, in writing, for review of the initial decision and order. Such petition for review shall set forth in detail the basis for the requested review, and shall be mailed to the other party by certified or registered mail to the last known address of the party.

The petition shall be based on any one of the following causes materially affecting the substantial rights of the petitioner:

- (1) Irregularity in the proceedings of the hearing examiner or adverse party, or any order of the hearing examiner, or abuse of discretion, by which the moving party was prevented from having a fair hearing;
- (2) Misconduct of prevailing party;
- (3) Accident or surprise which ordinary prudence could not have guarded against;
- (4) Newly discovered evidence, material for the party making the application, which he could not with reasonable diligence have discovered and produced at the hearing;
- (5) That there is no evidence or reasonable inference from the evidence to justify the decision, or that it is contrary to law or these rules;
- (6) Error in mathematical computation;
- (7) Error in the law occurring at the hearing and objected to at the time by the party making the application;
- (8) That the moving party is unable to perform according to the terms of the order without further clarification;
- (9) That substantial justice has not been done;
- (10) Fraud or misstatement of facts by any witness, pertaining to any defense provided for in WAC 388-11-065;

(11) Clerical mistakes in the decision arising from oversight or omission; and/or

(12) That the decision and order entered, because the responsible parent failed to appear at the hearing, should be vacated and the matter be remanded upon showing of the grounds enumerated in RCW 4.72.010 or CR60.

In the event no petition for review is made as provided herein by any party, the initial decision and order of the hearing examiner shall be final as of the date of filing and becomes the decision and order of the department. No appeal may be taken therefrom to the courts and the debt created is subject to collection action.

After receipt of a petition for review, the secretary or the secretary's designee shall consider the initial decision and order, the petition or petitions for review, the record or any part thereof and such additional evidence and argument as he may in his or her discretion allow. The secretary or the secretary's designee may remand the proceedings to the hearing examiner for additional evidence or argument. The secretary or the secretary's designee may deny review of the initial decision and order and thereupon deny the petition or petitions at which time the initial decision and order shall be final as of the date of said denial and all parties shall forthwith be notified, in writing, of said denial by certified mail to the last known address of the parties. Unless the petition is denied, the secretary or the secretary's designee shall review the initial decision and order and shall make the final decision and order of the department. The final decision and order shall be in writing and shall contain findings and conclusions as to each contested issue of fact and law. The initial findings of fact, conclusions of law, and decision and order shall not be modified unless the findings of fact are unsupported by substantial evidence in view of the entire record and/or unless the applications of law in the initial decision are incorrect in the reasoned opinion of the review examiner. A copy of the decision and order, including the findings and conclusions, shall be mailed to each party to the appeal by certified mail to the last known address of the party. The decision and order shall authorize collection action, as appropriate, under chapter 74.20A RCW. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-105, filed 12/14/79.]

WAC 388-11-115 Fraud--Vacation of decision. (1) Any initial decision, final decision or consent order may be vacated if the decision or order was based upon fraud by any witness or party.

(2) The motion to vacate shall be filed within a reasonable period after the date that the fraud has been discovered or should have been discovered. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-115, filed 12/14/79.]

WAC 388-11-120 Default. If the responsible parent fails to appear at the hearing, the hearing examiner shall, upon showing of valid service, enter an initial decision and order declaring the support debt and payment provisions stated in the notice and finding of financial responsibility to be assessed and determined and subject

to collection action. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-120, filed 12/14/79; 78-07-015 (Order 1305), § 388-11-120, filed 6/15/78; Order 1054, § 388-11-120, filed 9/25/75; Order 875, § 388-16-120, filed 11/16/73.]

WAC 388-11-130 Decision and order after hearing. The hearing examiner shall, within twenty days of the hearing, enter findings, conclusions, and an initial decision determining liability and responsibility and/or future periodic support payments. The determination of the hearing examiner entered pursuant to this section if not reviewed, or the final decision if there is a review shall be entered as a decision and order and shall limit the support debt under chapter 171, sections 17 and/or 22, Laws of 1979 ex. sess. [RCW 74.20.320][RCW 74.20.330], RCW 74.20A.030, 74.20.040 and/or 26.16.205 and/or 74.20A.250 to the amount stated in said decision. Said decision establishing liability and/or future periodic support payments shall be superseded upon entry of a superior court order for support to the extent the superior court order is inconsistent with the hearing order or decision. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-130, filed 12/14/79; 78-07-015 (Order 1305), § 388-11-130, filed 6/15/78; Order 875, § 388-11-130, filed 11/16/73.]

WAC 388-11-135 Service. Service of the decision and order pursuant to WAC 388-11-120 or 388-11-130 shall be by mailing a copy of the decision and order to the last known address of the appellant by certified mail, and by mailing a copy of said decision and order to the last known address of appellant's attorney or other representative at the hearing, if any. [Statutory Authority: RCW 74.08.090. 78-07-015 (Order 1305), § 388-11-135, filed 6/15/78.]

WAC 388-11-140 Modification. Based upon a showing of good cause and a material change in circumstances, either the responsible parent or the office of support enforcement may petition the secretary or the secretary's designee to issue an order requiring the responding party to show cause why a decision previously entered determining responsibility for periodic future support payments, or a final determination for periodic future support payments pursuant to WAC 388-11-050, ought not be prospectively modified. The petition must be accompanied by a supporting affidavit setting forth the particular facts relied upon. On receipt of the petition and affidavit, the secretary or the secretary's designee shall issue to the petitioner the show cause order setting forth the time, date, and place of the show cause hearing.

The hearing shall be a contested case, shall be set not less than fifteen days nor more than thirty days from the date of service unless extended for good cause shown.

The petitioner shall serve the responding party with a copy of the petition, affidavit, and show cause order in the manner of a summons in a civil action or by certified mail, return receipt requested.

An order to appear and show cause under this modification provision may not issue unless the previous decision of which modification is requested was entered pursuant to RCW 74.20A.055 and there is no superior court order for support. The hearing examiner, on petitions to modify, shall consider the standards set forth in WAC 388-11-100. If the responding party fails to appear at the hearing, the hearing examiner shall grant relief as a default order based upon the prayer for relief in the petition and affidavit. Within thirty days of entry of the default order, the defaulting party may petition the secretary or the secretary's designee pursuant to WAC 388-11-105 to vacate the default order upon a showing of any of the grounds enumerated in RCW 4.72.010 or CR60. If the petitioner fails to appear at the hearing, the hearing examiner shall enter an order dismissing the petition for modification. The hearing examiner may set the effective date of prospective modification as either the date of entry of the order or the date of receipt of the petition or any time in between, but if no effective date is set, the effective date shall be the date of the entry of the order. Any decision and order under this section shall be an initial decision by the hearing examiner subject to a petition for review by the secretary or the secretary's designee pursuant to WAC 388-11-105.

It shall not be necessary for the responsible parent or the office of support enforcement to show material change of circumstances if prospective modification is sought as to a final determination for periodic future support payments pursuant to WAC 388-11-050. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-140, filed 12/14/79; 78-07-015 (Order 1305), § 388-11-140, filed 6/15/78; Order 1054, § 388-11-140, filed 9/25/75; Order 875, § 388-11-140, filed 11/16/73.]

WAC 388-11-145 Notice to appellant. It shall be the responsibility of the appellant to notify the department of his or her mailing address at the time the request for hearing is made and also to notify the department of any subsequent change of mailing address during the pendency of the appeal including any review by the courts.

Whenever the department has notified the appellant of this responsibility, mailing by the department by certified mail to the appellant's last known address constitutes service of notice under chapter 388-11 WAC. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-145, filed 12/14/79.]

WAC 388-11-150 Consent order. In the absence of a superior court order, informal disposition of any contested case or petition or order to show cause for modification wherein a debt is claimed pursuant to chapter 171, sections 17 and/or 22, Laws of 1979 ex. sess. [RCW 74.20.320][RCW 74.20.330], RCW 74.20.040, 74.20A.030, 26.16.205 and/or 74.20A.250 is encouraged where feasible and not specifically precluded by law.

Said cases may be disposed of by stipulation, agreed settlement, or consent order. The hearing examiner shall approve any consent order disposing of a contested case unless specifically contrary to law. Informal disposition on consent order shall be deemed to be a request for hearing granting jurisdiction to the hearing examiner to approve said consent order without the necessity of testimony or hearing, upon presentation by the office of support enforcement. If said negotiation as to a consent order is commenced within twenty days of service on the responsible parent of the notice and finding of financial responsibility, and such negotiations fail, a hearing shall be scheduled and held within thirty days of the breakdown of negotiations. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-150, filed 12/14/79; Order 875, § 388-11-150, filed 11/16/73.]

WAC 388-11-155 Duration of obligation. The obligation established pursuant to these rules shall continue in effect until superseded by a superior court order, modified pursuant to WAC 388-11-140, vacated pursuant to WAC 388-11-115 or until the child attains the age of majority or is sooner emancipated, or is self-supporting, married, or member of the armed forces of the United States. The obligation shall cease to accrue on the death of the child or the responsible parent, or if the responsible parent is a stepparent when the marriage is dissolved under chapter 26.09 RCW or under comparable procedures for divorce or dissolution of marriage. Provided that such obligation shall not be owed for the period of time during which the child is in the lawful physical custody of the responsible parent other than for purposes of visitation. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-155, filed 12/14/79.]

WAC 388-11-170 Collection of debts determined. Whenever an order designating the amount of periodic payments to be made to satisfy a past liability or periodic future support obligation has not been complied with, the accrued debt, not paid, and any current delinquency, shall become due in full and the portion of the order designating periodic payments to satisfy past, accrued liability shall be deemed to be vacated without the necessity of further action by the hearing examiner. After such vacation, collection action pursuant to chapter 74.20A RCW by the office of support enforcement as authorized representative of the secretary as to debts determined, accrued, and unpaid may not be stayed by the hearing examiner and is subject only to review by the superior court pursuant to RCW 74.20A.200. [Statutory Authority: RCW 74.08.090. 78-07-015 (Order 1305), § 388-11-170, filed 6/15/78; Order 1054, § 388-11-170, filed 9/25/75; Order 875, § 388-11-170, filed 11/16/73.]

WAC 388-11-180 Procedural reference. The following WAC provisions are herewith included in this section and made applicable to hearings held pursuant to RCW 74.20A.055:

WAC

388-08-055	388-08-235
388-08-083	388-08-375
388-08-150	388-08-390
388-08-160	388-08-400
388-08-170	388-08-480
388-08-180	388-08-490
388-08-190	388-08-500
388-08-200	388-08-520
388-08-210	388-08-600
388-08-220	

In determining the validity of defenses to liability asserted pursuant to WAC 388-11-065(5) other provisions of the Washington Administrative Code shall be applied. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-11-180, filed 12/14/79; 78-07-015 (Order 1305), § 388-11-180, filed 6/15/78; Order 1054, § 388-11-180, filed 9/25/75; Order 875, § 388-11-180, filed 11/16/73.]

WAC 388-11-185 Discovery. Either party may petition the hearing examiner for interrogatories and/or depositions for use as evidence in a hearing. The petitioner shall give reasonable notice of not less than five days in writing to the department's examiner and all parties. After notice is served for taking a deposition, the hearing examiner, upon his own motion or upon motion reasonably made by any party or by the person to be examined and for good cause shown, may make an order that the deposition shall not be taken, or that it may be taken only at some designated place other than that stated in the notice, or that it may be taken only on written interrogatories, or that the scope of the examination shall be limited to certain matters, or that the examination shall be held with no one present except the parties to the action and counsel. Unless otherwise ordered, the deponent may be examined regarding any matter not privileged or confidential which is relevant to the subject matter involved in the proceeding.

If deemed expeditious, the hearing examiner may take or cause to be taken, depositions and interrogatories for use as evidence in any hearing. [Order 1054, § 388-11-185, filed 9/25/75.]

WAC 388-11-190 Scale of minimum contributions. The rates shown in this section are established pursuant to RCW 74.20.270. They define levels of minimum contributions based on "net income" for use in determining the amount that a parent will be required to contribute to or for the benefit of his child(ren).

The rates are twenty-four percent of net income for one child, thirty-five percent of net income for two children, forty-two percent of net income for three children and forty-eight percent of net income for four or more children. Minimum contribution shall be calculated by the following steps:

(1) Add the number of children named in the notice and finding of financial responsibility to the natural, adopted, and/or stepchildren living with the responsible parent and select the applicable rate for that number of children;

(2) Multiply the total net income of the responsible parent by the rate selected in subsection (1) above;

(3) Divide the result by the total number of children determined pursuant to subsection (1) above to obtain the proportionate share that should be paid for one child;

(4) Multiply this by the number of children named in the notice and finding of financial responsibility to obtain the minimum contribution the responsible parent should make for support of his children.

"Income" includes all payment of moneys to the responsible parent, including, if married, all payment of moneys to the marital community of a responsible parent from any sources whatsoever. "Net income" is defined for purposes of this scale as all income of the responsible parent, including, if married, all income available to the marital community of which the responsible parent is a member remaining after the deduction from that income of any amount required by law to be withheld. Moneys paid for support of natural or stepchildren living with and being supported by the responsible parent or the marital community of which he is a member including but not limited to child support, SSI, OASI, shall be added to the net income of the responsible parent without deduction of any amounts prior to determination of the proportionate share for each child in subsection (2) of this section. Other available resources, real and personal property available and/or saleable and income therefrom including the ability to borrow and the earnings potential of the responsible parent shall be considered in determining minimum contributions. Contributions shall not, except as provided for in WAC 388-11-100(5) be lessened by consideration of debts of the responsible parent. Public policy found in both state and federal laws requires preference for support of minor dependent children from the funds of the responsible parent. [Statutory Authority: RCW 74.08.090. 78-07-015 (Order 1305), § 388-11-190, filed 6/15/78; Order 1119, § 388-11-190, filed 5/13/76; Order 875, § 388-11-190, filed 11/16/73.]

Chapter 388-13 WAC

RECOVERY OF SUPPORT PAYMENTS

WAC

388-13-010	Debt, assignment, recoupment, set-off.
388-13-020	Notice of support debt.
388-13-030	Service of notice of support debt.
388-13-040	Failure to make answer or request for hearing.
388-13-050	Petition for hearing after twenty days—Stay.
388-13-060	Timely request for hearing.
388-13-070	Hearing—Initial decisions.
388-13-080	Review of initial decision.
388-13-085	Collection action.
388-13-090	Limitation on proceeding.
388-13-100	Acknowledgment of debt.
388-13-110	Default.
388-13-120	Procedural reference.

WAC 388-13-010 Debt, assignment, recoupment, set-off. (1) Chapter 171, sections 17 and 18, Laws of

1979 ex. sess. [RCW 74.20.320 and 74.20A.270], provide that a custodian of children or other person who receives support moneys which moneys were paid, in whole or in part, in satisfaction of a support obligation owing to the department pursuant to 42 USC 602(a)(26)(A), chapter 171, sections 17 and 22, Laws of 1979 ex. sess., or RCW 74.20A.030 has a duty to remit said moneys to the office of support enforcement within eight days of receipt by the custodian or other person and is indebted to the department in an amount equal to the amount of the support money received and not remitted.

(2) By not remitting support moneys described in subsection (1) of this section, a custodial parent or other person is deemed, without the necessity of signing any document, to have made an irrevocable assignment to the department of an equal amount of any support delinquency not already assigned to the department, but owing to the custodial parent or other person, or an equal amount of any support delinquencies which may accrue in the future. The office of support enforcement is authorized to utilize the collection procedures of chapter 74.20A RCW to collect this assigned delinquency, satisfying the obligation owed under subsection (1) of this section by the custodial parent or other person.

(3) The office of support enforcement may also make a set-off to effect satisfaction of the debt under subsection (1) of this section from support moneys in its possession or in the possession of a county clerk or other forwarding agent if said moneys were paid to satisfy a support delinquency.

(4) Action may be taken alternatively or simultaneously under subsections (1), (2) and (3) of this section but in no event may the department recoup and retain more moneys than the debt described under subsection (1) of this section, refunding the excess, without deduction of fees, to the custodian of the children.

(5) The custodial parent or other person shall be given an accounting of actions taken under subsections (2) or (3) of this section. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-13-010, filed 12/14/79.]

WAC 388-13-020 Notice of support debt. The notice of support debt shall set forth:

(1) The amount of support moneys claimed by the department as property of the department by assignment, subrogation or by operation of law or legal process under chapter 74.20A RCW;

(2) The legal basis for the claim of ownership by the department;

(3) A description of the person, firm, corporation, association or political subdivision who is or has been in possession of the support moneys together with sufficient detail to enable identification of the moneys in issue;

(4) A statement that, effective with the date of service of the notice, all moneys not yet disbursed or spent and all like moneys to be received in the future are deemed to be impounded and shall be held in trust pending answer to the notice and any hearing which is requested;

(5) A statement that the notice shall be answered, under oath and in writing, within twenty days of the date of service of the notice;

(6) A statement that the answer made under subsection (5) of this section shall include true answers to the matters inquired of and that said answer shall also acknowledge the department's right to the moneys or request an administrative hearing to determine ownership of the moneys in issue;

(7) A statement that the burden of proof in said hearing is on the department to establish ownership of the support moneys claimed;

(8) A statement that, if the person, firm, corporation, association or political subdivision or officer or agent thereof fails to answer and/or make a request for hearing in a timely manner, the department's claim shall be assessed and determined and subject to collection action as a support debt pursuant to chapter 74.20A RCW; and

(9) A statement that a support debt, as assessed and determined, is subject to collection action and that the property of the debtor, without further advance notice or hearing, is subject to lien and foreclosure, distraint, seizure and sale, or order to withhold and deliver to satisfy the debt: *Provided*, That no collection action may be taken against a recipient of public assistance during the period of time the recipient remains on assistance. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-13-020, filed 12/14/79.]

WAC 388-13-030 Service of notice of support debt. The notice of support debt shall be served on the person, firm, corporation, association, or political subdivision or any officer or agent thereof by the office of support enforcement or its agent in the manner prescribed for the service of a summons in a civil action, or by certified mail, return receipt requested. The receipt shall be prima facie evidence of service. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-13-030, filed 12/14/79.]

WAC 388-13-040 Failure to make answer or request for hearing. If the person, firm, corporation, association, or political subdivision or any officer or agent thereof served with a notice of support debt fails to answer, in a timely manner, the claim of the department shall be assessed and determined and subject to collection action as a support debt pursuant to chapter 74.20A RCW. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-13-040, filed 12/14/79.]

WAC 388-13-050 Petition for hearing after twenty days--Stay. (1) The person, firm, corporation, association, political subdivision or any officer or agent thereof served with a notice of support debt at any time within one year from the date of service of said notice may petition the secretary or the secretary's designee for a hearing, as provided for but not previously granted pursuant to WAC 388-13-070, upon a showing of any of the grounds enumerated in RCW 4.72.010 or CR 60. A copy of said petition shall also be served by certified

mail, return receipt requested, or by service in the manner of a summons in a civil action on the district field office of the office of support enforcement. The filing of the petition shall not stay any collection action being taken, but the debtor may petition the secretary or the secretary's designee for an order staying collection action pending final decision of the secretary or the secretary's designee or the courts on an appeal made pursuant to chapter 34.04 RCW.

(2) Any moneys held and/or taken by collection action prior to the date of any such stay and any support moneys claimed by the department, including moneys to be received in the future, to which the department may have a claim, shall be held in trust pending the final decision and appeal, if any, to be disbursed in accordance with the final decision. The secretary or the secretary's designee shall condition the stay to provide for the trust.

(3) If a request for hearing is received, the department shall notify the appellant, his attorney, or other designated representative, of the date, time and place of the hearing, at least twenty days prior to the date thereof by written notice to the appellant or his or her representative by certified mail.

The department shall notify the appellant that it is his or her responsibility to notify the department of his or her mailing address at the time of the request for hearing and also of any change of address after this request for hearing is submitted. Mailing by certified mail, return receipt requested, to the last address provided by the appellant shall constitute service pursuant to chapters 74.20A and 34.04 RCW.

The hearing shall be promptly scheduled within thirty days of the date of receipt of the request for hearing. If the time, date or place is inconvenient to either party, the hearing examiner may grant a new time, date or place as is reasonably convenient upon a showing of good cause. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-13-050, filed 12/14/79.]

WAC 388-13-060 Timely request for hearing. Any debtor who objects to all or any part of a notice of support debt shall have the right, for not more than twenty days from the date of service of the notice of support debt, to request in writing, a hearing, which request shall be served upon the district office of the office of support enforcement by certified mail or by personal service. A request for hearing, pursuant to this section, shall be construed to be a general denial of liability to the department. The execution of the notice of support debt shall be stayed pending the final decision on such hearing. If a request for hearing is received, the department shall notify the appellant, his attorney, or other designated representative, of the date, time and place of the hearing, at least twenty days prior to the date thereof by written notice to the appellant or his or her representative by certified mail.

The department shall notify the appellant that it is his or her responsibility to notify the department of his or her mailing address at the time of the request for hearing and also of any change of address after this request

for hearing is submitted. Mailing by certified mail, return receipt requested, to the last address provided by the appellant shall constitute service pursuant to chapters 74.20A and 34.04 RCW.

The hearing shall be promptly scheduled within thirty days of the date of receipt of the request for hearing. If the time, date or place is inconvenient to either party, the hearing examiner may grant a new time, date or place as is reasonably convenient upon a showing of good cause. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-13-060, filed 12/14/79.]

WAC 388-13-070 Hearing--Initial decisions. (1) If the hearing is granted, it shall be an administrative hearing limited to the determination of the ownership of the moneys claimed in the notice of support debt. The right to the hearing is conditioned upon holding any funds not yet disbursed or expended or to be received in the future in trust pending the final order in these proceedings or during any appeal to the courts. The secretary or the secretary's designee shall enter an appropriate order providing for the terms of the trust.

(2) The hearing shall be a contested case as provided for in chapter 34.04 RCW and shall be held pursuant to this section, chapter 34.04 RCW, and the rules of the department.

(3) The hearing shall be promptly scheduled within thirty days from the date of receipt by the office of support enforcement of the answer/request for hearing by the department. The hearing shall be conducted by a duly qualified hearing examiner appointed for that purpose. Hearings may be held in the county of residence of the debtor or other place convenient to the debtor.

(4) The department shall have the burden of proof to establish ownership of the support moneys claimed, including but not limited to moneys not yet disbursed or spent.

(5) After evidence has been presented at a hearing conducted by a hearing examiner, the hearing examiner shall enter an initial decision and order which shall be in writing and shall contain findings and conclusions as to each contested issue of fact and law, as well as the order based thereon. The hearing examiner shall make his/her decision and enter his/her findings of fact based upon the evidence admitted at the hearing. The office of support enforcement shall have the right to orally amend the notice of support debt, at the time of hearing, to conform to the evidence in which case the hearing examiner is empowered to grant a continuance, when deemed necessary, to allow the debtor additional time to present rebutting evidence and/or argument as to the amendment.

(6) The hearing examiner shall file the original of the initial decision and order, signed by him/her, with the secretary or the secretary's designee and copies thereof shall be mailed by the hearing examiner to the office of support enforcement and to the debtor by certified mail to the last address provided by each party.

(7) To the extent they do not conflict with these rules or chapter 171, section 18, Laws of 1979 ex. sess. [RCW 74.20A.270], the provisions of chapter 388-11 WAC

and RCW 74.20A.055 shall apply to this process. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-13-070, filed 12/14/79.]

WAC 388-13-080 Review of initial decision. The review process provided for in WAC 388-11-105 shall apply to actions under this chapter. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-13-080, filed 12/14/79.]

WAC 388-13-085 Collection action. Action may be taken under chapter 74.20A RCW to collect debts determined, but unpaid under chapter 388-13 WAC. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-13-085, filed 12/14/79.]

WAC 388-13-090 Limitation on proceeding. (1) The office of support enforcement may take action to assess the debt but may not take collection action under chapter 74.20A RCW and chapter 388-13 WAC during such period of time as the public assistance recipient remains in that status.

(2) Payments not credited against the department's debt pursuant to RCW 74.20.101 may not be assessed or collected under chapter 388-13 WAC. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-13-090, filed 12/14/79.]

WAC 388-13-100 Acknowledgment of debt. If the debtor makes answer to the notice of support debt acknowledging that the department owns the support payments in issue, the office of support enforcement shall be authorized to take collection action pursuant to chapter 74.20A RCW if the debtor fails to pay said debt within twenty-one days of the date of receipt of said answer. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-13-100, filed 12/14/79.]

WAC 388-13-110 Default. (1) If the debtor fails to appear at the hearing, the hearing examiner shall, upon a showing of valid service, enter an initial decision and order declaring the amount of the support moneys, as claimed in the notice, to be assessed and determined and subject to collection action under chapter 74.20A RCW.

(2) Within thirty days of entry of the decision and order in subsection (1) of this section, the debtor may petition the secretary or the secretary's designee to vacate the decision and order and remand the matter upon the showing of any of the grounds enumerated in RCW 4.72.010 or CR 60. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-13-110, filed 12/14/79.]

WAC 388-13-120 Procedural reference. (1) WAC 388-11-145, 388-11-150 and 388-11-180 and all procedural references in that last section shall apply to actions under this chapter.

(2) Any provisions of chapters 388-11 or 388-14 WAC not in conflict with these rules or chapter 171, section 17 or 18, Laws of 1979 ex. sess. [RCW 74.20.320 and 74.20A.270], shall apply to actions under this

chapter. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-13-120, filed 12/14/79.]

Chapter 388-14 WAC SUPPORT ENFORCEMENT

WAC	
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-14-375	Notice of debt. [Statutory Authority: RCW 74.08.090. 78-07-015 (Order 1305), § 388-14-375, filed 6/15/78.] Repealed by 79-11-086 (Order 1446), filed 10/24/79. Statutory Authority: RCW 74.08.090.
388-14-380	Petition for hearing after twenty days—Stay. [Statutory Authority: RCW 74.08.090. 78-07-015 (Order 1305), § 388-14-380, filed 6/15/78.] Repealed by 79-11-086 (Order 1446), filed 10/24/79. Statutory Authority: RCW 74.08.090.

WAC 388-14-010 Office of support enforcement as the Title IV-D agency. (1) Pursuant to chapters 74.20 and 74.20A RCW, the department of social and health services of the state of Washington through the office of support enforcement establishes the following provisions as the state plan for child support pursuant to Title IV-D of the social security act.

(2) The office of support enforcement is designated and established as the single and separate organizational unit within the state of Washington to administer the plan which shall be in effect in all political subdivisions of the state of Washington.

(3) The office of support enforcement is the operating agency referred to in federal rules and regulations as the Title IV-D agency. The office of support enforcement is

authorized to assume any and all responsibilities assigned the Title IV-D agency including but not limited to the following:

(4) Entering into agreements as required with other states and the secretary, department of health, education and welfare:

(a) To contract with other states for the referral of cases under the uniform reciprocal enforcement of support act and other cases where enforcement or collection of support location of absent parents or establishment of paternity are appropriate. Include in such agreements the procedures for making referrals, assigning debt, distributing incentive payments, and reporting actions and activities on the part of this state for another, or another state for this state and coordination of activities pursuant to and insuring compliance with the uniform reciprocal enforcement of support act.

(b) To contract with the secretary, department of health, education and welfare and maintain liaison for:

(i) Referral to parent locator service including amount and collection of fees.

(ii) Certification and referral of cases as appropriate for the collection of support delinquencies by the secretary of the treasury.

(iii) Certification and referral of cases as appropriate for utilization of the U.S. District Courts.

(5) The office of support enforcement is responsible for administration of the Title IV-D plan including supervisory authority for any and all activities necessary to meet the standards for an efficient and effective program including formal evaluation of the quality, efficiency, effectiveness and scope of services provided under the plan. The office will take necessary measures to meet federal and state requirements for accounting and fiscal control, insuring that location, establishment of paternity, and establishment, enforcement, and collection of support functions are carried out effectively and efficiently. The office of support enforcement is also responsible to assure that referrals and other communications with the Title IV-A agency meet the requirements of the Title IV-D and Title IV-A state plans. [Order 1054, § 388-14-010, filed 9/25/75.]

WAC 388-14-020 Definitions. (1) The terms "applicant/recipient", "applicant", or "recipient" include the caretaker relative, the children, and any other individual whose needs are considered in determining the amount of assistance. See also WAC 388-22-030.

(2) The term "applicant/custodian" shall designate the individual who is the physical and legal custodian of any person(s) on whose behalf an application for nonassistance support enforcement services has been made to the office of support enforcement pursuant to RCW 74.20.040 and 74 USC 654(6) or 42 USC 657(C)(1)(2).

(3) The term "absent parent" shall designate that person who:

(a) Is not the physical custodian of the child; and

(b) Is a natural, or adoptive parent, or a stepparent who owes a legal duty to support said child or children

on whose behalf an application has been made for payment of public assistance or application has been made for nonassistance support enforcement services.

(4) "Putative father" as used in this section shall include any and all men who may possibly be the father of the child(ren) on whose behalf the application for assistance or support enforcement services may be made. See also WAC 388-14-200(2)(c).

(5) "Aid" means aid to families with dependent children or AFDC foster care.

(6) "Title IV-D" refers to Title IV-D of the social security act established under Title XX of the social security amendments and as incorporated in 42 USC (602).

(7) "Title IV-D plan" refers to a plan established under the conditions of Title IV-D approved by the secretary, department of health, education and welfare.

(8) The "required support obligation for the current month" is defined as the amount of a superior court order for support or the periodic future support amount determined pursuant to chapter 388-11 WAC which is or will be owing for the current month.

(9) "Incentive payments" are payments distributed pursuant to WAC 388-14-370 to prosecuting attorneys or other political subdivision on the basis of enforcement and collection of support payments.

(10) "Secretary" means the secretary of the department of social and health services, his/her designee or authorized representative, which for all purposes as used in chapter 74.20A RCW shall mean the designee of the secretary, the chief, office of support enforcement or his designee, except as is provided for in WAC 388-11-011(5) wherein for purposes of RCW 74.20A.055 "secretary" has another meaning.

(11) "Family" shall mean the person or persons on behalf of whom support is sought which unit may include a custodial parent or other person and one or more children or a child or children in foster care placement. [Statutory Authority: RCW 74.08.090, 80-01-026 (Order 1465), § 388-14-020, filed 12/14/79; Order 1054, § 388-14-020, filed 9/25/75.]

WAC 388-14-030 Confidentiality. The department shall not give out any information to the absent parent concerning the recipient in the conduct of activities associated with this chapter except as authorized in chapter 388-48 WAC. [Order 1054, § 388-14-030, filed 9/25/75.]

WAC 388-14-100 Absent parent's responsibility--Liability. The amount of support which must be provided by an absent parent to meet the support obligation is:

(1) The amount required by a superior court order for support, or, if there is no superior court order for support, the amount determined pursuant to chapter 388-11 WAC as future periodic support, and, if applicable;

(2) Payment of arrears which may be paid on a mutually agreed schedule adequate to satisfy said arrears prior to expiration of the statute of limitations. [Order 1054, § 388-14-100, filed 9/25/75.]

WAC 388-14-200 Eligibility--Assignment of support rights--Cooperation with office of support enforcement--Effect of noncooperation. This section establishes the initial and continuing requirements which affect eligibility for aid to families with dependent children.

(1) Beginning August 1, 1975, as a condition of eligibility for assistance, each applicant/recipient shall make assignment to the office of support enforcement of any and all right, title, and interest in any support obligation the applicant/recipient may have in his or her own behalf or in behalf of any other family member for whom the applicant/recipient is applying for or receiving financial assistance including rights to support which have accrued at the time such assignment is executed.

(2) When (1), above is satisfied, cooperation is further required as a continuing condition of eligibility for assistance unless the CSO determines that the applicant/recipient has good cause not to cooperate under WAC 388-24-111. Cooperation includes identifying and locating absent parents including possible putative fathers, and in establishing paternity of a child or children, and/or in obtaining support payments or any other payments or property due the applicant/recipient or child(ren) as further provided below:

(a) Cooperation in identifying and locating absent parents including putative fathers includes, but is not limited to:

(i) Providing all known relevant information such as the absent parent's name including known aliases, address, telephone or message number; social security number, employment history, physical description, and data regarding the date and place of marriage, separation, divorce, or dissolution including copies of any documents and any court orders establishing paternity and/or support obligations. Information must be given at the time of application and/or at a later time if requested by the office of support enforcement to supplement existing information;

(ii) Providing notice to the office of support enforcement of any and all necessary information concerning the absent parent(s), including all putative fathers of a child on whose behalf the recipient applied for or receives public assistance, and also providing notice of changes in the information and/or notice of new information as available.

(b) Cooperation in establishing the paternity of a child or children including, but not limited to: taking all reasonable action in cooperation with the office of support enforcement, the prosecuting attorneys, the attorney general, private attorneys compensated under chapter 171, section 19, Laws of 1979 ex. sess. [RCW 74.20.350], courts or other agencies, in administrative hearings, or in actions to prosecute or maintain any legal action or remedy for the establishment of paternity or in investigations preparatory to or supplementary to such hearings or actions, and to develop medical and anthropological evidence relating to the alleged father's paternity based upon tests performed by experts on the mother and the child.

(c) When a custodial mother has informed the department that a particular man is the father of her child,

the department shall make no further inquiry into her personal life unless the man so identified has denied that he is the father of such child.

(d) Cooperation in establishing and collecting support and/or in obtaining support payments or any other payments or property due the applicant/recipient or child(ren) includes taking all reasonable action in cooperation with the office of support enforcement, the prosecuting attorneys, the attorney general, private attorneys compensated under chapter 171, section 19, Laws of 1979 ex. sess. [RCW 74.20.350], courts or other agencies in administrative hearings or in actions to prosecute or maintain any legal action or remedy for the establishment or collection of support obligations or in investigations preparatory to or supplementary to such hearings or actions.

(e) Cooperation in the obtaining of support payments further includes but is not limited to:

(i) Providing of specific information at the time of application to establish the amount of the support debt accrued to the applicant/recipient prior to application for assistance.

(ii) Remittance of all support payments received by the applicant/recipient from any person or agency to the office of support enforcement within eight days of receipt of said payments.

(3) If the applicant/recipient fails to cooperate as defined above the caretaker/relative shall be ineligible to receive assistance and any assistance for which the children may be eligible shall be provided by protective payment as specified in WAC 388-33-453; the determination of requirements for the child(ren) shall be computed without regard to the requirements of the caretaker/relative.

(4) If support moneys are not remitted within eight days of receipt and protective payments have been established without regard to the requirements of the caretaker/relative pursuant to WAC 388-33-453, the office of support enforcement may enter into a written agreement with the caretaker/relative for satisfaction of the obligation of remittance of support payments by monthly installment payments to the office of support enforcement in amounts not less than ten percent of the original amount not remitted. If a caretaker/relative makes such an agreement for satisfaction and is restored to grant status and fails to make the required monthly payments or again fails to remit support moneys received direct, within eight days of receipt, said recipient is subject to WAC 388-33-453 and thereafter may establish cooperation under this subsection only by remittance to the office of support enforcement of the full amount of support moneys received.

(5) In the event of failure to cooperate under the requirements of this section and/or WAC 388-24-108 and/or 388-24-109, "aid to families with dependent children" does not mean payments with respect to a parent (or other individual whose needs should be considered in determining the need of the child(ren) or relative claiming aid) of a child or children. Nothing in these rules shall be construed to make an otherwise eligible child ineligible for protective payments because of

the failure of such parent (or such other individual) to cooperate or make assignment. [Statutory Authority: RCW 74.08.090, 80-01-026 (Order 1465), § 388-14-200, filed 12/14/79; 78-09-053 (Order 1330), § 388-14-200, filed 8/22/78; Order 1054, § 388-14-200, filed 9/25/75.]

WAC 388-14-205 Responsibilities of the office of support enforcement. (1) The office of support enforcement will undertake, when public assistance is paid or the services requested, to:

(a) Establish paternity of any child born out of wedlock; and

(b) Secure support for a child from any person legally liable for such support.

(2) The office of support enforcement will not act to establish paternity or secure child support in any case for which it has received notice that the CSO has determined that there has been a finding of good cause under WAC 388-24-111.

(a) The office of support enforcement will request that all activities under Title IV-D to establish paternity or secure child support involving activities of agencies acting under cooperative agreements are suspended when OSE receives notice from the CSO that an applicant or recipient has claimed good cause until notified of the final determination of the CSO.

Any agency acting under a cooperative agreement who fails or refuses to comply with the request to suspend activities shall not be entitled to financial participation under the Title IV-D cooperative agreement as to said case or cases upon which the request is made.

A child support obligation continues while enforcement and/or collection action is suspended pending a final determination of good cause and will be subject to collection when a decision is made that good cause for refusal to cooperate no longer exists.

(b) The office of support enforcement will review and comment on the findings and basis for the proposed determination by the CSO.

(c) The office of support enforcement will be a party to any hearing requested as a result of an applicant's or recipient's appeal of any agency action under WAC 388-24-111. [Statutory Authority: RCW 74.08.090, 79-06-032 (Order 1400), § 388-14-205, filed 5/16/79; 78-09-053 (Order 1330), § 388-14-205, filed 8/22/78.]

WAC 388-14-210 Support payments to office of support enforcement. (1) All support moneys paid to satisfy a support obligation assigned to the department shall be routed to the office of support enforcement. See RCW 74.20.101.

(2) All support moneys routed directly to a recipient of public assistance, or to another on behalf of a recipient of public assistance, by any person or agency other than the office of support enforcement shall be remitted by the recipient or other person or agency to the office of support enforcement within eight days of receipt of the payment. [Statutory Authority: RCW 74.08.090, 80-01-026 (Order 1465), § 388-14-210, filed 12/14/79; Order 1054, § 388-14-210, filed 9/25/75.]

WAC 388-14-220 Subpoena power. The chief, regional supervisors, district supervisors, claims officers and support enforcement officers III of the office of support enforcement are duly appointed officers empowered to issue subpoena of witnesses, books, records, etc., pursuant to RCW 74.04.290 and chapters 388-11 and 388-14 WAC as to matters they deem relevant to the performance of their duties. [Statutory Authority: RCW 74.08.090, 78-07-015 (Order 1305), § 388-14-220, filed 6/15/78; Order 1054, § 388-14-220, filed 9/25/75.]

WAC 388-14-250 Payments to the family. Any payments required to be made to a family under WAC 388-14-270 will be made to the resident parent, legal guardian, caretaker, relative or protective payee having custody of or responsibility for the child or children as provided in WAC 388-33-400. Provided, that no payments shall be made to said parent, guardian or caretaker relative if they have failed or refused to meet the eligibility requirements for cooperation in identifying and locating the absent parent, establishing paternity, establishing or obtaining support payments including prompt remittance of support payments received directly or assigning of support rights. [Order 1054, § 388-14-250, filed 9/25/75.]

WAC 388-14-260 Distribution--Referrals from other states. (1) When another state reassigns to the office of support enforcement of the state of Washington debt previously assigned to that other state under 45 CFR 232.11, collection action may be taken by the office of support enforcement under chapter 74.20A RCW to satisfy the requirements to enforce obligations of the other states accrued and/or accruing pursuant to an order of the superior court of the state of Washington or an order of a court of another state comparable in jurisdiction to the superior court of the state of Washington.

(2) Support payments so collected by the state of Washington are remitted in the total amount received to the other state. [Order 1054, § 388-14-260, filed 9/25/75.]

WAC 388-14-270 Distribution of support payments--Public assistance. All payments collected as support on behalf of persons receiving public assistance in the state of Washington for whom an assignment is made under WAC 388-24-108 and 388-14-200 shall be distributed under the following conditions:

(1) The following provisions apply to this section:

(a) All payments will be reported in exact amounts without rounding.

(b) The date of collection shall be the date on which the payment is received by the office of support enforcement or the political subdivision making the collection under agreement and on behalf of the office of support enforcement. For interstate collections, the date of collection shall be the date on which the payment is received by the IV-D agency of the state in which the family is receiving aid.

(c) The amounts collected as support during periods of time when aid is being provided, shall, for the purposes of this distribution section only, be treated first as payment on the required support obligation for the month in which support was collected.

(d) Amounts collected which are paid more frequently than once a month shall be converted to an amount which represents payment on the required support obligation for the current month. The office of support enforcement is directed to distribute payments periodically to give effect to efficient administration.

(e) Any amounts distributed to the family will be reported to the community service office identifying whether or not the payment is available to meet the need. This requirement shall not relieve the recipient of the duty to report receipt of any support moneys.

(f) Any amounts collected which represent support shall be used to reduce dollar for dollar the amount of the support obligation as defined in WAC 388-14-100.

(g) No distribution may be made under subdivision (2)(a) unless a new assignment has been made pursuant to WAC 388-24-108 and 388-14-200.

(2) The amounts collected as support by the IV-D agency pursuant to the state plan for children who are current recipients of aid under the state's Title IV-A plan by the office of support enforcement and for whom assignment under WAC 388-24-108 and 388-14-200 is effective shall be distributed as follows:

(a) Any amount that is collected in a month which represents payment on the required support obligation for that month shall be retained by the state to reimburse, in whole or in part, the assistance payment for the month in which the child support was collected or the next month. Of the amount retained by the state as reimbursement for that month's assistance payment, the office of support enforcement shall determine the federal government's share of the amount so retained so the IV-A agency may reimburse the federal government to the extent of its participation in the financing of the assistance payment. From the federal government's share, the office of support enforcement shall deduct and pay the incentive payments, if any, prescribed in WAC 388-14-370.

(b) If the amount collected is in excess of the amount required to be distributed under subdivision (2)(a), the family shall be paid such excess up to the difference between the assistance payment for the month in which the amount of the collection was used to redetermine eligibility for an assistance payment under the state's Title IV-A plan and the court ordered amount for that month. This payment shall be made in the month following the month in which the amount of the collection was used to redetermine eligibility for an assistance payment under the state's Title IV-A plan. If such court ordered amount is less than such assistance payment, no amount shall be paid to the family under this subdivision. In cases in which there is no court order, the family shall not be paid any amount under this subdivision.

(c) If the amount collected is in excess of the amounts required to be distributed under subdivisions (2)(a) and (2)(b), any such excess shall be retained by the state as

reimbursement for past assistance payments made to the family for which the state has not been reimbursed. The state may apply the amount retained to any sequence of months for which it has not yet been reimbursed. Of the amount retained by the state as reimbursement of past assistance payments, the office of support enforcement shall determine the federal government's share of the amount so retained so the IV-A agency may reimburse the federal government to the extent of its participation in the financing of the assistance payments. From the federal government's share, the office of support enforcement shall deduct and pay the incentive payment, if any, prescribed in WAC 388-14-370. If past assistance payments are greater than the total support obligation owed, the maximum amount the state may retain as reimbursement for such assistance payments is the amount of such obligation, unless amounts are collected which represent the required support obligation for periods prior to the first month in which the family received assistance under the state's Title IV-A plan, in which case such amounts shall be retained by the state to reimburse the difference between such support obligation and such assistance payments.

(d) If the amount collected is in excess of the amounts required to be distributed under subdivisions (2)(a), (2)(b) and (2)(c), such excess shall be paid to the family. This payment shall be made in the month following the month in which the amount of the collection was used to redetermine eligibility for an assistance payment under the state's Title IV-A plan.

(3) If an amount collected as child support represents payment on the required support obligation for future months, the amount shall be applied to such future months. However, no such amounts shall be applied to future months unless amounts have been collected which fully satisfy the support obligation assigned under WAC 388-24-108 and 388-14-200 for the current month and all past months.

(4) Any amount paid under subdivisions (2)(b) and (2)(d) shall be identified as not being an assistance payment.

(5) Whenever the office of support enforcement is making collections on delinquent support assigned to the department pursuant to WAC 388-24-108 and 388-14-200, the office of support enforcement may pay to the family pursuant to WAC 388-14-250 from said collections an amount equal to the monthly amount owed for current support as established by either the superior court order for support or the administrative order or final determination entered pursuant to chapter 388-11 WAC:

(a) Payments to the family pursuant to this subsection may be made only during the four months following the last month in which aid was paid and thereafter for months subsequent to the submission and acceptance of a nonassistance support enforcement application pursuant to WAC 388-14-300 through 388-14-315;

(b) Payments may not be made for months in which no collections have been made on the delinquent support assigned and payments may not be made for a person

from collections on the delinquent support assigned by a different person;

(c) Payments may only be made to a person if the person is owed an unpaid current support obligation for the month in which the payment is made;

(d) The department has, upon making any such payment, an additional assignment by operation of law of the unpaid current support obligation owed to the person for whom the payment is made for the month in which the payment is made. The office of support enforcement shall take action to collect this assigned unpaid obligation to reimburse the department and/or the federal government for the payment made. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-14-270, filed 12/14/79; Order 1054, § 388-14-270, filed 9/25/75.]

WAC 388-14-300 Support enforcement services for child(ren) not receiving public assistance—Statutory basis. As authorized by RCW 74.20.040, the department through its office of support enforcement provides support enforcement services to custodians of minor children not receiving public assistance. [Order 1054, § 388-14-300, filed 9/25/75.]

WAC 388-14-302 Nonassistance support enforcement—Persons eligible. (1) Any resident of the state of Washington who is a physical and legal custodian or guardian of a person who is a resident of the state of Washington and who is not a recipient of public assistance for whom a support obligation is owed and who is not receiving adequate support (as defined by WAC 388-14-100) from persons owing a duty to pay support may apply for nonassistance support enforcement services to establish or enforce or collect an obligation for support including accrued arrears: *Provided*, That the office of support enforcement may also act to establish paternity where it is a necessary part of establishing support obligations for nonassistance clients. When the person(s) owing the duty to pay support is deceased or is eligible for or receiving old age or disability insurance benefits, public assistance moneys, supplemental security income, or is participating in any other governmental, private charity or other rehabilitation program providing benefits at less than the standards in WAC 388-29-100, the application cannot be accepted.

(2) Any person who has been provided support enforcement services as a result of an approved application for public assistance may also apply for nonassistance support enforcement services effective with the date of termination of public assistance. An application made prior to termination shall not be effective until the first of the month following termination from assistance. Support enforcement services may be continued by the office of support enforcement for a period of time not to exceed four months following last month in which public assistance was paid as a continuation of actions maintained as a result of an assignment pursuant to WAC 388-24-108 and 388-14-200. During such four month

period, all support moneys collected except those collected to satisfy arrears assigned to the department under chapter 171, sections 17 and 22, Laws of 1979 ex. sess. [RCW 74.20.320][RCW 74.20.330], 42 USC 602 (a)(26)(A), RCW 74.20A.250 and/or 74.20A.030 shall be remitted to the children's custodian without deduction of fees for nonassistance services. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-14-302, filed 12/14/79; Order 1054, § 388-14-302, filed 9/25/75.]

WAC 388-14-305 Nonassistance support enforcement—Application. (1) A person desiring nonassistance support enforcement services shall complete the appropriate forms applying for the services and granting limited power of attorney to the office of support enforcement, department of social and health services. The necessary forms must be completed in full, dated, signed, and forwarded to the district office of support enforcement. Copies of divorce or dissolution decrees, support orders and modifications thereof, and any allied or related documents which reflect the marital and support status, shall be supplied by the applicant.

(2) The applicant shall also include or attach a statement of the amount of accrued arrears and list by date and amount all support payments received during the period of time when the arrears accrued. The office of support enforcement may require this statement to be by affidavit and where controversy exists the office of support enforcement may require the applicant/custodian to obtain a judgment determining all accrued arrears owed under a continuing order of support before proceeding further with collection efforts. Applications on which statements are incomplete, unclear or inconsistent will be returned to the applicant and no service will be provided until such time as the application is presented in acceptable form.

(3) The appropriate forms will be available at any community service office of the department of social and health services, or at any district office of the office of support enforcement. The forms may be requested by phone, mail, or obtained personally. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-14-305, filed 12/14/79; Order 1054, § 388-14-305, filed 9/25/75.]

WAC 388-14-310 Nonassistance support enforcement—Applicant/custodian's assignment of rights. (1) The applicant/custodian shall assign, for collection purposes only, the rights to support under RCW 26.16.205 or those rights to support accruing pursuant to a superior court order for support.

(2) The applicant/custodian shall also give consent to the office of support enforcement to take an assignment of earnings from the person owing a duty to pay support; agree to remit within eight days of receipt to the office of support enforcement support moneys received directly from the person owing a duty to pay support during the period of time support enforcement services are maintained; and give the office of support enforcement power

of attorney to endorse checks, drafts and money orders representing support payable to said applicant.

(3) The applicant/custodian, during the time support enforcement services are in effect, must send or deliver all support income received from the person owing a duty to pay support to the office of support enforcement providing the service and direct any payor or forwarding agent of moneys to remit directly to office of support enforcement. In the event the applicant/custodian fails to forward such payments or so direct any payor or forwarding agent, the office of support enforcement may discontinue providing support enforcement services. [Statutory Authority: RCW 74.08.090, 80-01-026 (Order 1465), § 388-14-310, filed 12/14/79; Order 1054, § 388-14-310, filed 9/25/75.]

WAC 388-14-315 Nonassistance support enforcement--Fees--Limitations. (1) When requesting support enforcement services, the applicant/custodian shall agree that fees will be charged for the service, and from the moneys collected or received from the person owing the duty to pay support, the following fees shall be deducted:

- (a) Application (initial file preparation) \$20.00
- (b) Support enforcement service per month \$10.00

(2) No fees may be charged for the four-month period following the last month in which public assistance was paid when support collection activities initiated on the basis of receipt of public assistance have been continued by the office of support enforcement as authorized by 42 USC 657(c) and WAC 388-14-302(2).

(3) In no event shall the fees collected by the office of support enforcement exceed the amount of fees owed or ten percent of the payments made by the person owing the duty to pay support, whichever is the lesser. [Statutory Authority: RCW 74.08.090, 80-01-026 (Order 1465), § 388-14-315, filed 12/14/79; Order 1054, § 388-14-315, filed 9/25/75.]

WAC 388-14-320 Nonassistance support enforcement--Distribution. (1) Current support payments received on behalf of the applicant/custodian in the four-month period following the last month in which public assistance was paid shall be forwarded without deduction of fees to the applicant/custodian.

(2) Support payments received on behalf of the applicant/custodian are forwarded as received after the deduction of fees for services with a statement of the amount of support received and the amount of fees deducted.

(3) Nothing herein shall be construed to obligate the office of support enforcement to remit to the applicant/custodian moneys paid in satisfaction of a debt owed to the department under chapter 171, sections 17 and 22, Laws of 1979 ex. sess. [RCW 74.20.320][RCW 74.20.330], 42 USC 602(a)(26)(A), RCW 74.20A.250, or 74.20A.030 except as provided for in WAC 388-14-270(5). The total amount of any obligation that has accrued under the assignment made pursuant to WAC 388-24-108 and 388-14-200 prior to

termination of assistance is collectible by the office of support enforcement subsequent to termination of assistance to reimburse the department for public assistance paid prior to termination. [Statutory Authority: RCW 74.08.090, 80-01-026 (Order 1465), § 388-14-320, filed 12/14/79; Order 1054, § 388-14-320, filed 9/25/75.]

WAC 388-14-325 Nonassistance support enforcement--Termination of services. (1) Support enforcement services may be terminated by the applicant/custodian:

(a) An applicant/custodian may terminate support enforcement service(s) by written notice to the office of support enforcement. The office of support enforcement's rights and responsibilities toward the applicant/custodian shall continue in effect until written notification is received.

(b) Upon receipt of the applicant/custodian's request for termination of support enforcement services, the office of support enforcement will discontinue such service. Any support moneys received which are owing to the applicant/custodian after the receipt of notice shall be returned to the payor with instructions to send all support moneys directly to the applicant/custodian or forwarding agent as appropriate.

(c) If an applicant/custodian has requested termination of support enforcement service(s) while a fee balance is still owing, the office of support enforcement may require payment of this balance as a condition precedent to the acceptance of any subsequent application for support enforcement service(s) by that applicant/custodian. However, this required payment is limited to a maximum of ten percent of any support money collected by the applicant/custodian during the period of time preceding the re-application as the result of action taken by the office of support enforcement preceding termination of services.

(2) Support enforcement services may be terminated or reapplications may be denied by the office of support enforcement:

(a) In cases where further action to enforce payment of a support obligation is deemed inappropriate or inadvisable by the office of support enforcement.

(b) In the event an applicant/custodian fails or refuses to provide supplementary information or fails or refuses to forward to the office of support enforcement support payments made direct, or fails or refuses to take necessary cooperative action as specifically requested by the office of support enforcement or who employs and/or fails or refuses to discharge a private attorney, collection agency or other agency engaged in collection of the support debt assigned for collection to the department.

(c) In the event nonassistance support enforcement fees are raised and an applicant/custodian fails or refuses to complete a new request for nonassistance support enforcement services and limited power of attorney authorizing deduction of the increased fees.

(3) When the office of support enforcement terminates services, the applicant/custodian must be notified in writing that the office of support enforcement will no

longer provide support enforcement services. Notification may be by regular mail addressed to the applicant/custodian's last known address and must include the reason for discontinuation of services.

(4) Any support moneys received after a notice of decision by the office of support enforcement to discontinue support enforcement services has been mailed shall be returned to the payor with instructions to send all support moneys directly to the applicant/custodian or other forwarding agent, court, as appropriate. [Statutory Authority: RCW 74.08.090, 80-01-026 (Order 1465), § 388-14-325, filed 12/14/79; Order 1054, § 388-14-325, filed 9/25/75.]

WAC 388-14-350 Location of absent parents. (1) The office of support enforcement shall maintain a service to locate absent parents utilizing all sources of information and available records in this state or in other states, and the parent locator service in the department of health, education and welfare.

(2) The office of support enforcement will receive applications to undertake location activities for:

(a) Persons receiving public assistance in the state of Washington for the benefit of dependent children.

(b) Any agency or attorney of any state seeking to collect support obligations pursuant to an agreement entered into with the office of support enforcement under the state plan; or a court which has authority to issue an order against an absent parent for the support and maintenance of a child; or the resident parent, legal guardian, attorney or agent of a child who is not receiving public assistance in the state of Washington for application to use the federal parent locator service.

(c) The IV-D agency of another state to locate an absent parent who is in the state of Washington.

(3) Referrals at a minimum must include the absent parent's name, and if known, the absent parent's social security number, whether the absent parent is or has been a member of the armed services, whether the absent parent is receiving or has received any federal compensation or benefits and any other information which might assist in location activities. In addition, the referral must include a request to be transmitted to the federal parent locator service which request must be counter-signed by the chief, office of support enforcement, or his designee requesting the information and attesting that:

(a) the request is being made to locate an individual for the purpose of establishing paternity or securing support, and for no other purpose;

(b) that any information obtained from the parent locator service shall be treated as confidential; and

(c) that the certifying agency will take protective measures to safeguard personal information received from the parent locator service.

(4) Locate requests to the parent locator service of the state of Washington by a IV-D agency of another state pursuant to subdivision (2)(c) shall, after unsuccessful but diligent and reasonable efforts to locate, be returned to the IV-D agency of origin for action as appropriate including referral to the federal parent locator service.

(5) The office of support enforcement, after utilizing local and state resources, will submit remaining referrals after sixty days to the federal parent locator service or to another IV-D parent locator service as appropriate.

(6) The office of support enforcement is authorized to enter into arrangements and otherwise cooperate with the secretary, department of health, education and welfare in carrying out the purposes of 42 USC 653, including collection of fees for utilizing the federal parent locator service. [Order 1054, § 388-14-350, filed 9/25/75.]

WAC 388-14-360 Cooperation with other states. The office of support enforcement will, in accordance with standards prescribed by the secretary, department of health, education and welfare cooperate with any other state in:

(1) Establishing paternity, if necessary;

(2) Locating an absent parent residing in this state against whom any action is being taken under a program of another state established under a Title IV-D plan.

(3) Securing compliance by an absent parent residing in this state with an order issued by a court of competent jurisdiction equivalent to the superior court of the state of Washington against said parent for the support and maintenance of a child or children of said parent with respect to whom aid is being provided under a Title IV-D plan.

(4) Carrying out other functions required under a Title IV-D plan. The office of support enforcement on behalf of the department of social and health services will comply with such other requirements and standards as the secretary of the department of health, education and welfare determines to be necessary to the establishment of an effective program for locating absent or noncustodial parents, establishing paternity, obtaining support orders, and collecting support payments. [Order 1054, § 388-14-360, filed 9/25/75.]

WAC 388-14-365 Reassignment by state administering an approved plan. A state administering a plan approved under Title IV-D of the Social Security Act may, on behalf of a resident of that state reassign to the office of support enforcement those support rights assigned to that state pursuant to 42 USC 602(a)(26)(A) when those rights have accrued under an order of the superior court of the state of Washington or of a court of jurisdiction comparable to the superior court of the state of Washington. The office of support enforcement may utilize all remedies in chapters 74.20 and 74.20A RCW to collect said reassigned rights. [Statutory Authority: RCW 74.08.090, 80-01-026 (Order 1465), § 388-14-365, filed 12/14/79; Order 1054, § 388-14-365, filed 9/25/75.]

WAC 388-14-370 Cooperative arrangements with courts and law enforcement officials. (1) The office of support enforcement is herewith authorized to enter into cooperative arrangements and written agreements including financial arrangements with appropriate courts

and law enforcement officials to assist the office of support enforcement in administering the state plan for support enforcement in order to assure optimum results under such program. These cooperative arrangements and written agreements also include entering into financial arrangements or agreements with such agencies and officials to provide for the investigation and prosecution of fraud directly related to paternity, child support, and other matters of common concern.

(2) The office of support enforcement shall receive and distribute funds made available as payments to states to administer this plan (42 USC 655). The office of support enforcement shall also administer and distribute incentive payments to localities (42 USC 658). No payments may be made to any political subdivision, court or law enforcement official of the state of Washington under these provisions except in compliance with the requirements of agreements made between the office of support enforcement and the political subdivision, court or law enforcement official pursuant to this section. No incentive payments to localities may be made except for enforcement and collection of support rights assigned pursuant to WAC 388-24-108.

(3) In order to qualify for payments to states or incentive payments to localities, a political subdivision, court or law enforcement official of the state of Washington must obtain referral of the case or cases involved from the office of support enforcement and all support payments made subsequent to referral shall be paid to the office of support enforcement. In the case of actions under the Uniform Reciprocal Enforcement of Support Act initiated in another state, a political subdivision or law enforcement official of the state of Washington may obtain referral status by submitting documents as determined by agreement, to the office of support enforcement for acceptance under this plan.

(4) When a political subdivision of the state of Washington acting in compliance with the terms of an agreement entered into with the office of support enforcement or when a IV-D agency of another state under an approved Title IV-D plan or a political subdivision of another state pursuant to the approved Title IV-D plan makes the enforcement and collection of the support rights assigned under 42 USC 602(a)(26)(A), or chapter 171, sections 17 and 22, Laws of 1979 ex. sess. [RCW 74.20.320][RCW 74.20.330], the office of support enforcement is authorized to pay to such political subdivision or other IV-D agency the following amounts from the amounts which would otherwise represent the share of the moneys to be reimbursed to the federal government.

(a) An amount equal to 15 percent of any amount collected and retained by the state of Washington to reduce or repay assistance payments which represent payment on the required support obligation;

(b) When more than one agency or jurisdiction within the state of Washington or more than one state is involved in enforcement or collection the amount of incentive stated above shall be allocated among such jurisdiction in a manner prescribed by instructions issued

by the office of child support enforcement of the department of health, education, and welfare. [Statutory Authority: RCW 74.08.090. 80-01-026 (Order 1465), § 388-14-370, filed 12/14/79; 78-07-015 (Order 1305), § 388-14-370, filed 6/15/78; Order 1054, § 388-14-370, filed 9/25/75.]

WAC 388-14-385 Conference board. A conference board is herewith established to make inquiry into, determine facts and attempt to resolve matters in which a responsible parent, custodial parent or other person feels aggrieved by actions taken by the office of support enforcement pursuant to chapters 74.20, 74.20A RCW, or Title IV-D of the Social Security Act (Title 42 USC).

The intent and purpose of the conference board is to facilitate the informal speedy resolution of grievances by responsible parents, custodial parents, or other persons. An applicant for a conference board proceeding must have made a reasonable attempt and have failed to resolve the grievance or issue with the workers before a conference board may act to attempt to resolve the issue.

The regional supervisor or his designee or the chief, office of support enforcement may assemble a conference board on application of the aggrieved person or on his own motion to investigate, find facts, and state or apply policy or law to the end of resolving grievances.

If the grievance or issue presented in an application for conference board does not involve a factual dispute, or if the disputed fact(s) even if resolved in favor of the applicant would not provide a basis upon which relief could be granted to the applicant by a conference board acting in accordance with the standards provided for herein, the regional supervisor or his designee may take such action as he/she deems appropriate and to that end he/she may individually exercise any of the authority provided for in this regulation. If an apparent factual dispute exists the conference board shall be composed of the regional supervisor or his designee, who shall serve as chairman, and two staff members appointed by the regional supervisor or his designee or alternatively the chief, office of support enforcement, may appoint the conference board from the staff of that region. The conference board shall dissolve upon issuance of decisions on matters for which it was appointed.

Nothing herein shall preclude the chief, office of support enforcement, from appointing a conference board for matters deemed appropriate.

The chairman of the conference board is herewith authorized as a duly appointed officer empowered to issue subpoena of witnesses, books, records, etc., as provided for in RCW 74.04.290 and shall have power to subpoena witnesses, administer oaths, take testimony, and compel the production of such papers, books, records, and documents as he deems relevant to the resolution of the grievance under consideration. Additional evidence may be taken by affidavit or other written submission when necessary or practicable together with written or oral argument. Persons having specific familiarity with the matter at issue or technical expertise with the subject may be designated to advise the board as required.

The conference board's jurisdiction shall include but shall not be limited to the following areas:

(1) Complaints as to the conduct of individual staff members while acting in the scope of their duties. The decision of the board shall be directed to the first line supervisor for action as appropriate;

(2) Review of denial of application for or termination of nonassistance support enforcement services;

(3) Review of allegations of error as to the distribution of support moneys;

(4) Resolution of amounts of arrears claimed due and rate of repayments;

(5) Requests to release or refund moneys taken pursuant to RCW 74.20A.080 to provide for the reasonable necessities of responsible parent or parents and minor children in their home;

(6) Requests for deferral of support enforcement action;

(7) Requests for partial or total charge-off of support arrears pursuant to RCW 74.20A.220 or declination to collect support arrears pursuant to RCW 74.20.040 on nonassistance cases;

(8) Any other matter requiring explanation of or application of policy or law to an issue in a specific case or clarification of facts in said case.

The decision, including a decision to deny a request for a conference board, shall be in accordance with applicable statutes, case law, department of social and health services rules and regulations, published office of support enforcement manuals, support enforcement policy bulletins and the exercise of reasonable administrative discretion. The decision shall be in writing, and shall find the facts, applicable law, policies applied, and clearly state the decision. If the decision is the result of a conference board, that decision shall represent the decision of a majority of the board. Decisions inconsistent with the above standards shall be vacated by the chief of the office of support enforcement and the issue remanded to the regional supervisor for issuance of a new decision in compliance with the standards.

A file of pertinent documents shall be established for each case and a copy of the decision, signed by the chairman, shall be distributed to the petitioning party, the appropriate office of support enforcement district field office for action consistent with the decision of the board, and the chief, office of support enforcement.

Decisions to grant partial or total charge-off pursuant to RCW 74.20A.220 of arrears owed to the department of social and health services under RCW 74.20A.030, 74.20A.250, chapter 171, sections 17 and 22, Laws of 1979 ex. sess. [RCW 74.20.320][RCW 74.20.330], or 42 USC 602(a)(26)(A) shall be based on the following considerations which shall be found and stated in the written decision of the conference board fully justifying the action taken:

(1) Error in law or bona fide legal defects which materially diminish chances of collection; or

(2) Substantial hardship to minor children in the household of the responsible parent or other minor children for whom the responsible parent actually provides

support which hardship is to be measured against income standards for public assistance and consideration of all available income, property and resources of the responsible parent and the necessity to apportion the income and resources of the responsible parent on an equitable basis with the children for whom the arrears accrued; or

(3) Costs of collection action in the future which are greater than the amount to be charged off; or

(4) Settlement from lump sum cash payment which is beneficial to the state considering future costs of collection and likelihood of collection.

The considerations and decision shall not be a contested case subject to review by the superior court the conference board process and shall not be a substitute for any constitutionally or statutorily permitted hearing. Aggrieved parties may be represented before the board by a person of their choice but the department will not be responsible for any costs incurred by the aggrieved person in connection with the conference. [Statutory Authority: RCW 74.08.090, 80-01-026 (Order 1465), § 388-14-385, filed 12/14/79; 78-07-015 (Order 1305), § 388-14-385, filed 6/15/78.]

Chapter 388-15 WAC

SOCIAL SERVICES FOR FAMILIES, CHILDREN AND ADULTS

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 388-15-100 Services offered by the economic and social services office of the bureau of social services. [Order 1088, § 388-15-100, filed 1/19/76.] Repealed by Order 1238, filed 8/31/77.
- 388-15-180 Migrant day care services. [Order 1088, § 388-15-180, filed 1/19/76.] Repealed by Order 1147, filed 8/26/76.
- 388-15-230 Employment oriented casework. [Order 1238, § 388-15-230, filed 8/31/77; Order 1165, § 388-15-230, filed 10/27/76; Order 1105, § 388-15-230, filed 3/11/76.] Repealed by 79-03-013 (Order 1368), filed 2/15/79. Statutory Authority: RCW 74.08.090.
- 388-15-250 School age parent services. [Order 1124, § 388-15-250, filed 6/9/76; Order 1088, § 388-15-250, filed 1/19/76.] Repealed by Order 1147, filed 8/26/76.
- 388-15-260 Home delivered meals. [Order 1088, § 388-15-260, filed 1/19/76.] Repealed by Order 1147, filed 8/26/76.
- 388-15-270 Services to the blind. [Order 1088, § 388-15-270, filed 1/19/76.] Repealed by Order 1238, filed 8/31/77.
- 388-15-280 Library services to the blind and physically handicapped. [Order 1088, § 388-15-280, filed 1/19/76.] Repealed by Order 1124, filed 6/9/76.
- 388-15-350 Mental health. [Order 1124, § 388-15-350, filed 6/9/76; Order 1088, § 388-15-350, filed 1/19/76.] Repealed by Order 1238, filed 8/31/77.

WAC 388-15-010 Definition of service goals. (1) The objectives of services for families, children and adults are to offer services to eligible individuals to help them achieve one or more of the following goals:

- (a) Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency.
- (b) Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.
- (c) Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests, providing crisis intervention to families in conflict and runaways or preserving, rehabilitating or reuniting families.
- (d) Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.
- (e) Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to [individuals in institutions.]

(2) Only one goal shall be pursued at any one time in the provision of services; however several services may be given to achieve the selected goal. [Statutory Authority: RCW 74.08.090. 78-09-098 (Order 1335), § 388-15-010, filed 9/1/78; Order 1238, § 388-15-010, filed 8/31/77; Order 1088, § 388-15-010, filed 1/19/76.]

WAC 388-15-020 Eligible persons. (1) Individuals eligible for services are:

- (a) Recipients of aid to families with dependent children (AFDC recipients).
- (b) Individuals whose needs were taken into account in determining the needs of AFDC recipients.
- (c) Recipients of supplemental security income or state supplementary payments related to age, blindness or permanent and total disability.

(d) Recipients of federal aid medical care only categorically related to Title XVI supplemental security income or AFDC, provided gross family income does not exceed 80% of the state median gross income for a family of four, adjusted for family size.

(e) Any individual or family regardless of age, blindness or disability, whose gross family income does not exceed 80% of the state median income for a family of four, adjusted for family size, except that:

(i) No individual or family is eligible for chore services, family planning or alcoholism services whose gross family income is in excess of 50% of the state median income for a family of four, adjusted for family size, except that a single individual may receive chore services if his median gross income does not exceed 57% of the state's median gross income for a family of four adjusted for family size.

(ii) No individual or family is eligible on a group basis for developmental disabilities, case services, developmental disabilities home-aid resources, developmental disabilities developmental centers or extended sheltered employment unless at least 75% of persons given these services are members of families whose gross monthly income do not exceed 90% of the state median income, adjusted for family size.

(iii) Information and referral services, services to children in their own home or protective service may be given to any individual regardless of the level of gross family income. Child protective services are provided without charge. Where ancillary services such as chore services or homemaker services are an integral but subordinate part of a protective service plan for children or adults, they may be provided without regard to the level of gross family income.

(2) Gross median income for a family of four in the state of Washington effective October 1, 1980 is \$21,494. 80% = \$17,195.

(a) Income tables for 80% gross median income:

Number in Family	Monthly Income	Annual Income
1	745	8,942
2	974	11,693
3	1,204	14,444
4	1,433	17,195
5	1,662	19,946
6	1,892	22,698

(b) Income tables for 57% gross median income, one-person family only.

Monthly Income	Annual Income
531	6,370

(c) Income table for 52% gross median income:

Family Size	Monthly Income	Annual Income
2	633	7,600
3	782	9,389
4	931	11,177
5	1,080	12,965
6	1,229	14,753

(d) Income tables for 50% gross median income:

Family Size	Monthly Income	Annual Income
1	466	5,588
2	609	7,308
3	752	9,027
4	896	10,747
5	1,039	12,467
6	1,182	14,186

(e) Income tables for 38% gross median income:

Family Size	Monthly Income	Annual Income
1	354	4,247
2	463	5,554
3	572	6,861
4	681	8,168
5	790	9,475
6	898	10,781

(f) See WAC 388-29-100 for grant standards.

(3) Family means two or more persons related by blood, marriage or adoption, residing in the same household, and may include a dependent residing in a separate household for whom support is paid.

(a) Husband and wife are considered a two-person family.

(b) Related adults residing together, other than spouses, are each considered a separate family.

(c) An individual living alone or only with unrelated persons is considered a one-person family. An individual living alone or with unrelated persons may include in his/her application a dependent living in a separate household for whom support is paid.

(d) A child living with legally nonresponsible relatives, a minor living independently and a child living under the care of unrelated persons are also considered one-person families.

(e) A school age parent residing in parent's home with child is considered a separate family unit for purpose of determining family income.

(4) Persons applying to provide day care or foster care facilities or a person or persons applying to adopt a child are resources to our primary client, the child. Financial eligibility for these individuals is not required.

(5) Child welfare services may also be provided under Title IV-B of the Social Security Act. [Statutory Authority: RCW 74.08.090. 81-01-087 (Order 1581), § 388-15-020, filed 12/19/80; 80-02-049 (Order 1477),

§ 388-15-020, filed 1/16/80; 79-01-041 (Order 1360), § 388-15-020, filed 12/21/78; 78-09-098 (Order 1335), § 388-15-020, filed 9/1/78. Statutory Authority: RCW 43.20A.550. 78-04-004 (Order 1276), § 388-15-020, filed 3/2/78; Order 1238, § 388-15-020, filed 8/31/77; Order 1204, § 388-15-020, filed 4/1/77; Order 1171, § 388-15-020, filed 11/24/76; Order 1147, § 388-15-020, filed 8/26/76; Order 1124, § 388-15-020, filed 6/9/76; Order 1120, § 388-15-020, filed 5/13/76; Order 1088, § 388-15-020, filed 1/29/76.]

WAC 388-15-030 Rights of applicant for services.

(1) Any individual has the right to request services from the department, make a service application and have his eligibility for services determined.

(2) Eligible individuals shall be given requested services, or other needed services, that are offered by the department, and included in the department's service plan, to meet the goal appropriate to his service need.

(3) Applicants or recipients may request a fair hearing concerning the denial, reduction or termination of a service, or failure to act upon a request for services with reasonable promptness.

(4) Services may not be provided prior to the date of application, nor if federal matching is to be received, provided prior to the date of determination of eligibility unless the determination is made within thirty days of the date of application and the individual was found to be eligible when service was initiated.

(5) Eligibility must be determined on an individual basis for each person in a family, unless specifically designated otherwise as in group eligibility.

(6) Notice shall be given to applicants for or recipients of services to indicate that they have been found eligible or ineligible for services. In cases of intended action to discontinue, terminate, suspend, or reduce the services of a recipient, the department will provide that recipient notice, in writing, of this action and the individual's right to request a fair hearing at least ten days prior to the effective date of that action. The ten day notice is not required when a service is provided and at time of authorization there are specified beginning and end dates. The client shall be given a copy of the written agreement at the time of initiation of services, and a termination notice shall be sent dated no later than the specified ending date.

(7) Service applications may be made by the individual, or others acting in his behalf, or may be the result of referral from another agency or member of the community. Where the individual is unable, too incompetent, or in a protective service case unwilling, to sign his own application, another responsible or appropriate individual may sign on his behalf, including a member of agency staff.

(8) Services may be only provided to accomplish the specific goals for the particular services as designated in the state service plan and rules.

(9) Services shall not be suspended, reduced, discontinued, or terminated until the fair hearing decision is rendered if a hearing is requested within ten days prior to the effective date. There are two exceptions to this

policy. The first exception is when it has been determined at the hearing that the sole issue is the result of a change or application of state or federal law or policy. The second exception is when a change affecting the recipient's service eligibility occurs while a hearing decision is pending and the recipient fails to request a subsequent hearing after notice of the change has been given by the department. If, under these exceptions, service is to be discontinued, the department will notify the recipient of this action, in writing, at least ten days prior to the effective date of that action. [Statutory Authority: RCW 74.04.090 [74.08.090]. 79-08-112 (Order 1420), § 388-15-030, filed 7/31/79; Order 1238, § 388-15-030, filed 8/31/77; Order 1147, § 388-15-030, filed 8/26/76; Order 1088, § 388-15-030, filed 1/19/76.]

WAC 388-15-110 Information and referral. (1) Information and referral services are information about services provided under Title XX or by community resources. They include when appropriate a brief assessment of service need in order to make an appropriate referral and follow up services to learn the results of the referral and assess its effectiveness.

(2) The service is provided to individuals or those acting on their behalf who call or come into the office seeking information regarding resources in the community.

(3) Information and referral services may be offered to accomplish any of the five goals described in WAC 388-15-010. [Order 1238, § 388-15-110, filed 8/31/77; Order 1088, § 388-15-110, filed 1/19/76.]

WAC 388-15-120 Adult protective services. (1) Adult protective services are those services provided to prevent, correct, improve or remedy the situations of adults eighteen years of age or older, who are unable to protect their own interests which are vital to their safety and well-being. Requests for protection may come from the person at risk or others who are concerned for his/her welfare.

(2) To qualify for protective services, there must exist elements of abuse, neglect, exploitation, or living conditions or life style which constitute a danger to mental or physical health or safety of the client or others and there must be no one willing and able to assist the adult responsibly.

(3) Definitions.

(a) "Abuse" is an act of physical or mental mistreatment or injury which harms or threatens a person with harm through action or inaction by another individual.

(b) "Neglect" is an act or omission by another individual which constitutes a clear and present danger to a person's physical or mental welfare and safety.

(c) "Exploitation" is an act of making use of another person's resources for one's own advantage or profit, or in a fashion which does not benefit the client.

(d) "Living conditions or life style which constitutes a danger to mental or physical health or safety of the client or others" means adults living in a condition or life

style in which they are endangering their own physical or mental health or safety, or that of others; or wasting their own resources.

(4) Responsibility for the adult protective service investigation lies with the CSO service worker who will determine if a valid adult protective situation exists.

(5) Adult protective service cases are normally of an emergency nature and remain adult protective cases only until the emergency situation is stabilized, usually ninety days or less.

(a) Any individual may receive adult protective services regardless of his/her recipient status or level of gross income.

(b) Supportive services such as chore or homemaker may be provided without regard to income only when they are essential to, and a subordinate part of the adult protective services plan, and cannot be provided if the only basis of the care plan is prevention of future exploitation or danger.

(c) Authorization to extend adult protective services is required if, in the judgment of the service worker, it is essential to provide the service beyond ninety days. If supportive services are also necessary during the extended period, such services may be continued as long as they are an integral part of the adult protective services plan.

(d) If continuation of supportive services such as chore and homemaker are needed after adult protective services are terminated, these services could be continued if the client qualifies under the usual eligibility requirements for the service.

(6) Services may include:

(a) Provision of counseling to the client or other individuals, and taking necessary actions to alleviate the immediate problem.

(b) Assisting in locating and obtaining medical care and mental health services.

(c) Assisting in locating necessary legal services.

(d) Arranging for support services to resolve the problem without relocating the client so the client is able to remain in his/her own home.

(e) Assisting with relocation, including help to locate suitable housing.

(f) Seeking help of law enforcement officials in situations of grave danger to the client.

(g) Acting as advocate for adults whose civil rights and financial entitlements are at risk.

(7) A person may receive protective services, provided the person requests or affirmatively consents to receive the services. If the person withdraws or refuses consent, services shall not be provided.

(8) Goals for adult protective services shall be limited to those specified in WAC 388-15-010(1)(c), (d) and (e). Also see WAC 388-15-010(2). [Statutory Authority: RCW 74.08.090. 80-16-025 (Order 1562), § 388-15-120, filed 10/30/80. Statutory Authority: RCW 43-20A.550. 78-04-004 (Order 1276), § 388-15-120, filed 3/2/78; Order 1238, § 388-15-120, filed 8/31/77; Order 1088, § 388-15-120, filed 1/19/76.]

WAC 388-15-130 Child protective services. The authority for the department's child protective services program is chapter 26.44 RCW and RCW 74.13.031.

(1) Child protective services are those services provided on behalf of children who are reported to be abused, neglected or exploited or who are threatened with harm through abusive, neglectful or exploitive acts by those responsible for their health, safety and welfare. Services are given to prevent, correct, improve or remedy the situations of children who are found to be neglected, abused or exploited, including runaways.

(2) Services may also include counseling with the children and their families, or other responsible individuals, arranging for alternate living arrangements, including emergency foster care; day care; homemaker or chore service; health support services and mental health services. Services also may include referral to appropriate law enforcement agencies and petitions to courts, as well as cooperation with out-of-state child protective service agencies.

(3) Goals for child protective services shall be limited to those specified in WAC 388-15-010(1)(c). Also see WAC 388-15-010(2). [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-15-130, filed 9/10/79. Statutory Authority: RCW 74.08.090. 78-09-098 (Order 1335), § 388-15-130, filed 9/1/78; Order 1238, § 388-15-130, filed 8/31/77; Order 1088, § 388-15-130, filed 1/19/76.]

WAC 388-15-131 Child protective services--Special requirements for Indian children. (1) These special requirements apply to children defined as "Indians" in WAC 388-70-091 and 388-70-450(1)(a) through (c).

(2) The CSO shall document in case records its efforts to keep Indian families together and to avoid separating the Indian child from his parents, relatives, tribe or cultural heritage, as per RCW 26.44.010, WAC 388-15-130 and 388-70-093.

(3) In alleged child abuse and neglect situations, the CSO shall document in case records, its efforts to utilize staff and services particularly capable of meeting the special needs of Indian children and their families, assisted by the local Indian child welfare advisory committee as per WAC 388-70-600 through 388-70-640.

(4) The CSO shall promptly advise its Indian child welfare advisory committee and appropriate tribal council that an (unnamed) child with (named) tribal affiliation is the victim of substantiated child abuse or neglect. The provisions of RCW 26.44.070, WAC 388-15-138 and 388-70-640, limiting who has access to confidential information, shall be followed in all cases. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-15-131, filed 9/10/79; Order 1255, § 388-15-131, filed 12/1/77.]

WAC 388-15-132 Child protective services--Acceptance of reports--Eligibility for services. Reports shall be made directly to the department's CSO:

(1) The departmental CSO shall accept a complaint or referral concerned with child abuse or neglect, neglect

or exploitation of children from any source, including one made anonymously.

(2) Any child so reported shall be eligible for child protective services and shall remain eligible until it is determined that he is not suffering from maltreatment and his welfare is not or is no longer in jeopardy. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-15-132, filed 9/10/79; Order 1238, § 388-15-132, filed 8/31/77.]

WAC 388-15-134 Child protective services--Notification--Substantiation. (1) The department shall notify the parents, stepparents, guardians or other persons having custody of the child or other person alleged to be the abuser that the department has received a report alleging condition(s) specified in WAC 388-15-132 unless the report is for informational purposes only because the situation has been resolved by law enforcement and/or by the courts. The identity of the person making the report to the department shall not be revealed unless that person has given permission to do so.

(2) Unless the report was for information purposes only as specified in subsection (1), the parent or parents surrogate or other alleged abuser as specified above, shall be provided the opportunity to supply information about the allegation and his situation. This person's response about the allegation and his situation including a written statement, if any, shall be a part of the department's case record.

(3) The person, if available, shall be notified that the information will be on file in the CSO.

(4) The person, if available, shall be informed of the placement of his name as an abuser in the central registry.

(5) The person, if available, shall be advised of his right to a fair hearing in accordance with chapter 388-08 WAC.

(6) The department shall determine if there is a factual basis for the report, unless the report is already substantiated or is for information purposes only.

(a) A report which contains facts about the state or condition of the child amounting to child abuse made by any person under a mandatory duty to report shall be considered substantiated and must be reported to the central registry. The substantiation of the identity of the alleged abuser shall be considered separately.

(b) Regardless of source, a report in which the facts support the conclusion(s) is to be considered substantiated. If the report is substantiated and falls within the definition of what is to be reported to the central registry, it must also be reported to the central registry. The parent or parent surrogate or other suspected/alleged perpetrator, if available, shall be notified that the information has been forwarded to the central registry.

(7) Even if the report is not substantiated, service may continue as per WAC 388-15-132. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-15-134, filed 9/10/79; Order 1238, § 388-15-134, filed 8/31/77.]

WAC 388-15-136 Central registry--Definition--

Duty to maintain. (1) The "central registry" means a system of centralized storage and retrieval of case information in all substantiated instances reported to the department of nonaccidentally inflicted death, physical or mental injury or injuries (abuse), physical neglect or sexual abuse of a child or mentally retarded person of any age.

(2) Purposes of the central registry shall be to

(a) Obtain accurate information of the incidence of the abuse and neglect of children and developmentally disabled persons of all ages,

(b) Make case information available in usable form on request to those persons and agencies specified in chapter 26.44 RCW. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-15-136, filed 9/10/79; Order 1238, § 388-15-136, filed 8/31/77.]

WAC 388-15-137 Central registry--Reports.

Reports to be included in the central registry shall be submitted by the CSO. Eligible persons may obtain available information by contacting the CSO or the central registry. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-15-137, filed 9/10/79; Order 1238, § 388-15-137, filed 8/31/77.]

WAC 388-15-138 Central register--Information--

Release--Dissemination--Expungement. (1) Information provided from the central registry and from case records to the requesting persons and agencies shall not be further disseminated or released and shall be respected as confidential.

(2) Child abuse and neglect information may be released from the ESSO case record as per RCW 26.44.070. Release of other information must be considered under the provisions of WAC 388-48-010 through 388-48-100. The following information after substantiation shall be reported by the department's CSO to the central registry and, if reported, shall be available from the central registry:

(a) The name of the "known" perpetrator, or the "suspected" perpetrator or whether the perpetrator is "unknown";

(b) The name, place of birth, and age of the child;

(c) Whether the abused is mentally retarded;

(d) Date of incident;

(e) Substantiated incident(s) of nonaccidentally inflicted

(i) Death,

(ii) Physical injury or injuries,

(iii) Physical neglect,

(iv) Sexual abuse,

(v) Mental injury (abuse and/or neglect)

(f) The name and code number of the CSO which has additional information;

(g) The social service case number;

(h) The title and telephone number of the ESSO person to contact.

(3) Reports in the central registry shall be expunged and sealed, if after six years from the date of the last filed report, there have been no subsequent reports about the child and/or the alleged perpetrator. Reports in the central registry may also be expunged and sealed upon the request of the reporting CSO with the concurrence of all other reporting CSOs, if any. Sealed records may be revived if there is a subsequent report after expungement. Sealed records about the state or condition of the child which contain no reference to the person responsible for the abuse may also be revived for purposes of treating the child.

(4) If the CSO case record regarding the incident has not been destroyed already, this information shall be expunged and sealed at the same time as the central registry information is expunged and sealed. Information regarding the state or condition of the child may be maintained in the CSO case record, if there is no reference to the person responsible for the abuse. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-15-138, filed 9/10/79; Order 1238, § 388-15-138, filed 8/31/77.]

WAC 388-15-139 Central registry--Eligibility--

Procedures and criteria. Those research persons, agencies or organizations referred to in chapter 26.44 RCW seeking to gain access to the central registry shall:

(1) Apply in writing to the secretary of DSHS requesting consideration to become eligible to receive central registry information under the provisions of RCW 26.44.070 and this section.

(2) Provide documentation that the applicant is:

(a) A bona fide researcher: by enclosing a statement of educational background, degrees granted and other achievements; professional and employment affiliations; licensing, if appropriate; and the research proposal; or

(b) A bona fide agency/organization whose activities deal with prevention, diagnosis and treatment of child abuse and neglect now engaging in research by enclosing articles of incorporation; by-laws; project proposal or statement of goals and objectives; contracts for funding and/or service; and the research proposal. [Order 1238, § 388-15-139, filed 8/31/77.]

WAC 388-15-140 Residential services.

(1) Residential services are those services necessary to select the appropriate residential placement to meet the particular needs and desires of eligible adults, including placement in adult family homes, congregate care facilities and nursing homes, as well as periodically reviewing the placement for appropriateness. The department's nursing care consultants will be used as resources to verify that individuals with medical problems are placed, or replaced in settings where their medical needs are appropriately and adequately met.

(2) Goals for residential services shall be limited to those specified in WAC 388-15-010(1)(a) through (e). Also see WAC 388-15-010(2). [Statutory Authority: RCW 74.08.044. 79-09-039 (Order 1425), § 388-15-140, filed 8/17/79; Order 1238, § 388-15-140, filed

8/31/77; Order 1147, § 388-15-140, filed 8/26/76; Order 1088, § 388-15-140, filed 1/19/76.]

WAC 388-15-145 Nursing home discharge allowance. A one-time allowance may be issued to Medical Care Program eligible nursing home residents who have been certified ready for discharge.

(1) The allowance must be used to obtain independent housing and to start or resume housekeeping.

(2) Persons eligible for the discharge allowance must

(a) have no existing independent residence,

(b) not have a spouse or dependents living in an independent residence to which the person could return, and

(c) have no more than \$600 in cash or other liquid resources which could be converted at face value to cash within thirty days.

(3) The discharge allowance issued is based on the actual amount required to establish or re-establish an independent residence for the individual, subject to the following maximums:

Cash Resource Level	Maximum Discharge Allowance
0 - \$300	\$400
\$301 - \$400	\$300
\$401 - \$500	\$200
\$501 - \$600	\$100

[Statutory Authority: RCW 74.08.090. 79-12-028 (Order 1456), § 388-15-145, filed 11/16/79.]

WAC 388-15-150 Child foster care. (1) Foster care is 24-hour substitute care provided for children under 18 years of age whose parents cannot or will not care for them or who cannot live with their own families because of conditions which threaten the healthy and development of the child.

(2) This service includes services to reunite families and children. Placement services include assessment of child's need for such placement, determining eligibility for foster care, counseling services with, or on behalf of, individuals and their families to remedy the need of foster care or plan for stable long-term, substitute care; follow-up services to the child in his own home after placement there; services to aid children who reach their majority while in foster care to become self sufficient; and the interstate placement of children according to the requirements of the Interstate Compact on Placement of Children, and including a determination of their eligibility in both states.

(3) This service also includes staff activities in recruitment, study and licensing of foster care facilities, including foster family homes and group care facilities (including voluntary agency group homes and institutions) in the placement process (i.e., "matching" individuals and foster care facilities); supervision of those homes studied and licensed by the department; monitoring of other facilities or agencies (group homes and voluntary agency institutions licensed by the department); periodic reevaluation of the home or facility.

(4) Goals for Child Foster Care shall be limited to those specified in WAC 388-15-010(1)(b) through (e). Also see WAC 388-15-010(2).

(5) See also WAC 388-70-010 and following. [Order 1238, § 388-15-150, filed 8/31/77; Order 1088, § 388-15-150, filed 1/19/76.]

WAC 388-15-160 Adoption services. (1) Adoption services are those which counsel biological parents and children to achieve permanent families (legal and social) for children; utilize courts, legal counsel and juvenile court specialist for termination of parental rights and granting of adoption petitions; obtain diagnostic information for the total medical/social evaluation of children; recruit, study and approve adoptive families; evaluate child and foster parents or place children with approved waiting families; counsel and/or refer families and children after placement to facilitate the adoption, or make alternate plans when the adoption placement is not beneficial to the child and/or family; locate and exchange (state and nationally) children and adoptive families and administer the state's adoption subsidy for private agencies and the department.

(2) The department shall administer the Interstate Compact on the movement of dependent children and shall cooperate, upon request, with other state public agencies in the adoptive planning for children.

(3) Goals for Adoption Services shall be limited to those specified in WAC 388-15-010(1), (a), (c). Also see WAC 388-15-010(2).

(4) Other activities performed within this service shall be:

Maintenance and operate the department's central exchange and the Washington adoption resource exchange for families and children, coordinate with other regional or national exchanges, administer the adoption support program and prepare children and families for adoptions utilizing this program.

(5) See also WAC 388-70-510 and following. [Order 1238, § 388-15-160, filed 8/31/77; Order 1088, § 388-15-160, filed 1/19/76.]

WAC 388-15-170 General and seasonal day care services. (1) Day care services include providing care and protection and related services for a child under 15 years of age during that portion of the 24 hour day that neither of the child's parents are able to provide necessary care and supervision for the following reasons:

(a) parent is employed or seeking employment in accord with an approved case plan,

(b) parent is enrolled in an approved Work Incentive Program (WIN) or refugee training program (not to exceed two years) leading toward employment,

(c) for school age parent to complete secondary education or attainment of G.E.D. (not to exceed two years), subject to approval by the department,

(d) for parent who is a resident of a federally recognized Indian reservation and is enrolled in an approved training program (not to exceed two years) leading toward employment,

(e) for AFDC recipient to serve as a volunteer on DSHS advisory board,

(f) parent to keep physical or mental health appointment,

(g) child in need of day care as part of children's protective service case plan,

(h) provided as child welfare services by a professional or other mental health social service agency referral for the child or parents physical/emotional health or support to the family structure.

(2) Goals for General Day Care Services shall be limited to those specified in WAC 388-15-010(1)(a), (b), (c). Also see WAC 388-15-010(2). Also see WAC 388-75-203 through 388-75-396.

(3) Child care including seasonal day care may be purchased for children or families who are:

(a) Individuals whose gross income is equal to or below 38 percent of the state median gross income for a family of four adjusted for family size. (See WAC 388-15-020(2)(d)).

(i) Exception: Residents on federally recognized Indian Reservations whose gross income is equal to or below 80% of the state median income for a family of four adjusted for family size, shall be eligible for general child day care services.

(b) In need of day care as an integral but subordinate part of a child protective service plan, regardless of the level of gross family income.

(4) Eligibility for Seasonal Day Care is:

(a) Both parents, or the single parent (in the case of the one-parent family) must be currently employed or seeking work in agriculturally related work or with agencies which serve migrant families; and

(b) Must derive at least 50% of its annual income from agriculturally related work; and

(c) must have more than one agricultural employer per year; and

(d) Must have a gross income for the past 12 months not to exceed 38% of the state median income adjusted for family size.

(5) Standards for in-home care

(a) In-home care is the care and supervision of a child in her or his own home by a relative or by an unrelated person during part of the 24-hour day while the child's parent(s) are temporarily absent from the home.

(b) When parents request in-home care, a service worker must determine that the caretaker meets the in-home care standards.

(c) Use of in-home care is appropriate when:

(i) There is a qualified caretaker available, and this type of child care is the parental choice,

(ii) The number of children in the family requiring child care is large enough to make it preferable for in-home care and/or,

(iii) A child's physical, mental or emotional problems make it necessary that he remain in his home.

(d) When in-home care is the approved child care plan for the child of a parent involved in basic education, job training, work experience, or other program which DSHS is responsible for arranging, approving or paying, the caretaker must meet the following minimum qualifications and fulfill the following responsibilities:

(i) Be eighteen years of age or older,

(ii) Be free of communicable disease, including tuberculosis, as shown by tests within the year, and every two years thereafter,

(iii) Be of sufficient physical, emotional and mental health to meet the needs of the children in care,

(iv) Subject to the discretion of the worker, give written evidence from a medical authority that he or she is in sufficient physical, emotional and mental health to be a safe caretaker,

(v) Produce written references indicating that she or he is capable of handling children of the ages for whom she or he will be caring and has the ability to provide activities suitable to their ages and interests.

(vi) Be able to work with children without recourse to physical punishment or psychological abuse,

(vii) Be able to accept and follow instructions,

(viii) Maintain personal cleanliness,

(ix) Be prompt and regular in job attendance,

(x) Expect to be evaluated on the above items.

(e) Responsibilities of in-home caretaker - in-home caretaker shall:

(i) Consider her or his primary function that of child care,

(ii) Provide constant care and supervision of the children for whom she or he is responsible throughout the time she or he is on duty in accordance with their needs,

(iii) Provide appropriate activities for children in care.

(6) Payment standards for day care: The rate of payment for day care shall be the prevailing community rate, not to exceed the maximum rate established by the department.

(a) When the parent or parent surrogate is responsible for in-home care, that person will receive payment for the cost of child care and will pay the in-home care provider according to the amount specified in the approved child care plan.

(b) The in-home care provider must sign a receipt at the time that payment is received. The parent/surrogate must send this receipt with his or her statement of child care provided during the previous month to the ESSO before the next child care payment shall be authorized.

(c) If total payments to an individual providing in-home care are expected to be \$50 or more in any one quarter, the employer's share of the FICA tax must be added to the amount authorized for in-home care.

(d) Payment for child care by relative: Unless the performance of child care services by a relative of the parent keeps the relative from accepting or continuing in paid employment, no payment shall be allowed for child care services for the following relatives: father, mother, grandmother, grandfather, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew or niece. Child care will be considered as in-home care when care is provided in the house of the relative.

(e) Payment for child care to nonresponsible relative: Where a child receiving AFDC is living with a nonresponsible relative not on AFDC and day care is required to support the relative's employment, the child is eligible for day care. [Statutory Authority: RCW 74.08.090. 80-15-010 (Order 1552), § 388-15-170, filed 10/6/80.

Statutory Authority: RCW 43.20A.550. 78-04-004 (Order 1276), § 388-15-170, filed 3/2/78; Order 1238, § 388-15-170, filed 8/31/77; Order 1204, § 388-15-170, filed 4/1/77; Order 1147, § 388-15-170, filed 8/26/76; Order 1124, § 388-15-170, filed 6/9/76; Order 1120, § 388-15-170, filed 5/13/76; Order 1088, § 388-15-170, filed 1/19/76.]

WAC 388-15-172 Day care participation. (1) The department will provide assistance for day care expenses of employed one and two parent families whose income exceeds 38% of the state median income adjusted for family size (SMIAFS), but does not exceed 52% SMIAFS. The parent(s) shall pay 50% of available income (income above 38% of SMIAFS) toward the cost of day care. The department shall pay the remainder not to exceed its established rate. Participation schedules are available at local offices of the department.

(2) Day care participation will be authorized for the hours of the work day and transit from the provider's facility to work and back. When one parent is employed and the other is in training, day care participation will only be authorized for the hours the working parent is employed and the other parent is in training. [Statutory Authority: RCW 74.08.090. 80-15-010 (Order 1552, § 388-15-172, filed 10/6/80. Statutory Authority: RCW 43.20A.550. 78-07-021 (Order 1306), § 388-15-172, filed 6/15/78.)]

WAC 388-15-190 Day care for the aged--Age 60 and over. (1) Day care services are a program of services provided at three locations in the state for aged people who do not require 24-hour institutional care, but due to physical and/or mental impairment are not capable of full-time independent living. Services include nursing service and rehabilitative services, such as occupational therapy, physical therapy and speech therapy; personal care services, i.e., assistance with walking, eating, toileting, grooming, social work services; recreational and social activities. Each center will also provide a hot meal at noon and necessary transportation for participants.

(2) Goals for Day Care for the Aged shall be limited to those specified in WAC 388-15-010(1)(c), (d). Also see WAC 388-15-010(2). [Order 1238, § 388-15-190, filed 8/31/77; Order 1088, § 388-15-190, filed 1/19/76.]

WAC 388-15-200 Health support services. (1) Health support services are services to direct individuals and families to physicians and other health services to help them to attain and maintain a favorable condition of health. Such services also include helping them to identify and understand their health needs, seek medical aid and follow through on medical recommendations. Part of the service may be contacting relatives and friends to enlist their help and encouragement in supporting individuals in following through on their health plans; coordination with Title XIX services or contacting physicians or other health providers to gain a better understanding of the client's medical situation. Where appropriate, arranging for homemaker service, chore

service, home nursing, health aides, or home delivered meals may be a component of health support services. Early and periodic screening, diagnosis and treatment is a mandatory health support service for eligible individuals under age 21 to evaluate their state of health and to detect and correct medical conditions that would interfere with their future health.

(2) Goals for Health Support Services shall be limited to those specified in WAC 388-15-010(1)(a) through (e). Also see WAC 388-15-010(2) and 388-95-275. [Order 1238, § 388-15-200, filed 8/31/77; Order 1147, § 388-15-200, filed 8/26/76; Order 1088, § 388-15-200, filed 1/19/76.]

WAC 388-15-210 Chore services for adults and families. (1) Chore services consist of tasks in the performance of light work, household care or personal care which an eligible blind, aged, disabled or incapacitated person is unable to provide for himself; and for whom there are no free community resources or family members available to provide the service.

(2) Goals for Chore Services for Adults and Families shall be limited to those specified in WAC 388-15-010(1)(b), (c), (d). Also see WAC 388-15-010(2).

(3) Chore services does not include tasks which require the services of a trained homemaker, other specialist or a licensed practitioner.

(4) Chore services are purchased when the person:

(a) cannot continue to remain in or return to his own home without the service, and

(b) cannot receive the needed service without cost.

(5) Clients "own home" is defined as his intended place of residence whether this is in a building rented or owned by client, or in the home of another person. The services are provided within the confines of the home property except for necessary shopping, essential errands, and transportation necessary for completion of authorized services. [Order 1238, § 388-15-210, filed 8/31/77; Order 1147, § 388-15-210, filed 8/26/76; Order 1124, § 388-15-210, filed 6/9/76; Order 1088, § 388-15-210, filed 1/19/76.]

WAC 388-15-211 Chore services for families. Chore services for families are provided when the normal caretaker of the children:

(1) Is in the home (except for a temporary period) and retains responsibility for direction and management of the children, but,

(2) Is physically unable to perform the necessary household services and/or physical care of children without assistance. [Order 1238, § 388-15-211, filed 8/31/77.]

WAC 388-15-212 Service determinations. (1) Chore service need and amount determinations for all applicants and recipients of the service will be made by utilizing a total functional ability rating process on each individual.

(2) The total functional ability of each individual shall be defined as that person's ability to perform activities of daily living, living conditions and arrangements, and the availability and use of alternative services.

(3) The department will utilize a total functional ability rating process in determining service need and amount. The functional ability rating tool will be available at the CSO of the department.

(4) Chore services may be provided either through direct client payments or through contracted services, as deemed most appropriate by the department. [Statutory Authority: RCW 74.08.090. 79-01-042 (Order 1361), § 388-15-212, filed 12/21/78.]

WAC 388-15-213 Payment. (1) Payment may be made to a spouse, father, son or daughter when he or she has to give up paid employment to give the service, or would need to take paid employment, or receive general assistance to meet his own financial need.

(2) The monthly standard for chore service shall be the actual hourly or monthly cost (including FICA tax when applicable) but not to exceed the prevailing rate.

(3) The monthly standard for chore service payment to the spouse providing chore services to an incapacitated eligible client shall not exceed the amount of her requirements if she were eligible for a continuing general assistance grant.

(4) When the eligible person provides meals, or a "live-in" arrangement as part of the case plan providing for supervised living, a payment may be made to cover the cost of the meals; or the expenses associated with a "live-in" arrangement. The payment shall not exceed an allowance established by the department and shall be prorated by days of service. [Order 1238, § 388-15-213, filed 8/31/77.]

WAC 388-15-215 Limitations on program. (1) Chore Services is not a teaching or companionship program and cannot be used for the purpose of delivering skilled nursing care or developing social, behavioral, recreational, communication or other type skill.

(2) Chore Services cannot be approved in a group home, CCF, ICF or SNF, and can be provided in an adult family home or foster home only on an emergency, time-limited basis. Shared living arrangements are not considered group living.

(3) Chore Services is provided for the person needing the service, not for other household members unless they are part of the total chore service plan which includes them as eligible service clients. Services include arranging for eligible individuals to receive chore services, and providing information about individuals in need of chore service to community resources. [Order 1238, § 388-15-215, filed 8/31/77.]

WAC 388-15-220 Homemaker service. (1) Homemaker services are services to families with children under the age of eighteen residing in their own homes or in special group situations outside their homes which will help families overcome specific and temporary barriers

to maintaining, strengthening, and safeguarding their functioning in the home. In an emergent situation, services may be provided to individuals sixty years of age and older, when due to sudden or unforeseen need, to enable the individual to return to or remain in own home, such emergency not to exceed seventy-two hours of homemaker care. Services include the casework functions of determination of need for service, the development with the clients, of a service plan, and ongoing evaluation of that plan during the period of placement. Homemaker services also include the direct provision of, as well as the formal and informal teaching of, limited personal care, home management of household budgets, maintenance and care of the home, food preparation and nutrition, the supervision and development of children and adults unable to care for themselves, and information and referral regarding community resources to improve home and family functioning. These services may be directed toward adult and children's protective services situations, and include the observation, evaluation and reporting of individual functioning in the home.

(2) Goals for Homemaker Services shall be limited to those specified in WAC 388-15-010(1)(a) through (e). Also see WAC 388-15-010(2). [Statutory Authority: RCW 74.08.090. 80-15-003 (Order 1551), § 388-15-220, filed 10/2/80; Order 1238, § 388-15-220, filed 8/31/77; Order 1088, § 388-15-220, filed 1/19/76.]

WAC 388-15-240 Family planning. (1) Family planning services are those services which enable individuals including minors and handicapped persons, to make choices regarding the number and spacing of children. These services include outreach, information, referral, support services (such as transportation and child care), counseling, education, medical care and follow-up. Family planning medical services include physical examinations, lab tests, diagnosis, treatment, surgical procedures as appropriate, drugs, supplies, devices furnished, prescribed by or under the supervision of a physician.

(2) Goals for Family Planning shall be limited to those specified in WAC 388-15-010(1)(a) through (e). Also see WAC 388-15-010(2).

(3) Family Planning is a federally mandated service offered to all appropriate persons in the Aid to Families of Dependent Children program and also to any appropriate individual who meets the state's financial eligibility requirements (including anyone who within three months has been an applicant for or a recipient of AFDC (see WAC 388-15-020(1)(e)(i).) Services will be provided promptly to all of the foregoing individuals who voluntarily request such services. [Order 1238, § 388-15-240, filed 8/31/77; Order 1204, § 388-15-240, filed 4/1/77; Order 1147, § 388-15-240, filed 8/26/76; Order 1088, § 388-15-240, filed 1/19/76.]

WAC 388-15-290 Juvenile delinquency prevention services. (1) Services to families whose child(ren) are pre-delinquent or have not established patterns of persistent delinquent behavior. These services are: direct casework using conjoint family treatment, individual

treatment, group treatment, activity group work, and crisis intervention.

(2) Goals for Juvenile Delinquency Prevention Services shall be limited to those specified in WAC 388-15-010(1)(d)(e). Also see WAC 388-15-010(2). [Order 1238, § 388-15-290, filed 8/31/77; Order 1088, § 388-15-290, filed 1/19/76.]

WAC 388-15-300 Developmental disabilities case services. (1) Provides specialized programming to those developmentally disabled persons not living in the developmental disabilities institutions and requiring services. Assisting developmentally disabled individuals and their relatives in finding out-of-home alternative residential settings, developing additional placement resources and monitoring institutional preplacement clients.

(2) Goals for Developmental Disabilities for Services shall be limited to those specified in WAC 388-15-010(1)(a), (b), (d), (e). Also see WAC 388-15-010(2). [Order 1238, § 388-15-300, filed 8/31/77; Order 1088, § 388-15-300, filed 1/19/76.]

WAC 388-15-310 Developmental disabilities home (aid) services. (1) Home (aid) resource services assists developmentally disabled individuals and their families through professional and paraprofessional home training visits which provide for parent and client training in needed therapies, general health, hygiene, and nutritional programming, and intensive skill training. Services also include assisting in the location, mobilization or development of community resources and may include arranging for other department services, such as homemaker services, chore services or day care services, and further, educating the public of the rights to such services through information and referral efforts.

(2) Goals for Developmental Disabilities Home (Aid) Services shall be limited to those specified in WAC 388-15-010(1)(c), (d). Also see WAC 388-15-010(2). [Order 1238, § 388-15-310, filed 8/31/77; Order 1088, § 388-15-310, filed 1/19/76.]

WAC 388-15-320 Developmental center services. (1) Provides individuals who have a developmental disability with day training programs designed to promote the individual development of motor, communication, recreation, behavioral, vocational and social skills. The provider agencies may provide a variety of programs to include infant stimulation, early childhood education, adult developmental education, recreational and leisure time programs, physical and occupational therapy, self-help skills, survival skills, housekeeping training and prevocational training.

(2) Goals for Developmental Center Services shall be limited to those specified in WAC 388-15-010(1)(b), (c). Also see WAC 388-15-010(2). [Order 1238, § 388-15-320, filed 8/31/77; Order 1088, § 388-15-320, filed 1/19/76.]

WAC 388-15-330 Sheltered workshops. (1) Sheltered workshop services are expected to result in the eventual placement of handicapped clients into gainful

employment. Such services are provided to enable clients to become self supporting or self sufficient. A variety of services such as medical, dental, psychiatric, training, transportation, etc. are provided or arranged for by vocational rehabilitation division staff and other services are provided to clients in the work environment of vendor sheltered workshop facilities.

(2) Goals for Sheltered Workshops shall be limited to those specified in WAC 388-15-010(1)(a), (b). Also see WAC 388-15-010(2). [Order 1238, § 388-15-330, filed 8/31/77; Order 1088, § 388-15-330, filed 1/19/76.]

WAC 388-15-340 Alcoholism treatment. (1) Three types of alcoholism treatment will be provided under Title XX; "Alcohol Detoxification," "Intensive Alcoholism Inpatient Treatment" and "Alcoholism Long-term Treatment." All are residential treatment services but they differ with regard to the specific treatment needs of the client. These services are provided either by private nonprofit agencies or by public (county) agencies. Funding is provided through purchase of service contracts with the department.

(a) Detoxification Services

This emergency service is provided for persons who are incapacitated by alcohol or suffering from the withdrawal from alcohol. It is a residential program of one to three days for the average client and is provided in special detoxification centers (detoxification provided in general hospitals will not be covered under Title XX). Detoxification provides an important first stage in the continuum of treatment services for recovery from alcoholism.

(b) Intensive Alcoholism Inpatient Treatment

A residential alcoholism treatment program of 21 to 28 days that assists a person in achieving and maintaining abstinence from alcohol through education, group counseling and individual counseling which is aimed at resocialization and understanding of the nature of the illness.

(c) Alcoholism Long-term Treatment

Long-term Alcoholism Treatment is a residential treatment program involving an average of 120 days of physical and emotional rehabilitation therapy, evaluation of rehabilitation needs and the ability to benefit from treatment, education on alcoholism, resocialization counseling and individual and group counseling on alcoholism recovery. A great deal of emphasis is put on occupational and work therapy.

(2) Goals for Alcoholism Treatment shall be limited to those specified in WAC 388-15-010(1)(a) through (e). Also see WAC 388-15-010(2). [Order 1238, § 388-15-340, filed 8/31/77; Order 1088, § 388-15-340, filed 1/19/76.]

WAC 388-15-360 Refugee assistance. (1) This service includes information and referral, employment oriented casework, job development, job placement, skills training, work setting training, counseling and orientation, English as second language training, and transportation to department approved training.

(2) Goals for Refugee Assistance shall be limited to those specified in WAC 388-15-010(1)(a), (b). Also see WAC 388-15-010(2). See also chapter 388-55 WAC. [Statutory Authority: RCW 43.20A.550. 78-04-004 (Order 1276), § 388-15-360, filed 3/2/78; Order 1238, § 388-15-360, filed 8/31/77; Order 1204, § 388-15-360, filed 4/1/77; Order 1147, § 388-15-360, filed 8/26/76; Order 1124, § 388-15-360, filed 6/9/76.]

WAC 388-15-400 Services to individuals released from mental hospitals or in danger of requiring commitment to such institutions. (1) These services are those services necessary to enable eligible individuals age 65 or over to remain in the community in lieu of care in a mental hospital, or upon release from a mental hospital, to return to and live in the community. Services may also be provided to recipients of AFDC who are being released from mental institutions.

(2) Necessary adult services shall be provided to beneficiaries of SSI, recipients of Title XIX, and other individuals whose income does not exceed the standard in WAC 388-15-020 who:

- (a) are released from a mental hospital, or
- (b) need alternate care to continue to live in the community.

(3) Services provided to accomplish the objective to assist the recipient to maintain or be restored to the greatest possible degree of independent functioning and self help shall be any appropriate adult services described in WAC 388-15-100 through 388-15-400.

(4) Services to be provided to accomplish this objective for recipients of AFDC age 21 or under being released from mental institutions shall be any appropriate family or childrens service described in WAC 388-15-100 through 388-15-400.

(5) See also Chapter 388-95 WAC. [Order 1088, § 388-15-400, filed 1/19/76.]

WAC 388-15-500 Redetermination of service eligibility. Eligibility for all services shall be redetermined:

(1) When the ESSO has received information about anticipated changes in the individual's situation.

(2) No more than thirty days after the ESSO has received information that a change has occurred in the individual's circumstances which may make him ineligible.

(3) Periodically, but no less frequently than every six months, except that for individuals whose gross monthly income at the time of determination is derived exclusively from pensions or social security benefits or SSI or a combination thereof or in group eligibility where the individuals conditions or characteristics are not apt to change substantially (such as physical disability), redetermination may be made at 12 month intervals. [Order 1238, § 388-15-500, filed 8/31/77; Order 1088, § 388-15-500, filed 1/19/76.]

WAC 388-15-550 Service delivery. The services provided under this chapter may be provided by department staff or by purchase of service. Services are purchased by the department at rates set by the department from agencies or facilities determined by the department

as providing an acceptable quality of service. [Order 1238, § 388-15-550, filed 8/31/77; Order 1147, § 388-15-550, filed 8/26/76; Order 1124, § 388-15-550, filed 6/9/76; Order 1088, § 388-15-550, filed 1/19/76.]

WAC 388-15-551 Adult family home--Definition. An adult family home is a private home licensed to care for no more than four residents which has entered into a service delivery contract with the department. [Statutory Authority: RCW 74.08.044. 79-09-039 (Order 1425), § 388-15-551, filed 8/17/79.]

WAC 388-15-552 Adult family home--Eligible persons. (1) Persons are eligible to receive adult family home care placement services who:

(a) Have income less than eighty percent State Median Income Adjusted for Family Size (SMIAFS);

(b) Require less than skilled nursing care. See WAC 388-88-081;

(c) Are unable to maintain a safe environment in an independent living arrangement, or require training, supervision or assistance with activities of daily living services and/or health related services.

(2) Persons are eligible to receive adult family home payment services whose:

(a) Nonexempt income exceeds the basic cost of care; but

(b) Is less than the cost of their individual level of care as assessed by department staff. [Statutory Authority: RCW 74.08.044. 79-09-039 (Order 1425), § 388-15-552, filed 8/17/79.]

WAC 388-15-553 Adult family home--Determination of need. The department, in consultation with the individual, shall assess if the individual requires adult family home care. Adult family home services include those necessary for activities of daily living, such as eating/dining, community mobility, etc., and health-related services such as diet and ambulation. Consideration will be given to other services available for the client including community services such as chore services, home health aide, etc., as well as other residential services available. [Statutory Authority: RCW 74.08.044. 79-09-039 (Order 1425), § 388-15-553, filed 8/17/79.]

WAC 388-15-554 Adult family home--Placement in facility. Selection of an adult family home is to be made by the individual, his/her relatives or others acting on his/her behalf. [Statutory Authority: RCW 74.08.044. 79-09-039 (Order 1425), § 388-15-554, filed 8/17/79.]

WAC 388-15-555 Adult family home--Payments--Standards--Procedures. All nonexempt income of a person placed in an adult family home shall first be applied to the person's clothing, personal maintenance and necessary incidentals. Any remaining nonexempt income shall be applied to the cost of adult family home care.

(1) Nonexempt income is gross income less the first twenty dollars of any earned or unearned income plus

the next sixty-five dollars of the earned income plus one-half the remainder of the earned income.

(2) Adult family home residents may also retain up to fifteen hundred dollars in cash or other liquid resources. Any resources in excess of this limitation are considered nonexempt income to be applied to cost of care and services. Also see WAC 388-29-580 and 388-92-045 for standards and resources. [Statutory Authority: RCW 74.08.044. 79-09-039 (Order 1425), § 388-15-555, filed 8/17/79.]

WAC 388-15-560 Congregate care--Definition. A congregate care facility is a licensed boarding home or a licensed private establishment which has entered into a congregate care contract with the department. [Statutory Authority: RCW 74.08.044. 81-01-077 (Order 1579), § 388-15-560, filed 12/17/80; Order 1238, § 388-15-560, filed 8/31/77.]

WAC 388-15-562 Congregate care--Eligible persons. (1) Persons are eligible to receive congregate care who:

(a) Are beneficiaries of supplemental social security and state supplementation or who are recipients of continuing general assistance;

(b) do not require medical or nursing services;

(c) are unable to maintain a safe environment in an independent living arrangement, or the person requires assistance and supervision related to activities of daily living in order to achieve independent self care.

(2) Placement is limited to facilities having available DSHS contracted beds. [Statutory Authority: RCW 74.08.044. 81-01-077 (Order 1579), § 388-15-562, filed 12/17/80; Order 1238, § 388-15-562, filed 8/31/77.]

WAC 388-15-563 Congregate care--Residents of other states. Benefits of the congregate care program shall not be available to residents of other states who enter the state of Washington for the primary purpose of obtaining congregate care. However, when a person can no longer be considered a resident of another state and/or expresses his/her intention to remain permanently in Washington, his/her eligibility shall be determined as a resident of Washington, see WAC 388-26-055. If there is evidence that the person is maintaining a home in another state, see WAC 388-28-420(4) about sale of resource. [Statutory Authority: RCW 74.08.044. 81-01-077 (Order 1579), § 388-15-563, filed 12/17/80.]

WAC 388-15-564 Congregate care--Determination of need. The department, after consultation with the individual, shall determine if the individual requires congregate care. Consideration will be given to other alternative care arrangements. [Order 1238, § 388-15-564, filed 8/31/77.]

WAC 388-15-566 Congregate care--Placement in facility. Selection of a congregate care facility is to be made by the individual, or his/her relatives or others acting on his/her behalf from those facilities having

available contracted beds. [Statutory Authority: RCW 74.08.044. 81-01-077 (Order 1579), § 388-15-566, filed 12/17/80; Order 1238, § 388-15-566, filed 8/31/77.]

WAC 388-15-568 Congregate care--Payment--Standards--Procedures. All nonexempt income of a person placed in a congregate care facility shall first be applied to the person's clothing, personal maintenance and necessary incidentals. Any remaining nonexempt income shall be applied to the cost of the congregate care. [Order 1238, § 388-15-568, filed 8/31/77.]

WAC 388-15-570 Services to children in their own home. (1) It is the purpose of this service to maintain the family unit and thereby avoid the necessity of out-of-home placement of children.

(2) Under this program services are provided to runaways and families in conflict. These populations are defined as follows:

(a) Runaways: The department provides crisis intervention services to actual runaways, and does not provide intervention services to threatened runaways - unless the threatened runaways meet the definition of families in conflict.

(b) Families in conflict: The department provides crisis intervention services to families to alleviate personal or family situations which present a serious and imminent threat to the health or stability of the child or family.

(3) Services are provided as follows:

(a) Crisis intervention: This service is directed toward defusing immediate potential for violence, assessment of problems and exploration of options which could lead to problems resolution, referral to appropriate resources including medical, legal, ongoing counseling, child protective services, and provision of short-term family counseling sessions for problems resolution.

(b) Family support services: These services are provided to children and their families following crisis intervention services. This service is authorized when it is apparent that the conditions which necessitated crisis intervention services have not been adequately remedied.

(c) These services are not provided for habitual truants, expelled students and marital disputes not directly involving conflict between children and parents, for custody disputes, and for cases receiving similar services from other agencies.

(4) Goals for services to children in own home shall be limited to those specified in WAC 388-15-010(1)(b), (c), (d). Also see WAC 388-15-010(2). [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-15-570, filed 9/10/79. Statutory Authority: RCW 74.08.090. 78-09-098 (Order 1335), § 388-15-570, filed 9/1/78; Order 1238, § 388-15-570, filed 8/31/77.]

WAC 388-15-580 Support services. (1) Support services include activities required to support the determination of eligibility for financial, medical or special

need assistance. It also includes casework activities required as support functions to recipients of assistance programs.

(2) Eligibility for this service is limited to those who are applying for or receiving financial or medical assistance.

(3) Goals for Support Services shall be limited to those specified in WAC 388-15-010(1)(a), (b), (d). Also see WAC 388-15-010(2). [Order 1238, § 388-15-580, filed 8/31/77.]

Chapter 388-17 WAC

SENIOR CITIZENS SERVICES PROGRAM

WAC

388-17-010	Legal basis for senior citizens services program.
388-17-020	Definitions.
388-17-100	Rights and responsibilities of applicants and recipients.
388-17-120	Eligibility for senior citizens services—Application.
388-17-160	Income and resources.
388-17-180	Fee schedule.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-17-030	Description of program—Purpose. [Order 1174, § 388-17-030, filed 11/30/76.] Repealed by 78-05-077 (Order 1292), filed 5/1/78. Statutory Authority: RCW 74.38.030.
388-17-040	Scope. [Order 1174, § 388-17-040, filed 11/30/76.] Repealed by 78-05-077 (Order 1292), filed 5/1/78. Statutory Authority: RCW 74.38.030.
388-17-050	Administration. [Order 1174, § 388-17-050, filed 11/30/76.] Repealed by 78-05-077 (Order 1292), filed 5/1/78. Statutory Authority: RCW 74.38.030.
388-17-140	Eligible persons. [Order 1174, § 388-17-140, filed 11/30/76.] Repealed by 78-05-077 (Order 1292), filed 5/1/78. Statutory Authority: RCW 74.38.030.
388-17-200	Services provided by the senior citizens services program. [Order 1174, § 388-17-200, filed 11/30/76.] Repealed by 78-05-077 (Order 1292), filed 5/1/78. Statutory Authority: RCW 74.38.030.
388-17-220	Mental health training program. [Order 1174, § 388-17-220, filed 11/30/76.] Repealed by 78-05-077 (Order 1292), filed 5/1/78. Statutory Authority: RCW 74.38.030.
388-17-240	Volunteer programs. [Order 1174, § 388-17-240, filed 11/30/76.] Repealed by 78-05-077 (Order 1292), filed 5/1/78. Statutory Authority: RCW 74.38.030.

WAC 388-17-010 Legal basis for senior citizens services program. The following rules are adopted under the authority of chapter 74.38 RCW. [Statutory Authority: RCW 74.38.030. 78-05-077 (Order 1292), § 388-17-010, filed 5/1/78; Order 1174, § 388-17-010, filed 11/30/76.]

WAC 388-17-020 Definitions. (1) All terms used in this chapter which are not defined herein shall have the same meaning as indicated in chapter 74.38 RCW.

(2) Declaration – a signed statement, attesting to an individual's age, income, resources and need for services.

(3) Household – applicants and recipients shall be considered to be single person households except:

(a) a husband and wife residing together are considered a two person household.

(b) an applicant or recipient which provides the majority of the support for a person(s) residing with the applicant or recipient shall be considered a member of a household which includes the applicant or recipient and the dependent person(s). [Statutory Authority: RCW 74.38.030. 78-05-077 (Order 1292), § 388-17-020, filed 5/1/78; Order 1174, § 388-17-020, filed 11/30/76.]

WAC 388-17-100 Rights and responsibilities of applicants and recipients. (1) Each applicant and/or recipient of the senior citizens services program shall have the following rights:

(a) Any individual wishing to do so shall have the right to apply for the senior citizens services program and have his or her eligibility determined within ten days. If an adverse decision is made regarding eligibility, the applicant will be provided written notice. The notice of eligibility shall include a statement of the reasons upon which an unfavorable decision is based and a statement of the individual's right to a hearing, and a statement of the individual's right to representation at the hearing by a friend, relative or other representative.

(b) An eligible individual shall be given the requested services, within the limits of available funds, which are offered by the area agency on aging in his or her geographic area.

(c) An applicant or recipient who feels aggrieved by a decision of the area agency or service provider regarding his or her eligibility for senior citizens services shall have the right to an informal hearing provided by the area agency. The hearing shall be held within thirty days of the date a request is made and a written decision shall be rendered within fifteen days after the hearing. If the applicant or recipient is dissatisfied with the outcome of the informal hearing, he or she may request the department provide a fair hearing as specified in chapter 388-08 WAC. Any person who desires a hearing must within thirty days after receiving written notice of a decision regarding eligibility make written request for a hearing to the area agency or the department.

(d) Information obtained by the department, area agency or vendor identifying any applicant or recipient of senior citizens services is confidential and privileged and may not be disclosed or used either directly or indirectly in any manner or for any purpose except for purposes directly related to the administration of the program, unless the applicant or recipient requests in writing that the information be disclosed.

(e) Each applicant and recipient shall be treated with dignity and courtesy and there shall be no discrimination against any individual because of race, sex, religious creed, political beliefs, national origin or handicap.

(f) Each applicant for services for which a fee may be charged shall be fully informed in writing of his or her rights and responsibilities in connection with the senior citizens services program.

(2) An applicant and/or recipient shall have the following responsibilities:

(a) Each applicant for services for which a fee may be charged shall provide complete and accurate information

on an application form provided by the department and cooperate in establishing his or her eligibility for services.

(b) If services provided by the senior citizens services program are available at no cost to the applicant through other sources, the applicant shall apply for these services through the appropriate agency.

(c) Each recipient of services for which a fee may be charged shall promptly report any changes in income or resources in writing which may affect his or her eligibility or amount of fees to be paid for services. [Statutory Authority: RCW 74.38.030, 78-05-077 (Order 1292), § 388-17-100, filed 5/1/78; Order 1174, § 388-17-100, filed 11/30/76.]

WAC 388-17-120 Eligibility for senior citizens services—Application. (1) An application for the senior citizens services program is a request in writing made by an individual on his or her own behalf or in behalf of another person on a form specified by the department.

(2) An application shall contain a signed declaration that the information contained in the application is true, correct and complete to the best of the applicant's knowledge.

(3) Eligibility shall be determined on the basis of the declaration of circumstances contained in the application, in accordance with the rules of the department contained in this chapter.

(4) Each applicant for services for which a fee may be charged shall be given a notice of eligibility. [Statutory Authority: RCW 74.38.030, 78-05-077 (Order 1292), § 388-17-120, filed 5/1/78; Order 1174, § 388-17-120, filed 11/30/76.]

WAC 388-17-160 Income and resources. (1) An individual whose income is at or below forty percent of the state median income for a family of four adjusted for family size, as determined by the secretary of H.E.W. and whose resources are at or below the limits specified in this section shall be eligible for services at no cost.

(a) The following shall be disregarded in determining the income and resources of an applicant or recipient:

(i) Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

(ii) The value of the U.S. department of agriculture donated foods (surplus commodities).

(iii) Any benefits received under Title III C, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended.

(iv) Any compensation provided to volunteers in ACTION programs established by Titles I, II, and III of Public Law 93-113, the Domestic Volunteer Services Act of 1973.

(v) Any payment received from a foster care agency for children in the home.

(vi) Garden produce, livestock and poultry used for home consumption.

(vii) Any real property held in trust for an individual Indian or Indian Tribe.

(viii) The benefits of a program which by its terms provides that its benefits are exempt from consideration of eligibility in needs programs.

(2) Effective October 1979, the state median income for a family of four is \$20,207. Forty percent is \$8,082.

Income tables for forty percent of median income.

Number In Family Unit	Monthly Income	Annual Income
1	\$ 350	\$ 4,200
2	458	5,496
3	566	6,792
4	674	8,088
5	781	9,372

For each additional family household member, add \$15 for monthly income, or \$180 for annual income.

(3) Income means any real or personal property in cash or kind received by an applicant or recipient after applying for the senior citizens services program which is available to meet the requirements of the applicant or recipient and his or her dependents.

(4) Resources mean all real or personal property owned by or available to an applicant at the time of application which can be applied toward meeting the applicant's requirements, either directly or by conversion into money or its equivalent. Property that is available shall mean property over which the applicant has legal right of control.

(a) The following resources, regardless of value, shall not be considered in determining the value of an applicant's or recipient's resources:

(i) A home and lot normal for the community.

(ii) Used and useful household furnishings, personal clothing, and automobiles.

(iii) Personal property of great sentimental value.

(iv) Personal property used by the applicant or recipient to earn income or to rehabilitate himself/herself.

(v) One cemetery plot for each member of the family unit.

(vi) Cash surrender value of life insurance.

(b) The total value of all other resources including cash, marketable securities, and real or personal property shall not exceed \$10,000.00 for a single person or \$15,000.00 for a family of two. This maximum shall be increased by \$1,000.00 for each additional member of the household. [Statutory Authority: RCW 74.38.030, 80-02-135 (Order 1485), § 388-17-160, filed 2/1/80; 78-05-077 (Order 1292), § 388-17-160, filed 5/1/78; Order 1174, § 388-17-160, filed 11/30/76.]

WAC 388-17-180 Fee schedule. (1) Eligible persons whose income and/or resources exceed the limits specified in WAC 388-17-160 for free services shall be responsible for payment of the total, or a percentage, of the cost for each service provided as determined by the fee schedule published in DSHS Form 14-155(X) 9/77 which is incorporated by reference herein. For each size household the percentage of the cost of the service for

which the department will make payment is based on the following formula:

$$\frac{100\% \text{ state median income (SMI)} - \text{Household Income}}{100\% \text{ SMI} - 40\% \text{ SMI}} \times 100$$

(2) Service providers shall be responsible for collecting fees owed by eligible persons and reporting to area agencies all such fees paid or owed by eligible persons.

(3) Fees paid shall not exceed the cost of services provided. [Statutory Authority: RCW 74.38.030, 78-05-077 (Order 1292), § 388-17-180, filed 5/1/78; Order 1174, § 388-17-180, filed 11/30/76.]

Chapter 388-20 WAC EXCEPTION TO RULE

WAC

388-20-010 Rules—Applicability.
388-20-020 Rules—Procedures for exceptions.

WAC 388-20-010 Rules—Applicability. (1) The rules for determining eligibility and amount of payment are based on law and are designed to permit the granting of necessary assistance considering the applicant's requirements, resources and ability to help himself. The purpose is to assure the meeting of need on a modest, reasonable basis with as little disturbance as possible of normal living arrangements. The result of granting assistance according to these rules should be to ease the conditions which individuals would face without such assistance and to increase their opportunities for functioning effectively under arrangements adapted to their particular circumstances.

(2) The rules are necessarily based on conditions which are considered to apply in the great majority of situations. Individual circumstances may exist in which application of the rule seems to work in opposition to the objective desired. This may occur when the person's situation differs from that of the majority or when his circumstances are peculiar. In these cases exceptions may be considered.

(3) An exception cannot be made to a specific provision of the law. However, individual case exception to a rule or procedure not specifically enunciated in the law can be authorized by the state office when it appears to be in the best interest of overall economy and the individual's welfare.

(4) Exception decisions are not subject to the fair hearing procedures of chapter 388-08 WAC. [Order 773, § 388-20-010, filed 2/16/73; Order 528, § 388-20-010, filed 3/31/71, effective 5/1/71; Order 348, § 388-20-010, filed 5/28/69; Regulation 4.00 (part), filed 12/31/65, effective 2/1/66; Regulation 4.00, filed 1/24/64.]

WAC 388-20-020 Rules—Procedures for exceptions. (1) A local office believing the application of a rule will result in undue hardship or will defeat its purpose in a specific case may direct a written request for an exception through the regional administrator to the secretary or his designee. The request shall describe the

case as completely as possible in factual, explicit, and objective terms.

(2) At the local office level, only the local administrator or his immediate designee may endorse, approve, or deny an exception request. Approval at the local office level is limited to the circumstances described in WAC 388-44-127(2)(a). Regardless of disposition, all exception requests shall be forwarded, via the regional office, for review by the secretary or his designee.

(3) Upon receipt of a request for exception, the regional administrator shall discuss it with the local office, if advisable, and then either endorse or not endorse it and forward it to the secretary or his designee.

(4) The secretary or his designee shall approve or disapprove the request and notify the local office and the regional administrator of his decision in writing. The local office shall file its copy in the case record and notify the client of the decision and the reasons for it.

(5) If, subsequent to the denial of an exception request, additional pertinent information comes to light, the local office can resubmit the exception request. [Order 773, § 388-20-020, filed 2/16/73; Order 686, § 388-20-020, filed 5/25/72; Order 528, § 388-20-020, filed 3/31/71, effective 5/1/71; Order 348, § 388-20-020, filed 5/28/69; Order 273, § 388-20-020, filed 1/29/68; Regulation 4.00 (part), filed 12/31/65, effective 2/1/66; Regulation 4.00, filed 1/24/64.]

Chapter 388-22 WAC DETERMINING AND VERIFYING ELIGIBILITY-- DEFINITIONS

WAC

388-22-030 Definitions.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-22-010 Principles in determining eligibility. [Regulation 5.10, filed 7/27/67; Regulation 5.10, filed 1/24/64.] Repealed by Order 529, filed 3/31/71, effective 5/1/71.
388-22-020 Verifying eligibility and re-eligibility. [Order 1016, § 388-22-020, filed 4/1/75; Order 943, § 388-22-020, filed 6/28/74; Order 871, § 388-22-020, filed 11/20/73; Order 529, § 388-22-020, filed 3/31/71, effective 5/1/71; Order 266, § 388-22-020, filed 12/5/67; Regulation 5.20, filed 7/27/67; Regulation 5.20, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.

WAC 388-22-030 Definitions. This section is a compilation of the definitions of words and phrases extensively used in the department's rules concerning the financial aid programs. Their collection in one section tends to ensure a more exact understanding of the word or concept and to avoid repetition of the definition. Related definitions have been grouped under the key word.

For definitions of terms used in the medical assistance—Title XIX and medical services (fully state financed) programs, see chapter 388-80 WAC. For definitions of terms used in the food stamp program see chapter 388-54 WAC.

(1) "Adequate consideration" means that the reasonable value of the goods or services received in exchange

for the transferred property approximates the reasonable value of the property transferred.

(2) "Adult" means a person eighteen years of age or older.

(3) "Apartment" means two or more rooms with cooking and sleeping facilities which is a unit of a larger structure.

(4) "Applicant" shall mean any person or members of a family unit by whom or for whom a request for assistance has been made.

(5) "Application" means a written request for financial assistance or a written or oral request for medical or social service provided by the department of social and health services made by a person in his/her own behalf or in behalf of another person.

(6) "Assistance unit" means a person or members of a family unit who are eligible to be included in a single categorical grant.

(7) "Authorization" means an official approval of a departmental action:

(a) "Authorization date" means the date the prescribed form authorizing assistance for a new, reopened or reinstated case is signed.

(b) "Authorization of grant" means attesting the applicant's eligibility for assistance in an amount as determined by his circumstances and department standards and giving authority to make payment accordingly.

(8) "Automobile" means a motorized vehicle.

(9) "Board and room" means a living arrangement in which an individual purchases his food, shelter and household maintenance requirements from one vendor.

(10) "Boarding home" means any place in which one or more persons purchases his food, shelter and household maintenance requirements on a board and room basis.

(11) "CFR" means the code of federal regulations and is a codification of the general and permanent rules published in the federal register by the executive departments and agencies of the federal government.

(12) "Cash savings" means money which is not classified as income.

(13) "Certification date" means the date the worker certifies changes in a recipient's circumstances and authorizes an action affecting a grant.

(14) "Child" or "minor child" means a person under 18 years of age.

(15) "Chore services" are those tasks specifically related to household, yard and/or personal care which assist a person in his/her own home.

(16) "Client" means an applicant or recipient of financial, medical and/or social services.

(17) "Continuing assistance" means payments to persons who presumably will be eligible for and receive, from the date of authorization, regular monthly grants on a prepayment basis. Continuing assistance includes federal aid and continuing general assistance grants to unemployable persons.

(18) "Disability." (See WAC 388-93-025.)

(19) "Disaster assistance" means a financial grant or temporary housing awarded eligible victims of a gubernatorially proclaimed and/or presidentially declared emergency or major disaster.

(20) "Effective date" means the date eligibility for a grant begins or eligibility changes or ends.

(21) "Encumbrances" means any mortgage, claim, lien, charge or other legally enforceable liability, such as past due taxes, attaching to and binding upon property.

(22) "Entitlement" means any form of benefit, such as compensation, insurance, pension retirement, military, bonus, allotment, allowance payable in cash or its equivalent in which an applicant/recipient may have a claim or interests recognized by law.

(23) "Equity" means quick-sale value less legally enforceable encumbrances.

(24) "Estate" means all real and personal property owned by a person as of the date of his death.

(25) "Exception to policy" means approval by the secretary's designee to waive a rule in Title 388 WAC for a specific client who is experiencing an undue hardship as a result of that rule. Such a waiver may not be contrary to law.

(26) "Fair hearing" means an administrative proceeding by which the department hears and decides the appeal of an applicant/recipient from an action or decision of the department.

(27) "Federal aid" means the assistance grant programs for which funds are received by the state from the U.S. government.

(28) "Food stamp program." The program administered by the department in cooperation with the U.S. department of agriculture under which eligible households are certified to receive food coupons to be used to buy food.

(29) "Fraud."

(a) For financial aid programs, fraud means a deliberate, intentional and willful act with the specific purpose of deceiving the department with respect to any material fact, condition or circumstance affecting eligibility or need;

(b) For definition of "food stamp fraud," see chapter 388-54 WAC.

(30) "Funeral" means the proper preparation and care of the remains of a deceased person with needed facilities and appropriate memorial services including necessary costs of a lot or cremation and all services related to the interment and the customary memorial marking of a grave.

(31) "General assistance-continuing" (GAU) means assistance to unemployable persons who are not eligible for or not receiving federal aid assistance.

(32) "General assistance-noncontinuing" (GAN) is temporary assistance for persons who are not eligible for or receiving federal aid assistance.

(33) "Grant" means an entitlement awarded to an applicant/recipient and paid in the form of a state warrant redeemable at par.

(a) "Grant adjustment" means postpayment of the difference between the amount for which the recipient

was eligible for a given period and the amount already paid.

(b) "Initial grant" means the payment due from date of eligibility to the payment date of the first regular grant.

(c) "Minimum grant" means one dollar, unless a court decision requires payment of a smaller amount.

(d) "One-time grant" means one payment supplementing or replacing a regular grant.

(e) "Regular grant" means the monthly prepayment of assistance on a continuing basis.

(34) "Grantee" means the person or persons to or for whom assistance is paid.

(35) "Homemaker services" are services provided by an employee of the agency to individuals and families in their own homes or in special group situations outside their homes which will help individuals overcome specific and temporary barriers to maintaining, strengthening and safeguarding their functioning in the home.

(36) "House" means a separate structure of one or more rooms.

(37) "Household maintenance" means the requirements for space heating, water heating, cooking, lights, and refrigeration, household supplies, garbage and sewage disposal and water.

(38) "Income" means any appreciable gain in real or personal property (cash or kind) received by an applicant/recipient on or after the first of the month in which eligibility is determined, and which can be applied toward meeting the requirement of the applicant and his dependents, either directly or by conversion into money or its equivalent.

(a) "Cash income" means income in the form of money, bank notes, checks or any other readily liquidated form paid and received as money.

(b) "Earned income" means income in cash or kind earned as wages, salary, commissions or profit from activities in which the individual is engaged as a self-employed person or as an employee.

(c) "Exempt income" means net income which is not deducted from the cost of requirements to determine need.

(d) "Income-in-kind" means income in the form of a requirement which contributes appreciably toward meeting the need for the requirement. Income-in-kind shall be evaluated in terms of its cash equivalent in accordance with WAC 388-28-600.

(e) "Net income" means gross income less cost of producing or maintaining the income.

(f) "Nonexempt income" means net income which is deducted from the cost of requirements to determine need.

(g) "Recurrent income" means income which can be predicted to occur at regular intervals.

(39) "Incapacity" (see WAC 388-24-060).

(40) "Inquiry" means a request for information about the department and/or the services offered by the department.

(41) "Institution" means a treatment facility within which an individual receives professional care specific to that facility:

(a) "Institution-medical" provides medical, nursing or convalescent care by professional personnel.

(b) "Institution-private" is operated by nongovernmental authority by private interests.

(c) "Institution-public" is supported by public funds and administered by a governmental agency.

(d) "Institutional services" are those items and services furnished to individuals in a particular institution.

(e) "Nursing home" means a public facility or private licensed facility certified by the department to provide skilled nursing and/or intermediate care.

(42) "Joint account" means a numbered account within a financial institution which is registered to two or more parties and is accessible to each party for withdrawal of a cash resource (see WAC 388-28-430(2)(b)(ii)).

(43) "Living in own home" means a living arrangement not involving boarding and rooming, or care in a hospital, nursing home or other institution.

(44) "Marketable securities" means stocks, bonds, mortgages, and all other forms of negotiable securities.

(45) "Minor" or "minor child" means a person under eighteen years of age.

(46) "Need" is the difference between the applicant's or recipient's financial requirements for the assistance unit as measured by the standards of the department and the value of all nonexempt resources and nonexempt net income received by or available to the assistance unit.

(47) "Need under normal conditions of living" means the Washington state gross median income adjusted for family size as promulgated by the secretary of HEW, under the authority granted by Title XX of the Social Security Act minus other income during a period of time when not receiving public assistance.

(48) "Overpayment" means any assistance paid to a person (assistance unit) who is not eligible or assistance paid to an eligible person (assistance unit) in excess of need.

(49) "Payee" means the person in whose name a warrant or check is issued.

(50) "Permanent and total disability" means that the individual has some permanent physical/mental impairment disease or loss that substantially precludes him/her from engaging in a useful occupation within his/her competence to perform such as holding a substantially gainful job or homemaking (see WAC 388-93-025).

(51) "Property" means all resources and/or income possessed by an applicant or a recipient.

(a) "Personal property" means any form of property which is not real property.

(b) "Real property" is land, buildings thereon and fixtures permanently attached to such buildings. Growing crops are included. Any structure used as a dwelling shall be considered as real property.

(c) "Transfer of property" means a conveyance of title to, or any interest in, property from one party to another through a bill of sale, deed, or any other instrument conveying the interest in property.

(d) "Used and useful property" means property which currently serves a practical purpose for an applicant/recipient.

(52) "Protective payment" means a cash public assistance payment to an individual in behalf of an eligible recipient who, without good cause, refuses to cooperate with the office of support enforcement; who is certified to the work incentive (WIN) program, and refuses to participate in it; or who refuses to accept a bona fide offer of employment; or who demonstrates an inability to manage his/her grant funds, or the mismanagement of a caretaker relative's grant funds is such that the funds have not been nor are they currently being used in the best interest of the child.

(53) "Psychiatric facility" means an institution which is legally qualified to administer psychiatric inpatient treatment.

(54) "Public assistance" means public aid to persons in need thereof for any cause including services, medical care, assistance grants, disbursing orders, work relief, general assistance and federal-aid assistance.

(55) "Recipient" means any person receiving assistance and in addition those dependents whose needs are included in the recipient's assistance.

(56) "Reinstate" means an authorization to resume payment of a grant from the category in which payment was previously suspended.

(57) "Requirement" means an item of maintenance or a service recognized by the department as essential to the welfare of an individual.

(a) "Additional requirement" means a requirement which is essential for some clients under specified conditions. See WAC 388-29-150 through 388-29-270.

(b) "Basic requirements" means the needs essential to all persons—food, clothing, personal maintenance and necessary incidentals, shelter and household maintenance.

(58) "Resource" means any asset, tangible or intangible, owned by or available to an applicant when he/she applies for assistance which can be applied toward meeting financial need, either directly or by conversion into money or its equivalent. Any property obtained on or after the first of the month within which eligibility is determined is called "income", except for nonrecurring lump sum payments as specified in WAC 388-28-440.

(a) "Exempt resource" is a resource which by law or rule of the department does not make the owner ineligible, nor is its value used in computing financial need.

(b) "Nonexempt resource" means a resource which is not exempt by law or policy of the department and the value of which is used to determine financial need.

(59) "Restitution" means repayment to the state of assistance paid contrary to law.

(60) "Separate property" means real or personal property which was acquired by either spouse before marriage, or as a result of gift or inheritance, or was acquired and paid for entirely out of income from separate property.

(61) "Statements in support of application" means any forms or documents required under department regulations.

(62) "Suspension" means a temporary discontinuance of a grant payment.

(63) "Terminate" means discontinuance of payment or termination of suspension status.

(64) "Transfer" means reassignment of a case record from one CSO to another which includes all administrative functions necessary to recompute and adjust a grant in accordance with a recipient's permanent change of residence.

(65) "Unmarried parents" means a man and a woman not legally married who are the natural parents of the same child.

(66) "Value" means the worth of an item in money or goods at a certain time.

(a) "Ceiling value" means the limitation established by the department on the gross market value of nonexempt property.

(b) "Fair market value" means the price at which a seller willing, but not required to sell, might sell to a purchaser, willing but not required to purchase.

(c) "Quick-sale value" or "forced-sale value" is the value at which property can be converted into cash almost immediately, and without waiting for "the best offer."

(67) "Vendor payment" means an authorized payment to an individual, corporation or agency for goods furnished or services rendered to an individual eligible for public assistance.

(68) "Vocational training" means an organized curriculum in a school or training unit or an organized training program under recognized sponsorship with a specific vocational training objective.

(69) "Warrant" means the state treasurer's warrant issued in payment of a grant.

(70) "Warrant register" means the list(s) of warrants issued specifying payee's name, amount of payment, warrant number, and for each AFDC payment of the number of matchable persons whose need is being met by the grant.

(a) "Regular warrant register" means the list of regular grants paid.

(b) "Supplemental warrant register" means the list of initial, adjusting and one-time grants paid.

(71) "Work incentive program" or "WIN" means a program authorized by the Social Security Act to facilitate the placement of AFDC recipients in the work force through employment or employment training incentive positions. It is jointly administered by the department of social and health services (DSHS) and the department of employment security (DES).

(a) "Registration" means the process whereby an AFDC applicant/recipient signs a completed registration card.

(b) "Certification" means a written statement by DSHS to DES that requested self-support services are provided or arranged for a specific participant and that the individual is ready for employment or training, or that no self-support services are needed and that the individual is at the time ready for employment and training.

(c) "Deregistration" means the removal of an individual from the WIN program upon the administrative decision of DES. [Statutory Authority: RCW 74.08.090. 80-09-021 (Order 1521), § 388-22-030, filed 7/9/80; 78-10-036 (Order 1338), § 388-22-030, filed 9/18/78; Order 1131, § 388-22-030, filed 7/8/76; Order 1058, § 388-22-030, filed 10/1/75; Order 745, § 388-22-030, filed 12/7/72; Order 648, § 388-22-030, filed 2/9/72; Order 617, § 388-22-030, filed 10/27/71; Order 529, § 388-22-030, filed 3/31/71, effective 5/1/71; Order 353, § 388-22-030, filed 5/29/69; Regulation 5.30, filed 6/14/66; Regulation 5.30, filed 1/24/64.]

Chapter 388-24 WAC

AID TO FAMILIES WITH DEPENDENT CHILDREN--ELIGIBILITY

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| <p>388-24-040 Aid to families with dependent children—Summary of eligibility conditions.</p> <p>388-24-050 Aid to families with dependent children—Assistance unit.</p> <p>388-24-052 Provision of social security numbers.</p> <p>388-24-055 Aid to families with dependent children—regular—Deprivation of parental support or care.</p> <p>388-24-060 Aid to families with dependent children—regular—Deprivation due to death.</p> <p>388-24-065 Aid to families with dependent—regular—Deprivation due to incapacity.</p> <p>388-24-070 Aid to families with dependent children—regular—Deprivation due to continued absence from home.</p> <p>388-24-075 Aid to families with dependent children—regular—Multiple deprivation factors.</p> <p>388-24-090 Eligibility conditions applicable to AFDC-R and AFDC-E—Employment or training.</p> <p>388-24-107 Eligibility conditions applicable to AFDC-R and AFDC-E—Registration for WIN/employment and training.</p> <p>388-24-108 Eligibility conditions applicable to AFDC-R and AFDC-E—Assignment of rights to support.</p> <p>388-24-109 Eligibility conditions applicable to AFDC-R and AFDC-E—Cooperation in obtaining support from absent parents.</p> <p>388-24-111 Good cause for failure to cooperate with support enforcement.</p> <p>388-24-114 Procedures affecting abandoned child.</p> <p>388-24-125 Eligibility conditions applicable to AFDC-R and AFDC-E—Living in home of relative of specified degree.</p> <p>388-24-135 Aid to families with dependent children—Employable parent—Summary of eligibility conditions.</p> <p>388-24-137 Continuation of assistance when deprivation ceases.</p> <p>388-24-190 Coordination of public assistance and child welfare services—Responsibility for protective care for children.</p> <p>388-24-200 Reporting child neglect or abuse to juvenile court.</p> <p>388-24-207 Aid to families with dependent children—foster care—Summary of eligibility conditions.</p> <p>388-24-210 Aid to families with dependent children—foster care—Assistance unit.</p> <p>388-24-215 Aid to families with dependent children—foster care—Requirements.</p> <p>388-24-220 Aid to families with dependent children—foster care—Standards and requirements.</p> <p>388-24-225 Aid to families with dependent children—foster care—Income and nonexempt resources.</p> <p>388-24-235 Aid to families with dependent children—foster care—Medical care.</p> <p>388-24-243 Aid to families with dependent children—foster care—Nonprofit agency placement.</p> <p>388-24-250 Emergency assistance to needy families with children.</p> | <p>388-24-255 Emergency assistance—Eligibility.</p> <p>388-24-260 Emergency assistance—Standards—Duration.</p> <p>388-24-265 Emergency assistance to needy families with children—Eligible persons.</p> <p>388-24-270 Emergency assistance to needy families with children—Transportation.</p> <p>388-24-550 Assistance to minor child.</p> |
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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| <p>388-24-005</p> <p>388-24-010</p> <p>388-24-015</p> <p>388-24-020</p> <p>388-24-025</p> <p>388-24-030</p> <p>388-24-032</p> <p>388-24-045</p> <p>388-24-071</p> <p>388-24-080</p> <p>388-24-095</p> <p>388-24-097</p> <p>388-24-100</p> | <p>Organization of chapter. [Regulation 6.00, filed 12/21/64, effective 2/1/65; Regulation 6.00, filed 1/24/64.] Repealed by Order 530, filed 3/31/71, effective 5/1/71.</p> <p>Aid to blind—Summary of eligibility conditions. [Order 618, § 388-24-010, filed 10/27/71; Order 530, § 388-24-010, filed 3/31/71, effective 5/1/71; Regulation 6.11, filed 6/30/67; Regulation 6.11, filed 6/3/65, 1/24/64.] Repealed by Order 917, filed 3/14/74.</p> <p>Aid to blind—Blindness defined. [Order 530, § 388-24-015, filed 3/31/71, effective 5/1/71; Regulation 6.121, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.</p> <p>Aid to blind—Publicly soliciting alms defined. [Order 530, § 388-24-020, filed 3/31/71, effective 5/1/71; Regulation 6.122, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.</p> <p>Aid to blind—Determining blindness. [Order 530, § 388-24-025, filed 3/31/71, effective 5/1/71; Regulation 6.13, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.</p> <p>Factors—Authorization procedure for determining blindness. [Regulation 6.131, filed 1/24/64.] Repealed by Order 530, filed 3/31/71, effective 5/1/71.</p> <p>Factors—Services. [Order 530, § 388-24-032, filed 3/31/71, effective 5/1/71.] Repealed by Order 917, filed 3/14/74.</p> <p>Aid to families with dependent children—Sub-categories of AFDC. [Order 441, § 388-24-045, filed 4/15/70; Order 365, § 388-24-045, filed 7/9/69; Regulation 6.211, filed 8/29/66; Regulation 6.211, filed 12/31/65.] Repealed by Order 530, filed 3/31/71, effective 5/1/71.</p> <p>Aid to families with dependent children—Termination of deprivation. [Order 730, § 388-24-071, filed 10/27/72.] Repealed by Order 923, filed 4/15/74.</p> <p>Aid to families with dependent children—regular—Employed parent. [Order 597, § 388-24-080, filed 9/1/71; Order 530, § 388-24-080, filed 3/31/71, effective 5/1/71; Order 447, § 388-24-080, filed 5/14/70, effective 6/15/70; Regulation 6.222, filed 8/29/66; Regulation 6.222, filed 12/31/65, 1/24/64.] Repealed by 79-11-081 (Order 1444), filed 10/23/79. Statutory Authority: RCW 43.20A.550.</p> <p>Eligibility conditions applicable to AFDC-R and AFDC-E—Use of resources for employment or training—Unemployed employable and unemployable person defined. [Order 748, § 388-24-095, filed 12/7/72; Order 609, § 388-24-095, filed 9/22/71; Order 530, § 388-24-095, filed 3/31/71, effective 5/1/71; Order 496, § 388-24-095, filed 11/25/70, effective 1/1/71; Order 447, § 388-24-095, filed 5/14/70, effective 6/15/70; Order 319, § 388-24-095, filed 11/27/68; Emergency Order 305, § 388-24-095, filed 9/20/68; Regulation 6.2311, filed 8/29/66 and 12/31/65.] Repealed by Order 829, filed 7/26/73.</p> <p>Full-time employment. [Order 447, § 388-24-097, filed 5/14/70, effective 6/15/70.] Repealed by Order 496, filed 11/25/70, effective 1/1/71 and Order 530, filed 3/31/71, effective 5/1/71.</p> <p>Eligibility factors applicable to aid to dependent children—regular and aid to dependent children—employable—Employable person in or not in labor force.</p> |
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- [Regulation 6.2312, filed 8/29/66; Regulation 6.2312, filed 12/31/65.] Repealed by Order 319, filed 11/27/68 and Emergency Order 305, filed 9/20/68.
- 388-24-105 Eligibility factors applicable to aid to dependent children—regular and aid to dependent children—employable—Registration of unemployed person in the labor force with state employment service. [Regulation 6.2313, filed 8/29/66; Regulation 6.2313, filed 12/31/65.] Repealed by Order 319, filed 11/27/68 and Emergency Order 305, filed 9/20/68.
- 388-24-110 Eligibility factors applicable to aid to dependent children—regular and aid to dependent children—employable—Verification of unemployment compensation status. [Regulation 6.2314, filed 8/29/66; Regulation 6.2314, filed 12/31/65.] Repealed by Order 319, filed 11/27/68 and Emergency Order 305, filed 9/20/68.
- 388-24-115 Eligibility factors applicable to aid to dependent children—regular and aid to dependent children—employable—Acceptance of available employment. [Regulation 6.2315, filed 8/29/66; Regulation 6.2315, filed 12/31/65.] Repealed by Order 319, filed 11/27/68 and Emergency Order 305, filed 9/20/68.
- 388-24-120 Eligibility factors applicable to aid to dependent children—regular and aid to dependent children—employable—Referral for other services. [Regulation 6.2316, filed 8/29/66; Regulation 6.2316, filed 12/31/65.] Repealed by Order 319, filed 11/27/68 and Emergency Order 305, filed 9/20/68.
- 388-24-130 Living in home of relative of specified degree—Financial need. [Regulation 6.233, filed 8/29/66; Regulation 6.233, filed 1/24/64.] Repealed by Order 291, filed 6/12/68 and Emergency Order 288, filed 5/1/68.
- 388-24-140 Living in home of relative of specified degree—Deprivation due to unemployment of parent. [Regulation 6.242, filed 8/29/66; Regulation 6.242, filed 12/31/65.] Repealed by Order 291, filed 6/12/68 and Emergency Order 288, filed 5/1/68.
- 388-24-145 Living in home of relative of specified degree—Employability of parent. [Regulation 6.2421, filed 8/29/66; Regulation 6.2421, filed 12/31/65.] Repealed by Order 291, filed 6/12/68 and Emergency Order 288, filed 5/1/68.
- 388-24-150 Living in home of relative of specified degree—Unemployed parent. [Regulation 6.2422, filed 8/29/66; Regulation 6.2422, filed 12/31/65.] Repealed by Order 291, filed 6/12/68 and Emergency Order 288, filed 5/1/68.
- 388-24-155 Parent in the labor force. [Regulation 6.2423, filed 8/29/66; Regulation 6.2423, filed 12/31/65.] Repealed by Order 291, filed 6/12/68 and Emergency Order 288, filed 5/1/68.
- 388-24-160 Aid to dependent child of unemployed parent—Financial need. [Regulation 6.243, filed 8/29/66; Regulation 6.243, filed 12/31/65.] Repealed by Order 356, filed 5/29/69.
- 388-24-180 Aid to families with dependent children—Children eighteen, nineteen, twenty years of age. [Order 530, § 388-24-180, filed 3/31/71, effective 5/1/71; Regulation 6.26, filed 7/13/65; Regulation 6.26, filed 1/24/64.] Repealed by Order 618, filed 10/27/71.
- 388-24-195 Coordination of public assistance and child welfare services—Transfer of cases involving services to children. [Regulation 6.272, filed 1/24/64.] Repealed by Order 530, filed 3/31/71, effective 5/1/71.
- 388-24-205 Aid to dependent children—Foster family care. [This is reference section only.] Repealed by Order 917, filed 3/14/74.
- 388-24-230 Aid to families with dependent children—foster care—Authorization and payment. [Order 291, § 388-24-230, filed 6/12/68; Regulation 6.286, filed 1/24/64.] Repealed by Order 469, filed 8/19/70.
- 388-24-240 Aid to families with dependent children—foster care—Assignment of cases. [Order 291, § 388-24-240, filed 6/12/68; Regulation 6.288, filed 1/24/64.] Repealed by Order 469, filed 8/19/70.
- 388-24-275 Emergency assistance to needy families with children—Aliens. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-24-275, filed 9/18/78; Order 1004, § 388-24-275, filed 1/24/75.] Repealed by 80-16-039 (Order 1565), filed 11/3/80. Statutory Authority: RCW 74.08.090.
- 388-24-360 Disability assistance. [Order 783, § 388-24-360, filed 3/16/73; Order 563, § 388-24-360, filed 5/19/71; Order 530, § 388-24-360, filed 3/31/71, effective 5/1/71; Regulation 6.30, filed 6/17/64; Regulation 6.30, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.
- 388-24-365 Disability assistance—Summary of eligibility conditions. [Order 563, § 388-24-365, filed 5/19/71; Order 530, § 388-24-365, filed 3/31/71, effective 5/1/71; Order 365, § 388-24-365, filed 7/9/69; Regulation 6.31, filed 6/17/64; Regulation 6.31, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.
- 388-24-370 Disability assistance—Permanent and total disability. [Order 563, § 388-24-370, filed 5/19/71; Order 530, § 388-24-370, filed 3/31/71, effective 5/1/71; Regulation 6.32, filed 6/17/64; Regulations 6.32, 6.321, et. seq., filed 1/24/64.] Repealed by Order 917, filed 3/14/74.
- 388-24-375 Disability assistance—Application. [Order 563, § 388-24-375, filed 5/19/71.] Repealed by Order 917, filed 3/16/74.
- 388-24-380 Disability assistance—Local office responsibility. [Order 530, § 388-24-380, filed 3/31/71, effective 5/1/71; Regulation 6.33, filed 6/17/64; Regulation 6.33, filed 1/24/64.] Repealed by Order 563, filed 5/19/71.
- 388-24-382 Disability assistance—Periodic review of permanent and total disability. [Order 563, § 388-24-382, filed 5/19/71.] Repealed by Order 917, filed 3/14/74.
- 388-24-384 Disability assistance—Reapplication. [Order 563, § 388-24-384, filed 5/19/71.] Repealed by Order 917, filed 3/14/74.
- 388-24-390 Medical division representative's responsibility. [Regulation 6.34, filed 6/17/64; Regulation 6.343, filed 1/24/64.] Repealed by Order 530, filed 3/31/71, effective 5/1/71. Repealed by Order 563, filed 5/19/71.
- 388-24-392 Medical division—representatives responsibility—State office review team supervisory function. [Order 563, § 388-24-392, filed 5/19/71.] Repealed by Order 917, filed 3/14/74.
- 388-24-400 Medical division representatives responsibility—Area review team—Composition—Function. [Order 609, § 388-24-400, filed 9/22/71; Order 563, § 388-24-400, filed 5/19/71; Order 530, § 388-24-400, filed 3/31/71, effective 5/1/71; Regulation 6.35, filed 6/17/64; Regulation 6.341, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.
- 388-24-405 State office responsibility—Division of medical care. [Regulation 6.36, filed 6/17/64.] Repealed by Order 530, filed 3/31/71, effective 5/1/71.
- 388-24-410 State office responsibility—Refusal to accept available and recommended medical treatment. [Order 563, § 388-24-410, filed 5/19/71; Order 530, § 388-24-410, filed 3/31/71, effective 5/1/71; Regulation 6.37, filed 6/17/64, effective 8/1/64.] Repealed by Order 917, filed 3/14/74.
- 388-24-455 Old age assistance—Summary of eligibility conditions. [Order 530, § 388-24-455, filed 3/31/71, effective 5/1/71; Order 365, § 388-24-455, filed 7/9/69; Order 247, § 388-24-455, filed 11/1/67; Regulations 6.40 and 6.41, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.
- 388-24-475 Continuing general assistance—Summary of eligibility conditions. [Order 609, § 388-24-475, filed 9/22/71; Order 530, § 388-24-475, filed 3/31/71, effective 5/1/71; Order 365, § 388-24-475, filed 7/9/69; Order 344, § 388-24-475, filed 4/16/69;

- Order 291, § 388-24-475, filed 6/12/68; Emergency Order 287, filed 5/1/68; Order 247, § 388-24-475, filed 11/1/67; Regulation 6.51, filed 12/31/65; Regulation 6.51 filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-24-485 Continuing general assistance—Factors. [Regulation 6.52, filed 1/24/64.] Repealed by Order 291, filed 6/12/68 and Emergency Order 288, filed 5/1/68.
- 388-24-490 Continuing general assistance—Limitations. [Order 247, § 388-24-490, filed 11/1/67; Regulation 6.521, filed 1/24/64.] Repealed by Order 291, filed 6/12/68 and Emergency Order 288, filed 5/1/68.
- 388-24-495 Continuing general assistance—Unemployability. [Order 609, § 388-24-495, filed 9/22/71; Order 530, § 388-24-495, filed 3/31/71, effective 5/1/71; Order 247, § 388-24-495, 11/1/67; Regulation 6.522, filed 12/31/65; Regulation 6.522, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-24-500 Continuing general assistance—Refusal to accept available and recommended medical treatment. [Order 530, § 388-24-500, filed 3/31/71, effective 5/1/71; Order 247, § 388-24-500, filed 11/1/67; Regulation 6.523, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-24-505 Continuing general assistance—Standards for requirements. [Order 530, § 388-24-505, filed 3/31/71, effective 5/1/71; Regulation 6.524, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
- 388-24-510 Continuing general assistance—General assistance—unemployable person for federal aid recipient from another state. [Regulation 6.525, filed 1/24/64.] Repealed by Order 280, filed 2/14/68.

WAC 388-24-040 Aid to families with dependent children—Summary of eligibility conditions. AFDC shall be granted in behalf of a needy child[:]

- (1) Who is under the age of eighteen years;
 - (a) AFDC may be granted on behalf of an unborn child. Medical confirmation of pregnancy is required;
 - (b) AFDC shall be continued through the month in which the child reaches the maximum age;
- (2) Who is a resident of the state of Washington, or who lives with a parent or other relative who is a resident of the state of Washington – see WAC 388-26-050 through 388-26-105;
- (3) Who is deprived of parental care and support because of death, continued absence, or incapacity of a parent or stepparent – see WAC 388-24-055 through 388-24-075. If unemployment of a parent or stepparent is the basis of deprivation, all provisions in WAC 388-24-135 apply;
- (4) Whose parent or stepparent, if incapacitated, does not refuse available medical treatment without good cause as specified in WAC 388-24-065(6);
- (5)(a) Who is living in the home of a relative of specified degree, except for a temporary period, as provided in WAC 388-24-125; or
 - (b) Who, as a result of judicial action, was removed from his home and placed in foster care after April 30, 1961, and who meets the conditions specified in WAC 388-24-207;
- (6) Who is a citizen or an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States as described in WAC 388-26-120;
- (7) Whose parent or stepparent has not transferred property contrary to law or DSHS rules in WAC 388-28-457 through 388-28-465;

(8) Who is in financial need – see chapters 388-28 and 388-33 WAC;

(9) The applicant's written statement of application for AFDC must include all children under eighteen years of age living in the home who are full or half brothers or sisters or stepbrothers or stepsisters whether or not financial assistance is being requested for all of the children. Total resources and income available for all such children and their parents or stepparents in the home must be declared by the person applying in behalf of the children;

(10) For persons to be included in the AFDC assistance unit, see WAC 388-24-050. [Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-24-040, filed 10/23/79. Statutory Authority: RCW 74.08-.090. 78-10-036 (Order 1338), § 388-24-040, filed 9/18/78; Order 1004, § 388-24-040, filed 1/24/75; Order 987, § 388-24-040, filed 12/16/74; Order 829, § 388-24-040, filed 7/26/73; Order 618, § 388-24-040, filed 10/27/71; Order 597, § 388-24-040, filed 9/1/71; Order 530, § 388-24-040, filed 3/31/71, effective 5/1/71; Order 441, § 388-24-040, filed 4/15/70; Order 365, § 388-24-040, filed 7/9/69; Order 319, § 388-24-040, filed 11/27/68; Emergency Order 305, filed 9/20/68; Order 291, § 388-24-040, filed 6/12/68; Emergency Order 287, filed 5/1/68; Regulation 6.21, filed 8/29/66; Regulation 6.21, filed 12/31/65, 7/13/65, 6/3/65 and 6/17/64, effective 8/1/64; Regulation 6.21, filed 1/24/64.]

WAC 388-24-050 Aid to families with dependent children—Assistance unit. AFDC-R/E is paid to eligible persons on an assistance unit basis. Assistance units shall be composed of groups of persons residing together as follows:

- (1) A single assistance unit shall be established for:
 - (a) The eligible child(ren); and
 - (i) The eligible natural or adoptive parent(s) or stepparent(s) with whom the child(ren) lives; or
 - (ii) In lieu of a parent, one needy relative caretaker of specified degree with whom the child lives and whose eligibility depends solely on caring for the child(ren):
 - (b) Only the eligible child(ren) when:
 - (i) The child(ren)'s parent(s) is not eligible;
 - (ii) The child(ren) lives with a nonneedy relative of specified degree who is not legally responsible for the support of the child(ren);
 - (iii) The child(ren) lives with a needy nonresponsible relative of specified degree who receives SSI;
 - (iv) The child(ren) is a recipient of AFDC-FC;
 - (c) Only the eligible parent(s), or needy caretaker relative of specified degree, when the only child, or all the children, has been deleted from the grant because of receiving income from SSI;
 - (2) Two assistance units are necessary when:
 - (a) The responsible relative must temporarily reside apart from his or her family to secure training in accordance with an approved plan. Refer to WAC 388-24-125;
 - (i) One assistance unit is maintained for the family members in the home;

(ii) A separate assistance unit is established for the relative in training;

(b) The child lives with a nonresponsible relative of specified degree who is a member of another assistance unit.

(3) Two or more assistance units are necessary when two or more persons not married to each other, each has his/her own child(ren) and there is no child in common; a separate assistance unit is established for each parent and his/her eligible child(ren);

(4) When a relative of specified degree is eligible to receive assistance for two or more children for whom he/she is not legally responsible;

(a) One assistance unit is established for each group of children who are siblings;

(b) A separate assistance unit(s) is established for each of the other nonsibling children. [Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-24-050, filed 10/23/79. Statutory Authority: RCW 74.08.090. 78-12-027 (Order 1357), § 388-24-050, filed 11/15/78. Statutory Authority: RCW 78.08.090. 78-06-074 (Order 1297), § 388-24-050, filed 5/31/78, effective 7/1/78; Order 1235, § 388-24-050, filed 8/31/77; Order 1199, § 388-24-050, filed 3/18/77; Order 978, § 388-24-050, filed 10/28/74.]

WAC 388-24-052 Provision of social security numbers. (1) As a condition of eligibility each applicant for or recipient of assistance shall be required to

(a) Furnish a social security number for all persons whose needs are considered in determining the amount of assistance, or

(b) Apply for social security numbers if they are unknown or have not been issued.

(2) The applicant/recipient has the responsibility to report promptly and accurately any new social security number within twenty days of its receipt per WAC 388-38-255.

(3) Assistance will not be denied, delayed or terminated pending issuance of social security numbers if the applicant/recipient provides verification that he/she has met the requirement in subdivision (1)(b) or that he/she has attempted to apply, but the application was refused because he/she could not furnish the verification required by the social security administration or recipient.

(4) If the applicant or recipient fails or refuses to comply with the requirement to furnish or apply for social security numbers for each person included in the assistance unit, eligibility for such person(s) cannot be determined and they shall be excluded from the assistance unit.

(5) The department shall assist the applicant in obtaining a social security number by referring him or her to the nearest social security office and by furnishing to the client from department records any verification requested by the social security administration.

(6) These rules shall be effective April 1, 1980. [Statutory Authority: RCW 74.08.090. 80-06-066 (Order 1501), § 388-24-052, filed 5/22/80; Order 1054, § 388-24-052, filed 9/25/75.]

WAC 388-24-055 Aid to families with dependent children-regular--Deprivation of parental support or care. (1) "Parent" as used in this and following sections means a natural or adoptive parent or stepparent.

(a) An adoptive parent has the same rights and responsibilities as a natural parent in respect to the adopted child.

(b) A stepparent, legally married to a child's parent has the same rights and responsibilities as a natural parent for the care and support of his or her stepchild. See WAC 388-28-350.

(2) A child deprived of parental support or care may or may not be in financial need. Need is a factor to be determined separately.

(3) Deprivation of a child of unmarried parents is determined on the same basis as a child of married parents.

(4) A child living with a parent and an individual assuming the role of spouse of the parent is deprived because of the absence or death of the other natural or adoptive parent. The responsibility of the assumptive spouse to support the child is a financial need factor only - see WAC 388-28-355. Also see WAC 388-24-108 through 388-24-114 in respect to support from absent parent. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-24-055, filed 9/18/78; Order 1001, § 388-24-055, filed 1/14/75; Order 597, § 388-24-055, filed 9/1/71; Order 530, § 388-24-055, filed 3/31/71, effective 5/1/71; Regulation 6.221, filed 8/29/66; Regulation 6.221, filed 12/31/65.]

WAC 388-24-060 Aid to families with dependent children-regular--Deprivation due to death. (1) If either or both parents are deceased, a child is considered as deprived of parental support or care except that:

(2) Deprivation of parental support or care due to death is overcome by marriage or remarriage of the remaining parent. A stepparent is legally responsible for providing support and care to a stepchild. [Order 597, § 388-24-060, filed 9/1/71; Order 530, § 388-24-060, filed 3/31/71, effective 5/1/71; Regulation 6.2211, filed 8/29/66; Regulation 6.2211, filed 12/31/65.]

WAC 388-24-065 Aid to families with dependent children-regular-- Deprivation due to incapacity. (1) A child is considered to be deprived of parental support and care by reason of parental incapacity when he lives with two natural or adoptive parents or one natural or adoptive parent and one stepparent and one or both parents are substantially incapacitated.

(2) "Incapacity" refers to the existence of a physiological, emotional and/or mental impairment, defect, illness, or loss.

(a) "Substantially incapacitated" shall mean that the person can be expected to work at gainful employment for no more than one-half the time customarily required of fully employable persons; or that the person cannot perform necessary homemaking activities and/or provide adequate care for the children without help from other individuals.

(b) An exception to the rule in subdivision (2)(a) may be made when a person with limited skill and abilities is working more than half time in a special workshop or special work arrangement for handicapped individuals and the work is not fully competitive. Incapacity may continue to exist if the person is incapable of work in competitive work arrangements with full wages.

(c) Incapacity can be of a permanent or temporary nature, but must be expected to last for a period of at least 30 days from the date of application.

(3) A claim of incapacity shall be substantiated by competent medical testimony.

(a) A physiological incapacity will be documented by a report from a physician or chiropractor.

(b) A mental or emotional incapacity will be documented by a report from a psychiatrist, a clinical psychologist, or a mental health clinic when the report is signed by the clinic director.

(c) All medical testimony shall be in writing and must include a diagnosis and prognosis for the incapacity and a description of the effect of the condition on the individual's ability to function.

(4) Mental or emotional incapacity shall be determined on the basis of distinct impairments which substantially reduce a parent's ability to engage in activities necessary to carry on full-time specified responsibilities, such as employment, home management and/or adequate care of children. Evidence of any one or a combination of the following conditions may be sufficient to establish incapacity:

(a) Inability to exercise judgment, make decisions, sustain an adequate attention span, follow directions or learn to the degree necessary to sustain full-time employment, homemaking activities or care of the children.

(b) Bizarre or inappropriate behavior beyond his capability to control.

(c) Significant loss of physical and motor control.

(d) Inadequate perception and memory.

(e) Use of medication which impairs functioning.

(5) Incapacity due to alcoholism or drug addiction shall be determined by medical evidence that:

(a) Pathological or organic damage has resulted from chronic alcohol and/or drug abuse, or

(b) The use of alcohol or drugs has substantially reduced the parent's ability to engage in full-time employment or homemaking activities.

(6) Individuals who are determined to be incapacitated due to alcoholism or drug abuse shall be required to accept referral to a community alcoholism or drug treatment program for evaluation and recommendation for treatment. (See subsection 12)

(7) The medical testimony shall be supported by an objective appraisal of all factors relevant to the individual's situation.

(a) Consideration shall be given to the individual's age, emotional health, aptitudes, adjustment to and acceptance of the incapacity, family circumstances, employment history, education and the extent to which the individual is able to carry out specified responsibilities

such as employment or homemaking. Social or educational deficiencies do not of themselves establish incapacity but may have a bearing on an individual's ability to overcome an incapacity.

(b) If an individual has an obvious incapacity for which medical evidence verifies inability to engage in gainful employment such an appraisal is not required.

(8) Deprivation due to incapacity shall be determined by the ESSO incapacity review team in accordance with the criteria in subsections (1) through (7). The review team shall:

(a) Consider medical and other related evidence of the incapacitating condition and make a decision confirming or denying the existence of incapacity within thirty days of the date of application, except in circumstances beyond the control of the agency such as delay on the part of the applicant, the examining physician or other source of documentation.

(b) Request additional information when necessary.

(c) Consult with the medical consultant as necessary for evaluation of medical data.

(d) Determine probable duration of incapacity. The probable duration shall be related to the prognosis for the condition as predicted by the medical evidence but shall not exceed twelve months without a redetermination of incapacity.

(9) Eligibility cannot be established if an applicant or recipient fails to cooperate in obtaining information documenting incapacity.

(10) Cost of necessary medical reports to determine incapacity shall be paid by the department. Payment for such reports shall not be made to DSHS agencies.

(11) Eligibility of either parent or stepparent in the home for veterans benefits based on disability of 50% or more or for any social security administration benefit based on disability shall establish incapacity for aid to families with dependent children benefits, without further documentation or referral to the incapacity review team.

(12) Acceptance of available medical treatment

(a) Deprivation cannot be established when an AFDC parent or stepparent whose incapacity deprives his or her child(ren) or stepchild(ren) of parental support or care, refuses without good cause to accept available medical treatment which would reasonably be expected to render him or her employable.

(i) "Available medical treatment" shall mean and include medical, surgical, psychiatric therapy, treatment in an alcoholism or drug treatment center, or any combination thereof.

(ii) "Reasonably be expected to render him employable" shall mean that, in the opinion of the medical consultant the recommended medical, surgical or psychiatric therapy, or any combination thereof, is of such a nature and prognosis that, in the specific instance of the individual involved, medical experience indicates that the recommended treatment will restore or substantially improve the individual's ability to work for pay in a regular and predictable manner, or to resume care of the home or children.

(iii) "Refuses without good cause" shall mean that the ESSO shall determine whether the individual is justified in refusing recommended medical treatment.

(b) An individual is justified in refusing recommended medical treatment when, according to the best objective judgment of the ESSO review team confirmed by the ESSO administrator and the medical consultant, such refusal is based upon one or more of the following conditions:

(i) The individual is genuinely fearful of undergoing recommended treatment even though such fear may appear to be unrealistic or irrational;

(ii) The individual could lose a faculty, or the remaining use of a faculty he now has, and refuses to accept the risk;

(iii) The individual will not accept recommended medical treatment because of religious scruples. [Order 1192, § 388-24-065, filed 2/18/77; Order 1109, § 388-24-065, filed 4/15/76; Order 987, § 388-24-065, filed 12/16/74; Order 940, § 388-24-065, filed 6/10/74; Order 923, § 388-24-065, filed 4/15/74; Order 829, § 388-24-065, filed 7/26/73; Order 609, § 388-24-065, filed 9/22/71; Order 597, § 388-24-065, filed 9/1/71; Order 530, § 388-24-065, filed 3/31/71, effective 5/1/71; Order 291, § 388-24-065, filed 6/12/68; Emergency Order 287, filed 5/1/68; Order 267, § 388-24-065, filed 12/5/67; Regulation 6.2212, filed 1/4/67; Regulation 6.2212, filed 8/29/66, 3/31/66 and 12/31/65.]

WAC 388-24-070 Aid to families with dependent children—regular—Deprivation due to continued absence from home. (1) Determination whether a child has been deprived of parental support or care is made in relation to a child's natural parent, adoptive parent, or stepparent and the term parent as used in this section refers to any of those relationships.

(2) Continued absence of a parent from the home establishes deprivation of parental support or care when

(a) The parent is living out of the home in which the child resides, and

(b) The nature of the absence interrupts or terminates the parent's functioning as a provider of maintenance, physical care or guidance for the child, and

(c) The known or indefinite duration of the absence precludes counting on the parent's performance of his function in planning for the present support or care of the child.

(3) Absence from the home is considered as "being continued" when the situation has, or is likely to have, a degree of permanency in contrast to a purely temporary disruption of family life. The following situations are examples of situations which are considered to meet this requirement:

(a) Absence as the result of legal action

(i) The parents are divorced or divorce action has been filed; or the marriage has been annulled; or a petition has been filed requesting dissolution of the marriage because the marriage is irretrievably broken; or a separation contract has been filed with the court containing provisions for maintenance, property disposition, custody

of children, support, and visitation; or a written separation contract has been published in a legal newspaper, in lieu of a court decree.

(ii) Absence due to divorce is overcome by remarriage of the child's natural or adoptive parent with whom he lives.

(iii) If the natural or adoptive parents, in spite of the legal action, resume living together, there is no longer deprivation on the basis of absence.

(b) Absence due to separation, desertion or abandonment

(i) There is a clear disassociation of one or both parents from their normal family relationship and no indication that the absence is for the purpose of seeking employment, working, or of technically qualifying for assistance.

(ii) If the separation, desertion or abandonment has existed at least thirty days prior to application and there is no indication that the absence will not continue, deprivation is considered established.

(iii) Deprivation may be established if the absence has existed for less than thirty days prior to application only when there is sufficient information as determined by the local office showing the absence can be expected to continue. The type of information and basis of determination must be documented in the case record.

(iv) If application is made by a nonresponsible relative on behalf of a child who has not been placed in his custody through a court order, whose parent or parents though able have failed to support the child, apparent abandonment shall be assumed and the policies outlined in WAC 388-24-114 shall apply.

(c) Absence of unmarried parents

If the parents have not maintained a home together, deprivation is established. If the parents have maintained a home together and one parent has left the home, the situation should be evaluated as provided in subsection (3)(b).

(d) Absence due to other reasons

(i) Parent serving in military service and will be absent from the home more than thirty days.

(ii) Parent confined to an institution and is expected to remain for more than thirty days. A parent who is incarcerated but participating in a work release program is considered to be in an institution.

(iii) Parent has been deported. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-24-070, filed 9/18/78; Order 987, § 388-24-070, filed 12/16/74; Order 854, § 388-24-070, filed 9/13/73; Order 730, § 388-24-070, filed 10/27/72; Order 663, § 388-24-070, filed 3/23/72; Order 597, § 388-24-070, filed 9/1/71; Order 530, § 388-24-070, filed 3/31/71, effective 5/1/71; Regulation 6.2213, filed 8/29/66; Regulation 6.2213, filed 12/31/65.]

WAC 388-24-075 Aid to families with dependent children—regular—Multiple deprivation factors. When children in a family are deprived of parental support for different reasons, the assistance unit shall be classified as:

(1) AFDC-E if at least one child is deprived because of a parent's or stepparent's unemployment and the child and the unemployed parent or stepparent meet all of the requirements for AFDC-E in WAC 388-24-135. At the time unemployment ceases, deprivation exists due to incapacity of a parent, AFDC-R shall be considered if eligibility exists.

(2) AFDC-R if the requirements for AFDC-E are not met but the children are deprived because of the death, continued absence or incapacity of a parent. [Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-24-075, filed 10/23/79. Statutory Authority: RCW 74.08.090. 78-12-027 (Order 1357), § 388-24-075, filed 11/15/78; Order 597, § 388-24-075, filed 9/1/71; Order 530, § 388-24-075, filed 3/31/71, effective 5/1/71; Order 496, § 388-24-075, filed 11/25/70, effective 1/1/71; Regulation 6.2214, filed 10/13/66, effective 11/13/66; Regulation 6.2214, filed 8/29/66; Regulation 6.2214, filed 12/31/65.]

WAC 388-24-090 Eligibility conditions applicable to AFDC-R and AFDC-E--Employment or training. (1) For a child to be eligible for AFDC-E his/her unemployed parent or stepparent who qualifies the assistance unit for the program shall:

(a) Be currently registered for employment with DES as indicated in WAC 388-24-135(5),

(b) Show evidence of unemployment benefit status as specified in WAC 388-57-020 and 388-24-135(6),

(c) Accept employment or training for employment as indicated in WAC 388-57-025 and 388-57-030 unless certified to WIN/E&T.

(2) All AFDC applicants and recipients are subject to WIN or employment and training (E&T) registration as provided in WAC 388-24-107.

(3) A WIN/E&T registrant, unless a volunteer, who fails to cooperate in appraisal prior to certification shall be subject to the provisions of WAC 388-57-056.

(4)(a) An AFDC recipient, unless a volunteer, who has been certified for the work incentive (WIN) program and who is determined by DES to have refused employment or training or participation in the WIN program without good cause shall be subject to provisions of WAC 388-57-061.

(b) An AFDC recipient, unless a volunteer, who has been certified for the E&T program and who is determined by DSHS to have refused employment, training or participation in the E&T program without good cause shall be subject to provisions of WAC 388-57-061.

(5) A child's eligibility is not affected by the WIN/E&T registration requirement for the parent or needy caretaker relative in the AFDC-R program. A child's eligibility is affected by the WIN/E&T requirement for the unemployed parent in the AFDC-E program.

(6) An individual who has been determined to be exempt from registration for WIN/E&T on the basis of documented incapacity shall be referred to DVR. See also WAC 388-52-150 through 388-52-155. [Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-24-090, filed 10/23/79. Statutory Authority:

RCW 74.08.090. 79-03-013 (Order 1368), § 388-24-090, filed 2/15/79; Order 1118, § 388-24-090, filed 5/13/76; Order 829, § 388-24-090, filed 7/26/73; Order 748, § 388-24-090, filed 12/7/72; Order 609, § 388-24-090, filed 9/22/71; Order 597, § 388-24-090, filed 9/1/71; Order 530, § 388-24-090, filed 3/31/71, effective 5/1/71; Order 496, § 388-24-090, filed 11/25/70, effective 1/1/71; Order 447, § 388-24-090, filed 5/14/70, effective 6/15/70; Order 319, § 388-24-090, filed 11/27/68; Emergency Order 305, filed 9/20/68; Regulation 6.231, filed 8/29/66, effective 2/1/66; Regulation 6.231, filed 12/31/65, 6/17/64, 1/24/64.]

WAC 388-24-107 Eligibility conditions applicable to AFDC-R and AFDC-E--Registration for WIN/employment and training. (1) As a condition of eligibility for AFDC, every individual shall register for the WIN or employment and training (E&T) program unless such individual is:

(a) Under age sixteen or age sixteen but not yet eighteen who is enrolled as, or has been accepted for enrollment as, a full-time student for the next school term,

(b) A person who is ill, incapacitated, or sixty-five years of age or older. Cost of a physical or psychiatric examination is authorized when the examination is to determine employability for registration or participation in the WIN/E&T program,

(i) Temporary illness or incapacity (a condition lasting not more than ninety days) provides WIN/E&T exemption only for the period of a documented condition of unemployability. Exemption terminates when the condition ceases.

(ii) Persons who have been determined to be exempt from registration on the basis of permanent incapacity shall be referred for services under the vocational rehabilitation program.

(c) A person residing outside a WIN/E&T area or at a location so remote from a WIN/E&T project that his/her effective participation is precluded,

(d) A person whose presence in the home is required because of illness or incapacity of another member of the household,

(e) A parent or other needy caretaker relative of a child under the age of six who is caring for the child,

(f) A mother of an unborn child,

(g) A parent caretaker of a child, when the other parent or stepparent is in the home and is not exempted by (a), (b), (c) or (d) of this subsection.

(2) Any applicant or recipient has a right to a fair hearing to contest a determination of nonexempt status and shall be considered as exempt until his/her status is finally determined. (See WAC 388-57-090).

(3) Any parent who qualifies the assistance unit for AFDC-E and the entire assistance unit shall be determined ineligible if that parent fails or refuses to register for the WIN/E&T program. When both parents meet the eligibility criteria, they have the option as to who shall qualify the assistance unit. When the parent who has qualified the assistance unit fails or refuses to register, the other parent shall register. The requirements of

the noncooperating parent shall not be taken into account in determining the requirements of the assistance unit and the amount of assistance. (See WAC 388-57-056).

(4) The requirements of any individual other than the parent who qualifies the assistance unit for AFDC-E who fails to register as required under subsection (1) of this section shall not be taken into account in determining the requirements of the assistance unit and the amount of assistance, and assistance will be granted to the eligible members of the assistance unit.

(5) An exempt parent caretaker of a child or unborn child under the age of six shall be advised of her/his option to register if she/he so desires, and of the fact that child care will be provided if needed. Other exempted individuals may volunteer to register, subject to acceptance of such registration by DES.

(6) Effective January 1, 1980 when an AFDC recipient who has been classified as exempt from WIN/E&T registration reports any change which affects the exempt status, he/she shall be registered within thirty days after the report. If a change is not reported, exempt or non-exempt status will be determined at the next review.

(7) The department's income maintenance unit (IMU) shall determine which AFDC applicants/recipients are exempt from registration and which are required to register as a condition of eligibility. [Statutory Authority: RCW 74.08.090. 80-05-045 (Order 1499), § 388-24-107, filed 4/16/80. Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-24-107, filed 10/23/79. Statutory Authority: RCW 74.08.090. 79-03-013 (Order 1368), § 388-24-107, filed 2/15/79. Statutory Authority: RCW 74.23-.120. 78-05-046 (Order 1289), § 388-24-107, filed 4/24/78; Order 1241, § 388-24-107, filed 9/23/77; Order 1199, § 388-24-107, filed 3/18/77; Order 1046, § 388-24-107, filed 8/14/75; Order 748, § 388-24-107, filed 12/7/72; Order 597, § 388-24-107, filed 9/1/71; Order 530, § 388-24-107, filed 3/31/71, effective 5/1/71; Order 447, § 388-24-107, filed 5/14/70, effective 6/15/70; Order 319, § 388-24-107, filed 11/27/68; Emergency Order 305, filed 9/20/68.]

WAC 388-24-108 Eligibility conditions applicable to AFDC-R and AFDC-E--Assignment of rights to support.

(1) As a condition of eligibility each applicant for or recipient of AFDC shall assign to the office of support enforcement any and all right, title and interest in any support obligation the applicant or recipient may have in his or her own behalf or on the behalf of any family member for whom application is being made; such assignment shall include rights in support payments which have accrued prior to the time assignment is made, and shall require the applicant/recipient to promptly remit to the office of support enforcement any payments received directly from the person legally responsible to pay support.

(2) If the parent or other caretaker relative with whom the child is living fails or refuses to comply with the requirement in subsection (1), the caretaker relative

shall be ineligible to receive assistance and any assistance for which the children may be eligible shall be provided by protective payment as specified in WAC 388-33-453; the determination of requirements for the child(ren) shall be computed without regard to the requirements of the caretaker relative.

(3) The requirement of subsection (1) shall be applicable to recipients no later than the next regular re-determination of eligibility. [Order 1054, § 388-24-108, filed 9/25/75.]

WAC 388-24-109 Eligibility conditions applicable to AFDC-R and AFDC-E--Cooperation in obtaining support from absent parents. As a condition of eligibility each applicant for or recipient of AFDC shall be required to cooperate as specified in WAC 388-14-200 except as specified in WAC 388-24-111. [Statutory Authority: RCW 74.08.090. 78-09-053 (Order 1330), § 388-24-109, filed 8/22/78; Order 1054, § 388-24-109, filed 9/25/75.]

WAC 388-24-111 Good cause for failure to cooperate with support enforcement. (1) The requirement for cooperation of the applicant/recipient in WAC 388-24-109 shall be waived if the department determines that such cooperation would not be in the best interest of the child(ren) for whom assignment has been made according to WAC 388-24-108.

(2) The applicant/recipient must be informed of:

(a) The benefits the child may receive from establishing paternity.

(b) Their right to claim good cause for refusing to cooperate as specified in WAC 388-14-200(2)(a), (b) and (c) and 388-24-109.

(3) The applicant/recipient who claims to have good cause for refusing to cooperate must:

(a) Provide evidence of at least one of the good cause circumstances; or

(b) Provide sufficient information (such as the putative father or absent parent's name and address) to permit an investigation to determine the existence of any of the circumstances specified in subsection (6) of this section.

(4) When an applicant/recipient claims to have good cause for refusing to cooperate, the CSO social service staff will determine that good cause exists only if it finds that:

(a) The evidence supplied by the applicant/recipient establishes that cooperation would be against the best interest of the child; or

(b) Investigation of the circumstances of the case confirms the applicant's/recipient's claim that cooperation would be against the best interest of the child(ren).

(5) The final determination by the CSO social service staff that good cause does or does not exist:

(a) Shall be made as quickly as possible within thirty days from claim, unless exceptional circumstances such as those described in WAC 388-38-110 occur and longer period of time is required.

(b) Shall be in writing and contain the CSO findings and basis for determination.

(c) Shall also be entered into the financial and service records.

(6) The CSO social service staff will determine that cooperation in establishing paternity and/or securing support is against the best interest of the child only if:

(a) The applicant's/recipient's cooperation is reasonably anticipated to result in physical harm or emotional harm which clearly demonstrates observable consequences substantially impairing the functioning of either:

(i) The child for whom support is to be sought; or

(ii) The parent or caretaker relative with whom the child is living which reduces the parent or caretaker relative's capacity to care for the child adequately; or

(b) At least one of the following circumstances exists, and the CSO social service staff believes that because of the existence of that circumstance, in the particular case, proceeding to establish paternity or secure support would be detrimental to the child for whom support would be sought:

(i) The child for whom support is sought was conceived as a result of incest or forcible rape;

(ii) Legal proceedings for the adoption of the child are pending before a superior court; or

(iii) The applicant/recipient is currently being assisted by a public or licensed child-placing agency to resolve the issue of whether to keep the child or relinquish it for adoption, and the discussions have not gone on for more than three months.

(7) Acceptable evidence upon which the CSO social service staff will base a determination of good cause, without further investigation, is limited to the following documents:

(a) Birth certificates or medical or law enforcement records which indicate that the child was conceived as the result of incest or forcible rape;

(b) Court documents or other records which indicate that legal proceedings for adoption are pending before a superior court;

(c) Court, medical, criminal, child protective services, social services, psychological, or law enforcement records which indicate that the putative father or absent parent might inflict physical or emotional harm on the child or parent or caretaker relative;

(d) Medical records which indicate emotional health history and present emotional health status or written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of the parent or caretaker relative or the child(ren) for whom support would be sought. The recommendation of the mental health professional or the indication of the medical records must be that cooperation by the parent or caretaker relative would not be in the best interest of the child(ren);

(e) A written statement which includes the dates of counseling from a public or licensed child-placing agency that the applicant/recipient is being assisted by the agency to resolve the issue of whether to keep the child or relinquish it for adoption.

(8) Upon request, the CSO will assist the applicant/recipient in obtaining the required evidence.

(9) If the applicant/recipient cannot present evidence as outlined in subsection (7) of this section and still wishes to claim good cause, the applicant/recipient must provide information which will enable the CSO to conduct an investigation regarding the circumstances of the claim. A determination that good cause exists may be based on any verifying information acceptable to the CSO social service staff. However, during the investigation the CSO:

(a) Shall not contact the absent parent or alleged father from whom support would be sought unless such contact is determined to be necessary to establish the good cause claim; and

(b) Prior to making such necessary contact, shall notify the applicant/recipient and give them the opportunity to:

(i) Present additional evidence or information so that contact with the absent parent or putative father becomes unnecessary; or

(ii) Withdraw the application for assistance; or

(iii) Request a fair hearing.

(10) For every good cause determination which is based in whole or in part upon the anticipation of emotional harm to the child, the custodial parent or the caretaker relative, the CSO social service staff shall consider and document its findings regarding the following factors:

(a) The present emotional state of the individual subject to emotional harm;

(b) The emotional health history of the individual subject to emotional harm;

(c) The intensity and probable duration of the emotional upset;

(d) The degree of cooperation to be required; and

(e) The extent of involvement of the child in the paternity establishment or support enforcement activity to be undertaken.

(11) In the process of making a final determination of good cause for refusal to cooperate, the CSO social service staff shall:

(a) Afford the Office of Support Enforcement the opportunity to review and comment on the findings and basis for the proposed determination;

(b) Consider any recommendation from the Office of Support Enforcement; and

(c) Provide the Office of Support Enforcement the opportunity to participate in any hearing that results from an applicant's/recipient's appeal of any determination based on a good cause claim.

(12) Assistance shall not be denied, delayed or discontinued pending a determination of good cause for refusal to cooperate if the applicant/recipient has complied with the requirements to furnish evidence or information, if the applicant/recipient is otherwise eligible.

(13) If the CSO social service staff makes a determination of good cause on the basis of circumstances specified in subsection (6) of this section, no attempt shall be

made to establish paternity or secure support. This determination shall be in writing, contain the CSO's findings and basis for determination, and be entered into the financial and service records.

(14) The CSO social service staff shall periodically review, not less frequently than at each eligibility review, all cases in which a finding of good cause for refusal to cooperate has been made. If it determines that good cause no longer exists, it will rescind its decision and require cooperation by the applicant/recipient.

(15) If the CSO social service staff determines that good cause does not exist:

(a) The applicant/recipient shall be so notified and afforded the opportunity to cooperate, withdraw their application for assistance, have the case closed, or request a fair hearing; and

(b) Continued refusal to cooperate shall result in the loss of AFDC eligibility for the caretaker relative as specified in WAC 388-24-108(2).

(16) The CSO shall maintain records concerning its activities under this section.

(17) The CSO will promptly report to the Office of Support Enforcement:

(a) All cases in which good cause has been claimed and a determination is pending;

(b) All cases in which it has been determined that there is good cause for refusal to cooperate;

(c) All cases in which it has been determined that there is not good cause for refusal to cooperate;

(d) All cases in which a fair hearing has been requested; and

(e) Results of subsequent eligibility reviews in cases previously determined to have good cause. [Statutory Authority: RCW 74.08.090, 79-05-041 (Order 1390), § 388-24-111, filed 4/26/79; 78-09-053 (Order 1330), § 388-24-111, filed 8/22/78.]

WAC 388-24-114 Procedures affecting abandoned child. (1) "Abandonment" as used herein refers only to the relationship between the parent and the child and must be determined separately from the relationship between the parents. The term is defined as actual desertion by a parent accompanied by an intention, expressed or implied from his conduct, to sever the relation of parent and child so far as possible and to throw off all obligations growing out of the relation. This means more than a mere temporary absence from the home or temporary neglect of parental duty, and constitutes an intent to permanently sever all rights and duties emanating from the parental relationship.

(2) Whenever an application is made for aid to families with dependent children for or on behalf of a dependent child, the local office shall make a determination whether there has been an apparent abandonment and if so, the local office shall:

(a) Inform the applicant of the determination made and that notice may be given by the support enforcement section to law enforcement officials,

(b) Afford the applicant the opportunity to terminate before this notice is given. The request for termination must be reduced to writing by the applicant,

(c) If the applicant chooses to continue receiving assistance, the support enforcement section, after determining that no effective civil remedy exists, shall notify the prosecuting attorney of the abandonment. [Order 1241, § 388-24-114, filed 9/23/77.]

WAC 388-24-125 Eligibility conditions applicable to AFDC-R and AFDC-E--Living in home of relative of specified degree. (1) Relationship of child to relative

(a) A dependent child to be eligible for AFDC-R must be living with one or more of the following relatives in a place of residence the relative(s) maintains as his or her own home:

(i) Blood relatives (including those of half-blood); father, mother, brother, sister, uncle, aunt, first cousin, nephew or niece. Relationships to persons of preceding generations as denoted by the prefixes of grand, great, or great-great are within this definition.

(ii) Stepfather, stepmother, stepbrother and stepsister. Adoption of a child by a stepparent changes the relationship from stepparent to adoptive parent.

(iii) Persons who legally adopt a child. Relatives of persons who adopt children are included within the definition of "relative" above.

(iv) Spouse of any persons named in the above groups are within the scope of this provision, although the marriage is terminated by death or divorce.

(b) A child eligible for AFDC-E must be living with both natural or adoptive parents, or a parent and stepparent, as defined in WAC 388-24-135. A child of unmarried parents is included. In order to determine members of the assistance unit, see WAC 388-24-050 also.

(c) A child eligible for AFDC-FC must live in a licensed family foster home, nonprofit group home, or nonprofit child care institution.

(d) The unborn child is considered to be living with the mother.

(2) Verification of relationships - relative to child and parents to each other.

All relationships shall be verified in accordance with WAC 388-38-200.

(3) Other considerations in determining when child is living in home of relative of specified degree.

(a) "Living in home of relative" means that the child is an accepted member of a family unit, and therefore, has a close and direct relationship with a specified relative who has assumed parental responsibility for the care, guidance and control of the child.

(b) The "home" is a family setting which is maintained or is in the process of being established for the benefit of the family group. A home exists as long as the responsible relative exercises responsibility for the care and control of the child, even though circumstances may require the temporary absence of either the child or the responsible relative from the customary family setting. Such temporary separations include:

(i) Temporary care of the child or the responsible relative in a hospital or public or private institution when

the illness is such that a return to the family can be expected and parental responsibility continues. If the temporary care exceeds ninety days the monthly grant standard shall be as specified in WAC 388-29-125.

(ii) Attendance of a child in school when the purpose is primarily for obtaining an education or vocational training, the responsible relative retains full responsibility for the child and the child returns home during a year's period, at least for summer vacation. The monthly grant standard for a child attending school away from home shall be as specified in WAC 388-28-142. However, even temporary absence of a child from his home for this purpose makes a child ineligible for AFDC unless the attendance at the school is due to

(A) Need for specialized education and training not available in the child's home community, and such specialized education is recommended by local school authorities, or

(B) Isolation of the child's home making it necessary for him to be away from home to attend school.

(iii) Visits in which the child or responsible relative is away from home for ninety days or less, including visits of a child to a parent residing away from the child's customary family home. If the responsible relative or child leaves the home for more than ninety days, eligibility is redetermined in accordance with the new circumstances.

(iv) Attendance in a vocational training program when it is necessary for a responsible relative to reside temporarily apart from his or her family to secure the training. Absence is considered temporary for the period of time required to complete the training program, if the responsible relative retains parental responsibility for the child during the absence and plans to return to the home upon completion of training.

(A) CSO approval is required for the training plan. (See WAC 388-57-028(2)).

(B) A separate assistance unit shall be established for the responsible relative in training away from home.

(v) Temporary placement of the child in foster care while the parent is temporarily receiving care in a residential treatment facility, where such absences do not exceed thirty days.

(c) An AFDC payment can be made for a child who is a ward of the juvenile court, or other agency to whom the court has delegated authority, if all other eligibility factors have been met and the relative of specified degree actually carries out the everyday care, control and supervision of the child.

(d) An AFDC payment cannot be made if the court, or other agency to whom the court has delegated authority, has physical custody of the child and carries out the actual day-to-day care, control and supervision of the child.

(e) An AFDC payment can be made to the caretaker relative in behalf of a child even if the child is in foster care. The caretaker relative can apply for and receive AFDC for him/herself and the child for thirty days, even though the child is not physically in the custody of the relative if:

(i) The caretaker relative is otherwise eligible,

(ii) The child is returned to the relative's home before the end of that thirty day assistance period,

(iii) No AFDC payments are being made for the child, either in another relative's home or through AFDC-FC in that same thirty day period. [Statutory Authority: RCW 74.08.090, 79-08-043 (Order 1417), § 388-24-125, filed 7/19/79; 78-10-036 (Order 1338), § 388-24-125, filed 9/18/78; Order 1199, § 388-24-125, filed 3/18/77; Order 597, § 388-24-125, filed 9/1/71; Order 530, § 388-24-125, filed 3/31/71, effective 5/1/71; Order 441, § 388-24-125, filed 4/15/70; Regulation 6.232, filed 8/29/66; Regulation 6.232, filed 12/31/65, 6/17/64, 1/24/64.]

WAC 388-24-135 Aid to families with dependent children--Employable parent--Summary of eligibility conditions. To be eligible for AFDC-E an applicant shall be a child:

(1) Who is deprived of parental care and support because of the unemployment of a parent or stepparent who satisfies all the requirements in this section to qualify the assistance unit.

A parent or stepparent is considered to be unemployed when:

(a) He/she is employed less than one hundred hours a month, or

(b) He/she exceeds that standard for a particular month if his/her work is intermittent and the excess is of a temporary nature as evidenced by the fact that he/she was under the one hundred-hour standard for the two prior months and is expected to be under the standard during the next month.

(2) Whose parent or stepparent has been unemployed as defined in subsection (1) for at least thirty days prior to the date AFDC-E is authorized.

When AFDC-E is terminated due to full-time employment of the unemployed parent or stepparent, no additional waiting period is required if the full-time employment ends within thirty days of termination and the individual reapplies and is found otherwise eligible for AFDC-E.

(3) Whose unemployed parent or stepparent has not refused a bona fide offer of employment or training for employment or has not voluntarily left a job without good cause during the same thirty-day period. (See WAC 388-57-025 and 388-57-030).

(4) Who meets the eligibility conditions specified in WAC 388-24-040 and 388-24-090 through 388-24-125.

(5) Whose parent or stepparent: (a) in WIN areas, (i) is registered for the WIN/E&T program unless exempted by WAC 388-24-107(1)(a), (b), (c) or (d), (ii) is registered for employment with the local DES office, if exempt for WIN/E&T by WAC 388-24-107(1)(a), (b), (c) or (d); (b) in non-WIN areas, (i) is registered for employment with the local DES office, and (ii) is registered for E&T unless exempted by WAC 388-24-107(1)(a), (b), (c) or (d).

(6) Whose unemployed parent or stepparent, if eligible for unemployment compensation, has not refused to apply for or accept such compensation.

(7) Whose unemployed parent or stepparent:

(a) Has had six or more quarters of work within any thirteen-calendar quarter period ending within one year prior to the application for assistance. A "quarter of work" means a calendar quarter in which he/she earned income of not less than fifty dollars, or in which he/she was registered in the work incentive (WIN) program. A "calendar quarter" means a period of three consecutive calendar months ending March 31, June 30, September 30, or December 31, or

(b) Within one year prior to his/her application received or would have been eligible to receive unemployment compensation had he/she applied; or if the employment which he/she had was not covered under the unemployment compensation law of the state or the United States, his/her earnings were such that had his/her employment been covered, he/she would have been eligible.

(8) Whose unemployed parent or stepparent:

(a) In non-WIN areas is registered for and accepts on an ongoing basis employment and training services.

(b) In WIN areas is registered for and accepts the services defined in subdivision (a) of this subsection if not accepted into a WIN component.

(9) Who is living with both natural or adoptive parents or a parent and stepparent except that one may be temporarily absent to search for employment with the expectation of continuing to live with the family;

(10) AFDC will not be denied or terminated solely because of an individual's participation in institutional and work experience training or in public service employment under the WIN program;

(11) When both parents are unemployed and meet the work quarters criteria, they have the option to choose which parent will satisfy all the requirements to qualify the assistance unit for AFDC-E. [Statutory Authority: RCW 74.08.090. 80-14-014 (Order 1546), § 388-24-135, filed 9/23/80. Statutory Authority: RCW 43.20A-.550. 79-11-081 (Order 1444), § 388-24-135, filed 10/23/79. Statutory Authority: RCW 74.08.090. 79-03-013 (Order 1368), § 388-24-135, filed 2/15/79; Order 1189, § 388-24-135, filed 2/18/77; Order 1101, § 388-24-135, filed 2/25/76; Order 1051, § 388-24-135, filed 9/10/75; Order 748, § 388-24-135, filed 12/7/72; Order 638, § 388-24-135, filed 1/28/72; Order 597, § 388-24-135, filed 9/1/71; Order 530, § 388-24-135, filed 3/31/71, effective 5/1/71; Order 338, § 388-24-135, filed 2/14/69; Order 319, § 388-24-135, filed 11/27/68; Emergency Order 305, § 388-24-135, filed 9/20/68; Order 291, § 388-24-135, filed 6/12/68; Emergency Order 287, filed 5/1/68; Regulations 6.24 and 6.241, filed 8/29/66; Regulations 6.24 and 6.241, filed 12/31/65, 7/13/65, 6/17/64 and 1/24/64.]

WAC 388-24-137 Continuation of assistance when deprivation ceases. (1) When deprivation due to incapacity or absence ceases and the family remains in need, the CSO shall determine if any other basis for deprivation exists.

(2) If there is no deprivation due to death, unemployment or incapacity after deprivation due to absence

ceases, and the family remains in need and otherwise eligible, assistance may be continued for a temporary period as follows:

(a) Assistance will be discontinued at the end of the next calendar month after deprivation due to absence ceases unless some other type of deprivation exists.

(b) Assistance will be continued only when the change in circumstances has been reported as specified in WAC 388-38-255.

(3) If there is no other basis for deprivation after incapacity ceases and the family remains in need and otherwise eligible for AFDC-R, assistance may be continued until the end of the month following the month in which the parent's or stepparent's incapacity ceases to exist.

(a) When a formerly incapacitated parent or stepparent who qualifies the assistance unit for AFDC-E obtains employment, subsection (4) is applicable.

(4) If there is no other basis for deprivation, when an unemployed parent or stepparent who qualifies the assistance unit for AFDC-E obtains fulltime employment as defined in WAC 388-24-135(1)(a) or (b), assistance is continued, if otherwise eligible, until the end of the month in which he/she receives his/her pay for the first one hundred hours of employment or until the end of the next calendar month whichever is earlier. [Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-24-137, filed 10/23/79. Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-24-137, filed 9/18/78; Order 1198, § 388-24-137, filed 3/17/77; Order 923, § 388-24-137, filed 4/15/74.]

WAC 388-24-190 Coordination of public assistance and child welfare services--Responsibility for protective care for children. (1) The law places responsibility with the department to provide social services to dependent, neglected, and homeless children and children in danger of becoming delinquent and authorizes the local office to accept custody of children and to provide for their care.

(2) Both the public assistance caseworker and the CWS caseworker operate under the same law. Their functions, however, are different. The public assistance caseworker is responsible for the welfare of children in families who are receiving public assistance while the responsibility of the CWS caseworker may also include services to families not receiving assistance, as well as for children in foster homes, services to unmarried mothers and other child welfare activities. Together they provide the means of development of necessary services to protect children. It is only through close coordination between the services of the public assistance and child welfare service caseworkers that the mandate of the law can be carried out.

(3) All child welfare services are based upon the principle that a child can best develop in a family setting and if at all possible with his own parents. [Order 530, § 388-24-190, filed 3/31/71, effective 5/1/71; Regulation 6.271, filed 1/24/64.]

WAC 388-24-200 Reporting child neglect or abuse to juvenile court. (1) When the LO has knowledge that a

child receiving public assistance is being neglected, abused or in danger of becoming delinquent, and when other reasonable efforts in conjunction with other persons or agencies to correct such a condition have failed, the following action shall be taken:

(a) If the condition is not critical, the LO shall notify the juvenile court in writing of the child's situation, requesting the aid of the court for the child by whatever method the court may be able to use in this respect.

(b) If the condition is critical or if prior notice(s) have not been productive of results, and if a parent or relative of the child, or other agency of the community is unwilling to take such action, the LO shall file a petition with the court for removal of the child from the parent or other person responsible for him.

(2) This policy applies in all categories of public assistance.

(3) When, according to the above criteria, the child is endangered emotionally or physically, the difficulty shall be discussed frankly with the parents. If conditions cannot be improved to the extent that the child is properly cared for, court action should be taken so that the child can be placed in an atmosphere conducive to his welfare. [Order 530, § 388-24-200, filed 3/31/71, effective 5/1/71; Regulation 6.273, filed 1/24/64.]

WAC 388-24-207 Aid to families with dependent children--foster care--Summary of eligibility conditions. To be eligible for aid to families with dependent children--foster care a child shall:

(1) Meet all the eligibility requirements in WAC 388-24-040, except for his removal from his or a relative's home as specified in subsection (2); and

(2) Have been removed after April 30, 1961 from a relative's home (WAC 388-24-125) as a result of a judicial determination to the effect that remaining in the relative's home would be contrary to his welfare, for any reason, and who has been placed in foster care as a result of such determination; and

(3) Be under the direct care or supervision of the department in a licensed family foster home, nonprofit group home, or nonprofit child care institution; and

(4) Meet one of the following conditions:

(a) Be receiving AFDC for the month in which court proceedings leading to such determination were initiated, or

(b) Have been eligible to receive AFDC, had application been made, for the month in which court action for his removal was initiated, or

(c) Lived with a specified relative within six months prior to the month in which court proceedings were initiated, and would have been eligible for AFDC in and for the month in which court proceedings were initiated if in that month he had been living with such relative and application for AFDC had been made. [Order 978, § 388-24-207, filed 10/28/74; Order 530, § 388-24-207, filed 3/31/71, effective 5/1/71; Order 469, § 388-24-207, filed 8/19/70; Order 291, § 388-24-207, filed 6/12/68; Emergency Order 287, filed 5/1/68; Regulation 6.281, filed 6/3/65; Regulation 6.281, filed 1/24/64.]

WAC 388-24-210 Aid to families with dependent children--foster care--Assistance unit. The AFDC foster care assistance unit shall consist of only the eligible child. [Order 530, § 388-24-210, filed 3/31/71, effective 5/1/71; Order 469, § 388-24-210, filed 8/19/70; Order 291, § 388-24-210, filed 6/12/68; Emergency Order 287, filed 5/1/68; Regulation 6.282, filed 1/24/64.]

WAC 388-24-215 Aid to families with dependent children--foster care--Requirements. (1) The basic requirements of the eligible child shall be foster family home care, clothing and personal incidentals.

(2) Additional requirements for the eligible child shall be school supplies when not provided by the school, needed transportation costs and psychological services. [Order 291, § 388-24-215, filed 6/12/68; Emergency Order 287, filed 5/1/68; Regulation 6.283, filed 1/24/64.]

Reviser's Note: Order 530, filed 3/31/71, effective 5/1/71 states that § 388-24-215 is amended, however, an amended section was not filed with this order.

WAC 388-24-220 Aid to families with dependent children--foster care--Standards and requirements. (1) The basic requirements of the eligible child shall be care according to

(a) The monthly cost standards for family foster home care in WAC 388-70-042, or

(b) The monthly cost standard for foster care and related services paid by the department to licensed nonprofit child caring agencies and institutions. [Order 978, § 388-24-220, filed 10/28/74; Order 530, § 388-24-220, filed 3/31/71, effective 5/1/71; Order 469, § 388-24-220, filed 8/19/70; Order 291, § 388-24-220, filed 6/12/68; Emergency Order 287, filed 5/1/68; Regulation 6.284, filed 1/24/64.]

WAC 388-24-225 Aid to families with dependent children--foster care--Income and nonexempt resources. The income and resources of the child shall be taken into consideration in determining need according to the rules in WAC 388-28-535(3). Support from parents shall be determined and secured according to the rules in WAC 388-70-075. When the child's parents receive public assistance, the parents' nonexempt income and resources are used first to meet the parents' need including the need of the parents' other minor children. [Order 978, § 388-24-225, filed 10/28/74; Order 530, § 388-24-225, filed 3/31/71, effective 5/1/71; Order 291, § 388-24-225, filed 6/12/68; Regulation 6.285, filed 1/24/64.]

WAC 388-24-235 Aid to families with dependent children--foster care--Medical care. Medical care shall be provided children receiving AFDC-FC in accordance with the rules and procedures which govern the granting of medical care to other children receiving care from foster care funds. [Order 530, § 388-24-235, filed 3/31/71, effective 5/1/71; Order 469, § 388-24-235,

filed 8/19/70; Order 291, § 388-24-235, filed 6/12/68; Regulation 6.287, filed 1/24/64.]

WAC 388-24-243 Aid to families with dependent children—foster care—Nonprofit agency placement. (1) When a child is eligible for AFDC-FC and placed with a licensed nonprofit child-caring agency, the custody, planning and casework service shall be developed and maintained by the nonprofit agency. Direct contact with the child and foster home, and casework service to the parents where appropriate, shall be maintained by the agency or institutional staff caring for the child. A quarterly progress report shall be made to the local office authorizing payment for the child's care.

(2) The local office has final responsibility for determining initial and ongoing eligibility for financial support and for approval of the placement and the plan for child care. No payment for care shall be made without the approval of such placement and plan by the local office. This control shall be maintained through written agreements, documentary reports and supervisory conferences with the nonprofit agency. [Order 530, § 388-24-243, filed 3/31/71, effective 5/1/71; Order 469, § 388-24-243, filed 8/19/70.]

WAC 388-24-250 Emergency assistance to needy families with children. (1) Emergency assistance provides assistance in meeting specific emergent needs of a child(ren) and needy caretaker relative(s).

(2) Effective November 1, 1980 emergency assistance shall be provided for the following requirements:

- (a) Food,
- (b) Medical care as defined in chapter 388-86 WAC,
- (c) Transportation as specified in WAC 388-24-270,
- (d) Emergency foster care as described in WAC 388-70-044.

(3) Mass feeding and clothing distribution shall not be provided.

(4) Emergency assistance shall be used to meet these specified requirements for children and families not eligible for AFDC. [Statutory Authority: RCW 74.08.090, 80-16-039 (Order 1565), § 388-24-250, filed 11/3/80; Order 1176, § 388-24-250, filed 12/23/76; Order 1004, § 388-24-250, filed 1/24/75; Order 993, § 388-24-250, filed 12/31/74; Order 969, § 388-24-250, filed 9/13/74.]

WAC 388-24-255 Emergency assistance—Eligibility. Emergency assistance shall be provided when the child

- (1) Is under 18 years of age, and
- (2) Is living with a parent or other relative as specified in WAC 388-24-125(1)(a)(i), or
- (3) Has lived with such relative within the six months prior to the month in which assistance is requested;
- (4) Is in financial need (see WAC 388-28-005) and the financial need is not due to his or such relative's refusal without good cause to accept employment or training for employment. [Statutory Authority: RCW 74.08.090, 80-16-039 (Order 1565), § 388-24-255,

filed 11/3/80; Order 1176, § 388-24-255, filed 12/23/76; Order 969, § 388-24-255, filed 9/13/74.]

WAC 388-24-260 Emergency assistance—Standards—Duration. (1) Effective November 1, 1980 the standards for requirements shall be as provided in WAC 388-35-070.

(2) Emergency assistance:

(a) May be paid to the recipient by immediate warrant or by vendor payment.

(b) May only be granted during one period of thirty consecutive days in any twelve consecutive months.

(c) Shall be utilized for AFDC recipients from another state only when such individuals are:

(i) Detained in Washington for reasons beyond their control and as a result of events which could not have been reasonably anticipated; or

(ii) They have decided to become residents. [Statutory Authority: RCW 74.08.090, 80-16-039 (Order 1565), § 388-24-260, filed 11/3/80; 78-12-001 (Order 1355), § 388-24-260, filed 11/3/78; Order 1176, § 388-24-260, filed 12/23/76; Order 969, § 388-24-260, filed 9/13/74.]

WAC 388-24-265 Emergency assistance to needy families with children—Eligible persons. The following are eligible for emergency assistance:

- (1) The child(ren) under the age of 18.
- (2) The needy caretaker relative or relatives with whom the child(ren) lives .
- (3) Migrant workers with dependent children.
- (4) The parent(s) of an unborn child when pregnancy is confirmed.
- (5) A child under the age of 18 not currently living in the home of a relative, if he/she qualifies under WAC 388-24-255(3).

(6) Children and families not eligible for AFDC because of their alien status. [Statutory Authority: RCW 74.08.090, 80-16-039 (Order 1565), § 388-24-265, filed 11/3/80; Order 969, § 388-24-265, filed 9/13/74.]

WAC 388-24-270 Emergency assistance to needy families with children—Transportation. (1) Transportation for the child or family shall be provided for:

(a) Returning a child or family to state of former residence when they do not intend to reside in this state and have no resources available to pay for transportation.

(b) Reaching the location of a job when the availability of the job to the specific individual has been verified, or in the case of migrant families whose usual employment is agricultural, it is known that seasonal jobs are available.

(c) Reaching a place where relatives will assume responsibility when the facts have been verified.

(2) Transportation will be paid according to the standard specified in WAC 388-29-190. [Statutory Authority: RCW 74.08.090, 78-10-036 (Order 1338), § 388-24-270, filed 9/18/78; Order 993, § 388-24-270, filed 12/31/74; Order 969, § 388-24-270, filed 9/13/74.]

WAC 388-24-550 Assistance to minor child. (1) A minor is a person under the age of 18.

(2) Under state law (chapter 74.13 RCW) the department is responsible for the protection and care of homeless, dependent or neglected children or children in danger of becoming delinquent.

(3) A minor may apply in his or her own right, including an unmarried minor with a child or an unmarried pregnant minor. If the unmarried pregnant minor is requesting an abortion, parental consent is not required. The decision to proceed with an abortion rests solely with the minor. Involvement and/or consultation with parents in reaching this decision should be a matter of individual case judgment.

(4) Financial eligibility of a minor cannot be established without a determination of the parent's ability to financially support and willingness to contribute. See WAC 388-83-050(2) for responsibility for medical care. Parental contact is not required when the minor applicant

(a) is married,

(b) is in the military service.

(c) has been declared emancipated by a court of competent jurisdiction prior to the application for assistance.

(i) The minor's emancipation status is not an eligibility factor. The identification of emancipation status is necessary to determine if there is parental responsibility for support.

(d) is applying for medical assistance related to pregnancy. See WAC 388-82-015(1)(a)(i) regarding abortion.

(5) The minor applicant will be informed that there will be communication with her/his parents in the determination of eligibility, and that the juvenile court will be advised if her/his parents do not assume financial responsibility.

(6) The juvenile court will be advised of all cases in which the parents do not assume financial responsibility. [Order 1097, § 388-24-550, filed 2/13/76; Order 1049, § 388-24-550, filed 8/29/75; Order 1007, § 388-24-550, filed 2/13/75; Order 842, § 388-24-550, filed 8/9/73; Order 741, § 388-24-550, filed 11/22/72.]

Chapter 388-26 WAC

AID TO FAMILIES WITH DEPENDENT CHILDREN AND CONTINUING GENERAL ASSISTANCE--ELIGIBILITY--COMMON CONDITIONS

WAC

388-26-025	Age determination--Specific considerations.
388-26-040	Age determination--Affidavit.
388-26-050	Residence.
388-26-055	Residence--Establishing.
388-26-060	Residence--Maintaining.
388-26-065	Residence--Applicant living in another state.
388-26-070	Residence--Applicant receiving assistance from another state.
388-26-080	Residence--Of children.
388-26-105	Residence--Authorizing return of Washington resident.
388-26-120	Citizenship and alienage.
388-26-145	Citizenship and alienage--Program preferences.

388-26-149 Property transfer.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-26-010	Factors common to two or more programs. [Regulation 7.00, filed 1/24/64.] Repealed by Order 531, filed 3/31/71, effective 5/1/71.
388-26-020	Age--Policies and procedures. [Regulation 7.10, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.
388-26-030	Verification methods. [Regulation 7.12, filed 1/24/64.] Repealed by Resolution 217, filed 7/27/67.
388-26-035	Documentary evidence. [Regulation 7.13, filed 1/24/64.] Repealed by Resolution 217, filed 7/27/67.
388-26-085	Residence of women. [Regulation 7.252, filed 1/24/64.] Repealed by Order 366, filed 7/9/69.
388-26-090	Residence of Indians. [Regulation 7.253, filed 1/24/64.] Repealed by Order 366, filed 7/9/69.
388-26-095	Residence of inmate or patient in Washington state institution. [Order 248, § 388-26-095, filed 11/1/67; Regulation 7.254, filed 1/24/64.] Repealed by Order 366, filed 7/9/69.
388-26-100	Servicemen and their dependents. [Regulation 7.255, filed 1/24/64.] Repealed by Order 366, filed 7/9/69.
388-26-110	Residence requirements of other states. [Regulation 7.27, filed 1/24/64.] Repealed by Order 366, filed 7/9/69.
388-26-115	Residence--Verification. [Order 531, § 388-26-115, filed 3/31/71, effective 5/1/71; Order 366, § 388-26-115, filed 7/9/69; Regulation 7.28, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
388-26-122	Citizenship and alienage--Verification of citizenship. [Order 942, § 388-26-122, filed 6/26/74.] Repealed by Order 1241, filed 9/23/77.
388-26-124	Citizenship and alienage--Verification of lawful admission for permanent residence in United States. [Order 942, § 388-26-124, filed 6/26/74.] Repealed by Order 1241, filed 9/23/77.
388-26-126	Citizenship and alienage--Verification of permanent residence in United States under color of law. [Order 942, § 388-26-126, filed 6/26/74.] Repealed by Order 1241, filed 9/23/77.
388-26-128	Citizenship and alienage--Probative value. [Order 942, § 388-26-128, filed 6/26/74.] Repealed by Order 1241, filed 9/23/77.
388-26-130	Concurrent eligibility--Policies. [No history, a caption section only.] Repealed by Order 531, filed 3/31/71, effective 5/1/71.
388-26-135	Concurrent eligibility--Federal aid programs. [Order 531, § 388-26-135, filed 3/31/71, effective 5/1/71; Regulation 7.31, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.
388-26-140	Concurrent eligibility--Federal aid and general assistance. [Order 531, § 388-26-140, filed 3/31/71, effective 5/1/71; Regulation 7.32, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
388-26-200	Transfer of property. [Order 531, § 388-26-200, filed 3/31/71, effective 5/1/71; Regulation 7.50, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
388-26-205	Transfer of property--Definitions. [Order 531, § 388-26-205, filed 3/31/71, effective 5/1/71; Order 458, § 388-26-205, filed 5/26/70, effective 7/1/70; Regulation 7.51, filed 12/21/64, effective 2/1/65; Regulation 7.51, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
388-26-210	Transfer of property--With intent to qualify for public assistance. [Order 531, § 388-26-210, filed 3/31/71, effective 5/1/71; Order 458, § 388-26-210, filed 5/26/70, effective 7/1/70; Regulation 7.52, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
388-26-215	Transfer of property--Transfer within two years prior to application. [Order 531, § 388-26-215, filed 3/31/71, effective 5/1/71; Order 458, § 388-26-215, filed 5/26/70, effective 7/1/70; Regulation 7.53,

- filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-26-220 Transfer of property—Adequate consideration. [Order 531, § 388-26-220, filed 3/31/71, effective 5/1/71; Regulation 7.54, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-26-225 Transfer of property—Exceptions. [Order 531, § 388-26-225, filed 3/31/71, effective 5/1/71; Regulation 7.55, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-26-230 Transfer of property—Adjustment in period of ineligibility. [Order 531, § 388-26-230, filed 3/31/71, effective 5/1/71; Order 458, § 388-26-230, filed 5/26/70, effective 7/1/70; Regulation 7.56, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-26-235 Transfer of property—Assistance during period of ineligibility. [Order 531, § 388-26-235, filed 3/31/71, effective 5/1/71; Order 458, § 388-26-235, filed 5/26/70, effective 7/1/70; Regulation 7.57, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-26-245 Transfer of property—Life estate, release, assignment—Adequate consideration. [Order 531, § 388-26-245, filed 3/31/71, effective 5/1/71; Order 458, § 388-26-245, filed 5/26/70, effective 7/1/70; Order 256, § 388-26-245, filed 11/8/67; Regulation 7.58, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-26-250 State insurance commissioner's table for determining valuation of present worth of life and term estates or annuities. [Order 531, § 388-26-250, filed 3/31/71, effective 5/1/71; Order 256, § 388-26-250, filed 11/8/67; Regulation 7.581, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.

WAC 388-26-025 Age determination—Specific considerations. (1) Prior to authorizing a public assistance grant, the fact must be established that the applicant or person in whose behalf aid is granted is within the age limits applicable to the category of assistance from which payment will be made.

(2) Aid to families with dependent children.

(a) The birthdate of a minor child must be definitely established. AFDC may be temporarily granted when personal observation establishes the child's age as obviously within the AFDC age limit. However, the child's age must be accurately determined as soon as possible for purposes of establishing continuing eligibility.

(b) When only the year of birth can be established, the arbitrary birthdate of July 1 is assigned. [Order 917, § 388-26-025, filed 3/14/74; Order 531, § 388-26-025, filed 3/31/71, effective 5/1/71; Regulation 7.11, filed 7/27/67; Regulation 7.11, filed 1/24/64.]

WAC 388-26-040 Age determination—Affidavit. The affidavit of the applicant himself as to his birthdate made before a judge of the superior court or of the supreme court of the state of Washington is permitted by law. This can be used as verification by those whose own statement of their age is in question. [Order 917, § 388-26-040, filed 3/14/74; Order 531, § 388-26-040, filed 3/31/71, effective 5/1/71; Regulation 7.14, filed 7/27/67; Regulation 7.14, filed 1/24/64.]

WAC 388-26-050 Residence. (1) Residence as an eligibility condition in qualifying for public assistance necessitates determination of whether or not residence has been established in the state of Washington.

(2) There are no durational residence requirements for any category of public assistance. [Order 531, § 388-26-050, filed 3/31/71, effective 5/1/71; Order 366, § 388-26-050, filed 7/9/69; Regulation 7.20, filed 6/30/67; Regulation 7.20, filed 1/24/64.]

WAC 388-26-055 Residence—Establishing. (1) A resident is a person who:

(a) Is living in the state of Washington voluntarily with the intention of making his/her home in the state and not for a temporary purpose; that is, one who has indicated intent to maintain his/her residence in the state and has no intention of presently leaving the state to take up residence; or

(b) At the time of application, is living in the state, and entered the state with a job commitment or seeking employment in the state whether or not currently employed.

(2) The CSO is not required to find that an applicant is a resident of Washington if he/she is determined to be a bona fide resident of another state; in other words, that he/she is temporarily absent from another state and has not chosen to acquire residence in this state. [Statutory Authority: RCW 74.08.090. 80-03-052 (Order 1490), § 388-26-055, filed 2/22/80; Order 531, § 388-26-055, filed 3/31/71, effective 5/1/71; Order 513, § 388-26-055, filed 1/15/71; Order 366, § 388-26-055, filed 7/9/69; Regulation 7.21, filed 6/30/67; Regulation 7.21, filed 1/24/64.]

WAC 388-26-060 Residence—Maintaining. (1) A person is considered to have maintained his residence in Washington if, since establishing it, he has not left the state except as specified below.

(2) Absences from the state prior to application are not considered as having interrupted residence when

(a) The absences were enforced or beyond the control of the person, or

(b) The absences were for temporary periods and occurred for specific purposes, which did not involve an intent to change residence and did include a plan for return at a future date.

(3) An applicant who meets the residence requirements and is otherwise eligible may not be disqualified from receiving assistance solely because of the fact that he has, in the past, received assistance from another state or a political subdivision thereof. The LO cannot use the fact that the applicant has been receiving assistance from another state as the basis for determining that such individual is not a resident of Washington.

(4) It is assumed that any person who removes himself from the state of Washington for more than a temporary visit is no longer residing in the state of Washington unless he can present positive evidence to the contrary. No assistance shall be granted to any person who is not residing in the state of Washington according to this assumption. See WAC 388-33-240 pertaining to "visit". A recipient remaining out of the state for more than one month must supply adequate information to overcome the assumption that he no longer intends to reside in the state of Washington.

(5) Assistance can only be continued if the recipient remains in need and can fulfill all eligibility requirements, such as, referral to WIN or other rehabilitative resources, current registration for work, maintenance of services to children, etc.

(6) Noncontinuing GA is not paid to persons outside the state. [Order 1241, § 388-26-060, filed 9/23/77; Order 531, § 388-26-060, filed 3/31/71, effective 5/1/71; Order 366, § 388-26-060, filed 7/9/69; Regulation 7.22, filed 6/30/67; Regulation 7.22, filed 1/24/64.]

WAC 388-26-065 Residence--Applicant living in another state. A person applying to Washington for a public assistance grant while living in another state or country may meet the residence requirement if

(1) He offers convincing proof that he has maintained residence in this state since leaving it. "Proof" shall be more than a "statement of intent" to maintain residence in Washington. The intent must be evidenced by prior acts of a specific nature which bear out the intent and which can be demonstrated. Acceptable evidence may be return trips to this state, written statements to other persons, maintenance of a home in this state, or other such actions;

(2) He once lived and acquired residence in this state and his absence is

(a) Enforced and beyond his control, or

(b) Essential to his welfare and due to his physical or social needs, and

(c) He continues his intention of maintaining his residence in the state of Washington and has a plan to return to the state;

(3) He is living in the United States at the time of application;

(4) Arrangements can be made to have the application taken by a public assistance agency and the necessary investigation made to process the application in accordance with Washington rules. [Order 531, § 388-26-065, filed 3/31/71, effective 5/1/71; Order 489, § 388-26-065, filed 10/30/70, effective 12/1/70; Order 366, § 388-26-065, filed 7/9/69; Regulation 7.23, filed 1/24/64.]

WAC 388-26-070 Residence--Applicant receiving assistance from another state. An applicant who is a recipient of assistance from another state shall be eligible for assistance in Washington when he satisfies the residence requirement of Washington and is otherwise eligible. However, assistance from Washington shall not be authorized until eligibility for assistance from the other state ceases and the grant from the other state is terminated. [Order 976, § 388-26-070, filed 10/28/74; Order 917, § 388-26-070, filed 3/14/74; Order 531, § 388-26-070, filed 3/31/71, effective 5/1/71; Order 366, § 388-26-070, filed 7/9/69; Regulation 7.24, filed 1/24/64.]

WAC 388-26-080 Residence--Of children. A child is residing in the state of Washington if he is making his home in the state. [Order 531, § 388-26-080, filed

3/31/71, effective 5/1/71; Order 366, § 388-26-080, filed 7/9/69; Regulation 7.251, filed 1/24/64.]

WAC 388-26-105 Residence--Authorizing return of Washington resident. (1) When an inquiry is received regarding whether or not a person is a resident of the state of Washington, or should move to the state of Washington, the LO shall

(a) Investigate the pertinent facts relative to the inquiry.

(b) Furnish the other state with pertinent information and, when appropriate, give social facts which indicate whether residence in the state of Washington is or is not in the interest of the individual's welfare.

(c) Inform the inquiring state that the department has no legal authority to authorize the return of individuals to the state or to pay costs of such return. [Order 531, § 388-26-105, filed 3/31/71, effective 5/1/71; Order 366, § 388-26-105, filed 7/9/69; Regulation 7.26, filed 1/24/64.]

WAC 388-26-120 Citizenship and alienage. (1) To be eligible for AFDC or continuing general assistance a resident shall be either

(a) a citizen or

(b) an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (including any alien who is lawfully present in the United States as a result of the application of the provisions of section 203(a)(7) or section 212(d)(5) of the immigration and nationality act).

(2) An applicant or recipient's statement of citizenship or resident alien status as specified in subsection (1)(b) shall be accepted as evidence not requiring corroborating documentation.

(3) If the local office receives substantial evidence that an individual has falsely declared citizenship or alien status the local office shall require verification. [Order 942, § 388-26-120, filed 6/26/74.]

WAC 388-26-145 Citizenship and alienage--Program preferences. An individual who is eligible for AFDC benefits and who also is eligible for SSI benefits has the right to elect which program he wishes to enter and which benefits he wishes to claim. An individual may not receive AFDC and SSI benefits concurrently. [Order 910, § 388-26-145, filed 3/1/74; Order 606, § 388-26-145, filed 9/22/71; Order 531, § 388-26-145, filed 3/31/71, effective 5/1/71; Regulation 7.33, filed 1/24/64.]

WAC 388-26-149 Property transfer. Transfer of property may affect current and future eligibility of the applicant or recipient. See WAC 388-28-457 through 388-28-473 for policies regarding the effect of property transfers on need. [Order 1241, § 388-26-149, filed 9/23/77.]

Chapter 388-28 WAC

**AID TO FAMILIES WITH DEPENDENT
CHILDREN AND CONTINUING GENERAL
ASSISTANCE--ELIGIBILITY NEED**

WAC

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388-28-650	Guardianships and trusts—Indians.

Reviser's Note: Administrative Order No. 532 filed with the Code Reviser on March 31, 1971 purported to adopt editorial revisions to Chapter 388-28 WAC relating to eligibility for public assistance. Emergency Order No. 559, filed 4/30/71 and Permanent Order 574, filed 6/22/71 repealed Order 532, filed 3/31/71 before its effective date of May 1, 1971.

**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS
CHAPTER**

388-28-010	Standards for requirements—Person in own home. [Order 561, § 388-28-010, filed 5/5/71; Order 521, § 388-28-010, filed 3/2/71; Order 442, § 388-28-010, filed 4/15/70; Regulation 8.11, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
388-28-020	Standards for requirements—Family relationships. [Order 963, § 388-28-020, filed 8/19/74; Order 917, § 388-28-020, filed 3/14/74; Order 742, § 388-28-020, filed 11/22/72; Order 650, § 388-28-020, filed 2/9/72; Order 561, § 388-28-020, filed 5/5/71; Order 521, § 388-28-020, filed 3/2/71; Order 442, § 388-28-020, filed 4/15/70; Regulation 8.12, filed 6/14/66; Regulation 8.12, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
388-28-025	Standards for requirements—Limitations on requirements. [Order 917, § 388-28-025, filed 3/14/74; Regulation 8.13, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
388-28-030	Assistance unit—Supplemental security income beneficiary excluded. [Order 943, § 388-28-030, filed 6/28/74.] Repealed by Order 1241, filed 9/23/77.
388-28-035	Assistance units—Aid to blind, old age assistance and disability assistance. [Emergency Order 613, § 388-28-035, filed 10/1/71; Order 604, § 388-28-035, filed 9/22/71; Order 292, § 388-28-035, filed 6/12/68; Emergency Order 289, filed 5/1/68; Regulation 8.141, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.
388-28-040	Assistance units—Aid to families with dependent children. [Order 823, § 388-28-040, filed 7/26/73; Emergency Order 613, § 388-28-040, filed 10/1/71; Order 604, § 388-28-040, filed 9/22/71; Order 292, § 388-28-040, filed 6/12/68; Emergency Order 289, filed 5/1/68; Regulation 8.142, filed 8/29/66; Regulation 8.142, filed 6/14/66, 1/24/64.] Repealed by Order 978, filed 10/28/74.
388-28-045	Assistant units—Disability assistance. [Order 292, § 388-28-045, filed 6/12/68; Emergency Order 289, filed 5/1/68; Regulation 8.143, filed 1/24/64.] Repealed by Order 604, filed 9/22/71.
388-28-050	Assistance units—Continuing general assistance. [Order 650, § 388-28-050, filed 2/9/72; Order 619, § 388-28-050, filed 10/27/71; Order 345, § 388-28-050, filed 4/16/69; Order 292, § 388-28-050, filed 6/12/68; Emergency Order 289, filed 5/1/68; Regulation 8.144, filed 1/24/64.] Repealed by Order 841, filed 8/9/73.
388-28-055	Assistance units—Housekeeper. [Order 917, § 388-28-055, filed 3/14/74; Order 650, § 388-28-055,

- filed 2/9/72; Regulation 8.145, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-28-060 Assistance units—Computing and allocating basic requirements of person in own home. [Order 345, § 388-28-060, filed 4/16/69; Regulation 8.15, filed 7/13/65; Regulation 8.15, filed 1/24/64.] Repealed by Order 521, filed 3/2/71.
- 388-28-065 Assistance units—Food, clothing, personal maintenance and necessary incidentals. [Order 345, § 388-28-065, filed 4/16/69; Regulation 8.151, filed 3/31/66; Regulation 8.151, filed 1/24/64.] Repealed by Order 521, filed 3/2/71.
- 388-28-070 Assistance units—Shelter. [Order 345, § 388-28-070, filed 4/16/69; Regulation 8.152, filed 1/24/64.] Repealed by Order 521, filed 3/2/71.
- 388-28-075 Assistance units—Household maintenance. [Order 345, § 388-28-075, filed 4/16/69; Order 292, § 388-28-075, filed 6/12/68; Emergency Order 289, filed 5/1/68; Regulation 8.153, filed 1/24/64.] Repealed by Order 521, filed 3/2/71.
- 388-28-080 Monthly cost of basic requirements—Maximums—Person in own home—Person in medical institution. [Order 1131, § 388-28-080, filed 7/8/76; Order 963, § 388-28-080, filed 8/19/74; Order 902, § 388-28-080, filed 1/29/74; Order 650, § 388-28-080, filed 2/9/72; Order 561, § 388-28-080, filed 5/5/71; Order 521, § 388-28-080, filed 3/2/71; Regulation 8.20, filed 7/27/67; Regulation 8.20, filed 8/29/66, 3/31/66, 12/31/65, 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-28-085 Monthly cost of basic requirements as adjusted for maximum grant limitations—Food. [Order 561, § 388-28-085, filed 5/5/71; Order 521, § 388-28-085, filed 3/2/71; Order 375, § 388-28-085, filed 8/7/69; Regulation 8.21, filed 7/27/67; Regulation 8.21, filed 2/23/67, 1/24/64.] Repealed by Order 650, filed 2/9/72.
- 388-28-090 Monthly cost of basic requirements as adjusted for maximum grant limitations—Clothing. [Order 561, § 388-28-090, filed 5/5/71; Order 521, § 388-28-090, filed 3/2/71; Order 375, § 388-28-090, filed 8/7/69; Regulation 8.22, filed 7/27/67; Regulation 8.22, filed 2/23/67, 8/29/66, 1/24/64.] Repealed by Order 650, filed 2/9/72.
- 388-28-095 Monthly cost of basic requirements as adjusted for maximum grant limitations—Personal maintenance and necessary incidentals. [Order 561, § 388-28-095, filed 5/5/71; Order 521, § 388-28-095, filed 3/2/71; Order 375, § 388-28-095, filed 8/7/69; Regulation 8.23, filed 7/27/67; Regulation 8.23, filed 2/23/67, 8/29/66, 1/24/64.] Repealed by Order 650, filed 2/9/72.
- 388-28-098 Increases in monthly standards for basic requirements. [Order 927, § 388-28-098, filed 4/15/74.] Repealed by Order 963, filed 8/19/74. This section was repealed before publication in WAC.
- 388-28-100 Monthly standards for basic requirements—AFDC and continuing general assistance. [Order 1234, § 388-28-100, filed 8/31/77; Order 1145, § 388-28-100, filed 8/26/76; Order 1101, § 388-28-100, filed 2/25/76; Order 1040, § 388-28-100, filed 8/7/75; Order 993, § 388-28-100, filed 12/31/74; Order 963, § 388-28-100, filed 8/19/74 (§ 388-28-100 was repealed by Order 930, filed 4/25/74 and filed as amended by subsequent orders); Order 902, § 388-28-100, filed 1/29/74; Order 823, § 388-28-100, filed 7/26/73; Order 744, § 388-28-100, filed 11/30/72; Order 724, § 388-28-100, filed 10/12/72; Order 650, § 388-28-100, filed 2/9/72.] Repealed by Order 1241, filed 9/23/77.
- 388-28-105 Increases in monthly standards for basic requirements—Shelter. [Order 561, § 388-28-105, filed 5/5/71; Order 521, § 388-28-105, filed 3/2/71; Order 375, § 388-28-105, filed 8/7/69; Regulation 8.241, filed 7/27/67; Regulation 8.241, filed 2/23/67, 8/29/66, 1/24/64.] Repealed by Order 650, filed 2/9/72.
- 388-28-110 Monthly cost of basic requirements—Home ownership. [Order 375, § 388-28-110, filed 8/7/69; Regulation 8.242, filed 7/27/67; Regulation 8.242, filed 2/23/67, 1/24/64.] Repealed by Order 521, filed 3/2/71.
- 388-28-115 Monthly cost of basic requirements as adjusted for maximum grant limitations—Supplied shelter. [Order 521, § 388-28-115, filed 3/2/71; Regulation 8.243, filed 1/24/64.] Repealed by Order 604, filed 9/22/71.
- 388-28-125 Monthly cost of basic requirements as adjusted for maximum grant limitations—Household maintenance—Utilities—Household supplies. [Order 521, § 388-28-125, filed 3/2/71; Order 375, § 388-28-125, filed 8/7/69; Regulation 8.251, filed 7/27/67; Regulation 8.251, filed 2/23/67, 8/29/66, 1/24/64.] Repealed by Order 650, filed 2/9/72.
- 388-28-130 Fuel for space heating. [Order 521, § 388-28-130, filed 3/2/71; Order 375, § 388-28-130, filed 8/7/69; Regulation 8.252, filed 7/27/67; Regulation 8.252, filed 2/23/67, 1/24/64.] Repealed by Order 650, filed 2/9/72.
- 388-28-133 Maximums to monthly standards for basic requirements. [Order 1234, § 388-28-133, filed 8/31/77; Order 1145, § 388-28-133, filed 8/26/76; Order 1040, § 388-28-133, filed 8/7/75; Order 963, § 388-28-133, filed 8/19/74; Order 927, § 388-28-133, filed 4/15/74; Order 902, § 388-28-133, filed 1/29/74; Order 823, § 388-28-133, filed 7/26/73; Order 721, § 388-28-133, filed 9/28/72; Order 650, § 388-28-133, filed 2/9/72; Order 561, § 388-28-133, filed 5/5/71.] Repealed by Order 1241, filed 9/23/77.
- 388-28-134 Additional monthly allowance for noninstitutionalized adult recipient of continuing general assistance. [Order 1052, § 388-28-134, filed 10/9/75; Order 917, § 388-28-134, filed 3/14/74; Order 823, § 388-28-134, filed 7/26/73; Order 721, § 388-28-134, filed 9/28/72.] Repealed by Order 1234, filed 8/31/77.
- 388-28-135 Standards for requirements—Transportation—Old age and aid to blind assistance only. [Order 442, § 388-28-135, filed 4/15/70; Order 375, § 388-28-135, filed 8/7/69; Regulation 8.26, filed 7/27/67, 2/23/67, 1/24/64.] Repealed by Order 521, filed 3/2/71.
- 388-28-136 Cost standards for requirements—Person in medical institution. [Order 1145, § 388-28-136, filed 8/26/76; Order 1052, § 388-28-136, filed 9/10/75; Order 1017, § 388-28-136, filed 4/14/75.] Repealed by Order 1241, filed 9/23/77.
- 388-28-137 Cost standards for requirements—Person in congregate care facility. [Order 1234, § 388-28-137, filed 8/31/77; Order 1145, § 388-28-137, filed 8/26/76; Order 1076, § 388-28-137, filed 12/17/75; Order 1052, § 388-28-137, filed 9/10/75; Order 1017, § 388-28-137, filed 4/14/75.] Repealed by Order 1241, filed 9/23/77.
- 388-28-138 Cost standards for requirements—Maternity home care. [Order 1234, § 388-28-138, filed 8/31/77; Order 1116, § 388-28-138, filed 4/28/76.] Repealed by Order 1241, filed 9/23/77.
- 388-28-140 Monthly standards for basic requirements—AFDC—Child living with relative not in need. [Order 1234, § 388-28-140, filed 8/31/77; Order 1145, § 388-28-140, filed 8/26/76; Order 1052, § 388-28-140, filed 9/10/75; Order 1007, § 388-28-140, filed 2/13/75; Order 976, § 388-28-140, filed 10/28/74; Order 902, § 388-28-140, filed 1/29/74; Order 823, § 388-28-140, filed 7/26/73; Order 650, § 388-28-140, filed 2/9/72; Order 375, § 388-28-140, filed 8/7/69; Order 346, § 388-28-140, filed 4/16/69; Regulation 8.27, filed 7/27/67; Regulation 8.27, filed 2/23/67, 1/24/64.] Repealed by Order 1241, filed 9/23/77.

- 388-28-142 Monthly standards for basic requirements—AFDC—Child in need of specialized education or training. [Order 1234, § 388-28-142, filed 8/31/77; Order 1052, § 388-28-142, filed 9/10/75; Order 823, § 388-28-142, filed 7/26/73; Order 650, § 388-28-142, filed 2/9/72; Order 561, § 388-28-142, filed 5/5/71; Order 521, § 388-28-142, filed 3/2/71; Order 346, § 388-28-142, filed 4/16/69.] Repealed by Order 1241, filed 9/23/77.
- 388-28-150 Standards for additional requirements under specified circumstances. [Order 1176, § 388-28-150, filed 12/23/76; Order 650, § 388-28-150, filed 2/9/72; Regulation 8.30, filed 7/27/67; Regulation 8.30, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-28-155 Standards for additional requirements under specified circumstances—Child care expenses for employed person. [Order 1236, § 388-28-155, filed 8/31/77.] Repealed by 78-06-086 (Order 1303), filed 6/2/78. Statutory Authority: RCW 74.04.510 and 74.08.090.
- 388-28-160 Standards for additional requirements under specified circumstances—Board. [Order 823, § 388-28-160, filed 7/26/73; Order 650, § 388-28-160, filed 2/9/72; Order 521, § 388-28-160, filed 3/2/71; Order 375, § 388-28-160, filed 8/7/69; Regulation 8.311, filed 7/27/67; Regulation 8.311, filed 2/23/67, 1/24/64.] Repealed by Order 1052, filed 9/10/75.
- 388-28-165 Standards for additional requirements under specified circumstances—Restaurant meals. [Order 1234, § 388-28-165, filed 8/31/77; Order 1145, § 388-28-165, filed 8/26/76; Order 1052, § 388-28-165, filed 9/10/75; Order 823, § 388-28-165, filed 7/26/73; Order 650, § 388-28-165, filed 2/9/72; Order 521, § 388-28-165, filed 3/2/71; Order 375, § 388-28-165, filed 8/7/69; Regulation 8.312, filed 7/27/67; Regulation 8.312, filed 2/23/67, 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-28-170 Standards for additional requirements under specified circumstances—Daily restaurant meals. [Order 1234, § 388-28-170, filed 8/31/77; Order 1145, § 388-28-170, filed 8/26/76; Order 1052, § 388-28-170, filed 9/10/75; Order 902, § 388-28-170, filed 1/29/74; Order 823, § 388-28-170, filed 7/26/73; Order 650, § 388-28-170, filed 2/9/72; Order 375, § 388-28-170, filed 8/7/69; Regulation 8.313, filed 7/27/67; Regulation 8.313, filed 2/23/67, 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-28-180 Standards for additional requirements under specified circumstances—Home delivered meals (Meals—On—Wheels). [Order 650, § 388-28-180, filed 2/9/72; Regulation 8.315, filed 7/27/67; Regulation 8.315, filed 12/21/64, effective 2/1/65.] Repealed by Order 1241, filed 9/23/77.
- 388-28-185 Standards for additional requirements under specified circumstances—Personal and household service in own home—Adult without minor children in household. [Order 393, § 388-28-185, filed 10/15/69; Regulation 8.32, filed 12/21/64, effective 2/1/65; Regulation 8.32, filed 1/24/64.] Repealed by Order 601, filed 9/8/71.
- 388-28-190 Standards for additional requirements under specified circumstances—Determination of need for service. [Order 393, § 388-28-190, filed 10/15/69; Regulation 8.321, filed 3/21/67; Regulation 8.321, filed 12/21/64.] Repealed by Order 601, filed 9/8/71.
- 388-28-195 Standards for additional requirements under specified circumstances—Cost standard. [Order 393, § 388-28-195, filed 10/15/69; Regulation 8.322, filed 3/21/67; Regulation 8.322, filed 12/24/64, effective 2/1/65.] Repealed by Order 601, filed 9/8/71.
- 388-28-200 Monthly cost of basic requirements as adjusted for maximum grant limitations—Computation of payment for personal and household services in kind. [Order 561, § 388-28-200, filed 5/5/71; Order 521, § 388-28-200, filed 3/2/71; Regulation 8.323, filed 12/21/64, effective 2/1/65.] Repealed by Order 601, filed 9/8/71.
- 388-28-205 Standards for additional requirements under specified circumstances—Old age and survivors insurance tax. [Regulation 8.324, filed 12/21/64, effective 2/1/65.] Repealed by Order 601, filed 9/8/71.
- 388-28-210 Standards for additional requirements under specified circumstances—Personal and household service in own home for adult without minor children in household—Continuing eligibility for services. [Order 403, § 388-28-210, filed 11/24/69; Order 375, § 388-28-210, filed 8/7/69; Regulation 8.325, filed 7/27/67; Regulation 8.325, filed 12/24/64, effective 2/1/65.] Repealed by Order 601, filed 9/8/71.
- 388-28-220 Standards for additional requirements under specified circumstances—Transportation to state of legal residence. [Order 969, § 388-28-220, filed 9/13/74; Order 650, § 388-28-220, filed 2/9/72; Regulation 8.33, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-28-225 Standards for additional requirements under specified circumstances—Food for guide dog. [Order 1234, § 388-28-225, filed 8/31/77; Order 1145, § 388-28-225, filed 8/26/76; Order 1052, § 388-28-225, filed 9/10/75; Order 902, § 388-28-225, filed 1/29/74; Order 823, § 388-28-225, filed 7/26/73; Order 650, § 388-28-225, filed 2/9/72; Order 375, § 388-28-225, filed 8/7/69; Order 268, § 388-28-225, filed 12/5/67; Regulation 8.34, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-28-230 Standards for additional requirements under specified circumstances—Telephone. [Order 650, § 388-28-230, filed 2/9/72; Regulation 8.35, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-28-235 Standards for additional requirements under specified circumstances—Laundry. [Order 1234, § 388-28-235, filed 8/31/77; Order 1145, § 388-28-235, filed 8/26/76; Order 1052, § 388-28-235, filed 9/10/75; Order 823, § 388-28-235, filed 7/26/73; Order 650, § 388-28-235, filed 2/9/72; Order 268, § 388-28-235, filed 12/5/67; Regulation 8.36, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-28-245 Standards for additional requirements under specified circumstances—Housekeeping service in household with minor children. [Order 650, § 388-28-245, filed 2/9/72; Order 375, § 388-28-245, filed 8/7/69; Order 268, § 388-28-245, filed 12/5/67; Regulation 8.38, filed 12/21/64, effective 2/1/65; Regulation 8.38, filed 1/24/64.] Repealed by Order 1088, filed 1/19/76.
- 388-28-250 Standards for additional requirements under specified circumstances—Cost of participating in supplemental medical insurance benefits (SMIB) under Title XVIII—B of the Social Security Act. [Emergency Order 290, § 388-28-250, filed 5/1/68; Regulation 8.39, filed 8/29/66.] Repealed by Order 292, filed 6/12/68.
- 388-28-251 Winterizing homes. [Order 1045, § 388-28-251, filed 8/14/75.] Repealed by Order 1241, filed 9/23/77.
- 388-28-260 Requirements of person in boarding home—Continuing general assistance. [Order 1234, § 388-28-260, filed 8/31/77; Order 1145, § 388-28-260, filed 8/26/76; Order 1052, § 388-28-260, filed 9/10/75; Order 902, § 388-28-260, filed 1/29/74; Order 823, § 388-28-260, filed 7/26/73; Order 731, § 388-28-260, filed 10/27/72; Order 650, § 388-28-260, filed 2/9/72; Order 521, § 388-28-260, filed 3/2/71; Order 375, § 388-28-260, filed 8/7/69; Regulation 8.411, filed 7/27/67; Regulation 8.411, filed 2/23/67, 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-28-270 Requirements of person in boarding home—Clothing—Aid to blind, disability assistance, old age assistance, general assistance—unemployable. [Order 521, § 388-28-270, filed 3/2/71; Regulation 8.412, filed 1/24/64.] Repealed by Order 650, filed 2/9/72.

- 388-28-275 Requirements of person in boarding home—Personal maintenance and necessary incidentals—Aid to blind, disability assistance, old age assistance, general assistance—unemployable. [Order 521, § 388-28-275, filed 3/2/71; Regulation 8.413, filed 1/24/64.] Repealed by Order 650, filed 2/9/72.
- 388-28-280 Requirements of person with other living arrangements—Transportation. [Regulation 8.414, filed 1/24/64.] Repealed by Order 521, filed 3/2/71.
- 388-28-285 Requirements of person in boarding home—Additional requirements. [Order 917, § 388-28-285, filed 3/14/74; Order 375, § 388-28-285, filed 8/7/69; Regulation 8.415, filed 7/27/67; Regulation 8.415, filed 8/29/66, 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-28-290 Requirements of person with other living arrangement—Institutional living arrangement. [Order 375, § 388-28-290, filed 8/7/69; Regulation 8.42, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.
- 388-28-292 Adult family home—Care defined. [Order 455, § 388-28-292, filed 5/18/70.] Repealed by Order 813, filed 6/28/73.
- 388-28-293 Adult family home—Determination of need for care and placement. [Order 455, § 388-28-293, filed 5/18/70.] Repealed by Order 813, filed 6/28/73.
- 388-28-294 Adult family home care—Cost standards. [Order 1234, § 388-28-294, filed 8/31/77; Order 1145, § 388-28-294, filed 8/26/76; Order 1052, § 388-28-294, filed 9/10/75; Order 963, § 388-28-294, filed 8/19/74; Order 902, § 388-28-294, filed 1/29/74; Order 823, § 388-28-294, filed 7/26/73; Order 731, § 388-28-294, filed 10/27/72; Order 650, § 388-28-294, filed 2/9/72; Order 552, § 388-28-294, filed 4/1/71; Order 455, § 388-28-294, filed 5/18/70.] Repealed by Order 1241, filed 9/23/77.
- 388-28-295 Adult family home—Standards for payment approval. [Order 455, § 388-28-295, filed 5/18/70.] Repealed by Order 813, filed 6/28/73.
- 388-28-296 Adult family home—Standards for home and sponsor. [Order 455, § 388-28-296, filed 5/18/70.] Repealed by Order 813, filed 6/28/73.
- 388-28-297 Adult family home—Services to be provided. [Order 455, § 388-28-297, filed 5/18/70.] Repealed by Order 813, filed 6/28/73.
- 388-28-298 Adult family home—Application for approval for payment—Home study. [Order 635, § 388-28-298, filed 1/13/72; Order 455, § 388-28-298, filed 5/18/70.] Repealed by Order 813, filed 6/28/73.
- 388-28-305 Property rights and entitlements—Rights inherent in relationship. [Order 942, § 388-28-305, filed 6/26/74; Order 703, § 388-28-305, filed 8/11/72; Order 445, § 388-28-305, filed 4/28/70; Regulation 8.51, filed 1/24/64.] Repealed by Order 1054, filed 9/25/75.
- 388-28-315 Property rights and entitlements—Support for dependent children—Parents' responsibility. [Order 942, § 388-28-315, filed 6/26/74; Order 703, § 388-28-315, filed 8/11/72; Order 619, § 388-28-315, filed 10/27/71; Order 481, § 388-28-315, filed 9/29/70, effective 11/1/70; Regulation 8.521, filed 1/24/64.] Repealed by Order 1054, filed 9/25/75.
- 388-28-320 Property rights and entitlements—Absent parent's responsibility—Liability—Recovery. [Order 942, § 388-28-320, filed 6/26/74; Order 703, § 388-28-320, filed 8/11/72; Order 481, § 388-28-320, filed 9/29/70, effective 11/1/70; Regulation 8.522, filed 1/24/64.] Repealed by Order 1054, filed 9/25/75.
- 388-28-323 Property rights and entitlements—Applicant or recipient responsibility. [Order 942, § 388-28-323, filed 6/26/74; Order 703, § 388-28-323, filed 8/11/72; Order 616, § 388-28-323, filed 10/13/71; Order 481, § 388-28-323, filed 9/29/70, effective 11/1/70.] Repealed by Order 1054, filed 9/25/75.
- 388-28-325 Support for dependent children—Obtaining support from absent parent. [Regulation 8.523, filed 1/24/64.] Repealed by Order 481, filed 9/29/70, effective 11/1/70.
- 388-28-330 Support enforcement services. [Regulation 8.524, filed 1/24/64.] Repealed by Order 481, filed 9/29/70, effective 11/1/70.
- 388-28-335 Support enforcement services—Budgeting payments. [Order 274, § 388-28-335, filed 1/29/68; Emergency Order 272, § 388-28-335, filed 12/29/67; Regulation 8.525, filed 1/24/64.] Repealed by Order 481, filed 9/29/70, effective 11/1/70.
- 388-28-337 Property rights and entitlements—Full grant plan. [Order 942, § 388-28-337, filed 6/26/74; Order 703, § 388-28-337, filed 8/11/72; Order 616, § 388-28-337, filed 10/13/71; Order 481, § 388-28-337, filed 9/29/70, effective 11/1/70; Order 274, § 388-28-337, filed 1/29/68; Emergency Order 272, § 388-28-337, filed 12/29/67.] Repealed by Order 1054, filed 9/25/75.
- 388-28-338 Support for dependent children—Optional support plans. [Order 616, § 388-28-338, filed 10/13/71; Order 481, § 388-28-338, filed 9/29/70, effective 11/1/70.] Repealed by Order 703, filed 8/11/72.
- 388-28-340 Property rights and entitlement—Establishment of paternity of illegitimate child. [Order 942, § 388-28-340, filed 6/26/74; Order 703, § 388-28-340, filed 8/11/72; Order 664, § 388-28-340, filed 3/23/72; Order 616, § 388-28-340, filed 10/13/71; Order 481, § 388-28-340, filed 9/29/70, effective 11/1/70; Regulation 8.526, filed 1/24/64.] Repealed by Order 1054, filed 9/25/75.
- 388-28-343 Confidentiality. [Order 942, § 388-28-343, filed 6/26/74.] Repealed by Order 1054, filed 9/25/75.
- 388-28-345 Confidentiality—Procedures affecting abandoned child. [Order 889, § 388-28-345, filed 12/27/73; Order 703, § 388-28-345, filed 8/11/72; Order 481, § 388-28-345, filed 9/29/70, effective 11/1/70; Regulation 8.527, filed 1/24/64.] Repealed by Order 1241, filed 9/23/77.
- 388-28-395 Community, separate and jointly owned property—Premium for supplementary medical insurance—Title XVIII, Part B. [Order 292, § 388-28-395, filed 6/12/68; Emergency Order 289, filed 5/1/68; Regulation 8.571, filed 12/31/65, effective 7/1/66.] Repealed by Order 917, filed 3/14/74.
- 388-28-490 Use of income and income potentials—Recording net cash income computation. [Regulation 8.821, filed 1/24/64.] Repealed by Order 650, filed 2/9/72.
- 388-28-525 Net cash income—Self-employment income and expenses. [Order 891, § 388-28-525, filed 12/27/73; Regulation 8.842, filed 1/24/64.] Repealed by 79-04-013 (Order 1369), filed 3/15/79. Statutory Authority: RCW 74.08.090.
- 388-28-550 Net cash income—Income for education or vocational training. [Order 749, § 388-28-550, filed 12/7/72; Order 375, § 388-28-550, filed 8/7/69; Order 296, § 388-28-550, filed 8/26/68; Regulation 8.845, filed 5/17/67; Regulation 8.845, filed 2/3/67, 12/31/65, 1/24/64.] Repealed by Order 891, filed 12/27/73.
- 388-28-576 Tax reduction act of 1975—Payments disregarded. [Order 1229, § 388-28-576, filed 8/23/77; Order 1175, § 388-28-576, filed 12/8/76; Order 1110, § 388-28-576, filed 4/15/76; Order 1028, § 388-28-576, filed 5/29/75.] Repealed by 80-04-051 (Order 1496), filed 3/21/80. Statutory Authority: RCW 74.08.090.
- 388-28-605 Net cash income—Produce and supplied food. [Order 521, § 388-28-605, filed 3/2/71; Regulation 8.851, filed 7/13/65; Regulation 8.851, filed 3/11/65, 1/24/64.] Repealed by Order 561, filed 5/5/71.
- 388-28-610 Net cash income—Fuel, water, electricity. [Order 521, § 388-28-610, filed 3/2/71; Regulation 8.852, filed 7/13/65; Regulation 8.852, filed 1/24/64.] Repealed by Order 561, filed 5/5/71.
- 388-28-615 Net cash income—Shelter. [Order 521, § 388-28-615, filed 3/2/71; Regulation 8.853, filed 3/31/66;

- Regulation 8.853, filed 7/13/65, 1/24/64.] Repealed by Order 561, filed 5/5/71.
- 388-28-625 Net cash income—Annual gross value of supplied food per person by number of months and proportions available. [Regulation 8.854, filed 1/24/64.] Repealed by Order 521, filed 3/2/71.
- 388-28-630 Aid to the blind applicant with self-support plan. [Regulation 8.86, filed 6/30/67; Regulation 8.86, filed 6/30/74, 1/24/64.] Repealed by Order 917, filed 3/14/74.
- 388-28-635 Aid to the blind applicant with self-support plan—Approval of aid to the blind applicant's self-support plan. [Regulation 8.861, filed 1/24/64.] Repealed by Order 917, filed 3/14/74.
- 388-28-640 Aid to the blind applicant with self-support plan—Comparing requirements' costs with values of nonexempt resources and income to determine financial need and to authorize grant. [Regulation 8.90, filed 1/24/64.] Repealed by Order 604, filed 9/22/71.
- 388-28-645 Aid to the blind applicant with self-support plan—Eligibility or ineligibility of applicant. [Regulation 8.91, filed 1/24/64.] Repealed by Order 604, filed 9/22/71.

WAC 388-28-005 Financial need—Rules and procedures. (1) To be eligible for public assistance an applicant must be in financial need. Financial need exists when the applicant's requirements as hereinafter specified and adjusted for the maximum grant limitations exceed the value of nonexempt resources currently possessed and the amount of his nonexempt recurrent and nonrecurrent income. The difference thus computed represents the extent of need which exists.

(2) The rules in chapter 388-28 WAC governing determination of an applicant's financial need for assistance also govern the determination of the continuing need of a recipient unless specifically stated otherwise.

(3) Need is subject to change whenever the recipient's financial circumstances change in such a way that the cost of his requirements or his income is increased or decreased in relation to the standards for assistance. [Order 1241, § 388-28-005, filed 9/23/77; Order 561, § 388-28-005, filed 5/5/71; Regulation 8.00, filed 1/24/64.]

WAC 388-28-300 Property rights and entitlements. WAC 388-28-300 through 388-28-392 deal with rules governing rights to property as these affect eligibility for public assistance. "Property" as used in this section includes both "resources" and "income" as defined in WAC 388-28-030. [Order 1241, § 388-28-300, filed 9/23/77; Order 445, § 388-28-300, filed 4/28/70; Regulation 8.50, filed 1/24/64.]

WAC 388-28-350 Confidentiality—Stepparent responsibility. (1) The income and resources of a stepparent are deemed to be available to meet the requirements of the stepchild and its parent in the same manner as the income and resources of the natural or adoptive parent. See WAC 388-28-560.

(2) The stepparent's responsibility for support ceases when the marriage is terminated by death or divorce.

(3) The natural parent of such child is not relieved of a legal obligation to support his child by this provision.

[Order 1132, § 388-28-350, filed 7/8/76; Order 481, § 388-28-350, filed 9/29/70, effective 11/1/70; Regulation 8.53, filed 1/24/64.]

WAC 388-28-355 Presumptive spouse. (1) When a dependent child lives with one parent and another person whom the department presumes to be the spouse but who is not legally married to the parent:

(a) The parent must declare those portions of the income and resources of the presumptive spouse which are provided voluntarily for the support of the child(ren) and the parent.

(b) Only such income and resources which have been stipulated by the parent to be actually available on a regular basis to meet the needs of the parent and child(ren) shall be considered in determining the income available to the parent and child(ren).

(2) Unwillingness of the presumptive spouse to contribute does not affect the child's eligibility for assistance.

(3) The presumptive spouse who is not a recipient shall not be considered as a member of the household in computing and allocating basic requirements. The needs of the presumptive spouse may not be included in the assistance unit – see WAC 388-24-050(4), 388-29-020 and 388-29-080(3).

(4) The natural parent is not relieved of a legal obligation to support his child by contributions from the presumptive spouse toward the child's support. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-28-355, filed 9/18/78; Order 1018, § 388-28-355, filed 4/23/75; Order 786, § 388-28-355, filed 4/12/73; Order 650, § 388-28-355, filed 2/9/72; Order 481, § 388-28-355, filed 9/29/70, effective 11/1/70; Order 445, § 388-28-355, filed 4/28/70; Regulation 8.54, filed 6/14/66; Regulation 8.54, filed 1/24/64.]

WAC 388-28-360 Community, separate and jointly owned property—Community property. (1) All property, either real or personal, held in the name of either the husband or wife or both is presumed to be community property. Any income received by either the husband or wife is presumed to be community income. The earnings of the husband, or wife, or both, if not legally separated, are community income.

(2) Property subject to the disposition of either the applicant or his (her) spouse, is presumed to be community property for the purpose of determining eligibility. This presumption stands until overcome by positive evidence to the contrary.

(3) Community property is considered to constitute a resource available to the family unit and hence to both or either spouse. Each member of the marital community shall have his or her eligibility determined on the basis of a family unit and on the basis of the total community property holdings and income, regardless of whether one or both are applicants. [Regulation 8.551, filed 1/24/64.]

WAC 388-28-365 Community, separate and jointly owned property--Separate property. (1) Property is considered as separate property when it has been established that it was acquired (and paid for) by either spouse before marriage, or as a result of gift or inheritance, or was acquired and paid for entirely out of income from separate property. A commingling of community income and income from separate property in the purchase or improvement of property probably destroys the status of separate property.

(2) The husband's separate property and income therefrom and the earnings, if not legally separated, are regarded as community property or earnings and as available to the wife since the husband is required by law to support his wife and she is provided a means by which she can enforce such support.

(3) The wife's separate property, her income from separate property and her earnings if not legally separated, are presumed to be resources available to her husband unless and until it is definitely established that they are in fact not available to meet the requirements of the husband. [Regulation 8.552, filed 1/24/64.]

WAC 388-28-370 Community, separate and jointly owned property--Further considerations for determining property of husband and wife. (1) Transfer of his separate property by the husband does not disqualify the wife, but he may not be included in her grant.

(2) Separate resources or income of a wife shall be presumed to be available to meet the requirements of a husband when:

(a) They are living together; and

(b) The marital relationship is apparently normal and stable with mutual sharing of control and responsibility according to their respective capacities.

(3) Separate property or income of a wife may be considered as not available to meet the requirements of a husband when:

(a) The wife has definitely stated that she will not contribute toward her husband's requirements out of such separate property or income; and

(b) The husband and wife are:

(i) Not living together; or

(ii) Living together, but under situations such as the following:

(A) She has publicly repudiated responsibility for the debts or support of her husband, or [or]

(B) Statements of the spouses are substantiated by other evidence, such as:

(I) Existence of a pattern of segregation of household costs and responsibilities sustained over some reasonable period of time.

(II) Tax reports or tax withholding exemptions showing that neither is considered as dependent on the other; and supporting the separate ownership of the income

(III) Sworn testimony from others who do not stand to benefit directly one way or the other and in a position to know of the family situation

(IV) Other clear and convincing evidence of circumstances resulting in established property settlements or

which have effectively excluded the husband from benefiting from the wife's income.

(4) When it has been established that property or income is the separate property of the wife of an applicant.

(a) Transfer of the property by the wife does not disqualify the husband but she may not be included in his grant if she is ineligible because of the transfer.

(b) The husband shall not be declared ineligible on the basis that the market value of the wife's separate property would disqualify her if she were applying, but she may not be included in his grant. [Regulation 8.553, filed 1/24/64.]

WAC 388-28-380 Community, separate and jointly owned property--Property jointly owned (not community). When an applicant has less than full title to property (title is shared with some person other than the spouse and other than the contract vendor, mortgage or lien holder) eligibility shall be determined upon the basis of the applicant's equity in his fractional interest in the value of the property. [Regulation 8.554, filed 1/24/64.]

WAC 388-28-385 Community, separate and jointly owned property--Property ownership--Verification. In the absence of definite evidence to the contrary produced by the applicant, legally executed bills of sale, purchasing contracts, official tax records, or documents executed for purposes such as securing loans and which specify the applicant as owner, or as carrying the obligation attendant upon ownership, shall be presumed to establish the ownership of such resource by the applicant. [Regulation 8.56, filed 1/24/64.]

WAC 388-28-390 Community, separate and jointly owned property--Social insurances and related entitlements. (1) "Entitlement" means any form of benefit, compensation, insurance, pension (retirement, military, etc.), bonus, allotment, allowance, etc., payable in cash or its equivalent in which an applicant may have a claim or interest recognized in law.

(2) The local office shall carefully examine the interest an applicant may have in any entitlement and explore all of the facts with him.

(3) The local office shall discuss with the applicant any potential entitlements, direct him to the proper agency through which clearance may be made and, if necessary, assist him in obtaining such benefits.

(4) Men who can receive reduced RSI benefits at age sixty-two and women who can do so at age sixty are ineligible for public assistance. Whether or not such person chooses to obtain this reduced benefit is his own decision, but the amount of the resource which he could claim shall be taken into consideration in computing his financial need. [Order 917, § 388-28-390, filed 3/14/74; Regulation 8.57, filed 2/3/67; Regulation 8.57, filed 12/31/65, 1/24/64.]

WAC 388-28-392 Community, separate and jointly owned property--Labor and industries compensation--Lien. (1) The Department is authorized to file a lien

upon labor and industries time loss compensation payable to a recipient of public assistance.

(a) Provisions of this section do not apply to persons whose eligibility for labor and industries benefits is based upon an injury or illness occurring prior to July 1, 1972.

(2) By accepting public assistance a recipient is deemed to have subrogated to the department his right to recover net time loss compensation. The amount recoverable by the department shall be up to 80% of assistance or compensation, whichever is less, granted to the recipient for or during the period for which time loss is payable.

(3) A copy of the statement of lien and notice to the department of labor and industries to withhold and deliver time loss compensation to the department shall be mailed to a recipient no later than three days after such statement has been sent to the department of labor and industries.

(4) The department shall advise an applicant or recipient of the provisions of this section when it is known that such individual may be eligible for time loss compensation from labor and industries.

(5) Any person feeling himself aggrieved by the action of the department in impounding his time loss compensation shall have the right to a fair hearing as provided in chapter 388-08 WAC. [Order 842, § 388-28-392, filed 8/9/73.]

WAC 388-28-400 Effect of resources and income on financial need--Summary of basic policies. (1) Meaning of resources.

(a) A resource is any property which the applicant possesses and can currently use to supply all or part of his requirements. See definition of "Resource" and "Income" in WAC 388-22-030.

(b) Property shall be considered a resource only when it is actually at hand for current use and/or disposition by the applicant. Real and personal property shall be considered at hand for current use and disposition when it can be utilized to supply requirements by use, by direct transfer to a buyer, by conversion into cash, or by a pledge of such asset.

(c) Resources shall be considered to be at hand for current use and/or disposition whenever they are in the form of real or personal property over which the applicant has title or control. Title exists in the form of record title to real estate and certain personal property, such as an automobile; title to most other personal property exists by mere possession. Title to property raises a presumption of the right and ability of the title holder to use or dispose of such property.

(2) Consideration of resources and resource potentials.

(a) For the purpose of determining current and continued eligibility for public assistance, the ESSO shall evaluate the status of all real or personal property (community, separate or jointly owned) held by or subject to the disposition or control of an applicant and his spouse and members of the assistance unit.

(b) Also, the resource potentials of such persons must be considered.

(3) Exempt resources. Exempt resources do not affect eligibility in terms of their disposition value but may in respect to the use or income producing value.

(4) Nonexempt resources. The possession of all non-exempt resources affects eligibility. Their sale, pledge, lease, rental or use values are used to offset the cost of requirements in determining the existence or degree of financial need. When such values are equal to the cost of requirements the applicant is ineligible. If the cost of requirements exceed the values of nonexempt resources, need exists in the difference.

(5) Clarification of ownership or value.

(a) If there is evidence that the applicant has a resource but there is also some doubt about this or about its value, the applicant is responsible for clarifying the data to the extent of his ability to do so. Without such clarification continuing eligibility cannot be established.

(b) If the applicant does not clarify the facts in question within a reasonable period of time set by the ESSO, but not to exceed forty-five days from date of application, eligibility does not exist for continuing assistance.

(c) If the applicant is handicapped in his ability to clarify his eligibility, the ESSO shall assist him to do so.

(d) If the applicant produces evidence supporting his eligibility but doubt of its reliability or conclusiveness still exists the ESSO shall attempt to obtain conclusive evidence directly.

(6) Assistance while clarifying ownership or value. If an applicant needs assistance during the reasonable clarification period specified in subsection (5), noncontinuing GA may be granted, if eligibility for such exists in accordance with WAC 388-37-215. However, if an applicant does not proceed to clarify his eligibility for continuing assistance with reasonable diligence in accordance with his ability, he is ineligible for assistance of any type.

(7) An applicant must proceed to make available any resource which will reduce need.

(a) When there is evidence that an applicant has an interest in property but does not have full legal control of it, or that there is property which he could legally obtain by taking affirmative action to do so within his ability, his eligibility for both continuing and noncontinuing assistance is as specified in subsections (5) and (6).

(b) In determining whether an applicant is proceeding with reasonable diligence to make a resource potential available to meet need, the ESSO is governed by the factors involved in individual situations. The applicant is responsible for submitting evidence in the form of statements or letters which would indicate the factors involved and the approximate time that a final decision could be expected. A definite period of time is determined by the ESSO made known to the applicant and recorded.

(8) Conditional eligibility. When an applicant has taken reasonably required action to make a resource potential available but without success, his current eligibility is not affected. However, if there is reason to believe that the resource potential will be available later, his continued eligibility is conditional and subject to review

at such later period at which time the appropriate policy herein is utilized.

(9) Assistance computation. A nonexempt resource value is treated like income as stated in WAC 388-28-475 to compute financial need and the amount of the grant for which an applicant may be eligible. [Order 1096, § 388-28-400, filed 2/13/76; Regulation 8.61, filed 1/24/64.]

WAC 388-28-410 Effect of resources and income on financial need—Exempt and nonexempt resources. When it has been determined that an applicant possesses a resource in accordance with the above considerations, such resources shall be classified as exempt or nonexempt in accordance with WAC 388-28-415 through 388-28-455. [Statutory Authority: RCW 74.08.090. 80-14-061 (Order 1547), § 388-28-410, filed 10/1/80; Regulation 8.62, filed 1/24/64.]

WAC 388-28-415 Effect of resources and income on financial need—Exempt resources. An applicant may possess and retain the following resources and be eligible for public assistance. While the fact of ownership does not make an applicant ineligible, the use of such properties to produce income (such as rental of a room in the home), or to meet the cost of a requirement (such as wood on the home property which meets the fuel requirement) does effect financial need. [Regulation 8.63, filed 1/24/64.]

WAC 388-28-420 Effect of resources and income on financial need—Real property—Home. (1) The applicant's home is an exempt resource subject to the conditions specified. There is no ceiling value on the home.

(2) A home is defined as real property owned and used by an applicant as a place of residence, together with a reasonable amount of property surrounding and contiguous thereto, including property normally considered and used as a part of a home, such as,

- (a) Yard and home garden space;
- (b) Road to get to the home;
- (c) Right of way to and land holding a water supply;
- (d) Out-buildings and land on which they are located

serving a normal and useful function of the home, such as garage, woodshed, chicken house, barn, pasture for cow, etc. In this connection, the use of necessary land and buildings to produce self-consumed products as outlined in WAC 388-28-605 is considered as a reasonable part of the home property;

(e) Land and buildings necessary to carry out the functions described in WAC 388-28-430(1)(c) and (1)(d) when such a plan is approved by the CSO.

Property in addition to that covered under subsections (2)(a) through (2)(e) is considered under WAC 388-28-455.

(3) The home when used as a place of residence by the applicant or by his dependents is an exempt resource.

(a) "Dependents" as used in this section means spouse of the applicant and/or minor children and disabled sons or daughters.

(b) "Disabled sons or daughters" means one or more unmarried, natural or adopted, minor or adult sons or daughters with a medically-verified disability which significantly handicaps them in performing employment or homemaking activities and who are dependent on the applicant for their livelihood.

(4) When the home is not being used for residential purposes by the applicant or by his dependents, the property shall be considered as a nonexempt resource subject to the exceptions in (a) and (b).

(a) An applicant absent from his home for temporary visits is considered as continuing to reside in his home unless he expresses his intent to abandon the home as a residence.

(b) Effective 6/12/80 an applicant absent from his home for more than 90 days is presumed to have abandoned the home for residential purposes, except when such absence is due to natural disaster, hospitalization or other health reasons.

(i) When such absence is over 90 days, and there is cause to believe that the applicant will be unable to return to his home and the home is not occupied by his dependents, there shall be a rebuttable presumption that the home is a nonexempt resource when the following conditions are met.

(A) The individual specifies in writing that it is his intent not to return to the home and use it as his place of residence either for himself, or for his dependents, or

(B) For medical absences, the CSO administrator, with the cooperation of the medical consultant, shall contact the president of the local medical society and ask that three doctors, one of which may be the attending doctor, review the existing medical findings and history and provide the CSO with a statement signed by all three physicians that it is their professional belief and opinion that the individual, for health reasons, will either be able or unable to return to his home property. If the conclusion reached by the three physicians is not unanimous, this shall be so indicated.

In the event the evaluation from the three physicians indicates that it is their medical opinion the individual will be able to return to his home during his lifetime, the home property shall continue to be considered as exempt property.

In the event the evaluation from the three physicians indicates unanimously that it is their medical opinion the individual will be unable to return to his home during the remainder of his lifetime, the home, if not occupied by his dependents, shall be considered nonexempt property which can be made available to meet need.

The CSO administrator shall advise the president of the local medical society, as well as the physicians selected by the president, that the department will pay each physician participating in the review an amount not to exceed \$10 per case.

(C) For absences resulting from natural disaster, the local office administrator determines that the residence is accessible and inhabitable. When a home that is determined inaccessible or uninhabitable could, in the judgment of the CSO administrator, become accessible and inhabitable with reasonable effort and expense to

the applicant, it is presumed to be a nonexempt resource. [Statutory Authority: RCW 74.08.090, 80-14-061 (Order 1547), § 388-28-420, filed 10/1/80; Order 373, § 388-28-420, filed 8/1/69; Regulation 8.631, filed 1/24/64.]

WAC 388-28-430 Effect of resources and income on financial need--Personal property exemptions--Ceiling values. (1) Personal property without ceiling value. The following personal property is an exempt resource. There is no ceiling value on such property.

(a) Used and useful household furnishings and personal clothing. Household furnishings and personal clothing which are in storage shall be presumed to be not used and useful, but all other household furnishings and personal clothing shall be presumed to be used and useful and both presumptions stand in the absence of evidence to the contrary.

(b) Personal property of "great sentimental value" may be exempted when the applicant establishes the circumstances and conditions which give it this value. When the intrinsic value is relatively high (stamp or coin collections, etc.) there may be need to review it carefully.

(c) Livestock or any other similar property owned by a child for the sole purpose of participating in an organized group or school activity, such as 4-H Club or FFA, shall be exempt, providing any net profit derived from the use of such property is reserved for future educational purposes.

(d) Other personal property, such as tools, farm machinery, livestock, business equipment, and inventory, can be declared an exempt resource by the CSO on the basis of an agreed plan. The following conditions apply:

(i) The exempted property must either produce income which reduces the applicant/recipient's need for public assistance, or aid in rehabilitating him or his dependents by providing self-employment experience which can reasonably be expected to lead to full or partial self-support.

(ii) If stock, raw materials, or inventory of a business are exempted, any increase in their value must be examined to determine whether the increase is necessary to the health of the enterprise. Such increase shall not be used as a means of diverting funds which might reasonably constitute income to the recipient.

(iii) The plan shall be reviewed at least once every six months.

(e) One cemetery plot for each member of an assistance household is exempt personal property. Any additional plots are nonexempt.

(f) Effective June 12, 1980, term and/or burial insurance for the use of the applicant or recipient.

(2) Exempt personal property with ceiling value. Property holdings in the form of cash and marketable securities, life insurance, real estate or chattel mortgages, sales contracts and used and useful automobiles are exempt resources to the extent that the values of such items are within the maxima or "ceiling" values specified in the following paragraph:

(a) Ceiling values on combinations of individual items. Effective June 12, 1980, the total value of cash, marketable securities, cash discount value of real estate or chattel mortgages and sales contracts, and any excess of values exempted under (2)(d) and (e) of this section shall not exceed \$750 for a single person, or \$1,250 for a family of two or more.

Effective June 12, 1980, the following are the resource limits for the total of cash, marketable securities, and any excess of values exempted under (2)(d) and (e) of this section:

Family Size	
1	\$ 750
2 or more	1250

(i) Funds represented by values within the ceiling values are not used to determine financial need and to compute grants.

(ii) Funds represented by values in excess of the maxima or ceilings are nonexempt; that is, they are used to determine financial need and to compute grants.

(b) Cash and marketable securities--ceiling.

(i) Cash. All cash savings held by the applicant or held jointly with any other person shall be considered. Any funds on deposit, in hand or in any place from which cash may be drawn by the applicant is a cash fund. A cash fund includes a bank account, savings, funds held in trust for future use (when applicant can make withdrawals), savings bonds, advance insurance premium payments, interest, etc.

(ii) A joint account shall be considered the property of the applicant/recipient since the entire amount is at his/her disposal, except when the applicant/recipient can show that all or a portion of the funds deposited within the joint account is derived from funds exclusively the other joint holder's and held/utilized solely for the benefit of that joint account holder. All funds within the joint account so verified shall not be considered actually available to the applicant/recipient.

(c) Real estate or chattel mortgages and sales contracts.

(i) Real estate or chattel mortgages or sales contracts held by the applicant will be considered exempt resources in combination with the value of other exempt personal property, within the limitation allowed in subsection (2).

(ii) The cash discount value of a mortgage or contract represents the value of the resource.

(iii) Any payments on mortgages or contracts received by an applicant or recipient shall be considered income as specified in WAC 388-28-580.

(d) Life insurance.

(i) Cash surrender ceiling value. Effective June 12, 1980, life insurance may have a cash surrender value not to exceed \$750 considered as an exempt resource.

(ii) Other considerations.

(A) Net value of unassignable policy. When the equity of another person in an unassignable policy held by

an applicant can be established, the amount of such equity may be deducted in determining the applicant's holdings in insurance, provided that person holding the equity is named as beneficiary of the proceeds to the extent of such equity and without power or revocation by the insured.

(B) Assignment of policy. An insurance policy legally assigned belongs to the assignee and may not be regarded as the property of the insured. However, the assignment of a policy within two years prior to application or by a recipient must be evaluated as the transfer of a resource.

(e) Used and useful vehicles.

(i) Effective June 12, 1980, used and useful vehicles with an equity value of \$1500 or less are an exempt resource.

(ii) (A) In determining the resource value of automobiles, the national automobile dealers association official used car guide shall be used. For automobiles listed in this guide "average loan" value in the current edition shall be presumed to be the resource value.

(B) In determining the resource value of recreational vehicles the Kelley bluebook R.V. guide shall be used. For vehicles listed in this guide "wholesale" value in the current edition shall be presumed to be the resource value.

(C) For vehicles not listed in these guides the method of determining the resource value shall be documented in the case record.

(D) The values listed in these guides can be overcome by positive evidence to the contrary. Such evidence shall be documented in the case record. [Statutory Authority: RCW 78.08.090. 80-14-061 (Order 1547), § 388-28-430, filed 10/1/80; 79-04-013 (Order 1369), § 388-28-430, filed 3/15/79; 78-04-036 (Order 1282), § 388-28-430, filed 3/20/78; Order 1241, § 388-28-430, filed 9/23/77; Order 1106, § 388-28-430, filed 3/11/76; Order 891, § 388-28-430, filed 12/27/73; Order 373, § 388-28-430, filed 8/1/69; Order 295, § 388-28-430, filed 8/5/68; Regulation 8.632, filed 8/10/67; Regulation 8.632, filed 7/13/65; 12/21/64, effective 2/1/65; 6/17/64, effective 8/1/64, 1/24/64.]

WAC 388-28-440 Accumulation and depletion of allowable cash resource reserves. (1) Recipients may spend their cash reserves and rebuild them with succeeding public assistance grants, with funds from other exempt sources or other income which has been considered in computing financial need. They may place grants in accounts along with cash reserves and then spend out of those accounts during the month.

(2) Cash on hand may exceed the limits specified in WAC 388-28-430(2)(a) to the extent unexpended money which has been considered in computing financial need and from the public assistance grant is on hand within thirty days after its receipt.

(3) Allowable cash reserves may be accumulated from nonrecurrent cash lump sum sources, including the following:

(a) Income tax refunds.

(b) Inheritances.

(c) Insurance benefits.

(d) Gifts.

(e) Prizes and awards.

(f) Repayment of debts owed the recipient.

(g) Proceeds from the sale of exempt property.

(h) Social Security death benefits.

(i) Indian per capita payments generated by tribally held land or business.

(4) If a lump sum, when added to existing reserves, causes the resources to exceed allowable limits, the excess is newly acquired income to be treated in accordance with WAC 388-28-484.

(5) Recipients may not use the following types of one-time payments to accumulate resource reserves:

(a) Earnings which are accrued over a period of time and received in one payment.

(b) Payments which represent accumulated periodic benefits. Examples are Social Security retirement and disability benefits, Railroad Retirement benefits, Unemployment Insurance benefits, and veterans' benefits.

(6) If a lump sum is placed in trust for a recipient and is not under his or her control, the following rules apply:

(a) Funds kept in trust do not affect public assistance need.

(b) The trustee may release to the recipient an amount up to the allowable resource limit for the assistance unit less any amount of existing cash and marketable securities as of the date the lump sum was received. Such disbursement, if made within thirty days of the date the lump sum was received, is used to accumulate allowable reserves and does not affect public assistance need. This may be done once for each lump sum placed in trust. [Statutory Authority: RCW 74.08.090. 80-14-061 (Order 1547), § 388-28-440, filed 10/1/80; 78-10-036 (Order 1338), § 388-28-440, filed 9/18/78; Order 1224, § 388-28-440, filed 7/19/77.]

WAC 388-28-450 Nonexempt resources--Effect on financial need. Any resource, except those listed in WAC 388-28-420 and 388-28-430 as exempt, is a nonexempt resource.

The possession of a nonexempt resource by an applicant affects his financial need to the extent that the value of the resource decreases his need for public assistance. The value of such resource is deducted from the cost of the applicant's requirements for one month. See WAC 388-28-481 for effect of nonexempt resources on continuing need. If the value of nonexempt resources exceeds one month's requirements the applicant is ineligible.

The value assigned to such resources shall be the fair market value unless quick or forced sale value is otherwise specifically designated as the value. [Order 1241, § 388-28-450, filed 9/23/77; Regulation 8.64, filed 1/24/64.]

WAC 388-28-455 Nonexempt resources--Real property--Nonexempt. (1) Any real property other than the home (including life estate not occupied as a home) shall be considered a nonexempt resource in the amount

of: (a) the quick sale value if sale is possible, or (b) the income from rental or lease if sale is not possible.

(2) However, exception to the policy in (1) above may be made under the following conditions:

(a) Although the property has a sale value, its rental or lease is more practical. Lack of separate entry to the property and other such considerations may force the sale of the property only at unreasonable sacrifice in view of its higher value if held as a part of the home property, or in view of the income which could be realized from rent or lease. In such cases property rented or leased within a reasonable period of time and continued as such may be retained as a part of the home. If not rented or leased it is a nonexempt resource. The exception is made on an individual case basis by the CO administrator.

(b) If an applicant has used reasonable diligence in seeking a purchaser, renter or lessee of his nonexempt real property or life estate but is unable to sell, rent or lease the property at any price, no resource value exists pending any change which might give value to the item.

(c) WAC 388-28-400 should be reviewed in connection with these situations. [Regulation 8.641, filed 1/24/64.]

WAC 388-28-457 Transfer of property. WAC 388-28-457 through 388-28-465 deal with the transfer of property prior to or at the time of application. If previously owned property was transferred for less than adequate consideration, the value of such transferred resource may affect the eligibility of the applicant. [Statutory Authority: RCW 74.08.090. 80-14-061 (Order 1547), § 388-28-457, filed 10/1/80; 78-05-088 (Order 1293), § 388-28-457, filed 5/3/78; Order 1241, § 388-28-457, filed 9/23/77.]

WAC 388-28-458 Definitions. (1) "Adequate consideration" shall mean that the reasonable value of the goods or services received in exchange for the transferred property approximates the reasonable value of the property transferred.

(2) "Need under normal conditions of living" shall mean the Washington state gross median income adjusted for family size, as promulgated by the Secretary of HEW, under the authority granted by Title XX of the Social Security Act, minus other income, during a period of time when not receiving public assistance.

(3) "Public assistance need" means the monthly amount of the department's standards for requirements minus all available income.

(4) "Reasonable value" refers to a reasonable value of the property transferred and the reasonable value of the goods or services received in exchange for the transferred property. The reasonable value of real or personal property transferred and/or received in return is not less than quick-sale value as of the date of transfer.

When property is in the form of cash no question exists as to the value. Items in kind are always evaluated to determine their reasonable value.

(5) "Transfer" shall mean any act or omission to act whereby title to or any interest in property is assigned,

set over, or otherwise vested or allowed to vest in another person; including delivery of personal property, bills of sale, deeds, mortgages, pledges or any other instrument conveying or relinquishing an interest in property. Transfer of title to a resource occurs by

(a) An intentional act or transfer, or

(b) Failure to act to preserve title to the resource. [Order 1241, § 388-28-458, filed 9/23/77.]

WAC 388-28-459 Transfer of property with intent to qualify for public assistance. (1) In the absence of an admission by the applicant, the department shall investigate the facts of the transfer of the nonexempt property on the presumption that an applicant made the transfer with intent to qualify for assistance only when:

(a) He has transferred nonexempt property for an inadequate consideration within two years immediately prior to application, that is, the transfer has failed to meet one or more of the conditions of WAC 388-28-461, and

(b) Such transfer has reduced the applicant's nonexempt property holdings to the extent that the remaining holdings are within the department's resource limit.

(2) The applicant shall have the opportunity to demonstrate that the transfer was for reasons other than to qualify for public assistance.

(a) Reasons (noninclusive) contained within WAC 388-28-462 shall, if proven, establish that the transfer was not for the purpose of qualifying for public assistance.

(3) If the applicant does not overcome the presumption, the rules in WAC 388-28-460 pertain and shall be followed. [Statutory Authority: RCW 74.08.090. 78-05-088 (Order 1293), § 388-28-459, filed 5/3/78; Order 1241, § 388-28-459, filed 9/23/77.]

WAC 388-28-460 Transfer within two years prior to application. (1) An applicant who transfers any nonexempt real or personal property within two years immediately prior to the date of application (or during the application period) without having received adequate consideration for such property shall be deemed to have a resource available to meet his/her needs under normal conditions of living. Personal property as used in this rule means any form of nonexempt property, including money, which is not real property.

(2) The amount considered available to meet need shall be the difference between the reasonable value of the consideration received for the transferred property and the reasonable value of the property transferred. In determining this amount the rules in WAC 388-28-461 and 388-28-462 shall be considered.

(3) If the transfer is taken into account before assistance is authorized the applicant is ineligible from the date of transfer for a period of time determined by dividing the amount considered available to meet need, computed according to subsection (2), by need under normal conditions of living as defined in WAC 388-28-458.

(4) If the transfer is taken into account after assistance is authorized

(a) The amount of need under normal conditions of living is determined for the period from date of transfer to date of authorization.

(b) If the amount determined according to subsection (4)(a) equals or exceeds the amount considered available to meet need, the transfer does not affect past, current or future eligibility.

(c) If the amount determined according to subsection (4)(a) is less than the amount considered available to meet need, the individual is ineligible for assistance granted, up to the value of this difference, for the period from grant authorization to the date of grant adjustment to correct the mistake. The amount for which he is ineligible is an overpayment subject to the definition in WAC 388-44-010.

(d) If the sum of the amount of need prior to date of authorization ((4)(a)) and the overpayment ((4)(c)), is less than the amount considered available to meet need, the difference is deemed available to meet future need from the date of grant adjustment to correct the mistake. The individual is ineligible during a future period determined by dividing the difference by need under normal conditions of living. See WAC 388-28-463 for adjustments during this period of ineligibility.

(5) The period of ineligibility shall not exceed two years. [Statutory Authority: RCW 74.08.090. 78-05-088 (Order 1293), § 388-28-460, filed 5/3/78; Order 1241, § 388-28-460, filed 9/23/77.]

WAC 388-28-461 Transfer of property--Adequate consideration. In determining whether the value of the consideration which the applicant received from the transfer of property is adequate or less than adequate in respect to WAC 388-28-459 and 388-28-460 the following factors shall be taken into account:

(1) Circumstances necessitating the transaction. If the applicant's circumstances were such that a forced sale was reasonably indicated, with little time for seeking possible purchasers, the amount realized may be considered adequate although less than the amount which could have been realized by a more leisurely sale.

(2) The business experience or acumen of the seller. One with little experience in business will probably not make as advantageous a deal as one who is experienced and knows how to get the best possible trade.

(3) The market demand for the type of resource transferred. Certain property, such as some securities, automobile, etc., can be readily sold; whereas other property can only be sold on forced sale to speculators, who presumably would pay very little. This might apply to real estate in a locality where there is little demand for property.

(4) Market value of the item transferred may be used as a guide to the reasonableness of the consideration which should have been received. However, less than market value shall not be considered unreasonable if, in view of all existing circumstances and factors, the individual's plan in regard to the transfer had any reasonable basis as illustrated below:

(a) A consideration shall not be deemed reasonable in terms of what should have been received when the consideration received only reduced or diminished the applicant's existent rights and there were no conditioning factors present. For example, an applicant who was the holder of a \$1,000 note, but who settled the note by accepting \$500 would ordinarily be considered to have received less than reasonable consideration. It might be reasonable consideration, however, if there were disputes about the note, etc., and a reasonable compromise seemed desirable.

(b) A transfer of property in settlement of a legally enforceable debt approximately equal to the current fair market value of the property transferred represents reasonable consideration. Likewise, settlement of an unresolved claim (such as a claim for damages) by the transfer of property of approximately equal value is regarded as reasonable consideration in the absence of evidence indicating fraud or collusion. (The advice of the applicant's attorney suggesting settlement would, of course, be substantiating evidence.) The existence of a debt must be established by one or more of the following types of evidence:

(i) A legally recorded instrument evidencing the existence of the debt and executed at or about the time the debt was allegedly incurred

(ii) Other documentary evidence—for example, cancelled checks, receipts, notes, mortgages, or written agreements executed by the principals at or about the time the debt was allegedly incurred

(iii) The sworn affidavits or testimony of at least two disinterested persons not parties to the transaction or directly or indirectly benefiting therefrom, who were in a position to have first-hand knowledge of the situation and arrangements between the principals at the time the debt was allegedly incurred and whose statement corroborates the sworn statement or testimony of the principals.

(iv) Such other evidence as would be accepted by a court of law to establish a debt, such as record of account, etc.

(c) The transfer of property due to a legally enforceable foreclosure procedure.

(d) The transfer of property by an accelerated sale due to necessity to relocate to accept employment or training or to retain a cohesive family unit.

(5) Debts incurred from the services of a minor child or for loans from a minor child are not recognized as legal obligations. [Statutory Authority: RCW 74.08.090. 78-05-088 (Order 1293), § 388-28-461, filed 5/3/78; Order 1241, § 388-28-461, filed 9/23/77.]

WAC 388-28-462 Transfer of property--Exceptions. The following circumstances are examples of transfers of nonexempt property which shall not be considered a transfer with intent to qualify for assistance regardless of the consideration received.

(1) The applicant was the victim of fraud, misrepresentation or coercion and the transfer was based upon such fraud, misrepresentation or coercion; providing that the applicant has initiated and taken any and all possible

steps to recover such property or the equivalent thereof in damages. Such facts are established by competent legal advice from the applicant's attorney or, if he has none, the prosecuting attorney. In the event that action has been taken for restitution or damages the applicant may be eligible until the action is concluded providing he proceeds with due diligence.

(2) At the time of the transfer, the applicant was not receiving assistance and did not consider any probable need for assistance in the foreseeable future. The information provided by the applicant shall be verified in accordance with the rules on verification.

(3) The property was transferred to a spouse pursuant to a divorce or legal separation settlement approved by or ordered by a court of competent jurisdiction.

(4) The applicant held title only as a trustee for the use and benefit of another person with no beneficial interest himself.

(5) The transfer was to clear title to property in which the applicant had no real beneficial enforceable interest.

(6) The act was the execution of a mortgage of exempt property to secure antecedent debts, the only consideration for which was the forbearance of suit by the mortgagee. "Antecedent debts" means debts which occurred prior to and apart from the transaction giving rise to the execution of the note and mortgage. "Forbearance of suit" refers to the creditor's promise not to enforce his right to payment of the debt by legal proceedings in court. Situations coming under this provision are cleared in writing with the assistant attorney general in the state office. [Statutory Authority: RCW 74.08-.090, 78-05-088 (Order 1293), § 388-28-462, filed 5/3/78; Order 1241, § 388-28-462, filed 9/23/77.]

WAC 388-28-463 Transfer of property--Adjustment in period of ineligibility. (1) The past and future period of ineligibility as determined in WAC 388-28-459 and 388-28-460 may be reduced if during such time of ineligibility the applicant has demonstrable, unusual nonrecurrent expenses, such as extensive hospitalization, surgery, major disaster, etc., or a major unforeseen change in circumstances.

(2) An applicant who secures a return of the property transferred, or the equivalent value, may be eligible if otherwise qualified. In addition, if he secures a return or a portion of the resource or the equivalent value, the period of ineligibility may be accordingly reduced. [Order 1241, § 388-28-463, filed 9/23/77.]

WAC 388-28-464 Transfer of property--Assistance during period of ineligibility. An applicant who transferred nonexempt property to qualify for assistance as determined by investigation by the department and who has been determined not to be in need for a future period of time, not to exceed two years, shall be granted public assistance only if undue hardship exists. Assistance paid under this rule shall not be considered an overpayment. [Statutory Authority: RCW 74.08.090, 78-06-023 (Order 1293A), § 388-28-464, filed 5/16/78; 78-05-088 (Order 1293), § 388-28-464, filed 5/3/78; Order 1241, § 388-28-464, filed 9/23/77.]

WAC 388-28-465 Transfer of property--Life estate, release, assignment--Adequate consideration. (1) The release of a life estate in real property is a transfer of a right in such property and, if done without reasonable consideration, may be regarded as a transfer of property. See WAC 388-28-459 and 388-28-460 to determine how the transferred amount, computed according to subsections (2) through (7) affects eligibility.

(2) When an applicant releases or assigns a life estate, the value of the right transferred shall be determined by using the State Insurance Commissioner's Table for determining valuation of present worth of life and term estates or annuities.

(3) Deleted.

(4) When an individual had complete title to property, transfer with retention or reacquisition of life estate is never adequate consideration, since the individual accepts back less title and less right than he had before.

(5) Life estate in property previously owned may be adequate and reasonable consideration if the individual receives other consideration, such as a release from encumbrances against the property, or the settlement of claims or interests in the property, or the promise in writing of other valuable considerations such as money or services.

(6) Whether life estate was adequate and reasonable consideration requires a determination of

(a) The applicant's equity in the property, and

(b) A determination of his equity in the life estate together with the additional considerations.

(7) The known actual value of a transferred life estate is used if it is greater than the value established according to the insurance commissioner's table. [Order 1241, § 388-28-465, filed 9/23/77.]

WAC 388-28-470 Transfer of exempt property by recipient. (1) The rules in WAC 388-28-470 through 388-28-473 apply to the transfer, in whole or part, by a recipient of various types of property which he owned when he applied for public assistance and which has been declared exempt property.

(2) Exempt property which a recipient may retain and be eligible for public assistance must continue to be retained to be exempt except as provided in WAC 388-28-471 and 388-28-472.

(3) "Transfer" is used as defined in WAC 388-28-458(5) and 388-28-462. [Order 1241, § 388-28-470, filed 9/23/77.]

WAC 388-28-471 Exempt property transferable without consent. (1) Exempt personal property may be transferred without the consent of the local office.

(2) The transfer of exempt personal property will not affect financial need if the following conditions are met.

(a) Proceeds from the transfer in excess of departmental ceiling limits must be expended within sixty days from the date received.

(i) A reasonable delay beyond sixty days may be allowed when the recipient is prevented from carrying out a reinvestment plan because of illness or complications involving the mechanics of the transaction.

(b) Property holdings must be within the department's ceiling limits when the transactions are completed.

(3) The cash reserve may be used for any purpose. [Order 1241, § 388-28-471, filed 9/23/77.]

WAC 388-28-472 Exempt property transferable with consent. (1) With the written approval of the local office a recipient may transfer any exempt real property or interest in such property, without penalty, to

(a) Buy a home or life estate in a home,

(b) Make necessary repairs or improvements on his home, and/or

(c) Purchase any exempt personal property.

(2) The local office shall approve such transactions if the following conditions are met.

(a) Adequate consideration as specified in WAC 388-28-461 must be received for the property transferred and for the proceeds reinvested.

(b) Reinvestment must be initiated within sixty days.

(i) A reasonable delay beyond sixty days may be allowed when the recipient is temporarily prevented from carrying out a reinvestment plan because of illness or complications involving the mechanics of the transaction.

(c) Property holdings must be within the department's ceiling limits when the transactions are completed. [Order 1241, § 388-28-472, filed 9/23/77.]

WAC 388-28-473 Property transferred contrary to WAC 388-28-471 and 388-28-472. (1) If a recipient transfers previously exempt property contrary to WAC 388-28-471 and 388-28-472 or if the proceeds from the transfer are used for purposes other than described in those rules, the value of the property transferred is considered available to meet need and the transfer affects eligibility according to subsections (2) (3) (4) and (5).

(2) It is presumed that the recipient had funds available to meet need from the first of the month following the date of transfer. The amount considered available to meet need shall be either his equity in the quick sale value of the resource or the actual amount received, whichever is the greater. If the resource was a mortgage or conditional sales contract, the value of the equity transferred shall be the amount considered available to meet need.

(3) If the grant is adjusted before the first of the month following transfer

(a) Assistance is continued when the amount considered available from subsection (2) and other income available during the month amounts to less than one month's requirements;

(b) Assistance is suspended when the amount considered available from subsection (2) and other income available in the next two months is less than two months' requirements;

(c) Assistance is terminated when the amount considered available from subsection (2) and other income available in the next two months is more than two months' requirements. The future period of ineligibility is determined using current requirements and the method described in WAC 388-28-460.

(4) If the grant was not adjusted the first of the month following transfer, partial or total ineligibility exists and the amount of overpayment is determined.

(a) The grant is continued if the amount considered available from subsection (2) is completely liquidated as overpayment.

(b) The grant is suspended or terminated when the total amount considered available from subsection (2) is not liquidated by the overpayment. The amount considered available after figuring the overpayment is used to determine future period of ineligibility using the rules in subsection (3)(b) or (3)(c) as appropriate. The first of the month the assistance payment can be adjusted is used to establish the beginning of the future period.

(5) The rules in WAC 388-28-463 and 388-28-464 apply to transfers under this section. [Order 1241, § 388-28-473, filed 9/23/77.]

WAC 388-28-474 Replacement of exempt property.

A recipient may, within sixty days of receipt, reinvest in other exempt property funds acquired from a settlement covering destroyed or stolen exempt property. A recipient may retain cash from the settlement up to the amount of the difference between current resource values and the appropriate resource ceiling for the assistance unit. Any remaining portion of the settlement shall be considered newly acquired nonexempt income. [Statutory Authority: RCW 74.08.090. 80-14-061 (Order 1547), § 388-28-474, filed 10/1/80; 78-06-088 (Order 1302), § 388-28-474, filed 6/2/78; Order 1241, § 388-28-474, filed 9/23/77.]

WAC 388-28-475 Use of income and income potentials.

(1) Meaning of income (See definition in WAC 388-20-030). Income includes all types of real or personal property, support from parent, stepparent, assumptive spouse, stocks and bonds, wages, interest in an estate, income from farming, all benefits and entitlements from private and public agencies, such as OASDI, veterans' agencies, U.C., etc. Its value is used to compute financial need in accordance with the policies herein.

(2) Ownership and use of income and income potentials. The policies in WAC 388-28-300 through 388-28-395 regarding ownership and use of resources also govern the ownership and use of income and income potentials.

(3) Resources and income. WAC 388-28-400 through WAC 388-28-455 contain policies and procedures for considering and using nonexempt resource values to determine financial need. WAC 388-28-475 through 388-28-600 covers policies and procedures used in computing income to determine financial need. The total nonexempt resource values and nonexempt net income values are compared with requirements' costs to determine financial need and, if it exists, the amount of the grant for which the applicant is eligible. [Order 1241, § 388-28-475, filed 9/23/77; Regulation 8.80, filed 1/24/64.]

WAC 388-28-480 Use of income and income potentials—Types of income—Effect on need. (1) The CSO shall determine the income available to the applicant.

(2) An applicant whose recurrent income for the month exceeds the monthly standards for basic requirements is not eligible to receive assistance whether the income is received weekly, biweekly or monthly, except as specified in WAC 388-24-250 through 388-24-265. Weekly income is multiplied by 4.3 to determine monthly total.

(3) Treatment of income

(a) Earned and unearned nonexempt net recurrent income and appreciable nonrecurring income which is received by the applicant between the first day of the month and the date of initial grant authorization shall be taken into account for the month by prorating the income at public assistance standards from the first of the month until the date of grant authorization. The remainder, if any, shall be deducted from the assistance grant for the month.

(b) Income received by the applicant during the month but after the date of initial grant authorization shall be considered available to meet need on the first of the following month providing such income is reported to the CSO by the twenty-first day of the month.

(c) Income received during the month and reported after the twenty-first day of the month shall be taken into account in the grant computation for the second month following the month of receipt.

(d) Unearned nonexempt recurrent income received in regular monthly amounts shall be deducted from requirements in the month of receipt beginning the month of initial grant authorization.

(e) Income not reported until the month following its acquisition and after the twenty-first day of the month in which it is reported shall be treated as an overpayment.

(4) Deleted

(5) Irregular income up to five dollars per month received by an applicant may be disregarded towards meeting need by the CSO if the probability exists that such future income will not be appreciable.

(6) Deleted

(7) Deleted

(8) Any contractually agreed loan acquired by an applicant/recipient which commits all funds for a specific purpose other than current maintenance, and so expended, shall not be taken into account as income. The property used as collateral for the loan shall not be included in determining property reserves. The equity accumulated in the specified property shall be considered toward the resource ceiling.

(9) A gift in-kind, as named below, supplied on condition that it be used only in a manner or for a purpose specified in writing by the donor shall not be considered as a resource or as income which is available to meet need.

(a) Real or personal property, excluding cash and marketable securities, which is exempted for an applicant and which is within the ceiling values. Example: A home or a new furnace.

(b) Any item in the department's standards for additional requirements which is not a requirement for the recipient of such a gift. Example: Telephone service.

(c) Needed goods or services not currently included as additional requirements in the department's standards, for example, repair of house or of household equipment.

(10) WAC 388-28-482 and 388-28-484 cover newly-acquired income received by a recipient. [Statutory Authority: RCW 74.08.090, 80-14-061 (Order 1547), § 388-28-480, filed 10/1/80; 78-10-073 (Order 1347), § 388-28-480, filed 9/27/78; Order 1241, § 388-28-480, filed 9/23/77; Order 1224, § 388-28-480, filed 7/19/77; Order 1195, § 388-28-480, filed 3/3/77; Order 1058, § 388-28-480, filed 10/1/75; Order 1028, § 388-28-480, filed 5/29/75; Order 891, § 388-28-480, filed 12/27/73; Regulation 8.82, filed 12/28/66, effective 1/27/67; Regulation 8.82, filed 3/31/66, 12/31/65, 7/13/65, 1/24/64.]

WAC 388-28-481 Nonexempt resources and income known at time of application. (1) Net recurrent or non-recurrent nonexempt income and nonexempt resource values in cash or kind known to the LO at the time of application shall be taken into account in computing need as specified in WAC 388-28-400 through 388-28-650. WAC 388-28-481 through 388-28-484 shall be applicable when determining the continuing need of the recipient. If a recipient retains a nonexempt resource which has been used to compute his need at the time of application, the policy in WAC 388-28-484(8) shall be applied to compute his continued need. [Order 1241, § 388-28-481, filed 9/23/77.]

WAC 388-28-482 Effect of newly acquired income and property on continuing need. "Newly acquired income" means any previously unreported or undiscovered income which has come into the possession or control, in whole or part, of a recipient of public assistance, or of a recipient in suspended grant status.

(1) Whenever a recipient shall come into the possession or control of any income, except as modified in subsection (3), (4) and (5), such income shall be deducted from the cost of total requirements beginning with the effective date specified in WAC 388-28-484. The amount deducted shall equal the following:

(a) The net amount of the income if in cash or its equivalent.

(b) At least his equity in the quick sale value of property other than cash.

(2) When the property is only potentially available for use in meeting the recipient's requirements, WAC 388-28-400(7) applies.

(3) Exceptions. A recipient who comes into the possession and control of property listed in this subsection may retain such property without having the fact of possession or its sale value affect his eligibility or need.

(a) A home used as a residence—see WAC 388-28-420.

(b) Useful and needed clothing, household equipment, food, fuel, and other items included in the requirement standards.

(c) Articles of sentimental value, tools, and 4-H Club or similar project earnings saved for future education costs as provided by WAC 388-24-430(1).

(d) An automobile within the ceiling values in WAC 388-28-430(2).

(4) Recipient with income. The rule in subsection (1) is modified for recipient of AFDC or continuing general assistance with income as follows:

(a) Earned income retained by a child according to WAC 388-28-535(3) shall not be considered as the personal property of the family and shall not be subject to the ceilings in WAC 388-28-430(2).

(b) Income from the Economic Opportunity Act, Title I of the Elementary and Secondary Education Act, and from WIN, MDTA and CETA is treated according to WAC 388-28-515 and 388-28-570 through 388-28-578.

(c) The possession of any amount of funds from sources listed in subdivisions (a) and (b) in a cash reserve or savings account does not affect the eligibility of a recipient. However, if such exempted income is converted into other types of property, WAC 388-28-410 through 388-28-455 apply.

(d) Income from interest on exempt savings, dividends from exempt stocks, increase in life insurance cash surrender value, livestock births, etc., affect eligibility only to the extent that the amount causes the total value of the resource possessed to exceed the ceiling values of the resource. The excess is used to determine financial need and is taken into account when the periodic review of eligibility is made.

(e) Payment for funeral expenses for recipient - When a public assistance recipient dies, his (her) surviving spouse or children or parent of a minor child receiving public assistance, may use any of their exempt or nonexempt resources or income, except the home property, to add to available funeral and burial resources in order to pay for the funeral expenses of the deceased person without affecting their eligibility for public assistance: *Provided, however,* That if the total funeral expenses for the deceased recipient exceeds the department's maximum cost or the amount provided by the recipient toward the total cost of the funeral expense, whichever is the lesser, shall be considered available to meet the public assistance need of the surviving recipient in accordance with this section.

(5) Use of grant and cash reserve in relation to income.

(a) No question about eligibility is raised if public assistance grants and other income which has been considered in computing financial need are used to add to the cash reserve up to the legal personal property limitations - see WAC 388-28-430(2). The cash reserve may exceed the maximum only to the extent these unexpended moneys are on hand within thirty days after their receipt, and by exempted amounts as specified in this section.

(b) A recipient always has the right to make a current expenditure out of a cash reserve and replace it from a

succeeding grant, just as he might place his whole grant in a bank account, along with his cash reserve, at the beginning of the month and then spend out of the account during the month.

(c) With respect to income other than savings from grant, see WAC 388-28-484(8). [Statutory Authority: RCW 74.08.090. 80-14-061 (Order 1547), § 388-28-482, filed 10/1/80; Order 1241, § 388-28-482, filed 9/23/77.]

WAC 388-28-484 Treatment of newly acquired nonexempt income and resources. (1) (a) Except as specified in WAC 388-28-482(3) newly acquired income reported by the twenty-first day of the month affects financial need as of the first of the month following the date of its acquisition.

(b) Income received during the month but not reported by the twenty-first day of the month will be taken into account in determining need for the second month following the month of receipt unless such income exceeds the standard for requirements. See WAC 388-33-135.

(2) When the value of the income is taken into account in the assistance payment as specified in subsection (1), the following rules apply:

(a) If the income value plus any other income amounts to less than the cost of one month's requirements and is recurrent or nonrecurrent, assistance is continued in the amount of the difference.

(b) If the nonrecurrent income equals or exceeds one month's requirements, but is less than two months' requirements minus other income, the recipient is ineligible for a grant from the effective date specified in subsection (1) and his grant is suspended. The suspension period is determined exactly, that is, up to the date of the absorption of the income.

(c) If the income is recurrent and equal to or in excess of one month's current requirements minus other income the recipient is ineligible from the effective date specified in subsection (1) and the grant is terminated, except for person in institutions other than nursing homes as provided in WAC 388-34-160.

(d) If the income is recurrent or nonrecurrent and its value is in excess of two months' requirements minus other income, the recipient is ineligible from the effective date specified in subsection (1) and the grant is terminated. Ineligibility shall continue for two months. The period of ineligibility, however, may be reduced if the applicant has verifiable expenses such as medical care, unforeseen disaster or other changes in circumstances which make it impossible for him to live on his resource for the two-month period of ineligibility. The eligibility of a former recipient who reapplies shall be determined on the same basis as a new applicant.

(3) If income is not taken into account in assistance payments but is subsequently discovered, an overpayment shall be established. The effective dates for treatment of income specified in subsection (1) shall be used in establishing the period during which the overpayment occurred.

(a) If the income is recurrent and less than one month's requirements minus other income, the overpayment shall be the amount of the nonexempt portion of the income;

(b) If the income is recurrent and equal to or in excess of one month's requirements minus other income, the overpayment shall be the total assistance received during the period in which the income should have been taken into consideration;

(c) If the income is nonrecurrent and less than two months' requirements minus other income, the overpayment shall be the amount of the nonexempt income;

(d) If the income is nonrecurrent and the nonexempt portion is in excess of two months' requirements minus other income, the overpayment shall be the total assistance paid for two months.

(4) If a recipient has been determined to be ineligible for a current or future period of time, and his grant will be suspended or terminated for such period of time, due to either newly acquired income, or transfer of property, and is in need during such period of ineligibility, assistance may be granted within the limits of the rule in WAC 388-28-464.

(5) A person acquiring income during suspended status shall be treated as a recipient in terms of eligibility, not as an applicant.

(6) Rules and procedure in chapter 388-44 WAC are followed in respect to overpayment.

(7) Deleted

(8) Nonexempt newly acquired income which has been taken into account in computing financial need according to subsection (2) if retained by a recipient does not affect his eligibility unless the amount retained at the time of the next periodic review exceeds the exempt property holdings permitted for an applicant. In this event the rule on nonexempt resources or income pertaining to an applicant are applied. [Statutory Authority: RCW 74.08.090. 79-06-029 (Order 1396), § 388-28-484, filed 5/16/79; Order 1241, § 388-28-484, filed 9/23/77.]

WAC 388-28-485 Use of income and income potentials--Parental income and support. (1) Support payments made by or in behalf of an absent parent are income to the child(ren) and are to be treated in accordance with WAC 388-14-210.

(2) When the custodial parent is not included in the assistance unit because of noncompliance with WAC 388-24-108 and WAC 388-24-109:

(a) The income of such parents is allocated according to WAC 388-28-560(2).

(b) Support payments paid directly to the parent and not forwarded to the office of support enforcement are income to the child(ren) and are to be taken into account in determining the need of the assistance unit. [Order 1054, § 388-28-485, filed 9/25/75.]

WAC 388-28-500 Use of income and income potentials--Computing and allocating income. (1) Living arrangements, family relationships and categories of

assistance also affect the use of income in computing financial need as provided by the rules in this section.

(2) Except as provided in this subsection the nonexempt net income of a person in his own home shall be attributed to the assistance unit of which he is a member.

(a) The total nonexempt net community income of a family having two or more eligible assistance units shall be divided equally between the assistance units unless some other division is preferred. An unequal division of the family income is not permitted if it increases the total amount of assistance (excluding medical care) to which the family would be entitled.

(b) Applicant with a nonapplying independent spouse.

(i) If all income is from community property or from community earnings other than wages, not less than one-half the total income shall be considered available to an AFDC applicant living with a nonapplying spouse.

(ii) Net income from wages or from the separate property of the nonapplying spouse shall be considered available to the applicant only to the extent it exceeds the amount of the nonapplying spouse's requirements computed according to department standards.

(iii) Wages or income from separate property of the applicant shall be considered as provided in WAC 388-28-365 and 388-28-370.

(iv) When income includes both community income and income from the separate property or from wages of the nonapplying spouse, at least half of the community income shall be considered available to the applicant, plus any residue of the separate income or wages exceeding the amount of the requirements of the nonapplying spouse.

(v) Retirement benefits shall be treated like wages.

(vi) Income-in-kind shall be treated as community income.

(c) Exempted income shall not be used in computing the need of any assistance unit.

(d) For rules on assumptive spouse, see WAC 388-28-355.

(3) The rules in subsection (2) shall also apply to a person boarding and/or rooming in an adult family home or other nonmedical institution.

(4) When a person in medical institution is to receive an AFDC or continuing general assistance grant, family income shall be allocated first to the maintenance needs of legal dependents computed according to standards in chapter 388-29 WAC and then to the maintenance needs of the individual computed according to WAC 388-34-045, 388-34-085, 388-34-110, 388-34-120 or 388-34-378.

(5) When a person in a medical institution is to receive FAMCO, income shall be allocated according to WAC 388-83-045.

(6) The income of an individual applying for medical only shall be allocated according to WAC 388-83-045.

(7) The income of a person with other living arrangements is first applied to the grant requirements of the applicant and his dependents. Any remaining income shall be allocated for medical needs. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-

28-500, filed 9/18/78; Order 917, § 388-28-500, filed 3/14/74; Order 758, § 388-28-500, filed 12/28/72; Order 445, § 388-28-500, filed 4/28/70; Regulation 8.83, filed 5/17/67; Regulation 8.83, filed 6/14/66, 7/13/65, 1/24/64.]

WAC 388-28-515 Net cash income--Determination--Employment or training expenses--Deductions from gross income. (1) This section does not apply to earned income of a child. Specific rules applicable to a child are in WAC 388-28-535(3).

(2) "Gross income" means the total wages, commissions, salary, bonus, in cash or in-kind, currently earned by an individual or income received for the purpose of obtaining remedial education or vocational training.

(a) The thirty dollars monthly incentive payment made by WSES to any participant in a WIN program of institutional and work experience training is disregarded in AFDC.

(b) The thirty dollars weekly incentive payment received by a CETA participant is disregarded in AFDC. For continuing general assistance such payments are considered available to meet need.

(c) WIN transportation and related expenses (TRE) payments are training incentive payments paid for the first thirty days of employment and are disregarded for AFDC purposes.

(d) A person receiving an MDTA or CETA basic training allowance may not receive an AFDC or continuing general assistance grant concurrently.

(3) In determining net income from a training allowance, applicable expenses in subdivisions (4)(a) through (6) shall be deducted from the gross training allowance received.

(4) Personal and nonpersonal work expenses computed according to subdivisions (4)(a) through (6) shall be deducted from earnings according to the method outlined in WAC 388-28-570(8).

Work related expenses other than child care shall be deducted in accordance with the "percentage method" or the "actual method", whichever is chosen by the client.

(a) If the client chooses the "percentage method", twenty percent of the gross income shall be deducted. Recipients of WIN transportation and related expenses (TRE) payments may choose the "percentage method".

(b) If the client chooses the "actual method", the actual cost of each work related expense shall be deducted. This method shall be used when the client provides written verification of all work related expenses claimed. Recipients of WIN transportation and related expenses (TRE) payments choosing the "actual method" may not receive a deduction for those transportation expenses for which they have received payment.

(c) The client shall have the option to change methods whenever he/she reports income to the CSO.

(d) When the client changes methods, the provisions in WAC 388-33-135 and 388-33-140 shall apply.

(5) The following work related expenses shall be deducted when claimed and verified under the actual method.

(a) Payroll deductions required by law or as a condition of employment in the amounts actually withheld.

(b) The necessary cost for transportation of the recipient to and from the place of employment or training and to and from child care provider in accordance with the following limitations:

(i) The most economical means of transportation shall be used.

(ii) When public transportation is available near the recipient's regular place of residence and practical for his/her use, the allowance shall be the cost for such transportation from the recipient's home to the stop nearest his employment or training. The amount allowed is the actual cost of common carrier, based upon commuter's book of tickets, bus tokens at reduced quantity rate, etc., when available.

(iii) The term "public transportation" includes scheduled intracity and intercity busses, trains, boats, etc., but not "for hire" vehicles, such as taxis and rental cars unless no other means of public transportation is available.

(iv) When public transportation is not available or not practical for his/her use, a recipient who shows that he/she uses a vehicle to travel to and from employment or the training facility shall be allowed the actual cost of such transportation provided that the recipient furnishes verification of these costs. Shared rides shall be prorated on an equitable basis, depending on the travel plan.

(A) The actual work related cost of operating the vehicle shall be the total operating cost of the vehicle times the percentage obtained from dividing the actual monthly mileage to and from work by the total miles driven during the month.

(B) The total operating cost of a vehicle shall be limited to gas, oil and fluids; necessary service and repairs; replacement of worn items such as tires; registration and licensing fees; and depreciation and interest on automobile loans.

(v) When the client so chooses, eight cents per mile shall be allowed to cover the work-related costs of gas, oil, fluids, and depreciation.

(c) The cost of tolls and parking required for employment shall be deducted as a work related expense.

(d) Expenses of employment necessary for continued employment, such as tools, materials, union dues, fees to employment agencies incurred via a legally binding contract, cost of special uniforms and laundering, and transportation to service customers if not furnished by the employer.

(e) The additional cost of clothing provided that it is verified that such clothing is necessary for continued employment.

(6) For individuals enrolled in a remedial education or vocational training course, the actual cost of uniforms and/or special clothing, as priced by the CSO, shall be deducted.

(7) Expenses of necessary child care shall not be deducted from gross income to compute net income. Expenses of child care for a person in an approved training plan shall be authorized as a service cost as specified in

WAC 388-15-170. For child care expenses of participants in the WIN program see WAC 388-57-057. Expense of child care for a person who is employed shall be authorized as an additional requirement; see WAC 388-29-150 and 388-29-155.

(8) These rules shall be effective March 1, 1979, for income received after that date. [Statutory Authority: RCW 74.08.090. 80-14-061 (Order 1547), § 388-28-515, filed 10/1/80; 79-06-007 (Order 1393), § 388-28-515, filed 5/8/79; 78-10-036 (Order 1338), § 388-28-515, filed 9/18/78; Order 1236, § 388-28-515, filed 8/31/77; Order 1229, § 388-28-515, filed 8/23/77; Order 1173, § 388-28-515, filed 11/24/76; Order 1096, § 388-28-515, filed 2/13/76; Order 975, § 388-28-515, filed 10/11/74; Order 891, § 388-28-515, filed 12/27/73; Order 445, § 388-28-515, filed 4/28/70; Order 375, § 388-28-515, filed 8/7/69; Order 329, § 388-28-515, filed 1/8/69; Order 296, § 388-28-515, filed 8/26/68; Regulation 8.841, filed 7/27/67; Regulation 8.841, filed 5/17/67, 2/23/67, 1/24/64.]

WAC 388-28-520 Self-employment. (1) Earned income from self-employment is the amount left after deducting business expenses from gross business income. The applicable program earnings exemptions, plus personal and nonpersonal work expenses, are further deducted from self-employment earned income to determine the net amount available to meet need. See WAC 388-28-515 and 388-28-570(8).

(a) In order to establish eligibility for public assistance, a self-employed person must maintain and make available to the department a record which clearly documents all claimed business expenses and income.

(b) Personal work expenses in the form of self-employment taxes (FICA) and income taxes are deductible when paid.

(2) Expenses for the following items are deductible business expenses in a self-employment enterprise:

- (a) Rental of business equipment or property.
- (b) Utilities.
- (c) Postage.
- (d) Telephone.
- (e) Office supplies.
- (f) Advertising.
- (g) Insurance.
- (h) Legal, accounting, and other professional fees.

(i) The cost of goods sold, including wages paid to employees producing salable goods, raw materials, stock, and replacement or reasonable accumulation of inventory, provided that inventory has been declared exempt on the basis of an agreed plan pursuant to WAC 388-28-430(1)(d). See also subsection (4) of this section.

(j) Interest on business indebtedness.

(k) Wages and salaries paid to employees not producing salable goods.

(l) Commissions paid to agents and independent contractors.

(m) Transportation essential to the business may be computed according to the actual documented work related cost of operating the vehicle.

(i) The total operating cost of a vehicle shall be limited to gas, oil, and fluids; necessary services and repairs; replacement of worn items such as tires; registration and licensing fees; and interest on automobile loans.

(ii) When the client so chooses, eight cents per mile shall be allowed to cover the work related costs of gas, oil and fluids.

(iii) The cost of tolls and parking related to the business shall be deducted as a business expense.

(iv) If a vehicle is needed for both business and private purposes, the mileage and expenses attributable to the business must be documented in a daily log and is subject to verification by the department.

(v) Transportation to and from the place of business is not a business expense, but is a personal work expense to be treated according to WAC 388-28-515(5).

(n) Nonpersonal taxes on the business and business property, including the employer's share of federal social security taxes on business employees and state and federal unemployment insurance contributions, if any. The self-employed person's personal income taxes and self-employment taxes (FICA) are not business deductions, but are treated separately according to WAC 388-28-515 and 388-28-570(8).

(o) Repairs to business equipment and property, excluding vehicles. An expenditure which maintains property in its usual working condition is deductible as a repair.

(p) Other expenditures which are reasonable and necessary to the efficient and profitable operation of the self-employment enterprise.

(3) Expenses for the following items are not deductible business expenses in a self-employment enterprise:

(a) Capital expenditures. Capital expenditures are those made to acquire or increase the value of fixed assets. Fixed assets are items normally in use for one year or longer, such as land, buildings, vehicles, boats, machinery, tools, office equipment, furniture, and fixtures.

(b) Payments on the principal of loans to the business.

(c) Amounts claimed as depreciation.

(d) Any amount claimed as a net loss sustained in any prior period.

(4) The business assets of a self-employment enterprise, including inventory, are nonexempt resources available to the owner in the amount of their sale value less encumbrances, unless they are generally exempt under the provisions of WAC 388-28-430 or specifically exempted on the basis of an agreed plan pursuant to WAC 388-28-430(1)(d). See also WAC 388-28-420(2)(e).

(a) Accounts receivable are resources in the amount of their face value, subject to an offering of proof by the self-employed person that their value is less than face value because efforts to collect them have been unsuccessful. In such case, the department shall require that the accounts be turned over to a collection agency. They then have no value until collection is made.

(b) Good will is an intangible asset. It has no value unless the business is sold, and therefore is not an available resource. [Statutory Authority: RCW 78.08.090. 79-04-013 (Order 1369), § 388-28-520, filed 3/15/79.]

WAC 388-28-530 Net cash income--Board, room rental, board and room. (1) The net income from operating a rooming, boarding, or boarding and rooming home shall be computed as follows effective November 1, 1980.

- (a) Boarder - The board payment received minus \$63,
- (b) Roomer - The room rental received minus \$6.05,
- (c) Boarder and roomer - The board and room payment received minus \$69.05.

(2) If a recipient is engaged in the management and operation of a rooming, boarding or boarding and rooming home, the net income as computed in accordance with subsection (1) is considered earned income to that recipient. [Statutory Authority: RCW 74.08.090, 80-15-002 (Order 1550), § 388-28-530, filed 10/2/80; 79-10-083 (Order 1434), § 388-28-530, filed 9/21/79; 78-10-054 (Order 1344), § 388-28-530, filed 9/22/78; Order 1234, § 388-28-530, filed 8/31/77; Order 1206, § 388-28-530, filed 4/29/77; Order 786, § 388-28-530, filed 4/12/73; Order 650, § 388-28-530, filed 2/9/72; Regulation 8.843, filed 1/24/64.]

WAC 388-28-532 Net cash income--Foster home for children and adult family home. When payment is received by a recipient of or an applicant for public assistance who is operating a foster home for children or a family home for adults, that portion of payment made for such care which is in excess of the department's approved rate for such care shall be considered as net income available to the operator. [Order 786, § 388-28-532, filed 4/12/73.]

WAC 388-28-535 Net cash income--Determination--Deductions from gross income--Income of child.

(1) A child may receive income which is paid in his behalf to the parent(s) or other needy caretaker relative. Such income includes allotments, retirement, survivors and disability insurance, or veterans benefits, court ordered support payments, trust fund payments, or other income which is legally designated for the benefit of an individual child.

(a) When such income meets or exceeds the child's requirements, the family shall have the option to

(i) include the child as a member of the assistance unit with all income considered as available to the assistance unit, or

(ii) exclude the child from the assistance unit. In this instance none of the child's income is available to the assistance unit.

(b) If a child's income includes a portion for his caretaker relative that portion shall be available to meet the need of the assistance unit.

(c) The child's requirements shall be the difference between the requirements of the assistance unit including the child and the requirements of the assistance unit excluding the child.

(d) If a child out of school has earnings which exceed his individual need, the family has the option of including him or excluding him from the assistance unit. If the child is included in the assistance unit, his earnings shall be treated as specified in item (3)(a)(iii). Determination

of the child's net income is made with the caretaker relative and with the child when indicated.

(2) If the child is not included in the assistance unit, his eligibility for federal aid medical care only (FAMCO) shall be determined individually.

(3) Computing earned income--child in assistance unit

(a) In determining the amount of a child's earned income available to meet the current need of the assistance unit of which he is a member, the following rules apply:

(i) Child under 14 years of age. If the child is under 14 years of age, no inquiry shall be made of the amount of his earnings.

(ii) Child 14 through 17 years of age - full or part time student

(A) All earned income of a child in an assistance unit shall be disregarded when he or she is a full time student or a part time student who is not a full time employee.

(B) A student is one who attends a school, college or university, or a course of vocational or technical training designed to fit him for gainful employment and includes a participant in the job corps program under the Economic Opportunity Act. A full time student must have a school schedule equal to a full time curriculum. A part time student must have a school schedule equal to at least one-half of a full time curriculum. A student who was enrolled during the school term just completed and who plans to return to school when it reopens shall retain his status as a student during the summer vacation.

(C) A child earning income by working in a sheltered workshop or other training facility for handicapped children shall be considered, for purposes of income exemption, as being at least a part time student who is working less than full time.

(D) To be employed full time, a child must be working 35 hours a week or the number of hours considered full time by the industry for which he works, whichever is less.

(E) Summer employment of students shall not be considered as full time employment due to the temporary nature of such employment, even though the hours worked may exceed 35 hours a week.

(F) See item (3)(a)(iv) for savings which may be accumulated from these earnings.

(iii) Other AFDC child 14 through 17 years of age (nonstudent). In determining the amount of a child's earned income available to meet the current needs of the assistance unit when he (she) is not covered by rules in items (3)(a)(ii), net income shall be computed according to WAC 388-28-570.

(iv) Earned income disregarded under items (3)(a)(i), (ii) or (iii) may be retained by the child earning the income to cover the cost of special future identifiable needs.

(A) Such future identifiable needs may include amounts to meet future costs of identified employment training, education, health service or other plans.

(B) A plan must be developed in order to conserve savings for future identifiable needs. The plan must be documented in the case record. The plan must specify

the needs, the amount and the type of income to be conserved and provide that the amount is reasonable for the purpose for which it is being conserved.

(C) If the plan includes post-high school education or training, the total amount conserved for this purpose shall not exceed the cost of two years of education and may include in this cost a car if approved in the plan.

(D) Savings accumulated for future identifiable needs shall not be considered as part of the personal property holdings of the family and shall not be subject to the resource ceiling maximum.

(4) Earnings received by any person under Title III, Part C, Youth Employment Demonstration Program of the Comprehensive Employment and Training Act of 1973, Public Law 93-203 shall be disregarded in determining need and the amount of the public assistance payment under any federally assisted programs. [Statutory Authority: RCW 74.08.090. 80-14-061 (Order 1547), § 388-28-535, filed 10/1/80; 78-05-019 (Order 1287), § 388-28-535, filed 4/13/78; Order 1221, § 388-28-535, filed 8/8/77; Order 1194, § 388-28-535, filed 3/3/77; Order 1131, § 388-28-535, filed 7/8/76; Order 1004, § 388-28-535, filed 1/24/75; Order 976, § 388-28-535, filed 10/28/74; Order 749, § 388-28-535, filed 12/7/72; Order 619, § 388-28-535, filed 10/27/71; Order 375, § 388-28-535, filed 8/7/69; Order 320, § 388-28-535, filed 11/27/68; Emergency Order 309, filed 9/20/68; Order 296, § 388-28-535, filed 8/27/68; Regulation 8.844, filed 10/4/67; Regulation 8.844, filed 5/17/67, 3/31/66, 6/17/64, 1/24/64.]

WAC 388-28-555 Net cash income--Guardianship costs--Retired, disabled and survivors insurance benefits--Veterans benefits. When appointment of a legal guardian is required by the social security administration or the Veterans administration as a condition for receipt of a benefit from either agency, the necessary costs of securing a guardian shall be deducted from the benefit received to determine the individual's net income. [Order 1021, § 388-28-555, filed 4/29/75; Regulation 8.846, filed 1/24/64.]

WAC 388-28-560 Net cash income--Income for support of legal dependents. The income of a parent or step-parent shall be allocated in the following order:

(1) To pay court or administratively ordered support for any legal dependent(s) not living in his or her home. Such support is exempt up to the amount of the one-person continuing assistance need standard for each legal dependent. Verification must be obtained that the support payments are being made.

(2) To meet the requirements of those needy members of the family who are not eligible for AFDC and for whom the parent or step-parent is legally responsible. Such requirements shall be computed according to continuing assistance standards.

(3) To meet the requirements of members of the AFDC assistance unit for whom he or she is legally responsible. [Order 1253, § 388-28-560, filed 12/1/77; Order 1021, § 388-28-560, filed 4/29/75; Order 445, § 388-28-560, filed 4/28/70; Regulation 8.847, filed

12/31/65, effective 2/1/66; Regulation 8.847, filed 1/24/64.]

WAC 388-28-570 Net cash income--Exempt earned income. (1) For rules on exempting earned income of a full or part time student under age 18, see WAC 388-28-535 (3)(a)(ii). For rules exempting income from training see WAC 388-28-515. For rules on other income see WAC 388-28-580.

(2) Earned income defined

(a) As used in this section "earned income" shall mean income in cash or kind earned as wages, salary, commissions, or profit from activities in which the individual is engaged as a self-employed person or as an employee. Earned income may be derived from self-employment (such as business enterprise or farming), or derived from wages or salary received as an employee. It also includes earnings over a period of time for which settlement is made at one time, for example, sale of farm crops, livestock or poultry. Income from rentals is earned income, provided the individual has managerial responsibility for the rental property.

(b) For an AFDC recipient, earned income includes incentive payments under MDTA, earnings under Title I of the Elementary and Secondary Education Act, all earnings received under the Economic Opportunity Act, wages paid under Title I of the Comprehensive Employment and Training Act (CETA), wages from public service employment under CETA, and wages from WIN on-the-job training.

(i) For public service employment under the Emergency Assistance Act and CETA the \$30 plus one-third earned income exemption is applicable.

(ii) For public service employment under WIN the \$30 plus one-third earned income exemption does not apply. If net income after work expenses are deducted does not meet need according to department standards, a supplemental grant may be paid.

(c) The above definition of "earned income" excludes:

(i) Returns from capital investment with respect to which the individual is not himself actively engaged, as in a business. For example, under most circumstances, dividends and interest are excluded from "earned income." See WAC 388-28-580.

(ii) Benefits accruing as compensation or reward for service, or as compensation for lack of employment, for example, pensions and benefits from labor organizations, veterans' benefits, unemployment compensation, RSDI, etc. See WAC 388-28-580.

(iii) Income from WIN or CETA incentive payments, and training related expenses derived from WIN institutional or work experience training and from participation in CETA.

(d) When payment of income earned over a period of more than one month is delayed, the exemption applies to the period during which it was earned rather than the period of payment. For example, an individual spends six months planting, tending, harvesting and marketing a crop. The net income from his labor is \$402. The average monthly earned income is \$67 (\$402 divided by 6) for purposes of computing need.

(3) Deleted.

(4) Deleted.

(5) Deleted.

(6) Aid to families with dependent children

(a) Recipient – The first \$30 plus one-third of the remainder of total gross monthly earned income shall be exempt in determining the continuing eligibility and the amount of assistance for which an AFDC recipient and his dependents are eligible.

(i) Total gross monthly earned income for the purpose of this rule means the combined gross earned income of nonstudent dependent children and adults who are included in the AFDC assistance unit.

(ii) The earned income of any individual included in subsection (6)(a) will not be exempt for any month if the individual within a period of 30 days preceding such month

(A) Terminated his employment or reduced his earned income without good cause, or

(B) Refused without good cause to accept employment in which he is able to engage which is offered through SES, or is otherwise offered by an employer if the offer of such employment is determined by the local office to be a bona fide offer of employment.

(b) Applicant – In determining eligibility of an AFDC applicant the income exemption of \$30 plus one-third is not applied. The disregard for students 14 through 17 years of age is applied.

(i) If eligibility exists without applying the \$30 plus 1/3 exemption, need and the amount of assistance which the applicant is to receive is determined by applying the exemption.

(c) Reapplicant – In determining the eligibility of an AFDC reapplicant whose needs were met by AFDC payment within one of the four preceding months, the income exemption of \$30 plus one-third and the disregard for students 14 through 17 years of age are applied as for a recipient according to subsection (6)(a).

(i) In determining the eligibility of other AFDC reapplicants, income is determined on the same basis as for an applicant according to subsection (6)(b).

(7) Deleted.

(8) Method of computing need – AFDC applicant with earned income

(a) In determining the need of an AFDC applicant with earned income,

(i) Determine the total monthly gross earned income of the assistance unit (excluding earned income for child under 14 and earned income of student 14 through 17 years of age.)

(ii) Deduct expenses of earning the income (see WAC 388-28-515),

(iii) Determine if the total net earned income plus other nonexempt income will meet the total requirements of the unit without allowing the \$30 plus 1/3 exemption of earned income.

(b) Subsection (8)(a) is not used if a reapplicant has received AFDC within the four months preceding reapplication.

(c) When an applicant is determined eligible according to subsection (8)(a) or (8)(b), and is otherwise eligible, need and the amount of grant are determined as follows:

(i) Determine the unit's gross monthly earned income (less earned income of child under 14 or full or part time student),

(ii) From the amount in (c)(i) deduct exempt income of \$30 plus one-third of the balance.

(iii) From the amount in (c)(ii) deduct monthly personal and nonpersonal work expenses as determined according to WAC 388-28-515. (Do not consider child care expense here – See WAC 388-15-170 for a person in training or WAC 388-28-155 for person who is employed.)

(iv) To the sum of (c)(iii) add other nonexempt income (RSDI, VA, UC, etc.).

(v) Deduct the sum of (c)(iv) from the unit's total requirements to determine need. [Order 1236, § 388-28-570, filed 8/31/77; Order 975, § 388-28-570, filed 10/11/74; Order 891, § 388-28-570, filed 12/27/73; Order 749, § 388-28-570, filed 12/7/72; Order 619, § 388-28-570, filed 10/27/71; Order 445, § 388-28-570, filed 4/28/70; Order 372, § 388-28-570, filed 8/1/69; Order 329, § 388-28-570, filed 1/8/69; Order 296, § 388-28-570, filed 8/26/68; Regulation 8.848, filed 10/4/67; Regulation 8.848, filed 5/17/67, 2/3/67, 11/22/66, 12/31/65, 7/13/65, 1/24/64.]

WAC 388-28-575 Disregard of income and resources. (1) In determining need and the amount of the assistance payment in AFDC, the following shall be disregarded as income and resources:

(a) Any grant or loan to any undergraduate student for educational purposes made or insured under any programs administered by the commissioner of education, U.S. department of health, education, and welfare. The entire amount of such loan or grant is disregarded, irrespective of the use to which the funds are put.

(b) Any per capita judgment funds paid under Public Law 92-254 to members of the Blackfeet Tribe of the Blackfeet Indian Reservation, Montana, and the Gros Ventre Tribe of the Fort Belknap Reservation, Montana.

(c) Any Indian claim settlement funds distributed per capita or held in trust as authorized in Section 7 of Public Law 93-134 or Section 6 of Public Law 94-114.

(d) The income and resources of an individual receiving benefits under supplemental security income for the period for which such benefits are received.

(e) Any payments received by Alaska natives under the Alaska Native Claims Settlement Act, to the extent such payments are exempt from taxation under Section 21(a) of that act.

(f) From August 1, 1975 to September 30, 1976, forty percent of the first fifty dollars collected by the office of support enforcement in payment on the support obligations for the current month.

(g) Moneys received under The Comprehensive Employment and Training Act of 1973, as amended, as follows:

(i) The \$30 weekly incentive training allowance for AFDC recipients;

(ii) Earnings and allowances received by any youth under the youth incentive entitlement pilot projects, youth community conservation and improvement projects and youth employment and training program.

(h) Retroactive AFDC benefits resulting from a court order modifying a department policy. This subdivision is effective April 1, 1978.

(i) OASDI benefits paid to 18 to 22 year olds who are full-time students.

(j) That part of a veterans' administration educational assistance payment which is for the student's educational expenses, such as, but not limited to, tuition, books, fees, equipment, transportation for school purposes and child care services necessary for school attendance.

(2) In determining need and the amount of the assistance payment in AFDC and GA, the following shall be disregarded as income and resources:

(a) Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

(b) The value of the coupon allotment under the Food Stamp Act of 1964, as amended.

(c) Any compensation provided to volunteers in ACTION programs established by Titles II and III of Public Law 93-113, the Domestic Volunteer Service Act of 1973. This policy is effective retroactively to October 1, 1973.

(d) Any compensation provided volunteers in ACTION programs established by Title I of Public Law 93-113, the Domestic Volunteer Service Act.

(e) Any benefits received under the women, infants and children program (WIC) of the Child Nutrition Act of 1966, as amended and the special food service program for children under the National School Lunch Act, as amended.

(f) Payments made under the Community Services Administration's Emergency Energy Conservation Program of 1979. [Statutory Authority: RCW 74.09.090. 79-06-027 (Order 1399), § 388-28-575, filed 5/16/79; Statutory Authority: RCW 74.08.090. 78-09-038 (Order 1324), § 388-28-575, filed 8/17/78; 78-05-019 (Order 1287), § 388-28-575, filed 4/13/78; Order 1229, § 388-28-575, filed 8/23/77; Order 1183, § 388-28-575, filed 1/5/77; Order 1054, § 388-28-575, filed 9/25/75; Order 943, § 388-28-575, filed 6/28/74; Order 926, § 388-28-575, filed 4/15/74; Order 891, § 388-28-575, filed 12/27/73.]

WAC 388-28-578 Assistance from other agencies and organizations. (1) Assistance from other agencies and organizations shall not be deducted in determining the amount of assistance to be paid by the department provided that no duplication shall exist between such other assistance and that provided by the department. To assure nonduplication, aid from other agencies will be considered in relation to:

(a) The different purposes for which such aid is granted, or

(b) The provision of goods and services not included in the department's standards.

(2) This section shall apply to loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs. [Order 891, § 388-28-578, filed 12/27/73.]

WAC 388-28-580 Other income. Net income from any other nonexempt source shall be the gross amount less any cost of securing or maintaining the income. [Order 1224, § 388-28-580, filed 7/19/77; Order 891, § 388-28-580, filed 12/27/73; Order 877, § 388-28-580, filed 11/27/73; Order 770, § 388-28-580, filed 1/26/73; Order 650, § 388-28-580, filed 2/9/72; Order 521, § 388-28-580, filed 3/2/71; Order 520, § 388-28-580, filed 2/24/71; Order 445, § 388-28-580, filed 4/28/70; Order 372, § 388-28-580, filed 8/1/69; Order 268, § 388-28-580, filed 12/5/67; Regulation 8.849, filed 12/28/66, 7/13/65, 1/24/64.]

WAC 388-28-600 Determination of net income-in-kind. (1) Definitions

(a) "Supplied" as used herein means the in-kind item is furnished to the applicant or recipient without work or cost on his part.

(b) "Self-produced" means the applicant or recipient has produced the in-kind item through his own work for himself and not for others. He has not purchased it.

(c) "Earned income-in-kind" as used in this section means the in-kind item is earned by work performed for another person by the applicant such as earning rent from a landlord, etc.

(2) The value of self-produced or supplied items shall be disregarded except when:

(a) Self-produced items are sold for cash. When such a sale is made, fifty percent of the cash sale value shall be considered expenses of earning the income.

(b) The household's requirement for shelter is supplied. When the household's shelter is supplied, the basic requirements for the household shall be those indicated in WAC 388-29-100(3).

(3) Earned income-in-kind items shall be evaluated in terms of their cash equivalent. Allowance shall be made for exempt earned income according to WAC 388-28-570. Remaining net income shall be applied in determining need. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-28-600, filed 9/18/78; Order 1101, § 388-28-600, filed 2/25/76; Order 786, § 388-28-600, filed 4/12/73; Order 650, § 388-28-600, filed 2/9/72; Order 561, § 388-28-600, filed 5/5/71; Order 521, § 388-28-600, filed 3/2/71; Regulation 8.850, filed 7/12/65; Regulation 8.850, filed 1/24/64.]

WAC 388-28-650 Guardianships and trusts--Indians. (1) When the superintendent of an Indian agency determines that an individual Indian under his jurisdiction needs help in managing his affairs, the superintendent has the authority, under Title 25, Code of Federal Regulations, Part 104, to control disbursement of the

Indian's trust funds. When such authority has been exercised, and the Indian is an applicant for or a recipient of public assistance, the following rules apply:

(a) The superintendent must provide to the department a written statement that he is maintaining control of the Indian's trust funds according to the provisions of 25 CFR 104.

(b) The Indian or his representative must discuss with the superintendent the availability of trust funds in excess of exempt levels to meet public assistance need, and the superintendent must indicate to the department whether or not funds will be released for this purpose.

(c) Any trust funds disbursed directly to the Indian are under his control and are available to meet need.

(d) Funds held in trust by the superintendent and not disbursed are not available to meet need.

(e) Funds disbursed by the superintendent to third parties in payment for goods or services are not under the Indian's control, but may be available to meet need, depending on the nature of the disbursement.

(i) Disbursements to third parties for items which duplicate basic requirements, as defined in WAC 388-22-030(62)(b), are available to meet need.

(ii) Disbursements to third parties for items which do not duplicate basic requirements are not available to meet need. However, such items must be evaluated with regard to the resource limitations of WAC 388-28-430.

(f) Each periodic redetermination of eligibility shall include a review of disbursements from the individual Indian's trust account.

(2) Real property held in trust for an individual Indian is not an available resource. An Indian applying for or receiving public assistance shall not be required to sell or attempt to sell allotted trust property as a condition of eligibility. Property which has lost its trust status is an available resource. [Order 1001, § 388-28-650, filed 1/14/75.]

Chapter 388-29 WAC

AID TO FAMILIES WITH DEPENDENT CHILDREN AND CONTINUING GENERAL ASSISTANCE--ELIGIBILITY--STANDARDS OF ASSISTANCE

WAC	
388-29-010	Standards for requirements--Person in own home.
388-29-020	Family relationships.
388-29-025	Limitations on requirements.
388-29-030	Assistance unit--Supplemental security income beneficiary excluded.
388-29-040	Housekeeper.
388-29-080	Monthly cost of basic requirements--Maximums--Person in own home--Person in medical institution.
388-29-100	Monthly standards for basic requirements--AFDC and continuing general assistance.
388-29-110	Maximums to monthly standards for basic requirements.
388-29-115	Supplemental payments for AFDC recipients.
388-29-125	Cost standards for requirements--Persons in medical institution.
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388-29-135	Cost standards for requirements--Maternity home care.

388-29-145	Monthly standards for basic requirements--AFDC--Child in need of specialized education or training.
388-29-150	Standards for additional requirements under specified circumstances.
388-29-155	Standards for additional requirements under specified circumstances--Child care expenses for employed persons.
388-29-158	Standards for additional requirements under specified circumstances--Child care expenses for AFDC recipients in approved training plans.
388-29-160	Standards for additional requirements under specific circumstances--Restaurant meals.
388-29-170	Standards for additional requirements under specified circumstances--Daily restaurant meals.
388-29-180	Home delivered meals (meals-on-wheels).
388-29-190	Transportation to state of legal residence.
388-29-200	Standards for additional requirements under specified circumstances--Food for guide dog.
388-29-210	Telephone.
388-29-220	Standards for additional requirements under specified circumstances--Laundry.
388-29-230	Winterizing homes.
388-29-260	Requirements of person in boarding home--Continuing general assistance.
388-29-270	Additional requirements for emergent situations--AFDC.
388-29-280	Adult family home care--Cost standards.
388-29-290	Low-income supplemental energy allowance.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-29-140	Monthly standards for basic requirements--AFDC--Child living with relative not in need. [Statutory Authority: RCW 74.08.090]. 78-04-035 (Order 1281), § 388-29-140, filed 3/20/78; Order 1241, § 388-29-140, filed 9/23/77.] Repealed by 78-06-074 (Order 1297), filed 5/31/78, effective 7/1/78. Statutory Authority: RCW 78.08.090 [74.08.090].
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WAC 388-29-010 Standards for requirements--Person in own home. (1) The public assistance law directs the department to establish a cost of living standard for use in determining whether or not an applicant needs money and if so how much he needs.

(2) The law specifies how this standard shall be made. The standard shall, except in special circumstances, be limited to "reasonable allowances for shelter, fuel, food, clothing, household maintenance and operation, personal maintenance, and necessary incidentals."

(3) The law also contains a measurement of what the legislature considers to be "reasonable allowances" for the cost of the items mentioned above.

(4) In line with this legal directive the department has devised and adopted a cost of living standard which is used to measure need and to determine the amount of the grant which will be given. The amount of the grant which is given is the difference between the monthly dollar value of the standard adjusted for the maximum grant limitation, and the resource value or income which the applicant or recipient possesses, or can obtain.

(5) In developing this standard the department has used the best sources of objective and authoritative information available, including reports and studies by:

- (a) Federal and state departments and agencies
- (b) Private research foundations
- (c) Trade associations
- (d) Universities and colleges
- (e) Various other experts in specific fields.

(6) Establishment and maintenance of this standard involves deciding what quantity and quality of goods and services will be included, placing a monthly cost on the items and keeping this currently valid on a statewide basis.

(7) The costs of the items are secured from representative vendors in both small and large communities throughout the state. These costs are then averaged out for each item in order to establish a standard cost or costs which can be used throughout the state. In some cases the majority cost rather than the average is used.

(8) The recipient who receives a cash grant uses his own discretion in spending the total funds available to him (grant plus his other income) thus giving him freedom and responsibility in personal planning and variations in taste. [Order 1241, § 388-29-010, filed 9/23/77.]

WAC 388-29-020 Family relationships. (1) The law specifies who is eligible to receive assistance in his own right. The law does not always specify, except in general terms, which other persons may be included in the grant made to the primary person. The department, therefore, defines those who in addition to the primary person may have their requirements computed with the requirements of the primary applicant. Such family groupings are called "assistance units." The persons whose needs are included in the need of the primary applicant are those for whose support the applicant is legally responsible.

(2) Groupings (units) used in computing the requirements of individual members of assistance units are shown in WAC 388-29-025 through 388-29-100. [Order 1241, § 388-29-020, filed 9/23/77.]

WAC 388-29-025 Limitations on requirements. Specific policies in WAC 388-33-020 through 388-33-055 provide limitations which affect the amount of assistance paid by the department. [Order 1241, § 388-29-025, filed 9/23/77.]

WAC 388-29-030 Assistance unit--Supplemental security income beneficiary excluded. (1) If an individual is receiving benefits under Title XVI, then, for the period for which such benefits are received, such individual shall not be regarded as a member of a family or assistance unit for purposes of determining need and amount of an aid to dependent children grant. [Order 1241, § 388-29-030, filed 9/23/77.]

WAC 388-29-040 Housekeeper. A person furnishing housekeeping service is not considered a member of an assistance unit. [Order 1241, § 388-29-040, filed 9/23/77.]

WAC 388-29-080 Monthly cost of basic requirements--Maximums--Person in own home--Person in medical institution. (1) The standards for basic requirements in WAC 388-29-100 apply to a person in his own home. The standards in WAC 388-29-150 through 388-29-230 are additional requirements for persons with circumstances as specified.

(2) Individuals in an AFDC or continuing GA assistance unit require each of the basic requirements.

(3) Basic requirements for a person in his own home are food, clothing, personal maintenance and necessary incidentals, shelter and household maintenance. The monthly cost standard and maximums thereto are based upon the number of recipients in the assistance unit. When two or more assistance units share a common dwelling, the monthly standard for each is based upon the number of members of that assistance unit. A person receiving Title XVI benefits (SSI) is not considered as a member of an assistance unit.

(4) When a person is in a medical institution basic requirements of food, shelter and household maintenance are not computed in the grant but are paid as a medical care cost.

(5) The monetary allowance for the basic requirements, as determined by the standards in WAC 388-29-100, shall be reduced to the amounts in WAC 388-29-110. [Order 1248, § 388-29-080, filed 10/25/77, effective 12/1/77; Order 1241, § 388-29-080, filed 9/23/77.]

WAC 388-29-100 Monthly standards for basic requirements--AFDC and continuing general assistance.

(1) Effective July 1, 1980 the state-wide monthly need standards for food, clothing, personal maintenance and necessary incidentals, household maintenance and shelter for those owning (including life estate), buying or renting an apartment or house are:

(a) Recipients in Household	State Standard	Area Differential for King, Pierce, Snohomish, Kitsap and Thurston Counties	State Standard Plus Area Differential for King, Pierce, Snohomish, Kitsap and Thurston Counties
1	244	15	259
2	339	37	376
3	425	33	458
4	503	33	536
5	581	33	614
6	659	33	692
7	737	33	770
8	815	33	848
9	893	33	926
10	971	33	1,004
11	1,049	33	1,082
12	1,127	33	1,160
13	1,205	33	1,238
14	1,283	33	1,316
15	1,361	33	1,394
16	1,439	33	1,472
17	1,517	33	1,550
18 or more	1,595	33	1,628

(b) Household with supplied shelter.

The monthly standard for supplied shelter includes requirements for food, clothing, personal maintenance and necessary incidentals, and household maintenance.

Recipients in household - all counties

1	\$ 159
2	231
3	306
4	381
5	456

Recipients in household - all counties

6	531
7	606
8	681
9	756
10	831
11	906
12	981
13	1,056
14	1,131
15	1,206
16	1,281
17	1,356
18 or more	1,431

(2) Effective November 1, 1980, the state-wide monthly payment standards reflecting 96% of the needs standards shall be:

(a) Recipients in Household	State Standard	State Standard Plus Area Differential	
		for King, Pierce, Snohomish, Kitsap and Thurston Counties	for King, Pierce, Snohomish, Kitsap and Thurston Counties
1	234	15	249
2	325	36	361
3	408	32	440
4	483	32	515
5	558	32	590
6	633	32	665
7	708	32	740
8	783	32	815
9	858	32	890
10	933	32	965
11	1,008	32	1,040
12	1,083	32	1,115
13	1,158	32	1,190
14	1,233	32	1,265
15	1,308	32	1,340
16	1,383	32	1,415
17	1,458	32	1,490
18 or more	1,533	32	1,565

(b) Household with supplied shelter.

The monthly standard for supplied shelter includes requirements for food, clothing, personal maintenance and necessary incidentals, and household maintenance.

Recipients in household - all counties

1	\$ 153
2	222
3	294
4	366
5	438
6	510
7	582
8	654
9	726
10	798
11	870
12	942
13	1,014
14	1,086
15	1,158
16	1,230

Recipients in household - all counties

17	1,302
18 or more	1,374

[Statutory Authority: RCW 74.08.090. 80-15-002 (Order 1550), § 388-29-100, filed 10/2/80; 79-10-083 (Order 1434), § 388-29-100, filed 9/21/79; 78-08-084 (Order 1321), § 388-29-100, filed 7/28/78; Order 1241, § 388-29-100, filed 9/23/77.]

WAC 388-29-110 Maximums to monthly standards for basic requirements. (1) Grants to families of 7 or more shall not exceed the following maximums. In computing the grant amount nonexempt income and resources which are available to meet need shall be deducted from the monthly standard specified in WAC 388-29-100.

Maximum	Number of recipients in household					
	7	8	9	10	11	12
	\$740	\$772	\$802	\$830	\$856	\$880
	13	14	15	16	17	18
Maximum	\$902	\$922	\$940	\$956	\$970	\$982

(2) These standards are effective November 1, 1980. [Statutory Authority: RCW 74.08.090. 80-15-002 (Order 1550), § 388-29-110, filed 10/2/80; 79-10-083 (Order 1434), § 388-29-110, filed 9/21/79; 78-08-084 (Order 1321), § 388-29-110, filed 7/28/78; Order 1241, § 388-29-110, filed 9/23/77.]

WAC 388-29-115 Supplemental payments for AFDC recipients. (1) Effective February 11, 1980, recipients of AFDC are eligible for a supplemental grant payment whenever the total of their actual income and available cash resources during a payment month are less than eighty percent of the appropriate monthly standard for basic requirements for the size of the assistance unit.

(2) Supplemental payments shall be paid in the amount of the difference between eighty percent of the assistance unit's monthly standard for basic requirements and the actual anticipated net income and available cash resources, for the month in which the supplemental payment is requested.

(3) The following are included in determining total income received and expected to be received, and total cash resources available during the payment month:

- (a) Public assistance payments including any amounts credited against previous overpayments;
- (b) Net earned income prior to thirty dollars plus one-third earnings exemption;
- (c) Indian per capita payments;
- (d) Alaska Native payments;
- (e) CETA incentive payments;
- (f) Youth employment and training allowances and earnings;
- (g) Retroactive public assistance payments resulting from a court order or fair hearing;
- (h) Social security benefits;
- (i) Veterans' benefits;

(j) Cash compensation to action volunteers;

(k) Any lump sum;

(l) Cash on hand;

(m) Cash in an account available to the recipient during the month of request, to include cash exempted for the purposes of determining eligibility for AFDC and SSI recipients.

(4) Not included as income or resources for purposes of determining eligibility for supplemental payments are the following:

(a) Relocation assistance;

(b) Student grants or loans under programs administered by the U.S. commissioner of education;

(c) Payments to federally sponsored foster grandparents, senior health aids, senior companions, SCORE, or ACE participants;

(d) Payments made under the federal experimental housing allowance programs;

(e) Work-related expenses as contained in WAC 388-28-515(4) and (5) and the payment of child care expenses as contained in WAC 388-28-515(7);

(f) Any adjustments for prior underpayments;

(g) Assistance paid under Public Law 96-126 federal energy allowance program.

(5) AFDC recipients shall be notified of their right to receive supplemental payments in writing each time they are notified that the department intends to reduce, or suspend their assistance.

(6) Supplemental payments are only paid upon request, and shall be issued within five working days of the request for a supplemental payment.

(7) A request for a supplemental payment must be received within the month for which the payment is requested. A request is received when a recipient provides the CSO with a written statement requesting a supplemental payment, and verifies his/her eligibility for a supplemental payment. [Statutory Authority: RCW 74.08.090. 80-05-046 (Order 1500), § 388-29-115, filed 4/16/80.]

WAC 388-29-125 Cost standards for requirements—Persons in medical institution. (1) The monthly cost standard for clothing, personal maintenance and necessary incidentals for a person eligible for AFDC, supplemental security income or the "H" medical care program who is in a skilled nursing home, a public nursing home, a general or tuberculosis hospital or an intermediate care facility shall be \$32.50.

(2) The monthly cost standard for clothing, personal maintenance and necessary incidentals for a person eligible for continuing general assistance who is in an institution specified in subsection (1) shall be \$32.50.

(3) These standards are effective July 1, 1979. [Statutory Authority: RCW 74.08.090. 79-10-083 (Order 1434), § 388-29-125, filed 9/21/79; Order 1241, § 388-29-125, filed 9/23/77.]

WAC 388-29-130 Cost standards for requirements—Person in congregate care facility. (1) The cost

standard for congregate care shall be the rate established by the department for payment to specific congregate care facilities.

(2) Congregate care facility residents who receive SSI or GAU benefits are entitled to the earned and unearned income exemptions applicable to those programs. Any remaining nonexempt income shall be applied first toward the monthly cost standard for clothing, personal maintenance, and necessary incidentals, and then toward the cost of care. SSI grant deductions for overpayments shall first reduce the money available for clothing, personal maintenance and necessary incidentals and then reduce the money available to meet the cost of CCF care. The department shall not pay the difference toward cost of care caused by the SSI reduction.

(3) The monthly cost standard for clothing, personal maintenance, and necessary incidentals for a person in a congregate care facility shall be \$32.50.

(4) These standards are effective July 1, 1979. [Statutory Authority: RCW 74.08.090. 79-10-083 (Order 1434), § 388-29-130, filed 9/21/79; 79-04-036 (Order 1379), § 388-29-130, filed 3/22/79; Order 1254, § 388-29-130, filed 12/1/77; Order 1241, § 388-29-130, filed 9/23/77.]

WAC 388-29-135 Cost standards for requirements—Maternity home care. (1) The payment standard for a recipient of AFDC residing in a maternity home shall be \$504.60 per month, which includes \$32.50 for clothing and personal incidentals.

(2) The standard for maternity home care for an unmarried child eligible for foster care payment shall be the rate established in the agreement between the department and the maternity home agency.

(3) These standards are effective July 1, 1980. [Statutory Authority: RCW 74.08.090. 80-11-055 (Order 1532), § 388-29-135, filed 8/20/80; 79-10-083 (Order 1434), § 388-29-135, filed 9/21/79; 78-08-084 (Order 1321), § 388-29-135, filed 7/28/78; Order 1241, § 388-29-135, filed 9/23/77.]

WAC 388-29-145 Monthly standards for basic requirements—AFDC—Child in need of specialized education or training. (1) A child attending school under temporary absence provisions according to WAC 388-24-125(3)(b) is eligible for clothing and personal maintenance and necessary incidentals only. The monthly standard shall be \$32.50. The child shall not be included as a member of the household in computing the requirements for the household.

(2) These standards are effective July 1, 1979. [Statutory Authority: RCW 74.08.090. 79-10-083 (Order 1434), § 388-29-145, filed 9/21/79; Order 1241, § 388-29-145, filed 9/23/77.]

WAC 388-29-150 Standards for additional requirements under specified circumstances. Additional requirements under specified circumstances shall be handled as follows, except for the additional requirements for emergent situations in AFDC, which are set forth in WAC 388-29-270.

(1) The basic requirements provide the majority of eligible persons with all essential items of maintenance. Some persons, however, have particular needs of an essential nature which cannot be met within the basic requirements. For this reason the department's standards provide for certain additional requirements when the individual's circumstances are such that the item(s) is essential in accordance with the criteria herein established. The need of these items must be verified in each case where any are included. When the requirement is ongoing, it is added to the adjusted requirements of the appropriate assistance unit.

(2) The circumstances which give rise to an additional requirement may regularly recur or be nonrecurring depending on the nature of the item. In determining whether an additional requirement exists, the total case situation shall be taken into account, i.e., the changes which have occurred in health or living conditions and, if the problem is not new, how it was met in the past.

(3) The reasons for including an additional item, i.e., factual findings supporting the need (or continuing need) for the requirement inconsistent with the criteria herein, shall be recorded in the case narrative.

(4) A plan for periodically reviewing the necessity for continuing the allowance for an ongoing additional requirement shall be established in each case, taking into account the change in the individual's living arrangements, health, and any other factor which has a bearing on the need for the item.

(5) The need for any ongoing additional requirement must be reestablished as often as the case plan indicates, but at least semiannually, except where it is established that there is a continuing need that is likely not subject to change. [Statutory Authority: RCW 74.08.090. 78-12-001 (Order 1355), § 388-29-150, filed 11/3/78; Order 1241, § 388-29-150, filed 9/23/77.]

WAC 388-29-155 Standards for additional requirements under specified circumstances—Child care expenses for employed persons. (1) The expense of child care shall be authorized as an additional requirement only when financial services has determined the care is necessary due to employment and there is no one reasonably available to perform such service without cost, except that child care expenses for employed WIN participants shall be authorized as specified in WAC 388-57-057.

(2) The cost allowed for child care shall be the most reasonable which can be obtained for the type of care required.

(a) Out-of-home day care

(i) An additional requirement shall be authorized for licensed out-of-home day care. Licensure is not required of those persons exempted in RCW 74.15.020.

(ii) Recipients utilizing unlicensed out-of-home day care will be given thirty days to obtain appropriate care. Such thirty-day period shall begin on the date the client is given written notice of this requirement. Payment will not be withheld from recipients whose out-of-home day care provider has made application for licensure.

(iii) The part-time payment standard for day care of less than seven hours per day shall be \$1.11 per hour for each child.

(iv) The full-time payment standard for day care of seven hours or more per day shall be \$7.78 per day for each child.

(b) In-home child care

(i) The payment standard for in-home care shall be \$1.11 per hour for the care of three children or less in the family, or \$1.44 per hour for care of four or more children in the family.

(ii) If total payments to an individual providing in-home care are expected to be \$50 or more in any one quarter, the employer's share of the FICA tax must be added to the amount authorized for in-home care.

(3) No payments shall be allowed for child care provided by the child's parent or stepparent.

(4) The payment standards in subsection (2)(a) and (b) of this section may be exceeded provided that the actual rate is the least expensive rate available to the client, for the type of care required.

(5) Payment based upon the rate incurred through an enrollment contract can be made provided that:

(a) The requirements in subsection (4) of this section are met; and

(b) No other noncontractual child care is reasonably available to the client; and

(c) Any absence in excess of two days per month is attributable to illness.

(6) "Enrollment contract" shall be defined as a legally binding written agreement between a client and a day care facility in which fees are set on the basis of the child's registration for attendance in the facility.

(7) These rules shall be effective July 1, 1980. [Statutory Authority: RCW 74.08.090. 80-11-055 (Order 1532), § 388-29-155, filed 8/20/80; 79-10-083 (Order 1434), § 388-29-155, filed 9/21/79; 79-06-007 (Order 1393), § 388-29-155, filed 5/8/79; 78-09-047 (Order 1327), § 388-29-155, filed 8/21/78. Statutory Authority: RCW 74.04.510 and 74.08.090. 78-06-086 (Order 1303), § 388-29-155, filed 6/2/78.]

WAC 388-29-158 Standards for additional requirements under specified circumstances—Child care expenses for AFDC recipients in approved training plans.

(1) Effective November 5, 1980 the expense of child care for AFDC recipients shall be authorized as an additional requirement when there is no one reasonably available to perform such services without cost. To be eligible for such child care payments an AFDC recipient must on November 5, 1980:

(a) Be currently enrolled in, and,

(b) Be currently participating in a training program, and,

(c) Have his/her training program approved by the CSO prior to November 5, 1980, and

(d) Have his/her approved training program scheduled for completion within two years from the date of his/her initial participation in the approved program.

(2) Approval of training plans shall be made in accordance with the provisions of WAC 388-57-028.

(3) Training-related child care shall be limited to the standards and requirements in WAC 388-29-155(2) and (3) only.

(4) Child care as an additional requirement shall not be authorized for AFDC recipients enrolled in a WIN or IRAP approved training program or any other training program for which the client is eligible to receive Title XX day care. [Statutory Authority: RCW 74.08.090. 81-01-017 (Order 1576), § 388-29-158, filed 12/8/80.]

WAC 388-29-160 Standards for additional requirements under specific circumstances—Restaurant meals.

(1) Restaurant meals shall be an additional requirement only when:

(a) The individual is physically or mentally unable to prepare any of his meals, and

(b) Board, or board and room, is not available or the use of such facilities is not feasible for an individual.

(2) The monthly additional requirement for restaurant meals shall be \$80.35.

(3) These standards are effective July 1, 1980. [Statutory Authority: RCW 74.08.090. 80-11-055 (Order 1532), § 388-29-160, filed 8/20/80; 79-10-083 (Order 1434), § 388-29-160, filed 9/21/79; 78-08-084 (Order 1321), § 388-29-160, filed 7/28/78; Order 1241, § 388-29-160, filed 9/23/77.]

WAC 388-29-170 Standards for additional requirements under specified circumstances—Daily restaurant meals. (1) The standard for emergency restaurant meals shall be \$4.30 per day.

(2) The daily restaurant meal standard shall be used only when such assistance is required pending full determination of eligibility, or for temporary assistance of a week or less. The emergency standard shall be used not to exceed one week within a thirty-day period. When need for restaurant meals continues beyond one week, the standard in WAC 388-29-160 shall be used.

(3) The emergency restaurant meal allowance is a subsistence standard and does not provide adequate nutrition for a prolonged period.

(4) These standards are effective July 1, 1980. [Statutory Authority: RCW 74.08.090. 80-11-055 (Order 1532), § 388-29-170, filed 8/20/80; 79-10-083 (Order 1434), § 388-29-170, filed 9/21/79; 78-08-084 (Order 1321), § 388-29-170, filed 7/28/78; Order 1241, § 388-29-170, filed 9/23/77.]

WAC 388-29-180 Home delivered meals (meals-on-wheels). (1) For some recipients who cannot be expected to prepare all of their own meals, prepared and home delivered meals may be available.

(2) Where a CSO approved home delivery service of prepared meals is available recipients who need and would benefit from such service should be encouraged, authorized and assisted, if necessary, to obtain it.

(3) Standards and criteria used to authorize the service are as follows:

(a) The recipient requires help in preparation of some of his meals and would benefit nutritionally or otherwise from home delivered meals,

(b) Such help is not reasonably available without cost to the recipient,

(c) Board (or board and room) is not feasible or possible for the recipient,

(4) When a plan for use of this service is approved by the CSO, the cost standard to be used for the total food requirement of the recipient using the service shall be established by the department's office of economic services at the CSO's request. [Statutory Authority: RCW 74.08.090. 79-10-083 (Order 1434), § 388-29-180, filed 9/21/79; Order 1241, § 388-29-180, filed 9/23/77.]

WAC 388-29-190 Transportation to state of legal residence. (1) The cost of transportation is an additional requirement for an AFDC, a general assistance or emergency assistance nonresident who is being returned to his state of legal residence. This item shall be authorized only during the period of eligibility as defined in WAC 388-37-020(1)(a) and 388-24-260(3).

(2) The cost standard shall be the least expensive common carrier rate for fare and other necessary expenses enroute unless other means of transportation are advisable because of circumstances in the specific situation. [Statutory Authority: RCW 74.08.090. 78-12-001 (Order 1355), § 388-29-190, filed 11/3/78; Order 1241, § 388-29-190, filed 9/23/77.]

WAC 388-29-200 Standards for additional requirements under specified circumstances—Food for guide dog. (1) The cost of food for a guide dog shall be an additional requirement when an applicant for SSI or an assistance grant has a guide dog assigned to him by an accredited guide dog organization. The cost standard for food for a guide dog shall be \$25.80.

(2) These standards are effective July 1, 1980. [Statutory Authority: RCW 74.08.090. 80-11-055 (Order 1532), § 388-29-200, filed 8/20/80; 79-10-083 (Order 1434), § 388-29-200, filed 9/21/79; 78-08-084 (Order 1321), § 388-29-200, filed 7/28/78; Order 1241, § 388-29-200, filed 9/23/77.]

WAC 388-29-210 Telephone. (1) Telephone service is an additional requirement only when the lack of a telephone would endanger life or make a more expensive type of care necessary. Telephone service is not allowed when the function of a telephone can be performed by other means, including the help of neighbors, relatives, or other community service.

(2) The monthly standard for telephone is the minimum rate available for the service. [Order 1241, § 388-29-210, filed 9/23/77.]

WAC 388-29-220 Standards for additional requirements under specified circumstances—Laundry. (1) Laundry is an additional requirement when:

(a) The applicant or recipient is physically unable to do his laundry, and

(b) He has no one able to perform this service for him.

(2) The monthly cost standard for laundry shall be \$7.05.

(3) These standards are effective July 1, 1980. [Statutory Authority: RCW 74.08.090. 80-11-055 (Order 1532), § 388-29-220, filed 8/20/80; 79-10-083 (Order 1434), § 388-29-220, filed 9/21/79; 78-08-084 (Order 1321), § 388-29-220, filed 7/28/78; Order 1241, § 388-29-220, filed 9/23/77.]

WAC 388-29-230 Winterizing homes. (1) Repairs of homes owned or being purchased by AFDC recipients, to a maximum of \$500 for any one home, are an additional requirement under the following circumstances:

(a) The primary purpose of the repairs is to minimize heat loss or otherwise increase the efficiency of the home heating system,

(b) The repairs are necessary to render the home habitable,

(c) Lack of repairs would require the assistance unit to move to rental quarters,

(d) The rental costs expended by the assistance unit over a period of two years would exceed the costs, including repairs, attributable to continued occupancy of the home, and

(e) No expenditures for repair of the home have been made previously under the policies outlined in subdivisions (a) through (d) of this subsection.

(2) All expenditures for repairs shall be paid by vendor payments when there is sufficient recorded evidence that the home repair was performed. [Statutory Authority: RCW 74.08.090. 79-04-060 (Order 1385), § 388-29-230, filed 3/28/79; Order 1241, § 388-29-230, filed 9/23/77.]

WAC 388-29-260 Requirements of person in boarding home--Continuing general assistance. (1) The standard for board and room shall be \$170.50 per month or \$5.62 per day.

(2) The monthly standard for clothing and personal maintenance and necessary incidentals shall be \$27.50.

(3) These standards are effective November 1, 1980. [Statutory Authority: RCW 74.08.090. 80-15-002 (Order 1550), § 388-29-260, filed 10/2/80; 79-10-083 (Order 1434), § 388-29-260, filed 9/21/79; 78-08-084 (Order 1321), § 388-29-260, filed 7/28/78; Order 1241, § 388-29-260, filed 9/23/77.]

WAC 388-29-270 Additional requirements for emergent situations--AFDC. (1) Additional requirements shall be allowed in the following emergent situations. In no instances is the payment under this section to exceed one month's assistance standards as set in WAC 388-29-100.

(a) To secure housing and necessary clothing in the event of a natural disaster such as flood or fire and relief is not available under WAC 388-53-010 et seq.;

(b) In case of loss or theft of the cash proceeds of a warrant, assistance will be limited to the emergent need only;

(c) Imminent eviction, where a formal notice of eviction has been received, only in an amount needed to prevent the eviction or to secure new housing, but only if the basis of eviction is not a delinquency in payment resulting from a fault of the client;

(d) Sudden malfunction resulting in loss of heat, water, electricity or cooking facilities and the recipient is legally responsible for the repairs and winterization funds are not available; limited to actual costs of repairs or replacement when there is no other alternative;

(e) A notice of impending utility shutoff issued by the company providing the service, and only in the amount needed to prevent shutoff; or it is otherwise verified by the CSO that the applicant or recipient is without necessary fuel for heating or cooking and only in the amount to meet the emergent need. Assistance is limited to situations where the emergent need occurred due to conditions beyond the control of the recipient;

(f) Housing needs caused by an abusive spouse will be limited to established fees paid to shelters especially for abused spouses;

(g) Inoperable vehicle which is necessary to continue employment and where public transportation is not available; limited to actual costs of repairs.

(2) Emergency assistance as defined in WAC 388-24-260, shall be provided to AFDC recipients from another state when it is determined that such individuals are detained in Washington for reasons beyond their control and as a result of events which could not have been reasonably anticipated or they have decided to become residents. [Statutory Authority: RCW 74.08.090. 78-12-001 (Order 1355), § 388-29-270, filed 11/3/78; Order 1241, § 388-29-270, filed 9/23/77.]

WAC 388-29-280 Adult family home care--Cost standards. (1) The cost standard for adult family home care shall be the rate established by the department for payment to the adult family home sponsor.

(2) The monthly cost standard for clothing and personal maintenance and necessary incidentals for a person in an adult family home shall be \$32.50.

(3) These standards are effective July 1, 1979. [Statutory Authority: RCW 74.08.090. 79-10-083 (Order 1434), § 388-29-280, filed 9/21/79; 78-08-084 (Order 1321), § 388-29-280, filed 7/28/78; Order 1241, § 388-29-280, filed 9/23/77.]

WAC 388-29-290 Low-income supplemental energy allowance. (1) The low-income supplemental energy allowance is a one time federal payment to an energy payment assistance unit intended to reduce the burden of the high cost of energy for the 1979-1980 winter.

(2) An energy payment assistance unit is defined as a group of food stamp head of households and/or AFDC, GA-U, or IRAP payees who have common CSO and basic case numbers.

(3) Only energy payment assistance units who were authorized to receive food stamp benefits or AFDC, GA-U, or IRAP grants for January 1980 will be eligible for supplemental energy allowances.

(4) Energy payment assistance units known to be receiving SSI during January 1980 will not be eligible for supplemental energy allowances.

(5) A recipient residing in foster care, nursing home, congregate care facility or an institution for the mentally retarded will not be eligible for a supplemental energy allowance.

(6) The supplemental energy allowance standards shall be the rates established by the department.

(7) A recipient may request an administrative review regarding denial or underpayment of a supplemental energy allowance no later than March 31, 1980.

(8) No supplemental energy allowance payments will be made after June 30, 1980.

(9) Energy payments made under Public Law 96-126 shall be exempt as income and resources for all public assistance programs and food stamps. These payments include DSHS supplemental energy allowance payments, special SSI energy payments, and payments from the energy crisis assistance program.

(10) These rules shall be effective January 1, 1980. [Statutory Authority: RCW 74.04.510 and 74.08.090, 80-05-044 (Order 1498), § 388-29-290, filed 4/16/80.]

Chapter 388-33 WAC

AID TO FAMILIES WITH DEPENDENT CHILDREN AND CONTINUING GENERAL ASSISTANCE--GRANT OR VENDOR PAYMENT

WAC

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388-33-576	Loss, theft or destruction of warrant payable to recipient.
388-33-577	Loss, theft or destruction of cash proceeds from warrant.
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388-33-585	Cancellation of warrant.
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388-33-030	Payment limitations—Maximum cost of requirements. [Order 376, § 388-33-030, filed 8/7/69; Regulation 10.14, filed 12/31/65; Regulation 10.14, filed 1/24/64.] Repealed by Order 394, filed 10/15/69.
388-33-105	Grant authorization, reauthorization, computation—Recording denial, grant authorization and change. [Order 449, § 388-33-105, filed 5/14/70, effective 6/15/70; Regulation 10.24, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
388-33-143	Effective date of budgeting earned income. [Order 966, § 388-33-143, filed 8/29/74.] Repealed by Order 1008, filed 2/13/75.
388-33-145	Effective date of change in eligibility—Dates regular grant payments are actually changed. [Regulation 10.262, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
388-33-175	Other effective dates—Certification prior to actual change in circumstances. [Regulation 10.273, filed

- 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-180 Other effective dates—Recomputation of age change. [Regulation 10.274, filed 3/31/66; Regulation 10.274, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-210 Other changes affecting grants. [Regulation 10.30, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-220 Other changes affecting grants—Address change within county. [Regulation 10.31, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-245 Other changes affecting grants—Inter county transfer of case record and grant—procedure. [Regulation 10.323, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-250 Other changes affecting grants—Transfer—out by present county. [Regulation 10.324, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-255 Other changes affecting grants—Transfer—in by new county. [Regulation 10.325, filed 1/24/64.] Repealed by Order 297, filed 8/26/68.
- 388-33-260 Other changes affecting grants—Transfer involving institutional medical care. [Regulation 10.326, filed 1/24/64.] Repealed by Order 297, filed 8/26/68.
- 388-33-265 Other changes affecting grants—Transfer of suspended grant case. [Regulation 10.327, filed 1/24/64.] Repealed by Order 297, filed 8/26/68.
- 388-33-270 Other changes affecting grants—Transfer of closed case record. [Regulation 10.328, filed 1/24/64.] Repealed by Order 297, filed 8/26/68.
- 388-33-300 Other changes affecting grants—Out of state change of address. [Regulation 10.33, filed 1/24/64.] Repealed by Order 297, filed 8/26/68.
- 388-33-310 Other changes affecting grants—Case number change. [Regulation 10.34, filed 1/24/64.] Repealed by Order 297, filed 8/26/68.
- 388-33-320 Other changes affecting grants—Name change. [Regulation 10.35, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-350 Suspension or termination of grants. [Order 369, § 388-33-350, filed 8/14/69; Regulation 10.40, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-373 Continuation of assistance pending appeal—Pre-termination or pre-suspension hearing. [Order 534, § 388-33-373, filed 3/31/71, effective 5/1/71; Order 369, § 388-33-373, filed 8/14/69.] Repealed by Order 570, filed 6/11/71.
- 388-33-374 Grant reduction, termination, suspension—Conferences. [Order 694, § 388-33-374, filed 6/29/72; Order 570, § 388-33-374, filed 6/11/71; Order 534, § 388-33-374, filed 3/31/71, effective 5/1/71; Order 369, § 388-33-374, filed 8/14/69.] Repealed by Order 906, filed 2/14/74.
- 388-33-378 Determination—Notification. [Order 906, § 388-33-378, filed 2/14/74; Order 747, § 388-33-378, filed 12/7/72.] Repealed by 78-08-053 (Order 1320), filed 7/20/78. Statutory Authority: RCW 74.08.090.
- 388-33-380 Notification of suspension or termination or reduction of grant. [Order 906, § 388-33-380, filed 2/14/74; Order 694, § 388-33-380, filed 6/29/72; Order 570, § 388-33-380, filed 6/11/71; Order 534, § 388-33-380, filed 3/31/71, effective 5/1/71; Order 369, § 388-33-380, filed 8/14/69; Order 311, § 388-33-380, filed 10/31/68; Regulation 10.43, filed 1/24/64.] Repealed by 78-08-053 (Order 1320), filed 7/20/78. Statutory Authority: RCW 74.08.090.
- 388-33-410 Payee of grant—Money (cash) payments. [Order 357, § 388-33-410, filed 5/29/69; Order 322, § 388-33-410, filed 11/27/68; Emergency Order 306, filed 9/20/68; Regulation 10.51, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-435 Payee of grant—Appointment and payment to agent—OAA, AB, DA, GAU. [Order 322, § 388-33-435, filed 11/27/68; Emergency Order 306, filed 9/20/68; Regulation 10.523, filed 1/24/64.] Repealed by Order 357, filed 5/29/69.
- 388-33-452 Protective payments—Fair hearing. [Order 322, § 388-33-452, filed 11/27/68; Emergency Order 306, filed 9/20/68.] Repealed by Order 357, filed 5/29/69.
- 388-33-454 Protective payments—OAA, AB, DA, GAU. [Order 357, § 388-33-454, filed 5/29/69.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-456 Protective payment—Periodic review. [Order 357, § 388-33-456, filed 5/29/69.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-470 Disbursement—Assistance grants. [Regulation 10.70, filed 8/10/67; Regulation 10.70, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-495 Payment dates. [Regulation 10.72, filed 8/10/67; Regulation 10.72, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-500 Payment dates—Initial grant. [Regulation 10.721, filed 8/10/67; Regulation 10.721, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-505 Payment dates—Adjusting grant. [Regulation 10.722, filed 8/10/67; Regulation 10.722, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-515 Payment dates—One-time grant. [Order 399, § 388-33-515, filed 11/5/69; Regulation 10.723, filed 8/10/67; Regulation 10.723, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-540 Delivery of warrant—Temporary address. [Regulation 10.741, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-555 Delivery of warrant—Change in address or circumstances reported direct to state office. [Regulation 10.744, filed 1/24/64.] Repealed by Order 534, filed 3/31/71, effective 5/1/71.
- 388-33-575 Issuance of duplicate warrant. [Order 534, § 388-33-575, filed 3/31/71, effective 5/1/71; Order 426, § 388-33-575, filed 1/21/70; Regulation 10.75, filed 1/24/64.] Repealed by Order 661, filed 3/9/72.

WAC 388-33-015 Payment of grant—Persons included. Each grant shall encompass only one assistance unit, even though there may be two or more assistance units in the same family group or household. For proper allocation of requirements and income among assistance units see WAC 388-29-080 and 388-28-500. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-33-015, filed 9/18/78; Order 652, § 388-33-015, filed 2/9/72; Order 534, § 388-33-015, filed 3/31/71, effective 5/1/71; Regulation 10.11, filed 8/29/66; Regulation 10.11, filed 1/24/64.]

WAC 388-33-020 Payment of grant—Monthly basis. (1) Continuing grants shall be based upon a monthly assistance plan and payment made accordingly, except as provided in WAC 388-33-382 to comply with the advance notification requirement.

(2) For one-time grants see WAC 388-33-595. For emergency assistance payments see WAC 388-33-630. [Order 906, § 388-33-020, filed 2/14/74; Order 694, § 388-33-020, filed 6/29/72; Order 534, § 388-33-020, filed 3/31/71, effective 5/1/71; Regulation 10.12, filed 1/24/64.]

WAC 388-33-025 Payment of grant—Amount. Each grant shall be paid on the basis of need as defined in WAC 388-22-030 except as modified in WAC 388-33-045 through 388-33-055. [Order 534, § 388-33-025, filed 3/31/71, effective 5/1/71; Order 394, § 388-33-025, filed 10/15/69; Regulation 10.13, filed 8/29/66; Regulation 10.13, filed 1/24/64.]

WAC 388-33-045 Payment of grant—Deduction of overpayment. When a monthly deduction is made from a grant to repay on overpayment WAC 388-44-145 shall apply. [Order 534, § 388-33-045, filed 3/31/71, effective 5/1/71; Regulation 10.16, filed 8/29/66; Regulation 10.16, filed 3/31/66, 10/1/65, 1/24/64.]

WAC 388-33-050 Payment of grant—Self-imposed maximum amount. An eligible person may request payment of less than the amount for which he qualifies. If such request is made in writing the grant shall be limited to the amount he stipulates. [Order 534, § 388-33-050, filed 3/31/71, effective 5/1/71; Regulation 10.17, filed 1/24/64.]

WAC 388-33-055 Payment of grant—Minimum amount. Grants shall be in the exact amount determined as payable, except that no grant of less than one dollar shall be paid. [Order 534, § 388-33-055, filed 3/31/71, effective 5/1/71; Regulation 10.18, filed 1/24/64.]

WAC 388-33-080 Grant authorization, reauthorization and computation—Authorizing documents. (1) All payments and changes in continuing public assistance grants are reported and authorized by the welfare eligibility examiner by signature on

(a) Forms 5822-M to authorize

(i) Initial, adjusting and regular payment of a prepaid continuing assistance grant and subsequent changes in the amount of grant;

(ii) Postpayment to a vendor for nursing home care in a licensed classified private nursing home, or for care in an intermediate care facility;

(b) Form 5822-G for one-time grant, public assistance emergency assistance warrants, child care payments and vendor payments. [Order 534, § 388-33-080, filed 3/31/71, effective 5/1/71; Order 449, § 388-33-080, filed 5/14/70, effective 6/15/70; Regulation 10.21, filed 1/24/64.]

WAC 388-33-085 Grant authorization, reauthorization and computation—Local office function. (1) The terms "welfare eligibility examiner", "local office", or "local administrator or his designee" are used interchangeably in chapter 388-33 WAC.

(2) All grants to new, reopened and reinstated cases shall be authorized for payment by the local office. The authorization of grant form shall be signed and dated by the welfare eligibility examiner who prepares it, as indicated in WAC 388-33-080. In signing the form the welfare eligibility examiner attests in behalf of the state of Washington and the department that the eligibility of

the individual(s) listed on the form has been established and that a decision has been made as of the effective date to grant assistance in an amount determined by the recipient's circumstances according to department standards.

(3) All changes in grants shall be certified by the worker specifying the change(s) in circumstances except as provided in WAC 388-33-095. The state office authorizes payment of the changed grant as determined by the certified circumstances of the recipient.

(4) The term "regular grant" includes "initial grant" and "adjusting grant". The regular grant authorization includes the initial or adjusting grant and does not require separate authorization. See definitions in WAC 388-22-030.

(5) The effective date of eligibility is determined and specified by the worker when authorizing new, reopened, reinstated, and one-time grants as provided in WAC 388-33-115 and WAC 388-33-120. When grant re-computation is certified, the effective date is determined according to the rules in WAC 388-33-135 through 388-33-190.

(6) Payment of a grant shall continue in the amount authorized unless and until a change in amount, suspension or termination is certified.

(7) When eligibility factors indicate that an applicant will be eligible for not to exceed approximately a 30 day period, the local office shall authorize on the certification and computation of grant form an opening and closing date and determine the amount of assistance for which the applicant is eligible according to the department's monthly continuing assistance standards prorated for the period for which eligibility is authorized. Assistance is paid in cash to an eligible applicant as indicated in WAC 388-33-630. The certification and computation of grant form is forwarded to the state office as in any continuing case with the proper entry indicating that payment has been made to the applicant. The local office shall issue the applicant an award letter, including the date of opening, the amount of assistance and the date of termination. See WAC 388-33-380 regarding additional content of this notice relative to termination. [Order 906, § 388-33-085, filed 2/14/74; Order 534, § 388-33-085, filed 3/31/71, effective 5/1/71; Order 449, § 388-33-085, filed 5/14/70, effective 6/15/70; Regulation 10.22, filed 1/24/64.]

WAC 388-33-090 Grant authorization, reauthorization and computation—State office function. (1) Except as specified in WAC 388-33-085(7) continuing assistance as authorized by the local office shall be computed by the state office. The amount of a grant (regular and initial or adjusting) shall be computed from the data on the certification and computation of grant form according to the department's cost standards for requirements.

(2) The personal and household data shown on the authorization of grant form shall be converted into money amounts without changing the information recorded by the local office on the form. The result of this

computation shall show on the certification and computation of grant form in a manner which permits verification of amount by comparison with the department's cost standards.

(3) The certification and computation of grant form prepared by the state office shall be sent to the local office and retained in the financial case record until further action is indicated.

(4) The state office prepares the regular or supplemental warrant registers and the warrants, and completes the payment process. No change may be made by the state office except as described in WAC 388-33-090 and 388-33-095. [Order 906, § 388-33-090, filed 2/14/74; Order 534, § 388-33-090, filed 3/31/71, effective 5/1/71; Order 449, § 388-33-090, filed 5/14/70, effective 6/15/70; Regulation 10.23, filed 1/24/64.]

WAC 388-33-095 Grant authorization, reauthorization and computation--State office reauthorization and recomputation of grant. (1) When the department adopts revised standards for requirements, or amends rules regarding income, resources or eligibility, the state office shall determine whether state office recomputation of grant is feasible. If feasible, the state office shall establish the procedure, notify the local office by memorandum and prepare the certification and computation of grant form showing the grant computation.

(2) The state office reauthorizes and recomputes grants if current data about the recipient's eligibility and need are in the state office. If the state office reauthorizes grants the local office shall be informed of the termination or change in amount of the individual's grant. For this purpose the certification and computation of grant form shall be prepared by the state office for each payee and the form sent to the local office responsible for the case. [Order 906, § 388-33-095, filed 2/14/74; Order 534, § 388-33-095, filed 3/31/71, effective 5/1/71; Order 449, § 388-33-095, filed 5/14/70, effective 6/15/70; Regulation 10.231, filed 1/24/64.]

WAC 388-33-115 Effective date of eligibility--Applicant, reapplicant and reinstated recipient. The effective date of eligibility shall be the date of authorization, or the thirtieth day after application, if more than thirty days are required to determine eligibility. In applying this rule the day application was made is not counted. [Order 906, § 388-33-115, filed 2/14/74; Order 534, § 388-33-115, filed 3/31/71, effective 5/1/71; Order 449, § 388-33-115, filed 5/14/70, effective 6/15/70; Regulation 10.25, filed 1/24/64.]

WAC 388-33-120 Effective date of eligibility--Exceptions. (1) Change of category

The effective date of eligibility of a person receiving continuing assistance and applying for a grant in another program shall be the first regular warrant roll for which he is eligible for payment from the new program and the grant under the old program is terminated.

(2) Special event application - (See WAC 388-38-060 and 388-38-070)

(a) The effective date of a grant to a person (except as provided in subsection (1)) applying prior to the occurrence of an event which will make him eligible, shall be the date upon which the event occurs if eligibility otherwise exists on that date.

(b) When such event occurs on a nonworking day, the authorization shall be completed on the first working day following and dated as of the day the special event occurred. This rule also applies when the effective date of a reinstated grant (see subsection (4)) or the thirtieth day after date of application occurs on a nonworking day.

(3) Regular grant terminated in error

(a) A grant terminated because of local or state office error shall be reauthorized (corrected) as a "reopen" action. The effective date is the first of the month in which payment was erroneously discontinued on the regular warrant roll. Reopening shall be authorized promptly.

(b) If the error is discovered within the month in which no payment was made, the individual is not required to complete an eligibility review form. If the termination in error extends for more than thirty days but less than three months, an eligibility review form and other periodic review procedures as appropriate are used. However, if the termination in error extends for more than three months a new application rather than periodic review is required.

(4) Reinstatement of suspended grant

(a) Upon receipt of a request for reinstatement of grant, the local office shall determine current eligibility and need using the periodic review process. The review includes consideration of all eligibility factors.

(b) The effective date of reinstating a grant suspended according to WAC 388-28-484 shall be the date determined at the time of suspension.

(c) The effective date of reinstating a grant suspended because the monthly refund deduction resulted in a payment of less than \$1 shall be the first of the month following the month in which the overpayment is liquidated.

(d) A reinstated grant shall not be authorized before the date the event occurred which restored eligibility for payment.

(e) The individual who requests reinstatement of suspended grant within thirty days after a change in his circumstances need not complete an application form but shall complete an eligibility review form.

(5) Incapacity redetermined after termination of GAU. See WAC 388-37-040(3). [Statutory Authority: RCW 74.08.090. 79-06-028 (Order 1398), § 388-33-120, filed 5/16/79; 78-10-036 (Order 1338), § 388-33-120, filed 9/18/78; Order 906, § 388-33-120, filed 2/14/74; Order 791, § 388-33-120, filed 4/12/73; Order 747, § 388-33-120, filed 12/7/72; Order 534, § 388-33-120, filed 3/31/71, effective 5/1/71; Order 449, § 388-33-120, filed 5/14/70, effective 6/15/70; Order 394, § 388-33-120, filed 10/15/69; Regulation 10.251, filed 1/24/64.]

WAC 388-33-125 Notification of grant approval.

(1) Except as indicated in WAC 388-33-085(7) a continuing assistance applicant or recipient shall be notified when the local office authorizes payment of his first regular grant or a change in grant. The state office mails form 5822-M-4, notice of grant approval, to the payee not later than three working days after receipt of the authorization. Form 5822-M-4 is mailed to the payee independently of his warrant.

(2) The procedure in subsection (1) applies to grant authorizations submitted to the state office by the local office for new, reopen, reinstate, program change and recompute transactions. For recompute transactions resulting in a changed grant amount, the notice of grant approval shows the former grant amount and the new grant amount. The notice of grant approval is sent to a recipient each time a change in grant is recomputed. See WAC 388-34-180 for notification to an applicant or recipient in an institution.

(3) The notice of grant approval is printed and mailed at the same time that the certification and computation of grant form is issued and sent to the local office. The receipt of this form by the local office is notification that the recipient has been notified of the change in amount of grant. [Order 906, § 388-33-125, filed 2/14/74; Order 534, § 388-33-125, filed 3/31/71, effective 5/1/71; Order 449, § 388-33-125, filed 5/14/70, effective 6/15/70; Order 270, § 388-33-125, filed 12/5/67; Regulation 10.252, filed 7/27/67; Regulation 10.252, filed 7/13/65, 1/24/64.]

WAC 388-33-135 Effective date of change in eligibility. (1) A change in circumstances is any change which affects eligibility and/or continued payment of the grant previously authorized.

(2) When a change of circumstances renders the client ineligible, the effective date of ineligibility is the first of the month following the month in which the change occurred.

(3) When a change of circumstances results in an increase or reduction in the grant, WAC 388-33-140 is applicable. [Order 1058, § 388-33-135, filed 10/1/75; Order 694, § 388-33-135, filed 6/29/72; Order 534, § 388-33-135, filed 3/31/71, effective 5/1/71; Order 443, § 388-33-135, filed 4/15/70; Regulation 10.26, filed 1/24/64.]

WAC 388-33-140 Effective date of increase or decrease in grant. (1) Increase or reduction in grant

(a) When a change in circumstances results in an increase or reduction of the assistance grant the effective date of change is the first of the following month providing that the change is reported to the local office by the 21st day of the month.

(b) If the change in circumstances is not reported to the local office by the 21st day of the month the effective date of change is the first of the 2nd month following the month in which the change of circumstances occurred.

(c) If a change of circumstances resulting in a decrease in the grant amount is not reported until the

month following its occurrence and after the 21st day of the month in which it is reported an overpayment shall be established.

(2) The effective date shall never precede the date the circumstances actually changed.

(3) Change in grant involving a cancelled warrant

When a warrant is cancelled and assistance is to be reissued by an adjusting payment, the effective date of the grant as recomputed by the state office is the first of the month covered by the cancelled warrant. If, according to the rule in subsection (1), any assistance is due the recipient for a month prior to that covered by the cancelled warrant, the local office shall authorize a one-time grant. [Order 1058, § 388-33-140, filed 10/1/75; Order 1008, § 388-33-140, filed 2/13/75; Order 966, § 388-33-140, filed 8/29/74; Order 906, § 388-33-140, filed 2/14/74; Order 791, § 388-33-140, filed 4/12/73; Order 534, § 388-33-140, filed 3/31/71, effective 5/1/71; Order 443, § 388-33-140, filed 4/15/70; Order 337, § 388-33-140, filed 2/3/69; Order 275, § 388-33-140, filed 1/29/68; Regulation 10.261, filed 1/24/64.]

WAC 388-33-165 Effective date of grant--Fair hearing or court decision involved. (1) The fair hearing or court decision will specify the effective date of eligibility or change in the grant. The regular grant change is made on the first possible regular warrant roll date. See WAC 388-33-595(2)(c)(v) for payment of any adjusting grant due.

(2) When the hearing decision is favorable to the claimant, or when the local office decides in favor of the claimant prior to the hearing, the local office shall make corrective payments retroactively to the date an incorrect action was taken or such earlier date as is provided under department rules. [Order 694, § 388-33-165, filed 6/29/72; Order 534, § 388-33-165, filed 3/31/71, effective 5/1/71; Regulation 10.271, filed 1/24/64.]

WAC 388-33-170 Effective date of grant--Law or rule change involved. When change in eligibility or amount of grant results from change in law or department rules the effective date of eligibility for the change in the grant is specified by the department. [Order 534, § 388-33-170, filed 3/31/71, effective 5/1/71; Regulation 10.272, filed 1/24/64.]

WAC 388-33-190 Effective date of grant--Monthly deduction of overpayment. (1) A deduction from the monthly grant when required by WAC 388-44-145 takes effect with the first regular warrant following state office receipt of the certification and computation of grant form, taking into account the warrant roll deadline date and the advance notice period provided in WAC 388-33-380.

(a) The certification and computation of grant form shall not be submitted to start the monthly deduction until after the advance notice period has expired, and it has been confirmed that a fair hearing has not been requested.

(b) If, during the ten day period, the recipient requests a fair hearing regarding the monthly deduction of

overpayment, no monthly deduction can be made until after the decision on the fair hearing has been made or the hearing request is withdrawn in writing by the claimant or abandoned.

(2) The local office shall certify discontinuance of the monthly deduction as soon as restitution is completed.

(3) A one-time grant shall be authorized expeditiously to compensate the recipient for an underpayment due to an erroneous monthly deduction. Also see WAC 388-33-595(2)(c)(vii). [Order 906, § 388-33-190, filed 2/14/74; Order 694, § 388-33-190, filed 6/29/72; Order 570, § 388-33-190, filed 6/11/71; Order 534, § 388-33-190, filed 3/31/71, effective 5/1/71; Regulation 10.28, filed 1/24/64.]

WAC 388-33-195 Effective date of grant--Underpayment. (1) A current recipient who received less than the correct amount of an assistance grant or service payment due to departmental error shall be paid the amount due.

(2) Retroactive corrective payment shall be limited to the twelve months preceding the month in which the underpayment is discovered.

(3) The effective date of the corrective payment is the date the payment is authorized.

(4) For purposes of determining continued eligibility and amount of assistance, corrective payments shall not be considered as income or as a resource in the month paid nor in the next following month. [Order 906, § 388-33-195, filed 2/14/74; Order 791, § 388-33-195, filed 4/12/73.]

WAC 388-33-230 Address change to another local office area. The eligibility of a recipient who moves from one LO area to another within the state is affected only insofar as his need may change. A change in residence usually involves a change in living arrangements, requirements and/or income, and reauthorization of grant. [Order 534, § 388-33-230, filed 3/31/71, effective 5/1/71; Regulation 10.32, filed 1/24/64.]

WAC 388-33-235 Address change to another local office area--Reside permanently. "Reside permanently" shall mean remaining in the new area for more than ninety days. Intent to reside permanently in another area shall be presumed to exist when the recipient is absent from his former residence for more than ninety days. The LO shall establish intent taking into account the plan, wishes and actions of the recipient. [Order 534, § 388-33-235, filed 3/31/71, effective 5/1/71; Regulation 10.321, filed 1/24/64.]

WAC 388-33-240 Address change to another local office area--Visit. (1) "Visit" shall mean absence of a recipient from his LO area of residence for not more than ninety days. The recipient's declaration of intent to return to his former residence within ninety days after the date he left shall be prima facie evidence that he is on a visit.

(2) The department's office in the area in which the recipient is visiting shall render all service needed to determine whether a change in the recipient's circumstances requires recomputation, suspension, or termination of grant. Any grant action required while the recipient is visiting shall be the sole responsibility of the LO in the area of permanent residence. Ordinarily no change in grant shall be made (other than redirection of warrant) while a recipient is visiting. The regular grant of a visiting recipient shall be increased only when recommended by the LO in the area in which the recipient is visiting. [Order 534, § 388-33-240, filed 3/31/71, effective 5/1/71; Regulation 10.322, filed 1/24/64.]

WAC 388-33-335 Reduction of grant amount. The grant of a continuing assistance recipient will be adjusted when the local office certifies a change of circumstances which reduces the recipient's need. [Order 906, § 388-33-335, filed 2/14/74; Order 694, § 388-33-335, filed 6/29/72; Order 570, § 388-33-335, filed 6/11/71; Order 534, § 388-33-335, filed 3/31/71, effective 5/1/71; Order 270, § 388-33-335, filed 12/5/67; Regulation 10.36, filed 6/30/67; Regulation 10.36, filed 1/24/64.]

WAC 388-33-355 Suspension of grant. (1) A suspension action is taken when

(a) The recipient has income sufficient to meet his maintenance requirements for more than one but not to exceed two months, or

(b) The amount deducted to make restitution on an overpayment results in a grant of less than one-dollar per month, or

(c) The recipient has entered or is in an institution and his income is equal to or exceeds his grant requirements but is less than his grant requirements plus medical costs and/or nursing home or intermediate care.

(2) A suspended grant shall be reinstated when the conditions in subsection (1) cease to exist and the recipient is otherwise eligible.

(3) A suspended grant shall be terminated as provided in WAC 388-33-370. [Order 906, § 388-33-355, filed 2/14/74; Order 747, § 388-33-355, filed 12/7/72; Order 694, § 388-33-355, filed 6/29/72; Order 570, § 388-33-355, filed 6/11/71; Order 534, § 388-33-355, filed 3/31/71, effective 5/1/71; Order 369, § 388-33-355, filed 8/14/69; Regulation 10.41, filed 6/30/67; Regulation 10.41, filed 7/13/65, 1/24/64.]

WAC 388-33-365 Termination of grant. (1) Termination of a grant is a direct action of the local office. Direct action means that the local office has determined and certified that the recipient fails to meet one or more of the conditions necessary to maintain continued eligibility.

(2) The grant shall be terminated when the local office determines that the recipient does not meet one or more of the conditions required for continued eligibility. [Order 906, § 388-33-365, filed 2/14/74; Order 694, § 388-33-365, filed 6/29/72; Order 570, § 388-33-365,

filed 6/11/71; Order 534, § 388-33-365, filed 3/31/71, effective 5/1/71; Order 369, § 388-33-365, filed 8/14/69; Regulation 10.42, filed 6/30/67; Regulation 10.42, filed 1/24/64.]

WAC 388-33-370 Termination of suspended grant.

(1) A suspended grant shall be terminated when

(a) The individual dies while the grant is suspended;

(b) The individual does not request reinstatement of grant within fifteen days after leaving an institution, or completing restitution of overpayment by monthly grant deduction.

(c) The individual's resources and/or income increase during the suspension period to the extent he would not be eligible for medical care;

(d) A period of temporary ineligibility has ended and individual is ineligible for some other reason. [Order 747, § 388-33-370, filed 12/7/72; Order 534, § 388-33-370, filed 3/31/71, effective 5/1/71; Order 369, § 388-33-370, filed 8/14/69; Regulation 10.421, filed 6/30/67; Regulation 10.421, filed 1/24/64.]

WAC 388-33-375 Termination of suspended grant—Authorization of assistance resulting from change of decision on eligibility and grant. If the local office changes its decision to reduce, terminate or suspend the grant, assistance shall be authorized expeditiously to meet the recipient's need according to the rules. [Order 906, § 388-33-375, filed 2/14/74; Order 694, § 388-33-375, filed 6/29/72; Order 570, § 388-33-375, filed 6/11/71; Order 534, § 388-33-375, filed 3/31/71, effective 5/1/71.]

WAC 388-33-376 Advance and adequate notice—Suspension—Termination—Reduction of grant. (1) In cases of planned actions to terminate, suspend or reduce grants to recipients of AFDC, GA, medical assistance, or medical only, the local office shall give advance and adequate notice, except as provided in WAC 388-33-385.

(a) "Advance" means that the notice is mailed at least ten days before the date of action.

(b) "Adequate" means a written statement of what action the local office intends to take, the facts relating to the decision, the policy supporting the action, the right to request a fair hearing, and the circumstances under which assistance is continued if a hearing is requested.

(2) When advance notice of planned action is not required as provided in WAC 388-33-385:

(a) Notification of planned reduction shall be provided by state office;

(b) The local office shall notify the recipient of suspension or termination action as described in subsection (1)(b) of this section.

(3) When changes in either state or federal law require automatic grant adjustments for classes of recipients, notice shall be given including the specific change in law. The state office shall determine the method by

which notice is given. [Statutory Authority: RCW 74.08.090. 78-08-053 (Order 1320), § 388-33-376, filed 7/20/78.]

WAC 388-33-377 Grant continuation pending fair hearing. (1) When a recipient (of medical benefits, AFDC or general assistance payments) files a request for fair hearing according to chapter 388-08 WAC and the request is filed within the advance notice period specified in WAC 388-33-376, assistance shall be continued, if the decision being appealed relates to proposed reduction, suspension, or termination.

Such payment continues through the month of the fair hearing in all cases in which a fair hearing is requested, unless the request is withdrawn in writing by the claimant or abandoned.

(2) When a recipient requests a fair hearing within the advance notice period relative to a proposed reduction, suspension, or termination of assistance, the determination of whether the issue is one of policy or is an issue of fact or judgment will be determined at the fair hearing by the hearing examiner.

(a) If there is an issue of fact or judgment including the correctness of application of the department's rules and policy, assistance will then continue through the month in which a fair hearing decision is rendered.

(b) If the issue is one of policy, assistance is discontinued at the end of the month in which the hearing is held. The department shall promptly inform the client in writing if assistance will not be continued, based on the above determination that the issue is one of policy.

(3) Assistance shall be reinstated in any case where the notice to reduce, suspend or terminate the grant does not require advance notice, if the recipient requests a fair hearing within ten days of the mailing of the notice of action. Subsection (1) applies.

(4) When a monthly payment has been prorated as provided in WAC 388-33-382(2)(a), and (1)(a) and (1)(b) of this section apply, assistance shall be restored immediately to meet the recipient's needs according to rules and procedures.

(5) Assistance shall not be continued under the provisions in this section if the claimant requests in writing that assistance not be continued.

(6) When the claimant requests a hearing date delay, the state office shall determine the reasonableness of the request and whether assistance will be continued during the extended period. [Statutory Authority: RCW 74.08.090. 78-08-053 (Order 1320), § 388-33-377, filed 7/20/78; Order 1194, § 388-33-377, filed 3/3/77; Order 906, § 388-33-377, filed 2/14/74; Order 694, § 388-33-377, filed 6/29/72; Order 570, § 388-33-377, filed 6/11/71.]

WAC 388-33-382 Notification of suspension or termination or reduction of grant—Effect on eligibility and grant. (1) Rules governing the effective dates of eligibility resulting from changes in circumstances are not altered by rules on notification.

(2) Compliance with a required advance notice period may in some instances necessitate issuing assistance on a partial month basis.

(a) When a proposed action cannot be effected on the date specified by rules on eligibility and grant changes, assistance shall be continued unchanged until the end of the advance notice period. Monthly payment shall be prorated for the number of days needed.

(b) Assistance granted during a required advance notice period is not considered to be an overpayment. [Order 906, § 388-33-382, filed 2/14/74; Order 791, § 388-33-382, filed 4/12/73; Order 694, § 388-33-382, filed 6/29/72.]

WAC 388-33-385 Notification of suspension or termination or reduction of grant--Dispensation of advance notice. Advance notice of action to terminate, suspend or reduce assistance is not required when

(1) The local office has factual information of the death of the recipient or of the AFDC payee.

(2) A recipient has been admitted or committed to an institution which makes the recipient ineligible.

(3) A recipient has been placed in skilled nursing or intermediate care or long-term hospitalization.

(4) The recipient's whereabouts are unknown and departmental mail directed to him has been returned by the post office indicating no known forwarding address.

(5) A recipient has been accepted for assistance in another state or has moved to a different local office area if verified by the local office previously authorizing assistance.

(6) An AFDC child is removed from the home as a result of a judicial determination or voluntarily placed in foster care by his legal guardian.

(7) Eligibility for assistance or an additional requirement is determined to exist for a specific limited period of time and the recipient has been so advised.

(8) The local office receives a clear statement from the recipient that he no longer wishes assistance or that gives information which requires termination, suspension or reduction of assistance.

(a) The local office shall have reasonable assurance that the recipient understands the consequences of his supplying such information.

(b) The local office shall immediately send adequate notice to confirm verbal information reported by a recipient for eligibility purposes. [Order 906, § 388-33-385, filed 2/14/74.]

WAC 388-33-400 Payee of grant. (1) Cash payments are made directly to all continuing assistance recipients except as modified in items (2)(b)(ii) through (2)(b)(iv).

(2) Grants are paid

(a) To eligible persons in cash (state warrant), or

(b) To other persons in behalf of the eligible persons as

(i) Cash payments to parents and other relatives in behalf of children eligible for aid to families with dependent children;

(ii) Cash payments to guardians and agents as described in WAC 388-33-420 through 388-33-430;

(iii) Protective payment in GAU as specified in WAC 388-33-455;

(iv) Protective payments in aid to families with dependent children as specified in WAC 388-33-440, 388-33-450, and 388-33-453.

(v) Payments to vendors of goods and services supplied to eligible persons as described in WAC 388-33-460.

(3) In authorizing any payment of assistance the local office shall specify the person to whom the grant is to be paid. [Order 1054, § 388-33-400, filed 9/25/75; Order 906, § 388-33-400, filed 2/14/74; Order 534, § 388-33-400, filed 3/31/71, effective 5/1/71; Order 357, § 388-33-400, filed 5/29/69; Order 322, § 388-33-400, filed 11/27/68; Emergency Order 306, filed 9/20/68; Regulation 10.50, filed 1/24/64.]

WAC 388-33-420 Payment of grant to other person in behalf of recipient. (1) Inasmuch as children are legally under the custody of their parents, AFDC payments are usually made to a parent or parents. When a parent is not available, payments are made to other relatives in behalf of the children. See WAC 388-33-430, 388-33-440 and 388-33-450 for AFDC payments other than to the parent or relative payee.

(a) Temporary AFDC payee. The following rule applies to temporary situations when a person other than a parent or specified relative lives with and assumes care and supervision of a child.

(i) When an emergency deprives a child receiving AFDC of the care and supervision of the parent or relative with whom he is living, AFDC may be continued and be paid to a person acting for the parent or relative during a temporary period required to make and carry out new plans for the child's continuing care and support.

(ii) AFDC is continued under this rule for only the period of time actually necessary to carry out active planning for the continuing care of the child and to transfer responsibility for the child under a more permanent arrangement. The emergency payee is not included in the AFDC assistance unit.

(2) Arrangements for payment to someone other than the individual eligible for continuing general assistance shall be made only when he is definitely unable to make personal decisions for the use of his funds and the assistance of a relative, friend or caseworker is not possible or is not sufficient to continue money payments to him.

(3) When a money payment cannot be made directly to an applicant or recipient, a guardian shall be secured or a protective payee shall be designated.

(a) Guardianship is preferable when the individual

(i) Has resources in property, cash or negotiable assets which need management, or

(ii) Needs someone to control his private affairs to a greater extent than helping with the use of his assistance grant, for example, moving the recipient to a more desirable living arrangement.

(b) The designation of a protective payee (person to whom the grant is paid in behalf of the recipient) is preferable when

(i) Help with money management is the recipient's essential need, and

(ii) The recipient does not have resources requiring legal management, and

(iii) Voluntary guidance and assistance is not adequate, and

(iv) Guardianship is not feasible, practical or necessary. [Order 1241, § 388-33-420, filed 9/23/77; Order 917, § 388-33-420, filed 3/14/74; Order 621, § 388-33-420, filed 10/27/71; Order 534, § 388-33-420, filed 3/31/71, effective 5/1/71; Order 357, § 388-33-420, filed 5/29/69; Order 322, § 388-33-420, filed 11/27/68; Emergency Order 306, filed 9/20/68; Regulation 10.52, filed 1/24/64.]

WAC 388-33-425 Payment of grant to guardian--Continuing general assistance. (1) The local office has no authority to petition the court for appointment of a guardian for an adult.

(2) The local office shall not authorize the use of assistance funds to pay the guardianship costs or services.

(3) Should a guardian die, move away, or decline to serve further, the guardianship should be terminated by court action. If the recipient lacks resources to pay for formal (legal) dissolution of guardianship, a change in payee is authorized, and

(a) If the guardian died, a copy of the death certificate is filed in the case record. If necessary, the cost of the death certificate can be paid from the administrative funds.

(b) If the guardian refuses or is unable to continue to serve, a signed statement from the guardian requesting that the grant no longer be paid to him is filed in the case record. [Order 917, § 388-33-425, filed 3/14/74; Order 534, § 388-33-425, filed 3/31/71, effective 5/1/71; Order 357, § 388-33-425, filed 5/29/69; Order 322, § 388-33-425, filed 11/27/68; Emergency Order 306, filed 9/20/68; Regulation 10.521, filed 1/24/64.]

WAC 388-33-430 Payment of grant to guardian--Aid to families with dependent children--Special and limited nature. If the LO finds that the relative payee of an AFDC grant is not using the grant adequately for the needs of an AFDC child and that it would be beneficial to have a court-appointed guardian, the LO may ask the chief of the child welfare and family services unit to request the attorney general to file a petition in the superior court for the appointment of a guardian of the child(ren). Such guardianship as provided in RCW 74.12.250 is special and limited solely for the purpose of safeguarding the assistance grants made to dependent children. Such guardianship shall terminate upon termination of such assistance grant or sooner upon order of the court. [Order 534, § 388-33-430, filed 3/31/71, effective 5/1/71; Order 357, § 388-33-430, filed 5/29/69; Order 322, § 388-33-430, filed 11/27/68; Emergency Order 306, filed 9/20/68; Regulation 10.522, filed 1/24/64.]

WAC 388-33-440 Protective or vendor payment due to mismanagement of AFDC grant. (1) The rules in this section do not apply to WIN protective payments except as specified in WAC 388-33-450 nor to protective payments resulting from a failure to cooperate with the office of support enforcement except as specified in WAC 388-33-453.

(2) Purpose--criteria for use.

(a) Protective or vendor payment is designed for the small number of aid to families with dependent children cases in which the caretaker relative has demonstrated severe difficulty in managing money, but has the capacity to learn, in a relatively short time, with the aid of social services to manage his funds in a manner that will assure the proper care of the children. These payments may be vendor or money payments. Part of the payment may be made to the family and part may be made to the protective payee or vendor. Evidence of mismanagement of funds must be specific and clearly establish the fact that the way in which the funds are used threatens the well-being of the child. Examples are

(i) Continued inability to plan and spread necessary expenditures over the usual payment period,

(ii) Continued evidence that the children are not properly fed and clothed or that expenditures are made in such a way as to threaten their chances for healthy growth and development,

(iii) Persistent and deliberate failure to meet obligations for rent, food and other essentials,

(iv) Repeated evictions or incurrence of debts against current income.

(b) Protective or vendor payment is not used when the basic problem is insufficient funds rather than management of money. It is not intended for recipients whose mental or physical limitations would prevent them from learning how to manage their own affairs. Protective payment is not used when a financial problem is due only to emergency situations, such as short-term illness, or an unexpected decrease in support payments, or other partial income.

(c) The use of protective or vendor payment is a temporary measure to help improve management and use of money for the best interest of the family. The availability of social services is an essential ingredient to accomplish the educational and constructive purposes of this plan. Chapter 388-16 WAC contains examples of the types of services to the relative in order to assist him or her to avoid the necessity of the protective payment plan or to discontinue its use expeditiously.

(d) The social services supervisor or local office administrator makes the decision to establish a protective or vendor payment plan upon recommendation by the worker. The case record must contain the evidence upon which the worker's recommendation is based. See WAC 388-33-442.

(3) Selection of another individual to be payee of grant

(a) An individual designated to receive all or part of the AFDC payment on behalf of a family must be interested in or concerned with the welfare of the child(ren) and the caretaker relative. To the extent possible, the

caretaker relative shall choose the protective payee or participate in the selection of the protective payee. The individual may be

(i) A relative, friend, neighbor, clergyman, or member of a church or community service group,

(ii) An individual who serves with a voluntary social agency, such as family services or settlement centers,

(iii) A home economist with a public or private organization,

(iv) A staff member of homemaker services, house-keeping aide program, practical nurse association, or other agencies,

(v) A staff member of a public agency, such as one administering child welfare, health, rehabilitation, and housing programs,

(vi) An employee of the department when no other suitable person is available. A worker shall not serve as payee for cases in his regular caseload. Department specialists in home and money management are to be given preference over other department staff.

(b) To avoid conflict of interest situations the individual may not be

(i) The local office administrator,

(ii) The local office employee determining the financial eligibility of the family,

(iii) A vendor of goods and services dealing directly with the recipient, such as landlord or grocer,

(iv) Special investigative or resource staff or staff authorizing payments for the recipient,

(v) An employee of the department when the department has legal custody or the responsibility for placement and care of the family's child(ren).

(c) Standards for selecting a protective payee are

(i) Interest and concern in the welfare of the family,

(ii) Ability to help the family make proper use of the assistance payment,

(iii) Accessibility to the family,

(iv) Ability to establish and maintain a positive relationship with the family,

(v) Good character and reliability.

(d) Payee-recipient relationship

The protective payee has the authority and responsibility to make decisions about the expenditures of the assistance payments. The teaching component requires that the recipient participate to the extent of his ability in the decisions.

(e) Payee-department relationship

(i) The payee and the department share in the responsibility for developing plans to improve the recipient's capacity to handle money and to evaluate progress.

(ii) The payee has responsibility for assuring the department that the assistance money has been spent on behalf of the children. This need not be a detailed account.

(iii) The payee's responsibility to the department is defined by the local office in writing with a copy for the recipient, payee, and case record.

(4) Selection of vendor providing goods and services.

(a) In the absence of another individual to act as payee of a protective payment grant, assistance may be paid in whole or in part as vendor payments directly to

persons furnishing food, living accommodations or other goods or services to or for the child or relative.

(b) Vendors shall be selected by the recipient or with his participation or consent to the extent possible. Vendors should be easily accessible to the recipient. [Order 1054, § 388-33-440, filed 9/25/75; Order 700, § 388-33-440, filed 7/27/72; Order 534, § 388-33-440, filed 3/31/71, effective 5/1/71; Order 341, § 388-33-440, filed 3/20/69; Order 322, § 388-33-440, filed 11/27/68; Emergency Order 306, filed 9/20/68.]

WAC 388-33-442 Protective or vendor payment due to mismanagement of AFDC grant--Plan approval--Duration. An approved protective or vendor payment plan shall not exceed an initial period of three months. After review of the situation further periods of three months up to a maximum of twenty four consecutive months may be authorized. See WAC 388-33-448. [Order 700, § 388-33-442, filed 7/27/72; Order 534, § 388-33-442, filed 3/31/71, effective 5/1/71; Order 341, § 388-33-442, filed 3/20/69; Order 322, § 388-33-442, filed 11/27/68; Emergency Order 306, filed 9/20/68.]

WAC 388-33-444 Protective or vendor payment due to mismanagement of AFDC grant--Notice to AFDC recipient, protective payee or vendor. (1) When a protective or vendor payment plan is approved the local office shall notify the relative payee in writing that a decision has been made to change the payee, the basis for determination, the name of the new payee, or the use of vendor payment, the effective date of change, and that he has the right to appeal the decision. [Order 700, § 388-33-444, filed 7/27/72; Order 534, § 388-33-444, filed 3/31/71, effective 5/1/71; Order 341, § 388-33-444, filed 3/20/69; Order 322, § 388-33-444, filed 11/27/68; Emergency Order 306, filed 9/20/68.]

WAC 388-33-446 Protective or vendor payment due to mismanagement of AFDC grant--Discharge of protective payee--Reinstatement of relative payee. (1) The protective payee may be removed upon his (her) request, when a different payee is designated by the local office or when the relative payee is ready to resume the payee function.

(2) Vendor payments are discontinued when another person is located to serve as protective payee or when the relative payee is ready to resume the payee function.

(3) The local office shall notify the principals of the revised plan to certify the change.

(4) If a guardian is appointed for the payee relative the protective payee is discontinued. [Order 700, § 388-33-446, filed 7/27/72; Order 534, § 388-33-446, filed 3/31/71, effective 5/1/71; Order 341, § 388-33-446, filed 3/20/69; Order 322, § 388-33-446, filed 11/27/68; Emergency Order 306, filed 9/20/68.]

WAC 388-33-447 Protective or vendor payment due to mismanagement of AFDC grant--Fair hearing. (1) The recipient has a right to request a fair hearing regarding the determination:

(a) That a protective or vendor payment should be made,

(b) As to the payee selected,

(c) That foster care will be provided for his child.

(2) This section does not apply to WIN protective payments nor to protective payments resulting from a failure to cooperate with the Office of Support Enforcement. [Order 1195, § 388-33-447, filed 3/3/77; Order 700, § 388-33-447, filed 7/27/72.]

WAC 388-33-448 Protective or vendor payment due to mismanagement of AFDC grant--Periodic review of plan. (1) The social services supervisor or local office administrator shall review the conditions relating to the protective or vendor payment plan every three months or more often, if indicated. The review includes evaluation whether

(a) Conditions justify continuation of the plan or its modification,

(b) Protective payee's responsibilities are being carried out appropriately,

(c) The relative payee can be expected to resume the payee function,

(d) A court appointed guardian or foster care is needed because the relative payee cannot learn the payee functions and it appears the plan will continue beyond two years. [Order 700, § 388-33-448, filed 7/27/72; Order 534, § 388-33-448, filed 3/31/71, effective 5/1/71; Order 341, § 388-33-448, filed 3/20/69; Order 322, § 388-33-448, filed 11/27/68; Emergency Order 306, filed 9/20/68.]

WAC 388-33-449 Protective or vendor payment due to mismanagement of AFDC grant--Information confidential. Since a protective payment plan requires services, in many instances outside the agency, and the appointment of a protective payee to work in close relationship with the aid to families with dependent children family, special effort must be made to safeguard information about the family.

Release of information to the protective payee from the public assistance record must be confined to those facts about the family members and their situation that are pertinent to the fulfillment of the payee's responsibility in the home. The need to respect the family's right to confidentiality shall be explained to a prospective protective payee. [Order 534, § 388-33-449, filed 3/31/71, effective 5/1/71; Order 341, § 388-33-449, filed 3/20/69; Order 322, § 388-33-449, filed 11/27/68; Emergency Order 306, filed 9/20/68.]

WAC 388-33-450 Protective payment--Employment or work incentive program refused without good cause. (1) If an individual certified to the work incentive program has been determined to have refused without good cause to participate in the work incentive program or to accept a bona fide offer of employment, assistance in the form of protective or vendor payments will be provided under the conditions described in WAC 388-57-061.

(2) The local office shall notify the relative payee of his removal as described in WAC 388-33-444.

(3) Selection of another individual as payee shall follow criteria in WAC 388-33-440(3)(a)(b)(c). When vendor payments are made, at least the greater part of the payment will be through this method. See WAC 388-33-440(4).

(4) Payment to the relative payee shall promptly be resumed when notice is received from the department of employment security that the individual no longer refuses to participate in a work incentive program or employment or had good cause for refusal to participate. [Order 831, § 388-33-450, filed 7/26/73; Order 747, § 388-33-450, filed 12/7/72; Order 534, § 388-33-450, filed 3/31/71, effective 5/1/71; Order 322, § 388-33-450, filed 11/27/68; Emergency Order 306, filed 9/20/68.]

WAC 388-33-453 Protective payment--Failure or refusal to cooperate with support enforcement. (1) If the parent or other caretaker relative fails or refuses to cooperate with the office of support enforcement or other agencies in obtaining support payments as stipulated in WAC 388-24-108 and 388-24-109, assistance will be provided to meet the requirements of the otherwise eligible child(ren) in the form of protective or vendor payments.

(2) Criteria for expenditure of funds shall be as follows:

(a) Disposition of funds shall be made first to assure shelter costs, food, clothing and necessary utilities for the children.

(b) There shall be no proration of payments for the parent/caretaker relative's share of common household expenses.

(c) Payments for the requirements of the children shall not be used to meet the individual requirements of the parent(s) or caretaker relative.

(3) When a protective payment is established, the ESSO will notify the caretaker relative in writing of this fact, the name of the protective payee and the effective date of the change.

(4) The selection of a protective payee shall be made in accordance with WAC 388-33-440(3)(a)(b) and (c), with the exception that the protective payee shall not be the parent/caretaker relative or the spouse of the parent/caretaker relative.

(5) The manner in which the protective payee performs will be reviewed at least every three months and the caretaker relative's circumstances will be reviewed as frequently as indicated.

(6) Payment to the relative payee shall not be resumed without written approval by the office of support enforcement stating that the individual is cooperating in obtaining support.

(7) The rules in this section as to the person selected as protective payee and manner of disbursements are not subject to a fair hearing. [Order 1195, § 388-33-453, filed 3/3/77; Order 1054, § 388-33-453, filed 9/25/75.]

WAC 388-33-455 Protective payment--Special needs of SSI beneficiary or continuing general assistance recipient. (1) Protective payment for a SSI beneficiary or continuing general assistance recipient is payment to another individual designated as protective payee.

(2) The objective in making protective payments is to assist in money management or provide management of funds for the individual who, by reason of physical or mental condition, is incapable of handling his money in a manner conducive to his continuing health, social adjustment and acceptance in the community.

(3) Allowances for the cost of chore service or special needs such as restaurant meals may be issued to a protective payee when the individual manifests a persistent inability to manage and use his funds for their intended purposes.

(4) When the local office determines that an SSI beneficiary is unable to manage his award, a referral shall be made to the social security administration district office for consideration of the designation of a representative payee.

(5) Protective payment is not used when the basic problem is insufficient funds rather than money management or when a financial problem is due to an emergency situation such as short-term illness.

(6) Assistance funds shall not be authorized to the protective payee for his costs or services.

(7) The facts supporting a determination of an individual's inability to manage funds must be specific and clearly establish that his misuse of funds threatens his well being, for example:

(a) Medical or psychological evaluations,

(b) Observation of gross conditions such as extensive paralysis, serious mental retardation, continued disorientation, or severe memory loss,

(c) Continued inability to plan and spread necessary expenditures over the usual payment period,

(d) Persistent failure to pay for rent, utilities, food and other essentials.

(8) The individual designated to receive the payment on behalf of a SSI beneficiary or a continuing general assistance recipient must be interested in or concerned with his welfare. The selection of the protective payee is preferably made by the recipient or with his participation and consent to the extent possible. The protective payee may be

(a) A relative, friend, clergyman, or member of a church,

(b) A member of a community service group, for example, an active participant in a senior citizen's center who takes an interest in being of help to his contemporaries,

(c) An individual who serves with a voluntary social agency or a home economist with a public or private organization,

(d) A staff member of homemaker services, house-keeping aid program, practical nurse association or other agencies,

(e) A staff member of a public agency, such as one administering health, rehabilitation and housing programs,

(f) The superintendent of a public institution for mental disease or for the mentally retarded or his designee,

(g) A department employee when no other suitable person is available. The person determining financial eligibility shall not serve as payee.

(9) To avoid conflict of interest the protective payee may not be

(a) The local office administrator, special investigative or resource staff, or staff handling fiscal processes related to the recipient,

(b) A vendor of goods and services dealing directly to the recipient, such as landlord, nursing home operator, operator of social care facility, or grocer.

(10) Standards for selecting a protective payee are:

(a) Interest and concern in the welfare of the individual,

(b) Ability to help the individual make proper use of the assistance payment when feasible,

(c) Accessibility to the individual,

(d) Ability to establish and maintain a positive relationship with the individual,

(e) Good character and reliability.

(11) The protective payee has the authority and responsibility to make decisions about the expenditure of assistance payments. He should encourage the recipient to participate to the extent of his ability in the decisions.

(a) The payee has responsibility for assuring the department that the assistance is spent on behalf of the recipient. An itemized account is not required, but a record of expenditures for the basic needs of food, shelter, clothing and utilities shall be maintained and kept current for review.

(b) The protective payee may not be qualified as the primary source of information regarding eligibility. His authority extends only to the grants received and not to the other financial affairs of the recipient. In making a review, the local office must continue to consult the recipient, when he can give pertinent information. Other appropriate persons should be consulted when necessary.

(12) The local office shall provide the recipient and payee a written agreement on the respective roles of the protective payee and the department. Copies of the agreement shall be furnished to the payee and the recipient, and a copy retained in the case record. The local office shall undertake and continue special efforts to protect the welfare of the individual in need of protective payment. The local office in cooperation with the payee shall strive to improve the individual's capacity for self-care and money-management to the extent possible.

(13) The social service supervisor or local office administrator makes the decision to establish a protective payment upon recommendation by the worker. The case record must contain the evidence upon which this recommendation is based.

(14) The decision to establish a protective payment plan shall be discussed with the recipient. He shall be notified in writing of the change in payee, the basis of the determination, the name of the protective payee designated and the effective date of the change. [Order 933, § 388-33-455, filed 5/15/74; Order 917, § 388-33-455,

filed 3/14/74; Order 534, § 388-33-455, filed 3/31/71, effective 5/1/71; Order 357, § 388-33-455, filed 5/29/69.]

WAC 388-33-457 Protective payment--Modification or termination of plan. (1) The protective payee may be removed upon his or her request, when a different payee is designated by the LO, or when the recipient is capable of resuming management of his own funds.

(2) When a judicial appointment of a guardian or other legal representative appears to serve the best interests of the individual, such appointment will be sought and the protective payment terminated when the appointment has been made.

(3) The revised plan shall be discussed with the principals and confirmed in writing. [Order 534, § 388-33-457, filed 3/31/71, effective 5/1/71.]

WAC 388-33-458 Protective payment--Periodic review. The need for protective payments and the way in which a protective payee's responsibilities are carried out shall be reconsidered as frequently as indicated by the individual's circumstances and at least every six months. [Order 534, § 388-33-458, filed 3/31/71, effective 5/1/71.]

WAC 388-33-459 Protective payment--Fair hearing. A recipient has the right to a fair hearing if dissatisfied with the decision that a protective payment shall be made or continued, and as to the protective payee selected, or that foster care will be provided. Procedures in chapter 388-08 WAC are followed. [Order 534, § 388-33-459, filed 3/31/71, effective 5/1/71; Order 357, § 388-33-459, filed 5/29/69.]

WAC 388-33-460 Payment to vendor of goods and services. (1) A vendor payment may be used to provide assistance for an individual who is in emergent need from the date his continuing assistance grant is authorized to the date of payment of such grant when public assistance emergency assistance fund warrant or state office cash payment is not feasible. The vendor payment shall be deducted from the initial and/or regular grant and shall not exceed the standards for the continuing program. No vendor payment is authorized to the extent the recipient can meet his emergent need from his exempt cash savings. Payment is restricted to those basic items for which the emergency exists, that is, food, shelter, utilities. See WAC 388-33-630.

(2) A vendor payment may be used to provide assistance when a recipient dies before receiving or endorsing a warrant due him and owes for personal and household service, housekeeping service, or board and room. The amount authorized for vendor payment shall equal the portion of the cancelled warrant actually owed to the vendor.

(3) A vendor payment may be used to provide assistance for any individual or family eligible for general assistance when cash payment is not possible or practical.

(4) A vendor payment may be used to provide assistance for a person repeatedly convicted of criminal offenses. Repeated convictions for criminal offenses lead to a presumption of the inability of the individual to utilize a cash grant in a manner that is beneficial to the individual and to the community. This presumption can be overcome by showing that there is no relationship between the types of offenses committed and the ability to handle cash. If a presumption is not overcome, alternative plans, if possible, are made along the following lines:

(a) Appointment and payment to a legal guardian following a determination of incompetency by the court,

(b) Payment to another relative with whom the recipient lives (general assistance or aid to families with dependent children),

(c) Appointment and payment to a protective payee,

(d) Vendor payment,

(e) A person adjudged "a common drunk" and eligible for public assistance for whom subsection (4)(a), (b), and (c) are not practical or possible, may be granted assistance as follows:

(i) Board and room paid directly to a boarding home or mission(s). The disbursing order is written to authorize an expenditure on a daily basis. The vendor bills the department at the end of the designated period for the cost of the board and room.

(ii) Clothing according to the assistance standard purchased by voucher or authorized as a cash payment to the recipient.

(iii) A cash payment to the recipient for personal items and necessary incidentals.

(5) A vendor payment may be used under the conditions described in WAC 388-33-595 when direct cash payment is not feasible.

(6) A vendor payment may be used for an AFDC recipient when

(a) The local office determines that protective payments are necessary due to mismanagement of the grant by the relative payee - see WAC 388-33-440.

(b) A person certified to the WIN program is determined by the state employment service to have refused employment or to participate in the WIN program without good cause, and vendor payments are the necessary form of payment - see WAC 388-33-450.

(c) A parent or other caretaker relative refuses to assign support rights, to cooperate in identifying and locating absent parents, establishing paternity or obtaining support payments.

(7) A vendor payment may be used to provide assistance for a recipient in a licensed and classified nursing home - see WAC 388-34-035 through 388-34-055, or for a recipient in an intermediate care facility - see WAC 388-34-370 through 388-34-384. [Order 1054, § 388-33-460, filed 9/25/75; Order 747, § 388-33-460, filed 12/7/72; Order 534, § 388-33-460, filed 3/31/71, effective 5/1/71; Order 449, § 388-33-460, filed 5/14/70, effective 6/15/70; Order 341, § 388-33-460, filed 3/20/69; Regulation 10.60, filed 1/24/64.]

WAC 388-33-525 Warrant endorsement. (1) Assistance warrants are written to show the payee's surname first, followed by given name and initial, e.g., Smith, John K. The endorsement should be written in the usual manner, that is John K. Smith.

(2) Each warrant must bear the personal endorsement of the payee. No other person, unless he has power of attorney is authorized to endorse and cash the recipient's warrants. If the recipient is unable to sign his name the warrant must be endorsed by his mark or thumbprint, witnessed by two persons, giving their name and addresses.

(3) If the warrant is endorsed by payee name only, the department cannot stop payment if some one other than the payee cashes the warrant.

(4) A person having power of attorney may legally endorse a warrant only when:

(a) The payee (recipient) has granted power of attorney on a properly prepared and legally sufficient document,

(b) The document is recorded in the office of the county auditor,

(c) Two copies of the recorded document certified by the county auditor are on file in the department. [Order 747, § 388-33-525, filed 12/7/72; Order 534, § 388-33-525, filed 3/31/71, effective 5/1/71; Regulation 10-73, filed 1/24/64.]

WAC 388-33-535 Delivery of warrant. (1) After eligibility has been established and a grant authorized the recipient shall receive his warrant promptly without interruption until his grant is suspended or he is no longer eligible and the grant has been terminated except as provided in WAC 388-38-270 and 388-33-382.

(2) The state office shall mail the recipient's warrant directly to his address as certified by the LO except as provided in WAC 388-33-545 through 388-33-550. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-33-535, filed 9/18/78; Order 747, § 388-33-535, filed 12/7/72; Order 534, § 388-33-535, filed 3/31/71, effective 5/1/71; Regulation 10.74, filed 1/24/64.]

WAC 388-33-545 Delivery of warrant--Address unknown. (1) At the time the local office requests the warrant of a recipient whose address is unknown a letter shall be mailed to the recipient at his last known address requesting his current address according to provisions in WAC 388-38-265. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-33-545, filed 9/18/78; Order 747, § 388-33-545, filed 12/7/72; Order 534, § 388-33-545, filed 3/31/71, effective 5/1/71; Regulation 10.742, filed 3/11/65; Regulation 10.742, filed 1/24/64.]

WAC 388-33-550 Delivery in care of local office. (1) A recipient may request in writing that his warrant be mailed to him in care of the local office; his address is certified accordingly. The warrant will be delivered in an individual sealed envelope.

(2) Delivery of a warrant in care of the local office through local or state office action to redirect shall be as provided in WAC 388-38-270. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-33-550, filed 9/18/78; Order 747, § 388-33-550, filed 12/7/72; Order 534, § 388-33-550, filed 3/31/71, effective 5/1/71; Regulation 10.743, filed 3/11/65; Regulation 10.743, filed 1/24/64.]

WAC 388-33-576 Loss, theft or destruction of warrant payable to recipient. (1) The legal authority for issuing a duplicate warrant is found in RCW 43.08.064 and 43.08.066.

(2) A recipient payee reporting to the ESSO that he has not received his warrant or that his unendorsed warrant has been lost, stolen or destroyed is given full consideration. The ESSO shall have the recipient payee complete an affidavit or affidavits attesting to the reported facts.

(3) The ESSO shall secure all facts surrounding the nonreceipt or loss reported in subsection (2), assess the reported facts and make a judgment as to the validity of the report, determine a course of appropriate action, and inform the recipient, record the details of the report and the decision in the financial record.

(4) In cases where the facts surrounding the nonreceipt or loss are clear and the ESSO is satisfied a loss has occurred a replacement warrant shall be issued.

(5) In cases where the facts surrounding the nonreceipt or loss are not clear and question remains as to the validity of the nonreceipt or loss, a request for replacement is made directly to the disbursements section. Replacement will be made only after further investigation is completed and validity of the nonreceipt or loss is verified.

(6) A report which indicates a warrant is lost in the mail system will be held in abeyance for five working days from the mailing date of the warrant to allow the warrant to be delivered or returned to the ESSO. If the recipient has an emergent situation, the five day period may be waived by the ESSO administrator.

(7) Replacement must be requested directly from disbursements when a loss or nonreceipt is reported to the ESSO sixty days or more after the mailing date of the warrant.

(8) An unendorsed warrant which is lost, stolen or destroyed shall be replaced in full. Restrictively or specially endorsed warrants shall be deemed to be unendorsed warrants for the purposes of this subsection.

(9) An endorsed warrant which is lost, stolen or destroyed shall be considered under the rules in WAC 388-33-577 for lost, stolen or destroyed proceeds from the warrant.

(10) The state and economic and social service offices shall take appropriate action to protect the state from loss if the original unendorsed warrant is redeemed by the state treasurer. [Statutory Authority: RCW 74.08.090. 78-09-062 (Order 1331), § 388-33-576, filed 8/24/78; Order 1164, § 388-33-576, filed 10/27/76; Order 1055, § 388-33-576, filed 9/25/75; Order 1026,

§ 388-33-576, filed 5/19/75; Order 661, § 388-33-576, filed 3/9/72.]

WAC 388-33-577 Loss, theft or destruction of cash proceeds from warrant. When a recipient payee reports to the CSO that the cash proceeds of his warrant, or an endorsed warrant, have been lost, stolen or destroyed, the CSO shall have the recipient payee complete an affidavit attesting to the reported facts.

(1) Replacement of the proceeds of an AFDC warrant in an emergent situation shall be made as an additional requirement according to WAC 388-29-270(1)(b).

(2) Replacement of cash proceeds from warrants other than the AFDC warrants specified in WAC 388-33-577(1) shall be handled as follows:

(a) The CSO shall secure all facts surrounding the loss; assess the reported facts and make a judgment as to the validity of the report; determine an appropriate course of action and record the details of the report and the determination made in the financial case record.

(b) Replacement of the proceeds of a warrant shall be made only after regional office approval of an exception to policy and is limited to the amount approved. Proceeds will be replaced only to meet emergent needs. [Statutory Authority: RCW 74.08.090, 78-12-001 (Order 1355), § 388-33-577, filed 11/3/78; Order 1164, § 388-33-577, filed 10/27/76; Order 661, § 388-33-577, filed 3/9/72.]

WAC 388-33-579 Loss, theft or destruction of warrant payable to vendor. (1) When a vendor payee reports to the local office that a warrant was not received or that an unendorsed warrant has been lost, stolen or destroyed, LO shall have the vendor payee complete an affidavit attesting to the reported facts.

(2) The local office shall secure all facts surrounding the non-receipt or loss reported in subsection (1); assess the reported facts and make a judgment as to the validity of the report; determine a course of action appropriate to the facts of the case.

(3) The local office follows procedures established by the department and allows the time needed to make the necessary determination for processing these claims before a duplicate warrant will be issued.

(4) Replacement of unendorsed warrants shall be made in accordance with the procedures established by the department.

(5) The department will not be responsible for replacing an endorsed warrant or cash proceeds of a warrant lost by a vendor. [Order 661, § 388-33-579, filed 3/9/72.]

WAC 388-33-585 Cancellation of warrant. (1) A warrant not endorsed by the payee before he died shall not be endorsed by or to another person. A warrant payable to a deceased payee must be returned to the department for cancellation. See WAC 388-33-460 for vendor payment in such situations.

(2) A warrant not endorsed by a payee (with dependents in his assistance unit) who has left his home must

be returned to the SO for cancellation, unless it is feasible to hold the warrant until the payee returns. If there is another eligible payee the warrant is returned for cancellation and the LO simultaneously certifies grant recomputation and name change. [Order 534, § 388-33-585, filed 3/31/71, effective 5/1/71; Order 426, § 388-33-585, filed 1/21/70; Regulation 10.76, filed 1/24/64.]

WAC 388-33-595 One-time grant--Authorization--Disbursement. (1) See WAC 388-22-030 for definition of "one-time grant."

(2) A one-time grant may be authorized and disbursed in the amount necessary subject to the following rules:

(a) A one-time grant shall be authorized for a recipient of continuing assistance only.

(b) A one-time grant authorization is a single payment procedure. It expires when the warrant is mailed. It does not change the amount of the continuing (regular) grant currently authorized.

(c) A one-time grant shall be authorized when:

(i) An additional requirement recognized by department standards will be needed.

(ii) Income or assistance budgeted as available to the assistance unit or family is not received.

(iii) Supplemental assistance is needed from the date a recipient leaves an institution to the receipt of the regular, adjusting, or reinstated grant.

(iv) The fair hearing decision or the court decision on an appeal requires initiating, reinstating or increasing a grant.

(v) A recipient is to be compensated for an underpayment due to erroneous monthly deduction(s).

(vi) Any one-time grant that is approved by the state office under chapter 388-20 WAC for reasons other than those listed in this section.

(vii) A person who is added to an assistance unit requires assistance prior to the effective date of his inclusion in a regular grant.

(viii) A canceled warrant is to be reissued and the recipient cannot wait for payment by adjusting grant.

(ix) A change in the basic requirements which results in an increase in the regular grant occurs.

(x) Assistance is being continued in compliance with the 10-day advance notice rules on reduction, suspension or termination of a grant and a partial month payment is required.

(xi) Underpayment due to the departmental error is to be corrected. Such payment shall be limited to the amount due for not to exceed twelve months including the month in which the corrective payment is authorized.

(d) Except as provided in items (2)(c)(iv), (2)(c)(v), and (2)(c)(xi), a retroactive one-time grant shall not cover a period of more than sixty days before the date of authorization.

(e) The effective date of a one-time grant shall be the authorization date. [Statutory Authority: RCW 74.08.090, 78-09-073 (Order 1332), § 388-33-595, filed 8/25/78; Order 1176, § 388-33-595, filed 12/23/76;

Order 1068, § 388-33-595, filed 11/17/75; Order 933, § 388-33-595, filed 5/15/74; Order 791, § 388-33-595, filed 4/12/73; Order 698, § 388-33-595, filed 7/13/72; Order 534, § 388-33-595, filed 3/31/71, effective 5/1/71; Order 426, § 388-33-595, filed 1/21/70; Order 399, § 388-33-595, filed 11/5/69; Regulation 10.80, filed 6/14/66; Regulation 10.80, filed 1/24/64.]

WAC 388-33-605 One-time grant--Notification to recipient. The LO shall send written notice to the recipient advising him of the approval of a one-time grant, the amount thereof and the requirement(s) for which it is intended. [Order 534, § 388-33-605, filed 3/31/71, effective 5/1/71; Regulation 10.81, filed 1/24/64.]

WAC 388-33-630 Immediate warrants issued by ESSO. (1) An immediate warrant (instant cash) payment is used to provide assistance:

(a) For supplemental assistance needed from the date a recipient leaves an institution to receipt of a regular, adjusting or reinstated grant. The amount of the payment shall be deducted from the regular, adjusting or reinstated grant;

(b) For an applicant when eligibility factors indicate that he is eligible for continuing assistance for a limited period of time and total assistance is to be paid by the ESSO. Payment is made according to continuing assistance standards for the exact period of eligibility;

(c) For a recipient of noncontinuing general assistance;

(d) For a one-time grant when this form of payment is approved by the financial supervisor;

(e) For an applicant who is in immediate need and has no cash resources on hand to meet the need, from the date his continuing assistance grant is authorized to the payment of such grant. This payment is part of the initial or regular grant to the recipient.

(2) An instant cash warrant is issued in the name of the eligible payee and not to a vendor. [Statutory Authority: RCW 74.08.090. 78-11-044 (Order 1351), § 388-33-630, filed 10/20/78; Order 1165, § 388-33-630, filed 10/27/76; Order 791, § 388-33-630, filed 4/12/73; Order 534, § 388-33-630, filed 3/31/71, effective 5/1/71; Order 499, § 388-33-630, filed 5/14/70, effective 6/15/70.]

Chapter 388-34 WAC

PERSON IN INSTITUTION--ELIGIBILITY--PAYMENT

WAC

- 388-34-010 Institutional living arrangements.
- 388-34-015 Definitions.
- 388-34-020 Eligibility conditions.
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- 388-34-040 Skilled nursing home care--Application.
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- 388-34-085 Public nursing home--Definition--Grant requirements.
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- 388-34-140 Maternity services.
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- 388-34-160 Grant change--Admittance to institution other than nursing home.
- 388-34-165 Grant change--Discharge from institution other than licensed nursing home.
- 388-34-180 Notification of grant authorization and change in grant.
- 388-34-370 Intermediate care--Eligibility conditions.
- 388-34-372 Intermediate care--Determination of need for intermediate care.
- 388-34-374 Intermediate care--Placement of recipient.
- 388-34-375 Intermediate care--Absence for social reasons.
- 388-34-376 Intermediate care--Services to be provided by operator.
- 388-34-378 Intermediate care--Grant requirements--Procedures.
- 388-34-380 Intermediate care--Payment procedures--Operator's responsibility.
- 388-34-384 Intermediate care--Application to provide intermediate care.

Reviser's note: Administrative Order No. 535 filed with the Code Reviser on March 31, 1971 purported to adopt editorial revisions to chapter 388-34 WAC relating to the eligibility and payment of public assistance to persons in institutions. Emergency Order No. 560, filed April 30, 1971 and Permanent Order 573, filed 6/22/71 repeals Order 535 before its effective date of May 1, 1971.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 388-34-060 Authorizing initial and continuing eligibility and grant--Procedures. [Regulation 11.132, filed 8/29/66; Regulation 11.132, filed 1/24/64.] Repealed by Order 759, filed 12/28/72.
- 388-34-065 Authorizing initial and continuing eligibility and grant--Reporting procedure between county office and state office. [Regulation 11.133, filed 1/24/64.] Repealed by Order 651, filed 2/9/72.
- 388-34-070 Intermediate care facility--Eligibility. [Order 323, § 388-34-070, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.
- 388-34-072 Intermediate care facility--Determination of need for intermediate care. [Order 395, § 388-34-072, filed 10/15/69; Order 323, § 388-34-072, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.
- 388-34-074 Intermediate care facility--Placement of recipient. [Order 395, § 388-34-074, filed 10/15/69; Order 323, § 388-34-074, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.
- 388-34-076 Intermediate care facility--Services to be provided by operator. [Order 395, § 388-34-076, filed 10/15/69; Order 323, § 388-34-076, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.
- 388-34-078 Intermediate care facility--Payment standards--Rates--Procedures. [Order 562, § 388-34-078, filed 5/19/71; Order 553, § 388-34-078, filed 4/1/71; Order 467, § 388-34-078, filed 7/21/70; Order 395, § 388-34-078, filed 10/15/69; Order 377, § 388-34-078, filed 8/7/69; Order 339, § 388-34-078, filed 2/14/69; Order 323, § 388-34-078, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.
- 388-34-080 Intermediate care facility--Payment procedures--Operator's responsibility. [Order 395, § 388-34-080, filed 10/15/69; Order 323, § 388-34-080, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.
- 388-34-082 Intermediate care facility--Periodic review and re-evaluation. [Order 395, § 388-34-082, filed 10/15/69; Order 323, § 388-34-082, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.

Order 1068, § 388-33-595, filed 11/17/75; Order 933, § 388-33-595, filed 5/15/74; Order 791, § 388-33-595, filed 4/12/73; Order 698, § 388-33-595, filed 7/13/72; Order 534, § 388-33-595, filed 3/31/71, effective 5/1/71; Order 426, § 388-33-595, filed 1/21/70; Order 399, § 388-33-595, filed 11/5/69; Regulation 10.80, filed 6/14/66; Regulation 10.80, filed 1/24/64.]

WAC 388-33-605 One-time grant--Notification to recipient. The LO shall send written notice to the recipient advising him of the approval of a one-time grant, the amount thereof and the requirement(s) for which it is intended. [Order 534, § 388-33-605, filed 3/31/71, effective 5/1/71; Regulation 10.81, filed 1/24/64.]

WAC 388-33-630 Immediate warrants issued by ESSO. (1) An immediate warrant (instant cash) payment is used to provide assistance:

(a) For supplemental assistance needed from the date a recipient leaves an institution to receipt of a regular, adjusting or reinstated grant. The amount of the payment shall be deducted from the regular, adjusting or reinstated grant;

(b) For an applicant when eligibility factors indicate that he is eligible for continuing assistance for a limited period of time and total assistance is to be paid by the ESSO. Payment is made according to continuing assistance standards for the exact period of eligibility;

(c) For a recipient of noncontinuing general assistance;

(d) For a one-time grant when this form of payment is approved by the financial supervisor;

(e) For an applicant who is in immediate need and has no cash resources on hand to meet the need, from the date his continuing assistance grant is authorized to the payment of such grant. This payment is part of the initial or regular grant to the recipient.

(2) An instant cash warrant is issued in the name of the eligible payee and not to a vendor. [Statutory Authority: RCW 74.08.090. 78-11-044 (Order 1351), § 388-33-630, filed 10/20/78; Order 1165, § 388-33-630, filed 10/27/76; Order 791, § 388-33-630, filed 4/12/73; Order 534, § 388-33-630, filed 3/31/71, effective 5/1/71; Order 499, § 388-33-630, filed 5/14/70, effective 6/15/70.]

Chapter 388-34 WAC

PERSON IN INSTITUTION--ELIGIBILITY--PAYMENT

WAC

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Reviser's note: Administrative Order No. 535 filed with the Code Reviser on March 31, 1971 purported to adopt editorial revisions to chapter 388-34 WAC relating to the eligibility and payment of public assistance to persons in institutions. Emergency Order No. 560, filed April 30, 1971 and Permanent Order 573, filed 6/22/71 repeals Order 535 before its effective date of May 1, 1971.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 388-34-060 Authorizing initial and continuing eligibility and grant--Procedures. [Regulation 11.132, filed 8/29/66; Regulation 11.132, filed 1/24/64.] Repealed by Order 759, filed 12/28/72.
- 388-34-065 Authorizing initial and continuing eligibility and grant--Reporting procedure between county office and state office. [Regulation 11.133, filed 1/24/64.] Repealed by Order 651, filed 2/9/72.
- 388-34-070 Intermediate care facility--Eligibility. [Order 323, § 388-34-070, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.
- 388-34-072 Intermediate care facility--Determination of need for intermediate care. [Order 395, § 388-34-072, filed 10/15/69; Order 323, § 388-34-072, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.
- 388-34-074 Intermediate care facility--Placement of recipient. [Order 395, § 388-34-074, filed 10/15/69; Order 323, § 388-34-074, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.
- 388-34-076 Intermediate care facility--Services to be provided by operator. [Order 395, § 388-34-076, filed 10/15/69; Order 323, § 388-34-076, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.
- 388-34-078 Intermediate care facility--Payment standards--Rates--Procedures. [Order 562, § 388-34-078, filed 5/19/71; Order 553, § 388-34-078, filed 4/1/71; Order 467, § 388-34-078, filed 7/21/70; Order 395, § 388-34-078, filed 10/15/69; Order 377, § 388-34-078, filed 8/7/69; Order 339, § 388-34-078, filed 2/14/69; Order 323, § 388-34-078, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.
- 388-34-080 Intermediate care facility--Payment procedures--Operator's responsibility. [Order 395, § 388-34-080, filed 10/15/69; Order 323, § 388-34-080, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.
- 388-34-082 Intermediate care facility--Periodic review and re-evaluation. [Order 395, § 388-34-082, filed 10/15/69; Order 323, § 388-34-082, filed 11/27/68.] Repealed by Order 651, filed 2/9/72.

- 388-34-084 Intermediate care facility—Application from facility to provide intermediate care. [Order 395, § 388-34-084, filed 10/15/69.] Repealed by Order 651, filed 2/9/72.
- 388-34-130 Patient in psychiatric facility—Commercial home not subject to state licensing. [Regulation 11.50, filed 7/27/67; Regulation 11.50, filed 3/21/67, 8/29/66, 1/24/64.] Repealed by Order 455 (part), filed 5/18/70.

WAC 388-34-010 Institutional living arrangements.

(1) The standards, policies and procedures in this chapter apply to applicants and recipients in or entering public and private nursing homes, hospitals, fraternal or benevolent homes, maternity homes, commercial homes not subject to licensing, and other miscellaneous homes.

(2) The policies and procedures for processing applications, determining initial and continuing eligibility and making payments to persons in such situations are the same as those which apply to persons in their own homes except as modified herein. However, the standards for the requirements and the computation and payment of the financial need of persons in institutions differ in some respects from those for persons in their own homes. Consequently, this chapter deals with the assistance standards and special procedures for payment to and in behalf of the eligible persons in the various types of institutions.

(3) The assistance unit, when a person is in an institution for more than a temporary period, consists of the individual patient only. Legal dependents in the family home constitute a separate assistance unit. [Regulation 11.00, filed 1/24/64.]

WAC 388-34-015 Definitions. (1) "Medical institution" shall mean an institution which:

(a) Was established and is operated to provide medical care, nursing care and/or convalescent care, and has the necessary professional personnel, equipment and facilities to manage the medical needs of patients on a continuing basis in accordance with accepted standards.

(b) Is staffed by professional medical or professional nursing personnel who have clear and definite responsibility to the institution in the provision of medical services to patients. The term "staffed by" shall not mean that the institution has to have resident medical or nursing staff but staff must be assigned and available to give necessary care. An institution which has a doctor who calls once a week to "look in on people to see how they are getting along" or in which a matron can call a doctor when a person in the institution gets sick, is not "staffed by" professional personnel in this context.

(2) "Nursing care in commercial home not subject to state licensing" means nursing services in a home operating for profit with nursing care facilities for one or two persons only.

(3) "Nursing home" means a public or private licensed nursing home certified by the department to provide skilled nursing or intermediate care, or both, with which the department has entered into the appropriate agreement or agreements.

(4) "Skilled nursing care" means care provided in a facility which has been appropriately licensed and certified under the terms of the state and federal regulations including the agreement for skilled nursing home care.

(5) Deleted

(6) "Patient" shall mean an individual who

(a) Is admitted to a medical institution on the recommendation of a physician or dentist because of illness and there is a planned medical treatment directed toward improvement in health, or palliative medical measures are required, though improvement in health or recovery cannot be expected, and

(b) Is receiving professional medical treatment, including nursing care, directed by a licensed practitioner of the healing arts, and

(c) Is free to leave at the conclusion of the treatment or at any time upon his own decision. A patient in a psychiatric hospital (JCAH approved) sixty-five years of age or over or an eligible person under 21 years of age is not affected by this provision. See chapter 388-95 WAC.

(7) "Private institution" shall mean an institution operated by non-governmental authority and subject to the administrative control of a privately designated governing body or the proprietor(s).

(8) "Public institution" shall mean an institution authorized by law, supported in whole or in part from public funds and under the effective administrative control of a public official or a publicly appointed or elected governing body.

(9) "Psychiatric facility" or "facility" includes the two state mental hospitals, private psychiatric hospitals and general hospitals having psychiatric beds, with which the department has an agreement or contract for the care of persons sixty-five years of age and over and under 21 years of age.

(10) "Intermediate care facility" (ICF) is an institution or a distinct part of an institution which is licensed under state law and has entered into a contract with the department to provide residents thereof, on a regular basis, the range or level of care suitable to eligible recipients who because of their physical or mental condition or both require living accommodations and care which as a practical matter can be made available to them only through institutional facilities but do not have such disability as to require the degree of care which a skilled nursing home provides.

(11) "Intermediate care" means care in an intermediate care facility including institutional services.

(12) "Institutional services" means those items and services furnished by the institution in connection with providing the regular range or level of care and services suitable to the needs of a resident in an intermediate care facility. Institutional services do not include personal maintenance and necessary incidentals and clothing for which the recipient receives a cash grant or medical care provided under the regular medical program for recipients. [Order 1044, § 388-34-015, filed 8/14/75; Order 323, § 388-34-015, filed 11/27/68; Order 249, § 388-34-015, filed 11/1/67; Regulation 11.01, filed 1/24/64.]

WAC 388-34-020 Eligibility conditions. (1) If otherwise eligible, a person in a non-federal institution shall be eligible for a public assistance grant when he is a

(a) Patient in a psychiatric hospital (JCAH approved) and is either sixty-five years of age or over or under 21 years of age.

(b) Patient in a medical institution but not because of a diagnosis of psychosis (unless he qualifies under subdivision (1)(a),

(c) Patient in a tuberculosis hospital and is eligible for continuing general assistance (see WAC 388-34-120),

(d) Resident in an intermediate care facility.

(2) A person is not eligible for a grant if he is

(a) In a federal institution,

(b) An inmate (non-patient) in a public institution,

(c) In an institution for mental disease or in a tuberculosis hospital other than as specified in subdivisions (1)(a) and (1)(c). [Order 1044, § 388-34-020, filed 8/14/75; Order 323, § 388-34-020, filed 11/27/68; Order 249, § 388-34-020, filed 11/1/67; Regulation 11.02, filed 1/24/64.]

WAC 388-34-025 Eligibility conditions--Eligibility for AFDC--Child or needy relative temporarily in institution. (1) A child temporarily in a public or private institution and otherwise eligible for aid to families with dependent children as long as he is a member of a family which maintains responsibility for his welfare according to WAC 388-24-125.

(2) The needy relative, who is responsible for the care of a child eligible for aid to families with dependent children, shall not be eligible for aid to families with dependent children when he (she) lives in a public or private institution except temporarily during which time adequate care is provided for the child.

(3) A person in a maternity home is eligible for services according to WAC 388-70-110 through 388-70-118. [Order 759, § 388-34-025, filed 12/28/72; Order 249, § 388-34-025, filed 11/1/67; Regulation 11.03, filed 1/24/64.]

WAC 388-34-035 Skilled nursing home care. The local office is responsible for determining and authorizing the initial and continuing eligibility of an individual who requires skilled nursing home care. [Order 759, § 388-34-035, filed 12/28/72; Regulation 11.10, filed 8/29/66; Regulation 11.10, filed 1/24/64.]

WAC 388-34-040 Skilled nursing home care--Application. The rules in chapter 388-38 WAC apply when application is made in anticipation of or after entry into a nursing home. [Order 759, § 388-34-040, filed 12/28/72; Regulation 11.11, filed 8/29/66; Regulation 11.11, filed 1/24/64.]

WAC 388-34-045 Skilled nursing home care--Cost standards for requirements. (1) The cost of skilled nursing home care shall be the department's rates for the class of care needed as determined by the department's nursing care consultant or the classification of the home

in which the care is given, whichever is lower, unless special authorization is given by the department's office of personal health services for a particular home to give a specified patient a class of care more costly than that at which the home is classified.

(2) Deleted

(3) Deleted

(4) If an individual needs less than Class II care and it is desirable to keep him in a skilled nursing home, the skilled nursing home will be paid at the intermediate care facility rate. See WAC 388-34-378. [Order 1017, § 388-34-045, filed 4/14/75; Order 907, § 388-34-045, filed 2/14/74; Order 862, § 388-34-045, filed 10/11/73; Order 842, § 388-34-045, filed 8/9/73; Order 824, § 388-34-045, filed 7/26/73; Order 732, § 388-34-045, filed 10/27/72; Order 675, § 388-34-045, filed 5/10/72; Order 651, § 388-34-045, filed 2/9/72; Order 553, § 388-34-045, filed 4/1/71; Order 377, § 388-34-045, filed 8/7/69; Regulation 11.12, filed 2/23/67, 8/29/66, 3/31/66, 12/31/65, 1/24/64.]

WAC 388-34-055 Skilled nursing home care--Authorization and payment. (1) The assistance unit for purposes of authorizing payment of the requirements of a person in a nursing home is the patient only. The need of dependents shall not be "included in" or computed as part of the patient's need.

(2) The requirements for a person in a skilled nursing home shall be authorized only after the nursing care consultant has determined medical eligibility for a specific class of care and the person is determined by the department to be otherwise eligible.

(3) WAC 388-33-115 and 388-33-120 on effective date of payment apply to new and reopened cases eligible for continuing assistance grants. The effective date of a noncontinuing general assistance grant is the authorization date. See WAC 388-84-005 for effective date for FAMCO.

(4) The cost of skilled nursing home care is paid as a medical service cost by post payment to the provider.

(5) Payment for clothing and personal maintenance and necessary incidentals shall be made to the eligible grant recipient as a prepayment. See WAC 388-83-045 for FAMCO.

(6) Income of the applicant or recipient shall be applied according to WAC 388-28-500.

(7) WAC 388-88-095 through 388-88-115 apply to the placement, transfer or discharge of a nursing home patient. [Order 759, § 388-34-055, filed 12/28/72; Regulation 11.131, filed 8/29/66; Regulation 11.131, filed 1/24/64.]

WAC 388-34-085 Public nursing home--Definition--Grant requirements. (1) "Public nursing home" means a licensed county (public) nursing home previously called a county infirmary. The need for care in a public nursing home shall be determined and certified by the local office.

(2) The grant requirements for a person in a public nursing home are clothing and personal maintenance and necessary incidentals. [Order 1017, § 388-34-085,

filed 4/14/75; Order 907, § 388-34-085, filed 2/14/74; Order 824, § 388-34-085, filed 7/26/73; Order 651, § 388-34-085, filed 2/9/72; Order 553, § 388-34-085, filed 4/1/71; Order 377, § 388-34-085, filed 8/7/69; Order 249, § 388-34-085, filed 11/1/67; Regulation 11.20, filed 7/24/67; Regulation 11.20, filed 2/23/67, 8/29/66, 1/24/64.]

WAC 388-34-095 Fraternal, religious, or benevolent home. (1) Fraternal, religious or benevolent homes operate under a variety of plans with respect to the individual. Some offer free care for life, sometimes contingent upon earlier group membership. Others offer free care covering maintenance items only without specific provisions for personal items. Some require payment in advance or transfer of all property holdings; others enter into specific individual contracts. Fraternal organizations usually have only general bylaws concerning the conduct of the person in the home rather than the relationships between the home and the individual.

(2) Fraternal, religious or benevolent homes operating as nursing homes shall be subject to department standards and rules governing nursing homes.

(3) An individual in a fraternal, benevolent or charitable home which customarily provides free, partially free or prepaid care for life, shall be eligible only when and to the extent that he can establish need, including the necessity for him to make payments to the home.

(4) Assistance may be granted to an otherwise eligible individual receiving life care under a contract or agreement which specifically excludes items in the standards only to the extent required to purchase such requirements. The individual must provide evidence substantiating need for the item; for example, a copy of an individual contract with the home; specific citations to governing rules of the organization; or official statements or resolutions of the governing authority or board specifically setting forth the limitations of the individual's right to free care. A written statement signed by the proper authorities of the home requesting and confirming the applicant's obligation to make payment, including the citation of a properly adopted statement or resolution of the governing board setting forth the limitations of the home's obligation to provide care without payment also serves as substantiating financial need.

(5) A person who voluntarily cancels a contract for life care shall not be eligible until he produces satisfactory evidence to prove that the value of the care received equaled the value of the consideration paid for the life care contract. The home's average monthly operating cost per guest, exclusive of capital outlay, depreciation, interest on investments and similar costs as agreed upon by the local office and the home, shall be used to determine whether the care received by the individual equaled the lump sum payment or value of the property he transferred to the home.

(6) See WAC 388-34-045 for costs of requirements to determine financial need of an applicant in a skilled nursing unit of a fraternal or benevolent institution.

(7) See WAC 388-29-260 through 388-29-270 for requirements of a person living in a fraternal or religious home on a board and room basis. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-34-095, filed 9/18/78; Order 651, § 388-34-095, filed 2/9/72; Order 377, § 388-34-095, filed 8/7/69; Order 249, § 388-34-095, filed 11/1/67; Regulation 11.30, filed 8/29/66; Regulation 11.30, filed 1/24/64.]

WAC 388-34-110 General hospital--Grants requirements. (1) The grant requirements in a public or private general hospital shall be clothing, personal maintenance and necessary incidentals.

(2) Deleted

(3) Other institutional costs are authorized and paid as a vendor medical payment. [Order 1017, § 388-34-110, filed 4/14/75; Order 917, § 388-34-110, filed 3/14/74, 3/18/74; Order 824, § 388-34-110, filed 7/26/73; Order 651, § 388-34-110, filed 2/9/72; Order 553, § 388-34-110, filed 4/1/71; Order 377, § 388-34-110, filed 8/7/69; Order 249, § 388-34-110, filed 11/1/67; Regulation 11.41, filed 7/27/67; Regulation 11.41, filed 2/23/67, 8/29/66, 1/24/64.]

WAC 388-34-120 Tuberculosis hospital--Grant requirements. (1) General assistance may be granted to a person otherwise eligible living in a tuberculosis hospital.

(2) The grant requirements shall be clothing, personal maintenance and necessary incidentals. [Order 1017, § 388-34-120, filed 4/14/75; Order 917, § 388-34-120, filed 3/14/74, 3/18/74; Order 824, § 388-34-120, filed 7/26/73; Order 651, § 388-34-120, filed 2/9/72; Order 377, § 388-34-120, filed 8/7/69; Order 553, § 388-34-120, filed 4/1/71; Order 249, § 388-34-120, filed 11/1/67; Regulation 11.42, filed 7/27/67, 2/23/67, 1/4/67, 8/29/66, 1/24/64.]

WAC 388-34-125 Psychiatric hospital (JCAH approved)--Standards for requirements. (1) The grant requirements in a public or private psychiatric hospital shall be clothing, personal maintenance and necessary incidentals.

(2) The monthly cost standard for clothing and personal maintenance and incidentals shall be as stated in WAC 388-29-125 (see WAC 388-95-215(5)). [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-34-125, filed 9/18/78; Order 1044, § 388-34-125, filed 8/14/75; Order 824, § 388-34-125, filed 7/26/73; Order 651, § 388-34-125, filed 2/9/72; Order 553, § 388-34-125, filed 4/1/71; Order 377, § 388-34-125, filed 8/7/69; Order 249, § 388-34-125, filed 11/1/67.]

WAC 388-34-140 Maternity services. Maternity services are purchased for an eligible unmarried pregnant woman as provided in WAC 388-70-110 through 388-70-118. [Order 688, § 388-34-140, filed 6/15/72; Order 434, § 388-34-140, filed 3/31/70; Regulation 11.60, filed 3/31/66; Regulation 11.60, filed 6/24/64, 1/24/64.]

WAC 388-34-150 Other homes. (1) The standards for requirements in WAC 388-29-260 through 388-29-270 shall apply to an applicant or recipient in:

- (a) A nursing home in another state
- (b) A home subject to licensing as a nursing home by the state of Washington but lacking a state department of health license or provisional license
- (c) A private nursing home licensed by the Washington department of health which is not classified by the SDPA for purposes of establishing rates of payment to needy persons.

(2) A licensed but unclassified nursing home does not use the SF 8706 to report the admission and dismissal of recipient patients. The division of medical care periodically furnishes the CO with a list of unclassified homes. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-34-150, filed 9/18/78; Regulation 11.70, filed 8/29/66; Regulation 11.70, filed 1/24/64.]

WAC 388-34-160 Grant change--Admittance to institution other than nursing home. (1) When a recipient enters an institution other than a licensed and classified private nursing home the CO may use any payment process which the CO determines to be the most practical under the circumstances. Such payment process may consist of recomputation or suspension of the regular grant, redirection and cancellation of warrants, one-time grant, or any combination of the preceding. Medical costs, in addition to grant need, may also be taken into consideration in determining suspension or termination.

(a) Income is first applied to grant requirements. Income not utilized in meeting grant requirements shall be deemed available to meet medical needs and reported to the MCFO. If it is obvious that income exceeds grant requirements and medical needs, the regular grant is terminated. All nonexempt income must be used to meet grant and/or medical costs.

(b) See WAC 388-33-355 for policy on suspension

See WAC 388-28-482 for policy on newly acquired income

See chapter 388-44 WAC for policy on overpayment.

(2) Supplemental assistance for general maintenance or general subsistence if needed from date of admission to effective date of regular grant change shall be authorized and paid to the recipient as a one-time grant. The funds in the recipient's possession from his regular assistance warrant for the month he enters, and/or any unused income, is considered available to meet need. See WAC 388-33-595(2)(b)(iv).

(3) When an adult recipient (OAA, DA, AB, GAU) enters an institution and there is another adult in the assistance unit, separate grants from the appropriate program shall be established for each adult. Minor children dependent on the adults shall be included in the assistance unit of the adult not in the institution.

When an assistance unit is "split" the effective date of the grant to each assistance unit shall be synchronized to avoid overpayment.

(4) If a recipient in an institution dies before receiving or being able to endorse a warrant already authorized

and due him and owes for general maintenance or general subsistence, the previously authorized warrant shall be canceled and the amount due shall be paid as a vendor payment from the category in which the canceled warrant was written. See WAC 388-33-460.

The amount due shall be that portion of the cancelled warrant actually owed by the recipient less any funds the recipient has on deposit with the vendor. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-34-160, filed 9/18/78; Regulation 11.80, filed 1/24/64.]

WAC 388-34-165 Grant change--Discharge from institution other than licensed nursing home. (1) When a recipient leaves an institution other than a licensed and classified nursing home the CO shall certify on SF 5822-M recomputation of grant, reinstatement of suspended grant, or termination.

(2) If recomputation is certified the effective date for increase or decrease in WAC 388-33-140 applies. If supplemental assistance is needed from date of dismissal to effective date of change in regular grant, the amount shall be authorized and paid as a one-time grant. (See WAC 388-33-595(2)(b)(v)).

(3) If reinstatement of grant is authorized see WAC 388-33-120(4) for effective date of grant. [Regulation 11.81, filed 6/14/66; Regulation 11.81, filed 1/24/64.]

WAC 388-34-180 Notification of grant authorization and change in grant. (1) An applicant or recipient in a home or facility subject to chapter 388-34 WAC shall be notified in writing when a grant or change in grant is authorized for payment to him or in his behalf. The written notification shall specify:

- (a) The monthly allowance for his requirements, excluding the cost of care in an institution or home,
- (b) His monthly income and resources available to meet his requirements,
- (c) The amount of the monthly grant,
- (d) The date of eligibility for care and payment of assistance begins,
- (e) The amount he is to pay from his income and resources toward the cost of his care in the institution or home,
- (f) The right to a fair hearing.

(2) WAC 388-33-380 is also applicable when the grant to such person is suspended or terminated. [Order 312, § 388-34-180, filed 10/31/68; Regulation 11.90, filed 1/24/64.]

WAC 388-34-370 Intermediate care--Eligibility conditions. (1) For definition of "intermediate care facility" (ICF) see WAC 388-34-015(10).

(2) To be eligible for assistance in an intermediate care facility a recipient must:

- (a) Require living accommodations and care which as a practical matter can be available to him only through institutional facilities, and
- (b) Not have such disability as to require the degree of care and treatment which a hospital or skilled nursing

home at the Class I or II level of care is designed to provide, and

(c) Be eligible for a federal aid grant, continuing general assistance, or medical assistance. [Order 701, § 388-34-370, filed 7/27/72; Order 651, § 388-34-370, filed 2/9/72.]

WAC 388-34-372 Intermediate care--Determination of need for intermediate care. (1) The determination of a person's need for intermediate care is based on mutual planning with him and his family, as feasible, and on the service worker's assessment of his needs. Any question of the individual's need for care in a nursing care facility must be resolved prior to placement in an intermediate care facility by clearance with the medical consultant or the nursing care consultant. All alternate care which might meet his needs shall have consideration (see WAC 388-16-300 through 388-16-330).

(2) On initial placement medical information shall be secured to establish the presence or extent of physical problems. Such information may be contained in reports from state hospitals, or schools for the retarded, or secured from physicians. To help in determining need for care this medical information is essential for persons having health needs which require visits to the physician, special diets, and/or taking of medications.

(3) The service worker shall consult with the nursing care consultant who has primary responsibility for determining if the person needs skilled nursing care rather than intermediate care. The nurse will serve, when indicated, as a consultant regarding the individual's medical needs, medical information, and medical resources in the community. [Order 701, § 388-34-372, filed 7/27/72; Order 440, § 388-34-372, filed 4/15/70.]

WAC 388-34-374 Intermediate care--Placement of recipient. (1) The service worker has responsibility for case management and social services which includes placement and replacement of the recipient.

(2) The need for intermediate care must be agreed to by the recipient. The selection of the facility is the responsibility of the recipient, his relatives, guardian, or attending physician or Christian Science practitioner, with assistance from the service worker in pre-placement planning.

(3) The service worker shall assume responsibility for selecting the home only when the recipient is incapable of making the selection and there is no other responsible person to make the selection in his behalf.

(4) The placement of a recipient in an ICF must have prior approval by the local office. However, in case of the emergency admission of a recipient to a home when the local office is not open, the local office must be notified by the home the morning of the first local office working day following the emergency admission. The fact of the emergency existed must be established to enable the department to pay for the care from the date of admission.

(5) The operator must send immediate written notification to the local office on form 15PA28F, Notice of

Action, of the date of admission of any recipient. Payment for the recipient's care will not be authorized until receipt of this written notification.

(6) The operator must report discharge or death of a resident on form 15PA28F.

(7) Out-of-county placement of a recipient may be made at the request of the recipient or his relatives, or when there is no available intermediate care facility in the county of residence. [Order 440, § 388-34-374, filed 4/15/70.]

WAC 388-34-375 Intermediate care--Absence for social reasons. (1) The facility shall notify the local office immediately on the prescribed form when a recipient is to be absent from the facility for more than 24 hours for social reasons.

(2) The facility shall immediately contact the local office for approval of a plan for a recipient to be absent for more than 36 hours for social reasons. Local office approval of an absence of more than 4 days shall be in writing. A state office approved exception to rule shall be secured for absences of more than seven calendar days.

(3) The facility shall not discharge a recipient whose absence for social reasons has been approved by the department. Payment is made for the days of approved absence. [Order 867, § 388-34-375, filed 10/26/73.]

WAC 388-34-376 Intermediate care--Services to be provided by operator. The operator of the facility shall provide the following protective and personal care services:

(1) Offer understanding, encouragement and emotional support to the recipient toward taking more responsibility for himself; i.e., keeping self neat and clean, wearing appropriate clothing, coming to meals, keeping room clean and orderly, and other minor tasks.

(2) Activities, including social and recreational activities, involving active participation by the recipient and opportunities for community activities as possible and appropriate, including encouragement and help in seeking, obtaining and keeping employment if the resident is not a recipient of OAA.

(3) Assistance with shopping and correspondence as necessary.

(4) Necessary supervision for the recipient whose mental condition is such that his personal safety requires this.

(5) Opportunity to participate in religious activities of the recipient's own choice.

(6) Under direction of the recipient's physician, guidance and assistance for each recipient in carrying out his personal health program.

(7) Arrangements for services of a physician in the event of an emergency when the recipient's own physician cannot be reached;

(8) Whenever a recipient is sick notifying a physician immediately. If the recipient remains in the facility, the facility shall be responsible for providing temporary care. Care during a temporary illness shall be limited to

the type of care ordinarily given in a private home and of a duration not to exceed fourteen days.

(9) Maintaining an individual health record for each resident including

(a) Name, address, and telephone number of relative or responsible person, and the name, address, and telephone number of his physician;

(b) The physician's written instructions and recommendations for care of the recipient;

(c) All symptoms and other indications of illness, injury, or changed behavior brought to the attention of the staff by the recipient, or from other sources, including the date, time, and action taken regarding each. [Order 440, § 388-34-376, filed 4/15/70.]

WAC 388-34-378 Intermediate care--Grant requirements--Procedures. (1) Intermediate care is paid from medical care program funds as a vendor post-payment in behalf of the recipient. The individual must be eligible for public assistance or meet the eligibility standards of the medical care program.

(2) Deleted

(3) The grant requirements of a person in an intermediate care facility shall be clothing and personal maintenance and necessary incidentals.

(4) All non exempt income shall be applied first to the requirements specified in subsection (3). Any remaining income is applied to reduce the vendor payment. See WAC 388-22-030(34) for definitions of income.

(5) Payment for care of eligible persons shall be made only for day(s) of care certified by the authorized local office staff. Payment is made for the day of admission, but will not be made for the day of death, discharge or transfer from the intermediate care facility, provided that for any resident admitted there shall be a minimum one-day payment.

(6) Payment for the care of a private resident who becomes eligible for public assistance while in an intermediate care facility shall begin on the date authorized by the department's local office.

(7) An administrator of an intermediate care facility shall not receive or accept money from or on behalf of a recipient in excess of the amount properly payable for the basic cost of intermediate care.

(8) Violation of subsection (7) of this rule will subject the home to termination of the intermediate care agreement. Evidence that an administrator solicited or accepted payment for intermediate care in excess of the amount payable according to the department's payment standards shall be immediately discussed with the administrator by the appropriate local office staff. If the problem cannot be resolved by the local office, the facts should be sent by memorandum to the state office of personal health services. [Order 1017, § 388-34-378, filed 4/14/75; Order 907, § 388-34-378, filed 2/14/74; Order 862, § 388-34-378, filed 10/11/73; Order 842, § 388-34-378, filed 8/9/73; Order 824, § 388-34-378, filed 7/26/73; Order 732, § 388-34-378, filed 10/27/72; Order 716, § 388-34-378, filed 9/14/72; Order 675, § 388-34-378, filed 5/10/72; Order 651, §

388-34-378, filed 2/9/72; Order 440, § 388-34-378, filed 4/15/70.]

WAC 388-34-380 Intermediate care--Payment procedures--Operator's responsibility. (1) It is the operator's responsibility to collect from the recipient that portion of the cost of care the recipient is required to pay. The department's local office shall notify the operator of the amount for which the recipient is responsible.

(2) If it is determined that the recipient no longer needs or can use intermediate care, the service worker is responsible for working out a new living arrangement with the recipient. [Order 440, § 388-34-380, filed 4/15/70.]

WAC 388-34-384 Intermediate care--Application to provide intermediate care. (1) A facility wishing to provide intermediate care must have a valid license from the department's health division as a boarding home for the aged (and infirm) or as a nursing home.

(2) To apply for approval of payment for intermediate care the facility shall contact the local office and sign form 10PA23, application for approval for payment--intermediate care facility, in duplicate. The local office service worker will:

(a) Establish a case record for the facility,

(b) Visit the premises,

(c) Discuss the intermediate care facility agreement in detail with the operator,

(d) Explain the use of form 15PA28F, Notice of Action, and forms 8731 and 8731-A,

(e) Make sure that the operator will have adequate supervisory staff, not from the resident population, on the premises at all times,

(f) Join with the manager, owner or operator in signing form 10PA22S to testify to the explanation given by the service worker,

(g) If the local office approves the application, have the facility sign two copies of the intermediate care facility agreement and two copies of form 6PA44, authorization for voucher signature,

(h) Note local office approval on form 10PA23 and send both copies with both copies of the signed intermediate care facility agreement, form 6PA44, and form 10PA22S to the state office adult programs unit,

(i) Placement in the facility may begin when all forms for the approved application have been sent to the state office.

(3) If the local office does not approve the application, the service worker explains the reasons fully to the applicant. If the applicant wishes to sign the intermediate care facility agreement he may do so. If he does, two copies of form 6PA44 are also signed. The service worker sends all forms as for an approved application to the state office adult programs unit with a memorandum of explanation. The state office notifies the facility of the decision.

If after an explanation of the reasons a local office will not approve an application, the facility withdraws its application to provide intermediate care, no further action is taken by the local office.

(4) The signature of the assistant secretary on the agreement will constitute department approval. A copy of form 10PA23 and a copy of the agreement are sent to the facility.

(a) An agreement is valid for one year from the date of department signature, except when either the local office or the facility elects a shorter period,

(b) A new agreement must be received in the state office no later than one month after the expiration date of the previous agreement. If not, it will be necessary to hold the vouchers for the facility until the new agreement is received,

(c) A new agreement is required when there is a change in ownership of the facility.

(5) An agreement is terminated when it is revoked by the department or the facility closes.

(a) Revocation shall be considered only when abuses are flagrant and residents are not receiving services as provided in the agreement.

(b) The local office shall send specific current facts supporting revocation to the state office adult program section for action.

(6) The service worker shall visit the facility at appropriate intervals, but no longer than every six months, with or without the nursing care consultant, to review and when necessary, help upgrade the standards of personal and social care. [Order 867, § 388-34-384, filed 10/26/73; Order 627, § 388-34-384, filed 10/24/71; Order 440, § 388-34-384, filed 4/15/70.]

Chapter 388-35 WAC

NONCONTINUING GENERAL ASSISTANCE-- ELIGIBILITY--PAYMENT--STANDARDS

WAC

388-35-010	Conditions of eligibility.
388-35-020	Determination of financial need.
388-35-030	Certification period.
388-35-050	Assistance units—Eligible persons.
388-35-060	Reapplication.
388-35-070	Noncontinuing general assistance—Requirements.

WAC 388-35-010 Conditions of eligibility. GAN shall be granted to persons who meet all of the following eligibility conditions:

(1) Are in financial need as defined in subsequent sections of this chapter.

(2) Are not eligible for, receiving, or having their needs met by AFDC, emergency family assistance, SSI, GAU or refugee assistance.

(3) Have taken all steps necessary to make themselves eligible for AFDC, emergency family assistance, SSI, GAU or refugee assistance.

(4) Are not under any sanction for failure to comply with the eligibility requirements of AFDC, emergency family assistance, SSI, GAU or refugee assistance:

(a) AFDC and GAU applicants who are waiting for an incapacity decision to be made may be granted GAN until the date of the eligibility determination for AFDC or GAU;

(b) SSI applicants who are waiting for a disability determination to be made may be granted GAN until the date of receipt of the first SSI payment provided that they have signed an interim assistance agreement in accordance with WAC 388-37-010(2).

(5) Are at least eighteen years old unless:

(a) They are dependent minors who are living with their parents; or

(b) They are minors who are not able to be placed in foster care and who are living outside the parental home and are attending school or a vocational training program approved by the CSO in accordance with WAC 388-57-028.

(6) Are employable unless:

(a) They are AFDC, GAU, or SSI applicants who are waiting for an incapacity or disability determination to be made; or

(b) They expect to be incapacitated for less than thirty days;

(c) They are under sixteen years old.

(7) Are unemployed;

Persons who work less than one hundred hours per month shall be considered unemployed.

(8) Are residents of Washington state:

(a) A resident is a person who is living in the state voluntarily with the intention of making and maintaining his/her home in the state and not for a temporary purpose; that is, one who has indicated no intention of presently leaving the state to take up residence;

(b) GAN may be granted to nonresidents for a maximum of thirty days during one fiscal biennium.

(9) Have not transferred property contrary to WAC 388-28-457 through 388-28-465.

(10) Are registered for employment with Washington State Employment Security (WSES). Persons are exempt from registration if they are:

(a) Ill or incapacitated; or

(b) Needed in the home to care for an incapacitated person in the household; or

(c) Under sixteen; or

(d) Attending school or a vocational training program approved by the CSO in accordance with WAC 388-57-028; or

(e) A caretaker of a child under twelve; or

(f) AFDC, GAU or SSI applicants who are waiting for an incapacity determination to be made; or

(g) Sixty years of age or older.

(11)(a) Have not refused a bona fide job offer or offer of CSO-approved training or employment and training without good cause within thirty days prior to application or after application;

(b) Have not voluntarily terminated employment or CSO-approved training or employment and training without good cause within thirty days prior to application or after application;

(c) Refusal of a bona fide offer of employment or CSO-approved training or employment and training or voluntary termination of either without good cause within thirty days prior to application or after application shall result in a period of ineligibility of thirty days

or until the person accepts employment or training, whichever period is less:

(i) For an applicant, the period of ineligibility shall begin on the date of refusal or termination of employment or training;

(ii) For a recipient, the period of ineligibility shall begin on the day after the current certification ends;

(iii) Conditions which constitute good cause for refusal or termination of employment are defined in WAC 388-57-025(7);

(iv) The following conditions shall constitute good cause for refusal or termination of CSO-approved training or employment and training:

(A) Mental or physical inability of the person to participate in the training;

(B) Inability of the person to get to and from the training site without undue cost or hardship.

(12) Have applied for unemployment compensation if potentially eligible. [Statutory Authority: RCW 74.08.090. 80-03-052 (Order 1490), § 388-35-010, filed 2/22/80; 79-11-090 (Order 1447), § 388-35-010, filed 10/25/79; 78-10-031 (Order 1337), § 388-35-010, filed 9/15/78.]

WAC 388-35-020 Determination of financial need. Determination of financial need is as described in chapter 388-28 WAC except as follows:

(1) Exempt resources and income. The following types of property shall be exempt in determination of financial need:

(a) A home: WAC 388-28-420 shall apply in determining whether real property is used as a home;

(b) A used and useful vehicle when needed for medical reasons or to seek or retain employment. The equity in the vehicle shall not exceed \$1,500;

(c) Used and useful household furnishings;

(d) Used and useful personal effects;

(e) Tools and equipment used and useful in the person's occupation;

(f) Livestock, the products of which are consumed by the applicant and his dependents;

(g) Income as specified in WAC 388-28-575(2);

(h) Special need reimbursement for an employment and training participant who is actively engaged in job search.

(2) Nonexempt resources and income. All income and personal and real property not exempted above shall be considered nonexempt in determination of financial need.

(3) Thirty days shall ordinarily be considered a reasonable period to clarify the ownership or value of a resource.

(4) Computation of grant amount, treatment of income and resources.

(a) Income received after application and before grant authorization shall be prorated at the GAN standard from the date of application up to the date of grant authorization. Any remainder shall be deducted from the grant.

(b) Income received after grant authorization shall be deducted from the grant during the next period of certification, provided there is no break in assistance.

(c) If there is a break in assistance of thirty days or less, income received after grant authorization shall be prorated at the GAN standard for the period between certifications and any remainder shall be deducted from the following grant.

(d) Cash on hand at the time of grant authorization shall be deducted from the grant if the amount of cash is less than the applicant's needs for the certification period. If the amount of cash on hand is greater than the applicant's needs for the certification period, the applicant shall be ineligible.

(e) A value shall be placed on all other nonexempt resources available to the applicant at the time of grant authorization in accordance with WAC 388-28-400.

(i) If the value of available nonexempt resources is greater than the applicant's needs for the certification period, the applicant shall be ineligible.

(ii) If the value of available nonexempt resources is less than the applicant's needs for the certification period, the amount of the value shall be deducted from the grant.

(5) These rules shall be effective November 10, 1979. [Statutory Authority: RCW 74.08.090. 80-02-022 (Order 1471), § 388-35-020, filed 1/9/80; 78-10-031 (Order 1337), § 388-35-020, filed 9/15/78.]

WAC 388-35-030 Certification period. The normal certification period shall be 15 days and shall not exceed one month.

(1) Assistance for one month may be authorized when it appears that a change in the person's circumstances is not likely to occur during the certification period.

(2) Assistance for less than 15 days may be authorized if an applicant expects to receive income or resources within the normal certification period. [Statutory Authority: RCW 74.08.090. 78-10-031 (Order 1337), § 388-35-030, filed 9/15/78.]

WAC 388-35-050 Assistance units--Eligible persons. Noncontinuing general assistance shall be granted to each person who meets all eligibility conditions. Once GAN eligibility has been determined, the GAN assistance unit shall consist of those eligible persons living together who are legally bound together in a relationship of mutual responsibility and/or dependence. If one or more persons are eliminated from the assistance unit because they cannot or will not comply with eligibility conditions, the eligibility of the remaining members is not affected. [Statutory Authority: RCW 74.08.090. 78-10-031 (Order 1337), § 388-35-050, filed 9/15/78.]

WAC 388-35-060 Reapplication. (1) A person must reapply and have eligibility redetermined prior to the issuance of each grant. Persons shall be recertified only when they have applied for and/or utilized to the full extent available any resources for which they might be eligible including but not limited to:

(a) Employment counseling and referral if they are required to register with WSES as a condition of eligibility;

(b) Benefits, entitlements, compensation;

(c) Failure to pursue and/or utilize such resources without good cause shall result in a period of ineligibility of 30 days or until the person begins to pursue and/or utilize such resources, whichever period is less. The period of ineligibility shall begin the day after the current certification ends.

(d) The following conditions shall constitute good cause:

(i) Mental or physical inability of the person to pursue and/or utilize such resources;

(ii) Inability of the person to get to and from the job, interview, counseling appointment, or application for such resources without undue cost or hardship.

(2) Persons who are required to register with WSES as a condition of eligibility shall be recertified only when it is verified that they have been actively seeking work.

(3) If more than 30 days have elapsed since the end of the last certification period, a person shall be treated as a new applicant. [Statutory Authority: RCW 74.08.090, 79-10-085 (Order 1436), § 388-35-060, filed 9/21/79; 78-10-031 (Order 1337), § 388-35-060, filed 9/15/78.]

WAC 388-35-070 Noncontinuing general assistance--Requirements. (1) The standards for monthly requirements for a noncontinuing general assistance applicant/recipient, effective November 1, 1980, shall be:

Number of GA-N recipients in assistance unit

1	2	3	4	5	6	7	8	9
\$ 70	\$112	\$147	\$184	\$227	\$268	\$304	\$345	\$384
10	11	12	13	14	15	16	17	18 or more
\$426	\$464	\$504	\$543	\$585	\$623	\$664	\$702	\$743

(2) An emergency shelter requirement shall be authorized by the CSO in the following circumstances:

(a) The applicant/recipient has been given, and presents to the CSO, a notice to quit premises or pay rent.

(b) The CSO has contacted the landlord and has been assured that payment of up to one month's rent standard will be sufficient to forestall eviction.

(c) The amount authorized shall be the actual amount needed to forestall eviction, not to exceed the following standards:

Number of GA-N recipients in assistance unit

1	2	3	4	5	6	7	8	9
\$100	\$145	\$151	\$154	\$154	\$158	\$162	\$165	\$169
10	11	12	13	14	15	16	17	18 or more
\$172	\$174	\$178	\$180	\$183	\$185	\$186	\$192	\$194

(3) An emergency utility requirement shall be authorized by the CSO in the following circumstances:

(a) The applicant/recipient has been given, and presents to the CSO, a notice of impending utility shut-off

issued by the company providing the service, or it is otherwise verified by the CSO that the applicant or recipient is without necessary fuel for heating or cooking.

(b) The CSO has contacted the utility company or other provider of fuel to determine the amount necessary to forestall shut-off or otherwise provide necessary fuel.

(c) The amount authorized shall be the actual amount needed to forestall shut-off or to purchase one month's supply of fuel, not to exceed the following standards:

Number of GA-N recipients in assistance unit

1	2	3	4	5	6	7	8	9
\$ 51	\$ 53	\$ 74	\$ 85	\$ 92	\$ 98	\$105	\$112	\$123
10	11	12	13	14	15	16	17	18 or more
\$133	\$144	\$155	\$168	\$180	\$191	\$203	\$214	\$226

[Statutory Authority: RCW 74.08.090, 80-15-002 (Order 1550), § 388-35-070, filed 10/2/80; 79-10-085 (Order 1436), § 388-35-070, filed 9/21/79; 78-10-031 (Order 1337), § 388-35-070, filed 9/15/78.]

Chapter 388-37 WAC

GENERAL ASSISTANCE--ELIGIBILITY--STANDARDS OF ASSISTANCE--PAYMENT

WAC	
388-37-010	Continuing general assistance--Exclusions.
388-37-020	Continuing general assistance--Eligibility conditions--General.
388-37-025	Earned income exception.
388-37-030	Continuing general assistance--Eligible persons.
388-37-031	Continuing general assistance--Payment to employable spouse.
388-37-032	Continuing general assistance--Determination of incapacity.
388-37-035	Incapacity.
388-37-037	Continuing general assistance--Refusal to accept available and recommended medical treatment.
388-37-040	Continuing general assistance--Standards for requirements--Authorization.
388-37-050	Continuing general assistance--Redetermination of eligibility.
388-37-060	Congregate care--Alcoholism treatment.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-37-034	Continuing general assistance--Local office review of incapacity. [Order 943, § 388-37-034, filed 6/28/74; Order 904, § 388-37-034, filed 1/31/74.] Repealed by Order 1102, filed 3/2/76.
388-37-210	Noncontinuing general assistance--Eligible persons. [*Order 1085, § 388-37-210, filed 1/15/76; Emergency Order 1073, § 388-37-210, filed 12/12/75 (Emergency Order 1073 repealed WAC 388-37-210, which was then readopted, as amended, by Order 1085, filed 1/15/76); Order 969, § 388-37-210, filed 9/13/74; Order 939, § 388-37-210, filed 5/23/74; Order 904, § 388-37-210, filed 1/31/74; Order 841, § 388-37-210, filed 8/9/73.] Repealed by 78-10-031 (Order 1337), filed 9/15/78. Statutory Authority: RCW 74.08.090.

*Reviser's note: The statutory authority for the amendment to WAC 388-37-210 in Department of Social and Health Services Order 1126, filed 6/23/76, was declared unconstitutional and void by the Supreme Court in *Flanders v. Morris* 88 Wn.2d 181 (1977). WAC 388-37-210 as filed on 1/15/76 by Order 1085 was outstanding prior to Order 1126. See repealed citation above.

- 388-37-215 Noncontinuing general assistance—Specific eligibility conditions. [Order 1173, § 388-37-215, filed 11/24/76; Order 973, § 388-37-215, filed 9/26/74; Order 841, § 388-37-215, filed 8/9/73.] Repealed by 78-10-031 (Order 1337), filed 9/15/78. Statutory Authority: RCW 74.08.090.
- 388-37-220 Noncontinuing general assistance—Requirements. [Order 1242, § 388-37-220, filed 9/23/77; Order 1145, § 388-37-220, filed 8/26/76; Order 1040, § 388-37-220, filed 8/7/75; Order 904, § 388-37-220, filed 1/31/74; Order 841, § 388-37-220, filed 8/9/73.] Repealed by 78-10-031 (Order 1337), filed 9/15/78. Statutory Authority: RCW 74.08.090.
- 388-37-230 Noncontinuing general assistance—Exempt and non-exempt resources and income. [Statutory Authority: RCW 74.08.090. 78-06-022 (Order 1294), § 388-37-230, filed 5/16/78; Order 841, § 388-37-230, filed 8/9/73.] Repealed by 78-10-031 (Order 1337), filed 9/15/78. Statutory Authority: RCW 74.08.090.
- 388-37-235 Noncontinuing general assistance—Computing income. [Order 841, § 388-37-235, filed 8/9/73.] Repealed by 78-10-031 (Order 1337), filed 9/15/78. Statutory Authority: RCW 74.08.090.
- 388-37-240 Noncontinuing general assistance—Utilization of resources and income. [Order 841, § 388-37-240, filed 8/9/73.] Repealed by 78-10-031 (Order 1337), filed 9/15/78. Statutory Authority: RCW 74.08.090.
- 388-37-245 Noncontinuing general assistance—Effective date of eligibility. [Order 841, § 388-37-245, filed 8/9/73.] Repealed by 78-10-031 (Order 1337), filed 9/15/78. Statutory Authority: RCW 74.08.090.
- 388-37-250 Noncontinuing general assistance—Grant period. [Order 841, § 388-37-250, filed 8/9/73.] Repealed by 78-10-031 (Order 1337), filed 9/15/78. Statutory Authority: RCW 74.08.090.
- 388-37-255 Noncontinuing general assistance—Authorization and reauthorization of grant. [Order 841, § 388-37-255, filed 8/9/73.] Repealed by 78-10-031 (Order 1337), filed 9/15/78. Statutory Authority: RCW 74.08.090.
- 388-37-260 Noncontinuing general assistance—Notification to recipient. [Order 841, § 388-37-260, filed 8/9/73.] Repealed by 78-10-031 (Order 1337), filed 9/15/78. Statutory Authority: RCW 74.08.090.
- 388-37-265 Noncontinuing general assistance—Payment of grant. [Order 841, § 388-37-265, filed 8/9/73.] Repealed by 78-10-031 (Order 1337), filed 9/15/78. Statutory Authority: RCW 74.08.090.
- 388-37-270 Noncontinuing general assistance—Vendor payment. [Order 841, § 388-37-270, filed 8/9/73.] Repealed by 78-10-031 (Order 1337), filed 9/15/78. Statutory Authority: RCW 74.08.090.

WAC 388-37-010 Continuing general assistance—Exclusions. (1) Continuing general assistance is a state financed program which provides for the needs of some persons who are not eligible for or are not receiving a federal aid grant and whose need is expected to continue for more than a 30-day period.

(2) Continuing general assistance cannot be granted to a person eligible for or receiving AFDC or to a person eligible for or whose needs are being met by supplemental security income with the following exceptions:

(a) An applicant who appears to be eligible for SSI may receive continuing general assistance payments until the date of receipt of the initial SSI payment provided that:

(i) the applicant applies;

(ii) the applicant assigns the initial SSI payment to DSHS up to the amount of the GA-U provided to the applicant pending approval of the SSI application;

(iii) the applicant meets all other general assistance eligibility requirements.

(b) If the amount of the initial SSI payment recovered by DSHS under subdivision (6)(a) does not meet the amount paid as GA-U, the balance must be treated as an overpayment.

If the SSI benefit is less than the GAU payment standard because the SSI is based on a different living arrangement than that authorized under the GAU program, the difference will not be considered an overpayment, provided the applicant has appealed the SSI determination and lost the final appeal.

(c) An AFDC parent in need of intensive treatment (thirty days or less) in an approved alcoholic treatment facility may be granted continuing general assistance for the cost of treatment. This payment is made through the vendor billing procedure.

(d) An SSI eligible spouse whose need is not being met by SSI because of separation from a spouse. Such persons are exempt from assigning the initial SSI payment to DSHS as provided in (2)(a)(ii) above.

(3) Continuing general assistance cannot be granted to a recipient of supplemental security income when he is subject to any sanction for failure to comply with SSI eligibility requirements. [Statutory Authority: RCW 74.08.090. 80-12-013 (Order 1536), § 388-37-010, filed 8/25/80; 79-06-026 (Order 1397), § 388-37-010, filed 5/16/79; 78-10-031 (Order 1337), § 388-37-010, filed 9/15/78; Order 1214, § 388-37-010, filed 6/23/77; Order 1102, § 388-37-010, filed 3/2/76; Order 939, § 388-37-010, filed 5/23/74; Order 904, § 388-37-010, filed 1/31/74; Order 841, § 388-37-010, filed 8/9/73.]

WAC 388-37-020 Continuing general assistance—Eligibility conditions—General. (1) An applicant or recipient shall be [a] resident of the state of Washington as defined in WAC 388-26-055 and be living in an identifiable residence within the local office area

(2) An applicant or recipient shall not have transferred property contrary to law or rules as specified in WAC 388-28-458 through 388-28-465.

(3) If an individual is living in an institution, WAC 388-34-010 through 388-34-020 also apply in eligibility determination.

(4) Continuing general assistance follows financial need determination as provided in provisions of chapter 388-28 WAC, except for the earned income exemption specified in WAC 388-37-025. [Statutory Authority: RCW 74.08.090. 78-10-031 (Order 1337), § 388-37-020, filed 9/15/78; Order 1251, § 388-37-020, filed 11/10/77; Order 841, § 388-37-020, filed 8/9/73.]

Reviser's Note: RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 388-37-025 Earned income exemption. The first eighty-five dollars plus one-half the remainder of total gross monthly earned income shall be exempt in determining eligibility for and the amount of assistance for recipients of continuing general assistance as defined

in WAC 388-37-030. [Order 1251, § 388-37-025, filed 11/10/77.]

WAC 388-37-030 Continuing general assistance—Eligible persons. When other eligibility has been established, continuing general assistance shall be granted to

(1) Deleted

(2) Families ineligible for AFDC-E solely because neither parent/stepparent meets the work quarters requirement and one parent/stepparent is regularly attending a vocational training course approved by the CSO in accordance with WAC 388-57-028.

(a) Disapproval of a training plan shall make the family ineligible for GAU.

(b) The CSO shall approve no more than twenty-four continuous months of training per family.

(3) A person who at the time of attaining the age of eighteen years is a recipient of public assistance and attending a state approved high school or vocational or technical institution.

(a) Assistance is continued while the person (if otherwise eligible) continually attends school on a full-time basis. Assistance is continued through the end of the school year immediately following the person's eighteenth birthday.

(b) If in the opinion of the CSO administrator one additional year of schooling will lead to completion of a secondary education, assistance is continued for one additional school year.

(4) Unemployable persons. As used in this section unemployable means a person who is sixty-five years of age or older or a person who is physically or mentally incapacitated by a condition expected to continue for at least thirty days from date of application. Unemployability refers to the individual's capacity to earn income by employment. It does not refer to the availability or lack of job opportunities. Eligible individuals are:

(a) An unemployable single adult.

(b) A married couple if both persons are unemployable.

(c) The unemployable spouse in the case of a married couple when only one person is employable. The income and resources of the employable spouse shall be considered as described in WAC 388-28-500(2)(a) and (b).

(5) The spouse and children of a sixty-five year old beneficiary of supplemental security income when deprivation due to incapacity or unemployment cannot be established.

(6) These rules shall be effective November 10, 1979. [Statutory Authority: RCW 74.08.090. 80-02-022 (Order 1471), § 388-37-030, filed 1/9/80; 78-06-021 (Order 1295), § 388-37-030, filed 5/16/78; Order 1214, § 388-37-030, filed 6/23/77; Order 1189, § 388-37-030, filed 2/18/77; Order 1173, § 388-37-030, filed 11/24/76; Order 1102, § 388-37-030, filed 3/2/76; Order 1083, § 388-37-030, filed 12/24/75; Order 976, § 388-37-030, filed 10/28/74; Order 973, § 388-37-030, filed 9/26/74; Order 939, § 388-37-030, filed 5/23/74; Order 904, § 388-37-030, filed 1/31/74; Order 841, § 388-37-030, filed 8/9/73.]

WAC 388-37-031 Continuing general assistance—Payment to employable spouse. When it has been verified by a physician that it is medically necessary for an employable spouse to be present in the home to care for the incapacitated spouse payment shall be made to the employable spouse as specified in WAC 388-16-430(3) and WAC 388-16-435(2). [Order 1102, § 388-37-031, filed 3/2/76.]

WAC 388-37-032 Continuing general assistance—Determination of incapacity. (1) Eligibility due to incapacity shall be determined by an ESSO incapacity review team in accordance with the criteria in WAC 388-37-035.

(2) The incapacity review team shall

(a) Consider medical and other related evidence of the incapacitating condition and make a decision confirming or denying the existence of eligibility due to incapacity within thirty days of the date of application, except in circumstances beyond the control of the agency such as failure or delay on the part of the applicant, the examining physician or other source of documentation.

(b) Request additional information when necessary.

(c) Determine probable duration of incapacity. The probable duration shall be related to the prognosis for the condition as predicted by the medical evidence but shall not exceed twelve months without a redetermination of incapacity.

(3) Eligibility cannot be established if an applicant or recipient fails to cooperate in obtaining information documenting incapacity.

(4) Cost of necessary medical reports to determine incapacity shall be paid by the department. Payment for such reports shall not be made to DSHS agencies. [Order 1145, § 388-37-032, filed 8/26/76; Order 1102, § 388-37-032, filed 3/2/76; Order 1046, § 388-37-032, filed 8/14/75; Order 973, § 388-37-032, filed 9/26/74; Order 904, § 388-37-032, filed 1/31/74.]

WAC 388-37-035 Incapacity. (1) The term "incapacity" refers to the existence of a physiological, emotional and/or mental impairment which renders the person incapable of gainful employment.

(a) Such incapacity must be verified by medical evidence.

(b) The person must be substantially prevented by reason of the impairment from engaging in a useful occupation. Reasons for unemployment other than incapacity, such as individual employer preferences, business and economic conditions, social handicaps, etc. are not factors to be considered in determining his inability to obtain and continue in employment.

(2) The source of evidence for physiological incapacity will be a written report from a physician or chiropractor; for a mental and/or emotional incapacity, the source may be a report from a psychiatrist or clinical psychologist. Medical evidence may be obtained by other DSHS institutions and agencies from which the individual is receiving or has received services. Such reports

must include a diagnosis and prognosis for the incapacitating condition and the effect of the condition on the individual's ability to function.

(3) The determination of incapacity will be made on the facts of each case. This requires evaluation of the severity of the impairment and its effect on the individual, and consideration of the individual's abilities so that it can be determined whether there remains a capacity to engage in a useful occupation.

(4) Incapacity due to mental or emotional disorders shall be determined on the basis of actual and specific impairment of faculties necessary for the person to be able to engage in gainful employment. The fact that an individual may be receiving treatment for a mental health problem is not in itself evidence that incapacity exists.

(a) Such incapacity will be determined on the basis of evidence that the individual

(i) Is unable to exercise judgment and make decisions necessary to obtain and maintain employment.

(ii) Is unable to sustain an adequate attention span.

(iii) Manifests bizarre or inappropriate behavior patterns beyond his capability to control.

(iv) Does not have the degree of physical and motor control required to sustain employment.

(v) Does not have perception and memory to the degree necessary to obtain and sustain employment.

(vi) Is unable to follow directions or to learn to the degree necessary to obtain and sustain employment.

(vii) Is under medication which impairs functioning.

(viii) Any one or a combination of the conditions in items (i) through (vii) may be sufficient to establish incapacity.

(5) Incapacity will be considered to be established without an incapacity review team decision for applicants for and recipients of services in a congregate care facility when the person

(a) Deleted;

(b) Has been determined to be eligible for any benefits (including FAMCO) based on social security administration disability criteria or veterans benefits based on disability of 50% or more;

(c) Is eligible for services from the bureau of developmental disabilities;

(c) Is being released from a state or community psychiatric hospital.

(6) Incapacity following hospitalization for mental health reasons will be considered to be established for only sixty days; assistance shall not be continued beyond the initial sixty days without an incapacity review team decision.

(7) Incapacity due to alcoholism will be considered to be established when an individual is accepted into either intensive or long-term residential treatment at an alcoholism treatment center.

(8) Incapacity due to abuse of drugs other than alcohol will be considered to be established for a designated period when an individual is accepted into a certified residential drug treatment program, or a certified methadone (or approved substitute) maintenance or certified detoxification program.

(a) In accordance with the above criteria, incapacity will be considered to be established for the following maximum periods of time:

(i) detoxification—30 days

(ii) maintenance—60 days

(iii) residential treatment—60 days

(b) Assistance shall not be continued beyond the initial period of time described in subdivision (7)(a) without an incapacity review team decision.

(9) If the person has not been referred to the ESSO by an alcoholism or certified drug treatment program incapacity will be determined by evidence that

(a) Pathological or demonstrable organic damage has resulted from chronic alcoholism or drug abuse, or

(b) The individual, as a result of the addiction, has his judgment so impaired that he is incapable of realizing and making a rational decision with respect to his need for treatment and constitutes a danger to himself, to any other person, or to property.

(10) Individuals who are found to be incapacitated due to alcoholism or drug abuse will be required to accept referral to a community alcoholism center or certified drug treatment program for evaluation and recommendation related to treatment.

(11) An individual who refuses to accept and follow through on available treatment when such treatment is recommended shall not be eligible.

(12) The use of drugs or alcohol of itself is not evidence that an incapacitating condition exists.

(13) Incapacity shall be considered to be established without an incapacity review team decision for an SSI recipient whose needs are not being met by SSI because of separation from a spouse. [Statutory Authority: RCW 74.08.090. 80-12-013 (Order 1536), § 388-37-035, filed 8/25/80; Order 1251, § 388-37-035, filed 11/10/77; Order 1214, § 388-37-035, filed 6/23/77; Order 1173, § 388-37-035, filed 11/24/76; Order 1145, § 388-37-035, filed 8/26/76; Order 1109, § 388-37-035, filed 4/15/76; Order 1102, § 388-37-035, filed 3/2/76; Order 973, § 388-37-035, filed 9/26/74; Order 904, § 388-37-035, filed 1/31/74.]

WAC 388-37-037 Continuing general assistance--Refusal to accept available and recommended medical treatment. (1) A continuing general assistance applicant or recipient who refuses without good cause to accept available medical treatment, which can reasonably be expected to render him able to work shall be ineligible.

(2) "Available medical treatment" shall mean and include medical, surgical, or mental health services, or any combination thereof.

(3) "Reasonably be expected to render him able to work" shall mean that in the opinion of the medical consultant, the recommended treatment will restore or substantially improve the individual's ability to work for pay in a regular and predictable manner.

(4) For the purposes of this section, an applicant or recipient has good cause to refuse recommended medical treatment when, according to the best objective judgment of the ESSO review team, confirmed by the ESSO

administrator and the medical consultant, such refusal is based upon one or more of the following conditions:

(a) The individual is genuinely fearful of undergoing recommended treatment. Such fear may appear to be unrealistic or irrational; however, fear exists in such a degree that treatment would be adversely affected.

(b) The individual could lose a faculty, or the remaining use of faculty he now has, and refuses to accept the risk;

(c) Because of his definitely stated religious scruples, the individual will not accept recommended medical treatment. [Order 1102, § 388-37-037, filed 3/2/76; Order 904, § 388-37-037, filed 1/31/74.]

WAC 388-37-040 Continuing general assistance—Standards for requirements—Authorization. (1) The rules and procedures for payment of federal aid grants shall apply to continuing general assistance except that vendor payments may be made when payment by warrant is not possible or practical.

(2) When incapacity is established a continuing grant shall be authorized to continue for the probable duration of the incapacity. The recipient shall be notified of the termination date at the time the grant is opened.

A continuing grant shall not be authorized until incapacity is established by the review team.

(3) Continuing assistance shall not be authorized following the termination date specified in subsection (2) until continuing incapacity has been redetermined by the review team.

(a) If assistance is terminated because the redetermination of incapacity is delayed for reasons beyond the recipient's control, and continuing incapacity is subsequently redetermined within thirty days, assistance shall be authorized effective the day following the date of termination.

(b) If the recipient is responsible for the delay in re-determining incapacity, continuing assistance shall be authorized effective the date incapacity is redetermined. [Statutory Authority: RCW 74.08.090, 79-06-028 (Order 1398), § 388-37-040, filed 5/16/79; Order 1102, § 388-37-040, filed 3/2/76; Order 841, § 388-37-040, filed 8/9/73.]

WAC 388-37-050 Continuing general assistance—Redetermination of eligibility. (1) Continuing general assistance recipients shall have their continued financial eligibility for such assistance redetermined at least once every six months of continuous receipt of assistance.

(2) When an unemployable recipient of general assistance becomes employable, his eligibility ceases.

(3) Whenever a general assistance recipient becomes eligible for AFDC or SSI benefits, he becomes ineligible for continuing general assistance.

(4) Acceptance of available medical treatment. WAC 388-37-037 applies to a recipient as well as to an applicant.

(5) Recipients of continuing general assistance shall be screened to determine appropriateness of referral for

vocational rehabilitation services and SSI eligibility determination. A recipient who has been referred and refuses without good cause to utilize such services shall be ineligible. [Order 1102, § 388-37-050, filed 3/2/76; Order 943, § 388-37-050, filed 6/28/74; Order 904, § 388-37-050, filed 1/31/74; Order 841, § 388-37-050, filed 8/9/73.]

WAC 388-37-060 Congregate care—Alcoholism treatment. (1) For persons eligible for congregate care see WAC 388-16-336.

(2) Alcoholism treatment is provided to the detoxified alcoholic in congregate care facilities for which the treatment program has been approved by the state. Treatment may be:

(a) Intensive inpatient treatment services for thirty days or less

(b) Long term services in a nonintensive program in a residential setting for one hundred and eighty days. This program may be extended in individual cases.

(c) Rehabilitative services in a half-way house setting for up to ninety days.

(3) An individual's need for alcoholism treatment in either a privately or publicly operated facility shall be determined by

(a) Evaluation and recommendation of a state approved community alcoholism center, or

(b) a court order

(4) Persons receiving services in an intensive alcoholism treatment program shall not be required to participate in the cost of care. Following the month of admission income of individuals receiving long term or rehabilitative services shall be considered according to the rules applicable to the program under which the benefits are received. [Order 1173, § 388-37-060, filed 11/24/76.]

Chapter 388-38 WAC APPLICATION

WAC	
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-38-020	Inquiry. [Regulation 13.10, filed 1/24/64.] Repealed by Order 537, filed 3/31/71, effective 5/1/71.
388-38-035	Application registration. [Regulation 13.21, filed 1/24/64.] Repealed by Order 537, filed 3/31/71, effective 5/1/71.
388-38-060	Application—Prior to specified events. [Order 537, § 388-38-060, filed 3/31/71, effective 5/1/71; Regulation 13.24, filed 1/24/64.] Repealed by Order 973, filed 9/26/74.
388-38-070	Person being paroled or released from state correctional institution. [Order 943, § 388-38-070, filed 6/28/74; Order 537, § 388-38-070, filed 3/31/71, effective 5/1/71; Regulation 13.25, filed 1/24/64.] Repealed by Order 1195, filed 3/3/77.
388-38-080	Person in state mental hospital or institution for mentally retarded. [Order 537, § 388-38-080, filed 3/31/71, effective 5/1/71; Regulation 13.26, filed 1/24/64.] Repealed by Order 1165, filed 10/27/76.
388-38-085	Applicant requiring placement in licensed and classified nursing home or at Oakhurst Infirmary. [Regulation 13.261, filed 1/24/64.] Repealed by Order 537, filed 3/31/71, effective 5/1/71.
388-38-090	Applicant requiring other type of placement. [Regulation 13.262, filed 1/24/64.] Repealed by Order 537, filed 3/31/71, effective 5/1/71.
388-38-100	Disposal of application. [This reference only section is being repealed inasmuch as § 388-38-100 was deleted from Order 537, filed 3/31/71, effective 5/1/71.]
388-38-140	Notification of decision. [Regulation 13.40, filed 1/24/64.] Repealed by Order 313, filed 10/31/68.
388-38-160	Withdrawn application. [Regulation 13.42, filed 1/24/64.] Repealed by Order 313, filed 10/31/68.
388-38-170	Denial of application. [Regulation 13.43, filed 1/24/64.] Repealed by Order 313, filed 10/31/68.
388-38-180	Intercounty transfer of application. [Regulation 13.50, filed 1/24/64.] Repealed by Order 537, filed 3/31/71, effective 5/1/71.

WAC 388-38-010 Definitions. (1) "Application" means a request for financial assistance made by a person in his own behalf or in behalf of another person.

(a) An application for financial assistance has been made when the individual expresses in writing to the ESSO his desire to receive assistance.

(b) An application for medical assistance has been made when the individual expresses verbally or in writing his desire to receive assistance or to have his eligibility considered.

(2) "Inquiry" means a request for information about the department or its services or about eligibility requirements for assistance. Such inquiry may be followed by an application.

(3) "Statements in support of the application" means specifically form 14PA01 and any other forms required under department regulations which apply to the particular situation. [Order 1101, § 388-38-010, filed 2/25/76; Order 537, § 388-38-010, filed 3/31/71, effective 5/1/71; Regulation 13.01, filed 7/27/67; Regulation 13.01, filed 1/24/64.]

WAC 388-38-030 Application—Administrative standards. (1) An application shall be accepted from

anyone who wishes to apply and shall be acted upon promptly.

(2) Each applicant shall be treated with dignity and courtesy, shall be given sufficient opportunity to make his pertinent needs known to the department, and to learn what the department can or cannot do for him.

(3) Each applicant shall be fully informed of his legal rights and responsibilities in connection with public assistance.

(4) Eligibility or ineligibility shall be determined on a factual and objective basis in accordance with the rules and procedures of the department.

(5) Pertinent facts shall be recorded about each application so that records can be audited to determine whether department policies have been followed, continuity of service can be carried out, case planning can be achieved, and services needed and given can be ascertained.

(6) The decision on applications is definite and conclusive and is made known to the applicant together with the reasons for the decision. (See WAC 388-38-150 and 388-38-172.)

(7) Each applicant shall be given a pamphlet entitled "Fair Hearings Are For You". Each applicant shall receive a brief explanation of rights and procedures in regard to fair hearings.

(8) Each applicant shall be given a written acknowledgment of receipt of the application by the Department at the time of making application. [Order 605, § 388-38-030, filed 9/22/71; Order 537, § 388-38-030, filed 3/31/71, effective 5/1/71; Regulation 13.20, filed 1/24/64.]

WAC 388-38-040 Record and supporting documents. (1) Form 14PA01 shall be used as the applicant's written statement of his application for all public assistance grant categories. This does not apply to a grant being reinstated.

(2) An application shall contain a written declaration that is made under penalties of perjury and such declaration shall be in lieu of any oath otherwise required, and each applicant shall be so informed at the time of the signing.

(3) Ten calendar days shall be allowed for the applicant to complete and submit forms to the local office. If illness or other unforeseen circumstances prevent the individual from completing his application within ten days the local office may extend the period. Failure to submit the required information within the ten days or the extended period will result in a denial of assistance because eligibility cannot be determined.

(4) An application may be made by

(a) The person making the request in his own behalf or for his dependent,

(b) The legal guardian or person otherwise legally eligible to make application on behalf of minors or incompetent persons,

(c) Any other person acting in behalf of the applicant when the individual cannot make application under one of the preceding methods. Such person shall indicate on form 14PA01 the reason for initiating the application.

(5) Application for a grant must always be made before investigation is undertaken. Application is made in person at the local office but may be taken in the applicant's home when necessary.

(6) All forms involving an application shall be signed by the applicant and his (her) spouse if living together. The foregoing applies irrespective of whether the spouse is included in the application as a dependent.

(7) A signature by mark requires two witnesses. The signatures of witnesses shall appear on the form and be identified as witnesses. [Order 943, § 388-38-040, filed 6/28/74; Order 537, § 388-38-040, filed 3/31/71, effective 5/1/71; Regulation 13.22, filed 1/24/64.]

WAC 388-38-050 Alteration or addition to forms. A change may be made on a signed application for assistance only when the incorrect entry is stricken and the corrected entry initialed by the applicant and dated. An addition shall be also initialed by the applicant. [Order 978, § 388-38-050, filed 10/28/74; Repealed by Order 943, filed 6/28/74; Order 537, § 388-38-050, filed 3/31/71, effective 5/1/71; Regulation 13.23, filed 1/24/64.]

WAC 388-38-08501 Trial visit. (1) Persons in state institutions other than adult correctional institutions, are provided an opportunity to visit outside the institution as part of their treatment program. When a person needs public assistance in order to make a trial visit, the rules in this section apply.

(2) An application for assistance shall be completed and eligibility shall be determined before a trial visit is begun.

(3) A trial visit shall be limited to a maximum of 30 days. An extension of time beyond 30 days removes the person from trial visit status. [Order 873, § 388-38-085 codified § 388-38-08501, filed 11/16/73.]

WAC 388-38-110 Time limit for disposal. Each application shall be acted upon as quickly as possible, and within thirty days unless exceptional circumstances in an individual case require a longer period of time. Although no type of application will necessarily require more than thirty days, it may not be possible to reach a decision in certain circumstances such as:

(1) Cases in which eligibility decisions depend on medical reports and there is delay in obtaining such reports from the examining doctor or in securing medical information;

(2) Cases in which eligibility decisions depend upon state office action and a delayed decision is caused by the state office not having sufficient or adequate information upon which to make a decision;

(3) Cases in which eligibility depends upon extensive property appraisals;

(4) Cases in which determination of eligibility requires out-of-state or intercity contacts and where the delaying factor is such correspondence. [Order 1165, § 388-38-110, filed 10/27/76; Order 943, § 388-38-110, filed 6/28/74; Order 537, § 388-38-110, filed 3/31/71, effective 5/1/71; Regulation 12.31, filed 1/24/64.]

WAC 388-38-120 Disposal actions. (1) An application for financial assistance shall be disposed of by

(a) Approval, that is, determination that the applicant is eligible for assistance;

(b) Denial, that is, determination that the applicant is ineligible for assistance; or that eligibility could not be determined due to lack of information or verification.

(c) Withdrawal, that is,

(i) Applicant during or following interview with ESSO staff voluntarily requests no further consideration be given to his application. Preferably the applicant should write "withdrawn" on the application form and sign his name. If the applicant verbally requests withdrawal a notation shall be made on the application form and in the case record that the application has been withdrawn at applicant's request; and that a notice has been sent to the applicant confirming his notification to the agency that he does not desire to continue his application.

(ii) Applicant for medical assistance fails to file a written application on forms prescribed by the department.

(iii) Applicant fails to report for scheduled interview;

(iv) Death occurred before determination of eligibility was completed. [Order 1241, § 388-38-120, filed 9/23/77; Order 1101, § 388-38-120, filed 2/25/76; Order 943, § 388-38-120, filed 6/28/74; Order 537, § 388-38-120, filed 3/31/71, effective 5/1/71; Order 354, § 388-38-120, filed 5/29/69; Order 313, § 388-38-120, filed 10/31/68; Regulation 13.32, filed 1/24/64.]

WAC 388-38-150 Notification of decision—Assistance authorized for applicant. An applicant eligible for continuing assistance shall be notified of the LO decision to authorize a grant according to WAC 388-33-125 when he is in his own home or boarding and rooming, or WAC 388-34-180 when he is living in an institution. [Order 537, § 388-38-150, filed 3/31/71, effective 5/1/71; Order 313, § 388-38-150, filed 10/31/68; Regulation 13.41, filed 1/24/64.]

WAC 388-38-172 Denial or withdrawal. (1) A letter shall be written by the LO to the individual whose application for continuing assistance is denied or withdrawn. The following points must be covered in the letter:

(a) The basis for the decision including the gist of the applicable law or policy and a summary of the pertinent facts relating to the decision.

(b) The date of the decision.

(c) The right to a fair hearing.

(2) The letter need not include notice of right to a fair hearing when the applicant gives written notice of withdrawal including a statement to that effect on his application. [Order 537, § 388-38-172, filed 3/31/71, effective 5/1/71; Order 313, § 388-38-172, filed 10/31/68.]

WAC 388-38-200 Verifying eligibility and reeligibility. (1) All facts necessary to determine the eligibility or ineligibility of the applicant or recipient shall be established in accordance with the methods prescribed in this section. The practices described in this section apply not only to the initial application for assistance or service but also to reapplication, reinstatement, and redetermination of eligibility.

(2) In taking applications, determining eligibility, and in administering the assistance programs, the rights of individuals under the U.S. Constitution, the Social Security Act, Title VI of the Civil Rights Act of 1964, and all other relevant provisions of federal and state law shall be respected. This includes the avoidance of practices which violate the individual's privacy or subject him to harassment.

(3) Each determination of eligibility shall include at least one face-to-face interview with the applicant, or if direct contact with him is impractical with someone acting responsibly for him.

(4) The applicant shall provide a statement of his circumstances which shall be accepted as evidence of eligibility unless

(a) The information is incomplete, inconsistent or unclear, in which case the local office shall obtain such verification of eligibility factors as is deemed necessary to support an accurate decision of eligibility, or

(b) The local or regional administrator has determined that verification of certain specific eligibility factors is necessary to assure the accuracy of eligibility decision, or

(c) The department has determined that partial or complete verification is needed as a general procedure to assure that assistance is provided in accordance with laws and regulations, and has issued an administrative directive to that effect.

(5) The applicant's statement of his circumstances is the first source of information in determining eligibility. He shall be fully informed about the corroborating documentation needed to verify eligibility and his obligation to secure this himself whenever reasonably possible.

(6) When the applicant is unable to provide verification which is necessary to establish eligibility, the local office shall obtain substantiating evidence from other sources. This is done with the knowledge and consent of the applicant except when public records are used for this purpose. (See WAC 388-48-010 regarding confidentiality.) The applicant has the right to withdraw his application rather than to give his consent.

(a) Collateral contacts may be made without the applicant's consent when the applicant is not competent to provide the necessary information or to give informed consent.

(i) The case record must specify the reason special procedures were needed and describe them.

(ii) Such special procedures must be consistent with subsection (2).

(b) Verification of pertinent information relating to overpayments and suspected fraud shall be obtained as specified in WAC 388-44-020 and 388-44-115.

(7) Verifications of eligibility from the applicant and from other sources shall be limited to only those which are necessary to assure that expenditures made will be legal.

(8) The investigation process shall be terminated at the point when information requiring verification has been substantiated.

(9) If documentary evidence for verification of the applicant's statements as to an eligibility factor does not exist or cannot be obtained, the local office shall accept the evidence provided by statements which are attested to under penalty of perjury from persons other than the applicant.

(10) Each decision that an applicant is eligible for or ineligible for assistance or other services shall be supported by information in the case record showing that each eligibility requirement is met or that one or more is not met. [Order 1241, § 388-38-200, filed 9/23/77.]

WAC 388-38-220 Verification of citizenship. (1) Verification of status as a citizen or national of the United States includes

(a) a certified copy of a public record of birth or a religious record of birth or baptism showing birth in the United States, or

(b) a certificate of citizenship, or

(c) a certificate of naturalization, or

(d) a United States passport, or

(e) an identification card for use of resident citizen in the United States.

(2) If evidence described in subsections (1)(a) through (1)(e) is not available, an individual may state the reason and submit other evidence of probative value as to citizenship. [Order 1241, § 388-38-220, filed 9/23/77.]

WAC 388-38-225 Verification of lawful admission for permanent residence in United States. (1) Verification as to an individual's lawful admission for permanent residence in the United States includes an alien registration receipt card, or a reentry permit.

(2) If evidence described in subsection (1) is not available, the individual may state the reason and submit other evidence of probative value. [Order 1241, § 388-38-225, filed 9/23/77.]

WAC 388-38-230 Verification of permanent residence in United States under color of law. (1) Verification that an applicant has been residing permanently under color of law in the United States includes these determinations by immigration and naturalization service:

(a) INS form I-94 (arrival - departure record) endorsed "refugee - conditional entry," pursuant to section 203 (a)(7) of the immigration and nationality act, or

(b) INS form I-94 endorsed to show bearer has been paroled for an indefinite period pursuant to section 212 (d)(5) of the immigration and nationality act, or

(c) Documentation in the form of correspondence from the immigration and naturalization service stating the individual has been granted indefinite voluntary departure or an indefinite stay of deportation.

(2) If evidence described in subsection (1)(a) through (1)(c) is not available, the individual may state the reason therefor and submit other evidence of probative value. [Order 1241, § 388-38-230, filed 9/23/77.]

WAC 388-38-250 Responsibility for eligibility maintenance. Maintenance of eligibility for public assistance is a dual responsibility of the recipient and the local office. [Order 1241, § 388-38-250, filed 9/23/77.]

WAC 388-38-255 Responsibility for eligibility maintenance—Recipient. (1) The recipient has the responsibility to report promptly and accurately in writing all changes in his circumstances which affect his continuing eligibility for assistance.

(2) The recipient's failure to report such changes in circumstances to the local office within twenty days shall be considered prima facie evidence of fraudulent intent. (See WAC 388-44-020 (2)).

(3) The recipient shall take any action which is reasonably possible for him to develop resources which will reduce or eliminate his need for public assistance. [Order 1241, § 388-38-255, filed 9/23/77.]

WAC 388-38-260 Responsibility for eligibility maintenance—Local office. The LO has the responsibility to

(1) Inform recipients of all factors which may affect their continuing eligibility for assistance, and

(2) Act promptly and correctly on all known changes which affect the eligibility of recipients.

(3) Notify recipients when eligibility conditions are changed by law or rule of the department, unless the SO directly assumes this function.

(4) Complete a full periodic review if a sufficient number of factors have changed to make a full review practical. [Order 1241, § 388-38-260, filed 9/23/77.]

WAC 388-38-265 Recipient's whereabouts unknown or failure to provide eligibility data. (1) A recipient shall be ineligible and his grant shall be terminated when

(a) He cannot be located and he fails to furnish his current address within ten days following the mailing of a letter of his last known address asking for his information, or

(b) He fails to furnish information about his continued eligibility within ten days following the mailing of a letter to his last known address specifically citing the required information.

(2) The letter requesting the information shall include advance notice of termination as provided in WAC 388-33-380 because eligibility cannot be established unless the information is supplied within the ten day period. [Order 1241, § 388-38-265, filed 9/23/77.]

WAC 388-38-270 Redirection of warrant. (1) A recipient eligible for continuing assistance is entitled to regular and correct payment without undue interruption or delay. The local office may redirect a warrant only when there is evidence as specified in subsection (2) that

(a) The recipient will be ineligible for the monthly payment as previously authorized, or

(b) An overpayment will occur, or

(c) The warrant will not be received by the recipient.

(2) Factors which justify redirection of a warrant to the local office within the meaning of subsection (1) shall be limited to these situations:

(a) The address of a recipient is unknown by the local office or the recipient has reported that he has changed or will change his address prior to scheduled receipt of the warrant.

(b) A change in payee is required for correct receipt of the warrant.

(c) The recipient has not submitted in writing specific information requested to establish continuing eligibility or amount of grant, including but not limited to the designated review of eligibility form. See WAC 388-38-265.

(d) The recipient has reported incomplete information on a change in circumstances which requires a redetermination of eligibility and/or grant amount. The provisions in WAC 388-38-265 shall apply.

(e) Redirection of the warrant is required to effect a proposed reduction, suspension or termination of a grant as provided in WAC 388-33-382(2)(a). The local office shall concurrently notify the recipient of the proposed action to reduce, suspend or terminate the grant as provided in WAC 388-33-380.

(f) A recipient has entered an institution and the local office has been notified by someone acting on his behalf.

(3) The state office may redirect a warrant to the local office when an authorization has been submitted which cannot be processed before delivery date due to error in the authorization. The warrant is redirected so that necessary action can be immediately taken to continue payment in the correct amount.

(4) The local office shall notify the recipient before action is taken to redirect a warrant for any reason other than death, unless the recipient has already been notified that a warrant change will be made. Such notification shall include:

(a) The reason for the redirect action,

(b) Assurance of corrected payment, when appropriate, at the earliest possible date,

(c) When applicable, a statement of the information the recipient must provide or the action that must be taken to establish eligibility.

(5) Decision as to the recipient's eligibility or ineligibility for the warrant shall be made at the earliest possible date but not later than 30 days after the date of its issuance.

(a) If ineligibility is determined, the warrant is cancelled. The recipient shall be notified in writing of the reason for cancellation.

(b) If ineligibility is not determined, the warrant shall be released or, if it is not in the correct amount, payment shall be authorized promptly according to WAC 388-33-140 and a one-time grant issued if necessary as provided in WAC 388-33-595 (2)(b). [Order 1241, § 388-38-270, filed 9/23/77.]

WAC 388-38-280 Periodic review and redetermination of eligibility. (1) A redetermination of eligibility as used in this section means a complete periodic review of all eligibility and need factors.

(2) Chapters 388-28 WAC and 388-33 WAC contain rules and procedures to keep the eligibility and amount of the legal public assistance grant currently correct for all recipients at all times. WAC 388-38-200 contains a description of methods used in establishing and maintaining eligibility.

(3) To insure eligibility and correctness of grants and to meet federal requirements.

(a) AFDC-R and AFDC-FC recipients shall have their continued eligibility for such assistance redetermined at least once in every six months of continuous receipt of assistance;

(b) AFDC-E recipients shall have their continued eligibility for such assistance redetermined at least once in every three months of continuous receipt of assistance.

(4) Forms designated by the department shall be used at the time of the periodic review of eligibility. These forms shall be the statement in support of continuing eligibility. Completion and submission of the forms to the department are required from a recipient to establish continuing eligibility. The forms shall contain, or be verified by, the recipient's written declaration that the answers thereon are made under the penalty of perjury and that this declaration shall be in lieu of any oath otherwise required. If there are two or more assistance units in a family, only one currently valid review of eligibility form covering the family's resources is required. [Order 1241, § 388-38-280, filed 9/23/77.]

WAC 388-38-285 Content of review. (1) The financial eligibility section shall review each eligibility factor which is subject to change and evaluate any change occurring since eligibility was previously established or reviewed.

(2) The LO shall provide the recipient information regarding

(a) Significant changes in public assistance laws or department rules not previously discussed which may affect the recipient.

(b) His responsibility to keep the LO informed of changes in his circumstances. [Order 1241, § 388-38-285, filed 9/23/77.]

WAC 388-38-290 Action on review. (1) Action is taken as a result so that all matters pertaining to incorrect past, current or future grants are brought into conformity with the rules of the department.

(2) A written notification must be sent according to WAC 388-33-335 and 388-33-380 to the recipient when the review results in a change in amount of grant, suspension, termination, or an overpayment has occurred. [Order 1241, § 388-38-290, filed 9/23/77.]

WAC 388-38-295 Changing and terminating grant. When a recipient becomes ineligible for a grant or the

grant amount for which he is eligible changes, the appropriate rules in chapter 388-33 WAC shall be followed. [Order 1241, § 388-38-295, filed 9/23/77.]

Chapter 388-42 WAC FUNERAL EXPENSE

WAC

388-42-020	Funeral expenses—Definitions and standards.
388-42-030	Funeral expenses—Eligibility standards.
388-42-040	Funeral expenses—Resources considered.
388-42-050	Funeral expenses—Veterans' burial benefit.
388-42-060	Funeral expenses—Workmen's compensation.
388-42-070	Funeral expenses—Social Security death benefit.
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388-42-090	Funeral expenses—Life insurance.
388-42-100	Decedent's estate.
388-42-110	Funeral expenses—Interment of two or more bodies in one grave.
388-42-115	Funeral expenses—Application.
388-42-125	Funeral expenses—Fair hearing.
388-42-150	Maximum cost standards for funeral director's services and burial or cremation services.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-42-010	Funerals. [Regulation 15.00, filed 1/24/64.] Repealed by Order 538, filed 3/31/71, effective 5/1/71.
388-42-160	Agreements with funeral directors, cemetery and crematory operators. [Order 242, § 388-42-160, filed 10/20/67; Regulation 15.70, filed 1/24/64.] Repealed by Order 281, filed 2/14/68.
388-42-170	Lien against deceased person's assets exempted for use by spouse and/or minor children. [Regulation 15.80, filed 12/31/65.] Repealed by Order 245, filed 10/20/67.

WAC 388-42-020 Funeral expenses—Definitions and standards. (1) "Funeral" shall mean the proper preparation and care of the remains of a deceased person with needed facilities and appropriate memorial services, including necessary costs of a lot or cremation and all services related to interment and the customary memorial marking of a grave.

(2) Two types of funeral services shall be available: A regular service and a minimum service.

(a) The minimum service shall include:

(i) Transportation of the body from place of death to mortuary;

(ii) Proper preparation and care of the remains of the deceased person for immediate disposition by cremation or burial;

(iii) Preparation and filing of death certificate and permits;

(iv) A wooden container of sufficient durability to transport the remains from the mortuary to the crematorium or cemetery;

(v) Transportation of the remains from the mortuary to the crematorium or cemetery;

(vi) Use of the funeral director's staff and facilities when requested for a memorial service;

(vii) The cost for these services shall not exceed the standard in WAC 388-42-150(1)(a).

(b) The regular service shall include all the services of the minimum service plus:

- (i) Service car (first call);
- (ii) Embalming and care of the body;
- (iii) Casket of octagon shape cut panel board top, or square with raised top, covered with crepe or flannel cloth, trimmed with full art lining and six bail handles;
- (iv) Use of reposing rooms, chapel, casket coach, one car for family and personal services;
- (v) The cost of these services shall not exceed the standard in WAC 388-42-150(1)(b).

(3) Payment for the regular service shall be authorized only upon request by someone who wishes the deceased to have a regular funeral service and who plans to attend the service. Otherwise, only the minimum service shall be authorized.

(4) Disposition of the body shall be by cremation or burial.

(a) Burial services shall include:

- (i) Burial plot if not previously provided;
- (ii) Minimum grave marker;
- (iii) Liner and endowed care if either or both are required;
- (iv) Cost of the lot purchased within thirty days prior to burial shall be included in cemetery costs;
- (v) Opening and closing grave;
- (vi) Items available under a prepaid plan shall be utilized for the purpose intended. The original cost or current market value of the prepaid items or service need not be computed;

(vii) The cost of burial services shall not exceed the standard in WAC 388-42-150(2)(a).

(b) Cremation services shall include:

- (i) Cremation;
- (ii) An urn of metal or other substantial material;
- (iii) Marker;
- (iv) Space for disposition of the remains either in a mausoleum or cemetery;
- (v) Disposition of cremated remains;
- (vi) Costs for cremation services shall not exceed the standard in WAC 388-42-150(2)(b).

(5) The local office shall not authorize nor shall the funeral director, cemetery or crematory accept any supplemental payment for goods and services furnished in excess of the department's standard. Donated flowers, music and ministerial service shall not be considered as supplementation. However, if these services are provided by the funeral director they are considered as part of the funeral director's services and their cost must be included in the department's standard. [Statutory Authority: RCW 74.08.090. 78-10-058 (Order 1340), § 388-42-020, filed 9/22/78; Order 612, § 388-42-020, filed 9/27/71; Order 538, § 388-42-020, filed 3/31/71, effective 5/1/71; Order 278, § 388-42-020, filed 2/14/68; Order 242 § 388-42-020, filed 10/20/67; Regulation 15.10, filed 1/24/64.]

WAC 388-42-030 Funeral expenses--Eligibility standards. (1) Public assistance funds may be used to pay for the funeral expenses of a deceased person to the extent his estate and available resources (including contributions from spouse, relatives, friends, or other sources) are not wholly sufficient to defray the funeral

expenses according to department policies and standards in WAC 388-42-020 and 388-42-150 and when the conditions in this section are met.

(2) Neither funeral, nor cemetery, nor crematorium costs shall be paid by the department when;

(a) Charges for any of these services exceed any one of the maximum standards in WAC 388-42-150, or when

(b) The funeral, burial or cremation takes place outside the state of Washington. However, exception to out-of-state payment rule is made for funerals in areas in bordering states which are normal trade areas of a border area of this state.

(3) Funeral costs shall be paid only when authorized in writing on form 14PA20 by the ESSO prior to the funeral services and burial or cremation unless for religious reasons the body must be disposed of immediately and it is not possible to apply before the funeral. In such case, application must be made on the first working day after the funeral.

(4) All assets of the deceased are considered available for funeral expenses. However, if the deceased was a public assistance recipient when he died, assets left to a surviving spouse and/or minor children are considered according to WAC 388-42-100.

(5) All assets of a surviving spouse or surviving parents of a minor child are considered available for funeral expenses except those resources which are exempt for a public assistance applicant and income needed to meet the monthly maintenance needs of the surviving individual and his dependents computed according to the department's continuing assistance standards.

(6) Persons applying for funeral expenses shall be required to apply for any death benefits to which the deceased may be entitled from other public or private agencies or organization. Exceptions in WAC 388-42-070 on Social Security death benefit and in WAC 388-42-080 on railroad retirement death benefit should be carefully observed.

(7) When a body is claimed for scientific purposes no funeral expenses shall be authorized for payment from public assistance funds.

(8) Funeral expenses for a deceased inmate of a state institution may be paid providing all funeral rules are met. Any funds of the deceased held by the institution, as well, as the resources described in subsections (4) and (5), shall be taken into consideration in determining the amount to be paid by the department. [Statutory Authority: RCW 74.08.090. 78-10-058 (Order 1340), § 388-42-030, filed 9/22/78; Order 612, § 388-42-030, filed 9/27/71; Order 538, § 388-42-030, filed 3/31/71, effective 5/1/71; Order 371, § 388-42-030, filed 8/7/69; Order 314, § 388-42-030, filed 10/31/68; Order 242, § 388-42-030, filed 10/20/67; Regulation 15.20, filed 1/24/64.]

WAC 388-42-040 Funeral expenses--Resources considered. The resources available for funeral expenses must be taken into consideration in determining eligibility for payment from department's funds. The listing in WAC 388-42-050 through 388-42-100 is not intended

to be exhaustive. [Order 538, § 388-42-040, filed 3/31/71, effective 5/1/71; Order 242, § 388-42-040, filed 10/20/67; Regulation 15.30, filed 1/24/64.]

WAC 388-42-050 Funeral expenses—Veterans' burial benefit. The United States veterans' administration pays \$250 burial benefit for a war veteran who has not been dishonorably discharged and to certain other veterans as provided by veterans' administration regulations. Application should be made to the veterans' administration in all instances except when it is obvious there is no entitlement. The funeral director, if unpaid, or who paid the veteran's funeral expense, may claim the reimbursement from the veterans' administration. If there is any possibility that a veterans' burial benefit is available, it is essential that a claim be made prior to payment by the department. The LO shall authorize only the difference between the cost of the funeral and the death benefit. If the claim for reimbursement is denied, the original authorization shall be cancelled and payment reauthorized in the corrected amount. The department cannot claim reimbursement from the veterans' administration. [Order 538, § 388-42-050, filed 3/31/71, effective 5/1/71; Order 242, § 388-42-050, filed 10/20/67; Regulation 15.31, filed 1/24/64.]

WAC 388-42-060 Funeral expenses—Workmen's compensation. The state department of labor and industries contribution toward the funeral expenses of a workman who is killed or dies from injuries received while engaged in industry covered by workmen's compensation shall be considered a resource for the payment of funeral costs. This cost varies from \$100 to \$600 depending on the law in effect as of the date of the injury resulting in the fatality. [Order 538, § 388-42-060, filed 3/31/71, effective 5/1/71.]

WAC 388-42-070 Funeral expenses—Social Security death benefit. (1) The Social Security Administration pays a lump sum death benefit upon the death of an insured worker. This payment is made irrespective of whether the insured worker currently received monthly benefits as a retired or disabled person and irrespective of his age. The amount of the lump sum death benefit is three times the insured worker's monthly retirement, or three times the amount he would have been eligible to receive had he been retired and applied for such monthly benefit. The amount of the lump sum varies depending on the quarters of coverage, age of the insured worker and other factors. For this reason, the exact amount due can be computed only by the SSA. The maximum lump sum death benefit is two hundred fifty-five dollars.

(a) The surviving spouse "living with" the deceased at the time of death has a right to apply for and receive the lump sum death benefit without regard to payment of the funeral expenses. Separation (living apart) prior to the time of death forfeits this right except in cases of involuntary separation, for example, one person in a nursing home for a short time. The Social Security Administration evaluates each situation before making

payment to the claimant. The death benefit is paid directly to the surviving spouse "living with" the deceased at the time of death; if there is no such spouse, the department assumes responsibility for payment of the funeral expenses.

(2) Use of Social Security death benefit received by surviving spouse.

(a) When the surviving spouse is an applicant for or a recipient of public assistance, the receipt of the Social Security death benefit is considered the same as any other income and thus is a resource available to meet current living requirements of the surviving spouse and dependents.

(b) However, the surviving spouse, or surviving minor children, or parent(s) of a deceased minor child may use any of their exempt and nonexempt resources or income, except the home property, to add to any available funeral and burial resources of the deceased to pay his funeral expenses if the total cost of the funeral does not exceed the standards in WAC 388-42-150. (See WAC 388-28-482 for effect on eligibility of immediate survivors authorizing funeral expenses exceeding the standards in WAC 388-42-150.)

The amount the immediate survivors make available for the funeral expenses shall be entered as a resource on form 5887. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-42-070, filed 9/18/78; Order 538, § 388-42-070, filed 3/31/71, effective 5/1/71; Order 242, § 388-42-070, filed 10/20/67; Regulation 15.33, filed 3/31/66; Regulation 15.33, filed 1/24/64.]

WAC 388-42-080 Funeral expenses—Railroad retirement death benefit. The railroad retirement board pays a death benefit upon the death of an insured railroad worker. The LO cannot determine the amount of the death benefit which may be due. The LO shall indicate on form 5887 whether the deceased has been employed by a railroad and report the amount as "unknown". The state office will be responsible for claiming and collecting the death benefit. [Order 538, § 388-42-080, filed 3/31/71, effective 5/1/71; Order 242, § 388-42-080, filed 10/20/67; Regulation 15.34, filed 1/24/64.]

WAC 388-42-090 Funeral expenses—Life insurance. (1) A life insurance policy, and particularly burial insurance issued by a lodge or fraternal organization, may be a resource for the payment of funeral expenses. When the beneficiary of a life insurance policy is the surviving spouse, the use of the proceeds is conditioned by the rules in WAC 388-28-482 and 388-42-070(2).

(2) The proceeds from a burial plan contract paid or payable directly to a funeral director shall be a resource to meet funeral expenses.

(3) Funds deposited with a funeral director shall be a resource for funeral expenses. [Statutory Authority: RCW 74.08.090. 78-10-036 (Order 1338), § 388-42-090, filed 9/18/78; Order 538, § 388-42-090, filed 3/31/71, effective 5/1/71; Order 371, § 388-42-090,

filed 8/7/69; Order 242, § 388-42-090, filed 10/20/67; Regulation 15.35, filed 1/24/64.]

WAC 388-42-100 Decedent's estate. (1) The estate of a deceased person consists of all of his real and personal property. Any value in the estate of the deceased which can be readily determined shall be considered a resource available to meet the funeral expenses according to the rules in this section.

(2) The department may pay the cost of funeral expenses when the deceased leaves assets, if the assets are left to a surviving spouse and/or to minor children and if these assets are resources which would be exempt in determining eligibility for public assistance. The department when it furnishes funeral assistance shall have and shall file a lien against said assets. The lien shall be valid for six years from the date of filing with the county auditor and shall have preference to all other claims except prior secured creditors. If the assets remain exempt or if no probate is commenced, the lien shall automatically terminate without further action six years after filing.

(3) When the estate is insufficient to meet the total expense of a minimum standard funeral, the ESSO should reach agreement with the funeral director and cemetery (or crematorium) operator as to the amount to be considered as currently available for payment from the estate. The state office claims reimbursement from the estate according to WAC 388-44-160 for any amount authorized by the ESSO for the payment of funeral expenses.

(4) Cash or certificates of ownership found among the effects of a deceased recipient left with a friend, nursing home or hospital belong to the estate of the deceased and may be disposed of only in the manner provided by law. Such assets are generally turned over to the nearest relative or to the administrator of the estate by the friend, nursing home or hospital.

(5) On occasion the ESSO may find itself in possession of funds or other property of a deceased recipient. Property held in custody by the ESSO shall be disposed of in one of the following ways.

(a) If an executor or administrator appears, the cash and any other property in the custody of the ESSO shall be released to him and a receipt taken.

(b) If the property is cash and the department has paid the funeral expenses, the cash is applied as a partial or complete refund of the funeral expenditure.

(c) If the property is cash and the department has not paid the funeral expenses or the amount exceeds the funeral expenditure and the deceased recipient was indebted to the department for assistance received contrary to law, the cash is applied as a credit to the indebtedness.

(d) If the property is not disposed of according to subsection (5)(a)(b)(c) the ESSO shall notify the SO of the possession of the property and retain the property pending disposition instructions from the SO. [Order 1176, § 388-42-100, filed 12/23/76; Order 538, § 388-42-100, filed 3/31/71, effective 5/1/71; Order 371, § 388-42-100, filed 8/1/69; Order 242, § 388-42-100,

filed 10/20/67; Regulation 15.36, filed 12/31/65; Regulation 15.36, filed 1/24/64.]

WAC 388-42-110 Funeral expenses--Interment of two or more bodies in one grave. (1) The department pays for public assistance burials of two or more bodies in one grave, provided

(a) It is legally permissible for a cemetery to make this type of interment,

(b) This type of burial is accepted practice in a cemetery and is available to the general public,

(c) When a body is claimed by relatives or church organizations, permission to bury two or more bodies in one grave is obtained in writing (filed with the LO) from such relatives or church representatives. If the body is un-claimed, written permission shall be secured from the board of county commissioners, or its duly appointed representative, and filed with the LO.

Relatives or friends of the deceased, the county commissioners, or other persons are not to be led to believe that the department's rules limit interment to this type burial. It should be impressed upon such persons that they, rather than the department, are responsible for interment or burial.

(d) The maximum cost of this type of burial is the standard in WAC 388-42-150(2). [Order 612, § 388-42-110, filed 9/27/71; Order 538, § 388-42-110, filed 3/31/71, effective 5/1/71; Order 371, § 388-42-110, filed 8/1/69; Order 278, § 388-42-110, filed 2/14/68; Order 242, § 388-42-110, filed 10/20/67; Regulation 15.40, filed 1/24/64.]

WAC 388-42-115 Funeral expenses--Application.

(1) The department's legal responsibility for a deceased person does not extend beyond the responsibility of providing funds to meet the funeral expenses when the deceased meets the financial requirements set up by law. In no case does the department authorize the funeral, burial, or any other disposition of a deceased person. The authority to authorize funerals and burials is vested by statute in other designated individuals including the county commissioners in the case of an unclaimed body. The department merely authorizes payment of the expenses.

(2) Application for the payment of funeral expenses shall be made on form 14PA20 by any relative or church organization claiming the remains or, if no such person or organization exists, by the board of county commissioners, or its duly appointed representative. [Order 612, § 388-42-115, filed 9/27/71.]

WAC 388-42-125 Funeral expenses--Fair hearing.

Relatives or friends of the deceased who apply for payment of funeral expenses shall have the right to a fair hearing if dissatisfied with the LO decision on their request. [Order 538, § 388-42-125, filed 3/31/71, effective 5/1/71; Order 242, § 388-42-125, filed 10/20/67; Regulation 15.50, filed 1/24/64.]

WAC 388-42-150 Maximum cost standards for funeral director's services and burial or cremation services.

(1) Funeral director's services—Actual charges, but not to exceed

- (a) Minimum service
 - Adult or older child (casket 5 feet or larger) \$232
 - Child (casket 2 feet 6 inches, less than 5 feet) \$181
 - Child (casket less than 2 feet 6 inches) \$ 87
- (b) Regular service
 - Adult or older child (casket 5 feet or larger) \$531
 - Child (casket 2 feet 6 inches, less than 5 feet) \$224
 - Child (casket less than 2 feet 6 inches) \$ 87

(2) Burial or cremation services

- (a) Burial only \$239
 - Burial in grave of another \$239
 - Burial with lot included \$261
- (b) Cremation only \$239
 - Cremation with burial place included \$246

(3) These standards include all applicable taxes.

(4) These standards shall be effective July 1, 1980.

[Statutory Authority: RCW 74.08.090. 80-11-055 (Order 1532), § 388-42-150, filed 8/20/80; 79-10-083 (Order 1434), § 388-42-150, filed 9/21/79; 78-10-058 (Order 1340), § 388-42-150, filed 9/22/78; Order 1247, § 388-42-150, filed 10/10/77; Order 1052, § 388-42-150, filed 9/10/75; Order 907, § 388-42-150, filed 2/14/74; Order 612, § 388-42-150, filed 9/27/71; Order 538, § 388-42-150, filed 3/31/71, effective 5/1/71; Order 378, § 388-42-150, filed 8/7/69; Order 255, § 388-42-150, filed 11/8/67; Regulation 15.60, filed 1/24/64.]

**Chapter 388-44 WAC
OVERPAYMENT--REPAYMENT**

WAC

- 388-44-010 Overpayment—Defined.
- 388-44-020 Fraud—Defined.
- 388-44-035 Overpayment—Due to factors other than need.
- 388-44-040 Overpayment—Due to need factor.
- 388-44-046 Overpayment—Support payments not treated as overpayment.
- 388-44-050 Overpayment—Relationship to underpayment.
- 388-44-110 Overpayment—Liability of payee.
- 388-44-115 Verification of overpayment.
- 388-44-120 Invalid overpayment.
- 388-44-125 Repayment of overpayment.
- 388-44-127 Repayment of overpayment resulting from department error.
- 388-44-130 Voluntary repayment of overpayment.
- 388-44-140 Involuntary repayment of overpayment.
- 388-44-145 Involuntary repayment of overpayment—Mandatory grant deduction.
- 388-44-150 Involuntary repayment of overpayment—Lien on property.
- 388-44-160 Repayment from estate.
- 388-44-250 Gifts, bequests by will, contributions.
- 388-44-280 Subrogation.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 388-44-045 Overpayment—During known period of ineligibility. [Regulation 16.13, filed 1/24/64.] Repealed by Order 396, filed 10/15/69.
- 388-44-075 Establishing overpayment. [Order 396, § 388-44-075, filed 10/15/69; Regulation 16.20, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-085 Establishing overpayment—Person not available for interview. [Order 396, § 388-44-085, filed 10/15/69;

- 388-44-095 Regulation 16.22, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-155 Establishing overpayment—Substantiation. [Order 396, § 388-44-095, filed 10/15/69; Regulation 16.23, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-200 Involuntary repayment—Current or former recipient. [Regulation 16.323, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-205 Accounts receivable. [Reference section only.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-210 Accounts receivable—Establishing. [Regulation 16.41, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-215 Accounts receivable—Closures. [Regulation 16.42, filed 12/21/64, effective 2/1/65; Regulation 16.42, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-220 Accounts receivable—Credit balances. [Regulation 16.43, filed 12/21/64, effective 2/1/65; Regulation 16.43, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-220 Accounts receivable—Transfer. [Regulation 16.44, filed 12/21/64, effective 2/1/65; Regulation 16.44, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-240 Cash repayment. [Regulation 16.50, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-255 Preparation of will. [Regulation 16.61, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-285 Subrogation—Responsibility. [Regulation 16.71, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-300 Subrogation—Other procedures for collection. [Regulation 16.74, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-315 Adjustment of federal aid matching erroneously claimed. [Regulation 16.80, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-320 Conditions requiring adjustment. [Regulation 16.81, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.
- 388-44-325 Method of reporting. [Regulation 16.82, filed 1/24/64.] Repealed by Order 539, filed 3/31/71, effective 5/1/71.

WAC 388-44-010 Overpayment—Defined. (1) "Overpayment" means any assistance paid to a person (assistance unit) who is not eligible or assistance paid to an eligible person in excess of need.

(2) An overpayment includes vendor payments for medical care provided during a period when the individual was not eligible for public assistance.

(3) Funeral expenses paid by the department are an overpayment to the extent the value of the estate is not used as a resource in determining eligibility. However, the department's funeral expense payment is not repayable when the surviving spouse and/or dependent child(ren) receive from the estate only those assets (resources) which are exempt in determining their eligibility for public assistance. [Order 1058, § 388-44-010, filed 10/1/75; Order 800, § 388-44-010, filed 5/25/73; Order 539, § 388-44-010, filed 3/31/71, effective 5/1/71; Order 396, § 388-44-010, filed 10/15/69; Regulation 16.01, filed 1/24/64.]

WAC 388-44-020 Fraud—Defined. (1) "Fraud" shall mean a deliberate, intentional, and willful act, with the specific purpose of deceiving the department with

respect to any material fact, condition, or circumstance affecting eligibility or need.

(a) "Act" as used here includes the willful failure to act when there is a lawful duty to act, and the willful concealment of or failure to reveal information when there is a lawful duty to reveal such information.

(b) An act based on ignorance, confusion, or mistake and done without intention to deceive shall not be considered fraudulent.

(c) An applicant or recipient shall not be charged with fraud when an overpayment is directly due to any omission, neglect, or error by the department in securing, recording, or acting on information, but shall be responsible for repayment of the overpayment pursuant to the applicable rules in WAC 388-44-127, 388-44-130, and 388-44-140.

(2) The failure of any recipient of public assistance to notify the department within twenty days of any change in circumstances affecting eligibility or need, including receipt or possession of all income or resources not previously declared to the department, shall be prima facie evidence of fraud. When a local office finds that an applicant or recipient has misstated or failed to reveal any material fact affecting eligibility or need, it shall presume that such act was done intentionally.

(3) It shall be the duty of the department, whenever it finds misstatement or failure to reveal pertinent facts or circumstances, to secure further evidence, whenever possible, which enables it to formulate a firm opinion as to whether or not the act was committed intentionally and fraudulently. In the absence of such further evidence, the presumption is not overcome; however, such presumption is rebuttable.

(4) Evidence to consider in determining whether the existence of fraud is established or negated may include, but is not limited to, the following:

- (a) A statement of the applicant or recipient,
- (b) Names, addresses, and statements of persons who can verify or refute the statement of the applicant or recipient,
- (c) Documents such as birth certificates, medical records, letters, affidavits, receipts, deeds, contracts, and any other type of written or printed communication,
- (d) Any elements in the applicant/recipient's situation which reasonably explain any misstatements or failure to reveal information. Such elements might include physical or mental conditions of the applicant/recipient, language difficulties, problems due to distance, and failure of the local office to fully advise the applicant/recipient.

(5) It is of paramount importance that the local office inform all applicants and recipients of their rights and responsibilities concerning eligibility for and receipt of assistance. Primary among the responsibilities of applicants and recipients is the obligation to report all circumstances which affect eligibility and need. Fundamental among the rights of applicants and recipients is the right to be informed by the local office what those circumstances are.

(6) See chapter 388-46 WAC for referral to county prosecutor for possible criminal action. [Order 843, § 388-44-020, filed 8/9/73; Order 800, § 388-44-020,

filed 5/25/73; Order 539, § 388-44-020, filed 3/31/71, effective 5/1/71; Regulation 16.02, filed 1/24/64.]

WAC 388-44-035 Overpayment--Due to factors other than need. (1) The amount of the overpayment to an individual who is ineligible for reasons other than financial need shall be determined as follows.

(a) If assistance is obtained as a result of a willful act of the recipient to deceive the department, the overpayment shall be 125 per cent of the amount of assistance, including medical care, to which he was not entitled during such period of ineligibility.

(b) If no willful act to deceive is involved, the overpayment shall be the amount of assistance, including medical care, to which he was not entitled during the period of ineligibility, provided that such overpayment shall be reduced by the amount of assistance that the recipient would have been eligible to receive during the period of ineligibility from any other category of assistance. [Order 539, § 388-44-035, filed 3/31/71, effective 5/1/71; Order 396, § 388-44-035, filed 10/15/69; Regulation 16.11, filed 1/24/64.]

WAC 388-44-040 Overpayment--Due to need factor. (1) When assistance has been paid to a recipient not in financial need or in excess of his need, the amount of the overpayment within the limits prescribed in WAC 388-44-010 shall be determined as follows.

(a) Any part of any payment, including medical care, obtained as a result of a willful act of the recipient is considered assistance to which the recipient is not entitled. The overpayment shall be 125 per cent of such amount.

(b) If no willful act to deceive is involved, the overpayment shall be the actual amount received in excess of need including medical care.

(2) Any overpayment in any month prior to the effective date of the latest recomputation of grant shall be reduced by the amount of any underpayment in any month prior to the effective date of the latest recomputation. [Order 539, § 388-44-040, filed 3/31/71, effective 5/1/71; Order 396, § 388-44-040, filed 10/15/69; Regulation 16.12, filed 1/24/64.]

WAC 388-44-046 Overpayment--Support payments not treated as overpayment. Support payments received directly by the parent or other caretaker relative from the absent parent shall be remitted to the office of support enforcement. Such payments shall not be treated as a grant overpayment, but shall be considered as a debt to be collected by the office of support enforcement. [Order 1054, § 388-44-046, filed 9/25/75.]

WAC 388-44-050 Overpayment--Relationship to underpayment. It is possible to overpay one recipient in an assistance unit while another in the same unit is underpaid, or to overpay in one requirement and underpay in another. The assistance unit's over or under payment is the net amount or difference between the two incorrect payments or computations. Over or underpayment in one assistance unit shall not be credited to any other

assistance unit. [Order 539, § 388-44-050, filed 3/31/71, effective 5/1/71; Regulation 16.14, filed 1/24/64.]

WAC 388-44-110 Overpayment--Liability of payee. (1) Liability for an overpayment shall follow the payee of the grant as an individual. The overpayment account receivable is established in the name of the payee and all further action (monthly deduction from grant, suspension of grant, claim against estate, etc.) is taken against that individual. The exception to this rule is the individual acting as payee only and deriving no financial benefit from the payment of assistance. In such instance the overpayment account receivable is established in the name of the person who received the financial benefit of the payment of assistance.

(2) Joint liability for an overpayment results when all of the following factors are present: overpayment is the result of fraud, collusion is shown between the payee and another party who received a financial benefit as a result of the overpayment. In these instances the overpayment account receivable is established in the name of both parties. Subsequent action is taken against the parties either jointly or individually.

(3) There shall be no liability placed upon recipients of nonfraudulent overpayments when the department determines that the cost of collection exceeds the amount recoverable. The department has determined that the cost of collection exceeds the amount recoverable when the total overpayment being established is fifty dollars or less. [Statutory Authority: RCW 74.08-.090. 80-14-061 (Order 1547), § 388-44-110, filed 10/1/80; Order 800, § 388-44-110, filed 5/25/73; Order 539, § 388-44-110, filed 3/31/71, effective 5/1/71; Regulation 16.24, filed 1/24/64.]

WAC 388-44-115 Verification of overpayment. (1) When an apparent overpayment has occurred, the department shall attempt to verify all pertinent information in the case. It shall attempt to contact the recipient and request an explanation of the circumstances surrounding the apparent overpayment.

(2) If the recipient does not respond or fails to cooperate, the department shall make an independent determination, based on all available information, that an overpayment either has or has not occurred.

(3) When an overpayment has been verified, the department shall take appropriate action to secure repayment as prescribed by WAC 388-44-125 through WAC 388-44-160. Any such action shall be consistent with departmental rules on notification of suspension, termination, or reduction of grant.

(4) A letter shall be sent to any recipient or payee whose liability for an overpayment has been established. This letter shall include the following information:

- (a) The amount of the overpayment,
- (b) The circumstances which brought about the overpayment,
- (c) The dates on which overpayment occurred,
- (d) A determination that fraud is or is not involved,

(e) A statement that overpayments and any penalties for fraud are debts due the state,

(f) A computation of the amount due the state,

(g) A request that the person contact the local office to discuss the method of repayment,

(h) A statement of the right to a fair hearing. [Order 800, § 388-44-115, filed 5/25/73.]

WAC 388-44-120 Invalid overpayment. When the department finds that it has mistakenly charged an individual with an overpayment which in fact never occurred, the individual shall not be held liable for repayment. In such a case, if an account receivable has been established by the department, such account shall be nullified and the individual so notified in writing. The individual shall be refunded any amount paid into the invalid overpayment account. [Order 800, § 388-44-120, filed 5/25/73.]

WAC 388-44-125 Repayment of overpayment. (1) Repayment of an overpayment shall be made by the individual from his resources or income, or in certain cases by deductions from subsequent grants, or as a result of civil or criminal action initiated by the department or the prosecutor, and/or from his estate upon death.

(2) Deleted

(3) In determining whether a person is financially able to make repayment, the individual, except when fraud is involved, is not asked to mortgage his home or personal property which he is using, or make a loan on his life insurance, in order to secure cash to repay the department.

(4) A public assistance money grant may not be reduced to recover overpayments of medical assistance, food coupons, or food commodities. [Order 965, § 388-44-125, filed 8/29/74; Order 897, § 388-44-125, filed 1/11/74; Order 800, § 388-44-125, filed 5/25/73; Order 539, § 388-44-125, filed 3/31/71, effective 5/1/71; Regulation 16.30, filed 1/24/64.]

WAC 388-44-127 Repayment of overpayment resulting from department error. (1) Overpayments resulting from department error shall not be used as the basis for a mandatory grant deduction. When such overpayment is verified, the amount of the overpayment becomes a debt due the state unless relief from liability is granted pursuant to this section.

(2) When an overpayment is discovered, and before it is established as an account receivable, the ESSO shall determine:

(a) Whether the overpayment resulted from error on the part of the department and;

(b) Whether there was any fault on the part of the recipient in obtaining or retaining the overpayment. "Fault," as used in this section, means either fraud or nonwillful error.

(3) When an overpayment results from error on the part of the department and no fault on part of the recipient in obtaining or retaining the assistance, the ESSO administrator or his immediate designee shall determine whether or not recovery of the overpayment

would be inequitable. Recovery shall be inequitable only in the following circumstances:

(a) The recipient was in financial need at the time the overpayment occurred, and;

(b) The recipient did not receive assistance in excess of financial need as computed according to department standards, and;

(c) The overpayment was due to an eligibility factor unrelated to financial need. (See WAC 388-44-035 and 388-44-040.)

(4) If recovery would be inequitable, the recipient shall not be liable for repayment; the overpayment shall not be a debt due the state, and the recipient shall be so informed.

(5) Department decisions made pursuant to this section shall be subject to fair hearing review.

(6) "Recipient," as used in this section, also means "former recipient." [Statutory Authority: RCW 74.08-.090. 78-06-082 (Order 1298), § 388-44-127, filed 6/1/78; Order 897, § 388-44-127, filed 1/11/74; Order 800, § 388-44-127, filed 5/25/73; Order 539, § 388-44-127, filed 3/31/71, effective 5/1/71; Order 512, § 388-44-127, filed 1/14/71, effective 2/15/71; Order 396, § 388-44-127, filed 10/15/69.]

WAC 388-44-130 Voluntary repayment of overpayment. (1) Overpayments are debts due the state. Collection of such debts shall be effected by the department according to established rules and procedures. A former recipient continues to be liable for overpayment debts incurred while he was a recipient, until such time as the debt is paid in full or charged off as uncollectible by the secretary and the attorney general.

Whenever possible, repayment by a recipient or former recipient should be voluntary, resulting from a common understanding between the department and the debtor.

(2) The possibility of immediate repayment shall be discussed, if possible, with the individual at the time the overpayment is discovered. If the individual has sufficient funds available and is willing to repay all or part of the amount due, collection is effected and the situation summarized in the case record.

(3) When an overpayment is the result of departmental error or nonfraudulent recipient action and the recipient desires to repay from future assistance grants, a voluntary grant deduction may be used to liquidate the overpayment. Before such plan is established, the local office must explain to the recipient that this overpayment is not collectible under the mandatory deduction rules in WAC 388-44-145 and that a voluntary deduction cannot be made unless the recipient so requests in writing specifying the amount of the monthly deduction. Voluntary grant deductions may be discontinued or modified at any time upon written request from the recipient.

(4) If a former recipient is not able to repay in full immediately but can pay in installments or at some future date, the individual shall be requested to sign a written agreement in duplicate confirming the plan. A

copy of the agreement shall be given to the individual. The agreement may be modified at any time if justified by extenuating circumstances. Necessary controls shall be established to insure that repayment plans are complied with. [Order 965, § 388-44-130, filed 8/29/74; Order 897, § 388-44-130, filed 1/11/74; Order 800, § 388-44-130, filed 5/25/73; Order 539, § 388-44-130, filed 3/31/71, effective 5/1/71; Order 446, § 388-44-130, filed 4/28/70; Regulation 16.31, filed 1/24/64.]

WAC 388-44-140 Involuntary repayment of overpayment. (1) The local office shall be responsible for effecting involuntary repayment of overpayments from current recipients when such repayments are to be made by grant deduction as specified in WAC 388-44-145.

(2) The reimbursement section and the attorney general shall be responsible for effecting involuntary repayment of overpayments from former recipients.

(3) Except in cases involving substantiated fraud, it is the policy of the department not to seek involuntary repayment from a former recipient whose income and resources do not exceed departmental standards for determining public assistance eligibility. [Order 897, § 388-44-140, filed 1/11/74; Order 800, § 388-44-140, filed 5/25/73; Order 539, § 388-44-140, filed 3/31/71, effective 5/1/71; Regulation 16.32, filed 1/24/64.]

WAC 388-44-145 Involuntary repayment of overpayment--Mandatory grant deduction. (1) An overpayment shall be recouped by mandatory deduction from future continuing assistance grants only when the department has made a determination that the overpayment resulted from recipient fraud as defined in WAC 388-44-020

(2) If an overpayment is the result of recipient fraud and if the recipient has cash, bank accounts, or marketable securities which he refuses to use in full or partial satisfaction of an overpayment, a monthly deduction of up to one hundred percent of future grant(s) shall be established until such time as the amount of the grant(s) the recipient would be otherwise eligible to receive equals the value of the cash, bank accounts, or marketable securities which have been withheld.

(3) When deductions have been made pursuant to subsection (2) and the recipient still owes money, or when subsection (2) does not apply

(a) The department shall, on a case-by-case basis, limit the amount of the monthly deduction so as not to cause undue hardship. The deduction shall not exceed ten percent of the recipient's total monthly requirements unless the recipient requests a larger deduction in writing.

(b) Deleted

(c) Deleted

(d) When a recipient is in a nursing home, intermediate care facility, or hospital, a monthly deduction may be made against the clothing and incidental grant to the recipient. A monthly deduction shall not be made against the vendor payment to the nursing home or intermediate care facility.

(e) The grant shall be suspended when the monthly deduction is equal to or more than the grant which would have been paid had no overpayment occurred.

(f) A deduction shall not be made from a noncontinuing general assistance-employable grant to liquidate an overpayment.

(4) A letter confirming the repayment plan shall be sent to the recipient. The letter shall state the percentage of monthly requirements to be deducted. It shall state the amount of the current grant before and after the deduction is made, the date the deduction begins, the total amount of overpayment to be recouped by grant deduction, and the approximate number of months the deduction will be made. [Order 965, § 388-44-145, filed 8/29/74; Order 897, § 388-44-145, filed 1/11/74; Order 800, § 388-44-145, filed 5/25/73; Order 539, § 388-44-145, filed 3/31/71, effective 5/1/71; Order 401, § 388-44-145, filed 11/5/69; Order 324, § 388-44-145, filed 11/27/68; Emergency Order 310, filed 10/18/68; Regulation 16.321, filed 6/30/67; Regulation 16.321, filed 8/29/66, 1/24/64.]

WAC 388-44-150 Involuntary repayment of overpayment—Lien on property. When the department determines that fraud is involved in an overpayment, the filing of a lien against property owned by the individual shall be the responsibility of the reimbursement section. [Order 800, § 388-44-150, filed 5/25/73; Order 539, § 388-44-150, filed 3/31/71, effective 5/1/71; Regulation 16.322, filed 1/24/64.]

WAC 388-44-160 Repayment from estate. An overpayment of assistance not repaid during the person's lifetime is repayable from his estate. [Order 539, § 388-44-160, filed 3/31/71, effective 5/1/71; Order 251, § 388-44-160, filed 11/1/67; Regulation 16.324, filed 1/24/64.]

WAC 388-44-250 Gifts, bequests by will, contributions. (1) The department may accept gifts, bequests or contributions in cash or otherwise from persons, associations, or corporations.

(2) The LO shall not accept a gift or contribution from a person eligible for public assistance.

(3) A recipient of public assistance or any other person desiring information or assistance regarding the preparation of a will shall be advised to contact an attorney of his choice or the local legal aid society. [Order 539, § 388-44-250, filed 3/31/71, effective 5/1/71; Regulation 16.60, filed 1/24/64.]

WAC 388-44-280 Subrogation. (1) If any payment of public assistance is made or increased for the benefit of any dependent child because of the failure of the responsible parents to provide adequate support, such parents are liable to the state in the amount of the assistance granted.

(2) The need of the child and of the caretaker relative shall be deemed met by the responsible parents only if support is provided in an amount equal to the lesser of the payment required by court order, or the amount of

assistance paid by the department. [Order 539, § 388-44-280, filed 3/31/71, effective 5/1/71; Regulation 16.70, filed 1/24/64.]

**Chapter 388-46 WAC
RECIPIENT FRAUD—REFERRAL TO
PROSECUTOR**

WAC
388-46-010 Fraud—Criminal prosecution.
388-46-100 Fraud—Federal food coupons.

**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS
CHAPTER**

- 388-46-020 State office investigative units. [Regulation 17.20, filed 1/24/64.] Repealed by Order 540, filed 3/31/71, effective 5/1/71.
- 388-46-030 Methods of handling suspected fraud cases—Investigative unit help not required. [Regulation 17.31, filed 1/24/64.] Repealed by Order 540, filed 3/31/71, effective 5/1/71.
- 388-46-040 Methods of handling suspected fraud case—Investigative unit help needed. [Regulation 17.32, filed 1/24/64.] Repealed by Order 540, filed 3/31/71, effective 5/1/71.
- 388-46-050 Fraud—Referral to prosecutor. [Order 540, § 388-46-050, filed 3/31/71, effective 5/1/71; Regulation 17.40, filed 1/24/64.] Repealed by Order 801, filed 5/25/73.
- 388-46-060 Register of suspected fraud cases. [Regulation 17.50, filed 1/24/64.] Repealed by Order 540, filed 3/31/71, effective 5/1/71.
- 388-46-070 Complaints. [Regulation 17.60, filed 1/24/64.] Repealed by Order 540, filed 3/31/71, effective 5/1/71.
- 388-46-080 Case reading by investigative unit administrative assistant. [Regulation 17.70, filed 1/24/64.] Repealed by Order 540, filed 3/31/71, effective 5/1/71.
- 388-46-090 Fraud—Restitution of overpayment. [Order 540, § 388-46-090, filed 3/31/71, effective 5/1/71; Regulation 17.80, filed 1/24/64.] Repealed by Order 801, filed 5/25/73.

WAC 388-46-010 Fraud—Criminal prosecution. (1) The department has a duty to refer all cases in which it has found substantial evidence supporting a finding of fraud to the county prosecuting attorney for possible criminal action. Prima facie evidence does not in itself provide a substantial basis for criminal prosecution.

(2) See WAC 388-44-020 for the definition of fraud and the department's responsibilities regarding investigations of suspected fraud.

(3) It is the county prosecuting attorney's responsibility to decide which cases he will prosecute. It is the responsibility of the department to establish a working relationship with the prosecutor and to refer to the prosecutor only those cases which are well-prepared and in keeping with the guidelines provided by the prosecutor. [Order 801, § 388-46-010, filed 5/25/73; Order 540, § 388-46-010, filed 3/31/71, effective 5/1/71; Regulation 17.10, filed 1/24/64.]

WAC 388-46-100 Fraud—Federal food coupons and commodities. Chapter 388-46 WAC shall apply to those cases in which the department has found substantial evidence indicating fraudulent receipt of federal food

coupons or commodities. [Order 801, § 388-46-100, filed 5/25/73; Order 540, § 388-46-100, filed 3/31/71, effective 5/1/71; Regulation 17.90, filed 1/24/64.]

Chapter 388-48 WAC SAFEGUARDING INFORMATION

WAC

388-48-010	Public assistance information confidential and privileged.
388-48-020	Information not confidential.
388-48-030	Conditions and limitations on disclosing confidential information—Inquiry whether individual receives assistance.
388-48-033	Conditions and limitations on disclosing confidential information—Request from parent for address or location of child.
388-48-037	Conditions and limitations on disclosing confidential information—Request from law enforcement agency or United States immigration service for address or location of recipient.
388-48-040	Conditions and limitations on disclosing confidential information—Information related to administration of assistance.
388-48-050	Conditions and limitations on disclosing confidential information—Release of information to United States armed services.
388-48-070	Conditions and limitations on disclosing confidential information—Release of information requested by applicant or recipient.
388-48-080	Conditions and limitations on disclosing confidential information—Release of information to applicant or recipient.
388-48-100	Employees authorized to disclose information.
388-48-110	Distribution of rules and regulations.
388-48-120	Solicitation or use of confidential information.
388-48-130	Prohibition against release of confidential and privileged information in judicial proceedings.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-48-025	Conditions and limitations on disclosing confidential information. [Reference section only] Repealed by Order 541, filed 3/31/71, effective 5/1/71.
388-48-060	Conditions and limitations on disclosing confidential information—Release of information to disability insurance unit. [Regulation 18.24, filed 1/24/64.] Repealed by Order 541, filed 3/31/71, effective 5/1/71.
388-48-140	General. [Regulation 18.70, filed 1/24/64.] Repealed by Order 541, filed 3/31/71, effective 5/1/71.

WAC 388-48-010 Public assistance information confidential and privileged. Information concerning individuals obtained by the department including, but not limited to, names addresses, information obtained as a result of applications, investigations, medical examinations, and correspondence, or obtained in any other way concerning the condition or circumstances of any person from whom or about whom information is obtained, regardless of whether such information is recorded, and records of departmental evaluation of such information are confidential and privileged and may not be disclosed or used either directly or indirectly in any manner or for any purpose, including judicial proceedings, except for purposes directly connected with the administration of public assistance, and as provided in WAC 388-48-030 through 388-48-080. [Order 541, § 388-48-010, filed

3/31/71, effective 5/1/71; Regulation 18.10, filed 1/24/64.]

WAC 388-48-020 Information not confidential. (1) General information not identified with any particular individual such as total expenditures, number of recipients, other statistical and social data obtained from studies, reports or surveys, is not deemed to be confidential and may be released for any purpose.

(2) General information concerning coverage, conditions of eligibility, scope, related services available, and the rights and responsibilities of applicants for and recipients of public assistance programs must be made available to all persons, whether they are actual or potential applicants or merely persons seeking information. [Statutory Authority: RCW 74.08.090, 78-08-047 (Order 1319), § 388-48-020, filed 7/19/78; Order 541, § 388-48-020, filed 3/31/71, effective 5/1/71; Regulation 18.11, filed 1/24/64.]

WAC 388-48-030 Conditions and limitations on disclosing confidential information—Inquiry whether individual receives assistance. (1) Any individual may inquire of the department whether any named individual is currently receiving assistance and shall be given an affirmative or negative answer. No additional information can be given except in connection with WAC 388-48-037 through 388-48-070.

(2) The warrant roll is the record of disbursements of funds or payments showing the amounts of assistance paid individual recipients and shall be construed as satisfying state law that the ESSO shall maintain monthly reports showing the names and addresses of all recipients in the county together with the amount paid to each during the preceding month. [Order 1096, § 388-48-030, filed 2/13/76; Order 993, § 388-48-030, filed 12/31/74; Order 541, § 388-48-030, filed 3/31/71, effective 5/1/71; Regulation 18.21, filed 1/24/64.]

WAC 388-48-033 Conditions and limitations on disclosing confidential information—Request from parent for address or location of child. (1) The ESSO's and other local administrative sections of the department shall, upon written request of a parent who has been awarded visitation rights in an action for divorce or separation, disclose to such parent the current address and location of his or her natural or adopted child(ren) if they are currently receiving financial aid from the department as shown by the warrant roll or nonassistance support enforcement services. Information supplied to a parent by the department shall be used only for purposes directly related to the visitation provisions of the court order of separation or decree of divorce. No parent shall disclose such information to any other person except for the purpose of enforcing visitation provisions of the said order or decree.

(2) A request for address and location information under this provision shall be accompanied by a copy of the appropriate court order of separation or decree of divorce, and the requesting parent shall state in his or

her written request that the accompanying order has not been subsequently modified or amended.

(3) The ESSO or local administrative section shall release the information personally to the requesting parent only at the department's office and only upon satisfactory evidence of identity of the requesting party. This provision does not apply where the request is made through an attorney at law representing the parent. [Order 1096, § 388-48-033, filed 2/13/76; Order 1030, § 388-48-033, filed 6/12/75; Order 843, § 388-48-033, filed 8/9/73.]

WAC 388-48-037 Conditions and limitations on disclosing confidential information--Request from law enforcement agency or United States immigration service for address or location of recipient. The department shall upon written request of a law enforcement agency or United States immigration service provide the current address or location of a recipient of financial assistance, as listed on the warrant roll when:

(1) The written request is presented in person by an identified law enforcement officer or United States immigration official, and;

(2) The felony warrant or warrant for an illegal alien is shown, and;

(3) The identity of the recipient can be established from the information stated in the warrant. [Order 993, § 388-48-037, filed 12/31/74; Order 843, § 388-48-037, filed 8/9/73.]

WAC 388-48-040 Conditions and limitations on disclosing confidential information--Information related to administration of assistance. (1) Information may be released for purposes essential to the administration of the assistance programs. Some disclosure of information occurs unavoidably in determining eligibility and providing services. Inquiries to a bank, a former employer, or another social agency in themselves disclose the fact that an application has been made. In these circumstances the disclosure of information is permissible if limited to the pertinent questions. The fact that the LO may make such inquiry should be made known to the applicant in discussing with him the ways in which the necessary verifications will be assembled. Such discussion permits him to suggest alternative methods of verification or to withdraw his application if he prefers.

(2) Persons requesting information from LO shall properly identify themselves and make clear the reason for their request. The request must be evaluated to determine whether a relationship exists to the administration of assistance. Request from welfare agencies, public officials, law enforcement officers, etc., must be similarly evaluated and information disclosed only when the relationship is apparent. For example, information regarding the whereabouts of a father may be given to a law enforcement agency if the reason for the inquiry relates to the family's welfare or eligibility for assistance. The fact that certain information about a case situation may properly be disclosed does not justify disclosure of other facts which are not related to the administration of assistance.

(3) Persons receiving confidential information shall be advised that under the law they assume the same responsibility for safeguarding it as is required of the department. [Order 541, § 388-48-040, filed 3/31/71, effective 5/1/71; Regulation 18.22, filed 1/24/64.]

WAC 388-48-050 Conditions and limitations on disclosing confidential information--Release of information to United States armed services. (1) Since the possible receipt of dependency benefits from the armed services may affect the amount of assistance to which an individual is entitled, the LO may release pertinent information to the armed services.

(2) The army may inquire whether the secondary dependents of a serviceman are receiving assistance, and the amount of the grant. Additional information required by the army is secured by the army directly from the dependents. [Order 541, § 388-48-050, filed 3/31/71, effective 5/1/71; Regulation 18.23, filed 1/24/64.]

WAC 388-48-070 Conditions and limitations on disclosing confidential information--Release of information requested by applicant or recipient. Any information which has been supplied by the applicant or recipient himself may be released to any person when the applicant or recipient requests in writing that the information be disclosed. Other information may be disclosed upon the request of the applicant or recipient at the discretion of the LO except when the person who originally supplied the information did so with the understanding that it would not be released. In such instances the applicant or recipient should be referred to the original source of the information. [Order 541, § 388-48-070, filed 3/31/71, effective 5/1/71; Regulation 18.25, filed 1/24/64.]

WAC 388-48-080 Conditions and limitations on disclosing confidential information--Release of information to applicant or recipient. (1) Information concerning the basis for eligibility, ineligibility, or amount of grant to an applicant for or recipient of public assistance may be released to the applicant or recipient who has requested a fair hearing.

(2) After the filing of a notice of appeal with the director, an appellant, his next of kin, his attorney or his authorized agent, shall have the right of access to, and can examine the official records of the department (WAC 388-08-007) in the case on appeal. In allowing access to record material under this provision, written authorization from the appellant to request such information shall be required of an agent or attorney before access can be given. In the case of next of kin the authorization need not be written.

(3) In instances other than fair hearings, information may be released to the applicant or recipient at the discretion of officials authorized to disclose such information. [Order 541, § 388-48-080, filed 3/31/71, effective 5/1/71; Regulation 18.26, filed 1/24/64.]

WAC 388-48-100 Employees authorized to disclose information. (1) Any employee may release information necessary to the discharge of his official duties.

(2) Any employee designated by the LO administrator may respond to an inquiry whether a named individual is or is not receiving assistance.

(3) All other requests for the release of information coming to the department shall be answered:

(a) For the state office by the secretary, assistant secretary, office chiefs, section supervisors, and other persons designated by the secretary.

(b) For the LO by the administrator and supervisors. [Order 541, § 388-48-100, filed 3/31/71, effective 5/1/71; Regulation 18.30, filed 1/24/64.]

WAC 388-48-110 Distribution of rules and regulations. A copy of the rules and regulations in chapter 388-48 WAC shall be available in the state office and in each LO for inspection by employees and the public. [Order 541, § 388-48-110, filed 3/31/71, effective 5/1/71; Order 271, § 388-48-110, filed 12/5/67; Regulation 18.40, filed 1/24/64.]

WAC 388-48-120 Solicitation or use of confidential information. (1) No person, whether an employee of the department or not, shall solicit, publish, disclose, receive, make use of, or authorize, knowingly permit, participate in or acquiesce in the use of any lists or names for commercial or political purposes of any nature.

(2) Information released under provisions of WAC 388-48-025 through 388-48-080 retains its confidential character and the receiver is required, under penalty of law, to preserve its confidentiality. [Order 541, § 388-48-120, filed 3/31/71, effective 5/1/71; Regulation 18.50, filed 1/24/64.]

WAC 388-48-130 Prohibition against release of confidential and privileged information in judicial proceedings. In view of its confidential and privileged nature, information shall not be released without the specific request of the applicant or recipient concerned at any stage or in any form in a judicial proceeding, either voluntarily or as a result of a subpoena, subpoena duces tecum, or other judicial process, except when such disclosure is for purposes directly connected with the administration of public assistance. This prohibition shall likewise apply to disclosures to any public committee, board or commission. [Order 541, § 388-48-130, filed 3/31/71, effective 5/1/71; Order 271, § 388-48-130, filed 12/5/67; Regulation 18.60, filed 1/24/64.]

Chapter 388-52 WAC

SERVICES INVOLVING OTHER AGENCIES

WAC	
388-52-150	Vocational rehabilitation services for disabled.
388-52-155	Vocational rehabilitation services for disabled— Training expenses.
388-52-160	Comprehensive employment and training program— Definitions.
388-52-163	Comprehensive employment and training program— Services provided.

388-52-166	Comprehensive employment and training program— Participation of recipient.
388-52-169	Treatment of recipient's income from CETA.
388-52-172	Release of information to prime sponsors of CETA program.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-52-156	Vocational rehabilitation services for disabled—Time limitation on training. [Order 542, § 388-52-156, filed 3/31/71, effective 5/1/71.] Repealed by Order 854, filed 9/13/73.
388-52-175	Vocational rehabilitation services for disabled—Division of costs between department and division of vocational rehabilitation. [Order 465, § 388-52-175, filed 6/23/70; Regulation 20.245, filed 1/24/64.] Repealed by Order 542, filed 3/31/71, effective 5/1/71.
388-52-185	Vocational rehabilitation services for disabled—Time limitation on training. [Order 465, § 388-52-185, filed 6/23/70; Regulation 20.246, filed 1/24/64.] Repealed by Order 542, filed 3/31/71, effective 5/1/71.
388-52-200	Vocational rehabilitation services for nondisabled. [Regulation 20.25, filed 1/24/64.] Repealed by Order 465, filed 6/23/70.
388-52-225	Other considerations in joint case planning. [Regulation 20.255, filed 1/24/64.] Repealed by Order 465, filed 6/23/70.

WAC 388-52-150 Vocational rehabilitation services. (1) The local office shall utilize the resources of the vocational rehabilitation division in behalf of incapacitated recipients of continuing general assistance and AFDC who are eligible for and for whom vocational rehabilitation services are feasible.

(2) Vocational rehabilitation services for blind persons are provided by the division. [Order 975, § 388-52-150, filed 10/11/74; Order 542, § 388-52-150, filed 3/31/71, effective 5/1/71; Order 465, § 388-52-150, filed 6/23/70; Regulation 20.24, filed 1/24/64.]

WAC 388-52-155 Vocational rehabilitation services—Training expenses. (1) The vocational rehabilitation division provides funds for expenses directly attributable to participation in a vocational rehabilitation plan. It does not pay for any item provided for in public assistance standards for requirements except for continuing general assistance recipients who are receiving rehabilitation services from the division.

(2) The division provides full maintenance costs for continuing general assistance recipients while they are receiving rehabilitation services. The local office shall terminate assistance to such recipients effective with the beginning of vocational rehabilitation maintenance payment.

(3) For an AFDC recipients receiving services from the division

(a) The assistance payment shall include all requirements as provided in the monthly standards for basic requirements but shall not include any costs directly attributable to the rehabilitation plan with the exception of necessary child care for a plan approved by the local office.

(b) If it is necessary for a recipient to leave the home to carry out the vocational rehabilitation plan, the grant

shall be re-computed; separate assistance units shall be established for the vocational rehabilitation client and for the other members of his family. [Order 975, § 388-52-155, filed 10/11/74; Order 542, § 388-52-155, filed 3/31/71, effective 5/1/71.]

WAC 388-52-160 Comprehensive employment and training program—Definitions. (1) "Act" as used in WAC 388-52-160 through 388-52-172 means the comprehensive employment and training act (CETA).

(2) Allowance

(a) "Basic training allowance" - a weekly payment to defray living costs during participation in training.

(b) "Dependent's allowance" - an additional weekly payment of five dollars per week for each dependent over two, up to a maximum of four additional dependents, for a maximum additional allowance of twenty dollars a week for six or more dependents.

(c) "Incentive allowance" - a thirty dollar weekly payment in lieu of the basic allowance to a participant receiving public assistance.

(d) "Additional allowance" - a payment to a participant for training expenses, for subsistence or for emergency needs.

(3) "Consortium" - an agreement among local units of government to develop and sponsor a manpower program.

(4) "Participant" - an individual who qualifies for and receives service or who takes part in the activities of a CETA program.

(5) "Prime sponsor" - a unit of government, or a combination of units of government, or a rural concentrated employment program which has entered into an agreement with the U.S. department of labor to provide manpower services under the act.

(6) "Public service employment" is employment by a government agency to provide services within the scope of its normal responsibility and for which wages and salaries are funded by Title II of the act. [Order 975, § 388-52-160, filed 10/11/74.]

WAC 388-52-163 Comprehensive employment and training program—Services provided. (1) Manpower services under the comprehensive employment and training act are provided by local government units acting as prime sponsors of the program in the local area. Public assistance recipients are priority candidates for services from the program.

(a) Title I of the act provides for basic education and vocational training, employment orientation and counseling, work experience, job placement, and a variety of supportive services.

(b) Title II of the act provides for the establishment and operation of public service employment programs.

(2) Benefits to participants under Title I of the act may consist of basic training allowance; incentive payments to persons receiving public assistance; wages from employment under CETA other than public service employment; payments for transportation and other expenses of participation; and a variety of supportive

services such as child care, residential support and family planning. [Order 975, § 388-52-163, filed 10/11/74.]

WAC 388-52-166 Comprehensive employment and training program—Participation of recipient. (1) If the an AFDC participant is certified and assigned to the CETA program by WIN, WIN rules regarding participation requirements are applicable.

(2) If the participant is enrolled on the basis of an independent plan, or if the participation of an AFDC-E recipient is part of a local office approved training plan, WAC 388-24-090(1)(c), 388-57-025 and 388-57-030 are applicable.

(3) An AFDC-R recipient is required to participate only if assigned by WIN. [Statutory Authority: RCW 74.08.090. 79-03-013 (Order 1368), § 388-52-166, filed 2/15/79; Order 975, § 388-52-166, filed 10/11/74.]

WAC 388-52-169 Treatment of recipient's income from CETA. (1) An individual receiving a CETA basic training allowance shall not concurrently receive an AFDC or continuing general assistance grant.

(2) For incentive payments and wages under Title I of CETA see WAC 388-28-570(2)(b) and 388-28-515(2)(c).

(3) For payments received from CETA for training expenses see WAC 388-28-578(1).

(4) If payments are received from CETA for purposes other than those cited in subsections (1), (2), and (3), WAC 388-28-578 is applicable.

(5) For wages and salaries received for public service employment under CETA see WAC 388-28-570(2)(b)(i). [Order 975, § 388-52-169, filed 10/11/74.]

WAC 388-52-172 Release of information to prime sponsors of CETA program. When information in regard to an individual's public assistance status is requested from CETA staff, the policies in WAC 388-48-010, 388-48-030, and 388-48-070 are applicable. [Order 975, § 388-52-172, filed 10/11/74.]

Chapter 388-53 WAC

**DISASTER AND RELIEF PROGRAM—
INDIVIDUAL AND FAMILY GRANT**

WAC

388-53-010	Purpose.
388-53-020	Definitions.
388-53-030	Authorization of program.
388-53-040	Administrative procedures.
388-53-050	Eligibility for grants.
388-53-060	Allocation of funds.
388-53-070	Expenditures and payments.
388-53-080	Organization and functions.
388-53-090	Administrative panel.
388-53-100	Appeal process—GCO reconsideration.
388-53-120	Administrative plan review.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-53-110 State appeal panel. [Order 1104, § 388-53-110, filed 3/11/76.] Repealed by 80-04-039 (Order 1494), filed 3/20/80. Statutory Authority: RCW 38.52.030.

WAC 388-53-010 Purpose. The purpose of this plan is to set forth the administrative procedures and describe the organization for implementing the individual and family grant program subsequent to a major disaster declaration by the president. The governor of Washington has designated the state department of emergency services as the responsible state coordinating agency. The department of social and health services by agreement, shall administer the individual and family grant program in Washington. These rules shall be effective December 31, 1979 when the president declared a major disaster in Washington state. [Statutory Authority: RCW 38.52.030. 80-04-039 (Order 1494), § 388-53-010, filed 3/20/80; Order 1104, § 388-53-010, filed 3/11/76.]

WAC 388-53-020 Definitions. (1) "Secretary" shall mean the secretary of the department of social and health services.

(2) "Director" may mean the director of the department of emergency services or the bureau of income maintenance, depending upon the context in which it is used in the rules.

(3) "Department" shall mean the department of social and health services, or the department of emergency services, whichever applies.

(4) "Act" shall mean chapter 38.52 RCW.

(5) "Major disaster" means any hurricane, tornado, storm, flood, high-water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, drought, fire, explosion, or other catastrophe in any part of the United States which, in the determination of the president, causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Disaster Relief Act of 1974, above and beyond emergency services by the federal government, to supplement the efforts and available resources of states, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

(6) "Serious need" means a requirement for an item or service essential to an individual or family to prevent or reduce hardship, injury, or loss caused by a major disaster.

(7) "Family" means a social unit comprised of husband, and wife and dependents, if any, or a head of household, as these terms are defined in the Internal Revenue Code of 1954.

(8) "Individual" means a person who is not a member of a family as defined in subsection (7).

(9) "Assistance from other means" means assistance including monetary or in-kind contributions from other governmental programs, insurance, voluntary or charitable organizations, or from any sources other than those of the individual or family.

(10) "Federal coordinating officer" (FCO) means the person appointed by the administrator, FEMA, to coordinate federal assistance in a major disaster.

(11) "State coordinating officer" (SCO) means the individual appointed by the governor to coordinate state and local disaster assistance efforts with those of the federal government.

(12) "Grant coordinating officer" (GCO) means the director of the bureau of income maintenance who is responsible for the management of the IFG program.

(13) "Administrative panel" means a group consisting of three representatives from the department of social and health services, agreed to and approved by the GCO, which determines eligibility for a grant and grant amount.

(14) "Reconsideration appeal" means the redetermination of eligibility by the GCO or his/her designee for the IFG applicant who protests the decision of the administrative panel.

(15) "FEMA" means the Federal Emergency Management Agency. [Statutory Authority: RCW 38.52.030. 80-04-039 (Order 1494), § 388-53-020, filed 3/20/80; Order 1104, § 388-53-020, filed 3/11/76.]

WAC 388-53-030 Authorization of program. The program is authorized by Public Law 93-288 (the Disaster Relief Act of 1974) and Federal Disaster Assistance Regulations 24 CFR 2205. Section 408 of Public Law 93-288 provides for grants to individuals and families, who as a result of a presidentially declared major disaster, are unable to meet disaster-related "necessary expenses" or "serious needs" up to \$5,000.00. Chapter 38.52 RCW places responsibility for determining eligibility standards for grants to individuals and families with the department of social and health services. [Statutory Authority: RCW 38.52.030. 80-04-039 (Order 1494), § 388-53-030, filed 3/20/80; Order 1104, § 388-53-030, filed 3/11/76.]

WAC 388-53-040 Administrative procedures. The GCO shall be the governor's authorized representative for the implementation of the individual and family grant program.

(1) The state department of emergency services has been designated by the governor as the responsible state coordinating agency to administer the provisions of the Federal Disaster Laws. Public Law 93-288, Section 408 provides for grants to individuals and families up to \$5,000.00 - 75% federal and 25% state funds.

(2) The department of social and health services as the state administrator of the IFG program shall arrange for the state share (25%) of funding and secure the 75% federal matching in conformity with Public Law 93-288.

(3) The department of social and health services shall be responsible for preparing the governor's request for an advance of the state's share of funds in accordance with Section 2205.48 (h), Advance of State Share, Federal Disaster Assistance Rules and Regulations, May 28, 1975.

(4) The department of social and health services has been requested by the department of emergency services to administer the individual and family grant program (Section 408, Public Law 93-288). Chapter 38.52 RCW makes the department of social and health services responsible for establishing eligibility standards for applicants for assistance under the grant program.

(5) The department of social and health services shall receive the maximum allowance of 3% for administration of the program as set out in Section 408, Item (d) 14, Public Law 93-288.

(6) Upon the declaration of a major disaster, the state coordinating officer, department of emergency services and the bureau of income maintenance, department of social and health services, shall coordinate the necessary actions to place in operation the provisions and administrative policies and procedures for grants to individuals and families.

(7) The media shall be used widely to notify potential applicants of methods and procedures for application during and after the disasters; and appropriate outreach services shall be provided by the department of social and health services or welfare-related agencies, civic or church groups normally providing such service in the area.

(8) The program shall be administered in conformity with provisions of Sections 2205.13, 2205.15, 2205.18 and Subpart E of Section 2205.48 of Federal Disaster Assistance Regulations, May 28, 1975.

(9) Eligibility criteria shall conform to Section 2205.48(c) and such requirements as the department of social and health services may require not inconsistent with the provision in the above listed sections of the federal regulations.

(10) The SCO shall maintain close coordination with the FCO and provide him with such reports as he may require.

(11) The GCO shall maintain close coordination with the SCO. [Statutory Authority: RCW 38.52.030, 80-04-039 (Order 1494), § 388-53-040, filed 3/20/80; Order 1104, § 388-53-040, filed 3/11/76.]

WAC 388-53-050 Eligibility for grants. (1) General. In order to qualify for a grant under this section, an individual or family representative must certify:

(a) That application has been made to other available governmental programs for assistance to meet a necessary expense or serious need and that neither he nor they have been determined to be qualified for such assistance or, for demonstrated reasons, any assistance received has not satisfied any such necessary expense or serious need.

(b) That with respect to the specific necessary expense or serious need or portion thereof for which application is made, neither he, nor to the best of his knowledge, any member of his family, has previously received or refused assistance from other means.

(c) That should the individual or family receive a grant and assistance from other means later becomes available to meet the necessary expense or serious need, the individual or family shall refund to the state that

part of the grant for which financial assistance from other means has been received.

(d) That should the individual or family receive a grant, he/she/they shall be required to show proof of purchase of all items as specified in the grant award. The individual or family shall refund to the state any part of the grant which has not been expended for those eligible items specified in the grant award.

(e) That individuals or families who incurred a necessary expense or serious need in the major disaster area may be eligible for assistance under this section without regard to their residency in the major disaster area or within the state in which the major disaster had been declared.

(f) That individuals or families otherwise eligible for assistance under this section must obtain flood insurance, as required by Federal Disaster Assistance Regulations 24 CFR 2205.48(c)(iv).

(g) That application must be filed within 60 days following the date on which the major disaster was declared except as follows:

Applications filed after the 60 day filing period, but within 90 days following the date on which the major disaster was declared shall be reviewed by the secretary of the department of social and health services or his/her designee to determine whether the late filing was the result of extenuating circumstances or conditions beyond the control of the individual or family. If it is determined that good cause existed for late filing, the application shall be accepted. If such determination cannot be made, the application shall be rejected.

(h) Farmers, ranchers and persons engaged in agriculture or aquaculture who are qualified to apply to the Farmer's Home Administration (FHA) or the Small Business Administration (SBA), must submit proof of the denial of such loan assistance from the FHA and/or the SBA before they may be considered eligible for a grant under this section. If applicants have been denied loan assistance because, in FHA's or SBA's determination, they are able to obtain necessary credit from other sources, they shall be considered ineligible for grant assistance for those items or services for which assistance may be provided by the FHA's or SBA's emergency loan program.

(2) Eligible categories.

Assistance may be made available to meet necessary expenses or serious needs by providing essential items or services in the categories set forth below:

(a) Medical or dental.

(b) Housing. With respect to private owner-occupied primary residences (including mobile homes), grants may be authorized to:

(i) Repair, replace, rebuild,

(ii) provide access,

(iii) clean or make sanitary, or

(iv) remove debris from such residences. Any debris removal shall be limited to the minimum required to remove health hazards or protect against additional damage to the residence.

(v) provide minimum protective measures required to protect such residences against the immediate threat of damage.

(vi) move mobile homes to prevent and/or reduce the immediate threat of damage.

(c) Personal property.

(i) Clothing.

(ii) Household items, furnishings, or appliances.

(iii) Tools, specialized or protective clothing or equipment which are essential to or a condition of a wage earner's employment.

(iv) Repair, clean, or sanitize, any eligible personal property item.

(v) Move and store to prevent or reduce the immediate threat of damage.

(d) Transportation.

(i) Grants may be authorized to provide transportation by public conveyance provided that the requirement for this transportation was the direct result of the disaster.

(ii) Grants may be authorized to repair, replace or provide private transportation, if the loss or requirement for this transportation was the direct result of the disaster, and transportation by public conveyance is inadequate or unavailable.

(e) Funeral expenses. Grants for funeral expenses will be based on minimum expenditures for interment or cremation.

(f) Rental accommodations to include motel, hotel, and other temporary accommodations.

(3) Ineligible categories.

Assistance shall not be made available for any item or service in the following categories.

(a) Business losses, including farm businesses.

(b) Improvements or additions to real or personal property.

(c) Landscaping.

(d) Real or personal property used exclusively for recreation.

(e) Financial obligations incurred prior to the disaster.

(f) Any necessary expense or serious need or portion thereof for which assistance was available from other means but was refused by the individual or family.

(4) Other categories. Should the state determine that an individual or family has an expense or need not specifically identified as eligible, the state shall provide a factual summary to the regional director, FEMA, and request a determination. [Statutory Authority: RCW 38.52.030, 80-04-039 (Order 1494), § 388-53-050, filed 3/20/80; Order 1104, § 388-53-050, filed 3/11/76.]

WAC 388-53-060 Allocation of funds. (1) The Federal share of a grant to an individual or a family under this section shall be equal to 75 per centum of the actual cost of meeting such an expense or need and shall be made only on condition that the remaining 25 per centum of such cost is paid to such individual or family from funds made available by a state. Where a state is unable immediately to pay its share, the president is authorized to advance to such state such 25 per centum

share, and any such advance is to be repaid to the United States when such state is able to do so. No individuals and no family shall receive any grant or grants under this section aggregating more than \$5,000 with respect to any one major disaster.

(2) A state may expend not to exceed 3 per centum of any grant made by the President to it for expenses of administering grants to individuals and families under this section. [Order 1104, § 388-53-060, filed 3/11/76.]

WAC 388-53-070 Expenditures and payments. (1) Grant payments shall be processed by means of state form A-19 (invoice voucher) appropriately coded to identify the charges to individuals and family grant program. Each voucher shall be supported by attaching a copy of the approved grant application. The original approved grant application and a copy of the payment voucher shall be filed in the case record folder.

(2) Vouchers shall be transmitted to the central disbursements section daily through the usual transmittal procedures. Separate voucher transmittals shall be made for individual and family grant program payments in order to expedite priority processing of the payments. [Statutory Authority: RCW 38.52.030, 80-04-039 (Order 1494), § 388-53-070, filed 3/20/80; Order 1104, § 388-53-070, filed 3/11/76.]

WAC 388-53-080 Organization and functions. All state agencies charged with responsibilities under this plan will insure compliance with Section 2205.13, Non-Discrimination in Disaster Assistance, and Section 2205.15, Duplication of Benefits, of the federal disaster assistance regulations.

(1) Notifying potential applicants. The secretary of the department of social and health services shall publicize the availability of the IFG program to potential applicants by:

(a) Coordinating Public Information Office activities with other agencies and the FCO;

(b) providing news releases to local and state newspapers, radio and television stations;

(c) notifying local governments, private welfare and welfare related agencies, civic and church groups; and

(d) establishing outreach programs.

(2) Establishing application centers.

The secretary of social and health services shall staff the federal/state disaster assistance centers (DAC) for the purpose of accepting grant applications. Subsequent to the closing of the DAC's the secretary of social and health services will provide other locations for the purpose of accepting applications. In determining suitable locations, consideration should be given to:

(a) The location of disaster victims and their proximity to local state offices, and

(b) the number of disaster victims the office might be required to serve.

(3) Interviewing applicants, receiving grant applications.

(a) The secretary of social and health services shall be responsible for interviewing applicants, receiving applications, and establishing case files. Applications shall be

taken for sixty days following a major disaster declaration from any disaster victim desiring to apply for grant assistance. The interviewer shall fully explain the scope and purpose of the program to each applicant and will ensure that each applicant clearly identifies on his or her application the specific needs or expenses for which he or she is seeking assistance. It shall also be clearly explained to the applicant that any approved grant shall be used for the specific identified disaster related serious needs or expenses.

(b) An application shall not be considered complete without the disclosure statement being signed.

(4) Verifying necessary expenses or serious needs.

(a) The secretary of social and health services shall be responsible for verification of the necessary expenses and serious needs for which grant assistance has been requested. A field trip(s) will be made by a verifier as required, to verify the serious needs or necessary expenses for which grant assistance has been requested.

(b) The verifier shall categorize the serious needs and necessary expenses into eligible categories and attach the necessary documentation to the verification form. The verification form shall be attached to the application and shall become a part of the case file. [Statutory Authority: RCW 38.52.030. 80-04-039 (Order 1494), § 388-53-080, filed 3/20/80; Order 1104, § 388-53-080, filed 3/11/76.]

WAC 388-53-090 Administrative panel. (1) An administrative panel will review each application and determine eligibility and grant amounts. All determinations shall be made in accordance with the eligibility criteria of Section VII of the state plan and Attachment F, Guidance in Determining Grant Amounts.

(2) The Administrative Panel, consisting of three representatives of the department of social and health services agreed to and appointed by the GCO, shall review each application and determine eligibility and grant amounts.

(3) The administrative panel shall send each applicant written notice of their determination of the applicant's eligibility and, if eligible, grant amount. [Statutory Authority: RCW 38.52.030. 80-04-039 (Order 1494), § 388-53-090, filed 3/20/80; Order 1104, § 388-53-090, filed 3/11/76.]

WAC 388-53-100 Appeal process--GCO reconsideration. (1) An applicant who is dissatisfied with the administrative panel's determination of his/her eligibility and/or grant amount may request a reconsideration. A request for a reconsideration shall be in writing and must state the reasons for the appellant's dissatisfaction with the administrative panel's determination. The appellant must mail a request for reconsideration as soon as possible not to exceed 15 days from receipt of the administrative panel's determination by certified mail to: Grant Coordinating Officer, Bureau of Income Maintenance, MS OB 31C, Olympia, WA 98504.

(2) When an applicant has requested a reconsideration, the GCO or designee shall examine the appellant's file and any additional information received or presented

for review of the administrative panel's determination. The GCO or designee shall make a decision affirming, modifying, or reversing the administrative panel's decision and mail the written decision to the appellant within 15 days of the GCO's receipt of the appeal; this period may be extended if both the appellant and the GCO agree. The decision of the GCO/designee is final. [Statutory Authority: RCW 38.52.030. 81-01-016 (Order 1575), § 388-53-100, filed 12/8/80; 80-04-039 (Order 1494), § 388-53-100, filed 3/20/80; Order 1104, § 388-53-100, filed 3/11/76.]

WAC 388-53-120 Administrative plan review. The director of the department of emergency services and the secretary of the department of social and health services shall review, in coordination with the FEMA regional director, the state administrative plan for the individual and family grant program every January to insure compliance with state and federal laws and regulations and other FEMA program guidance. [Statutory Authority: RCW 38.52.030. 80-04-039 (Order 1494), § 388-53-120, filed 3/20/80; Order 1104, § 388-53-120, filed 3/11/76.]

Chapter 388-53A WAC

TEMPORARY HOUSING PROGRAM--LIMITED TO GOVERNOR'S REQUEST FOR FEDERAL ASSISTANCE

WAC

388-53A-010	Purpose.
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388-53A-040	Administrative procedures.
388-53A-050	Program eligibility.
388-53A-060	Program eligibility review.
388-53A-070	Criteria for continued eligibility.
388-53A-080	Termination of temporary housing.
388-53A-090	Allocation of funds.
388-53A-100	Organization and functions.
388-53A-110	Eligibility determinations.
388-53A-120	Notification of approval or disapproval.
388-53A-130	Reconsideration process.
388-53A-140	State appeal.

WAC 388-53A-010 Purpose. The purpose of this plan is to set forth the administrative procedures and describe the organization for implementing the temporary housing program. This program may be requested by the governor after the president declares an emergency or major disaster in the state of Washington. The governor of Washington has designated the state department of emergency services as the responsible state coordinating agency. The department of social and health services by agreement will administer the temporary housing program in Washington. [Statutory Authority: RCW 38.52.030. 79-06-082 (Order 1404), § 388-53A-010, filed 6/1/79.]

WAC 388-53A-020 Definitions. (1) "Secretary" shall mean the secretary of the department of social and health services. "Director" is the director of the department of emergency services.

(2) "Department" shall mean the department of social and health services, or the department of emergency services, whichever applies.

(3) "Act" shall mean chapter 38.52 RCW.

(4) "Necessary expense" means the cost of an item or service essential to an individual or family to mitigate or overcome an adverse condition caused by a major disaster.

(5) "Serious need" means a requirement for an item or service essential to an individual or family to prevent or reduce hardship, injury, or loss caused by a major disaster.

(6) "Family" means a social unit comprised of husband, and wife and dependents, if any, or a head of household, as these terms are defined in the Internal Revenue Code of 1954.

(7) "Individual" means a person who is not a member of a family as defined in subsection (6) of this section.

(8) "Assistance from other means" means assistance including monetary or in-kind contributions from other governmental programs, insurance, voluntary or charitable organizations, or from any sources other than those of the individual or family.

(9) "Federal coordinating officer" (FCO) means the person appointed by the administrator, FDAA, to coordinate federal assistance in a major disaster.

(10) "State coordinating officer" (SCO) means the individual appointed by the governor to coordinate state and local disaster assistance efforts with those of the federal government. [Statutory Authority: RCW 38.52-.030, 79-06-082 (Order 1404), § 388-53A-020, filed 6/1/79.]

WAC 388-53A-030 Authorization of program. The program is authorized by Public Law 93-288 (the Disaster Relief Act of 1974) and Federal Disaster Assistance Administration Regulations, 24 CFR 2205. Section 404 of Public Law 93-288 provides for temporary housing to individuals and families who, as a result of a presidentially declared emergency or major disaster are without adequate housing. Chapter 38.52 RCW places responsibility for determining eligibility standards for disaster relief programs administered by the state with the department of social and health services. [Statutory Authority: RCW 38.52.030, 79-06-082 (Order 1404), § 388-53A-030, filed 6/1/79.]

WAC 388-53A-040 Administrative procedures. The state coordinating officer (SCO) will be the governor's authorized representative for the implementation of the temporary housing program. The state department of emergency services has been designated by the governor as the responsible state coordinating agency to administer the provisions of the federal disaster laws.

(1) Public Law 93-288, Section 404, provides for temporary housing to individuals and families who have become homeless and require temporary housing as a result of an emergency or major disaster.

(2) Upon a declaration of an emergency or major disaster by the president, the governor may request temporary housing assistance from the Federal Disaster Assistance Administration (FDAA).

(3) The department of emergency services shall be responsible for preparing the governor's request in accordance with 24 CFR 2205.45.

(4) When agreed to by the governor and regional director of the FDAA, the state shall administer the temporary housing program. The state coordinating officer, department of emergency services, and the bureau of income maintenance, department of social and health services, shall coordinate the necessary actions to place in operation the provisions and administrative policies and procedures for the temporary housing program.

(5) The department of emergency services, acting as the designated responsible state coordinating agency, will arrange for the procurement and make habitable, temporary housing provided by the federal government in conformity with the state/federal agreement and Public Law 93-288.

(6) Chapter 38.52 RCW makes the department of social and health services responsible for establishing eligibility standards for applicants for assistance under the state-administered temporary housing program.

(7) The program will be administered in conformity with provisions of Sections 2205.13, 2205.15, 2205.18 and 2205.45 of the Federal Disaster Assistance Regulations.

(8) Eligibility criteria will conform to Section 2205.45 and such requirements as the department of social and health services may require not inconsistent with the provision in the above listed sections of the federal regulations, and in accordance with chapter 38.52 RCW. [Statutory Authority: RCW 38.52.030, 79-06-082 (Order 1404), § 388-53A-040, filed 6/1/79.]

WAC 388-53A-050 Program eligibility. (1) In order to qualify for temporary housing under this section, an individual or family representative must certify to one of the following:

(a) Their dwelling has been destroyed as a result of a disaster.

(b) Their dwelling has been damaged or utility service has been interrupted to such an extent as to constitute a health or safety hazard which did not exist prior to the disaster.

(c) Their dwelling has been made inaccessible due to the disruption or destruction of transportation routes or facilities, or due to other impediments to access.

(d) Their dwelling has been made inaccessible by restrictions on travel or movement imposed or recommended by a responsible official.

(e) Their dwelling is no longer available due to eviction or dispossession of the applicant by the owner because of the owner's personal need for that dwelling as a result of a disaster.

(f) They have been evicted from their dwelling by the owner or mortgage holder because of their financial hardship which is a direct result of the disaster; or

(g) Other circumstances resulting from a disaster prevent an individual or family from occupying a dwelling which they occupied immediately prior to the disaster.

(2) Income and resources of applicants for temporary housing shall be exempted from consideration in determining eligibility for a temporary period not to exceed one year or such time as is necessary to restore them to independence as provided by RCW 74.04.005(11)(g) and 74.04.265. An applicant/recipient shall be considered restored to independence when he/she no longer meets the requirements for continued eligibility as specified in WAC 388-53A-060.

(3) Eligible categories. Assistance may be made available to meet temporary housing needs by providing goods and services for the following:

- (a) Mobile homes;
- (b) Pad rental;
- (c) All utilities and connections;
- (d) Blocking, winterization and other installations necessary to ensure compliance with applicable state and local codes;
- (e) Maintenance on mobile home agreed to by eligible occupant and owner;
- (f) Required state inspections of accommodations.

(4) Ineligible categories. Temporary housing assistance will not be made available under the following conditions:

- (a) When insurance coverage provides for the full cost of alternate living arrangements and where such alternate living arrangements are readily available;
- (b) When the dwelling from which the applicant/recipient was displaced was used as a vacation or recreational residence. [Statutory Authority: RCW 38.52.030. 79-06-082 (Order 1404), § 388-53A-050, filed 6/1/79.]

WAC 388-53A-060 Program eligibility review. (1) A periodic eligibility review for continued occupancy in temporary housing shall be made no less frequently than every ninety days.

(2) Continued occupancy shall be determined on the basis of need as specified in WAC 388-53A-070.

(3) Each occupant shall be notified of his/her eligibility or ineligibility. [Statutory Authority: RCW 38.52.030. 79-06-082 (Order 1404), § 388-53A-060, filed 6/1/79.]

WAC 388-53A-070 Criteria for continued eligibility. (1) A temporary housing occupant shall endeavor to place himself/herself in alternate housing at the earliest possible time.

(2) A temporary housing occupant shall be eligible for continued assistance when:

- (a) Alternate housing is not available to the occupant. Alternate housing is deemed available when it:
 - (i) Is sufficient in size to accommodate the family;
 - (ii) Is free of health and safety hazards;
 - (iii) Is located such that the occupants may commute to their place(s) of employment, schools, and other centers of family activity within usual and customary commutation time periods effective in the area;

(iv) Is within the financial means of the occupant, based on twenty-five percent of adjusted household income. Occupants who qualify for available low-income or other governmental rent subsidies shall be considered able to assume financial responsibility for similar alternate housing. Housing costs shall include utilities costs, and adjusted household income shall be computed using the total gross income of household members (excluding the earnings of persons under eighteen, except where such persons are head of the household or a spouse), with the following exceptions:

(A) Twenty-five dollars per month for each person under eighteen or full-time student over eighteen except when such individual is a head of household;

(B) Twenty-five dollars per month for each elderly (over sixty-two, or handicapped adult, except where they are head of the household; and

(C) Expenses resulting from unusual financial demands upon a household, as approved by the CSO administrator or his/her designee.

(v) Does not impose an undue burden upon the occupant in his/her plans to secure permanent housing.

(b) The occupant is in compliance with the terms of the rental contract/agreement including:

(i) Prompt payment of utility, rent, and other appropriate charges;

(ii) Reimbursement to the government where all or a portion of the temporary housing assistance represents a duplication of benefits or for other charges as authorized by the CSO administrator or his/her designee;

(iii) Maintenance of the temporary housing unit in a manner normally expected of a tenant; and

(iv) Utilization of the unit for purposes of a family dwelling, solely for the occupant's household. [Statutory Authority: RCW 38.52.030. 79-06-082 (Order 1404), § 388-53A-070, filed 6/1/79.]

WAC 388-53A-080 Termination of temporary housing. (1) Temporary housing assistance may be terminated on a thirty-day written notice.

(2) Temporary housing assistance may be terminated for reasons including, but not limited to the following:

(a) A determination has been made through the recertification process that alternate housing is available to the occupant.

(b) Failure on the part of the occupant to utilize or maintain the temporary housing provided in the manner normally expected of a tenant. Normal wear and tear excepted, the occupant shall be liable for all damages to the property.

(c) Determination that the temporary housing assistance was obtained either through misrepresentation or fraud.

(3) No mobile home rent shall be charged during the first twelve months of occupancy. [Statutory Authority: RCW 38.52.030. 79-06-082 (Order 1404), § 388-53A-080, filed 6/1/79.]

WAC 388-53A-090 Allocation of funds. The amount and type of the federal share of temporary

housing assistance shall be in accordance with the federal/state disaster relief agreement.

(1) The federal share of temporary housing may be made by financial assistance or contributions in-kind, depending on the request of the governor.

(2) The federal government may make available mobile homes or other readily fabricated dwellings to the state on the condition that the state or local government provide sites complete with utilities.

(3) The state may make available funds to provide for mobile home or other dwelling site preparation, utilities, rental, maintenance, or other item necessary to ensure habitability. [Statutory Authority: RCW 38.52.030. 79-06-082 (Order 1404), § 388-53A-090, filed 6/1/79.]

WAC 388-53A-100 Organization and functions. All state agencies charged with responsibilities under this chapter will ensure compliance with Section 2205.13, Non-Discrimination in Disaster Assistance, and Section 2205.15, Duplication of Benefits, of the FDAA regulations.

(1) When deemed necessary, the secretary of the department of social and health services shall publicize the availability of the temporary housing program to potential applicants.

(a) Notifying local governments, welfare related agencies, and civic and church groups; and

(b) Establishing outreach programs.

(2) The secretary of social and health services will be responsible for interviewing applicants, receiving applications, and establishing case files. Applications for temporary housing shall be taken for sixty days following a presidentially declared emergency or major disaster. The interviewer will fully explain the scope and purpose of this program to each applicant.

(3) The secretary of social and health services will be responsible for verification of the need for temporary housing for which assistance has been requested. [Statutory Authority: RCW 38.52.030. 79-06-082 (Order 1404), § 388-53A-100, filed 6/1/79.]

WAC 388-53A-110 Eligibility determinations. (1) All determinations shall be made in accordance with the eligibility criteria in WAC 388-53A-060 and 388-53A-070.

(2) Eligibility for the temporary housing program shall be determined by an authorized DSHS employee in accordance with criteria set forth in this chapter. [Statutory Authority: RCW 38.52.030. 79-06-082 (Order 1404), § 388-53A-110, filed 6/1/79.]

WAC 388-53A-120 Notification of approval or disapproval. The department of social and health services will notify every application by letter of the eligibility determination made on the application.

(1) In the case of approval, the letter will state that the application has been approved, and the purpose for which the temporary housing assistance has been made.

(2) In the case of disapproval, the letter will state that the application has been disapproved and the reasons for disapproval.

(3) In both cases, the letter will inform the applicant of the right to request reconsideration within fifteen days from the date the letter was sent. [Statutory Authority: RCW 38.52.030. 79-06-082 (Order 1404), § 388-53A-120, filed 6/1/79.]

WAC 388-53A-130 Reconsideration process. (1) Each applicant will be provided an opportunity to have a temporary housing assistance determination reviewed and reconsidered by the state upon submission of additional information.

(2) The state reconsideration panel will reconsider an applicant's temporary housing assistance determination and within fifteen calendar days of receipt of the reconsideration request render a decision either approving or denying it.

(3) Each applicant will be notified by letter of the result of his request for reconsideration. The determination letter must be dated and sent to the applicant one day after the reconsideration decision. The letter must inform the applicant of the right to appeal within twenty days from the date the letter was sent. [Statutory Authority: RCW 38.52.030. 79-06-082 (Order 1404), § 388-53A-130, filed 6/1/79.]

WAC 388-53A-140 State appeal. Should an applicant not agree with the state reconsideration panel determination of the reconsideration request, an appeal must be filed within twenty days.

The department of social and health services will conduct an appeal hearing and render a decision either approving or denying within fifteen calendar days of receipt by the department of social and health services. Each applicant will be notified by letter of the result of his appeal. The appeal decision letter must be dated and sent to the appellant one day after the appeal decision was made. [Statutory Authority: RCW 38.52.030. 79-06-082 (Order 1404), § 388-53A-140, filed 6/1/79.]

Chapter 388-54 WAC

FOOD ASSISTANCE PROGRAMS

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- 388-54-080 Nonrecipient of assistance. [Order 252, § 388-54-080, filed 11/1/67; Regulation 21.33, filed 12/31/65, effective 2/1/66; Regulation 21.33, filed 1/24/64.] Repealed by Order 350, filed 5/28/69.
- 388-54-110 Authorization process—Recipient of continuing public assistance grant. [Order 252, § 388-54-110, filed 11/1/67; Regulation 21.41, filed 12/31/65, effective 2/1/66; Regulation 21.41, filed 1/24/64.] Repealed by Order 350, filed 5/28/69.
- 388-54-120 Authorization process—Recipient of noncontinuing assistance. [Order 252, § 388-54-120, filed 11/1/67; Regulation 21.42, filed 12/31/65, effective 2/1/66; Regulation 21.42, filed 1/24/64.] Repealed by Order 350, filed 5/28/69.
- 388-54-130 Authorization process—Persons not receiving assistance. [Order 252, § 388-54-130, filed 11/1/67; Regulation 21.43, filed 1/24/64.] Repealed by Order 350, filed 5/28/69.
- 388-54-140 Authorization process—Exceptions. [Order 252, § 388-54-140, filed 11/1/67; Regulation 21.44, filed 1/24/64.] Repealed by Order 350, filed 5/28/69.
- 388-54-150 Civil rights. [Order 252, § 388-54-150, filed 11/1/67; Regulation 21.50, effective 2/1/66, filed 12/31/65.] Repealed by Order 350, filed 5/28/69.
- 388-54-300 Food stamp program. [Order 429, § 388-54-300, filed 3/17/70; Order 252, § 388-54-300, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 543, filed 3/31/71, effective 5/1/71.
- 388-54-305 Food stamp program—General terms and conditions. [Order 429, § 388-54-305, filed 3/17/70; Order 343, § 388-54-305, filed 3/20/69; Order 252, § 388-54-305, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 543, filed 3/31/71, effective 5/1/71.
- 388-54-310 Food stamp program—Administration. [Order 429, § 388-54-310, filed 3/17/70; Order 315, § 388-54-310, filed 10/31/68; Order 252, § 388-54-310, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 543, filed 3/31/71, effective 5/1/71.
- 388-54-315 Food stamp program—Eligibility standards. [Order 543, § 388-54-315, filed 3/31/71, effective 5/1/71; Order 515, § 388-54-315, filed 1/22/71; Order 498, § 388-54-315, filed 12/2/70; Order 470, § 388-54-315, filed 8/19/70; Order 451, § 388-54-315, filed 5/20/70, effective 6/15/70; Order 429, § 388-54-315, filed 3/17/70; Order 315, § 388-54-315, filed 10/31/68; Order 252, § 388-54-315, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-320 Food stamp program—Application—Certification—Review—Recertification—Cancellation. [Order 600, § 388-54-320, filed 9/8/71; Order 588, § 388-54-320, filed 8/18/71; Order 568, § 388-54-320, filed 5/19/71; Order 543, § 388-54-320, filed 3/31/71, effective 5/1/71; Order 515, § 388-54-320, filed 1/22/71; Order 478, § 388-54-320, filed 9/8/70; Order 470, § 388-54-320, filed 8/19/70; Order 451, § 388-54-320, filed 5/20/70, effective 6/15/70; Order 429, § 388-54-320, filed 3/17/70; Order 315, § 388-54-320, filed 10/31/68; Order 252, § 388-54-320, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-325 Food stamp program—Basis of coupon issuance. [Order 543, § 388-54-325, filed 3/31/71, effective 5/1/71; Order 451, § 388-54-325, filed 5/20/70, effective 6/15/70; Order 429, § 388-54-325, filed 3/17/70; Order 252, § 388-54-325, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-330 Food stamp program—Issuance and sales of coupons. [Order 543, § 388-54-330, filed 3/31/71, effective 5/1/71; Order 491, § 388-54-330, filed 10/30/70, effective 12/1/70; Order 451, § 388-54-330, filed

- 5/20/70, effective 6/15/70; Order 429, § 388-54-330, filed 3/17/70; Order 252, § 388-54-330, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-335 Food stamp program—Payment of certain certification costs. [Order 252, § 388-54-335, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 429, filed 3/17/70.
- 388-54-340 Food stamp program—Civil rights assurance. [Order 543, § 388-54-340, filed 3/31/71, effective 5/1/71; Order 429, § 388-54-340, filed 3/17/70; Order 252, § 388-54-340, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-345 Food stamp program—Nonassistance household—Income and resources standard. [Order 543, § 388-54-345, filed 3/31/71, effective 5/1/71; Order 429, § 388-54-345, filed 3/17/70; Order 413, § 388-54-345, filed 12/23/69. Order 252, § 388-54-345, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-350 Food stamp program—Nonassistance household—Definitions. [Order 588, § 388-54-350, filed 8/18/71; Order 543, § 388-54-350, filed 3/31/71, effective 5/1/71; Order 470, § 388-54-350, filed 8/19/70; Order 429, § 388-54-350, filed 3/17/70; Order 252, § 388-54-350, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-355 Food stamp program—Hardship provisions. [Order 543, § 388-54-355, filed 3/31/71, effective 5/1/71; Order 515, § 388-54-355, filed 1/22/71; Order 451, § 388-54-355, filed 5/20/70, effective 6/15/70; Order 429, § 388-54-355, filed 3/17/70; Order 252, § 388-54-355, filed 11/1/67.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-360 Food stamp program—Nonassistance household—Student applicant. [Order 600, § 388-54-360, filed 9/8/71; Order 568, § 388-54-360, filed 5/19/71; Order 543, § 388-54-360, filed 3/31/71, effective 5/1/71; Order 515, § 388-54-360, filed 1/22/71; Order 429, § 388-54-360, filed 3/17/70; Order 349, § 388-54-360, filed 5/28/69; Order 252, § 388-54-360, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-365 Food stamp program—Nonassistance household—Treatment of allowances from department of labor and other government sponsored training programs. [Order 543, § 388-54-365, filed 3/31/71, effective 5/1/71; Order 429, § 388-54-365, filed 3/17/70; Order 379, § 388-54-365, filed 8/7/69; Order 325, § 388-54-365, filed 11/27/68; Order 315, § 388-54-365, filed 10/31/68; Order 252, § 388-54-365, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-370 Food stamp program—Nonassistance household—Treatment of earned income under Title 1 of elementary and secondary education act, amendments of 1966. [Order 543, § 388-54-370, filed 3/31/71, effective 5/1/71; Order 429, § 388-54-370, filed 3/17/70; Order 325, § 388-54-370, filed 11/27/68; Order 315, § 388-54-370, filed 10/31/68; Order 252, § 388-54-370, filed 11/1/67.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-375 Food stamp program—Nonassistance household—Treatment of income from certain programs authorized or financed by economic opportunity act of 1964. [Order 543, § 388-54-375, filed 3/31/71, effective 5/1/71; Order 429, § 388-54-375, § 388-54-375, filed 3/17/70; Order 325, § 388-54-375, filed 11/27/68; Order 315, § 388-54-375, filed 10/31/68; Order 252, § 388-54-375, filed 11/1/67.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-376 Food stamp program—Nonassistance household—Treatment of earned income—Child or adult AFDC recipient. [Order 600, § 388-54-376, filed 9/8/71; Order 543, § 388-54-376, filed 3/31/71, effective 5/1/71; Order 429, § 388-54-376, filed 3/17/70.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-377 Food stamp program—Ineligible receipt of food coupons. [Order 543, § 388-54-377, filed 3/31/71, effective 5/1/71; Order 429, § 388-54-377, filed 3/17/70; Order 349, § 388-54-377, filed 5/28/69; Order 325, § 388-54-377, filed 11/27/68; Order 283, § 388-54-377, filed 3/6/68.] Repealed by Order 568, filed 5/19/71.
- 388-54-378 Food stamp program—Unused coupons—Disposition. [Order 543, § 388-54-378, filed 3/31/71, effective 5/1/71; Order 429, § 388-54-378, filed 3/17/70; Order 330, § 388-54-378, filed 1/8/69; Order 283, § 388-54-378, filed 3/6/68.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-380 Food stamp program—Monthly basis of issuance—Continuing and noncontinuing assistance households. [Order 252, § 388-54-380, filed 11/1/67; Supp. Food Stamp Plan (part), filed 12/31/65.] Repealed by Order 451, filed 5/20/70, effective 6/15/70.
- 388-54-385 Food stamp program—Net monthly income basis of coupon issuance table. [Order 543, § 388-54-385, filed 3/31/71, effective 5/1/71; Order 451, § 388-54-385, filed 5/20/70, effective 6/15/70; Order 429, § 388-54-385, filed 3/17/70; Order 343, § 388-54-385, filed 3/20/69; Order 252, § 388-54-385, filed 11/1/67.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-390 Food stamp program—Ineligible receipt of food coupons. [Order 568, § 388-54-390, filed 5/19/71.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-393 Food stamp program—Ineligible receipt of food coupons—Liability for repayment. [Order 568, § 388-54-393, filed 5/19/71.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-396 Food stamp program—Ineligible receipt of food coupons—Collection of claims. [Order 568, § 388-54-396, filed 5/19/71.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-399 Food stamp program—Ineligible receipt of food coupons—Eligibility—claim unpaid. [Order 568, § 388-54-399, filed 5/19/71.] Repealed by Order 660, filed 2/23/72, effective 4/1/72.
- 388-54-405 Food stamp program—General provisions. [Order 1021, § 388-54-405, filed 4/29/75; Order 992, § 388-54-405, filed 12/31/74; Order 660, § 388-54-405, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-410 Application—Assistance household. [Order 931, § 388-54-410, filed 4/25/74; Order 660, § 388-54-410, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-415 Nonassistance household. [Order 660, § 388-54-415, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-420 Authorized representative. [Order 992, § 388-54-420, filed 12/31/74; Order 660, § 388-54-420, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-425 Eligibility standards—General. [Order 931, § 388-54-425, filed 4/25/74; Order 660, § 388-54-425, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.

- 388-54-430 Eligibility standards—Residence. [Order 992, § 388-54-430, filed 12/31/74; Order 660, § 388-54-430, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-432 Eligibility standards—Boarding house—Institution. [Order 992, § 388-54-432, filed 12/31/74; Order 660, § 388-54-432, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-435 Eligibility standards—Cooking facilities. [Order 992, § 388-54-435, filed 12/31/74; Order 660, § 388-54-435, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-440 Eligibility standards—Household determination. [Order 1063, § 388-54-440, filed 10/23/75; Order 1021, § 388-54-440, filed 4/29/75; Order 992, § 388-54-440, filed 12/31/74; Order 809, § 388-54-440, filed 6/15/73; Order 704, § 388-54-440, filed 8/11/72; Order 685, § 388-54-440, filed 5/25/72; Order 660, § 388-54-440, filed 8/11/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-442 Student tax dependents. [Order 1030, § 388-54-442, filed 6/12/75.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-445 Eligibility standards—Delivered meals. [Order 660, § 388-54-445, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-448 Eligibility standards—Communal dining. [Order 992, § 388-54-448, filed 12/31/74.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-450 Eligibility standards—Tax dependents. [Order 660, § 388-54-450, filed 2/23/72, effective 4/1/72.] Repealed by Order 734, filed 11/9/72.
- 388-54-452 Eligibility standards—Drug-alcohol treatment programs. [Order 992, § 388-54-452, filed 12/31/74.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-455 Eligibility standards—Work registration requirement. [Order 992, § 388-54-455, filed 12/31/74; Order 660, § 388-54-455, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-460 Nonassistance household—Resources—Standards—Exemptions. [Order 1136, § 388-54-460, filed 7/29/76; Order 1030, § 388-54-460, filed 6/12/75; Order 1021, § 388-54-460, filed 4/29/75; Order 992, § 388-54-460, filed 12/31/74; Order 660, § 388-54-460, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-462 Earned income tax credit disregarded. [Order 1175, § 388-54-462, filed 12/8/76; Order 1121, § 388-54-462, filed 5/26/76.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-465 Nonassistance household—Nonrecurring lump-sum payments [Order 992, § 388-54-465, filed 12/31/74; Order 660, § 388-54-465, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-470 Monthly net income. [Statutory Authority: RCW 74.04.510. 78-10-056 (Order 1342), § 388-54-470, filed 9/22/78; Statutory Authority: RCW 74.04.510 and 74.08.090. 78-06-086 (Order 1303), § 388-54-470, filed 6/2/78; Order 1249, § 388-54-470, filed 10/28/77; Order 1153, § 388-54-470, filed 9/22/76; Order 1091, § 388-54-470, filed 1/28/76; Order 1039, § 388-54-470, filed 8/7/75; Order 1030, § 388-54-470, filed 6/12/75; Order 1007, § 388-54-470, filed 2/13/75; Order 992, § 388-54-470, filed 12/31/74; Order 966, § 388-54-470, filed 8/29/74; Order 889, § 388-54-470, filed 12/27/73; Order 803, § 388-54-470, filed 5/31/73; Order 687, § 388-54-470, filed 6/1/72; Order 660, § 388-54-470, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-475 Definitions of income. [Order 1153, § 388-54-475, filed 9/22/76; Order 992, § 388-54-475, filed 12/31/74; Order 704, § 388-54-475, filed 8/11/72; Order 685, § 388-54-475, filed 5/25/72; Order 660, § 388-54-475, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-480 Income exclusions. [Statutory Authority: RCW 74.04.510. 78-10-056 (Order 1342), § 388-54-480, filed 9/22/78; 78-02-050 (Order 1266), § 388-54-480, filed 1/19/78; Order 1194, § 388-54-480, filed 3/3/77; Order 1136, § 388-54-480, filed 7/29/76; Order 1021, § 388-54-480, filed 4/29/75; Order 992, § 388-54-480, filed 12/31/74; Order 966, § 388-54-480, filed 8/29/74; Order 871, § 388-54-480, filed 11/20/73; Order 660, § 388-54-480, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-482 Tax reduction act of 1975 payments disregarded. [Order 1028, § 388-54-482, filed 5/29/75.] Repealed by Order 1121, filed 5/26/76. Later promulgation, see WAC 388-54-462.
- 388-54-485 Income deductions. [Statutory Authority: RCW 74.04.510. 79-01-068 (Order 1363), § 388-54-485, filed 12/29/78; 78-10-056 (Order 1342), § 388-54-485, filed 9/22/78; Statutory Authority: RCW 74.04.510 and 74.08.090. 78-06-086 (Order 1303), § 388-54-485, filed 6/2/78; Order 1245, § 388-54-485, filed 10/10/77; Order 1092, § 388-54-485, filed 1/28/76; Order 1063, § 388-54-485, filed 10/23/75; Order 1021, § 388-54-485, filed 4/29/75; Order 992, § 388-54-485, filed 12/31/74; Order 771, § 388-54-485, filed 1/26/73; Order 660, § 388-54-485, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-490 Income computation. [Order 660, § 388-54-490, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-495 Self-employment income. [Order 992, § 388-54-495, filed 12/31/74; Order 660, § 388-54-495, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-500 Farm employment income. [Statutory Authority: RCW 74.04.510. 78-12-004 (Order 1356), § 388-54-500, filed 11/6/78; Order 660, § 388-54-500, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-505 Nonassistance household—Verification of eligibility. [Statutory Authority: RCW 74.04.510. 78-12-004 (Order 1356), § 388-54-505, filed 11/6/78; Statutory Authority: RCW 74.04.510 and 74.08.090. 78-06-086 (Order 1303), § 388-54-505, filed 6/2/78; Order 1030, § 388-54-505, filed 6/12/75; Order 992, § 388-54-505, filed 12/31/74; Order 660, § 388-54-505, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-507 Preliminary certification. [Statutory Authority: RCW 74.04.510. 78-12-004 (Order 1356), § 388-54-507, filed 11/6/78.] Repealed by 80-10-043 (Order 1529), filed 8/6/80. Statutory Authority: RCW 74.04.510.
- 388-54-509 Special certification for migrant farm laborers. [Statutory Authority: RCW 74.04.510. 78-12-004 (Order

- 1356), § 388-54-509, filed 11/6/78.] Repealed by 80-10-043 (Order 1529), filed 8/6/80. Statutory Authority: RCW 74.04.510.
- 388-54-510 Certification. [Statutory Authority: RCW 74.04.510. 79-01-085 (Order 1364), § 388-54-510, filed 1/3/79; Order 992, § 388-54-510, filed 12/31/74; Order 660, § 388-54-510, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-515 Certification—Changes during certification period—Reporting. [Order 1080, § 388-54-515, filed 12/24/75; Order 992, § 388-54-515, filed 12/31/74; Order 734, § 388-54-515, filed 11/9/72; Order 660, § 388-54-515, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-520 Certification—Effecting changes during certification period. [Order 1080, § 388-54-520, filed 12/24/75; Order 992, § 388-54-520, filed 12/31/74; Order 660, § 388-54-520, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-525 Advance notice—Expiration or adverse action. [Statutory Authority: RCW 74.04.510. 78-11-046 (Order 1352), § 388-54-525, filed 10/20/78; Order 992, § 388-54-525, filed 12/31/74; Order 660, § 388-54-525, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-526 Conference procedure. [Order 869, § 388-54-526, filed 11/1/73.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-527 Participation during appeals. [Order 992, § 388-54-527, filed 12/31/74; Order 869, § 388-54-527, filed 11/1/73.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-528 Adjustments after hearing decision. [Order 924, § 388-54-528, filed 4/15/74; Order 869, § 388-54-528, filed 11/1/73.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-530 Recertification. [Order 660, § 388-54-530, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-535 Transfer of certification and lost benefits. [Statutory Authority: RCW 74.04.510. 78-05-064 (Order 1291), § 388-54-535, filed 4/27/78; Order 660, § 388-54-535, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-540 Basis of coupon issuance. [Statutory Authority: RCW 74.04.510. 78-10-056 (Order 1342), § 388-54-540, filed 9/22/78; Statutory Authority: RCW 74.04.510 and 74.08.090. 78-06-086 (Order 1303), § 388-54-540, filed 6/2/78; Order 1249, § 388-54-540, filed 10/28/77; Order 1153, § 388-54-540, filed 9/22/76; Order 1091, § 388-54-540, filed 1/28/76; Order 1039, § 388-54-540, filed 8/7/75; Order 1007, § 388-54-540, filed 2/13/75; Order 966, § 388-54-540, filed 8/29/74; Order 889, § 388-54-540, filed 12/27/73; Order 803, § 388-54-540, filed 5/31/73; Order 687, § 388-54-540, filed 6/1/72; Order 660, § 388-54-540, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-545 Identification card. [Order 660, § 388-54-545, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-550 Authorization to purchase. [Order 660, § 388-54-550, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-555 Food coupon issuance and sales—Variable purchase. [Order 803, § 388-54-555, filed 5/31/73; Order 702, § 388-54-555, filed 7/27/72; Order 660, § 388-54-555, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-560 Food coupon use or redemption. [Order 992, § 388-54-560, filed 12/31/74; Order 660, § 388-54-560, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-565 Ineligible receipt of food coupons. [Order 925, § 388-54-565, filed 4/15/74; Order 660, § 388-54-565, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-570 Ineligible receipt of food coupons—Liability for repayment. [Order 1021, § 388-54-570, filed 4/29/75; Order 660, § 388-54-570, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-575 Ineligible receipt of food coupons—Collection of claim. [Order 869, § 388-54-575, filed 11/1/73; Order 660, § 388-54-575, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-580 Ineligible receipt of food coupons—Claim unpaid—Eligibility for food coupons. [Order 660, § 388-54-580, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-585 Replacement purchase. [Order 660, § 388-54-585, filed 2/23/72, effective 4/1/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-590 Cash refunds. [Order 1136, § 388-54-590, filed 7/29/76; Order 869, § 388-54-590, filed 11/1/73.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-595 Retroactive benefits. [Statutory Authority: RCW 74.04.510. 78-05-064 (Order 1291), § 388-54-595, filed 4/27/78; Order 1136, § 388-54-595, filed 7/29/76; Order 1063, § 388-54-595, filed 10/23/75; Order 924, § 388-54-595, filed 4/15/74.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-598 Offsetting unpaid claims. [Order 1136, § 388-54-598, filed 7/29/76.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-700 Food distribution program—General provisions and coverage. [Order 665, § 388-54-700, filed 3/23/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-705 Food distribution program—Participation. [Order 665, § 388-54-705, filed 3/23/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-710 Food distribution program—Issuance of commodities. [Order 665, § 388-54-710, filed 3/23/72.] Repealed by 79-03-033 (Order 1374), filed 3/1/79. Statutory Authority: RCW 74.04.510.
- 388-54-825 Fraud disqualification. [Statutory Authority: RCW 74.04.510. 79-03-033 (Order 1374), § 388-54-825, filed 3/1/79.] Repealed by 79-10-084 (Order 1435), filed 9/21/79. Statutory Authority: RCW 74.04.510. Later promulgation, see WAC 388-54-826, 388-54-827, and 388-54-828.

WAC 388-54-600 Purpose of program. The food stamp program is designed to promote the general welfare and to safeguard the health and well-being of the nation's population by raising the levels of nutrition among low-income households. [Statutory Authority:

RCW 74.04.510. 79-03-033 (Order 1374), § 388-54-600, filed 3/1/79.]

WAC 388-54-605 General food stamp provisions.

(1) The department of social and health services shall administer the food stamp program in accordance with an approved plan with the food and nutrition service (FNS) of the United States department of agriculture.

(2) Rules in this chapter are for the purpose of carrying out certain requirements for participation in the program. Unless specifically provided for in this chapter, rules and definitions in other chapters of Title 388 WAC do not apply to provisions of chapter 388-54 WAC.

(3) Use or disclosure of information obtained from applicant households, exclusively for the program, shall be restricted to persons directly connected with the administration or enforcement of the provisions of the Food Stamp Act or regulations, or with other Federal or federally aided, means-tested assistance programs, or with general assistance programs that are subject to the joint processing requirements specified in this program.

The material and information contained in the case file shall be made available for inspection during normal working hours if there is a written request by a responsible member of the household, its currently authorized representative, or a person acting in its behalf to review materials contained in its case file. However, the department may withhold confidential information, such as the names of individuals who have disclosed information about the household without the household's knowledge, or the nature or status of pending criminal prosecutions.

(4) The department shall provide any household, aggrieved by the action of the department or an issuing agency in its administration of the program which affects the participation of the household in the program, with a fair hearing upon its request. Chapter 388-08 WAC shall apply unless otherwise indicated in this chapter.

(5) In the certification of applicant households and in the issuance of food coupons to eligible households, there shall be no discrimination against any household because of race, religious creed, political beliefs, or national origin.

(6) During a presidentially declared disaster or a disaster declared by FNS, the department shall certify affected households in accordance with FNS instructions.

(7) An FNS directive to reduce, suspend or terminate all or any portion of the food stamp program shall require the department to comply in every respect. [Statutory Authority: RCW 74.04.510. 80-09-076 (Order 1525), § 388-54-605, filed 7/18/80; 79-03-033 (Order 1374), § 388-54-605, filed 3/1/79.]

WAC 388-54-610 Application and participation--Initiating the application. (1) The department shall make application forms readily accessible and provide one to anyone who requests it.

(2) The household must file an application by submitting the form to the Food Stamp office either in person, through an authorized representative or by mail.

Households consisting exclusively of SSI applicants/recipients may file an application, have the information verified and the form submitted by SSADO (see WAC 388-54-615).

(3) Each household has a right to file a food stamp application on forms as determined by the department on the same day it contacts the department.

(a) The department shall mail an application to any household who requests one by telephone. This shall be mailed the same day as the telephone request is received.

(b) When a written request for an application is received by the department, an application shall be mailed the same day the written request is received.

(c) If a household contacts the wrong certification office within a project area, in writing, in person or by telephone, the certification office shall:

(i) Give the household the address and telephone number of the appropriate office.

(ii) Mail the application to the appropriate office on the same day.

(4) An application can be filed as long as it contains the applicant's name and address and is signed by a responsible member of the household or authorized representative. The household shall be informed of this fact and also informed that it does not have to be interviewed before filing the application.

(5) The household may voluntarily withdraw its application at any time prior to determination of eligibility.

(6) If a household refuses to cooperate with the CSO, the application shall be denied at the time of refusal.

(i) The household must be able to cooperate but clearly demonstrate that it will not take action.

(ii) If there is any question as to whether the household has merely failed to cooperate, as opposed to refused to cooperate, the household shall not be denied. [Statutory Authority: RCW 74.04.510. 80-14-060 (Order 1548), § 388-54-610, filed 10/1/80; 79-03-033 (Order 1374), § 388-54-610, filed 3/1/79.]

WAC 388-54-615 Application and participation--Applications processed by the Social Security Administration District Offices (SSADO).

(1) The department shall complete the certification of applications for food stamps processed by SSADO without requiring additional personal interviews with the SSI household to present verification.

(2) The department shall not initiate personal contact with the SSI household whose food stamp application is processed by SSADO unless the application is improperly completed, mandatory verification is missing or certain information on the form is questionable. In no event shall an SSI household be required to appear to finalize an eligibility determination on such an application.

(3) The department shall prescreen all SSI/SSADO processed food stamp applications for expedited services on the day the application is received at the correct CSO.

(4) The department shall:

(a) Begin the three day time limit for expedited services on the date the correct CSO receives the application;

(b) Complete the certification of the SSI household application no later than thirty days after the date a completed application is filed at SSADO.

(5) The department must reassess those households for work registration eligibility if their pending SSI financial application is rejected by SSA. [Statutory Authority: RCW 74.04.510, 80-14-060 (Order 1548), § 388-54-615, filed 10/1/80.]

WAC 388-54-620 Application and participation--Interview. (1) All food stamp households including those submitting applications by mail must be personally interviewed prior to certification or recertification. The interview may be conducted with either a responsible member of the household or its authorized representative.

(2) All food stamp applications from SSI households processed by SSADO are excluded from the department's in-office interview requirement.

(3) All interviews will take place in the certification office except in those cases where an office visit is waived; then a home visit or telephone interview is required. Office visits can be waived:

(a) If the household is unable to appoint an authorized representative and has no adult member able to visit the office because of hardships such as, but not limited to, illness, lack of transportation, prolonged severe weather, work hours, care of a household member or remoteness.

(b) If the household is unable to appoint an authorized representative and has no adult member able to visit the office because of age (65 or over), mental or physical handicap.

(4) A home visit shall be used only if the time of the visit is scheduled in advance with the household. [Statutory Authority: RCW 74.04.510, 80-14-060 (Order 1548), § 388-54-620, filed 10/1/80; 79-03-033 (Order 1374), § 388-54-620, filed 3/1/79.]

WAC 388-54-625 Application and participation--Time limits. The application process must be completed in such a manner that the eligible household may participate in the program as soon as possible; however in no case later than 30 days of the date of receipt of the application by the department. [Statutory Authority: RCW 74.04.510, 79-03-033 (Order 1374), § 388-54-625, filed 3/1/79.]

WAC 388-54-630 Application and participation--Verification. (1) Mandatory verifications shall include:

(a) Gross nonexempt income. Where verification is not possible because either the person or organization providing the income has failed to cooperate or is unavailable, the department shall determine the amount to be used for certification purposes based on the best available information.

(b) Alien status. The department shall verify the alien status of those household members identified as aliens on the application by the use of INS documents, court orders or other appropriate documentations in possession of the household member. The department shall not

contact the INS to obtain information about the alien's correct status without the alien's written consent.

(c) Social security number (SSN) for each household member eighteen years and over and children receiving countable income (effective June 1, 1980).

(i) Certification shall not be delayed solely for the verification of SSNs, even if the thirty-day processing period has not expired.

(ii) A verified SSN shall be reverified only if the SSN or the identity of the individual becomes questionable.

(iii) If verification of SSN is not completed at initial certification, it shall be completed at the time of or prior to the household's recertification.

(iv) If verification is not completed within ninety days of initial certification, only the individual whose SSN is not verified shall be disqualified if he/she is unable to show "good cause" for failure to acquire or apply for the SSN. (See WAC 388-54-687).

(d) Utility expenses. The department shall verify the utility expenses only if the household wishes to claim expenses in excess of the utility standard and the expense would actually result in a deduction:

(i) If the utility expense cannot be verified in the thirty days application period, the standard utility allowance shall be used.

(ii) Expenses claimed for an unoccupied home will be the actual expenses incurred.

(2) The following need not be verified unless inconsistent with other information on the application, previous applications, or other documented information known to the department.

(a) Resource information or the exempt status of income.

(b) Nonfinancial information such as household composition, tax dependency, deductible expenses, liquid resources and loans, citizenship.

If it is necessary to verify a loan, a simple statement signed by both parties to the loan shall be sufficient.

(3) The following sources of verification shall be used:

(a) Documentary evidence shall be the primary source of verification. Documentary evidence consists of a written confirmation of a household's circumstances. Whenever documentary evidence cannot be obtained, the department shall use alternate sources of verifications such as:

(i) Collateral contacts. A collateral contact is a verbal confirmation of a household's circumstances by a person outside of the household. This contact may be made either in person or over the phone with any individual who can provide an accurate third party verification of the household's statements.

(ii) Home visits shall be made only if documentary evidence cannot be obtained and the visit is scheduled in advance with the household.

(b) Documentation shall be in sufficient detail to permit a reviewer to determine the reasonableness and accuracy of the determination.

(4) The household has primary responsibility for providing documentary evidence to support its income statements and to resolve any questionable information. If it would be difficult or impossible for the household to

obtain the documentary evidence in a timely manner, the department shall offer assistance in obtaining this evidence. Designation of a collateral contact is also the responsibility of the household.

(5) At recertification, a change in income or source of income, or actual utility expenses claimed, in an amount over \$25, shall be verified.

(a) All other changes shall be subject to the same verification procedures as apply at initial certification.

(b) Unchanged information shall not be verified unless questionable. [Statutory Authority: RCW 74.04.510. 80-10-043 (Order 1529), § 388-54-630, filed 8/6/80; 79-03-033 (Order 1374), § 388-54-630, filed 3/1/79.]

WAC 388-54-635 Application and participation--Authorized representative. (1) An authorized representative is an adult nonhousehold member who has been designated in writing by the head of household, spouse or other responsible member of the family to act on behalf of the household in one or all of the following capacities:

(a) Making application. The authorized representative shall be a person who is sufficiently aware of relevant household circumstances.

(b) Obtaining coupons. The authorized representative for coupon issuance may be the same individual designated to make application for the household or may be another individual.

(c) Emergency situations. The household member named on the Identification Card may also designate an emergency authorized representative at a later date. A separate written designation is needed each time an emergency authorized representative is used.

(d) Using coupons. The authorized representative may use coupons to purchase food for the household's consumption, with the full knowledge and consent of the household, provided the authorized representative has the household's ID card.

(2) An authorized representative shall also mean a designated employee of a private nonprofit organization or institution conducting a drug addiction or alcoholic treatment and rehabilitation center which acts on behalf of eligible persons who reside at the center in making application, obtaining coupons and using coupons.

(3) The following restrictions apply to authorized representatives:

(a) A retailer who is authorized to accept food coupons, or an employee of the department, may not act for a household in applying, or in purchase of coupons or food, without the specific written approval of the CSO administrator following a determination that no one else is available to serve.

(b) A multi-household authorized representative may act on behalf of more than one household when the CSO determines there is a bona fide need.

(c) Individuals disqualified for fraud may not serve as authorized representatives during their disqualification period unless no other adult is available.

(4) In the event employers are designated as authorized representatives or a single authorized representative

has access to a large number of ATPs or coupons, the department should exercise caution to assure that:

(a) The household has freely requested the assistance of the authorized representative;

(b) The household circumstances are correctly represented and the household is receiving the correct amount of benefits;

(c) The authorized representative is properly using the coupons, and

(5) Any suspicion of abuse by an authorized representative shall be reported to FNS. [Statutory Authority: RCW 74.04.510. 79-03-033 (Order 1374), § 388-54-635, filed 3/1/79.]

WAC 388-54-640 Application and participation--Opportunity to participate. (1) An eligible household shall be provided an opportunity to participate as soon as possible but not later than 30 days after the application was filed. An application is considered filed the day the department receives an application containing the applicant's name and address, which is signed by either a responsible member of the household or the household's authorized representative.

(2) An opportunity to participate consists of providing households with an Authorization to Purchase (ATP) card or other authorization and having an issuance facility open and available for the household to obtain its allotment.

(3) Households that are found to be ineligible shall be sent a notice of denial as soon as possible but not later than 30 days following the date the application was filed.

(4) If the department does not determine a household's eligibility and provide an opportunity to participate within 30 days of the application, the department shall take the following action:

(a) Determine whether the delay was the fault of the household. A delay shall be considered the fault of the household if:

(i) The household has failed to complete the application form even though the department offered, or attempted to offer assistance in its completion and this assistance is documented;

(ii) One or more members of the household has failed to register for work and the department informed the household of the need to register and gave the household at least 10 days from the date of notification to register these members, and the notice was documented;

(iii) In cases where verification is incomplete, the department provided assistance when required and allowed the household sufficient time to provide the missing verification which is at least 10 days from the date of the department's initial request for the particular verification that was missing, and this 10-day period was documented;

(iv) For households that failed to appear for an interview, the department attempted to reschedule the initial interview within 30 days of the date the application was filed.

(A) If a household failed to appear for the first interview and a subsequent interview is postponed at the

household's request or cannot otherwise be rescheduled until after the 20th day but before the 30th day following the date the application was filed, the household must appear for the interview, bring verification, and register members for work by the 30th day.

(B) If the household failed to appear for the first interview and a subsequent interview is postponed at the household's request until after the 30th day following the date the application was filed, the delay shall be the fault of the household.

(C) If the household has missed both scheduled interviews and requests another interview, any delay shall be the fault of the household.

(b) If the delay is the fault of the household, the household shall lose its entitlement to benefits for the month of application and a denial notice shall be sent. However, the household shall be given an additional 30 days to take the required action.

(i) After a notice of denial is sent and the household takes the required action within 60 days of the date the application was filed, the department shall reopen the case without requiring a new application.

(c) Determine if the delay is the fault of the department.

(i) Delays that are the fault of the department include, but are not limited to, those cases where the department failed to take the action described in subsection (4) (a) of this section.

(d) If the delay is the fault of the department, the department shall take immediate corrective action. The department shall not deny the application but send a notice of pending action, complete with an explanation to the household of any action it must take to complete the application process.

If the household is given an additional 30 days period to provide verifications that were missing and the household is determined eligible in this second 30-day period, the household shall be entitled to benefits retroactive to the month of application.

(5) In cases of delays beyond 60 days.

(a) If the department is at fault for not completing the application process by the end of the second 30-day period and the case file is otherwise complete, the original application will be processed until completed.

(i) If the department was at fault in the first 30 days period, the household shall receive benefits retroactive to the month of application.

(ii) If the household was at fault in the first 30 days, the household shall receive benefits retroactive only to the month following the month of application.

(b) If the department is at fault for not completing the application process by the end of the second 30-day period, but information is not complete enough to reach an eligibility determination, the case shall be denied and a notice sent.

(i) If the department was also at fault for the delay in the initial 30 days, the amount of benefits lost would be calculated from the month of application.

(ii) If the household was at fault for the initial delay, the amount of benefits lost would be calculated from the month following the month of application.

(c) If the household is at fault for not completing the application process by the end of the second 30-day period, the department shall deny the application and require the household to file a new application. [Statutory Authority: RCW 74.04.510, 79-03-033 (Order 1374), § 388-54-640, filed 3/1/79.]

WAC 388-54-645 Application and participation--Expedited service. The department must screen applicants at the time of application to determine which households are eligible for expedited service.

(1) If otherwise eligible, the following households are entitled to expedited service.

(a) Households with zero net monthly income;

(b) Households who are destitute as defined in WAC 388-54-655.

(2) For households eligible for expedited service.

(a) The department shall mail the ATP card or coupons no later than the close of business of the second working day following the date the application was filed; unless the household opts to pick up the ATP or coupons no later than the start of business of the third working day following the date the application was filed.

(b) For residents of drug or alcoholic treatment and rehabilitation centers who are eligible, the department shall make the ATP and coupons available within seven working days following the date the application was filed.

(3) When expediting certification and issuance the department shall:

(a) Postpone the verification usually required. The household's identity and residency shall be verified however through a collateral contact or readily available documentary evidence.

(b) Benefits shall not be delayed beyond the delivery standard described in (2) above solely because income has not been verified.

(c) The CSO shall promptly contact the collateral contact or otherwise assist the household in obtaining the necessary verification.

(4) Households that are certified on an expedited basis and have provided all necessary verification required prior to certification shall be assigned a normal certification period. When social security numbers are the only mandatory items not verified, the household shall be certified for a three month period. Individuals required to provide SSNs for verification must do so at or prior to recertification unless able to show good cause for not meeting this requirement. If good cause is established, the participant may continue to participate provided the individual has documentation indicating he/she has applied for an SSN. If all necessary verification was postponed the household will be certified for one month only.

(a) Benefits will not be continued past the month of application if verification continues to be postponed.

(b) At the time of reapplication, the household must complete the verification requirements which were postponed.

(c) There is no limit to the number of times a household can be certified under expedited procedures, so long as prior to each expedited certification, the household

either completes the verification requirements postponed at the last expedited certification, or was certified under normal processing standards since the last expedited certification.

(5) A household entitled both to expedited service and waiver of office interview shall be interviewed by the first working day following the date the application was filed. If the application is not complete and a telephone interview is conducted, the department shall complete the application for the household during the interview and mail the completed application the same day to the household for signature. Time limits shall be calculated from the date a completed and signed application is received rather than the date the application was filed. [Statutory Authority: RCW 74.04.510. 80-10-043 (Order 1529), § 388-54-645, filed 8/6/80; 79-03-033 (Order 1374), § 388-54-645, filed 3/1/79.]

WAC 388-54-650 Application and participation-- Participation of public assistance households. (1) The department shall conduct a single interview at initial application for both public assistance (PA) and food stamp purposes.

(2) The department shall not delay the household's food stamp benefits pending verification of the PA eligibility provided food stamp eligibility has been established. [Statutory Authority: RCW 74.04.510. 79-03-033 (Order 1374), § 388-54-650, filed 3/1/79.]

WAC 388-54-655 Application and participation-- Destitute households. (1) The following households are considered destitute and eligible for expedited service:

(a) Households whose only income for the month of application was received prior to the date of application and was from a terminated source.

(b) Households whose only income for the month of application is from a new source, if income of more than \$25 from the new source will not be received by the 10th calendar day after the date of application.

(c) Households which receive income both from a terminated source prior to date of application, and from a new source after date of application if:

(i) They receive no other income in the month of application;

(ii) Income of more than \$25 from the new source will not be received by the 10th day after the date of application.

(2) Destitute households shall have their eligibility and level of benefits calculated for the month of application by considering only income which is received between the 1st of the month and the date of application. Any income from a new source that is anticipated after the day of application shall be disregarded.

(3) Travel advances:

(a) Which are reimbursements of travel expenses will not affect the determination that a household is destitute.

(b) Which by written contract are an advance on wages and will subsequently be subtracted from wages earned later:

(i) Shall count as income in the month actually received;

(ii) Shall not affect the determination of whether subsequent payments from the employer are from a new source of income;

(iii) Shall not affect the determination of whether a household shall be considered destitute.

(4) Households whose income must be averaged on an annual basis, or averaged over the period the income is intended to cover, shall have the income averaged and assigned to the appropriate months of the certification period before a determination of destitution is made.

(5) A household member who changes jobs but continues to work for the same employer shall be considered as still receiving income from the same source.

(a) A migrant farmworker's source of income shall be considered to be the grower for whom the migrant is working at a particular point in time, and not the crew chief.

(b) A migrant who travels with the same crew chief but moves from one grower to another shall be considered to have moved from a terminated income to a new source. [Statutory Authority: RCW 74.04.510. 80-01-056 (Order 1466), § 388-54-655, filed 12/19/79; 79-03-033 (Order 1374), § 388-54-655, filed 3/1/79.]

WAC 388-54-660 Application and participation-- Special circumstances for participation. (1) Delivered meals. In order to purchase meals from a nonprofit meal delivery service authorized by FNS, eligible household members:

(a) Must be 60 years of age or over, or

(b) Must be housebound, physically handicapped or otherwise disabled to the extent that they are unable to adequately prepare all their meals, or

(c) Be the spouse of such a person.

(2) Communal dining. Members of eligible households who are 60 years of age or older and their spouses, or those receiving SSI and their spouses may use all or any part of their coupons to purchase meals prepared especially for them at a communal dining facility authorized by FNS for that purpose.

(3) Drug-alcohol treatment programs. A member of an eligible household who is a narcotics addict or an alcoholic, who regularly participates in a drug or alcoholic treatment program on a resident basis, may use food coupons to purchase food prepared for or served to him during the program, provided:

(a) The program is administered by a private nonprofit organization or institution which has been certified by the state as providing treatment that can lead to the rehabilitation of drug addicts or alcoholics pursuant to Public Law 91-616; and

(b) A resident participant shall be certified only under the following conditions:

(i) He must voluntarily elect to participate in the food stamp program;

(ii) He must be certified through the use of an authorized representative who shall be an employee of, and designated by, the private nonprofit organization administering the treatment and rehabilitation program;

(iii) He must be certified as a one-person household.

(c) The drug or alcohol treatment center which acts as the authorized representative must agree to the following conditions:

(i) The center must receive and spend the coupon allotment for meals prepared by or served to the addict or alcoholic;

(ii) The center must notify the department of changes in the participant's income, resources or household circumstances and when the addict or alcoholic leaves the treatment center, within ten days of the change;

(iii) The center shall be responsible for and can be penalized or disqualified for any misrepresentation or fraud committed in the certification of center residents and shall assume total liability for food coupons held on behalf of resident participants;

(iv) The treatment center shall provide resident addicts or alcoholics with their ID card and any untransacted ATP cards issued for the household when the household leaves the program;

(v) The treatment center shall provide the household with one half of its monthly coupon allotment when the household leaves the program prior to the sixteenth day of the allotment month;

(vi) The center shall provide the department with a certified list of currently participating residents on a monthly basis. [Statutory Authority: RCW 74.04.510. 80-10-043 (Order 1529), § 388-54-660, filed 8/6/80; 80-01-056 (Order 1466), § 388-54-660, filed 12/19/79; 79-03-033 (Order 1374), § 388-54-660, filed 3/1/79.]

WAC 388-54-665 Household determination. (1) The following individuals or groups of individuals may make up a household provided that such individuals or groups are not residents of an institution, residents of a commercial boarding house, and provided that separate household status shall not be granted to a spouse of a member of the household, or to children under eighteen years of age under parental control of a member of the household.

(a) An individual living alone.

(b) An individual, living with others, but who customarily purchases food and prepares meals for home consumption separate and apart from the others.

(c) An individual who is a boarder, living with others and paying reasonable compensation to the others for meals for home consumption.

(d) A group of individuals, living together, for whom food is customarily purchased in common and for whom meals are prepared together for home consumption.

(e) A group of individuals who are boarders living with others and paying reasonable compensation to the others for meals for home consumption.

(f) Residents of federally subsidized housing for the elderly and residents of Food and Nutrition Service approved drug or alcoholic treatment centers or group living arrangements serving no more than sixteen residents, those being blind or disabled and receiving Title II or XVI benefits.

(2) The following individuals residing with a household shall not be considered household members in determining eligibility or allotment.

(a) Roomers. Individuals to whom a household furnishes lodging, but not meals, for compensation.

(b) Boarders. Individuals to whom a household furnishes lodging and meals with the following restrictions:

Boarder status shall not be extended to the spouse of a member of the household, children under eighteen under parental control of a member of the household, or persons paying less than a reasonable monthly payment for meals. Boarders whose board arrangement is for more than two meals per day shall pay an amount which equals or exceeds the thrifty food plan for the appropriate size of the boarder household. Boarders whose board arrangement is for two meals or less per day shall pay an amount which equals or exceeds two-thirds of the thrifty food plan for the appropriate size of the boarder household.

(c) Live-in attendants. Individuals who reside with a household to provide medical, housekeeping, child care or other similar personal services.

(d) Ineligible aliens. Individuals who do not meet the citizenship or eligible alien status.

(e) Students enrolled in higher education.

(f) Disqualified individuals. Individuals disqualified for fraud or failure to provide required social security numbers without good cause or students in higher education disqualified for failure to meet the requirements of WAC 388-54-670(2).

(g) Other individuals who share living quarters with the household but who do not customarily purchase food and prepare meals with the household.

(3) Nonhousehold members who are otherwise eligible may participate as separate households provided that separate household status not be granted to:

(a) A spouse.

(b) Children under eighteen years of age under the parental control of a member of the household.

(4) Residents of commercial boarding houses are not eligible for program benefits. A boarding house shall be defined as:

(a) An establishment which is licensed as a commercial enterprise which offers meals and lodging for compensation.

(b) In project areas without licensing requirements, a boarding house is a commercial establishment which offers meals and lodging for compensation with the intention of making a profit.

(c) The household of the proprietor of a boarding house may participate separate and apart from the residents if otherwise eligible. [Statutory Authority: RCW 74.04.510. 80-15-080 (Order 1558), § 388-54-665, filed 10/20/80; 80-10-043 (Order 1529), § 388-54-665, filed 8/6/80; 79-03-033 (Order 1374), § 388-54-665, filed 3/1/79.]

WAC 388-54-670 Household determination--Students. (1) No individual who is a member of a household otherwise eligible to participate in the program shall be

eligible to participate as a member of that or any other household if the individual is:

- (a) Between the ages of eighteen and sixty years; and
- (b) Physically and mentally fit; and
- (c) Enrolled and attending at least half-time an institution recognized by a federal, state or local government agency as providing post-high school education, unless that person complies with the eligibility requirements of subsection (2).

(2) In order to be eligible, a student as defined in subsection (1) shall meet at least one of the following criteria:

(a) Be employed for a minimum of twenty hours per week;

(b) Participate in a federally financed work study program during the regular school year;

(c) Be the head of a household (or spouse of such head) containing one or more other persons who are dependents of that individual because he/she supplies more than half of their total support (includes expenditures for food, shelter, clothing, education, medical and dental care, recreation, transportation and similar necessities) during the calendar year;

(d) Be enrolled in an institution of higher education as a result of participation in the work incentive program under Title IV of the Social Security Act, as amended.

(3) Once a student enrolls in an institution of higher education, such enrollment shall be deemed to continue through normal periods of class attendance, vacation and recess unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next normal school term (excluding summer school).

(4) Enrollment as a result of participation in the work incentive program under Title IV of the Social Security Act shall be deemed to continue as long as the student maintains continuous enrollment as specified in subsection (3) above.

(5) The income and resources of an ineligible student living with a household shall not be considered in determining eligibility or level of benefits of the household.

(6) The remainder of the household in which the ineligible student resides shall be certified, if otherwise eligible. [Statutory Authority: RCW 74.04.510. 80-15-080 (Order 1558), § 388-54-670, filed 10/20/80; 79-07-057 (Order 1408), § 388-54-670, filed 6/25/79; 79-03-033 (Order 1374), § 388-54-670, filed 3/1/79.]

WAC 388-54-675 Work registration requirement.

(1) Each individual between the ages of 18 and 60 is required to register for employment prior to certification, and once every 6 months after initial registration, except:

(a) A person physically or mentally unfit for employment;

(b) A parent, or other member of the household, who has responsibility for the care of a dependent child under 12 years of age, or of an incapacitated person;

If the child has its 12th birthday within a certification period, the individual responsible for the care of the child shall fulfill the work registration requirement as

part of the next scheduled recertification process, unless the individual qualifies for another exemption.

(c) A parent, or other caretaker, of a child under 18 years of age in a household where another able-bodied parent is registered for work or is exempt as a result of employment;

(d) A person receiving unemployment compensation, or a person who has applied for, but not yet begun to receive unemployment compensation, but has registered for work as a requirement for receiving unemployment compensation;

(e) A household member subject to and participating in the WIN program;

Household members, who are required to register for work under WIN or unemployment compensation and fail to comply with the work registration requirements of those programs, shall not be denied food stamp benefits solely for this failure. These members lose their exemption and must register for work if they qualify in (1) subsection.

(f) A person who is employed, or self-employed, at least 30 hours per week, or receiving weekly earnings equal to the federal minimum wage, multiplied by 30 hours;

(g) A student enrolled at least half time in any recognized school, training program or institution of higher education provided that those students have met the eligibility conditions in WAC 388-54-670;

(h) A regular participant in a drug addiction or alcoholic treatment and rehabilitation program;

(i) A child who has its 18th birthday within the certification period. This child shall fulfill the work registration requirement as part of the next scheduled recertification process, unless the child qualifies for another exemption.

(2) The department shall provide work registration forms to the applicant for each household member who is required to register for employment. Household members are registered when a completed work registration form is submitted to the department. The department shall forward the completed form to the State Employment Service.

(3) The applicant's statement concerning the employability of each member of the household shall be accepted unless the information is questionable.

(4) Each member required to register for employment shall also be required to:

(a) Report for an interview to the office where he is registered upon reasonable request;

(b) Respond to a request from the employment service office requiring supplemental information regarding employment status or availability for work;

(c) Report to an employer to whom he has been referred by such office, if the potential employment is suitable;

(d) Accept a bona fide offer of suitable employment to which he is referred by such office;

(e) Continue suitable employment to which the registrant was referred by such office until the employment is

no longer considered suitable, the registrant becomes exempt, or is terminated from employment due to circumstances beyond the registrant's control.

(5) If the department finds that a household member refused or failed to comply with the work registration requirement without good cause, the household shall be ineligible for participation in the program, until the member complies, becomes exempt, or, for 2 months, whichever is earlier.

(6) In determining whether good cause existed for failure to comply, facts and circumstances shall be considered including information submitted by the employment office, the household member and the employer. "Good cause" includes circumstances beyond the member's control, such as but not limited to, illness, illness of another household member sufficiently serious to require the presence of the household member, unavailability of transportation, and unanticipated emergency.

(7) Employment will be considered unsuitable if:

(a) The wages offered are less than the highest amount of the standard following:

- (i) The applicable state or federal minimum wage,
- (ii) 80% of the federal minimum wage;

(b) The employment offered is on a piece-rate basis and the average hourly yield the employee can reasonably be expected to earn is less than the hourly wages specified in subsection (a);

(c) The registrant, as a condition of employment, or continuing employment, is required to join, resign from, or refrain from joining any legitimate labor organization; or

(d) The work offered is at a site subject to a strike or a lockout at the time of the offer, unless the strike has been enjoined under Section 208 of the Labor-Management Relations Act (commonly known as the Taft-Hartley Act) or unless an injunction has been issued under Section 10 of the Railway Labor Act.

(8) Employment shall be considered suitable unless the household member can demonstrate, or the department otherwise becomes aware that:

(a) The degree of risk to the registrant's health and safety is unreasonable.

(b) The registrant is not physically or mentally fit to perform the employment offered, as documented by medical evidence or reliable information obtained from other sources.

(c) The employment offered is outside the registrant's major field of experience unless, after a period of 30 days from registration, job opportunities in his major field have not been offered.

(d) The distance from the member's home to the place of employment is unreasonable considering the expected wages and the time and cost of commuting.

(e) If daily commuting time, not including the transporting of a child to and from a child care facility, exceeds two hours, or if the place of employment is too far to walk to and neither private nor public transportation is available to the client.

(f) The working hours or nature of the employment interferes with the member's religious observances, convictions, or beliefs.

(g) In case of students, the employment is offered during class hours or is more than 20 hours a week.

(9) No household shall be denied participation solely on the grounds that a member of the household is not working because of a strike or a lockout at his or her place of employment unless the strike has been enjoined under paragraph 208 of the Labor-Management Relations Act (commonly known as the Taft-Hartley Act), or unless an injunction has been issued under Section 10 of the Railway Labor Act.

(10) At the end of the 2 month disqualification period, a household may apply to re-establish eligibility. Eligibility may be reestablished during the disqualification period if the reason for disqualification is corrected. [Statutory Authority: RCW 74.04.510. 80-15-080 (Order 1558), § 388-54-675, filed 10/20/80; 79-03-033 (Order 1374), § 388-54-675, filed 3/1/79.]

WAC 388-54-677 Work registration--Voluntary quit. No applicant household whose primary wage earner voluntarily quit his/her most recent job without good cause shall be eligible for participation in the program as specified below:

(1) When a household files an application, the department shall determine:

(a) If any currently unemployed household member who is required to register for full time work has quit his/her most recent job without good cause within the last sixty days;

Changes in employment status that result from reducing hours of employment, while working for the same employer, terminating a self-employment enterprise or resigning from a job at the demand of the employer will not be considered as a voluntary quit for purpose of this subsection.

(b) If that member is the household's primary wage earner. The primary wage earner shall be that household member age eighteen or over who was acquiring the greatest amount of earned financial support for the household at the time of the quit;

(c) If the voluntary quit was with or without good cause.

(2) If the quit is without good cause the household's application for participation shall be denied for a period of two months beginning with the month of quit:

(a) The household shall be advised of the reason for the denial and of its rights to reapply and/or request a fair hearing;

(b) If an application for participation in the food stamp program is filed in the second month of disqualification, the department shall use the same application for the denial of benefits in the remaining month of disqualification and certification for any subsequent month(s) if all other eligibility criteria are met.

(3) Persons are exempt from voluntary quit provisions in the following circumstances:

(a) Primary wage earners in households certified for the program at the time of the quit; and

(b) Persons exempt from the full time work registration provisions.

(4) Good cause for leaving employment includes the good cause provisions found in WAC 388-54-675(5) and resigning from a job that does not meet the suitability criteria specified in WAC 388-54-675(7). Good cause for leaving employment shall also include:

(a) Discrimination by an employer based on age, race, sex, color, handicap, religious beliefs, national origin or political beliefs;

(b) Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule;

(c) Acceptance by the primary wage earner of employment, or enrollment of at least half-time in any recognized school, training program or institution of higher education including fulfillment of the provisions in WAC 388-54-670(2), that requires the primary wage earner to leave employment;

(d) Acceptance by any other household member of employment or enrollment at least half-time in any recognized school, training program or institution of higher education in another county or similar political subdivision which requires the household to move thereby requiring the primary wage earner to leave employment;

(e) Resignations by persons under the age of sixty which are recognized by the employer as retirement;

(f) Employment which becomes unsuitable by not meeting the criteria specified in WAC 388-54-675(7) after the acceptance of such employment;

(g) Acceptance of a bona fide offer of employment of more than twenty hours a week or in which the weekly earnings are equivalent to the federal minimum wage multiplied by twenty hours which, because of circumstances beyond the control of the primary wage earner, subsequently either does not materialize or results in employment of less than twenty hours a week or weekly earnings of less than the federal minimum wage multiplied by twenty hours; and

(h) Leaving a job in connection with patterns of employment in which workers frequently move from one employer to another such as migrant farm labor or construction work. There may be some circumstances where households will apply for food stamp benefits between jobs particularly in cases where work may not yet be available at the new job site. Even though employment at the new site has not actually begun, the quitting of the previous employment shall be considered as with good cause if part of the pattern of that type of employment.

(5) The department shall request verification of the household's statements only to the extent that the information given by the household is questionable:

(a) The primary responsibility for providing verification rests with the household;

(b) If it is difficult or impossible for the household to obtain documentary evidence in a timely manner, the department shall offer assistance to the household to obtain the needed verification;

(c) Acceptable sources of verification include but are not limited to the previous employer, employee association, union representatives and grievance committees or organizations;

(d) Whenever documentary evidence cannot be obtained, the department shall substitute a collateral contact;

(e) The department is responsible for obtaining verification from acceptable collateral contacts provided by the household;

(f) If the household and department are unable to obtain requested verification from these or other sources because the cause for the quit resulted from circumstances that for good reason cannot be verified, such as a resignation from employment due to discrimination practices or unreasonable demands by an employer, or because the employer cannot be located, the household will not be denied access to the program. [Statutory Authority: RCW 74.04.510. 80-15-080 (Order 1558), § 388-54-677, filed 10/20/80; 79-07-056 (Order 1409), § 388-54-677, filed 6/25/79.]

WAC 388-54-680 Citizenship. To participate in the food stamp program an applicant shall be any person who is:

(1) A resident of the United States, and either

(a) A United States citizen; or

(b) An alien, as follows:

(i) An alien lawfully admitted for permanent residence as an immigrant pursuant to sections 101(a)(15) and 101(a)(20) of the Immigration and Nationality Act.

(ii) An alien who entered the United States prior to June 30, 1948, or some later date as required by law, and has continuously maintained residency in the United States since then, and is not ineligible for citizenship but is considered to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General pursuant to section 249 of the Immigration and Nationality Act.

(iii) An alien who qualified for conditional entry because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic natural calamity pursuant to section 203(a)(7) of the Immigration and Nationality Act.

(iv) An alien lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest pursuant to section 212(d)(5) of the Immigration and Nationality Act.

(v) An alien living within the United States to whom the Attorney General has withheld deportation pursuant to section 243 of the Immigration and Nationality Act.

(4) The CSO shall verify lawful permanent resident alien status by use of the appropriate INS documentation. Aliens unable to furnish this identification are ineligible.

(5) The income and resources of an ineligible alien living in a household shall not be considered in determining eligibility or level of benefits of the household. [Statutory Authority: RCW 74.04.510. 79-03-033 (Order 1374), § 388-54-680, filed 3/1/79.]

Reviser's Note: The omission of subsections (2) and (3) in WAC 388-54-680 occurred in the copy filed by the Department of Social and Health Services and is therefore set forth as filed.

WAC 388-54-685 Residency. (1) A household must be living in the project area in which it files an application for participation.

(2) No individual may participate as a member of more than one household, or in more than one project area, in any month.

(3) The department shall not impose any durational residency requirements.

(4) A fixed residence is not required nor shall residency require an intent to reside permanently in the state or project area.

(5) Persons in a project area solely for vacation purposes shall not be considered residents. [Statutory Authority: RCW 74.04.510, 79-03-033 (Order 1374), § 388-54-685, filed 3/1/79.]

WAC 388-54-687 Social Security Number (SSN).

(1) As a condition of eligibility each household member eighteen years and over and any child receiving countable income shall be required to:

(a) Provide social security number, an individual having more than one SSN must provide each; or

(b) Apply for a social security number if it is unknown or has not been issued.

Any household member who must apply to SSA for the required SSN shall be eligible to participate for ninety days from the initial certification while waiting for the issuance of an SSN.

(2) An individual required to provide an SSN shall verify that an application accompanied by the necessary documents has been filed with SSA in order to continue to be eligible to participate beyond the ninety day certification period.

(3) An individual required to provide an SSN who cannot show good cause for failure to provide it shall be disqualified. Other household members who meet all requirements shall continue to be eligible to participate.

(4) A disqualified individual may become eligible upon providing the social security number or by verifying that an application with all necessary documents has been filed with SSA.

(5) The department shall explain to applicants and participants that refusal to provide an SSN will result in disqualification of the individual for whom an SSN is not obtained.

(6) The department shall inform the applicants/recipients where to apply for an SSN and what information will be needed. The department shall suggest that the household member ask for proof of application from SSA in the event the application is not processed within the ninety-day time period.

(7) The department shall follow the procedure outlined in subsection (6) of this section for all persons who do not know if they have an SSN or are unable to find their SSN. [Statutory Authority: RCW 74.04.510, 80-10-043 (Order 1529), § 388-54-687, filed 8/6/80.]

WAC 388-54-690 Resources--Allowable maximums. (1) The maximum allowable resources of all members of the household shall not exceed:

(a) \$3,000 for all households with two or more persons which include at least one member age 60 or over;

(b) \$1,500 for all other households.

(2) The resources of a student as defined in WAC 388-54-670 determined to be ineligible shall not be considered available to other household members, nor shall the individual be counted as a household member in determining the resource eligibility limits.

(3) The resources of an ineligible alien living in a household shall not be considered in determining eligibility or level of benefits of the household. [Statutory Authority: RCW 74.04.510, 81-01-015 (Order 1574), § 388-54-690, filed 12/8/80; 79-03-033 (Order 1374), § 388-54-690, filed 3/1/79.]

WAC 388-54-695 Resources--Exempt. The following resources shall be exempt:

(1) The home and surrounding property which is not separated from the home by intervening property owned by others. This shall remain exempt when temporarily unoccupied for reasons of employment, training for future employment, illness, or uninhabitability due to casualty or natural disaster, if the household intends to return. Households that currently do not own a home, but own or are purchasing a lot on which they intend to build or are building a permanent home, shall receive an exemption for the value of the lot and, if it is partially completed, for the home.

(2) Personal effects (clothing, jewelry, etc.) and household goods (furniture, appliances, etc.), including one burial plot per household member.

(3) Cash value of life insurance policies and pension funds, including Keogh or IRA as long as funds are not withdrawn.

(4) Vehicles as provided for in WAC 388-54-717.

(5) Property which annually produces income consistent with its fair market value, even if only used on a seasonal basis, except that rental homes which are used by households for vacation purposes at some time during the year shall be counted as resources unless they are producing annual income consistent with their market value.

(6) Property, such as farm land and rental homes, or work related equipment, such as the tools of a tradesman or the machinery of a farmer, which is essential to the employment or self-employment of a household member.

(7) Resources of nonhousehold members such as roomers, boarders, or live-in attendants, ineligible aliens.

(8) Indian lands held jointly with the tribe or land that can be sold only with the approval of the Bureau of Indian Affairs.

(9) Resources which have been prorated as income for self-employed persons or students.

(10) The cash value of resources not accessible to the household, such as but not limited to, irrevocable trust funds, property in probate, property and notes receivable which cannot be readily liquidated, if the household is making a good faith effort to sell:

(a) Any funds in a trust or transferred to a trust, and the income produced by that trust, shall be considered

inaccessible to the household if the trust is under the control and management of an institution, corporation or organization (the trustee) which is not under the direction or ownership of any household member;

(b) If that trustee uses the funds solely to make investments on behalf of the trust or to pay the educational expenses of any person named by the household creating the trust;

(c) If the trust investments do not directly involve or assist any business or corporation under the control, direction or influence of a household member;

(d) If the trust arrangement will not likely cease during the certification period; and

(e) If no household member has the power to revoke the trust arrangement or change the name of the student beneficiary during the certification period.

(11) Resources which are excluded for food stamp purposes by express provision of federal law:

(a) Payments received under the Alaska Native Claims Settlement Act or the Sac and Fox Indian Claims Agreement;

(b) Payments received by certain Indian tribal members under Public Law 94-114, Sec. 6, regarding submarginal land held in trust by the United States, or Public Law 94-540;

(c) Payments received from the disposition of funds to the Grand River Band of Ottawa Indians;

(d) Benefits received from the Women, Infants and Children program (WIC);

(e) Reimbursement from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970;

(f) Earned income tax credits since 1975;

(g) Payments received under Title IV CETA amendments of 1978 as follows: Youth incentive entitlement pilot projects, youth community conservation and improvement projects, and youth employment and training programs.

(12) Installment contracts or agreements for the sale of land or other property which is producing income consistent with its fair market value, and the value of the property sold under the installment contract or held as security in exchange for a purchase price consistent with the fair market value of that property.

(13) Any governmental payments specifically designated for restoration of a home damaged in a disaster if the household is subject to legal sanction if the funds are not used as intended.

(14) Supplemental energy allowance payments made under Public Law 96-126 which include special SSI energy payments, supplemental energy allowance payments from DSHS and payments from the energy crisis assistance program.

(15) Payments or allowances made under any federal, state or local laws clearly identified as energy assistance. [Statutory Authority: RCW 74.04.510. 81-01-015 (Order 1574), § 388-54-695, filed 12/8/80; 80-05-044 (Order 1498), § 388-54-695, filed 4/16/80; 80-01-056 (Order 1466), § 388-54-695, filed 12/19/79; 79-03-033 (Order 1374), § 388-54-695, filed 3/1/79.]

WAC 388-54-715 Resources--Nonexempt. (1) The following shall be considered as resources:

(a) Liquid resources such as cash on hand or in checking or savings accounts, savings certificates, stocks and bonds.

(b) Nonliquid resources such as real property (buildings, land, etc.) and personal property (boats, aircraft, unlicensed vehicles, etc.) which are not exempted by WAC 388-54-695.

(c) Money received in the form of a nonrecurring lump-sum payment, including, but not limited to income tax refunds, rebates or credits; retroactive lump-sum social security SSI, public assistance, railroad retirement benefits or other payment; or lump-sum insurance settlements; or refunds of rental, security or utility deposits.

(2) The value of nonexempt resources, except for licensed vehicles as specified in WAC 388-54-717 of this section, shall be its equity value. The equity value is the fair market value less encumbrances.

(3) Exempt moneys which are kept in a separate account, and that are not commingled in an account with nonexempt funds, shall retain their resource exemption for an unlimited period of time.

(a) Those exempt moneys which are commingled in an account with nonexempt funds shall retain their exemption for six months from the date they are commingled.

(b) After six months from the date of commingling, all funds in the commingled account shall be counted as a resource.

(c) Those exempt moneys of students and self-employed households which are excluded as per WAC 388-54-695(9) and commingled in an account with nonexcluded funds shall retain their exclusion for the period of time over which they have been prorated as income.

(4) Vehicles as provided for in WAC 388-54-717.

(5) Resources owned jointly by separate households shall be considered available in their entirety to each household, unless one household can demonstrate that this resource or a portion of it is inaccessible to them. [Statutory Authority: RCW 74.04.510. 80-01-056 (Order 1466), § 388-54-715, filed 12/19/79; 79-03-033 (Order 1374), § 388-54-715, filed 3/1/79.]

WAC 388-54-717 Resources--Vehicles. In determining its resource value, each vehicle will be handled as follows:

(1) Each vehicle will be evaluated to determine if it is exempt.

(a) The entire value of a licensed vehicle shall be excluded if the vehicle is:

(i) Used, over 50% of the time it is in use, for income producing purposes such as, but not limited to, a taxi, truck, or fishing boat;

(ii) Annually producing income consistent with its fair market value even if used only on a seasonal basis;

(iii) Necessary for long distance travel, other than daily commuting, that is essential to the employment of a household member, such as, but not limited to, a traveling salesperson or a migrant farmworker;

- (iv) Necessary for subsistence hunting or fishing; or
- (v) Used as the household's home;
- (vi) Used, one vehicle per each physically disabled household member, to provide transportation regardless of the purpose.

(b) The entire value shall be excluded if the unlicensed vehicle which is driven by Indian tribal members on those reservations not requiring its licensing meets the provisions of subdivision (1)(a) of this section.

(c) The exclusion will apply when the vehicle is not in use because of temporary unemployment.

(2) Each vehicle will be evaluated to determine its fair market value.

(a) The fair market value of licensed automobiles, trucks and vans shall be determined by the value of the vehicles as listed in publications written for the purpose of providing guidance to automobile dealers and loan companies.

(b) All licensed vehicles not excluded in subsection (1) of this section shall individually be evaluated for fair market value. That portion of the value of each vehicle which exceed \$4,500 shall be attributed in full toward the household's resource level regardless:

- (i) Of any encumbrances on the vehicle;
- (ii) Of whether or not the vehicle is used to transport household members to and from employment.

(3) Each vehicle will be evaluated to see if it is equity exempt.

(a) Licensed vehicles shall be evaluated for their equity value except:

- (i) Vehicles excluded in subsection (1) of this section; and,
- (ii) One licensed vehicle per household regardless of the use of the vehicle; and,
- (iii) Any other licensed vehicles used to transport household members to and from employment, for seeking employment, or for training or education which is preparatory to employment, even during periods of unemployment.

(b) The equity value of licensed vehicles not covered by this exclusion and of unlicensed vehicles not excluded by subdivision (1)(b) of this section shall be attributed toward the household's resource level.

(4) If the vehicle has a countable market value of more than \$4,500 and also has a countable equity value, only the greater of the two amounts shall be counted as a resource. [Statutory Authority: RCW 74.04.510. 81-01-015 (Order 1574), § 388-54-717, filed 12/8/80; 79-03-033 (Order 1374), § 388-54-717, filed 3/1/79.]

WAC 388-54-720 Resources--Transfer of property.

(1) A household which has knowingly transferred any resource for the purpose of qualifying or attempting to qualify for food stamp benefits within the three months immediately preceding the application for food stamp benefits, or after the household is determined eligible, shall be disqualified for up to one year from the date of discovery of the transfer. The penalty shall not apply to the following types of transfers:

- (a) Resources which would not effect eligibility;

(b) Resources which are sold or traded at or near fair market value;

(c) Resources which are transferred between members of the same household;

(d) Resources transferred for reasons other than qualifying.

(2) The length of disqualification shall be based on the amount by which nonexempt and transferred resources, when added to other countable resources exceed the allowable resource limits:

Amount in Excess of Resource Limits	Period of Disqualification
\$0 - 249.99	1 month
250 - 999.99	3 months
1,000 - 2,999.99	6 months
3,000 - 4,999.99	9 months
5,000 and over	12 months

[Statutory Authority: RCW 74.04.510. 79-03-033 (Order 1374), § 388-54-720, filed 3/1/79.]

WAC 388-54-725 Income--Definitions. (1) Earned income shall include:

- (a) All wages and salaries of an employee.
- (b) Total gross income from a self-employment enterprise including the total gain from the sale of any capital goods or equipment related to the business, excluding the cost of doing business.
 - (i) Payments from a roomer or boarder.
 - (ii) Returns on rental property, only if the household member is engaged in management of said property at least an average of 20 hours a week.
- (c) Training allowances from vocational and rehabilitative programs recognized by federal, state or local governments, such as WIN or CETA, to the extent they are not a reimbursement.
- (d) Advance payments of earned income tax credit (EIC).

(2) Unearned income shall include but not be limited to:

- (a) Payments received from federally-aided public assistance programs, general assistance or other assistance programs based on need.
- (b) An annuity, pension, retirement, veteran's or disability benefit; workmen's or unemployment compensation; and old-age or survivor's benefits; or strike benefits.
- (c) The total payment to a household on behalf of a legally-assigned foster child or adult.
- (d) Support and alimony payments from nonhousehold members made directly to the household.
- (e) Scholarships, educational grants (including loans on which repayments is deferred), fellowships and veteran's education benefits in excess of amounts excluded. Such income shall be averaged over the period which it is intended to cover.
- (f) Payments received from government sponsored programs.
- (g) Dividends, interest, royalties and all other direct money payments which are gain or benefit.

(h) Gross income minus cost of doing business derived from rental property in which a household member is not actively engaged in the management of the property at least 20 hours a week.

(3) The following items shall be disregarded as income:

(a) Moneys withheld voluntarily or involuntarily from an assistance payment, earned income or other source to repay a prior overpayment.

(b) Child support payments received by AFDC recipients which must be transferred to support enforcement. [Statutory Authority: RCW 74.08.090, 80-04-051 (Order 1496), § 388-54-725, filed 3/21/80. Statutory Authority: RCW 74.04.510, 79-03-033 (Order 1374), § 388-54-725, filed 3/1/79.]

WAC 388-54-730 Income--Allowable maximums. The combined monthly net food stamp income of all members of a household shall not exceed the following standards:

Household Size	Maximum Allowable Income
1	\$ 316
2	418
3	520
4	621
5	723
6	825
7	926
8	1,028
9	1,130
10	1,232
Each additional member	+102

[Statutory Authority: RCW 74.04.510, 80-13-059 (Order 1543), § 388-54-730, filed 9/17/80; 79-09-033 (Order 1423), § 388-54-730, filed 8/15/79; 79-03-033 (Order 1374), § 388-54-730, filed 3/1/79.]

WAC 388-54-735 Income--Exclusions. The following income is excluded:

(1) Payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;

(a) Payments to persons displaced as a result of the acquisition of real property;

(b) Relocation payments to a displaced homeowner toward the purchase of a replacement dwelling provided the homeowner purchases and occupies a dwelling within one year following displacement;

(c) Replacement housing payments to displaced persons not eligible for a homeowner's payment.

(2) Payments made under the Domestic Volunteer Services Act of 1973. Those payments under Title I (VISTA) to volunteers shall be excluded for those individuals who were receiving public assistance or food stamps at the time they joined VISTA and for those households receiving a VISTA exclusion at the time of conversion to the Food Stamp Act of 1977. Temporary interruptions in food stamp participation shall not alter the exclusion once an initial determination has been made.

(3) Income derived from certain submarginal land of the United States which is held in trust for certain Indian tribes under Public Law 94-114, Section 6, or Public Law 94-540.

(4) Income derived from the disposition of funds to the Grand River Band of Ottawa Indians.

(5) Any payments received by Alaskan Natives under the terms of the Alaskan Native Claims Settlement Act.

(6) Payments from the Special Crisis Intervention Program.

(7) Earnings received by any youth under Title IV CETA amendments of 1978 as follows:

(a) Youth incentive entitlement pilot projects;

(b) Youth community conservation and improvement projects;

(c) Youth employment and training programs.

(8) Income received as compensation for services as an employee or income from self-employment by a child residing in the household who is under 18 years of age and attending at least half time (as defined by the institution), a kindergarten or preschool, a grade school, high school, vocational school, technical school, training program, college or university. This exclusion shall apply to a student under the parental control of another household member.

If the child's earnings or amount of work performed cannot be differentiated from that of other household members, the total earnings shall be prorated equally among the working members and the child's pro rata share excluded.

(9) Income which is received too infrequently or irregularly to be reasonably anticipated as available during a three-month period provided such infrequent or irregular income of all household members shall not exceed thirty dollars in a three-month period.

(10) All loans, including loans from private individuals as well as commercial institutions, other than educational loans on which repayment is deferred.

(11) Education loans on which payment is deferred, grants, scholarships, fellowships, veterans' educational benefits, OASDI educational benefits, and the like to the extent that they are used for tuition and mandatory school fees at an institution of higher education, including correspondence schools at that level, or a school at any level for the physically or mentally handicapped.

(12) Moneys received in the form of a nonrecurring lump-sum payments, such as, but not limited to, insurance settlements, sale of property (except property related to self-employment as previously provided for), cash prizes, awards and gifts (except those for support maintenance, or the expense of education), inheritances, retroactive lump-sum social security and railroad retirement pension payments, income tax refunds, an earned income tax credit (EIC) [(EIC)] payment, and similar nonrecurring lump-sum payments.

(13) The cost of producing self-employment income.

(14) Reimbursements for past or future expenses not to exceed the actual expense or which do not represent a gain or benefit to the household.

(a) The following are considered reimbursements which are excludable, which do not represent a gain or benefit:

(i) Flat allowances for job or training-related expenses such as per diem, travel, uniforms and transportation to and from the job or training site.

(ii) Reimbursements for out-of-pocket expenses of volunteers incurred in the course of their work.

(iii) Reimbursement for medical or dependent care.

(iv) Reimbursements or allowances to students for specific education expenses. Portions of a general grant or scholarship must be specifically earmarked by the grantor for educational expenses such as travel or books. For purposes of this provision, "grantor" shall include any agents of the grantor responsible for the administration of the grant, and "grant or scholarship" shall include any grant which must be used for educational purposes regardless of the fact that the grantee must perform services to obtain the grant.

(b) The following are considered reimbursements which are not excludable, which do represent a gain or benefit:

Reimbursements for normal living expenses such as rent or mortgage, personal clothing, or food eaten at home.

(15) Any gain or benefit which is not in money, such as in-kind benefits, including public housing, meals or clothing.

(16) Money payments that are not owed or payable directly to a household, but are paid to a third party for a household expense, are vendor payments and are excludable as follows:

(a) A payment made in money on behalf of a household whenever a person or other organization outside of the household uses its own funds to make a direct payment to either the household's creditors or a person or organization providing a service to the household.

(b) Rent or mortgage payments, made to landlords or mortgagees by the Department of Housing and Urban Development (HUD) or by state or local housing authorities, are vendor payments and are excluded.

(c) Moneys that are legally obligated and otherwise payable to the household, but which are diverted by the provider of the payment to a third party for a household expense, shall be counted as income and not excluded as a vendor payment.

(17) Moneys received and used for the care and maintenance of a third-party beneficiary who is not a household member. Representative payee payments shall be included, however, as income to the beneficiary's household.

(a) If the intended beneficiaries of a single payment are both household and nonhousehold members, any identifiable portion of the payment intended and used for the care and maintenance of the nonhousehold member shall be excluded.

(b) If the nonhousehold member's portion cannot be readily identified, the payment shall be evenly prorated among intended beneficiaries and the exclusion applied to the nonhousehold members prorata share or the

amount actually used for the nonhousehold member's care and maintenance, whichever is less.

(18) Deleted

(19) Supplemental energy allowance payments made under Public Law 96-126 which include special SSI energy payments, supplemental energy allowance payments from DSHS and payments from the energy crisis assistance program. [Statutory Authority: RCW 74.04.510. 80-04-006 (Order 1492), § 388-54-735, filed 3/7/80; 80-01-056 (Order 1466), § 388-54-735, filed 12/19/79; 79-08-126 (Order 1421), § 388-54-735, filed 8/1/79; 79-03-033 (Order 1374), § 388-54-735, filed 3/1/79.]

WAC 388-54-740 Income--Deductions. In computing net income, only the following deductions shall be allowed:

(1) A standard deduction of \$75 per household per month.

(2) An earned income deduction of twenty percent of gross earned income. Earnings which are excluded in WAC 388-54-735 shall not be included in gross earned income for purposes of computing earned income deductions.

(3) Payments for the care of a child or other dependent when necessary for a household member to accept or continue employment, seek employment, or attend training or education preparatory to employment.

The amount to be deducted for child care shall be the amount actually paid not to exceed \$90. The dependent care deduction in combination with the shelter deduction shall not exceed \$90.

(4) Shelter costs in excess of fifty percent of the household's income after the above deductions. The shelter deductions alone or in combination with the dependent care deduction, shall not exceed \$90.

(a) "Shelter costs" mean rent or mortgage payment plus taxes on a dwelling and property, insurance on the structure only, unless the costs for insuring the structure and its contents cannot be separated, assessments, and utility costs such as heat and cooking fuel, electricity, water, garbage, sewage disposal and basic service fee for one telephone (plus tax) and initial installation fees for utility services. One time deposits shall not be included as shelter costs.

Shelter costs shall also include continuing charges leading to the ownership of the shelter such as loan repayments for the purchase of a mobile home, including interest on such payments.

(b) Shelter costs for a home not occupied because of employment, training away from home, illness or abandonment caused by casualty loss or natural disaster shall be allowed if:

(i) The household intends to return to the house;

(ii) The current occupants, if any, are not claiming shelter costs for food stamp purposes;

(iii) The home is not being leased or rented during the household's absence.

(c) Charges for the repair of the home which was substantially damaged or destroyed due to a natural disaster such as a fire or flood.

(d) Standardized amounts shall be used to compute the shelter costs for utilities such as heat and cooking fuel, electricity, water, garbage, sewage disposal, and telephone and shall be effective November 1, 1980.

Persons in Household	Food Stamp Utility Standards	
	November 1, 1980 thru April 30, 1981	May 1, 1981 thru October 31, 1981
1	\$128.00	\$81.00
2	137.00	86.00
3	148.00	90.00
4	158.00	94.00
5	166.00	101.00
6	177.00	106.00
7	184.00	111.00
8	190.00	114.00
9	200.00	118.00
10 or more	208.00	124.00

(e) Households which do not incur any separate utility charges or which are billed separately for only telephone costs, water, sewage, and garbage collection fees shall not be entitled to claim the standard utility allowance.

(f) If a household is not entitled to the standard utility allowance, it may claim actual utility expenses for any utility which it does pay separately, except the telephone.

(g) If a household requests and can verify that its utility bills are higher than the standards, the actual utility costs shall be used.

(i) The telephone standard, for families incurring telephone costs, but not entitled to claim the single standard, is ten dollars.

(ii) A household shall be allowed to switch to or from the standard during its certification period.

(h) The telephone allowance applies to households which are not entitled to claim the overall standard, but which have telephone expenses.

(5) Households which contain one or more members who are sixty years of age or older, receive supplemental security income (SSI), or receive social security disability payments under Title II of the Social Security Act shall be authorized, effective January 1, 1980:

(a) A dependent care deduction up to \$90 as specified in WAC 388-54-740(3) and

(b) An excess shelter deduction as specified in WAC 388-54-740(4) for the monthly amount that exceeds fifty percent of the household's monthly income after all applicable deductions have been made.

(6) An individual who is sixty years of age or older, or receives supplemental security income (SSI), or receives social security disability, or has received emergency SSI from the social security administration shall be authorized effective January 1, 1980, a deduction for unreimbursable monthly medical expenses over \$35.

(a) Allowable medical expenses are:

(i) The cost of maintaining an attendant, homemaker, home health aide, housekeeper and/or child care service. These expenses, which could be claimed either as a medical or child care expense must be considered as medical expenses;

(ii) The cost of medical insurance;

(iii) Medicare premiums related to coverage under Title XVIII of the Social Security Act;

(iv) Any cost-sharing on spend down expenses incurred by medicaid (medical only) recipients;

(v) Hospitalization or outpatient treatment, nursing care, and nursing home care including payments by the household for an individual who was a household member immediately prior to entering a hospital or licensed nursing home;

(vi) Prescription drugs and other over-the-counter medication (including insulin) when prescribed or approved by a licensed practitioner or other qualified health professional;

(vii) The cost of medical supplies, sick-room equipment (including rental) or other prescribed equipment;

(viii) Dentures, hearing aids, prosthetics, and eye glasses prescribed by an optometrist or physician skilled in eye disease;

(ix) Securing and maintaining a seeing eye dog including the cost of dog food and veterinarian bills;

(x) Reasonable cost of transportation and lodging to obtain medical treatment or services.

(b) Nonallowable expenses are:

(i) The cost of health and hospital insurance which pays in lump sum settlements or which continue mortgage or loan payments while the beneficiary is disabled;

(ii) The cost of special diets. [Statutory Authority: RCW 74.04.510. 81-02-005 (Order 1584), § 388-54-740, filed 12/30/80; 80-04-006 (Order 1492), § 388-54-740, filed 3/7/80; 80-01-056 (Order 1466), § 388-54-740, filed 12/19/79; 79-09-033 (Order 1423), § 388-54-740, filed 8/15/79; 79-03-033 (Order 1374), § 388-54-740, filed 3/1/79.]

WAC 388-54-745 Income--Computations. (1) The amount of income to be counted in determining household eligibility and basis of coupon issuance shall be that income including salary advances which has been received or anticipated income the household and the department are reasonably certain will be received during the certification period.

(a) Wages held at the request of the employee shall be considered income in the month the wages would otherwise have been paid by the employer.

(b) Wages held by the employer as a general practice, even in violation of law, shall be counted as income to the household when received.

(2) Income received during the past 30 days shall be used as an indicator of the income that is and will be available to the household unless it has fluctuated so much it cannot be used.

(3) Income received on less than a monthly basis shall be converted into a monthly amount by multiplying the weekly amount by 4.3, and income received every two weeks shall be multiplied by 2.15 to determine monthly income.

(4) Households, except for destitute households and PA households subject to a monthly reporting requirement, may elect to have their income averaged.

(a) To average income, the department shall use the household's anticipation of income fluctuations over the

certification period. The number of months used to arrive at the average income need not be the same as the number of months in the certification period.

(b) Households which by contract derive their annual income in a period of time shorter than one year shall have that income averaged over a 12-month period, provided the income from the contract is not received on an hourly or piecework basis. However, these provisions do not apply to migrant or seasonal farmworkers.

(5) Income deductions shall be determined as follows:

(a) Deductions shall be allowed only in the month the expense is billed or otherwise becomes due; amounts carried forward from past billing periods are not deductible, even if included with the most recent billing and actually paid by the household.

(b) A household may elect to have expenses which fluctuate or are billed less often than monthly, averaged over the period the expense is to cover;

(c) The department shall calculate a household's expenses on the basis of anticipated expenses.

(i) The department shall not average past expenses, such as utility bills for the last several months, as a method of anticipating utility costs for the certification period. [Statutory Authority: RCW 74.04.510. 79-03-033 (Order 1374), § 388-54-745, filed 3/1/79.]

WAC 388-54-750 Income--Self-employment. (1) A household whose primary source of income is from self-employment, including self-employed farmers, shall be certified according to this section.

Self-employment income which is received on a monthly basis but which represents a household's annual support shall normally be averaged over a 12 month period. If, however, the averaged amount does not accurately reflect the household's actual monthly circumstances because the household has experienced a substantial increase or decrease in business, the department shall calculate the self-employment income based on anticipated earnings.

(2) Income which represents annual income and costs of producing that income are to be computed on a yearly basis and averaged evenly over twelve months to determine eligibility even if it is received in only a short period of time.

(a) Self-employment income which represents only a part of a household's annual support shall be averaged over the period of time the income is intended to cover.

(b) If a household's self-employment enterprise has been in existence for less than a year, this income shall be averaged over the period of time the business has been in operation and the monthly amount projected for the coming year.

(3) In determining monthly income from self-employment:

(a) The household may choose to determine the benefit level by using either the same net income which was used to determine eligibility, or by unevenly prorating the household's total net income over the period for which the household's self-employment income was averaged. If income is prorated, the net income assigned in

any month cannot exceed the maximum monthly income eligibility standards for the household's size.

(b) For the period of time over which self-employment income is determined the department shall add all gross self-employment income (including capital gains), exclude the cost of producing the self-employment income and divide this income by the number of months over which the income will be averaged.

(c) For those households whose self-employment income is not averaged but is instead calculated on an anticipated basis, the department shall add any capital gains the household anticipates receiving in the next 12 months, starting with the date the application is filed and divide this amount by 12. This amount shall be used in successive certification periods during the next 12 months, but recalculated should anticipated capital gains amounts change. The anticipated monthly amount of capital gains shall be added to the anticipated monthly self-employment income, and subtract the cost of producing the income. Except for depreciation, the cost of producing the income shall be calculated by anticipating the monthly allowable costs of producing the income.

(d) The monthly net self-employment income shall be added to any other earned income received by the household. The total monthly earned income less the 20 percent earned income deduction shall then be added to all other monthly income received by the household. The standard deduction, dependent care, and shelter costs shall be computed as for any other household and subtracted to determine the adjusted monthly net income of the household.

(4) In calculating capital gains, the proceeds from the sale of capital goods or equipment shall be calculated in the same manner as a capital gain for federal income tax purposes. The department shall count the full amount of the capital gain as income for food stamp purposes even if only 50 percent of the proceeds from the sale of capital goods or equipment is taxed for federal income tax purposes.

(5) Allowable costs of producing self-employment income include, but are not limited to:

(a) The identifiable costs of labor, stock, raw material, seed and fertilizer, interest paid to purchase income-producing property, insurance premiums, and taxes paid on income-producing property;

(b) Depreciation, which shall be allowed as a cost of producing self-employment income for equipment, machinery or other capital investments necessary to the self-employment enterprise, as documented by a tax return.

(6) The following items shall not be allowed as a cost of producing self-employment income:

(a) Payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery and other durable goods;

(b) Net losses from previous periods; and

(c) Federal, state and local income taxes, money set aside for retirement purposes, and other work-related personal expenses, such as transportation to and from work, as these expenses are accounted for by the 20 percent earned income deduction specified.

(7) In assigning certification periods:

(a) Households that receive their annual support from self-employment and have no other source of income may be certified for up to 12 months;

(b) For those households that receive other sources of income or whose self-employment income is intended to cover a period of time that is less than a year, the department shall assign a certification period appropriate for the household's circumstances;

(c) For businesses which have been in operation for such a short time that there is insufficient data to make a reasonable projection, the household may be certified for less than a year until the business has been in operation long enough to base a longer projection.

(d) For those self-employed households that receive their annual income in a short period of time, the initial certification period shall be assigned to bring the household into the annual cycle. [Statutory Authority: RCW 74.04.510, 80-01-056 (Order 1466), § 388-54-750, filed 12/19/79; 79-03-033 (Order 1374), § 388-54-750, filed 3/1/79.]

WAC 388-54-755 Income--Boarders. Households receiving income from boarders, except those households operating a commercial boarding house, shall have the income treated as follows:

(1) Income from boarders shall include:

(a) All direct payments to the household for room and meals.

(b) Direct contributions to the household for the household's shelter expenses.

(2) The cost of doing business is deducted. It shall not exceed the payment the household receives from the boarder. The cost of doing business shall include:

(a) The cost of the thrifty food plan for a household size that is equal to the number of boarders.

(b) The actual documented cost of providing room and meals if the actual cost exceeds the appropriate thrifty food plan. [Statutory Authority: RCW 74.04.510, 79-03-033 (Order 1374), § 388-54-755, filed 3/1/79.]

WAC 388-54-760 Certification periods--Duration.

(1) An assistance household shall be assigned a certification period which coincides with the scheduled assistance reviews so that the review of the grant and food stamp basis of issuance can be accomplished simultaneously. In no case is the certification period to exceed one year.

(2) Other households shall be certified for at least three months or assigned the longest certification period possible based on the predictability of the household's circumstances, except as follows:

(a) Certification may be for less than three months when there is a possibility of frequent changes in income or household status.

(i) A household eligible for a certification period of 3 months or less shall, at the time of certification, have this certification period increased by 1 month, if the certification process is completed after the 15th day of month of application and the household's circumstances warrant the longer certification period.

(ii) A household with one or more members subject to lockout or on strike shall be assigned a certification period of no more than one month if the household is certified before the 15th day of the month; otherwise the maximum certification period shall be for two months unless the department wishes to assign a longer certification period and the household signs a waiver of notice of adverse action.

(b) In situations in which there is little likelihood of changes in financial situation and household size, the household may be recertified for up to six months.

(c) A household consisting solely of unemployable persons with very stable income from retirement, disability payments, or similar sources may be certified up to twelve months, provided that other household circumstances are expected to remain stable.

(d) A household whose primary source of income is from self-employment, farm operations or farm employment may be certified up to twelve months, provided income can be readily predicted and household circumstances are not likely to change. A household with additional income from other sources shall be assigned a certification period in accordance with subsection (2) (a), (b) and (c). [Statutory Authority: RCW 74.04.510, 79-03-033 (Order 1374), § 388-54-760, filed 3/1/79.]

WAC 388-54-765 Certification periods--Notices to households. (1) The applicant household shall be provided with one of the following written notices as soon as determination is made but no later than thirty days after the date of initial application:

(a) Notice of eligibility. Written notice containing the amount of the allotment, beginning and ending dates of the certification period, the right to a fair hearing, an information phone number and information regarding free legal representation.

(b) Notice of denial. Written notice explaining basis for denial, right to a fair hearing, information phone number and information about free legal services.

(c) Notice of pending status. Written notice informing the household that its application is still being processed; whether some action by the household is needed to complete the application, what this action is, and that the application will be denied if the household fails to take the required action within sixty days of the date the application was filed.

(2) Notice of adverse action. Prior to any action to reduce or terminate a household's benefits within the certification period the department shall provide notice to the household at least ten days prior to the action.

(a) This notice shall include:

(i) The proposed action and reason for the action;

(ii) The household's right to a fair hearing;

(iii) An information telephone number;

(iv) The availability of continued benefits;

(v) The liability for any overissuances received while awaiting a fair hearing if the decision is adverse to the household;

(vi) Notice of availability of free legal services.

(b) A notice of adverse action is not required when:

(i) Mass changes are made by federal or state government, except as provided for in subdivision (c) of this subsection;

(ii) The department determines that the members of a household have died;

(iii) The household has moved from the project area;

(iv) Restoration of lost benefits is completed and the household was previously notified in writing of when the increased allotment would terminate;

(v) Allotment varies from month to month and the household was notified at the time of certification that these changes would be made;

(vi) If the household experiences reduction in benefits upon approval of a PA grant and was so notified at the time of application;

(vii) A household member is disqualified for fraud or the benefits of the remaining household members are reduced or terminated to reflect the disqualification of that household member;

(viii) The household contains a member subject to a lockout or strike and signs a waiver of its right to notice of adverse action for purposes of receiving a longer certification period than is otherwise allowed for such households.

(c) A notice of adverse action will be required because of mass changes resulting from the implementation of the Food Stamp Act of 1977. The department shall send an individual notice of adverse action to each household that receives a reduction or termination in benefits during its certification period due to these regulations. The notice of adverse action shall explain to the household:

(i) That the change is the result of changes in federal law;

(ii) That although the household has the right to request a fair hearing, benefits will be continued pending the fair hearing only if the household believes its eligibility or benefit level was computed incorrectly under the new law, or that the new law is being misapplied or misinterpreted.

(d) Instead of an individual notice, the department shall send a general notice to all or part of the food stamp caseload when new eligibility rules are matched by computer with current history file information.

The general notice shall explain that the cause of the allotment change, if any, is the Food Stamp Act of 1977, and the circumstances for continuing or reinstating the household's former level of benefits as in an individual notice. The general notice shall be sent no later than the allotment of ATP that adjusts the household's benefits to the new program. [Statutory Authority: RCW 74.04.510, 79-07-057 (Order 1408), § 388-54-765, filed 6/25/79; 79-03-033 (Order 1374), § 388-54-765, filed 3/1/79.]

WAC 388-54-770 Certification periods--Reporting changes during. (1) The recipient household is required to report the following changes in circumstances:

(a) All changes in income of more than \$25.00 and source of income, except changes in public assistance grants.

(b) All changes in household composition such as addition or loss of a household member.

(c) Changes in residence and the resulting change in shelter costs.

(d) The acquisition of a licensed vehicle not fully exempt under WAC 388-54-717.

(e) When nonexempt liquid resources reach or exceed \$1,750.00. (See WAC 388-54-715(1)(a)).

(2) All changes in status must be reported within ten calendar days of the date the change becomes known to the household. Reporting may be by telephone, mail or personal contact.

(3) Changes shall be considered to be reported by the household on the date the report is received by the CSO or if mailed the date the household's report is postmarked.

(4) Individuals shall not be disqualified for failing to report a change, unless the individual is disqualified in accordance with the fraud disqualification procedures.

(5) The client is entitled to receive:

(a) A change report form at the time of initial certification.

(b) Acknowledgment of receipt of a notice of change given by the client to the department pursuant to subsection (2) above.

(c) Notification of the amount of change in the allotment if the reported change results in such an adjustment.

(d) Notification of any additional verification requirements brought about by the reported change of circumstances.

(e) Notification that failure to provide required verification will result in increased benefits reverting to the original allotment.

(f) A new change report form when a change has been reported. [Statutory Authority: RCW 74.04.510, 80-13-058 (Order 1545), § 388-54-770, filed 9/17/80; 80-01-056 (Order 1466), § 388-54-770, filed 12/19/79; 79-03-033 (Order 1374), § 388-54-770, filed 3/1/79.]

WAC 388-54-775 Certification periods--Effecting changes during. (1) For changes which result in an increase in benefits the department will make the change effective not later than the first allotment issued 10 days after the change was reported to the department.

(2) For changes which result in an increase in a household's benefits due to the addition of a new household member who is not a member of another certified household, or due to a decrease of \$50 or more in the household's gross monthly income, the department shall:

(a) Make the change effective not later than the first allotment issued 10 days after the date the change was reported, except that;

(b) In no event shall these changes take effect any later than the month following the month in which the change is reported.

(3) If the household's benefit level decreases or the household becomes ineligible as a result of the change, the department will take the following action:

(a) Issue a notice of adverse action within 10 days of the date the change was reported.

(b) The decrease in the benefit level shall be made effective with the first allotment to be issued after the 10 day notice of adverse action has expired, provided a fair hearing and continuation of benefits have not been requested.

(4) If the department discovers that the household has failed to report a change as required and has received benefits to which it was not entitled, the department shall file a claim against the household for the amount of the overpayment.

Individuals shall not be terminated for failing to report a change, unless the individual is disqualified in accordance with the fraud disqualification procedures.

(5) Public assistance households which report a change in circumstances to the department shall be considered to have reported the change for food stamp purposes.

(6) Changes reported to the department pursuant to WAC 388-54-770(2), whether they result in an increase, decrease or no change in the allotment amount shall be documented in the case records as to:

(a) Date received; and

(b) Circumstances.

(7) If the department fails to take action on reported changes as specified in subsection (1) above, restoration of lost benefits shall be provided to the client.

(8) Verification of circumstances which result in an increased allotment shall be provided by the client. Such verification must be obtained prior to the issuance of the second monthly allotment after the change is reported.

(a) If the client does not provide verification, benefits will revert to the original allotment level without a notice of adverse action.

(b) If the department determines that a client has refused to cooperate, the client's eligibility shall be terminated following a notice of adverse action. [Statutory Authority: RCW 74.04.510. 80-01-056 (Order 1466), § 388-54-775, filed 12/19/79; 79-03-033 (Order 1374), § 388-54-775, filed 3/1/79.]

WAC 388-54-780 Recertification process. (1) If the household makes timely application, recertification shall be completed prior to the expiration of the current certification period to give members opportunity to participate in a normal issuance cycle the month following.

(2) A notice of expiration must be provided to the households except for joint PA applicant households.

(a) Not earlier than 15 days prior to, and not later than, the first day of the household's last month of certification, for households certified over a multi-month period; or,

(b) At the time of certification, if the household is certified for one month, or initially certified for 2 months during the month after the month of application.

(c) The notice shall contain:

(i) The date the current certification ends.

(ii) The date the household must file to receive uninterrupted benefits.

(iii) The household's right to request an application and have the department accept an application so long as it is signed and contains a legible name and address.

(iv) The address of the office where the application must be filed.

(v) The consequences of failure to comply with the notice.

(vi) The right to file through an authorized representative or through the mail.

(vii) The requirement to participate in a face-to-face recertification interview.

(viii) The right to a fair hearing.

(d) A household provided a notice of expiration at the time of certification has 15 days from the date the notice is received to apply. All other households must apply by the 15th of the last month of certification to be considered timely.

(3) A household that has applied in a timely manner and has been determined eligible shall experience no interruption in benefits.

(a) Those provided notice at time of certification shall be notified of their status and provided an opportunity to participate not later than 30 days after the date the household had an opportunity to obtain its last allotment.

(b) Those applying by the 15th day of the last month of their certification period shall be approved or denied and notified of their status by the end of their current certification period and permitted to participate in their normal issuance cycle.

(c) Those household which through department error were not recertified in time to participate in their normal issuance cycle shall be given immediate opportunity to do so even outside of the normal issuance system.

(4) Households not able to participate in accordance with (3) above through department error shall be entitled to restoration of lost benefits if their benefits were interrupted.

(5) A household which fails to submit a timely application for recertification or appear for a face-to-face interview scheduled after a timely reapplication, without good cause, shall lose its right to uninterrupted benefits

(a) A household which refuses to cooperate in providing required information or refuses to cooperate in any subsequent review of its eligibility, including a quality control review, shall be denied;

(b) An application for recertification not submitted in a timely manner shall be treated as an application for initial certification except that previously verified income or expenses which change by \$25 or less shall not be verified if the application is received within 30 days after the previous certification period expires.

(6) If a household's failure to apply in a timely manner was with good cause, the department will restore to the household the lost benefits, if there was interruption of benefits. Determination of good cause shall be made on a case-by-case and shall include, but not be limited to, failure to receive timely notice of expiration or personal illness. [Statutory Authority: RCW 74.04.510. 80-13-058 (Order 1545), § 388-54-780, filed 9/17/80; 79-03-033 (Order 1374), § 388-54-780, filed 3/1/79.]

WAC 388-54-785 Issuance--Monthly allotments.

(1) The maximum allowable income standards for determining eligibility for all households are as follows:

Household Size	Maximum Allowable Monthly Income Standards 48 States and D.C.
1	\$ 316
2	418
3	520
4	621
5	723
6	825
7	926
8	1,028
9	1,130
10	1,232
Each additional member	+102

(2) To determine the benefit households shall receive:

(a) Subtract 30 percent of the household's net monthly income from the thrifty food plan for that household size.

Household Size	Thrifty Food Plan Amounts
1	\$ 63
2	115
3	165
4	209
5	248
6	298
7	329
8	376
Each additional member	+47

(b) All one and two person households shall receive a minimum monthly allotment of \$10.00. [Statutory Authority: RCW 74.04.510, 80-13-059 (Order 1543), § 388-54-785, filed 9/17/80; 80-04-006 (Order 1492), § 388-54-785, filed 3/7/80; 79-09-033 (Order 1423), § 388-54-785, filed 8/15/79; 79-03-033 (Order 1374), § 388-54-785, filed 3/1/79.]

WAC 388-54-790 Issuance--Use and redemption.

(1) The department may issue food coupons through:

(a) An authorization to participate (ATP) system in which an authorizing document is distributed on a monthly basis to the household and surrendered to the coupon issuer when coupons are obtained, or;

(b) A direct coupon mailout system.

(2) In the use or redemption of coupons by eligible households:

(a) A household member should sign each coupon book issued to the household. The coupons may be used only by the household or other persons the household selects to purchase eligible food for the household.

(b) Uncanceled and unendorsed coupons of \$1 denomination, returned as change by authorized retail food stores, may be presented as payment for eligible food. All other detached coupons may be accepted only if accompanied by the coupon book which bears the same serial number as the detached coupons. It is the right of

the household or the authorized representative to detach the coupons from the book.

(c) When change in an amount less than \$1 is required in a coupon transaction, the household shall receive the change in cash not to exceed 99 cents.

(d) Upon request, the household or the authorized representative shall present the household's ID card to the retail food store or meal service when exchanging food coupons for eligible food.

(e) Coupons shall not be used to pay for any eligible food purchased prior to the time at which the coupons are presented to authorized retail food stores or meal service. Neither shall coupons be used to pay for any eligible food in advance of the receipt of food, except when prior payment is for food purchased from a non-profit cooperative food purchasing venture.

(3) Where the direct mail system is used to issue coupons:

(a) After two consecutive reported mail losses by a household, the department shall consider other means to deliver program benefits to the household.

(b) To minimize mail theft exposure, direct mail issuances shall be staggered through the 10th of the month, and may be staggered through the 15th day provided that each household will likely receive its coupons on the same date every month.

(c) When a household reports the nondelivery of coupons issued through the mail, the department shall issue replacement coupons to the household within 5 working days after the report of nondelivery has been received.

(4) In case of lost or stolen ATPs:

(a) The department shall issue an emergency replacement ATP only if the original is reported lost or stolen in the period for which it was intended;

(b) The participant must sign an affidavit stating that the original ATP will be returned to the department if recovered by the household.

(5) The department shall maintain issuance records for a period of three years from the month of origin. This period may be extended at the written request of FNS.

(6) In returning coupons, the following shall apply:

(a) In the event of voluntary termination of participation in the program by a household or death of the head of the household, properly issued coupons may be returned to FNS for a refund on the same ratio of cash to coupons as was applied by the department in the issuance of the coupons to the household.

(b) A request for a refund shall be submitted to the department. The request shall be in ink or typed, contain the claimant's address, be dated and signed. The unused coupons shall be attached. The department shall then provide a copy of the refund request to the household as a receipt for the coupons.

(c) The department shall forward claims to FNS for payment. The claimant's request for a refund, Request for Reimbursement or Notification of Return of Unused Food Coupons for Refund, and the unused coupons shall be forwarded to FNS by the department.

(d) Six months after elimination of the purchase requirement, no refunds shall be paid for coupons returned to FNS.

(e) Households which still have old series coupons shall be entitled to a dollar for dollar exchange of old series coupons for new series coupons. [Statutory Authority: RCW 74.04.510. 79-03-033 (Order 1374), § 388-54-790, filed 3/1/79.]

WAC 388-54-795 Issuance--Identification cards.

(1) The CSO shall furnish each certified household with an ID card, which will be signed by the person the household designates as head of household and the authorized representative.

(2) Specially marked ID cards shall be issued as follows;

(a) M for household using delivered meal service,

(b) CD for communal dining facilities. [Statutory Authority: RCW 74.04.510. 79-03-033 (Order 1374), § 388-54-795, filed 3/1/79.]

WAC 388-54-800 Issuance--Replacement allotments.

(1) Households may request a replacement for that portion of its allotment received, but subsequently

(a) Destroyed by disaster such as fire or flood,

(b) Stolen.

(2) The household must sign an affidavit at the department attesting to the theft or destruction. If the coupons were stolen, the household must report the theft to the police, provide the department with a copy of the police report, or sufficient information to permit the department to verify that a report has been made to the police.

(3) The department shall provide eligible households with an opportunity to obtain the replacement allotment within 5 working days of the date the theft or destruction was reported to the department.

(4) The department shall also provide replacement for coupons received and subsequently either found to be improperly manufactured or mutilated. [Statutory Authority: RCW 74.04.510. 79-03-033 (Order 1374), § 388-54-800, filed 3/1/79.]

WAC 388-54-805 Issuance--Restoration of lost benefits. (1) Whenever a household receives fewer benefits than it is entitled to receive as a result of error by the department, the department shall restore those benefits which were lost within 12 months of:

(a) The month the department was notified by the household or by another person or agency in writing or orally of the possible loss;

(b) The month the department discovers that a loss to a specific household has occurred;

(c) The date the household requested a fair hearing to contest the adverse action which resulted in the loss.

(2) Benefits shall be restored even if the household is currently ineligible.

(3) The 12-month limitation does not apply to benefits which are to be restored when:

(a) A fraud disqualification penalty is reversed;

(b) Amounts deducted from SSI benefits to repay SSI overpayments, since January 1976, were counted as food stamp income (households may apply for this benefit until 5-1-80);

(c) The household, previously determined by the department to be entitled to benefits as a result of the household winning a fair hearing or an error being made in determining the household's eligibility, was denied restoration of benefits because the household was not currently participating.

(4) The department shall notify the household of its entitlement, the amount of benefits to be restored, the method of restoration and the right to appeal, and any offsetting that was done.

(5) If the department determines that a household is entitled to restoration of lost benefits, but the household does not agree with the amount to be restored or with any other action taken by the department, the household may request a fair hearing within 90 days of the date the household is notified of its entitlement to restoration of lost benefits, as specified in WAC 388-54-805(3)(c). Households previously notified they were due benefits but who could not receive them because they were not currently participating may request a fair hearing ninety days from the date the CSO makes a decision on the request to restore benefits.

(a) If a fair hearing is requested prior to or during the time lost benefits are being restored, the household shall continue to receive the lost benefits, as determined by the department, pending the result of the fair hearing.

(b) If the fair hearing decision is favorable to the household, the department shall restore the lost benefits in accordance with that decision.

(c) If a household and the department disagree about the household's entitlement to restoration of lost benefits, the household has 90 days from the date of the department determination to request a fair hearing. The department shall restore lost benefits to the household only if the fair hearing decision is favorable to the household. Benefits lost more than 12 months prior to the date the department was initially informed of the household's possible entitlement shall not be restored unless the household was previously notified they were due benefits but could not receive them because they were not currently participating. In these cases, the twelve-month limitation does not apply.

(6) Individuals disqualified for fraud are entitled to restoration of benefits lost during the months they were disqualified only if the decision which resulted in disqualification is subsequently reversed. Benefits shall be restored regardless of the length of time that has elapsed since the household member was disqualified.

(7) The department shall restore lost benefits to a household whether or not it is currently eligible or ineligible, by issuing an allotment equal to the amount of benefits that were lost.

(8) The department shall restore lost benefits that occurred prior to elimination of the purchase requirement. Households assigned a purchase requirement that was too high or assigned an incorrect household size shall be entitled to restoration of their lost benefits. The amount

shall be equal to the difference between the bonus stamps the household received and the correct amount the household should have received.

(9) Whenever lost benefits are due a household and the household's membership has changed, the department shall restore the lost benefits to the household containing a majority of the individuals who were household members at the time the loss occurred. If the department cannot locate or determine the household which contains this majority, it shall restore the lost benefits to the household containing the head of the household at the time the loss occurred.

(10) The department shall honor reasonable requests by households to restore lost benefits in monthly installments if, for example, the household fears the excess coupons may be stolen, or that the amount to be restored is more than it can use in a reasonable period of time.

(11) Households described in WAC 388-54-805(3)(c) shall provide the CSO with a copy of the notice they received if it was within the past three years. If it has been more than three years, the household may complete an affidavit stating they received notice that they were due an amount of stamps or were overcharged for the stamps they received. The affidavit shall also include an explanation by the household of their entitlement. The affidavit is not necessary if the amount due can be verified through case records or accounts payable ledgers. [Statutory Authority: RCW 74.04.510. 80-04-006 (Order 1492), § 388-54-805, filed 3/7/80; 79-03-033 (Order 1374), § 388-54-805, filed 3/1/79.]

WAC 388-54-810 Issuance—Sixty day continuation of benefits. (1) The department shall provide for continuation of certification for two months after the month the household moves from one project area to the other provided:

- (a) The household membership does not change;
 - (b) Was not certified under disaster eligibility standards or
 - (c) Continues to meet the definition of household,
 - (d) Was not certified under expedited procedures, unless the verification that was initially postponed was subsequently completed.
 - (e) Does not contain an SSI member when moving into the cash-out states of Massachusetts or Wisconsin.
- (2) The project area from which the household is moving shall prepare the Certification of Transfer of Household Benefits (FNS-286).

(a) If the household has received its coupon allotment for the month in which the move takes place, a two months extension of certification can be authorized.

(3) The new project area shall accept the Certification of Transfer and issue the allotment therein authorized.

(4) The household shall report any changes in circumstances to the new project area, and the project area will act on these changes, except that in no event would the changes reported affect the initial issuance under the form FNS-286. However, the second issuance in the new project area, if any, shall reflect changes reported.

(5) Households which move from the new project area during the two months covered by the FNS-286 shall be issued:

(a) A form FNS-286 for the balance of the period covered by original form, and which reflects the changes reported at the time the form was accepted in the new project area;

(b) A new form FNS-286 for an additional two months if the household was recertified in the new project area. [Statutory Authority: RCW 74.04.510. 79-03-033 (Order 1374), § 388-54-810, filed 3/1/79.]

WAC 388-54-815 Fair hearings. Fair hearings for food stamp purposes shall be conducted as set forth in WAC 388-08, except for provisions listed below:

(1) Each household shall be provided with a notification of right to a hearing.

(a) At the time of application, notification shall be made in writing to the household of its rights to a hearing, of the method by which a hearing may be requested and that its case may be presented by a household member or a representative.

(b) Any time the household expressed to the department that it disagrees with a department action, it shall be reminded of the right to request a fair hearing.

(c) The household shall be reminded of individuals or organizations available that provide free legal representative.

(2) A household shall be allowed to request a fair hearing:

(a) On any action by the department or loss of benefits which occurred in the prior 90 days;

(b) On a denial of a request for restoration of any benefits lost more than 60 days, but less than a year prior to the request;

(c) At any time within a certification period to dispute its current level of benefits.

(3) The department shall offer a conference to households:

(a) Which wish to contest a denial of expedited service. This conference shall be scheduled within two working days unless the household indicates it wants it later or does not want a conference at all.

(b) Which are adversely affected by an agency action.

(c) The department shall advise the household that use of a conference shall in no way delay or replace the fair hearing.

(4) The department shall have the following responsibilities on receiving hearing request:

(a) The department, upon request, shall make available, without charge, the specific materials necessary for a household or its representative to determine whether a hearing should be requested or to prepare for a hearing.

(b) If the individual making the request speaks a language other than English, the department shall insure that the hearing procedures are verbally explained in that language but only in those areas in which the department is required to provide the appropriate bilingual staff.

(c) The department shall also help a household with its hearing request.

(d) If a household makes an oral request for a hearing, the department shall confirm the request in writing and forward the written confirmation to the fair hearings office to start the fair hearing process.

(e) The department shall inform the household of the availability of legal services which can provide representation at the hearing.

(5) The department shall expedite hearing requests from households, such as migrant farmworkers, that plan to move from the state before the hearing decision would normally be reached. Hearing requests from these individuals shall be processed faster than others if necessary to enable them to receive a decision before they leave the area.

(6) The department shall publish clearly written uniform rules of procedure that conform to the fair hearing regulations and shall make the rules available to any interested party. These shall include:

- (a) Time limits for hearing requests,
- (b) Advance notification requirements,
- (c) Hearing timeliness standards,
- (d) Rights and responsibilities of persons requesting a hearing.

(7) The secretary or his designee shall not deny or dismiss a request for a hearing unless:

(a) The request is not received within the time period specified.

(b) The request is withdrawn in writing by the household or its representative.

(c) The household or its representative fails, without good cause, to appear at the scheduled hearing.

(8) When a household is notified of the time and place of the fair hearing, it shall also be advised:

(a) Of the name, address and phone number of the person to notify in the event it is not possible for the household to attend the scheduled hearing;

(b) That the secretary or his designate will dismiss the hearing request if the household or its representative fails to appear for the hearing without good cause;

(c) Of any hearing procedures and other information that would provide the household with an understanding of the proceedings and that would contribute to the effective presentation of the household's case;

(d) That the household or representative may examine the case file prior to the hearing.

(9) When a hearing decision has been reached, the secretary or his designate shall notify the household in writing of:

- (a) The reasons for the decision;
- (b) The evidence which supports the decision;
- (c) The federal regulations as codified in WAC;
- (d) The household's appeal rights;

(e) That the household's benefits will be issued or terminated as decided by the hearing authority.

(10) The hearing decision is binding upon the department.

(11) The department will be responsible for insuring that the hearing decision is carried out:

(a) If the hearing authority determines that a household has been improperly denied program benefits or has

been issued a lesser allotment than was due, lost benefits shall be provided to the household.

(b) If the hearing authority upholds the department's action, a claim against the household for any overissuances shall be prepared and executed.

(12) Within 60 days of receipt of a request for a fair hearing or within 90 days of notification that a fraud hearing has been initiated, the department shall assure that the hearing is conducted, a decision is reached, and the household and local agency are notified of the decision.

(a) Decisions which result in an increase in household benefits shall be reflected in the coupon allotment within 10 days of the receipt of the hearing decision even if the department must provide a supplementary ATP or otherwise provide the household with the opportunity to obtain the allotment outside of the normal issuance cycle.

(b) Decisions which result in a decrease in household benefits shall be reflected in the next scheduled issuance following receipt of the hearing decision.

(13) The household may request and is entitled to receive a postponement of the scheduled hearing.

(a) The postponement shall not exceed 30 days and

(b) The time limit for action on the decision may be extended for as many days as the hearing is postponed. [Statutory Authority: RCW 74.04.510. 80-01-056 (Order 1466), § 388-54-815, filed 12/19/79; 79-03-033 (Order 1374), § 388-54-815, filed 3/1/79.]

WAC 388-54-820 Fair hearings--Continuation of benefits pending. (1) The household is entitled to continuation of benefits if:

(a) It requests a fair hearing within the period specified by the notice of adverse action;

(b) Its certification period has not expired;

(c) It has not waived continuation of benefits.

(2) If a hearing request is not made within the period provided by the notice of adverse action, benefits shall be reduced or terminated as provided in the notice, unless failure to make the request was for good cause.

(a) Once continued or reinstated, benefits shall not be reduced or terminated prior to receipt of the hearing decisions unless:

(i) The certification period expires;

(ii) The hearing examiner makes a preliminary determination in writing and at the hearing that it is a matter of policy;

(iii) A change affecting the household's eligibility or basis of issuance occurs while the hearing decision is pending and the household fails to request a hearing after the subsequent notice of adverse action; or

(iv) A mass change occurs while the hearing decision is pending.

(3) The CSO shall promptly inform the household in writing if benefits are reduced or terminated pending the hearing decision.

(4) When benefits are reduced or terminated due to a mass change, participation on the prior basis shall be reinstated only if the issue being contested is that food stamp eligibility or benefits were improperly computed

or that federal law or regulation is being misapplied or misinterpreted by the department.

(5) If the department's action is upheld by the hearing decision, a claim against the household shall be established for all overissuances.

(6) The department shall send an individual notice of the adverse action to each household that receives a reduction or termination in benefits during its certification period due to mass changes resulting from implementation of the Food Stamp Act of 1977. The notice of adverse action shall explain to the household that the change is the result of changes in federal law and that although the household has the right to request a fair hearing, benefits will be continued pending the fair hearing only if the household believes its eligibility or benefits level was computed incorrectly under the new law, or that the new law is being misapplied or misinterpreted. [Statutory Authority: RCW 74.04.510, 79-07-057 (Order 1408), § 388-54-820, filed 6/25/79; 79-03-033 (Order 1374), § 388-54-820, filed 3/1/79.]

WAC 388-54-826 Fraud disqualification--Administrative fraud hearing determined. (1) Fraud disqualification penalties. These rules are effective July 1, 1979. Individuals found to have committed fraud through an administrative fraud hearing shall be ineligible to participate in the program for three months. Individuals found guilty of criminal or civil fraud by a court of appropriate jurisdiction shall be ineligible for not less than six months and not more than twenty-four months as determined by the court. The department shall disqualify only the individual and not the entire household. If the court fails to address or specify a disqualification period for the fraudulent act, the department shall impose a six month disqualification period unless it is contrary to the court order.

(2) Definition of fraud. For purpose of determining at an administrative fraud hearing whether or not fraud was committed, fraud shall consist of any action by an individual to knowingly, willfully, and with deceitful intent:

(a) Make a false statement to the state agency, either orally or in writing, to obtain benefits to which the household is not entitled;

(b) Conceal information to obtain benefits to which the household is not entitled;

(c) Alter authorization cards or coupons to obtain benefits to which the household is not entitled;

(d) Use coupons to buy expensive or conspicuous non-food items;

(e) Use or possess improperly obtained coupons or authorization cards;

(f) Trade or sell coupons or authorization cards.

(3) Administrative disqualification. The department's procedures for conducting fraud hearings are outlined in this section. An administrative fraud hearing shall be initiated by the department whenever the department has documented evidence to substantiate that a currently certified household member has committed one or more acts of fraud as defined in subsection (2) of this section. Fraud hearings shall not be conducted if the amount the

department suspects has been fraudulently obtained is less than \$35 or if the value of the ineligible items that have been purchased with food stamps is under \$35. The burden of proving fraud is on the department. The department may initiate an administrative fraud hearing regardless of the current eligibility of the individual. It may still be conducted regardless of whether other legal action is planned against the household member.

(a) Consolidation of administrative fraud hearing with fair hearing. The office of hearings may combine a fair hearing and an administrative fraud hearing into a single hearing if the factual issues arise out of the same, or related, circumstances and the household receives prior notice that the hearings will be combined. If the fraud hearing and fair hearing are combined, the department shall follow the timeliness standards for conducting fraud hearings.

(b) Fraud hearing procedures.

(i) The department provides state level administrative fraud hearings. The procedure for decision rendering is described in WAC 388-54-827.

(ii) The following provisions apply to administrative fraud hearings:

(A) Hearing official. Hearings shall be conducted and decisions rendered by impartial examiners who: do not have any personal stake or involvement in the case; were not directly involved in the initial determination of the action which is being contested; and were not the immediate supervisor of the eligibility worker who took the action. The hearing official shall:

(I) Administer oaths or affirmations if required by the state;

(II) Ensure that all relevant issues are considered;

(III) Request, receive and make part of the record all evidence determined necessary to decide the issues being raised;

(IV) Regulate the conduct and course of the hearing consistent with due process to ensure an orderly hearing;

(V) Order, where relevant and useful, an independent medical assessment or professional evaluation from a source mutually satisfactory to the household and the department;

(B) Attendance at hearing. The hearing shall be attended by a representative of the department and by the household and/or its representative. The hearing may also be attended by friends or relatives of the household if the household so chooses. The hearing examiner shall have the authority to limit the number of persons in attendance at the hearing if space limitations exist.

(C) Household rights during hearing. The household may not be familiar with the rules of order and it may be necessary to make particular efforts to arrive at the facts of the case in a way that makes the household feel most at ease. The household or its representative must be given adequate opportunity to:

(I) Examine all documents and records to be used at the hearing at a reasonable time before the date of the hearing as well as during the hearing. The contents of the case file including the application form and documents of verification used by the department to establish the household's ineligibility or eligibility, and allotment

shall be made available, provided that confidential information, such as the names of individuals who have disclosed information about the household without its knowledge or the nature or status of pending criminal prosecutions, is protected from release. If requested by the household or its representative, the department shall provide a free copy of the portions of the case file that are relevant to the hearing. Confidential information that is protected from release and other documents or records which the household will not otherwise have an opportunity to contest or challenge shall not be introduced at the hearing or affect the hearing official's decision.

(II) Present the case or have it presented by a legal counsel or other person.

(III) Bring witnesses.

(IV) Advance arguments without undue interference.

(V) Question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses.

(VI) Submit evidence to establish all pertinent facts and circumstances in the case.

(D) Hearing decisions.

(I) Decisions of the hearing authority shall comply with department regulations and shall be based on the hearing record. This record shall be available to the household or its representative at any reasonable time for copying and inspection.

(II) At the fraud hearing the hearing examiner shall advise the household member or representative that the household member may refuse to answer questions during the hearing.

(III) Within ninety days of the date the household member is notified in writing that a hearing initiated by the department has been scheduled the department shall conduct the hearing, arrive at a decision, and initiate administrative action which will make the decision effective. The household member or representative is entitled to a postponement of up to thirty days. If the hearing is postponed, the above time limits shall be extended for as many days as the hearing is postponed.

(c) Advance notice of hearing.

(i) The department shall provide written notice to the household member suspected of fraud at least thirty days in advance of the date a fraud hearing initiated by the department has been scheduled. The notice shall be mailed certified mail return receipt requested, and shall contain, at a minimum:

(A) The date, time, and place of the hearing;

(B) The charge(s) against the household member;

(C) A summary of the evidence, and how and where the evidence can be examined;

(D) A warning that the decision will be based solely on information provided by the food stamp office if the household member fails to appear at the hearing;

(E) A warning that a determination of fraud will result in a three-month disqualification;

(F) A listing of the household member's rights as contained in WAC 388-54-826(3)(b)(ii)(C).

(G) A statement that the hearing does not preclude the state or federal government from prosecuting the

household member for fraud in a civil or criminal court action, or from collecting the overissuance;

(H) A statement that the individual can call the food stamp office to get the name and phone number of someone who can give free legal advice. If free legal advice is not available, the food stamp office shall provide, when called, the phone number of a lawyer referral service of the local bar association.

(ii) A copy of the department's published hearing procedures shall be attached to the thirty-day advance notice;

(d) Scheduling of hearing. The time and place of the hearing shall be arranged so that the hearing is accessible to the household member suspected of fraud.

If the household member or its representative cannot be located or fails to appear at a hearing initiated by the department without good cause, the hearing shall be conducted without the household member represented. Even though the household member is not represented, the hearing official is required to carefully consider the evidence and determine if fraud was committed based on clear and convincing evidence. If the household member is found to have committed fraud but a hearing official later determines that the household member or representative had good cause for not appearing, the previous decision shall no longer remain valid and the office of hearings shall conduct a new hearing. The household member has ten days from receipt of the notice of the fraud decision to present reasons indicating a good cause for failure to appear. A hearing official must enter the good cause decision into the record.

(e) Participation while awaiting a hearing. A pending fraud hearing shall not affect the individual's or the household's right to be certified and participate in the program. Since the department cannot disqualify a household member for fraud until the hearing authority finds that the individual has committed fraud, the department shall determine the eligibility and benefit level of the household in the same manner it would be determined for any other household. The department shall also reduce or terminate the household's benefits if the department has documentation which substantiates that the household is ineligible or eligible for fewer benefits (even if these facts led to the suspicion of fraud and the resulting fraud hearing) and the household fails to request a fair hearing and continuation of benefits pending the hearing.

(f) Criteria for determining fraud. The hearing authority shall base the determination of fraud on clear and convincing evidence which demonstrates that the household member knowingly, willfully, and with deceitful intent committed fraud, as defined in subsection (2) of this section.

(g) Decision format. The hearing authority's decision shall specify the reasons for the decision, identify the supporting evidence, identify the pertinent regulation, and respond to reasoned arguments made by the household member or representative.

(h) Appeal rights of the household member. If the hearing authority rules that the household member has committed fraud, the household member may appeal the

decision to court. After a household member has been found to have committed fraud by the hearing authority, the household member shall be disqualified for three months beginning with the first month which follows the date the household member has received the hearing decision. The disqualification period shall be three months, without regard to the amount of food stamps fraudulently obtained or the number of fraudulent acts the hearing finds the individual has committed. No further administrative appeal procedure exists after an adverse department hearing. The determination of fraud made by a fraud hearing official cannot be reversed by a subsequent fair hearing decision. The household member, however, is entitled to seek relief in a court having appropriate jurisdiction. The period of disqualification may be subject to stay or other injunctive remedy.

(i) Notification of hearing decision.

(ii) If the hearing authority finds that the household member did not commit fraud, the hearing authority shall provide a written notice which informs the household member of the decision.

(iii) If the administrative fraud hearing authority finds that the household member committed fraud, the department shall mail a written notice to the household member prior to disqualification. The notice shall inform the household member of the decision and the reason for the decision. The notice shall also advise the remaining household members, if any, of either the allotment they will receive during the period of disqualification or that they must reapply because the certification period has expired. The decision shall inform the household member of the date disqualification will take effect. [Statutory Authority: RCW 74.04.510, 80-10-043 (Order 1529), § 388-54-826, filed 8/6/80; 79-10-084 (Order 1435), § 388-54-826, filed 9/21/79.]

WAC 388-54-827 Fraud administrative hearing-- Decision rendering process. (1) Initial decision. These rules are effective July 1, 1979.

(a) The hearing examiner who conducted the hearing shall write an initial decision. The hearing examiner shall file the original of the initial decision in the record of the proceedings and shall mail copies of the initial decision to the parties and their representatives.

(b) The initial decision shall automatically become the final decision of the Secretary if no petition for review is filed in accordance with subsection (2) below within ten days of mailing of the initial decision.

(2) Petition for review.

(a) Within ten days of mailing of the initial decision either party may petition a review examiner, in writing, for review of the initial decision. The petition for review shall set forth in detail the basis for the requested review and shall be mailed postage prepaid to the Office of Hearings and to the other party's last known address.

(b) The petition shall be based on any one of the following grounds materially affecting the substantial rights of a party:

(i) Irregularity in the proceedings by which the moving party was prevented from having a fair hearing. This

includes misconduct by the prevailing party and misconduct or abuse of discretion by the hearing examiner.

(ii) The findings of fact are unsupported by substantial evidence in view of the entire record.

(iii) Errors of law.

(iv) Need for clarification in order for the parties to implement the decision.

(v) The decision entered when the appellant failed to appear at the hearing should be vacated and the matter remanded upon a showing that the household member had good cause for not appearing at the hearing.

(c) Within fifteen days of mailing of the initial decision and where one party has filed a petition for review, the responding party may reply in writing to the petition for review. The response shall be mailed postage prepaid to the Office of Hearings and to the other party's last known address.

(3) Procedure for review by review examiner.

(a) A petition for review shall be granted only if, in the reasoned opinion of the review examiner, one of the grounds for review set forth in subsection (2) above are shown. Otherwise, the petition for review shall be denied and the initial decision shall be the final decision of the Secretary as of the date of denial of the petition(s) for review.

(b) In determining whether to grant review and in reviewing the initial decision the review examiner shall consider the initial decision, the petition(s) for review and any reply(s) thereto, the record or any part thereof, and any additional evidence submitted by the agreement of both parties in accordance with subsections (3)(d) and (e) below.

(c) If review is granted, the hearing examiner's initial findings of fact, conclusions of law, and decision shall not be modified by the review examiner unless, in the reasoned opinion of the review examiner:

(i) The findings of fact are unsupported by substantial evidence in view of the entire record, and/or

(ii) The application of law is erroneous, and/or

(iii) One or more of the grounds for filing a petition for review set forth at (2)(b) above is satisfied.

(d) The review examiner may accept additional evidence to correct omissions in the record, but only after notice to and agreement by both parties.

(e) The review examiner may remand the proceedings to the hearing examiner for additional evidence or argument if:

(i) Neither party cited the law correctly applicable to the issue(s) defined at the hearing and additional evidence or argument is needed for the review examiner to reach a reasoned decision. Nothing in this subsection shall be construed to allow the review examiner to remand the case to consider additional grounds for ineligibility or allegations of fraud which were not alleged by the department at the hearing, and/or

(ii) Irregularity in the proceedings occurred by which the party seeking review was prevented from having a fair hearing and additional evidence or argument is necessary to cure the irregularity, and/or

(iii) The review examiner considers a remand necessary and both parties assent to the remand.

(f) If review is granted, the review examiner shall render a reasoned decision affirming, reversing, modifying, or remanding the initial decision. That decision shall be final on the date of filing and shall be the final decision of the Secretary. The review examiner shall file the original of the final decision in the record of the proceedings and shall mail copies to the parties and their representatives. [Statutory Authority: RCW 74.04.510. 79-10-084 (Order 1435), § 388-54-827, filed 9/21/79.]

WAC 388-54-828 Fraud disqualification--Court imposed. (1) Court-ordered disqualifications of not less than six months and not more than twenty-four months may be imposed separate and apart from any action taken by the department.

(2) The department shall recommend to the courts that a disqualification penalty as provided in section (6)(b) of the Food Stamp Act be imposed in addition to any other civil or criminal fraud penalties.

(3) The department shall disqualify an individual found guilty of fraud by the courts when the court orders disqualification and for the length of time specified by the court. When the court does not specify a date for initiating the disqualification period, the department shall initiate the disqualification period with the first month following the date the disqualification was ordered.

(4) The department shall not initiate or continue a court imposed or administratively imposed fraud disqualification period contrary to a court order.

(5) If the court fails to address or specify a disqualification period for the fraudulent act, the department shall impose a six month disqualification period unless it is contrary to the court order.

(6) These rules are effective July 1, 1979. [Statutory Authority: RCW 74.04.510. 80-10-043 (Order 1529), § 388-54-828, filed 8/6/80; 79-10-084 (Order 1435), § 388-54-828, filed 9/21/79.]

WAC 388-54-830 Treatment of income and resources of disqualified members. During the period of time a household member is disqualified:

(1) The resources of the disqualified member shall continue to count in their entirety to the remaining eligible household members.

(2) A pro rata share of the income of the disqualified member less allowable exclusions shall be counted as income to the remaining members. The 20% earned income deduction shall apply.

(3) That portion of the household's allowable shelter and dependent care expenses which are either paid by or billed to the disqualified member shall be divided evenly among the household members including the disqualified member. All but the disqualified member's share is counted as a deductible shelter expense for the remaining household members.

(4) The disqualified member shall not be included when determining the household size for purposes of assigning a benefit level, or for purposes of comparing the household's net monthly income with the income eligibility standards.

(5) Whenever an individual is disqualified within the household's certification period, the department shall determine the eligibility or ineligibility of the remaining household members based on information in the case file and shall take the following action:

(a) Fraud disqualification. If the household's benefits are reduced or terminated because one of its members has been disqualified for fraud, no notice of adverse action is required. However, a written notice shall be sent at the same time the notice of disqualification is sent, informing the household of its revised eligibility and benefits levels. [Statutory Authority: RCW 74.04.510. 79-03-033 (Order 1374), § 388-54-830, filed 3/1/79.]

WAC 388-54-835 Claims against households--Nonfraud. (1) A claim shall be established against any household that has received more benefits than it was entitled to receive if less than 12 months have elapsed between the month a nonfraud overissuance occurred and the month the department discovered it.

(2) Nonfraud claims shall not be established against a household:

(a) That has transacted an expired ATP unless the household has altered the ATP.

(b) That failed to sign the application form, completed a current work registration form, was certified in the incorrect project area, or received food stamp benefits after its certification period had expired, as a result of department oversights.

(c) That did not receive food stamp benefits at a reduced level because its public assistance grant changed and the department failed to act.

(3) A household shall not be held liable for a claim because of a change in household circumstances which it is not required to report according to WAC 388-54-770(1).

(4) In calculating the amount of the nonfraud claim, the department shall determine the correct amount of food stamp benefits the household should have received after excluding those months that are more than 12 months prior to the date the overissuance was discovered. In cases involving reported changes, the department shall determine the month the overissuance initially occurred as follows:

(a) If the household failed to report a change within 10 days of the date the change became known to the household due to misunderstandings or inadvertent error, the first month affected by the household's failure to report shall be the first of the following month the change occurred.

(b) If the household timely reported a change, but the department did not timely act on the change, the first month affected by the department's failure to act shall be the first month the department should have made the change effective.

(5) After calculating the amount of the nonfraud claim, the department shall offset the amount of the claim against any amounts which have not yet been restored to the household pursuant to WAC 388-54-805.

(6) The department shall initiate collection action on all nonfraud claims unless the claim is collected through offset or one of the following conditions apply:

(a) The total amount of the nonfraud claim is less than \$35.00.

(b) The department has documentation which shows that the household cannot be located.

(c) The department shall initiate collection action by sending the household a written demand letter which informs the household:

(i) The amount owed and the reason for the claim;

(ii) The period of time the claim covers;

(iii) Any offsetting that was done to reduce the claim and how the household may pay the claim;

(iv) The household's right to a fair hearing;

(v) The statement which specifies that if a household is delinquent in repayment or is unable to pay the claim, the household's eligibility or level of benefits will not be affected.

(d) If the household does not respond to the first demand letter, additional letters shall be sent at 30 day intervals until the household has responded by paying or agreeing to pay the claim or until criteria for suspending or terminating collection action have been met.

(7) Collection of a nonfraud claim shall be suspended when:

(a) The household is financially unable to pay;

(b) There is a little likelihood that the household will pay the claim;

(c) The household cannot be located; or

(d) The cost of further collection action is likely to exceed the amount that can be recovered.

(8) The department shall terminate collection action if the claim has been held in suspense for three years. [Statutory Authority: RCW 74.04.510, 80-04-006 (Order 1492), § 388-54-835, filed 3/7/80; 79-03-033 (Order 1374), § 388-54-835, filed 3/1/79.]

WAC 388-54-840 Claims against households--

Fraud. (1) Prior to the determination of fraud, the claim against the household shall be handled as a nonfraud claim. A fraud claim shall be handled as such only if any of the following circumstances exist:

(a) The overpayment was established as a fraudulent claim prior to March 1, 1979;

(b) The household member was found guilty of fraud by a court of appropriate jurisdiction, regardless of the date of establishing the claim in question;

(c) The overpayment, all or a portion of which occurred on or after July 1, 1979, and an administrative fraud hearing found a household member to have fraudulently received benefits.

(2) The amount of the fraud claim shall be calculated back to the month the fraudulent act occurred.

In case of fraud due to failure to report a change in circumstances, the first month benefits were overissued shall be the month the change occurred.

(3) Individuals found to have committed fraud on or after July 1, 1979, shall be disqualified as follows:

(a) Administrative hearing - individuals shall be ineligible to participate in the program for three months;

(b) Court determinations of fraud, criminal/civil - individuals shall be ineligible to participate in the program for not less than six months and not more than twenty-four months as ordered by the court;

(c) The department shall impose a six month disqualification period when the court has not specified a disqualification period unless it is contrary to the court order;

(d) Only the individual(s) found to have committed fraud shall be disqualified, not the entire household.

(4) Collection of a fraud claim shall be initiated unless the household has repaid the overissuance as a result of nonfraud demand letters, or the household cannot be located or the legal representatives prosecuting a member of the household for fraud advise in writing that collection action will prejudice the case.

(a) The department shall send the household a written demand letter which specifies the amount owed, the reason for the claim, the period of time the claim covers, any offsetting that was done to reduce the claim, a repayment agreement, how the household may pay the claim and the household member's right to a fair hearing. Cases established as fraud prior to July 1, 1979, shall not be disqualified for lack of repayment.

(i) Because the time period covered may be different in fraud and nonfraud claims, a fraud demand letter shall be sent even though a nonfraud letter was previously sent.

(ii) The repayment agreement shall include the repayment requirements, the types and terms of the restitution schedule, the date restitution must begin in order to avoid continuing the period of disqualification, and the right of the household to negotiate the repayment schedule should the household's economic situation change.

(b) For noncourt cases established prior to July 1, 1979, if the household does not respond to the first demand letter, additional letters shall be sent at thirty-day intervals until the household agrees to pay, or the claim can be suspended or terminated.

(c) For all court fraud determinations and cases found to be fraudulent by administrative fraud hearings since July 1, 1979, if the household does not respond to the demand letter, the household member found to have committed fraud shall continue to be disqualified until the signed agreement to repay is returned;

(d) If the repayment agreement is signed and returned but the household fails to adhere to the agreement, the mandatory allotment reduction method of repayment shall be utilized.

(5) The department shall suspend collection action if any of the following criteria is met:

(a) The household is financially unable to pay the claim;

(b) There is little likelihood that the state can collect or enforce collection of any significant sum from the household;

(c) The household cannot be located;

(d) The cost of further collection action is likely to exceed the amount that can be recovered; or

(6) After the claim has been held in suspense for three years, it shall be terminated.

(7) The department shall collect fraud or nonfraud claims in one of the following ways:

(a) Lump-sum, if the household is financially able to pay the claim this way.

(b) Installments, if the household has insufficient liquid resources or is otherwise financially unable to pay in a lump sum. If the full amount of the claim cannot be liquidated in three years without creating a financial hardship on the household, the department shall compromise the claim by reducing it to an amount that the household can pay in three years.

(c) A household member found to have committed fraud through an administrative hearing or a court proceeding as set forth in subsection (1) of this section may elect to have the monthly allotment reduced by the individual's pro rata share or twenty-five percent of the total allotment whichever is less. A lesser amount can be deducted if it results in equal increments or if the full amount can be recovered within a year. If such a household member fails to make its regular payments, the household shall be sent a notice that the overdue payments must be made, or the repayment schedule renegotiated, or if no contact is made by the household the department may transfer to mandatory allotment reduction without prior notice of adverse action.

(d) If the household member found to have committed fraud has not returned a completed repayment agreement, the department shall send a subsequent notice one month prior to the end of the specified period of disqualification advising that he/she shall remain disqualified until such time as an agreement to repay is executed (effective June 1, 1980).

(e) If the household member fails to make a payment in accordance with the established cash repayment schedule, the department shall issue a notice explaining that no payment or an insufficient payment was received. The notice shall indicate that unless the overdue payments are made or the individual contacts the department to discuss renegotiating the payment schedule, the department may invoke allotment reduction without a notice of adverse action (effective June 1, 1980).

(f) If the household member responds to the notice, the department shall: (i) Permit the individual to make the overdue payments and continue payments based on the previous schedule if he/she wishes; or (ii) renegotiate a new payment schedule and execute a new written agreement letter if the individual requests it.

(8) The department shall not deny, terminate or reduce a household's benefits for failure to repay a claim, to agree to a repayment schedule or to make the agreed upon payment; except for the allotment reduction when repayment of a claim is beginning after the period of disqualification and the household member found to have committed fraud does not make agreed upon cash repayments. [Statutory Authority: RCW 74.04.510. 80-10-043 (Order 1529), § 388-54-840, filed 8/6/80; 79-03-033 (Order 1374), § 388-54-840, filed 3/1/79.]

Chapter 388-55 WAC
ASIAN REFUGEE ASSISTANCE

WAC
388-55-010 Indochinese refugee assistance.

WAC 388-55-010 Indochinese refugee assistance.

(1) Assistance shall be granted to Vietnamese, Cambodian and Laotian refugees within the provisions of Public Law 95-145, the Indochinese Refugee Assistance Program.

(2) For the purpose of the refugee assistance program a refugee is defined as a Cambodian, Vietnamese or Laotian national who has fled from and cannot return to his country due to persecution or fear of persecution because of race, religion, or political opinion. Under this definition, the following individuals shall be eligible to apply for assistance and/or services under the refugee assistance program:

(a) An individual who has parole status as indicated by an INS (Immigration and Naturalization Service) Form I-94.

(b) An individual who has voluntary departure status as indicated by Form I-94.

(c) An individual who has conditional entry status as indicated by Form I-94.

(d) An individual who was admitted to the United States with permanent resident status on or after April 8, 1975 (the date on which the president designated Vietnamese and Cambodians to be refugees under the Migration and Refugee Assistance Act), as indicated by Form I-151 or I-551.

(e) An individual who has permanent resident status as a result of adjustment of status under P.L. 95-145 as indicated by Form I-151 or I-551.

(3) Indochinese refugee assistance cases eligible for the AFDC and/or Medicaid programs shall be transferred to such programs retroactively effective as of October 1, 1977, or as of such date as the case qualified for refugee assistance, whichever is later.

(a) Refugees must meet AFDC or Medicaid eligibility criteria to be transferred.

(b) A refugee cash assistance case being transferred to AFDC shall be regarded as a recipient rather than a new applicant so that income shall be disregarded accordingly.

(4) Applications from refugees not currently receiving refugee cash and or medical assistance shall be determined for AFDC or Medicaid eligibility before determining eligibility for the refugee assistance program.

(a) If the applicant is determined not eligible for AFDC, eligibility shall then be determined under the refugee assistance program.

(b) If the applicant is determined not eligible for Medicaid, eligibility shall then be determined under the refugee assistance program.

(5) Requirements of categorical relatedness of federal assistance programs are waived for refugees under the refugee assistance program.

(6) Refugees terminated from the AFDC program because of refusal to comply with requirements, shall not be eligible for IRAP assistance.

(7) Assistance to all types of refugee cases, regardless of family composition, shall be provided at the AFDC monthly payment standards; income and resources will be treated according to AFDC standards. No resources which are not available, including property remaining in Vietnam, Laos or Cambodia, shall be considered in determining eligibility for financial assistance.

(8) The refugee family unit which includes United States citizen children, by virtue of their being born in this country, shall be treated as a single assistance unit under the refugee assistance program.

(9) (a) All applicants for and recipients of a financial grant under the refugee assistance program and each member of the family group of which they are a part are required to register for employment with the state employment service unless the individual is:

(i) An individual who is under sixteen, or who is under age twenty-one and is attending school or training full time, or who is age twenty-one or over and is attending school or training as approved by the department;

(ii) A person who is ill, incapacitated, or over sixty-five;

(iii) A person whose presence in the home is required because of illness or incapacity of another member of the household;

(iv) A mother or other caretaker of a child under the age of six who is caring for the child;

(v) A mother or other caretaker of a child, when the nonexempt father or other nonexempt adult relative in the home is registered and has not refused to accept employment without good cause.

(b) The nonexempt refugee applicant or recipient must accept employment when available as specified in WAC 388-57-025(4) through (7).

(c) Inability to communicate in English does not justify exemption from registration or acceptance of employment.

(10) Refusal of an employable adult refugee to register with the employment service without good cause shall result in the following actions. In addition, refusal to accept, continue or participate in a training or employment opportunity or referral, from any source, which is determined appropriate for that refugee by the CSO shall also result in the following actions:

(a) The ESSO will provide counseling within seven days of recipients refusal to participate. This counseling is intended to provide the refugee with an understanding of the implications of his refusal to accept employment or training, and to encourage the refugee's acceptance of such opportunity. Only one such counseling session is required but additional counseling may be provided at the discretion of the ESSO.

(b) If the employable refugee recipient continues to refuse an offer of employment or training, assistance will be terminated thirty days after the date of his original refusal. The refugee shall be given at least ten days written notice of the termination of assistance and the

reason therefore. This sanction shall be applied in the following manner:

(i) If the assistance unit includes other individuals, then the grant shall be reduced by the amount included on behalf of that refugee. If the employable refugee is a caretaker relative, assistance in the form of protective or vendor payments will be provided to the remaining members of the assistance unit.

(ii) If such individual is the only individual in the assistance unit, the grant shall be terminated.

(iii) The recipient's voluntary agency (VOLAG) shall be notified if either action (i) or (ii) takes place, provided that the provisions for safeguarding information in chapter 388-48 WAC are met.

(iv) A decision by the refugee to accept employment or training, made at any time within the thirty-day period after the date of the original refusal, shall result in the continuation of assistance without interruption if the refugee continues to meet the eligibility requirements for continued assistance.

(v) An employable refugee shall be ineligible for a period of thirty days after the termination of assistance because of refusal to accept or continue employment or training.

(11) A refugee of any age who is otherwise eligible shall not be denied cash assistance while enrolled and participating in a training program which is part of an employability plan approved by the ESSO, that is, training intended to have a definite short-term (less than one year) employment objective.

(12)(a) Adult refugee recipients shall be eligible for earned income exemptions as specified in WAC 388-28-570, regardless of assistance unit composition.

(b) The income of a refugee dependent child shall be treated as specified in WAC 388-28-535.

(13) All refugee recipients who are sixty-five years of age or older, or who are blind or disabled will be referred immediately to the social security administration for SSI benefits. The SSI applicant will be included in the assistance grant at the AFDC standard until payments are received.

(14)(a) The refugee recipient receiving a continuing assistance grant is eligible for medical assistance as specified in WAC 388-82-010(1).

(b) Eligibility for medical care for the nonrecipient refugee shall be determined as specified in chapter 388-83 WAC. Eligibility is based on medical and financial need only; requirements of categorical relatedness are waived. Subdivision (11)(a) is applicable in determining the amount of participation in medical costs for refugee recipients.

(c) The refugee recipient who becomes ineligible because of increased income from employment shall remain eligible for medical assistance for four calendar months beginning with the month of ineligibility provided that:

(i) In the case of a single individual assistance unit:

(A) The individual received assistance in at least three of the six months immediately preceding the month of ineligibility; and

(B) He/she continues to be employed.

(ii) In the case of a multiple individual assistance unit:

(A) The family received assistance in at least three of the six months immediately preceding the month of ineligibility; and

(B) A member of the family continues to be employed.

(d) Medical need shall not be an eligibility factor.

(15) Refugee recipients shall have their continuing eligibility for financial and medical assistance redetermined at least once in every three months of continuous receipt of assistance. [Statutory Authority: RCW 43.20A.550, 79-02-025 (Order 1367), § 388-55-010, filed 1/17/79, effective 3/1/79; 78-04-037 (Order 1283), § 388-55-010, filed 3/20/78; Order 1188, § 388-55-010, filed 2/18/77; Order 1173, § 388-55-010, filed 11/24/76; Order 1160, § 388-55-010, filed 10/6/76; Order 1079, § 388-55-010, filed 12/24/75; Order 1041, § 388-55-010, filed 8/7/75.]

Chapter 388-57 WAC

EMPLOYMENT AND TRAINING--WORK INCENTIVE

WAC

- 388-57-010 Utilization of employment security department.
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- 388-57-070 Economic social service office--State employment service joint case responsibility.
- 388-57-090 Refusal of training or employment under WIN/employment and training without good cause--Fair hearings.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 388-57-029 Person attending post-high school education or training. [Order 750, § 388-57-029, filed 12/7/72; Order 610, § 388-57-029, filed 9/22/71; Order 544, § 388-57-029, filed 3/31/71, effective 5/1/71; Order 452, § 388-57-029, filed 5/14/70, effective 6/15/70.] Repealed by Order 858, filed 9/27/73.
- 388-57-035 Referral of employable applicant or recipient to division of vocational rehabilitation. [Order 544, § 388-57-035, filed 3/31/71, effective 5/1/71; Order 340, § 388-57-035, filed 2/14/69.] Repealed by Order 610, filed 9/22/71.

- 388-57-050 Work incentive program--Objective. [Order 340, § 388-57-050, filed 2/14/69.] Repealed by Order 544, filed 3/31/71, effective 5/1/71.
- 388-57-055 Work incentive program--Referral of AFDC recipient to state employment service. [Order 544, § 388-57-055, filed 3/31/71, effective 5/1/71; Order 452, § 388-57-055, filed 5/14/70, effective 6/15/70; Order 414, § 388-57-055, filed 12/23/69; Order 340, § 388-57-055, filed 2/14/69.] Repealed by Order 750, filed 12/7/72.
- 388-57-060 Work incentive program--Mandatory participation by certified AFDC recipient. [Order 750, § 388-57-060, filed 12/7/72; Order 544, § 388-57-060, filed 3/31/71, effective 5/1/71; Order 452, § 388-57-060, filed 5/14/70, effective 6/15/70; Order 340, § 388-57-060, filed 2/14/69.] Repealed by Order 832, filed 7/26/73.
- 388-57-065 County office screening unit--Composition--Duties. [Order 414, § 388-57-065, filed 12/23/69; Order 340, § 388-57-065, filed 2/14/69.] Repealed by Order 452, filed 5/14/70, effective 6/15/70.
- 388-57-075 Work incentive program--Child care plan--Standards--Payment. [Order 544, § 388-57-075, filed 3/31/71, effective 5/1/71; Order 414, § 388-57-075, filed 12/23/69; Order 340, § 388-57-075, filed 2/14/69.] Repealed by Order 750, filed 12/7/72.
- 388-57-079 Work incentive program--Supplemental payments for trainees--Special authorization for clothing. [Order 544, § 388-57-079, filed 3/31/71, effective 5/1/71; Order 452, § 388-57-079, filed 5/14/70, effective 6/15/70.] Repealed by Order 750, filed 12/7/72.
- 388-57-080 Work incentive program--Special authorization for transportation. [Order 544, § 388-57-080, filed 3/31/71, effective 5/1/71; Order 452, § 388-57-080, filed 5/14/70, effective 6/15/70; Order 340, § 388-57-080, filed 2/14/69.] Repealed by Order 750, filed 12/7/72.
- 388-57-083 Work incentive program--Special authorization for supplementary medical care. [Order 544, § 388-57-083, filed 3/31/71, effective 5/1/71; Order 452, § 388-57-083, filed 5/14/70, effective 6/15/70.] Repealed by Order 750, filed 12/7/72.
- 388-57-084 Work incentive program--Pre-referral physical examination. [Order 544, § 388-57-084, filed 3/31/71, effective 5/1/71; Order 476, § 388-57-084, filed 9/8/70.] Repealed by Order 750, filed 12/7/72.
- 388-57-110 Work incentive program--Special work projects. [Order 544, § 388-57-110, filed 3/31/71, effective 5/1/71; Order 397, § 388-57-110, filed 10/15/69.] Repealed by Order 750, filed 12/7/72.

WAC 388-57-010 Utilization of employment security department. The department of employment security shall be utilized to provide recipients of public assistance the opportunity to find and prepare for employment. [Order 832, § 388-57-010, filed 7/26/73; Order 544, § 388-57-010, filed 3/31/71, effective 5/1/71; Order 340, § 388-57-010, filed 2/14/69.]

WAC 388-57-015 Utilization of employment security department DES--Registration. (1) An employable applicant/recipient of general assistance shall be currently registered for employment with DES prior to granting of assistance.

(2) An AFDC-E parent or stepparent who qualifies the assistance unit for the program shall be registered for employment as specified in WAC 388-24-135(5).

(3) An AFDC-R mandatory registrant, WAC 388-24-107, shall be registered for WIN with DES through the CSO at the time of granting of assistance. This requirement shall not affect the eligibility of the children

for AFDC-R. [Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-57-015, filed 10/23/79. Statutory Authority: RCW 74.08.090. 79-03-013 (Order 1368), § 388-57-015, filed 2/15/79; Order 1101, § 388-57-015, filed 2/25/76; Order 832, § 388-57-015, filed 7/26/73; Order 610, § 388-57-015, filed 9/22/71; Order 544, § 388-57-015, filed 3/31/71, effective 5/1/71; Order 452, § 388-57-015, filed 5/14/70, effective 6/15/70; Order 340, § 388-57-015, filed 2/14/69.]

WAC 388-57-020 Unemployment compensation status—Verification. (1) An applicant for or recipient of AFDC-R, AFDC-E or general assistance who is potentially eligible for unemployment compensation as determined by the CSO based on work history and availability for employment, shall apply for unemployment compensation unless he/she furnishes written verification that he/she is receiving or not eligible to receive unemployment compensation.

(2) A recipient of AFDC-R, AFDC-E or general assistance who becomes potentially eligible for unemployment compensation is required to comply with the provisions of subsection (1) within 30 days.

(3) The spouse of the AFDC-E applicant/recipient who is potentially eligible for unemployment compensation is required to comply with the provisions of subsections (1) and (2). [Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-57-020, filed 10/23/79; Order 1189, § 388-57-020, filed 2/18/77; Order 1051, § 388-57-020, filed 9/10/75; Order 832, § 388-57-020, filed 7/26/73; Order 610, § 388-57-020, filed 9/22/71; Order 544, § 388-57-020, filed 3/31/71, effective 5/1/71; Order 340, § 388-57-020, filed 2/14/69.]

WAC 388-57-025 Acceptance of full or part-time employment—Effect of refusal on eligibility. (1) This section applies to all AFDC-E applicants/recipients who are not certified to the WIN program. It does not apply to AFDC-R applicants/recipients.

(2) "Employment" as used in this section shall mean part-time or full-time employment for wages, in cash or in kind, equal in value to the community rate for the type of work to be performed.

(3) Refusal without good cause to accept a bona fide offer of part-time or full-time employment or to continue working when employed, or ordered to return to former employment under a Taft-Hartley injunction, by an employable applicant or recipient shall make the person and other members of that assistance unit ineligible for public assistance for at least thirty days, or until that person accepts available employment, whichever is the lesser period. If at the end of the thirty days the employment is still available or other reasonable employment is available, another thirty days' penalty will become effective. Such employment shall be reasonably available and within the individual's competence to perform.

(a) For an applicant, the period of ineligibility shall begin with the date of refusal,

(b) For a recipient, the period of ineligibility shall be the calendar month following expiration of the advance notice period.

(4) Full-time employment when available must be accepted. The acceptance of part-time employment when full-time work is available does not satisfy this requirement. An offer of employment shall be verified as specified in subsections (5) and (6) of this section. Subsection (4) of this section does not apply when a person with limited skills and abilities is working to the best of his/her ability.

(5) Written notification by the DES that it placed an individual in employment shall constitute verification of a job offer. The DES refers a person to a job only when the wage paid is not less than the prevailing community rate.

(6) If the DES did not refer the individual to the job, the written or verbal statement from an employer that clearly indicates that he did, in fact, offer the individual specific employment on a specific date for a specified wage shall constitute verification of a bona fide job offer. However, in agricultural or similar labor situations, a bona fide offer of employment is considered verified when there is a statement, substantiated by pertinent details in the case record, that a specific employment opportunity existed for the recipient and the recipient had knowledge of the opportunity.

(7) The following conditions when verified shall constitute good cause for refusal of an offer of employment or refusal to continue employment:

(a) Physical, mental or emotional inability of the individual to satisfactorily perform the work required,

(b) Inability of the individual to get to and from the job without undue cost or hardship to him/her,

(c) The nature of the work would be hazardous to the individual,

(d) The wages do not meet any applicable minimum wage requirements and are not customary for such work in the community,

(e) The job is available because of a labor dispute,

(f) Adequate child care is not available to the single parent AFDC household,

(i) the recipient has the right to choose the type of child care from those available,

(ii) when only one type of child care is available, the available type must be accepted by the recipient. [Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-57-025, filed 10/23/79. Statutory Authority: RCW 74.08.090. 79-03-013 (Order 1368), § 388-57-025, filed 2/15/79. Order 1101, § 388-57-025, filed 2/25/76; Order 906, § 388-57-025, filed 2/14/74; Order 750, § 388-57-025, filed 12/7/72; Order 610, § 388-57-025, filed 9/22/71; Order 544, § 388-57-025, filed 3/31/71, effective 5/1/71; Order 452, § 388-57-025, filed 5/14/70, effective 6/15/70; Order 340, § 388-57-025, filed 2/14/69.]

WAC 388-57-028 Vocational training. (1) It is the objective of the department to assist some unemployed persons to obtain employment which is within their capacity to perform as soon as possible. When training is

the most appropriate method of fulfilling this objective, the department may support up to 24 continuous months of vocational training as defined in WAC 388-22-030(73). The 24 months shall not include the time necessary to acquire a general educational development certificate or high school diploma prior to enrollment in a vocational program.

(2) With the exception of work incentive program and vocational rehabilitation services training plans, the CSO must make a decision approving or disapproving a vocational training plan when an applicant or recipient requests child care or other supplemental payments.

(a) CSO approval is required for any vocational training plan which makes it necessary for the responsible relative to reside apart from his/her family if the responsible relative requests assistance to meet his/her needs while in training.

(3) Deleted.

(4) The CSO shall not approve a training plan when

(a) The plan requires more than 24 continuous calendar months to meet the objective stated in subsection (1), or

(b) The plan does not meet the definition of vocational training as stated in WAC 388-22-030(73).

(5) In exceptional situations or when an individual is sufficiently handicapped to require more time than the average student to complete a two-year course, or if a short additional period is required to complete a previously developed plan, an exception may be requested under the rules in chapter 388-20 WAC.

(6) The CSO shall not authorize child care or other supplemental payments for an applicant or recipient when a training plan has been disapproved. [Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-57-028, filed 10/23/79; Order 1199, § 388-57-028, filed 3/18/77; Order 1101, § 388-57-028, filed 2/25/76; Order 976, § 388-57-028, filed 10/28/74; Order 832, § 388-57-028, filed 7/26/73; Order 610, § 388-57-028, filed 9/22/71; Order 544, § 388-57-028, filed 3/31/71, effective 5/1/71; Order 355, § 388-57-028, filed 5/29/60.]

WAC 388-57-030 Acceptance of training for employment--Effect of refusal on eligibility. (1)(a) This section is applicable to the AFDC-E applicant or recipient parent or stepparent who qualifies the family for AFDC-E who is exempt from WIN registration.

(b) This section does not apply to:

(i) An AFDC-R applicant or recipient,

(ii) An AFDC-E recipient certified to the WIN/E&T program.

(2) When employment is not available, refusal without good cause to accept a bona fide offer of training for employment which is reasonably available to an employable applicant or recipient who qualifies the assistance unit for AFDC-E and is within his competence to perform shall make him/her and other members of the assistance unit ineligible for public assistance for at least thirty days or until he/she accepts employment or training for employment whichever is the lesser period. If, at the end of the thirty days, employment or training for

employment is still available, another thirty days' penalty will become effective.

(a) For an applicant, the period of ineligibility shall begin with the date of refusal.

(b) For a recipient, the period of ineligibility shall be the calendar month following expiration of the advance notice period. [Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-57-030, filed 10/23/79. Statutory Authority: RCW 74.08.090. 79-03-013 (Order 1368), § 388-57-030, filed 2/15/79; Order 1165, § 388-57-030, filed 10/27/76; Order 906, § 388-57-030, filed 2/14/74; Order 750, § 388-57-030, filed 12/7/72; Order 610, § 388-57-030, filed 9/22/71; Order 544, § 388-57-030, filed 3/31/71, effective 5/1/71; Order 452, § 388-57-030, filed 5/14/70, effective 6/15/70; Order 340, § 388-57-030, filed 2/14/69.]

WAC 388-57-032 Employment and training (E&T) program. (1) The employment and training (E&T) program is a department of social and health services designated program which is complimentary to and consistent with the work incentive (WIN) program as described in this chapter. It is designed to provide services to employable recipients of AFDC who are not receiving work incentive (WIN) program services and to employable applicants/recipients of general assistance.

(2) The WIN rules, including all responsibilities, exemptions, sanctions and protections in chapter 388-57 WAC apply to the employment and training (E&T) program except as outlined in WAC 388-57-032 and 388-57-036.

(3) The following services will be available through the E&T program to recipients in both WIN and non-WIN localities:

(a) Placement in employment;

(b) Referral to other programs offering public service employment (PSE) or training;

(c) Self-support services.

(4) In WIN areas, recipients of AFDC are required to satisfy WIN program requirements prior to being considered for E&T. Persons certified to WIN may be suspended to E&T. [Statutory Authority: RCW 74.08.090. 80-02-023 (Order 1472), § 388-57-032, filed 1/9/80.]

WAC 388-57-036 Employment and training (E&T)--Definitions. The terms in chapter 388-57 WAC apply in the E&T program except:

(1) "Certification" means acceptance for E&T services of GA-N applicants/recipients and AFDC recipients in non-WIN areas. The form is retained by the CSO rather than being sent to DES;

(2) "Registrant" means a recipient who is registered for E&T services;

(3) "Self-support services" means counseling, child care, transportation, miscellaneous expense and medical payments during the certification period to assist the recipient in obtaining employment and training (E&T). These departmental payments are exempt;

(4) "DES-DSHS joint case responsibility" is not applicable in the E&T program;

(5) The thirty dollar incentive payment is not applicable in the E&T program;

(6) A sixty-day counseling period according to WAC 388-57-062 shall be provided to AFDC recipients who have failed or refused training or employment and training program without good cause.

(7) Protective or vendor payments shall not be imposed upon noncooperating AFDC-R recipients not certified to WIN;

(8) Registration to the E&T program does not satisfy the requirement to register for employment with DES. [Statutory Authority: RCW 74.08.090, 80-02-023 (Order 1472), § 388-57-036, filed 1/9/80.]

WAC 388-57-040 Work incentive program--Statutory basis. The work incentive (WIN) program is authorized by Part C of Title IV of the Social Security Act which directs the secretary of labor to establish work incentive programs in each state. The Washington state employment security department, by agreement with the secretary of the U.S. department of labor, provides AFDC recipients with the following service categories for placement:

(1) Placement in employment, on-the-job training, or

(2) Institutional and work experience training likely to lead to regular employment, or

(3) Public service employment. [Order 750, § 388-57-040, filed 12/7/72; Order 544, § 388-57-040, filed 3/31/71, effective 5/1/71; Order 397, § 388-57-040, filed 10/15/69; Order 340, § 388-57-040, filed 2/14/69.]

WAC 388-57-045 Work incentive program--Definitions. As used in the WIN program and in other rules of Title 388 WAC relating to WIN

(1) "Certification" means a written statement by the department to the state employment service that requested self-support services are provided or arranged for a specific participant and that the individual is ready for employment or training, or that no self-support services are needed and that the individual is at that time ready for employment or training.

(2) Deregistration means the removal of an individual from the WIN program. Such removal is required when the individual has

(a) Refused to participate without good cause

(b) Been required to register in error

(c) Become exempt

(d) Become ineligible for AFDC except in the case where he is participating in subsidized employment, for example, public service employment (PSE) or on the job training (OJT), or is working in unsubsidized employment and receiving WIN funded services from the department.

(e) Become employed as a voluntary WIN participant even though the individual continues to be eligible for assistance.

(f) Been required to register and has failed to appear for a second appraisal interview without good cause.

(3) "Exempt" means an AFDC recipient who is not legally required to register for employment or training under the WIN program.

(4) "Incentive payments" means cash payment up to \$30 per month, paid semi-monthly to a WIN participant who is participating in an activity for which such payments are authorized.

(5) "Institutional training" means skill training for a specific occupational area conducted by an instructor in a nonwork site setting.

(6) "On the job training (OJT)" means structured training for specific occupational skills provided by an employer in a work site setting. The AFDC-E recipient who is employed more than one hundred hours a month in OJT is considered to be fully employed and ineligible for assistance.

(7) "Public service employment" means a WIN component which provides subsidized, transitional employment for WIN participants with public or private nonprofit agencies.

(8) "Registrant" means an AFDC recipient who has registered for manpower services, training, and employment as provided by Part C of Title IV of the Social Security Act.

(9) "Registration" means the process whereby an AFDC applicant or recipient signs a completed registration card.

(10) "Self-support services" means those services necessary to enable the participant to enter employment or training which has been requested by the state employment service and provided or arranged by the department.

(11) "Training-related expenses" means those reimbursable expenses incurred by participants in order to participate in work experience and training.

(12) "Unassigned/recipient" means an AFDC recipient who is not working full-time and is not in a WIN component or status.

(13) "Volunteer" means any AFDC recipient who is legally exempt from registration who chooses to register for WIN.

(14) "Working registrant" means an AFDC recipient registered with WIN, who is currently working full-time in unsubsidized employment. Full-time is defined as 40 hours a week except where fewer hours are normal to the occupation but on no account less than 30 hours per week. [Order 1165, § 388-57-045, filed 10/27/76; Order 1101, § 388-57-045, filed 2/25/76; Order 872, § 388-57-045, filed 11/16/73; Order 750, § 388-57-045, filed 12/7/72.]

WAC 388-57-056 Refusal to cooperate in appraisal prior to certification. A WIN registrant, unless a volunteer, who is determined to have failed or refused without good cause to appear for appraisal or otherwise cooperate during the appraisal process will be de-registered from WIN by DES. An E&T registrant, unless a volunteer, who is determined to have failed or refused without good cause to appear for appraisal or otherwise cooperate during the appraisal process will be de-registered from E&T by the CSO.

(1) If the de-registered recipient is the parent who qualified the assistance unit for AFDC-E, the entire assistance unit shall be terminated unless the other parent can qualify the family for AFDC-E (see WAC 388-24-135).

(a) Once a parent who first qualifies the assistance unit for AFDC-E is de-registered, a sanction period is established in accordance with WAC 388-57-061. This person's needs shall be reinstated in the grant after the sanction period is completed or earlier if exempt status is acquired;

(b) The other parent who becomes the qualifying parent must satisfy all eligibility criteria for the AFDC-E program.

(2) Any other de-registered recipient shall be removed from the AFDC grant for failure to participate. This person's needs shall be reinstated in the grant after the sanction period is completed or earlier if exempt status is acquired. [Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-57-056, filed 10/23/79; Order 1118, § 388-57-056, filed 5/13/76.]

WAC 388-57-057 Work incentive program--Certification of AFDC recipient to state employment service.

(1) An AFDC recipient registered with WIN shall be certified to the state employment service when requested by the state employment service.

(2) Self-support services required by the individual shall be provided and continued as needed during the individual's participation in all WIN components, and for a thirty-day period from the start of full time, continuous employment. The thirty-day limitation following employment shall include "WIN on-the-job training", "WIN public service employment", and WIN "suspense" to CETA "on-the-job training" and "public service employment".

(3) An unemployed parent who qualifies the family for AFDC-E must be certified to WIN/E&T within thirty days of receipt of assistance whether or not requested by the state employment service.

(4) A certified mandatory registrant may not refuse supportive services if such refusal prevents the individual from accepting an appropriate work or training assignment. Such refusal shall be treated as a refusal to participate without good cause. [Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-57-057, filed 10/23/79; Order 1165, § 388-57-057, filed 10/27/76; Order 1118, § 388-57-057, filed 5/13/76; Order 1101, § 388-57-057, filed 2/25/76; Order 872, § 388-57-057, filed 11/16/73; Order 832, § 388-57-057, filed 7/26/73; Order 750, § 388-57-057, filed 12/7/72.]

WAC 388-57-061 Refusal of training or employment under WIN/E&T without good cause. (1) This section does not apply to a voluntary WIN/E&T registrant who discontinues participation in the program.

(2) If and for so long as an individual certified to the WIN/E&T program has been determined by DES/DSHS to have refused without good cause to participate in the WIN/E&T program or to accept a bona

fide offer of employment in which he/she is able to engage:

(a) If such individual is the unemployed parent who qualifies the assistance unit for the AFDC-E program, assistance for the entire assistance unit shall be terminated, unless the other parent can qualify the remaining members of the assistance unit for AFDC-E;

(b) If such individual is a caretaker relative other than the qualifying parent receiving AFDC-E, his/her needs shall not be taken into account in determining the family's need for assistance;

(c) If such individual is a caretaker relative receiving AFDC-R, his/her needs shall not be taken into account in determining the family's need for assistance. Assistance in the form of protective or vendor payments will be provided to WIN-related registrants only;

(d) If such individual is the only dependent child in the family, assistance for the family will be terminated; and

(e) If such individual is one of several dependent children in the family, assistance for such child will be terminated and his/her needs will not be taken into account in determining the family's need for assistance.

(3) The specified sanctions in subsection (2) of this section shall not be applied during the period of sixty days in which the individual is being provided the counseling described in WAC 388-57-062 except that in the case of the caretaker relative receiving AFDC, assistance in behalf of him/her and his/her family will be provided in the form of protective or vendor payments as described in WAC 388-33-450.

(4) In the event an individual certified to the WIN/E&T program refuses to accept employment offered to him/her by an employer, whether directly or through the employment service, the determination as to whether the offer was bona fide or there was good cause to refuse the offer will be made by DES/DSHS and will be binding on the department.

(5) In the event an individual certified to DES/DSHS E&T should need to be referred back to the CSO as having good cause for not continuing on a training plan or job, the CSO should promptly restore the assistance payment to the individual if otherwise eligible or make other necessary payment adjustments. [Statutory Authority: RCW 43.20A.550. 79-11-081 (Order 1444), § 388-57-061, filed 10/23/79. Statutory Authority: RCW 74.08.090. 79-03-013 (Order 1368), § 388-57-061, filed 2/15/79; Order 832, § 388-57-061, filed 7/26/73.]

WAC 388-57-062 Refusal of training or employment under WIN without good cause--Counseling period.

(1) The department shall provide counseling for a period of up to sixty days to a mandatory registrant who is certified to the WIN program and determined by DES to have refused training or employment under the WIN program without good cause for the purpose of persuading such individual to accept appropriate training or employment.

(2) The sixty-day counseling period shall begin on the fifth business day after:

(a) The expiration of the prescribed time period for filing a request for a hearing with DES from a notice of proposed termination from the WIN program or the date the request for a hearing is dismissed.

(b) If a hearing has been held, the date of the hearing officer's written decision finding that the participant has refused or failed to accept employment or participate in a WIN program activity without good cause.

(c) Counseling may be terminated during the sixty-day period when it becomes apparent that the counseling efforts are proving unsuccessful. A certified registrant who fails without good cause to appear for two or more counseling meetings shall be considered to have terminated the counseling.

(d) The sixty-day counseling period shall not be provided to uncertified registrants.

(e) Certified registrants may be reaccepted into WIN at any time during counseling. Such individuals, if they subsequently refuse to participate without good cause, shall not receive another counseling period.

(3) Once a period of counseling has been provided to an individual and such individual has again been found by DES to have refused training or employment under the WIN program without good cause, the department shall not provide another period of counseling. [Statutory Authority: RCW 74.08.090, 79-03-013 (Order 1368), § 388-57-062, filed 2/15/79; Order 1165, § 388-57-062, filed 10/27/76; Order 832, § 388-57-062, filed 7/26/73.]

WAC 388-57-064 Refusal of training or employment under WIN without good cause--Reregistration and reacceptance to WIN. (1) An individual who has been deregistered because of failure to accept employment or to participate in the WIN program without good cause may again register for WIN, provided the sanction period set by DES has elapsed since deregistration and the individual has given evidence to DES of willingness to participate.

(2) Reacceptance in the work incentive program may be denied where the termination action was the result of the individual's disruptive behavior or of criminal or other activities which presented a hazard to the staff or other participants.

(3) Reacceptance may also be denied where DES determines that the individual's sixty-day counseling was not successful and that readmission would be disruptive to the orderly administration of the activity. [Statutory Authority: RCW 74.22.110, 79-10-082 (Order 1433), § 388-57-064, filed 9/21/79; Order 1165, § 388-57-064, filed 10/27/76; Order 1118, § 388-57-064, filed 5/13/76; Order 832, § 388-57-064, filed 7/26/73.]

WAC 388-57-070 Economic social service office--State employment service joint case responsibility. The ESSO shall participate with the local state employment service office in appraisal of registrants for participation in the WIN program; joint participation is also required in resolving disputes between WIN and the applicant or recipient. [Order 1165, § 388-57-070, filed 10/27/76; Order 750, § 388-57-070, filed 12/7/72; Order 544, §

388-57-070, filed 3/31/71, effective 5/1/71; Order 340, § 388-57-070, filed 2/14/69.]

WAC 388-57-090 Refusal of training or employment under WIN/employment and training without good cause--Fair hearings. (1) An AFDC applicant who claims to be exempt from WIN/employment and training (E&T) registration as provided in WAC 388-24-107 shall be considered exempt until his/her status is finally determined.

(2) An individual who is dissatisfied with the determination that he/she must register for the work incentive (WIN) program or the employment and training (E&T) program as provided in WAC 388-24-107 may request a fair hearing.

(3)(a) DES has responsibility for hearing and deciding disputes over their decisions involving refusal or failure without good cause on the part of a registrant or participant to accept employment or to participate in the work incentive (WIN) program or the employment and training (E&T) program upon suspension from the WIN program.

(b) DSHS has responsibility for hearing and deciding disputes over their decisions involving registrant/participant refusal or failure to accept employment or to participate in the employment and training (E&T) program without good cause only when he/she is not certified to the WIN program. Refer to WAC 388-57-061.

(4) This section is applicable to applicants/recipients of general assistance who are employable and are required to participate in the E&T program. [Statutory Authority: RCW 74.08.090, 80-02-023 (Order 1472), § 388-57-090, filed 1/9/80; Order 1118, § 388-57-090, filed 5/13/76; Order 832, § 388-57-090, filed 7/26/73; Order 750, § 388-57-090, filed 12/7/72; Order 544, § 388-57-090, filed 3/31/71, effective 5/1/71; Order 340, § 388-57-090, filed 2/14/69.]

Chapter 388-59 WAC

EMERGENCY ASSISTANCE AS LOANS TO SUPPLEMENTAL SECURITY INCOME BENEFICIARIES

WAC

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388-59-100	Representative payee.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 388-59-120 Representative payee—Immediate hardship. [Order 910, § 388-59-120, filed 3/1/74.] Repealed by Order 940, filed 6/10/74 before publication in WAC.
- 388-59-130 Representative payee—Monthly standards for emergency payments. [Order 910, § 388-59-130, filed 3/1/74.] Repealed by Order 940, filed 6/10/74 before publication in WAC.
- 388-59-140 Representative payee—Application—Verification—Payment. [Order 910, § 388-59-140, filed 3/1/74.] Repealed by Order 940, filed 6/10/74 before publication in WAC.

WAC 388-59-010 State supplementary payments—Definitions. (1) "Supplemental security income (SSI) program" means the Federal program of supplemental security income for the aged, blind, and disabled established by section 301 of the social security amendments of 1972, and subsequent amendments, and administered by the social security administration (SSA).

(2) "Supplementary payment" means the state money payment to individuals receiving benefits under Title XVI (or would but for their income be eligible for such benefits) as assistance based on need in supplementation of SSI benefits.

(3) "Federal benefits" means the money payment determined to be payable as the SSI amount.

(4) "Mandatory state supplement" means the state money payment with respect to individuals who, for December 1973, were recipients of money payments under the department's former programs of old age assistance, aid to the blind and disability assistance.

(5) "Optional state supplement" means the elected state money payment to individuals eligible for SSI benefits on or after January 1, 1974.

(6) "Eligible individual" means an aged, blind or disabled person as defined in Title XVI of the social security act. If two such persons are husband and wife (and have not been living apart for more than six months) only one of them may be considered an eligible individual. (See WAC 388-59-045).

(7) "Eligible spouse" means an aged, blind or disabled individual who is the husband or wife of an eligible individual and who has not been living apart from such eligible individual for more than six months. (See WAC 388-59-045).

(8) "Eligible couple" means an eligible individual and eligible spouse.

(9) "Essential person" means a person whose needs were taken into account in determining the need of an OAA, AB, or DA recipient for December 1973, who lives in the home of such recipient, and who is not an eligible individual or eligible spouse.

(10) "OAA, AB, DA" means the department's programs of old age assistance, aid to the blind and disability assistance under Titles I, X and XIV of the social security act and repealed by Public Law 92-603 effective January 1, 1974.

(11) "Grandfathering" means the process by which OAA, AB, and DA grants for December, 1973, were converted to SSI and state supplementary payments effective January 1, 1974.

(12) "Ineligible spouse" means the husband or wife of an eligible individual who is either not aged, blind or disabled or although aged, blind or disabled has not applied for SSI.

(13) "Living alone" designates an individual or couple who live in their own home or in one of the following alternate care situations: Congregate care, adult family home, foster family group home, or DD group home.

(14) "Living in household of another" designates an individual or couple who do not pay a pro rata share of the household expenses based on fair market value or when both board and room are supplied. [Statutory Authority: RCW 74.08.090. 79-04-036 (Order 1379), § 388-59-010, filed 3/22/79; Order 910, § 388-59-010, filed 3/1/74.]

WAC 388-59-020 State supplementary payments—General provisions. (1) State supplementary payments are administered by the social security administration (SSA) pursuant to an agreement with the department.

(2) The social security administration shall make determinations of eligibility for state supplementary payments with respect to individuals residing in the state who are or will be receiving (or would but for their income be eligible to receive) basic federal payments, and shall make determinations of eligibility for mandatory state supplements.

(3) The social security administration shall make state supplementary payments to individuals determined to be eligible in such amounts as agreed upon with the department.

(4) The social security administration shall provide individuals reasonable notice and opportunity for a hearing with respect to findings of fact and decisions as to the rights of such individuals applying for optional state supplementary payments or mandatory state supplementary payments.

(5) The SSA shall impose, as promptly as is feasible, deductions against supplementary payments or mandatory minimum supplements, if any are validly prescribed by the state, on eligible individuals or eligible spouses for failure to comply with reporting requirements established by SSA.

(6) SSA shall make determinations of eligibility for Title XIX medical assistance for eligible individuals and eligible spouses as part of the determination of eligibility for SSI and state supplementary payments.

(a) Essential spouse remains eligible for Title XIX medical as long as their "grandfathered" essential spouse status does not cease.

(b) Ineligible spouses requesting medical assistance must make a separate application to the department. [Statutory Authority: RCW 74.08.090. 79-04-036 (Order 1379), § 388-59-020, filed 3/22/79; Order 910, § 388-59-020, filed 3/1/74.]

WAC 388-59-030 State supplementary payments—Establishing eligibility. (1) The supplemental security income application form shall serve as an application for a state supplementary payment.

(2) Any individual who is, or would be, eligible to receive supplementary payments may waive the right by making a written request for waiver to SSA.

(a) When an ineligible spouse and an eligible individual have minor children eligible for AFDC, the ineligible spouse may choose to waive the state supplement and receive AFDC as part of the child's assistance unit.

(b) Any individual or his/her spouse who waives supplementary payments for oneself or his/her ineligible spouse shall not receive state-funded general assistance in lieu of the supplementary payments.

(3) Any individual who has waived supplementary payments may revoke such waiver at anytime by making a written request to the social security office.

(4) A "grandfathered" recipient retains such status as long as he continues to meet the eligibility requirements for OAA, AB and DA in effect for the state programs prior to January 1, 1974. [Statutory Authority: RCW 74.08.090. 79-04-036 (Order 1379), § 388-59-030, filed 3/22/79; Order 910, § 388-59-030, filed 3/1/74.]

WAC 388-59-040 State supplementary payments--Amount. (1) The amounts of state supplementary payments shall be as specified pursuant to the department's agreement with SSA.

(2) The payment level of state supplementary payments made to eligible individuals and couples may vary according to geographical location and the following type of living arrangement.

(a) Living alone as an individual, as a couple with eligible individual and eligible spouse or essential person, or as a couple with eligible individual and ineligible spouse.

(b) Living in household of another as an individual, as a couple with eligible individual and eligible spouse or essential person, or as a couple with eligible individual and ineligible spouse.

(3) Countable income, of an eligible individual or eligible couple, is determined in the same manner as such income is determined under SSI. Countable income affects the amount of state supplementary payments as follows:

(a) Countable income shall first be deducted from the basic federal benefit amount payable to an eligible individual or eligible couple.

(b) If countable income is equal to or less than the amount of the federal benefit rate, the full amount of the state supplementary payment as specified in the department's agreement with SSA shall be made.

(c) If countable income exceeds the amount of the federal benefit rate, the state supplementary payment shall be reduced by the amount of such excess.

(d) No state supplementary payment shall be made where countable income is equal to or exceeds the sum of the federal benefit rate and the state supplementary payment rate.

(4) A state supplementary payment shall be made on a monthly basis and shall be included in the same check as a federal benefit is payable. It shall be for the same month as the federal benefit.

(5) No optional state supplement will be paid:

(a) To any individual or couple residing in a public institution;

(b) To any individual or couple residing in a Title XIX facility;

(c) To grandfathered cases which consist of:

(i) An eligible individual and more than one essential person;

(ii) An eligible individual, eligible spouse and one or more essential persons. [Statutory Authority: RCW 74.08.090. 79-04-036 (Order 1379), § 388-59-040, filed 3/22/79; Order 910, § 388-59-040, filed 3/1/74.]

WAC 388-59-045 Separation of income and resources. (1) Income and resources are considered available to meet need of both husband and wife except when spouses are separated.

(a) When determining eligibility and benefit amounts for an aged, blind, or disabled individual and a spouse who is neither aged, blind or disabled or who has not applied, separation occurs after the husband and wife have lived apart for one month.

(b) When determining eligibility and benefit amounts for an aged blind or disabled individual and an aged, blind or disabled applying spouse, separation occurs after the husband and wife have lived apart for six months, except that for determining benefit amounts when either spouse resides in a Title XIX facility throughout a calendar month, separation occurs with the first month.

(2) The income and resources of a parent are considered available to meet the needs of a disabled child under age eighteen and any disabled students under age twenty-one only when:

(a) The child lives in the same household as the parent; and

(b) The amount of the parent's income available to the disabled child has first been reduced by all allowable earned or unearned income disregards and allocated to meet the needs, as established by SSA, of all ineligible family members residing in the same household.

(3) The income and resources of a parent are not considered available to meet the needs of a disabled student who is age twenty-one through twenty-two; such a person may still be considered a "child" for other SSI purposes only. [Statutory Authority: RCW 74.08.090. 79-04-036 (Order 1379), § 388-59-045, filed 3/22/79.]

WAC 388-59-048 Termination of optional state supplement. The optional supplement shall be terminated:

(1) Beginning the first month after the month the individual dies.

(2) The first month after the month in which the individual ceases to meet the categorical eligibility requirements of aged, blind or disabled.

(3) When the individual ceases to reside in Washington state.

(4) When the individual fails to apply for and, if eligible, obtain benefits or accept vocational services as specified by SSA.

(5) When the individual's disability is based on alcoholism or drug addiction and he/she is not undergoing treatment required by SSA.

(6) When the individual has resided throughout a calendar month in a public institution or a Title XIX facility. [Statutory Authority: RCW 74.08.090. 79-04-036 (Order 1379), § 388-59-048, filed 3/22/79.]

WAC 388-59-050 State supplementary payments—Additional requirements under specified circumstances—Chore services. (1) The department shall determine need and make payment for additional requirements as provided in WAC 388-29-150 through 388-29-270 to recipients of state supplementary payments.

(2) Recipients of SSI and/or state supplementary payments are eligible for chore services as provided in WAC 388-15-210 through 388-15-212. [Statutory Authority: RCW 74.08.090. 79-04-036 (Order 1379), § 388-59-050, filed 3/22/79; Order 910, § 388-59-050, filed 3/1/74.]

WAC 388-59-060 State supplementary payments—Overpayment and underpayment. (1) Upon determination that an overpayment has been made, SSA will make adjustments against future state supplementary payments for which the person is entitled.

(2) Recoupment procedures in effect for recovery of SSI benefit overpayments shall also apply to the recovery of state supplementary overpaid amounts. The department shall not compensate SSI beneficiaries for reductions of their income caused by such recoupment procedures.

(3) Upon determination that an underpayment of state supplementary payments is due and payable, the underpaid amount shall be paid to the underpaid claimant by SSA.

(4) If the underpaid person dies before receiving the underpaid amount of state supplementary payment, the underpaid amount shall be paid by SSA to the claimant's eligible spouse. If the deceased claimant has no eligible spouse, no payment of the underpaid amount shall be made. [Statutory Authority: RCW 74.08.090. 79-04-036 (Order 1379), § 388-59-060, filed 3/22/79; Order 910, § 388-59-060, filed 3/1/74.]

WAC 388-59-070 Mandatory state supplementary payments—Determining amount. (1) For individuals receiving OAA, AB or DA during December 1973 the amount of a state supplementary payment shall be

(a) The amount by which such individual or couple's December 1973 income exceeds the amount of SSI benefit plus other income used in computing assistance payable for such month, or

(b) The optional supplemental payment as determined by the department if such is a greater amount.

(2) "December 1973 income" means an amount equal to the sum of

(a) Money payments an individual would have received as a recipient of OAA, AB or DA according to rules in effect for June 1973 relating to eligibility for and amount of such payments, and

(b) The amount of the income of such individual other than public assistance money payments received by such individual in December 1973 after applying all appropriate income exclusions.

(3) A reduction shall be made for income not properly reported which would have resulted in a reduction of public assistance. [Order 910, § 388-59-070, filed 3/1/74.]

WAC 388-59-080 Mandatory state supplementary payments—Reduction. (1) If for any month after December 1973 there is a change with respect to any special need or special circumstance which, if such change had existed in December 1973, would have caused a reduction in the amount of such individual's OAA, AB or DA payment, then for such month and for each month thereafter, the amount of the mandatory state supplement payable to such individual shall be reduced as provided by rules in effect for OAA, AB or DA for the month of June 1973.

(2) A mandatory state supplementary payment shall not be adjusted to a higher amount than that computed as payable for January 1974. [Order 910, § 388-59-080, filed 3/1/74.]

WAC 388-59-090 Mandatory state supplementary payments—Termination of eligibility. An individual eligible for mandatory state supplementary payments beginning in January 1974 shall not be eligible for such payments.

(1) Beginning with the month after the month in which such individual dies, or

(2) The first month after the month in which such individual ceases to meet the definition of aged, blind or disabled under which he received assistance for December 1973, except that

(3) No individual shall be entitled to receive a mandatory supplementary payment for any month in which such individual was ineligible to receive SSI because such individual:

(a) Throughout such month is an inmate of a public institution, or

(b) Fails within 30 days to take all appropriate steps to apply for and, if eligible, obtain benefits as specified by SSA, or

(c) Is eligible solely by reason of disability and medically determined to be a drug addict or an alcoholic unless such individual is undergoing treatment as required by SSA, or

(d) For any month during all of which such individual is outside the United States, or

(e) Is under 65 and refuses without good cause to accept vocational services for which he is referred by SSA.

(4) The first month after the month in which the individual ceases to reside in Washington state. [Statutory Authority: RCW 74.08.090. 79-04-036 (Order 1379), § 388-59-090, filed 3/22/79; Order 910, § 388-59-090, filed 3/1/74.]

WAC 388-59-100 Representative payee. The secretary may act as representative payee for a child eligible

for SSI benefits. [Order 1194, § 388-59-100, filed 3/3/77; Order 910, § 388-59-100, filed 3/1/74.]

Chapter 388-62 WAC

REPATRIATED UNITED STATES CITIZENS— ASSISTANCE

WAC

388-62-020	Repatriated United States citizens—Program objectives.
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388-62-155	Repatriated United States citizens—Food stamps.
388-62-160	Repatriated United States citizens—Work incentive program.
388-62-165	Repatriated United States citizens—Funeral—burial expenses.
388-62-170	Repatriated United States citizens—Related social services.
388-62-190	Repatriated United States citizens—Safeguarding information.
388-62-200	Repatriated United States citizens—Reimbursement and assignment of claims.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-62-010	Assistance for United States citizens returned from foreign countries. [Regulation 26.00, filed 1/24/64.] Repealed by Order 546, filed 3/31/71, effective 5/1/71.
388-62-030	Administration—General. [Regulation 26.20, filed 1/24/64.] Repealed by Order 546, filed 3/31/71, effective 5/1/71.
388-62-055	Referral and identification of persons. [Regulation 26.31, filed 1/24/64.] Repealed by Order 546, filed 3/31/71, effective 5/1/71.
388-62-060	Referral procedure. [Regulation 26.32, filed 1/24/64.] Repealed by Order 546, filed 3/31/71, effective 5/1/71.
388-62-105	Payments of assistance—Medical care. [Regulation 26.53, filed 1/24/64.] Repealed by Order 546, filed 3/31/71, effective 5/1/71.
388-62-180	Recording. [Regulation 26.80, filed 1/24/64.] Repealed by Order 546, filed 3/31/71, effective 5/1/71.
388-62-185	Reporting. [Regulation 26.81, filed 1/24/64.] Repealed by Order 546, filed 3/31/71, effective 5/1/71.
388-62-205	Form for assignment of claim to United States for assistance received under Section 1113 of the Social Security Act. [Regulation 26.91, filed 1/24/64.] Repealed by Order 546, filed 3/31/71, effective 5/1/71.

WAC 388-62-020 Repatriated United States citizens—Program objectives. The purpose of this program is to help needy U.S. citizens and their dependents returned from foreign countries for the period necessary and to enable them to utilize other resources for maintenance as soon as possible. A person is needy who does

not have sufficient resources immediately available to meet his requirements for living. The intent is to provide assistance only for a limited period of time to persons who are without available resources. Recipients of temporary assistance, with some exceptions, are required to repay the cost of such assistance to the United States in accordance with their ability. [Order 546, § 388-62-020, filed 3/31/71, effective 5/1/71; Regulation 26.10, filed 1/24/64.]

WAC 388-62-035 Repatriated United States citizens—Department responsibilities. (1) Persons returning from foreign countries because of destitution or illness are likely to have urgent needs and hence it is essential that needed services are rendered as quickly as possible.

(2) The local office is responsible for developing a plan with relatives, the person and dependents who return, and with social agencies for reception and resettlement. In carrying out the plan, the local office provides transportation, financial assistance, medical care and hospitalization, and social service for adults and unaccompanied children as needed. It may be necessary to perform the following activities in carrying out this responsibility:

(a) Conduct a social study, before or after return to this country, regarding possibilities of employment, the willingness and ability of relatives to assist the individual, and other resources available for self-support, or if it appears that there may be need for assistance indefinitely the possibility of obtaining assistance in the state of residence or elsewhere.

(b) Meet the returning person and dependents at the port of entry and help them with problems aggravated or induced by illness, and to develop resources available for self-support, or, if it appears they may be in need indefinitely, the possibility of obtaining assistance in the state of residence or elsewhere.

(c) Arrange for transportation from the port of entry to place of residence or other destination, if after social study this is in the best interests of the individual.

(d) Refer persons to available employment, retraining, vocational rehabilitation, and medical services.

(e) Assure safeguards for children not under the immediate care and protection of their parents. Agency responsibility for unaccompanied minor children should not end until adequate legal protection is established.

(f) Inform persons requesting assistance of the provisions governing repayment to the United States of the cost of assistance and make recommendations to USDHEW as to their financial ability to repay. [Order 969, § 388-62-035, filed 9/13/74; Order 546, § 388-62-035, filed 3/31/71, effective 5/1/71; Regulation 26-.21, filed 1/24/64.]

WAC 388-62-050 Persons served. (1) To qualify for help from the program, an individual must be:

(a) A U.S. citizen or a dependent of a U.S. citizen (returned from a foreign country)

(b) Identified by the department of state as returned or brought from a foreign country because of destitution or illness

(c) Without resources immediately accessible to meet his needs.

(2) Within the above-identified coverage are U.S. citizens and their dependents who have returned from Cuba on or after September 1, 1960. [Regulation 26.30, filed 1/24/64.]

WAC 388-62-070 Repatriated United States citizens--Eligibility. (1) To qualify for help from the program, an individual must be

(a) a U.S. citizen or a dependent of a U.S. citizen returning from a foreign country,

(b) identified by the department of state as returned or brought from a foreign country because of destitution, or illness other than mental illness,

(c) without resources immediately accessible to meet his needs.

(2) Within the above identified coverage are U.S. citizens and their dependents who have returned from Cuba on or after September 1, 1960.

(3) Except in the case of U.S. citizens who have returned from Cuba, the need for financial assistance and medical care is the only factor of eligibility to be determined by the ESSO. The fact that an individual may have resources in a foreign country does not make him ineligible if the foreign country prohibits their removal.

(4) Temporary assistance under this program is limited to the first 90 days from the date of arrival of the person in the United States. If a person is handicapped in attaining self-support or self-care due to age, disability, lack of vocational preparation or similar reasons, an extension beyond the above limit may be requested from the Secretary of USDHEW. [Order 1082, § 388-62-070, filed 12/24/75; Order 546, § 388-62-070, filed 3/31/71, effective 5/1/71; Regulation 26.40, filed 1/24/64.]

WAC 388-62-075 Repatriated United States citizens--Standards of assistance. (1) Temporary assistance as used herein means money payments, medical care, temporary billeting, transportation, and other goods and services necessary for the health or welfare of individuals including guidance, counseling, and other welfare services. Assistance provided to adult repatriates shall be based upon supplemental security income standards, including the state supplement. The department's standards for the aid to families with dependent children or for foster care shall be used in determining the amount of financial assistance needed for families, with such adaptation as may be necessary due to the composition of the family, and without the use of the maximum cost standards for requirements.

(2) In determining the amount necessary for current and continuing self-support, consideration shall be given to the requirements of dependents, mortgage payments on real property occupied by the recipient as his home, for life insurance premiums, and for payments on obligations including medical bills.

(3) Depending upon the circumstances relating to repatriation, assistance may be granted to individuals and families in their own homes or for their maintenance in

congregate facilities, and for board and room in hotels or private homes. Provision may also be made for

(a) Transportation to their place of residence, to their relatives, or to a place where they can be resettled. The least costly and most direct means of transportation should be used unless effective service to the individual calls for providing other accommodations. Transportation also includes travel expenses, such as meals and lodging enroute and assistance with luggage, checking, storage, or transportation of personal effects.

(b) The cost of a special diet recommended by a physician

(c) Purchase of restaurant meals

(d) Housing arrangements to provide adequate accommodations

(e) Essential clothing for an initial supply and for the maintenance and replacement of such supply

(f) Medical and hospital care which a physician considers necessary because of the condition of the individual's health. Ordinarily, medical or hospital care at the port of entry is intended for treatment of acute illness which prevents the individual from traveling to his final destination where he would be able to obtain more complete care - see WAC 388-83-045.

(g) Communication by phone or telegraph to contact relatives, friends, or former employers to obtain access to resources for self-support.

(4) If it appears that a person may need financial assistance for maintenance after he reaches his destination, the local office, in addition to supplying transportation from the port of entry, may also provide sufficient funds for maintenance until he can contact the state-local agency on arrival at his destination. If foster care is required, standards for that program are used.

(5) Within 60 days after arrival in the United States, all persons who are 65 years of age, blind or disabled, shall be referred to the social security administration to apply for supplemental security income benefits. Assistance from the repatriate program shall be terminated immediately upon determination of eligibility for supplemental security income benefits. [Order 969, § 388-62-075, filed 9/13/74; Order 546, § 388-62-075, filed 3/31/71, effective 5/1/71; Regulation 26.41, filed 1/24/64.]

WAC 388-62-080 Repatriated United States citizens--Resources. (1) The resources considered in an emergency shall be only those immediately accessible for use at the time financial assistance is needed. Resources may be considered to be immediately accessible when they are in existence, the value is ascertainable, they are under the control of the individual, and he can draw upon them for maintenance.

(2) An individual may have resources through the company which employed him prior to repatriation. This company or former employer may assist their employee by financing transportation costs, living expenses, medical care, etc. Eligibility for benefits and assistance under established income maintenance programs should be considered a resource and help in securing such resources should be provided as soon as possible. [Order

546, § 388-62-080, filed 3/31/71, effective 5/1/71; Regulation 26.42, filed 1/24/64.]

WAC 388-62-095 Repatriated United States citizens--Assistance payments--Types of grants. Assistance is granted in cash or in kind to the recipient or in his behalf. It may be more convenient to grant assistance in kind at the port of entry and for transportation to the place of residence or resettlement. Cash assistance when needed temporarily in the place of residence or resettlement may be more appropriate. If there is no adult to whom a money payment can be made, or when congregate or other group care is purchased, payment can be made to vendors. [Order 546, § 388-62-095, filed 3/31/71, effective 5/1/71; Regulation 26.51, filed 1/24/64.]

WAC 388-62-100 Payments of assistance--Grants. (1) Grants for repatriated U.S. nationals shall be authorized and paid by use of procedures specified for general assistance noncontinuing assistance in chapter 388-62 WAC, except when foster care is authorized.

(2) SF 4595-B or SF 4595-B(T) certification of cash noncontinuing assistance, is used to certify a cash grant. SF 2600, disbursing order, is used to authorize a vendor payment.

(3) SF 5822-G, authorization of noncontinuing assistance, shall be used to compute and authorize grants.

(4) If foster care is required, payment is authorized by county office submittal of a voucher (A 19-PA1) to the state office monthly with appropriate codes entered. SF 5822-C is not used. [Regulation 26.52, filed 1/24/64.]

WAC 388-62-115 Repatriated United States citizens--Duration of assistance. The need for assistance is expected to be temporary since most returning United States citizens will be able to develop sufficient resources for maintenance or will soon be able to manage for themselves without financial help. If necessary, assistance may be continued on a temporary basis after the individual or family arrives at the place of residence or resettlement while the agency in the state of residence or resettlement makes a more complete investigation to determine need for further assistance, the amount of assistance required and the availability of other assistance or benefits. Assistance may be continued to persons without available resources until they become self-supporting or until their eligibility is established for assistance under any other public assistance program. If assistance is needed beyond the period of reception, the local office should review the recipient's situation at frequent intervals to assure that the need for assistance continues and that no other arrangements for maintenance can be made. [Order 546, § 388-62-115, filed 3/31/71, effective 5/1/71; Regulation 26.55, filed 1/24/64.]

WAC 388-62-130 Repatriated United States citizens--Welfare services. Welfare services are all services other than financial assistance to help individuals or

families adapt to the changes in their circumstances and to become self-sustaining as quickly as possible. These services may include counseling and referral in regard to employment, re-training, care and education of children, and resettlement. Most repatriated persons will have roots somewhere in this country and therefore will want to leave the port of entry as soon as appropriate arrangements for travel can be made. [Order 546, § 388-62-130, filed 3/31/71, effective 5/1/71; Regulation 26.60, filed 1/24/64.]

WAC 388-62-135 Repatriated United States citizens--Care and protection of children. Services should be provided for the care and protection of children, including care of children in foster homes or institutions. Social services or arrangements for facilities that supplement or substitute for parental care and supervision shall be made available as needed through the child welfare services program. Such services and assistance shall conform to the department's standards for foster home, receiving home, or institutional care. Recognized child welfare practices shall be observed in protecting the welfare of an unaccompanied minor child. [Order 969, § 388-62-135, filed 9/13/74; Order 546, § 388-62-135, filed 3/31/71, effective 5/1/71; Regulation 26.61, filed 1/24/64.]

WAC 388-62-155 Repatriated United States citizens--Food stamps. Repatriated U.S. citizens may be certified for federal food coupons as non-continuing assistance recipients, or if they receive no assistance as non-recipients. [Order 546, § 388-62-155, filed 3/31/71, effective 5/1/71; Regulation 26.71, filed 1/24/64.]

WAC 388-62-160 Repatriated United States citizens--Work incentive program. Repatriated U.S. citizens shall not be referred to the work incentive program. [Order 546, § 388-62-160, filed 3/31/71, effective 5/1/71; Regulation 26.72, filed 1/24/64.]

WAC 388-62-165 Repatriated United States citizens--Funeral-burial expenses. An application for funeral or burial expenses for a repatriated U.S. citizen must be cleared with the department's regional administrator before payment is authorized. [Order 969, § 388-62-165, filed 9/13/74; Order 546, § 388-62-165, filed 3/31/71, effective 5/1/71; Regulation 26.73, filed 1/24/64.]

WAC 388-62-170 Repatriated United States citizens--Related social services. Social services available to public assistance recipients shall be furnished to any U.S. repatriated citizen who requests them, without regard to eligibility for financial assistance. [Order 546, § 388-62-170, filed 3/31/71, effective 5/1/71; Regulation 26.74, filed 1/24/64.]

WAC 388-62-190 Repatriated United States citizens--Safeguarding information. (1) The use of information obtained about persons who receive temporary assistance under this program must be limited to the

purpose for which information was received. This limitation applies to

(a) Information about names and addresses including lists,

(b) Information furnished on applications, reports of investigations, medical reports, correspondence, and other records concerning the condition or circumstances of any person from whom or about whom information is obtained, whether recorded or not recorded,

(2) Local office evaluations of information may be released to another agency from whom the applicant has requested services and whose objective is the protection or advancement of his welfare. The basis for this disclosure is that the request constitutes an actual or implied consent for release of relevant information to such agency and a recognition that the release is to secure services for his benefit.

(3) Disclosure should be made only to representatives of other agencies which can give assurance that

(a) The confidential character of such information will be preserved,

(b) The information will be used only for the purposes for which it is made available, and for the functioning of the inquiring agency, and

(c) The standards of protection of the inquiring agency are equal to those of the department as to staff use of information and protective office equipment and procedures. This does not preclude disclosure upon proper inquiry of information about the presence of an eligible person in a hospital, or about his general condition and progress.

(4) Inspection of lists or rolls of persons furnished assistance under this program and publication of their names if prohibited. [Order 969, § 388-62-190, filed 9/13/74; Order 546, § 388-62-190, filed 3/31/71, effective 5/1/71; Regulation 26.82, filed 1/24/64.]

WAC 388-62-200 Repatriated United States citizens—Reimbursement and assignment of claims. (1) The local office function with respect to repayment is to

(a) Explain to an applicant that repayment is expected of persons with sufficient financial ability,

(b) Determine his ability to repay,

(c) Develop a plan of repayment when possible, and

(d) Recommend whether repayment is indicated.

(2) The kind and value of resources available to the individual or family and the obligations which must be met from these resources in the future must be explored. When possible, this evaluation should be made at the time assistance is approved for the individual.

(3) The department's rules and procedures for determining eligibility and need for federal aid are to be applied in this exploration, subject to the following:

(a) Ability to repay is considered to exist when resources in excess of continuing needs can be expected to become readily available to an individual within a reasonable period of time after self-support is attained. One year may be used as a reasonable period of time. It is not intended that an individual, in repaying the federal government, deplete himself of resources which he needs to become independent or to maintain his independence.

Resources are considered readily available when they are under control of the individual and are sufficient both for this maintenance and for repayment.

(b) Real and personal property may be considered according to the department's rules as to kind and method of determining the value. Resources intended for a future contingency, such as life insurance, ordinarily would not be considered readily available for repayment.

(c) In exploring an individual's resources, any claim he has against any person, trust or estate, partnership, corporation, or government in a foreign country shall be considered. Such claims may be assigned to the United States according to section 1113 of the social security act in making repayment of assistance. Assignment of such claim to the United States shall be required if no other resource in excess of that necessary for maintenance is available to an individual for repayment of assistance. Assignments are governed by the law of the state in which the assignment is executed.

(d) Assistance of less than fifty dollars is impracticable for collection. Repayment ordinarily will not be sought for assistance to cover incidental small expenses, such as overnight accommodations and meals in the course of reception, if no other assistance is furnished.

(4) As soon as an individual is found financially able to repay he shall be informed of the determination and the basis for it, and to discuss his plans for repayment.

(5) On termination of assistance, the USDHEW will notify the individual of the amount paid to him or in his behalf from information furnished by the department and will request repayment. Repayment should be made by personal check, cashier's check, or money order, payable (and sent directly) to the USDHEW, Washington, D.C., with sufficient identifying information to credit the payment properly. Checks made payable to the department of social and health services should be endorsed to the USDHEW. [Order 969, § 388-62-200, filed 9/13/74; Order 546, § 388-62-200, filed 3/31/71, effective 5/1/71; Regulation 26.90, filed 1/24/64.]

Chapter 388-70 WAC

**CHILD WELFARE SERVICES—FOSTER CARE—
ADOPTION SERVICES—SERVICES TO
UNMARRIED PARENTS**

WAC

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- 388-70-017 Rights of natural parents of child. [Order 1123, § 388-70-017, filed 6/7/76; Order 913, § 388-70-017, filed 3/1/74.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-018 Foster care—Duration of service. [Order 623, § 388-70-018, filed 10/27/71.] Repealed by Order 913, filed 3/1/74.
- 388-70-019 Responsibility of foster parents. [Order 913, § 388-70-019, filed 3/1/74.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-020 Services offered. [Regulation 70.020, filed 3/22/60.] Repealed by Order 623, filed 10/27/71.
- 388-70-025 Foster care—Eligibility. [Order 623, § 388-70-025, filed 10/27/71.] Repealed by Order 913, filed 3/1/74.
- 388-70-030 Application and requests for child welfare services. [Regulation 70.030, filed 3/22/60.] Repealed by Order 623, filed 10/27/71.
- 388-70-040 Foster care—Request for services. [Order 623, § 388-70-040, filed 10/27/71; Regulation 70.040, filed 3/22/60.] Repealed by Order 913, filed 3/1/74.
- 388-70-043 Foster care—Authorization for placement. [Order 763, § 388-70-043, filed 1/10/73; Order 623, § 388-70-043, filed 10/27/71.] Repealed by Order 913, filed 3/1/74.
- 388-70-046 Foster care—Rights of natural parents of child. [Order 623, § 388-70-046, filed 10/27/71.] Repealed by Order 913, filed 3/1/74.
- 388-70-049 Payment standards—Foster care in boarding school. [Order 913, § 388-70-049, filed 3/1/74.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-050 Requests from parents. [Regulation 70.050, filed 3/22/60.] Repealed by Order 623, filed 10/27/71.
- 388-70-052 Overpayments of foster care. [Order 913, § 388-70-052, filed 3/1/74.] Repealed by Order 1186, filed 2/3/77.
- 388-70-055 Foster care—Responsibility of foster parents. [Order 623, § 388-70-055, filed 10/27/71.] Repealed by Order 913, filed 3/1/74.
- 388-70-060 Services to the child in his own home. [Regulation 70.060, filed 3/22/60.] Repealed by Order 623, filed 10/27/71.
- 388-70-065 Foster care—Payment. [Order 623, § 388-70-065, filed 10/27/71.] Repealed by Order 825, filed 7/26/73.
- 388-70-070 Referrals to juvenile court. [Regulation 70.070, filed 3/22/60.] Repealed by Order 623, filed 10/27/71.
- 388-70-080 Foster care. [Regulation 70.080, filed 3/22/60.] Repealed by Order 623, filed 10/27/71.
- 388-70-085 Foster care—Determination of parents' financial ability to support child. [Order 623, § 388-70-085, filed 10/27/71.] Repealed by Order 918, filed 3/14/74.
- 388-70-090 Payment for foster care. [Regulation 70.090, filed 3/22/60.] Repealed by Order 623, filed 10/27/71.
- 388-70-100 Adoption services. [Regulation 70.100, filed 3/22/60.] Repealed by Order 1167, filed 10/27/76.
- 388-70-110 Services to unmarried parents. [Order 1020, § 388-70-110, filed 4/29/75; Order 689, § 388-70-110, filed 6/15/72; Regulation 70.110, filed 3/22/60.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-111 Services to unmarried parents—Duration of service. [Order 689, § 388-70-111, filed 6/15/72.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-112 Services to unmarried parents—Persons eligible. [Order 1020, § 388-70-112, filed 4/29/75; Order 689, § 388-70-112, filed 6/15/72.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 388-70-014 Eligibility for foster care—Need. [Order 1123, § 388-70-014, filed 6/7/76; Order 1040, § 388-70-014, filed 8/7/75; Order 965, § 388-70-014, filed 8/29/74; Order 913, § 388-70-014, filed 3/1/74.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-015 Foster care—Definition. [Order 623, § 388-70-015, filed 10/27/71.] Repealed by Order 913, filed 3/1/74.
- 388-70-016 Placement of child in foster care. [Order 1138, § 388-70-016, filed 7/29/76; Order 1123, § 388-70-016,

- 388-70-114 Services to unmarried parents—Payment. [Order 689, § 388-70-114, filed 6/15/72.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-116 Services to unmarried parents—Parents' responsibility. [Order 689, § 388-70-116, filed 6/15/72.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-118 Services to unmarried parents—Services available. [Order 689, 388-70-118, filed 6/15/72.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-120 Medical care. [Regulation 70.120, filed 3/22/60.] Repealed by Order 623, filed 10/27/71.
- 388-70-130 Foster homes. [Regulation 70.130, filed 3/22/60.] Repealed by Order 623, filed 10/27/71.
- 388-70-140 Interstate movement of children. [Regulation 70.140, filed 3/22/60.] Repealed by Order 623, filed 10/27/71.
- 388-70-150 Adoption studies for the superior court. [Regulation 70.150, filed 3/22/60.] Repealed by Order 1167, filed 10/27/76.
- 388-70-175 Veterans' benefits—Types of care. [Order 623, § 388-70-175, filed 10/27/71.] Repealed by Order 825, filed 7/26/73.
- 388-70-180 Foster family care—Standards for payment. [Order 825, § 388-70-180, filed 7/26/73; Order 763, § 388-70-180, filed 1/10/73; Order 654, § 388-70-180, filed 2/9/72; Order 623, § 388-70-180, filed 10/27/71; Order 554, § 388-70-180, filed 4/1/71; Order 418, § 388-70-180, filed 12/31/69; Regulation 70.180, filed 7/27/67; Regulation 70.180, filed 2/23/67, 12/28/66, 10/13/66, 3/31/66, 6/24/64, 9/26/63, 6/30/60, 3/22/60.] Repealed by Order 913, filed 3/1/74.
- 388-70-183 Payment standards for regular foster family care. [Order 825, § 388-70-183, filed 7/26/73.] Repealed by Order 913, filed 3/1/74.
- 388-70-185 Payment standards for receiving home care. [Order 825, § 388-70-185, filed 7/26/73.] Repealed by Order 913, filed 3/1/74.
- 388-70-187 Payment standards for specialized foster family care—Child with special needs. [Order 825, § 388-70-187, filed 7/26/73.] Repealed by Order 913, filed 3/1/74.
- 388-70-190 Payment standards for foster care in boarding school. [Order 825, § 388-70-190, filed 7/26/73 and repealed by Order 913, filed 3/1/74; Order 418, § 388-70-190, filed 12/31/69; Regulation 70.190, filed 7/27/67; Regulation 70.190, filed 3/31/66, 6/24/64, 9/26/63, 6/30/60, 3/22/60.] Repealed by Order 623, filed 10/27/71.
- 388-70-200 Payment standards for foster care in boarding school—Payment to foster family receiving public assistance. [Order 623, § 388-70-200, filed 10/27/71; Order 554, § 388-70-200, filed 4/1/71; Order 418, § 388-70-200, filed 12/31/69; Regulation 70.200, filed 9/26/63; Regulation 70.200, filed 3/22/60.] Repealed by Order 913, filed 3/1/74.
- 388-70-201 DSHS—Private child caring agency relationships—Legal basis. [Order 1123, § 388-70-201, filed 6/7/76.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-210 Payment standards for foster care in boarding school—Payment to relative. [Order 623, § 388-70-210, filed 10/27/71; Regulation 70.210, filed 9/26/63; Regulation 70.210, filed 3/22/60.] Repealed by Order 913, filed 3/1/74.
- 388-70-211 DSHS—Private child caring agency relationships—General terms. [Order 1123, § 388-70-211, filed 6/7/76.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-216 Contractual relationships. [Order 1123, § 388-70-216, filed 6/7/76.] Repealed by Order 1186, filed 2/3/77.
- 388-70-220 Payment standards for foster care in boarding school—Earnings of foster child. [Order 623, § 388-70-220, filed 10/27/71; Regulation 70.220, filed 6/24/64; Regulation 70.220, filed 9/26/63; Regulation 70.220, filed 3/22/60.] Repealed by Order 913, filed 3/1/74.
- 388-70-221 Responsibilities of private child caring agencies and DSHS for placement and care. [Order 1123, § 388-70-221, filed 6/7/76.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-222 Payment standards for foster care in boarding school—Out-of-state authorization—Payment. [Order 623, § 388-70-222, filed 10/27/71.] Repealed by Order 913, filed 3/1/74.
- 388-70-225 Retroactive increase in old-age, survivors, and disability insurance and railroad retirement benefits—1965 amendments—Foster care. [Regulation 70.221, filed 10/1/65.] Repealed by Order 623, filed 10/27/71.
- 388-70-230 Child care agency, institution, or maternity home—Setting rates of payment. [Order 1186, § 388-70-230, filed 2/3/77; Order 1116, § 388-70-230, filed 4/28/76; Order 965, § 388-70-230, filed 8/29/74; Regulation 70.230, filed 12/21/64, effective 2/1/65; Regulation 70.230, filed 6/24/64, 9/26/63, 8/28/62, 6/30/60, 3/22/60.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-235 Required reports—Content—Penalty for late reporting. [Order 1186, § 388-70-235, filed 2/3/77; Order 965, § 388-70-235, filed 8/29/74; Regulation 70.231, filed 12/24/64, effective 2/1/65.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-240 Computation of per capita expenditures. [Regulation 70.232, filed 12/24/64, effective 2/1/65.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-245 Nonprofit institution and maternity home—Rate setting—Exclusions. [Order 855, § 388-70-245, filed 9/13/73; Regulation 70.233, filed 12/21/64, effective 2/1/65.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-250 Nonprofit agency—Commercial operations. [Regulation 70.234, filed 12/21/64, effective 2/1/65.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-255 Voluntary agency licensed foster family care—Rate setting. [Order 1186, § 388-70-255, filed 2/3/77; Order 1123, § 388-70-255, filed 6/7/76; Order 855, § 388-70-255, filed 9/13/73; Regulation 70.235, filed 12/21/64, effective 2/1/65.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-260 New agency—Rate negotiated. [Regulation 70.236, filed 12/21/64, effective 2/1/65.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-270 Proprietary agency—Rate setting. [Regulation 70.237, filed 12/21/64, effective 2/1/65.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-275 Nonsubmission of reports—Late reporting—Penalties. [Regulation 70.238, filed 12/21/64, effective 2/1/65.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-280 Vouchering payment. [Order 1132, § 388-70-280, filed 7/8/76; Regulation 70.239, filed 12/21/64, effective 2/1/65.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.
- 388-70-300 (Appendix A) Informational list of voluntary child care agencies and institutions and agreed rates. [Appendix A, filed 12/21/64, effective 2/1/65.] Repealed by Order 623, filed 10/27/71.

388-70-320 Use of resources other than state department of public assistance medical program. [Regulation 70.240, filed 9/26/63.] Repealed by 78-09-098 (Order 1335), filed 9/1/78. Statutory Authority: RCW 74.08.090.

WAC 388-70-010 Foster care--Legal basis. (1) The department is authorized by RCW 74.13.020 to provide foster care.

(2) Foster care payments are vendor payments of public assistance funds. See WAC 388-22-030(72). [Statutory Authority: RCW 74.08.090, 78-09-098 (Order 1335), § 388-70-010, filed 9/1/78; Order 965, § 388-70-010, filed 8/29/74; Order 913, § 388-70-010, filed 3/1/74; Order 623, § 388-70-010, filed 10/27/71; Regulation 70.010, filed 3/22/60.]

WAC 388-70-012 Foster care--Definitions. (1) "Foster care" is a 24-hour per day substitute care for the child whose parents cannot or will not provide normal family care for him. Foster care may be provided in either a licensed foster family home or group care facility.

(2) "Foster care" includes

- (a) The determination of need for foster care,
- (b) Payment for the care of a child in an approved family foster home (see WAC 388-70-022(2)),
- (c) The purchase of care from an approved private child placement agency, group home, or maternity home,
- (d) The referral of child to a private child caring agency or institution, in order to meet the child's specific needs,
- (e) The determination of the needs of the child,
- (f) The placement of the child in the type of foster care facility which best meets its needs,
- (g) Medical services according to the rules of the department's medical program,
- (h) Supervision of the foster care placement. This may be direct supervision through departmental case-work services; or indirect supervision through evaluation of periodic reports as specified in WAC 388-70-235 from private child caring agencies, institutions or maternity homes with whom the department has contractual arrangements. [Statutory Authority: RCW 74.08.090, 78-09-098 (Order 1335), § 388-70-012, filed 9/1/78; Order 1123, § 388-70-012, filed 6/7/76; Order 913, § 388-70-012, filed 3/1/74.]

WAC 388-70-013 Authorization for foster care placement. A child may be placed in foster care only under the following circumstances:

(1) The child has been placed in temporary residential care after having been taken into custody pursuant to chapter 13.30 RCW, Runaway Youth Act. A child shall in no event remain in temporary residential care for more than seventy-two hours from the time of initial contact with the law enforcement officer, except as otherwise provided in this section.

(2) A petition, by child, parent(s), or the department requesting alternative residential placement for the child has been filed pursuant to section 26 or 28, chapter 155,

Laws of 1979 or approved pursuant to section 31, chapter 155, Laws of 1979 or upon a child having been admitted directly by section 23(1)(b), chapter 155, Laws of 1979.

(3) A child has been placed in shelter care as provided below:

(a) The child has been taken into custody, and placed in shelter care when there is probable cause to believe, pursuant to RCW 26.44.050, that the child is abused or neglected and the child would be injured or could not be taken into custody as provided in RCW 13.34.050.

(b) A petition has been filed with the juvenile court alleging the child is dependent; that the child's health, safety and welfare will be seriously endangered if not taken into custody and the juvenile court enters an order placing the child in shelter care. See RCW 13.34.050 and 13.34.060.

(c) No child shall be held longer than seventy-two hours, excluding Sundays and holidays, after such child is taken into custody, unless a court order has been entered for continued shelter care.

(d) No child shall be detained for longer than thirty days without a court order, authorizing continued shelter care.

(4) A juvenile court has determined a child is dependent and the court's order of disposition issued pursuant to RCW 13.34.130 removes the child from his or her home.

(5) A juvenile court has terminated the parent and child relationship pursuant to chapter 13.34 RCW, and placed the custody of the child with the department or a licensed child placing agency.

(6) The child and his or her parent(s) agree to the arrangement and/or continuation of alternative residential placement pursuant to RCW 74.13.031, as evidenced by a written consent to placement.

(7) When otherwise authorized by court order.

(8) The child's parent(s) or legal guardian(s) has requested, on forms prescribed by the department, the placement of the child by the department or a licensed child placement agency into foster care. Such requests shall comply with foster care placement criteria as developed by the department. (See WAC 388-70-016(5)) [Statutory Authority: RCW 74.08.090 and 1979 c 155, 79-10-026 (Order 1431), § 388-70-013, filed 9/10/79. Statutory Authority: RCW 74.08.090, 78-09-098 (Order 1335), § 388-70-013, filed 9/1/78; Order 1186, § 388-70-013, filed 2/3/77; Order 1123, § 388-70-013, filed 6/7/76.]

WAC 388-70-022 Payment of foster care. (1) Payment is made for foster care upon:

(a) Documentation of the need for the type and level foster care as determined by the department and

(b) Documentation of authority for the placement of a child in foster care as required by WAC 388-70-013 and

(c) Receipt of a request for payment of the care to be provided.

(2) All persons and agencies to whom the department makes payment must be appropriately licensed and approved, or, if not subject to licensing, be certified or otherwise approved as meeting licensing or other appropriate requirements of the department.

(3) Payment is made for out-of-state foster care placements only after approval from the two state offices involved.

(4) Authorization of payment is the responsibility of social services. The determination of the amount of parental support, except when stated in a superior court order, is the responsibility of the office of support enforcement.

(5) Foster care payments may be made to persons granted guardianship according to section 51, chapter 155, Laws of 1979. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-70-022, filed 9/10/79. Statutory Authority: RCW 74.08.090. 79-04-062 (Order 1384), § 388-70-022, filed 3/28/79; 78-09-098 (Order 1335), § 388-70-022, filed 9/1/78; Order 1260, § 388-70-022, filed 12/29/77, effective 2/1/78; Order 1123, § 388-70-022, filed 6/7/76; Order 913, § 388-70-022, filed 3/1/74.]

WAC 388-70-024 Payment of foster care--Effective date. (1) A foster care payment is effective the date a child is placed in care if an application for foster care payment is received within seven working days of placement. If an application is not received within seven working days of placement, the effective date of care is the date the application is received.

(2) The effective date of termination of foster care payments is the date the child no longer needs foster care or reaches the age of 18. If the child is attending but has not finished high school at the age of 18, payments shall be terminated on the date the high school program is completed. Such payments shall not be extended beyond age 21. [Statutory Authority: RCW 74.08.090. 78-09-098 (Order 1335), § 388-70-024, filed 9/1/78; Order 1123, § 388-70-024, filed 6/7/76; Order 1040, § 388-70-024, filed 8/7/75; Order 1020, § 388-70-024, filed 4/29/75; Order 913, § 388-70-024, filed 3/1/74.]

WAC 388-70-041 Payment standards--Foster family care. (1) The standards of payment in WAC 388-70-042 through 388-70-048 for foster family care for children eligible for departmental support apply equally to foster family homes under the direct supervision of the department and those under the supervision of voluntary child care agencies.

(2) The payment plan for all types of foster family care shall be determined through the study of the needs and resources of each child. The plan must, in all cases, be discussed with the foster parent so that he knows the basis for payment and the amount included for each item. The case record must also contain an explicit statement of the financial arrangement. [Order 913, § 388-70-041, filed 3/1/74.]

WAC 388-70-042 Payment standards--Regular foster family care. Effective July 1, 1979, foster care payment standards shall be as follows:

(1) The board payment for foster care of a child in a family foster home is one hundred and seven dollars per month for a child less than six years of age, one hundred and thirty-nine dollars per month for children six through eleven years of age and one hundred and sixty-seven dollars per month for a child twelve and over. For the purposes of determining the payment for board, the child's birthdate is considered to be the first of the month in which his birthday occurs.

(2) Foster parents shall be provided seventeen dollars and sixty-eight cents per month for personal incidentals including school supplies. A monthly clothing allowance of fourteen dollars and eighty-two cents is paid for children under twelve years, while seventeen dollars and sixty-seven cents is paid for children twelve years and older.

(3) An initial clothing allowance for children placed in foster care is provided to supplement a child's clothing supply, where necessary, at the time a child is placed in foster care. This allowance may not exceed one hundred dollars unless otherwise authorized by a regional office. [Statutory Authority: RCW 74.08.090. 79-11-085 (Order 1445), § 388-70-042, filed 10/24/79; Order 1260, § 388-70-042, filed 12/29/77, effective 2/1/78; Order 1149, § 388-70-042, filed 8/26/76; Order 1052, § 388-70-042, filed 9/10/75; Order 963, § 388-70-042, filed 8/19/74; Order 913, § 388-70-042, filed 3/1/74.]

WAC 388-70-044 Payment standards--Receiving home care--Standards for using. (1) The purpose and/or use of receiving home is to allow the department or private agency to care for a child in a foster family home on a temporary, emergent or interim basis in order that there be sufficient time for the development of a plan which includes the involvement of the child whenever possible.

(2) The two types of placements in receiving homes are emergency and regular. Placements under the conditions described in WAC 388-70-047 are classified as "emergency." All others are classified as "regular."

(3) Receiving homes supported by the department shall be limited to the number the CSO administrator determines necessary in his geographical area. The criteria to be followed are:

(a) Each department or private agency shall document its need for a receiving home and present the request in writing, giving the specifics, to the CSO administrator or to the regional director when more than one CSO administrator is involved.

(b) All receiving homes shall be licensed as foster family homes.

(c) Receiving homes are developed to provide care up to thirty days.

(d) The need for receiving home(s) must carry a direct relationship to the department's or private agency's type of program and service responsibilities.

(e) The intent of the service is to allow the department or private agency to develop and carry out a suitable plan for the child.

(4) Every six months the CSO administrator shall receive a written report on each receiving home, resubstantiating its continued use and need.

(5) Foster family homes which regularly provide care for children on a temporary, emergent, or interim basis and are available for placement twenty-four hours per day shall be designated as receiving homes. These homes shall be paid twenty-six dollars and seventy-five cents per month for each bed which is kept available for the emergency placement of children. In addition, the daily rate for receiving home care shall be nine dollars and thirty cents per day per child. Other foster homes which occasionally provide temporary, emergent, or interim care shall not be designated as receiving homes nor receive the retainer fee, but shall be reimbursed for such care at the receiving home rate of nine dollars and thirty cents per day per child.

(6) Temporary or emergency care for a child shall not exceed thirty days. After thirty days, the rate for children who remain in care in a receiving home shall be that for regular full time foster care except as authorized by the regional director. Clothing and personal incidentals are purchased for the child in receiving home care as needed.

(7) Private group care facilities may, at the discretion of the CSO administrator, be utilized to provide interim care for children and youths requiring care in a group setting. Unless otherwise contracted group care facilities shall be paid for providing interim care at their established daily rate. [Statutory Authority: RCW 74.08.090, 79-11-085 (Order 1445), § 388-70-044, filed 10/24/79; 78-09-098 (Order 1335), § 388-70-044, filed 9/1/78; Order 1260, § 388-70-044, filed 12/29/77, effective 2/1/78; Order 1208, § 388-70-044, filed 4/29/77; Order 1149, § 388-70-044, filed 8/26/76; Order 1052, § 388-70-044, filed 9/10/75; Order 965, § 388-70-044, filed 8/29/74; Order 963, § 388-70-044, filed 8/19/74; Order 913, § 388-70-044, filed 3/1/74.]

WAC 388-70-047 Emergency foster care assistance. (1) Emergency foster care assistance is available to any child who:

- (a) Is under the age of 18,
- (b) Has lived with a relative or relatives as specified in WAC 388-24-125 within six months prior to the need for emergency foster care assistance,
- (c) Is without resources immediately available to meet his needs, and
- (d) Is not in need of foster care because he or his relative refused employment or training without good cause.

(2) Emergency foster care assistance is limited to a maximum of 30 consecutive days in any 12 month period. [Statutory Authority: RCW 74.08.090, 78-09-098 (Order 1335), § 388-70-047, filed 9/1/78; Order 1052, § 388-70-047, filed 9/10/75.]

WAC 388-70-048 Payment standards--Specialized foster family care--Child with special needs. In addition to the basic rate for regular foster family home care specified in this chapter, an additional amount may be paid for the specialized care of a child with special needs as determined by the department. The additional amounts are:

- | | |
|--|--------------------|
| (1) Children with behavior problems | \$112.00 per month |
| (2) Intellectual/physically handicapped children | \$112.00 per month |
| (3) Emotionally handicapped children | \$112.00 per month |

[Statutory Authority: RCW 74.08.090, 79-11-085 (Order 1445), § 388-70-048, filed 10/24/79; 78-09-098 (Order 1335), § 388-70-048, filed 9/1/78; Order 1149, § 388-70-048, filed 8/26/76; Order 1052, § 388-70-048, filed 9/10/75; Order 963, § 388-70-048, filed 8/19/74; Order 913, § 388-70-048, filed 3/1/74.]

WAC 388-70-051 Education related foster care. (1) Licensed foster care will be provided for a handicapped child away from his home when requested by a school district and in concurrence with the wishes of the parents.

(2) Payment will be made by the school district when the only need for foster care arises from the need for an education. The department may pay the cost of foster care if the primary reason for placement in foster care is not educational. [Statutory Authority: RCW 74.08.090, 78-09-098 (Order 1335), § 388-70-051, filed 9/1/78; Order 924, § 388-70-051, filed 4/15/74.]

WAC 388-70-053 Payment standards--Incentive plan. The department shall develop criteria for an incentive plan payment which would authorize additional funding to family foster homes and receiving homes providing increased levels of care. The criteria for approving the incentive plan payment shall include experience, training, and demonstrated competency. The incentive plan will identify two levels of care which will allow the family foster homes to receive a monthly payment of \$20 and \$35 respectively per home. The department shall review the experience, training and demonstrated competency of foster homes on an annual basis to determine which homes might receive incentive plan payments. The decision of the department regarding the level of incentive plan payments shall not be subject to administrative hearing process. [Statutory Authority: RCW 74.08.090, 80-12-005 (Order 1534), § 388-70-053, filed 8/22/80.]

WAC 388-70-054 Temporary absence of child from foster care. (1) When a child is temporarily absent from a foster care facility, the actual number of days absent will be paid by the department, provided:

(a) The number of consecutive days of absence does not exceed fifteen within a thirty-day period;

(b) Written notification is provided to the responsible CSO three days in advance of planned visits exceeding seventy-two hours;

(c) The planned visits of less than seventy-two hours are reported to the responsible CSO in the child's quarterly progress report prepared by the private agency;

(d) The responsible CSO is notified on the next working day following the child's unplanned absence (notification may be made by a telephone call to the CSO followed by written notification within five working days from the facility);

(e) A licensed vacant bed is held for the child;

(f) The child will be accepted back by the facility; and

(g) The CSO is notified of date of child's return.

(2) Written verification to the absent child's responsible CSO will contain the following information:

(a) Planned visits;

(i) Child's name

(ii) Where the child will visit

(iii) Beginning and ending dates of the absence

(iv) A statement as to whether or not the child's unoccupied bed is being held for the child's return to the facility.

(b) Unplanned absences;

(i) Child's name, age, and home address

(ii) Time and date the child left the premises

(iii) A statement as to whether the child is acceptable back by the facility

(iv) A statement as to whether or not the child's unoccupied bed will be held for the child's return to the facility.

(3) In respect to absences from foster homes supervised by voluntary child placing agencies the preceding procedures will apply.

(4) When there is a planned temporary absence from a child foster family home supervised by a CSO, the service worker will be involved in the plan. In the case of an unplanned absence, the foster parents will notify the service worker orally, as soon as is practical, of the child's name, time and date that the child left the premises and whether or not the child's unoccupied bed will be held.

(5) In addition to the preceding requirements, the following limitations are placed on the payments for temporary absences of children from a children's group foster care facility and/or a child foster family home:

(a) A child's cumulative total of forty-five days absence within a six-month period is the maximum allowable for payment.

(b) With adequate justification of unusual circumstances, an exception to policy may be submitted for consideration of extension of the consecutive fifteen days and the accumulative forty-five days limitation. [Statutory Authority: RCW 74.08.090. 79-11-105 (Order 1449), § 388-70-054, filed 10/31/79; Order 1123, § 388-70-054, filed 6/7/76; Order 965, § 388-70-054, filed 8/29/74; Order 913, § 388-70-054, filed 3/1/74.]

WAC 388-70-056 Transportation and other expenses--Reimbursement. (1) When prearranged with the

department, foster parents shall be allowed transportation for medically related trips involving a foster child in their home. The department, within available funds, will provide reimbursement at the same rate authorized for employees. In addition, actual costs of food and lodging if necessary in securing the medical care will be reimbursed.

(2) Runaway dependents from other states:

(a) Planning and payment for return of a child who is subject to court order in another state and located in this state is the responsibility of the home state.

(i) If the home state refuses to pay for return transportation, the cost may be paid according to provisions of WAC 388-24-270 if the child meets the criteria in WAC 388-24-255.

(3) When a child who is subject to court order and in the custody of the department or a private agency runs away and is subsequently located, responsibility for planning remains with the department or private agency. If there are no financial resources to provide return transportation, the ESSO administrator may approve transportation costs.

(4) Costs for transporting children in foster care from one placement to another within the state may be approved by the ESSO administrator.

(5) Transportation costs for placement of a child to an out-of-state location can be authorized by the ESSO, contingent on the approval of both state offices involved. (See also WAC 388-70-022(3)). If the placement fails and Washington has retained jurisdiction of the child, transportation cost can be authorized by the ESSO contingent on approval of both state offices.

(6) When a Washington resident who is also a dependent minor is held by a juvenile court in another state as a runaway and the court requests transportation expenses from the ESSO and the parents state they cannot pay

(a) An immediate request to the CWS supervisor with jurisdiction in that court area for return of the child under emergency family assistance should be made.

(b) In the event the other state's CWS section refuses to take action, the parent's ability to pay the cost is determined by applying the department's standards in WAC 388-11-190. If parents are unable to pay an exception to policy request may be submitted per chapter 388-20 WAC. [Statutory Authority: RCW 74.08.090. 78-09-098 (Order 1335), § 388-70-056, filed 9/1/78; Order 1123, § 388-70-056, filed 6/7/76; Order 965, § 388-70-056, filed 8/29/74; Order 913, § 388-70-056, filed 3/1/74.]

WAC 388-70-058 Reimbursement for damage or loss caused by child in foster family care. (1) Within the limits of the sixty-nine thousand dollars allotted for this purpose for the 79-81 biennium, the department may reimburse foster family providers caring for children, for whom this department is making payment, for some damages or losses incurred by the provider and caused by children in their care. Claims shall be limited to three hundred dollars per claim no matter what type of loss is incurred. Claims must be submitted to the department

within thirty days of their occurrence. Determination of the payability of claims will be made by the department's regional office. Reimbursement will be based upon documentation of the cost of replacement and of the cause of the loss.

(2) The sole recourse for an appeal of an award, or failure to make an award, shall be to request a re-review by the regional director's office. [Statutory Authority: RCW 74.08.090. 80-04-055 (Order 1495), § 388-70-058, filed 3/21/80.]

WAC 388-70-062 Payment for foster care to family receiving public assistance. When a child is placed in foster care with a family receiving public assistance, the payments to the foster family for the child's board, clothing, and personal incidentals shall not be considered a resource to the family. [Order 913, § 388-70-062, filed 3/1/74.]

WAC 388-70-064 Payment for foster care to relative. (1) State foster care funds shall not be expended for a child living with a relative eligible to receive AFDC on behalf of the child.

(2) Natural parents, adoptive parents, and stepparents are not eligible to receive foster care payments.

(3) Relatives providing care to children potentially eligible for both AFDC and AFDC Foster Care must be given the choice of applying for either program.

(4) Homes of relatives eligible to receive AFDC grants need not be licensed; those paid from foster care funds must be licensed or certified as meeting licensing requirements per WAC 388-73-020.

(5) Other than a child's parents, persons not subject to licensing are grandparents, brothers, sisters, stepbrothers, stepsisters, uncles, aunts and first cousins. [Statutory Authority: RCW 74.08.090. 80-06-069 (Order 1504), § 388-70-064, filed 5/22/80; Order 913, § 388-70-064, filed 3/1/74.]

WAC 388-70-066 Foster care out-of-state--Authorization--Payment. (1) With the consent of the state office foster parents may be permitted to remove from the state a child who is in a permanent foster home. If the child is subject to court order, permission from the court must also be obtained. When the foster family moves to another state, arrangements with another social agency for supervision of the foster home placement are required. Such arrangements for supervision are not required when the family leaves the state during a vacation. Payments are continued at the department's current rates.

(2) When a child who is legally a resident of the state of Washington is placed in foster care in another state by the welfare department of that state, foster care payments are made at the rate requested by the state providing it does not exceed the department's current rates if it is the best plan for the child to remain there.

(3) State office approval of out-of-state placement is required before payment is made. [Statutory Authority: RCW 74.08.090. 78-09-098 (Order 1335), § 388-70-

066, filed 9/1/78; Order 913, § 388-70-066, filed 3/1/74.]

WAC 388-70-068 Earnings of foster child. An older child in foster care may be wholly or partially able to meet the cost of his maintenance. The local office must discuss with the child and foster parents the amount of the child's earnings, the purposes for which they are spent, and come to some understanding whereby the child is helped to achieve financial independence in as constructive a way as possible. Any portion of the child's earnings which are saved must be for a specific purpose approved by the agency. Exempt earned income standards which apply to AFDC also apply in foster care. See WAC 388-28-535(3). [Order 913, § 388-70-068, filed 3/1/74.]

WAC 388-70-069 Resources and unearned income of foster child. (1) If a child in foster care is entitled to financial benefits (except earnings as specified in WAC 388-70-068), the income received shall be used on behalf of the child to help pay for the cost of the foster care received.

(a) Income includes SSI, RSDI, veteran's benefits, railroad retirement benefits, inheritances, or any other payments for which the child is eligible, unless specifically exempted by the terms and conditions of the receipt of the income.

(b) Receipt of other income as described above shall not relieve the child's responsible parent(s) of the liability for payment of child support in accordance with WAC 388-70-075 through WAC 388-70-084.

(2) Any person, agency, or court which receives any payments on behalf of a child in foster care shall remit such payments to the office of support enforcement, in accordance with WAC 388-70-082.

(3) Resources in the control of a child in foster care shall be treated in accordance with WAC 388-28-400 through 388-28-455, except that resources accumulated from earned income under an approved casework plan as specified in WAC 388-28-535(3)(a)(iv) shall be exempt. [Order 1123, § 388-70-069, filed 6/7/76.]

WAC 388-70-075 Parents' obligation to support child in foster care. (1) Parents of children in foster care paid by the department satisfy their legal obligation to support their children when there is a superior court order for support by paying the amounts specified in the order or in the absence of a superior court order, by paying the amount determined under RCW 74.20A.055 and regulations promulgated in chapter 388-11 WAC.

(2) The provision for a written agreement between the department and the responsible parent(s) for payment of support for a child placed in foster care provided for in RCW 74.20A.030 shall not be utilized. In lieu thereof, in the absence of a superior court order requiring support from a parent of a child receiving foster care, the regulations promulgated in chapter 388-11 WAC shall provide the exclusive constitutional remedies to assert debts claimed under RCW 74.20A.292, 74.20A.030 and/or 74.20A.250 and/or 26.16.205.

(3) The office of support enforcement is responsible on behalf of the department of social and health services to take action under the provisions of chapter 74.20A RCW and chapter 388-11 WAC to enforce support obligations as to children in foster care paid for by the department. [Order 1123, § 388-70-075, filed 6/7/76; Order 918, § 388-70-075, filed 3/14/74; Order 623, § 388-70-075, filed 10/27/71.]

WAC 388-70-078 Standards for parental participation in cost of foster care--Minimum scale recommended to court. Recommendations to the superior court, specifically including the juvenile court, to establish, raise, lower, release or forgive support payments for a child placed in foster care may be made only by staff of the office of support enforcement and will be made only in accordance with the provisions of WAC 388-11-190. No department or private child care staff other than the staff of the office of support enforcement may make statements to or agreements with parent(s) or their representatives as to support enforcement matters affecting an amount of support debt. [Order 1123, § 388-70-078, filed 6/7/76; Order 918, § 388-70-078, filed 3/14/74.]

WAC 388-70-080 Referral of child in foster care to department's office of support enforcement. A referral by the ESSO to the respective district office of support enforcement serving that region is to be made for every foster care placement in which the department participates in payment for care. [Order 1123, § 388-70-080, filed 6/7/76; Order 1048, § 388-70-080, filed 8/29/75; Order 1016, § 388-70-080, filed 4/1/75; Order 918, § 388-70-080, filed 3/14/74.]

WAC 388-70-082 Parents' foster care payments to be remitted to department. All payments for the benefit and/or costs of care of children receiving foster care paid for by the department shall be paid to the department's office of support enforcement, unless there is a court order directing payment through a clerk of the court. Payments, pursuant to a court order, paid through a clerk of the court shall be sent to the office of support enforcement pursuant to RCW 74.20.101. [Order 1123, § 388-70-082, filed 6/7/76; Order 918, § 388-70-082, filed 3/14/74.]

WAC 388-70-084 Assignment of child support judgment and limited power of attorney. When there is a superior court order providing for payment of support from a parent to the person or agency having custody, the department shall advise the person or agency having custody that such judgment representing support for the child in, or to be placed in, foster care is, by law (RCW 74.20A.030 and 74.20A.250), deemed in favor of the department as long as the child receives assistance. The person or agency having custody shall acknowledge this subrogated right to the department by execution of an assignment of judgment and limited power of attorney, which shall remain in effect as long as such child receives foster care assistance. [Order 1123, § 388-70-

084, filed 6/7/76; Order 918, § 388-70-084, filed 3/14/74.]

WAC 388-70-091 Foster care planning for Indian children--Definitions. For the purposes of these rules, the term "Indian" includes the following groups:

(1) An enrolled Indian:

(a) Any person who is enrolled or eligible for enrollment in a recognized tribe.

(b) Any person determined, or eligible to be found, to be an Indian by the Secretary of the Interior.

(c) An Eskimo, Aleut or other Alaskan native.

(2) A Canadian Indian: Any person who is a member of a treaty tribe, Metis community or nonstatus Indian community from Canada.

(3) An unenrolled Indian: A person considered to be an Indian by a federally or nonfederally recognized Indian tribe or urban Indian/Alaskan native community organization. [Order 1167, § 388-70-091, filed 10/27/76.]

WAC 388-70-092 Foster care for Indian children--Tribal sovereignty. Neither the licensing of Indian foster homes nor the placement and supervision of Indian children within the exterior boundaries of an Indian reservation, shall in any way abridge the sovereignty of an Indian nation or tribe nor shall compliance with these rules and regulations be deemed a relinquishment of sovereign authority by an Indian nation or tribe or by the State of Washington. [Order 1167, § 388-70-092, filed 10/27/76.]

WAC 388-70-093 Foster care for Indian children--Services. Documented efforts shall be made to avoid separating the Indian child from his parents, relatives, tribe or cultural heritage. Consequently:

(1) In the case of Indian children being placed in foster care by the department or for whom the department has supervisory responsibility, the local Indian child welfare advisory committee, predesignated by a tribal council, or appropriate urban Indian organization shall be contacted. Members of that committee will serve as resource persons for the purposes of cooperative planning and aid in placement.

(2) The resources of the tribal government, department and the Indian community shall be used to locate the child's parents and relatives to assist in locating possible placement resources, and to assist in the development of a plan to overcome the problem that brought the child to the attention of the authorities and/or the department.

(3) In planning foster care placements for Indian children, demonstrable consideration shall be given to tribal membership, tribal culture and Indian religions. The case record shall document the reasons and circumstances of casework decisions and consideration in those regards.

(4) The following resources for foster home placement of Indian children will be explored and followed in the following order: relatives' homes, homes of other Indian families of same tribe, other Indian foster parents and

non-Indian foster homes specifically recruited and trained in cooperation with the local Indian child welfare advisory committee to meet the special needs of Indian foster children and in the geographic proximity that will insure continuation of the parent-child relationship. The training of non-Indian foster parents shall be designed and delivered in cooperation with the above committee and/or persons designated by the committee.

(5) For each Indian child who will be in care for more than 30 days, including those for whom adoption is planned, the ESSO shall make documented effort to complete two copies of the "family ancestry chart" (except in those cases where parents specifically indicate in writing they do not want the child enrolled). One copy will be retained in the child's file; the other will be forwarded to the bureau of Indian affairs office or the department of Indian affairs agency in Canada serving that child's tribe or band. The BIA of the department of Indian affairs agency will review the chart for possible enrollment eligibility in conjunction with the enrollment committee of the appropriate tribe or urban Indian community.

(6) The ESSO shall develop its social resources and staff training programs designed to meet the special needs of Indian children through coordination with tribal, Indian health service, bureau of Indian affairs social service staff, appropriate urban Indian and Alaskan native consultants, national, state and local Indian welfare organizations and ESSO child welfare advisory committees.

(7) The ESSO shall make diligent and demonstrable efforts to recruit facilities and/or homes particularly capable of meeting the special needs of Indian children with the assistance of the local Indian child welfare advisory committees. [Order 1167, § 388-70-093, filed 10/27/76.]

WAC 388-70-095 Foster care for Indian children-- Serious injury, death, abandonment, child abuse, neglect, incarceration. When an Indian child in foster care dies, is seriously injured, abandoned or incarcerated, in addition to other appropriate notifications, the department shall promptly advise the ESSO Indian child welfare advisory committee and appropriate tribal council. WAC 388-15-131(4) provides for notification about child abuse/neglect incidents. [Order 1255, § 388-70-095, filed 12/1/77; Order 1167, § 388-70-095, filed 10/27/76.]

WAC 388-70-160 Guardianship of estate of child.

(1) The department accepts guardianship of the estate of a child when:

(a) The child has been separated from his family and the person who would normally act as his guardian is unable to do so,

(b) The child subject to court order and custody or supervision is placed with the local office,

(c) The estate is insufficient to maintain the child during his minority,

(d) The estate is in the form of cash or negotiable bonds.

(2) The secretary of the department acts as payee of RSI benefits on behalf of the child. When the secretary or his designee signs a certificate of guardianship, the department agrees with the bureau of RSI:

(a) To apply all benefits received for the child to his use and benefit

(b) That the child's insurance benefit will not be claimed:

(i) For any period in which the earnings of the child or individual, upon whose earnings the child's benefit is based, are in excess of the legal limitations established by the Social Security Act, or

(ii) If the child dies, or

(iii) If the child is adopted by a person other than the child's stepparent, grandparent, uncle, or aunt, or

(iv) If the child marries, or

(v) After the child attains age 18.

(c) To notify the Bureau of RSI promptly when any of the above events occur.

(3) The local office acting as agent of the secretary shall give the same supervision and services as those available to other children under its care. [Statutory Authority: RCW 74.08.090. 78-09-098 (Order 1335), § 388-70-160, filed 9/1/78; Order 965, § 388-70-160, filed 8/29/74; Order 913, § 388-70-160, filed 3/1/74; Regulation 70.160, filed 3/22/60.]

WAC 388-70-170 Veterans' benefits. By agreement with the regional office of the veterans' administration, the secretary of the department may receive benefits on behalf of children who have been placed by court order under the supervision or custody of the local office. [Order 913, § 388-70-170, filed 3/1/74; Regulation 70.170, filed 3/22/60.]

WAC 388-70-410 Adoption services for children-- Legal basis--Purpose. (1) RCW 74.13.020 defines "child welfare services" as "public social services including adoption services which strengthen, supplement or substitute for parental care and supervision."

(2) The purpose of the department's adoption program is to meet the needs of children who are in the department's care and custody. [Order 1167, § 388-70-410, filed 10/27/76.]

WAC 388-70-420 Definitions. (1) Adoption: Adoption is a legal and social process provided for by law to establish the legal relationship of child and parent when they were not so related by birth.

(2) Department placements: families applying for placements through the adoption exchanges in which the Department participates.

(3) Independent placements: families anticipating placement by a doctor or attorney and applying for pre-placement or next friend reports.

(4) Inter-country placements: the child for adoptive placement is not a resident and/or citizen of the United States.

(5) Department: means the Department of Social and Health Services including any division, office or unit thereof. [Order 1167, § 388-70-420, filed 10/27/76.]

WAC 388-70-430 Eligibility for adoption service.

(1) Children: adoption services may be provided any child supervised by the department in foster care or at the request of their parents prior to foster care placement.

(2) Families: families applying for the adoption services provided by the department are resources for children and not subject to service eligibility requirements. [Order 1167, § 388-70-430, filed 10/27/76.]

WAC 388-70-440 Adoption services for children.

(1) Adoption services for children include:

(a) Casework with parents focused on a permanent home for their child/ren;

(b) Casework with children;

(c) Petitioning the court for termination of parental rights;

(d) Determination of children's medical and social needs;

(i) Psychiatric and psychological evaluations as well as any needed medical evaluations are provided;

(e) Adoptive family home studies (preplacement reports);

(f) Evaluation of adoption resources;

(g) Adoption placements which best meet the child/ren's needs;

(h) Counseling and/or referral of families and children after placement;

(i) Next friend reports for the court.

(2) The social planning for a child in the department's permanent custody shall be continuously reviewed by its economic and social service, regional and state offices to assure that the child is moved as rapidly as possible into adoptive status.

(3) The planning for children continuing in foster care under the department's supervision shall be reviewed every six months to determine their need for adoption services.

(4) Exploration of adoptive resources for a child will be relatives, current foster parents, and registered approved families. [Order 1167, § 388-70-440, filed 10/27/76.]

WAC 388-70-450 Adoptive planning for Indian children by department staff. (1) Definitions: For the purposes of these rules the term "Indian" includes the following groups:

(a) Enrolled Indian

(i) Any person who is enrolled or eligible for enrollment in a recognized tribe.

(ii) Any person determined, or eligible to be found, to be an Indian by the secretary of the interior.

(iii) An Eskimo, Aleut or other Alaskan native.

(b) Canadian Indian: a person who is a member of a treaty tribe, Metis community or nonstatus Indian community from Canada.

(c) Unenrolled Indian: a person considered to be an Indian by a federally or nonfederally recognized tribe or urban Indian/Alaskan Native community organization.

(2) An adoptive family shall be considered Indian if one or both parents are Indian by the above definitions.

(3) In adoptive planning for Indian children, the unique tribal, cultural and religious sovereignty of Indian nations, tribes and communities shall be recognized. When consistent with the wishes of the biological parents and/or the child, the adoption of Indian children by Indian families is the primary goal.

(4) Standards implementing the policy are:

(a) Adoption exchange. In the referrals for an Indian child, adoptive homes having the following characteristics shall be given preference in the following order, each category being allowed 30 days before proceeding to the next.

(i) An Indian family of the same tribe as the child.

(ii) A Washington Indian family considering tribal cultural differences.

(iii) An Indian family from elsewhere in the United States or Canada through the adoption resource exchange of North America. Attention shall be given to matching the child's tribal culture to that of the adoptive family.

(iv) Any other family which can provide a suitable home to an Indian child, as well as instill pride and understanding in the child's tribal and cultural heritage.

(b) Foster parent adoptions: as a part of the total evaluation for approving a foster parent adoption of an Indian child, ESSO service staff shall document the foster family's past performance and future commitment in exposing the child to its Indian tribal and cultural heritage. The child's wish to be involved in his Indian culture shall be considered.

(c) When an Indian child, in the custody of an out of state agency, is referred for potential adoptive parents residing in Washington, documentation shall be obtained that assures the department's standards for planning for Indian children have been complied with.

(5) Local staff shall consult with an Indian child welfare committee in planning for placement of Indian children. [Order 1167, § 388-70-450, filed 10/27/76.]

WAC 388-70-460 Adoption services for families.

(1) Department placements:

(a) Applications are accepted from families residing in the state of Washington based upon the anticipated children needing placement;

(b) Upon acceptance of an application, a home study shall be initiated by the ESSO staff and one of the following decisions reached;

(i) Application to adopt is withdrawn by family;

(ii) Application to adopt is denied;

(iii) Family is approved for adoptive placement and registered at the central office exchange.

(c) A family shall be removed from the central office exchange registry for any of the following reasons:

(i) A child has been placed with the family;

(ii) The family decides to receive adoption services from any other agency or through an independent placement;

(iii) The wife is pregnant;

(iv) The family and/or caseworker decide that adoption is no longer an appropriate plan;

(v) The family physically leaves the state.

(d) A family removed from the central office exchange registry may reapply for adoption services; their situation at the time of reapplication shall be evaluated;

(e) Families will be informed in writing of action taken according to the rules of this section and of their right to have a fair hearing only on action taken on their application for services or removal from the central registry.

(2) Independent placements

(a) ESSO staff may respond to Washington families' requests for preplacement studies and next friend reports depending on staff time and other community resources available.

(b) An office not providing service on independent placements shall inform the Superior Court in its area of the available community resource that is available for preplacement and next friend reports.

(c) When an ESSO employee is appointed next friend and the required preplacement report has not been filed in accordance with RCW 26.32.200 through 26.32.270, the situation shall be brought to the attention of the attorney general.

(3) Inter-country placements:

(a) Families will apply to the international child placing agency of their choice.

(b) Upon the written request to the central office by the family's chosen agency, the department may provide the cooperative services. The child's agency must agree to continue its financial and social responsibility for the anticipated child until the decree of adoption is final.

(c) A request for preplacement study for an independent inter-country adoptive placement shall be denied. [Order 1167, § 388-70-460, filed 10/27/76.]

WAC 388-70-470 Interstate procedures. (1) The State of Washington is a member of the Interstate Compact on the Placement of Children (chapter 26.34 RCW).

(2) No child for whom the department has responsibility for adoptive planning shall be sent from the state without prior approval of the compact administrators of the state of Washington and the receiving state.

(3) ESSO staff shall not provide supervisory services on an interstate adoptive placement unless the interstate compact forms or their equivalent have been signed by the compact administrators of the two states. [Order 1167, § 388-70-470, filed 10/27/76.]

WAC 388-70-480 Record confidentiality. (1) All records and information obtained by the department in providing adoption services are confidential as specified in RCW 26.36.010; 26.36.020; 26.36.030; and 26.36.050.

(2) Upon the issuance of the decree of adoption, a child's record is sent to the central office for archiving.

(3) Information from an archived record required for the medical and/or emotional treatment of an adopted child may be obtained from the central office adoption specialist, under the authority of RCW 26.36.050. The request for information will be made by the professional

treating the child and include the adoptive parents' written authorization to release the information. [Order 1167, § 388-70-480, filed 10/27/76.]

WAC 388-70-510 Adoption support for children-- Legal basis--Purpose. (1) The legal basis for the Adoption Support Program is RCW 74.13.100 through 74.13.145.

(2) The purpose of the program is to encourage the adoption of hard-to-place children; that is, the child who would have to live out his childhood without the security and stability of a permanent adoptive home if support payments were not made. The program includes children cared for by both public and voluntary child care agencies. Interpretation of the statute and the philosophy of the adoption support program shall emphasize a flexible approach to subsidized adoption, focusing on the welfare of the child; rules shall not be adversely applied to the child's welfare. [Order 1037, § 388-70-510, filed 7/29/75.]

WAC 388-70-520 Adoption support for children-- Definitions. As used in these rules

(1) "Adoption" shall mean the granting of the adoption decree consistent with the provisions of chapter 26.32 RCW.

(2) "Adoption support payment" shall mean the financial remuneration resulting from an agreement whereby the department continues some financial responsibility beyond the legal consummation of the adoption.

(3) "Agreement" shall mean a contract between the prospective adoptive parent(s) and the department to provide adoption support payments following the granting of a decree of adoption.

(4) "Corrective-rehabilitative services" shall include but not be limited to: medical care, psychological services, physical therapy, prosthesis, speech and hearing therapy, cosmetic surgery or orthodontia.

(5) "Department" shall mean the department of social and health services.

(6) "Family" shall mean any prospective parent(s) having the character, judgment, sense of responsibility and disposition which makes him or her suitable as an adoptive parent of such child, and lacks the financial means fully to care for such hard-to-place child.

(7) "Secretary" shall mean the secretary of department or his designee.

(8) "The act" means the statutes authorizing adoption support codified as RCW 74.13.100 through 74.13.145. [Order 1037, § 388-70-520, filed 7/29/75.]

WAC 388-70-530 Adoption support for children-- Eligible child. (1) A child to be considered for adoption support must be registered with the office given administrative authority for the program:

(2) A child meeting the eligibility criteria for registration is one who

(a) was or is residing in a foster home or a child caring institution or a child who in the judgment of the

secretary, is both eligible for, and likely to be placed in, either a foster home or a child caring institution.

(b) is legally free for adoption, and

(c) is under 18 years of age at the time the contract is signed, and

(d) adoption is the most appropriate plan, and

(e) is hard-to-place for adoption.

(3) The child must have been registered for three months with the Washington adoption resource exchange (WARE) and the adoption resource exchange of North America (ARENA) to demonstrate that a non-subsidized resource is not available if the plan is regular agency adoption.

(4) Registration with the exchanges shall not be necessary when foster parents desire to adopt a child who has been in their foster home for at least six months prior to application to the department.

(5) The child must be found to be difficult to place in adoption because of but not limited to one or more of the following:

(a) Physical or mental handicap,

(b) Emotional disturbance,

(c) Ethnic background, including race, color or language,

(d) Age,

(e) Sibling grouping,

(f) Close ties to the current foster family which if severed could cause emotional damage to the child. [Order 1037, § 388-70-530, filed 7/29/75.]

WAC 388-70-540 Adoption support for children--Application. (1) The prospective adoptive family shall apply to the department for adoption support for the child.

(2) The application will be jointly completed by the prospective adoptive parents and their referring agency or the department's local office. The type and amount of support payment requested shall be mutually determined by the family and the caseworker according to the criteria in WAC 388-70-560. A copy of the family's most recent federal income tax return, internal revenue service form 1040, must accompany the application for adoption support. If the family is not required to file a federal income tax return, they must submit such financial statement as is required by the department. [Order 1037, § 388-70-540, filed 7/29/75.]

WAC 388-70-550 Adoption support for children--Types and amounts of payments. (1) The three types of support payments are monthly maintenance, attorney fees and/or court costs, medical (corrective-rehabilitative) service, or any combination of these. Support payments may continue until a child is 21 years of age. The secretary may approve and continue payment, if warranted, after a child is 21 years of age.

(2) The payment for monthly maintenance shall not exceed the monthly cost standards for foster care established by the department for its foster homes. This payment includes regular foster care or specialized foster

care, where indicated, and clothing and personal incidentals. (See WAC 388-70-042 and WAC 388-70-048.)

(3) If the department determines that the prospective adoptive parent(s) cannot, because of limited financial means, pay the cost or the full cost of legal proceedings for the adoption of a hard-to-place child eligible for support under the act and these regulations, the secretary may authorize departmental participation in adoption legal fees as determined by the superior court at the adoption hearing up to two hundred dollars plus court costs for each child or family unit, unless a different arrangement has been made by the department with the family and their attorney.

Each community service office will maintain a list of attorneys who express an interest in providing legal services for such a figure, and upon request, will provide such a list to prospective parents. In such instance the attorney for the adoptive parent(s) shall furnish the department with a certified copy of the decree of adoption containing the finding as to his fee and an itemized statement of all other costs of the adoption proceedings.

(4) The medical needs of a child in the adoption support program shall be met from the department's medical services program.

(a) Payment of the costs of medical services shall be made directly to the physician or provider of the services according to the department's established procedures.

(b) Prior to entering an agreement for medical services, the medical needs of a particular child must be reviewed and approved by the department's office of personal health services. Following review and approval, all medical services requested by the adopting parents shall be coordinated through the adoption support program and furnished according to the department's medical programs when there is no other resource available during the effective period of the family's agreement with the department.

(c) Requests for orthodontics, psychiatric care, physical therapy and appliances require special procedures; these requests shall be submitted to the department and its approval obtained before the service is rendered. [Statutory Authority: RCW 74.13.109. 80-08-028 (Order 1516), § 388-70-550, filed 6/25/80; Order 1037, § 388-70-550, filed 7/29/75.]

WAC 388-70-560 Adoption support for children--Criteria governing amount of payment. (1) The factors considered by the department in setting the amount of any payment(s) shall include the size of the family including the adoptive child, the usual living expenses of the family, the special needs of any family member including his educational needs, the family income, the family resources and plan for savings, the medical care and hospitalization needed by the family and the family's means of purchasing or otherwise obtaining the care, and any other expense likely to be needed by the child to be adopted.

(2) The specific amount of support to be requested in the application shall be based on an individual social determination arrived at between the family and their

caseworker. The decision as to the amount of a monthly support payment shall be based on a realistic evaluation of the child's need to live in the particular family and the cost of the living expenses of the individual family. Due to changes in the family's economic circumstances or the needs of the child, support payments may be modified or discontinued and later resumed. The monthly maintenance may increase as a child reaches different foster care age payment categories, but this must be requested by the adoptive family. [Order 1037, § 388-70-560, filed 7/29/75.]

WAC 388-70-570 Adoption support for children-- Agreement for adoption support. An agreement shall constitute a binding contract between the department and the prospective adoptive family to provide adoption support for a child after adoption. This agreement shall be completed in accordance with RCW 74.13.124. [Order 1037, § 388-70-570, filed 7/29/75.]

WAC 388-70-580 Adoption support for children-- Review of support payment. (1) Each agreement under the act and these regulations shall be reviewed annually when any parent(s) receives more than one lump sum payment. At the time of such annual review and at other times during the year when changed conditions (including variations in medical opinions, prognosis and costs) are deemed by the secretary to warrant such action, appropriate adjustments in the payments shall be made based upon changes in the needs of the child or in the adoptive parent's income, resources or expenses. Any modification in the support payment shall result in a new agreement signed by the parents, the program coordinator and secretary of the department.

(2) Any parent who is a party to an agreement may request in writing at any time, a review of the amount of any payment or level of continuing payments as provided in RCW 74.13.118. The review shall be initiated not later than thirty days from the receipt of the request.

(3) Any adjustment in payment may be retroactive to the date the request was received by the secretary. If the request is not acted on within thirty days after receipt by the secretary, the parent may invoke the right to a fair hearing.

(4) The annual review shall be conducted according to RCW 74.13.118 and 74.13.121. [Order 1037, § 388-70-580, filed 7/29/75.]

WAC 388-70-590 Adoption support for children-- Appeal from secretary's decision--Hearing. (1) Adoptive parents may request a hearing to review

(a) A decision by the secretary to increase or decrease the level of payment or payments for the support of an adoptive child without the mutual acceptance of the adoptive parents. Notification of proposed changes in the level of a payment or payments for the support of an adoptive child shall be made to the adoptive parents in writing by certified mail or personal service and shall state the grounds upon which the secretary proposes such action;

(b) The decision of the secretary made pursuant to a written request by the adoptive parent or parents to adjust the amount of any payment or the level of continuing payments; such hearing may be requested thirty days following the date of receipt of the request by the secretary if the secretary has failed to take action upon such request;

(c) The decision of the secretary as to whether any standard or part of a standard adopted by the secretary after the date of an initial agreement, which standard or part is used by the secretary making any review and adjustment, is more generous than the standard in effect as of the date of the initial determination with respect to such agreement.

(2) A hearing must be requested within thirty days of the receipt of written notice by the adoptive parents of the decision of the secretary sought to be reviewed. A request for a hearing shall be made by certified mail.

(3) All hearings held pursuant to this section shall be conducted in accordance with chapter 388-08 WAC and RCW 74.08.070 except as specifically provided in the act and these regulations. Such hearings and the results thereof shall be confidential and shall not be revealed to any other person, institution or agency, public or private.

(4) Denial of an initial request for support payments and social decisions based on the appropriateness of the individual(s) to adopt a child shall not be subject to any review or hearing. [Order 1037, § 388-70-590, filed 7/29/75.]

WAC 388-70-600 Local Indian child welfare advisory committee--Purpose. The intent of WAC 388-70-096, 388-70-450, and WAC 388-70-600 through WAC 388-70-640 is to ensure protection of the Indian identity of Indian children, their rights as Indian children, and the maximum utilization of available Indian resources for Indian children. To ensure the realization of this intent, information about each current and future case involving Indian children for whom the Department of Social and Health Services has a responsibility shall be referred to a local Indian child welfare advisory committee on an ongoing basis according to procedures which recognize the privacy rights of the families.

The purposes of local Indian child welfare advisory committees are:

(1) To promote relevant social service planning for Indian children[.]

(2) To encourage the preservation of the Indian family, tribe, heritage, and identity of each Indian child served by the Department of social and health services.

(3) To assist in obtaining participation by representatives of tribal governments and Indian organizations in departmental planning for Indian children for whom the department has a responsibility. [Order 1167, § 388-70-600, filed 10/27/76.]

WAC 388-70-610 Local Indian child welfare advisory committee--Membership. Local Indian child welfare committees shall be established within each region. The number and locations of the local committees shall

be mutually determined by the Indian tribal governments and urban Indian organizations served by that region and the DSHS regional administrator.

(1) The committee shall consist of representatives designated by tribal government and urban Indian organizations. The regional administrator shall appoint committee members from among those individuals designated by Indian authorities. These members should be familiar with and knowledgeable about the needs of children in general as well as the particular needs of Indian children residing in the service area.

(2) The Committee may also include bureau of Indian affairs and/or Indian health service staff if approved by participating tribal councils and urban Indian organizations.

(3) The DSHS regional administrator and/or the ESSO administrator shall appoint a member of his child welfare supervisory staff as a liaison member of the committee.

(4) The local Indian child welfare advisory committee is an ad hoc advisory committee not specifically authorized by statute. As such its members are not entitled to per diem and travel expenses for the performance of advisory committee functions. This rule shall not be construed, however, to prohibit expense payments to members who are otherwise qualified for and perform services compensable under other programs such as the volunteer programs. [Order 1167, § 388-70-610, filed 10/27/76.]

WAC 388-70-615 Local Indian child welfare advisory committee--Subcommittees. Each committee may appoint a subcommittee of permanent members to participate in reviewing the situation of an individual child or children for the purpose of recommending future planning actions. [Order 1167, § 388-70-615, filed 10/27/76.]

WAC 388-70-620 Local Indian child welfare advisory committee--Functions. (1) The functions of the local Indian child welfare advisory committee are:

(a) Assistance to DSHS staff in cooperative planning for Indian children.

(b) Consultation to DSHS staff regarding the provision of adoption, foster care and child protective services on behalf of Indian children.

(c) Reviewing the situations of Indian children.

(d) Assisting in the implementation of recommended plans.

(e) Assisting in the recruitment of and making recommendations regarding the licensing of foster and adoptive homes for Indian children and providing culturally relevant services to Indian children.

(f) Requests the ESSO Administrator to initiate reviews of casework decisions that the committee believes to be detrimental to the best interests of Indian children.

(g) Acts in an advisory capacity to the Regional Administrator and ESSO Administrator regarding the department's implementation and monitoring of the rules

related to foster care, child protection, and adoption services to Indian children and their families. [Order 1167, § 388-70-620, filed 10/27/76.]

WAC 388-70-630 Local Indian child welfare advisory committee--Meetings. Each committee and the regional administrator and/or ESSO administrator will mutually agree as to time, place and frequency and conduct of official committee meetings. [Order 1167, § 388-70-630, filed 10/27/76.]

WAC 388-70-640 Local Indian child welfare advisory committee--Confidentiality. (1) Prior to review or participation in any specific case which will involve access to records protected by confidentiality statutes or rules, the necessary and appropriate consents shall be obtained. Each regional administrator and local Indian child welfare committee shall develop mutually agreeable procedures for describing to the Indian child, parent, guardian or court of jurisdiction the role of the Indian advisory committee in review of their individual situations and for receiving their approval of such review. The emphasis shall be on the development of communications procedures which are positive and relevant to the Indian people.

(2) The members of the local child welfare advisory committee shall agree to abide by RCW 74.04.060 and the rules of confidentiality binding the DSHS staff. [Order 1167, § 388-70-640, filed 10/27/76.]

WAC 388-70-700 Juvenile records. (1) Except as otherwise provided by law the department shall comply with the requirements of RCW 13.04.270 through 13.04.276 as amended by chapter 155, Laws of 1979 regarding the confidentiality, sealing, accuracy, release to public, inquiry and challenge, transfer and destruction of juvenile custody and child care records. This section applies to entries in records or records created after July 1, 1978 in which a juvenile court action other than a juvenile offender has been initiated.

(2) A juvenile, his or her parents or attorney, may upon written request, inquire to the department as to the existence and content of custody or care records. The inquiry shall provide the name of the juvenile, the approximate date the juvenile was in contact with the department, the nature of the contact, the location of the contact, and the purpose of the request.

(3) The department will make written response to the inquiry within twenty-one calendar days after receipt. The department will give priority to, and expedite processing, inquiries which involve pending litigation. The department shall provide to the juvenile, his or her parents or attorney making the inquiry, information regarding the location, nature and content of any records in the department's possession except:

(a) If it is determined by the agency that release of this information is likely to cause severe psychological or physical harm to the juvenile or his or her parents the agency may withhold the information subject to the order of the court: *Provided*, That if the court determines that limited release of the information is appropriate the

court may specify terms and conditions for release of the information; or

(b) If the information or record has been by a juvenile justice or care agency in connection with the provision of counseling, psychological, psychiatric or medical services for the juvenile and the juvenile has a legal right to receive these services without the consent of any person or agency then the information or record may not be disclosed to the juvenile's parents without the informed consent of the juvenile.

(4) A juvenile, his or her parents or attorney, who wishes to challenge the information contained in the department records shall notify the department in writing. The notification shall provide:

(a) The name of the juvenile;

(b) If the records are alleged to be inaccurate; a statement of those portions alleged to be inaccurate; and

(c) If the continued possession of the record is being challenged, a statement as to the reason why the record should be destroyed.

(5) The department will review the notification of challenge to the record and make a written response within thirty calendar days. The response shall indicate the corrections which have been or will be made and indicate the basis for denial of any requested corrections. If appropriate, the department's response will also include a statement indicating whether the records have been destroyed or transferred to another juvenile justice or child care agency. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-70-700, filed 9/10/79. Statutory Authority: RCW 74.08.090. 78-09-098 (Order 1335), § 388-70-700, filed 9/1/78.]

Chapter 388-71 WAC

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

WAC

388-71-005	Duty to provide.
388-71-010	Definitions.
388-71-015	Conditions for placement.
388-71-020	Condition under which compact applies.
388-71-025	Exemptions.
388-71-030	Child leaving Washington state.
388-71-035	Child entering Washington state.
388-71-040	Procedures for change in placement status.
388-71-045	Retention of jurisdiction.
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388-71-055	Penalty for illegal placement.

WAC 388-71-005 Duty to provide. Under chapter 26.34 RCW it is the responsibility of the state of Washington to cooperate with the other states party to the Interstate Compact on the Placement of Children to the end that:

(1) Each child requiring placement shall receive the maximum opportunity to be placed in a suitable environment and with persons or institutions having appropriate qualifications and facilities to provide a necessary and desirable degree and type of care.

(2) The appropriate authorities in a state where a child is to be placed may have full opportunity to ascertain the circumstances of the proposed placement, thereby promoting full compliance with applicable requirements for the protection of the child.

(3) The proper authorities of the state from which the placement is made may obtain the most complete information on the basis of which to evaluate a projected placement before it is made.

(4) Appropriate jurisdictional arrangements for the care of children will be promoted. [Order 1081, § 388-71-005, filed 12/24/75.]

WAC 388-71-010 Definitions. As used in this compact:

(1) "Child" means a person who, by reason of minority, is legally subject to parental, guardianship or similar control.

(2) "Sending agency" means a party state, officer or employee thereof; a subdivision of a party state, or officer or employee thereof; a court of a party state; a person, corporation, association, charitable agency or other entity which sends, brings or causes to be sent or brought any child to another party state.

(3) "Receiving state" means the state to which a child is sent, brought or caused to be sent or brought, whether by public authorities or private persons or agencies, and whether for placement with state or local public authorities or for placement with private agencies or persons.

(4) "Placement" means the arrangement for the care of a child in a family free or boarding home or in a child-caring agency or institution but does not include any institution caring for the mentally ill, mentally defective or epileptic or any institution primarily educational in character, and any hospital or other medical facility. [Order 1081, § 388-71-010, filed 12/24/75.]

WAC 388-71-015 Conditions for placement. (1) No sending agency shall send, bring, or cause to be sent or brought into any other party state any child for placement in foster care or as a preliminary to a possible adoption unless the sending agency shall comply with each and every requirement set forth in this article and with the applicable laws of the receiving state governing the placement of children therein. All state laws, rules and regulations regarding placement of American Indian Children shall be complied with by the sending agency and receiving state.

(2) Prior to sending, bringing or causing any child to be sent or brought into a receiving state for placement in foster care or as a preliminary to a possible adoption, the sending agency shall furnish the appropriate public authorities in the receiving state written notice of the intention to send, bring, or place the child in the receiving state. The notice shall contain:

(a) the name, date and place of birth of the child;

(b) the identity and address or addresses of the parents or legal guardian;

(c) the name and address of the person, agency or institution to or with which the sending agency proposes to send, bring, or place the child;

(d) a full statement of the reasons for such proposed action and evidence of the authority pursuant to which the placement is proposed to be made.

(3) Any public officer or agency in a receiving state which is in receipt of a notice pursuant to subsection (2) may request of the sending agency, or any other appropriate officer or agency of or in the sending agency's state, and shall be entitled to receive therefrom, such supporting or additional information as it may deem necessary under the circumstances to carry out the purpose and policy of this compact.

(4) The child shall not be sent, brought, or caused to be sent or brought into the receiving state until the appropriate public authorities in the receiving state shall notify the sending agency, in writing, to the effect that the proposed placement does not appear to be contrary to the interests of the child. [Order 1081, § 388-71-015, filed 12/24/75.]

WAC 388-71-020 Condition under which compact applies. The compact is applied under the following conditions:

(1) When a sending agency in a member state wishes to place a specific child for whom it holds legal custody or placement responsibility in: a specific boarding or foster family home in another compact state; a specific relative home in another compact state; a specific child-caring institution in another compact state; or equivalent facilities for the child are not available in the sending agency's jurisdiction, and institutional care in the other jurisdiction is in the best interest of the child and will not produce undue hardship.

(2) When a sending agency in a member state has placed a child for adoption or foster care in a home within the state and intends to continue the placement if the family plans to move to another compact state prior to the consummation of the adoption or during the continuance of the foster care status.

(3) When a "person" in a compact state (included in the legal definition of "sending agency"[]) wishes to place a child who is in his or her custody in: A specific boarding or foster family home in another compact state; or a specific preadoptive family home (independent adoption) in another compact state; or a specific relative home in another compact state except as excluded under WAC 388-71-025; or a specific child-caring institution in another compact state. [Order 1081, § 388-71-020, filed 12/24/75.]

WAC 388-71-025 Exemptions. The Interstate Compact legislation does not apply in the following circumstances:

(1) When a potential boarding or adoptive family makes a routine inquiry or application to a compact state where they do not reside and this state wishes to have the home studied as a possible resource for any one of a number of children needing placement. The family should be directed to apply in the state in which they reside.

(2) The sending or bringing of a child into a receiving state by his parent, stepparent, grandparent, adult

brother or sister, adult uncle or aunt, or his guardian and leaving the child with any such relative or non-agency guardian in the receiving state.

(3) Any placement, sending or bringing of a child into a receiving state pursuant to any other interstate compact to which both the state from which the child is sent or brought and the receiving state are party, or to any other agreement between said states which has the force of law. [Order 1081, § 388-71-025, filed 12/24/75.]

WAC 388-71-030 Child leaving Washington state. For a child leaving the State of Washington:

(1) The ESSO, voluntary agency or court in Washington completes sections I, II and III of the request to place child (form ICPC-100A), five copies of which are forwarded to the office of social service, attention: deputy compact administrator. Summary's regarding the child and in the case of foster family care or an adoptive placement, the prospective foster or adoptive family are to accompany the request for placement.

(2) The Washington Deputy Compact Administrator will forward copies of the referral request and summaries to the compact administrator of the receiving state, who will forward them to their local agency requesting a recommendation within 30 days of the suitability of the plan.

(3) Upon receipt from the receiving state of their approval or disapproval of the plan for the child, the Washington deputy compact administrator will inform the local agency by forwarding copies of the returned forms and other information.

(4) Local agencies (the sending agency and the agency in the receiving state responsible for supervision) are responsible for ongoing planning during the continuance of placement. [Order 1081, § 388-71-030, filed 12/24/75.]

WAC 388-71-035 Child entering Washington state. For a child entering Washington:

(1) The compact administrator of the sending state will forward request to place child forms to the Washington deputy compact administrator, together with summaries for the child and in the case of foster family care or an adoptive placement, the prospective foster or adoptive family. The compact administrator will forward the request to the appropriate local Washington agency.

(2) The local Washington agency will:

(a) provide the requested service;

(b) make a determination regarding the suitability of the plan; and

(c) forward such study and recommendation to the Washington compact administrator within 30 days.

(3) The Washington compact administrator will notify the compact administrator in the sending state as to approval or disapproval of the proposed placement. The completed form shall be forwarded with the additional information considered necessary.

(4) Local agencies (the sending agency and the agency in the receiving state responsible for supervision)

are responsible for ongoing planning during the continuance of placement. [Order 1081, § 388-71-035, filed 12/24/75.]

WAC 388-71-040 Procedures for change in placement status. When there is a change in the placement status of the child, such as placement terminated by adoption or by a change in plans for the child, the supervising agency (the receiving state) shall initiate interstate compact report on placement status of child, notifying the state compact administrator. The compact administrator of the receiving state is responsible for forwarding copies of the report to the sending state administrator. [Order 1081, § 388-71-040, filed 12/24/75.]

WAC 388-71-045 Retention of jurisdiction. The sending agency shall retain jurisdiction over the child sufficient to determine all matters in relation to the custody, supervision, care, treatment and disposition of the child which it would have had if the child had remained in the sending agency's state, until the child is adopted, reaches majority, becomes self-supporting or is discharged with the concurrence of the appropriate authority in the receiving state. Such jurisdiction shall also include the power to effect or cause the return of the child or its transfer to another location and custody pursuant to law. Nothing contained herein shall defeat a claim of jurisdiction by a receiving state sufficient to deal with an act of delinquency or crime committed therein. [Order 1081, § 388-71-045, filed 12/24/75.]

WAC 388-71-050 Financial responsibility. (1) The amount of financial responsibility for a child is determined by the sending state.

(2) In the event of financial default, the provisions of RCW 26.16.205 and RCW 26.20.030 shall apply.

(3) Any agreement which contains a financial commitment or imposes a financial obligation on this state or subdivision or agency thereof shall not be binding unless it has the approval in writing of the director of the office of program planning and fiscal management in the case of the state and of the treasurer in the case of a subdivision of the state. [Order 1081, § 388-71-050, filed 12/24/75.]

WAC 388-71-055 Penalty for illegal placement. (1) The sending, bringing, or causing to be sent of a child in violation of the terms of this compact shall constitute a violation of the laws respecting the placement of children. Any such violation shall constitute full and sufficient grounds for the suspension or revocation of any license, permit, or other legal authorization held by the sending agency which empowers or allows it to place or care for children. (See RCW 26.34.010 Article IV)

(2) Further, according to RCW 26.34.080, any person, firm, corporation, association or agency which places a child in the state of Washington without meeting the requirements set forth herein, or any person, firm, corporation, association or agency which receives a child in the state of Washington, where there has been

no compliance with the requirements set forth herein, shall be guilty of a misdemeanor. Each day of violation shall constitute a separate offense. [Order 1081, § 388-71-055, filed 12/24/75.]

Chapter 388-72 WAC SERVICES FOR THE BLIND

WAC

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388-72-260	Prevention of blindness and restoration of vision—Social summary.

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WAC 388-71-045 Retention of jurisdiction. The sending agency shall retain jurisdiction over the child sufficient to determine all matters in relation to the custody, supervision, care, treatment and disposition of the child which it would have had if the child had remained in the sending agency's state, until the child is adopted, reaches majority, becomes self-supporting or is discharged with the concurrence of the appropriate authority in the receiving state. Such jurisdiction shall also include the power to effect or cause the return of the child or its transfer to another location and custody pursuant to law. Nothing contained herein shall defeat a claim of jurisdiction by a receiving state sufficient to deal with an act of delinquency or crime committed therein. [Order 1081, § 388-71-045, filed 12/24/75.]

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(3) Any agreement which contains a financial commitment or imposes a financial obligation on this state or subdivision or agency thereof shall not be binding unless it has the approval in writing of the director of the office of program planning and fiscal management in the case of the state and of the treasurer in the case of a subdivision of the state. [Order 1081, § 388-71-050, filed 12/24/75.]

WAC 388-71-055 Penalty for illegal placement. (1) The sending, bringing, or causing to be sent of a child in violation of the terms of this compact shall constitute a violation of the laws respecting the placement of children. Any such violation shall constitute full and sufficient grounds for the suspension or revocation of any license, permit, or other legal authorization held by the sending agency which empowers or allows it to place or care for children. (See RCW 26.34.010 Article IV)

(2) Further, according to RCW 26.34.080, any person, firm, corporation, association or agency which places a child in the state of Washington without meeting the requirements set forth herein, or any person, firm, corporation, association or agency which receives a child in the state of Washington, where there has been

no compliance with the requirements set forth herein, shall be guilty of a misdemeanor. Each day of violation shall constitute a separate offense. [Order 1081, § 388-71-055, filed 12/24/75.]

Chapter 388-72 WAC SERVICES FOR THE BLIND

WAC

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- 388-72-285 Prevention of blindness and restoration of vision—Reports.
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS

CHAPTER

- 388-72-010 Services for the blind—Organization. [Manual VII, Regulation 1.00 and chart, filed 1/24/64, effective 3/1/64.] Repealed by Order 867, filed 10/26/73.
- 388-72-290 Prevention of blindness and restoration of vision—Participating ophthalmologists. [Manual VII, Regulation 4.70, filed 1/24/64, effective 3/1/64.] Repealed by Order 867, filed 10/26/73.

WAC 388-72-020 Advisory committee for the blind. An advisory committee to services for the blind was created by state law in 1955. This committee of three blind persons is appointed by the director of the state department of public assistance and serves six-year terms on a rotation basis. Meetings are held quarterly. The function of the committee is to recommend policies and procedures and to advise in regard to services, activities, programs, or any matter which in its judgment will contribute to the welfare of blind persons. A great deal of emphasis is placed upon rehabilitating and assisting the blind to become independent. [Manual VII, Regulation 1.11, filed 1/24/64, effective 3/1/64.]

WAC 388-72-025 Physicians' eye advisory committee. The physicians' eye advisory committee, organized in April, 1937, is the policy-making and eye-care standards committee for the prevention of blindness program. The committee also assists in educational programs and in disseminating information in the field of prevention of blindness. Eight ophthalmologists, selected statewide, comprise the committee. They are appointed by the director for a period of four years on a rotation basis. [Manual VII, Regulation 1.12, filed 1/24/64, effective 3/1/64.]

WAC 388-72-030 Aid to blind. The only responsibility which services for the blind has for aid to the blind, is in arranging for the review of the applicant's eye reports by the staff consultant to determine if he meets the visual requirements for aid to the blind. However, every application for AB received by the CO should be carefully reviewed to determine whether other services available through services for the blind might assist the blind applicant to achieve a greater measure of self-sufficiency. [Manual VII, Regulation 1.20, filed 1/24/64, effective 3/1/64.]

WAC 388-72-035 County office responsibility. County office staff is responsible for knowing the services available to the blind, for interpreting the program, and for cooperating with community service agencies to improve and extend the services to those blind persons who may need them. [Manual VII, Regulation 1.30, filed 1/24/64, effective 3/1/64.]

WAC 388-72-040 Mail address of services for the blind. All correspondence, memoranda, forms, reports, vendor's vouchers which the local offices of the SDPA submit to the services for the blind according to the policies and procedures in chapter 388-72 WAC, shall be mailed to:

Services for the Blind
 State Department of Public Assistance
 3411 South Alaska Street
 Seattle, Washington 98118

[Manual VII, Regulation 1.40, filed 1/24/64, effective 3/1/64.]

WAC 388-72-045 Abbreviations. As used in Manual VII, the following terms and abbreviations shall mean:

CO—County or local office of the state department of public assistance

CWS—Child welfare services program of the SDPA

Department—State department of public assistance

PB—Prevention of blindness program of the SDPA

PC—Placement counselor

SFB—Services for the blind unit of the SDPA, or services for the blind program

SDPA—State department of public assistance

SO—State office of the SDPA in Olympia

VRO—Vocational rehabilitation officer

VRSB—Vocational rehabilitation services for the blind.

[Manual VII, Regulation 1.50, filed 1/24/64, effective 3/1/64.]

WAC 388-72-050 Eligibility. By written agreement between the department of social and health services and the commission for the blind, financial eligibility is determined by the community services offices of the department of social and health services and medical eligibility is determined by the commission for the blind.

Persons eligible for prevention of blindness services are:

(1) Individuals eligible for federal aid or general assistance, or whose needs are included in such aid or assistance, and any child receiving foster care at the department's expense. No further determination of eligibility is required.

(2) Individuals eligible for FAMCO or medical only (MO) without participation from excess income as determined under WAC 388-83-030 through 388-83-050. No further determination of eligibility is required. If excess monthly income is available, the application will be considered for special prevention of blindness funding, see WAC 388-72-070.

(3) Individuals not meeting the criteria in subsections (1) or (2) of this section whose inability to pay for eye care is established according to the standards in WAC 388-72-060 through 388-72-080. [Statutory Authority: RCW 74.08.090. 80-02-051 (Order 1475), § 388-72-050, filed 1/16/80.]

WAC 388-72-060 Exempt resources. (1) Exempt resources shall be determined in relation to the category of assistance the patient would qualify for except for income. Available excess resources shall be applied toward the cost of care.

(2) Full advantage shall be taken of health and accident insurance, and Medicare benefits. Use must be made of other available medical resources, such as veteran's hospitals and United States public health service facilities, unless distance or some unusual factor makes this impracticable. In an accident case, third party liability must be considered and reported to the state office and commission for the blind. [Statutory Authority: RCW 74.08.090. 80-02-051 (Order 1475), § 388-72-060, filed 1/16/80.]

WAC 388-72-070 Eligibility determination. (1) The financial eligibility of a person applying under WAC 388-72-050(3) shall be determined according to the rules of this section.

(2) If the individual's net income exceeds one month's maintenance standard in WAC 388-83-035, the following exemptions may be applied to reduce available monthly income:

(a) Regular payments made for the support of dependents in compliance with a court order;

(b) Life insurance premiums;

(c) Essential transportation costs including car payments and upkeep;

(d) The actual cost of shelter in excess of thirty percent of the family's net income;

(e) Contract or monthly payments on delinquent accounts for rent, utilities and fuel, provided payments are made regularly and the applicant has receipts for payment;

(f) Current payments on unpaid medical expenses.

(3) Available income after exceptions in subsection (2) of this section are allowed shall be applied toward the cost of eye care.

(4) Commission payments in the cost of care follow the department of social and health services schedule of maximum allowances.

(5) When an applicant qualifies for special prevention of blindness funding the coding "Z" is used. When an applicant is receiving other grant or medical assistance, the applicable coding is used and serves as a basis for securing matching Title XIX funds in all cases meeting Title XIX requirements. [Statutory Authority: RCW 74.08.090. 80-02-051 (Order 1475), § 388-72-070, filed 1/16/80.]

WAC 388-72-080 Residence--State of Washington. An applicant must be residing in the state of Washington for other than temporary purposes; however, this rule may be waived when care is required for an emergent condition or an injury. [Statutory Authority: RCW 74.08.090. 80-02-051 (Order 1475), § 388-72-080, filed 1/16/80.]

WAC 388-72-090 Application review. (1) A person not eligible for the prevention of blindness services on the basis of WAC 388-72-050(1) or (2) may apply at the community services office for the determination of his financial eligibility. The community services office reports its findings and decision to the commission for the blind. The report covers the applicant's resources, income, and requirements as outlined in WAC 388-72-060 through 388-72-080.

(2) The application of a person having sufficient income and resources to meet his medical and maintenance needs according to WAC 388-72-070 shall be denied. The community services office shall report its findings in such instances to the commission for the blind. The applicant must be informed of his right to a fair hearing. [Statutory Authority: RCW 74.08.090. 80-02-051 (Order 1475), § 388-72-090, filed 1/16/80.]

WAC 388-72-100 Allotment for blind student attending college or university--General. (1) RCW 28.76-.130 [28B.10.215] authorizes the state board of education to allot to a blind student attending a college or university within the state of Washington a sum not to exceed two hundred dollars per quarter, or so much thereof as may be necessary, as determined by the state board of education.

(2) In order to receive benefits, the blind student must have been admitted to the institution of higher learning, must have been a resident of the state of Washington for one year, and must provide evidence that he does not have sufficient resources to finance his education.

(3) Approval of an allotment to a blind student is dependent upon a certificate from the institution of higher learning that tuition and laboratory fees will be waived for the blind student.

(4) The state board of education makes the decision on eligibility and amount granted to the student. The state department of public instruction always sends a copy of the allotment letter to services for the blind. [Manual VII, Regulation 2.00, filed 1/24/64, effective 3/1/64.]

WAC 388-72-105 Allotment for blind student attending college or university--Application for allotment.

(1) The student must apply to the college or university of his choice for admission and for an allotment in order to be considered an applicant.

(2) The institution provides the student or prospective student the application and certificate form. The student completes the application section and the college or university completes the certificate section agreeing to waive tuition and laboratory fees. The institution sends the application to the department of public instruction for approval or disapproval. [Manual VII, Regulation 2.10, filed 1/24/64, effective 3/1/64.]

WAC 388-72-110 Allotment for blind student attending college or university--Administrative relationship between state department of public assistance and superintendent of public instruction.

(1) The state superintendent of public instruction has asked services for the blind to assist and cooperate, when requested, in providing to the state department of public instruction information concerning the applicant's residence, financial need, and vision defect.

(2) Services for the blind forwards a request from the department of public instruction to the appropriate CO which secures the desired data. The CO reports the information to services for the blind. [Manual VII, Regulation 2.20, filed 1/24/64, effective 3/1/64.]

WAC 388-72-115 Allotment for blind student attending college or university--Application from blind person interested in attending college or university.

(1) Occasionally a blind person may request CO assistance in planning for attendance at a college or university. The CO assists the individual in making an educational plan that will enable him to realize his educational aims and become a more self-sufficient person within his own

abilities. The purposes of the law are broad and do not limit the course of study or educational aims of the student.

(2) If the individual wishes to apply for an allotment from the state department of public instruction, the CO assists him in making application for admission to a school, by explaining the procedure and requirements and by conferring with the school, if necessary, to interpret the student's needs.

(3) The CO also secures information regarding the blind individual's residence, financial need and vision. This information is forwarded to services for the blind. [Manual VII, Regulation 2.30, filed 1/24/64, effective 3/1/64.]

WAC 388-72-120 Allotment for blind student attending college or university--Responsibility of college or university.

The college or university is responsible for accepting or denying the student's application for admission, for counseling on his course of study, and for answering any questions regarding his educational program. [Manual VII, Regulation 2.40, filed 1/24/64, effective 3/1/64.]

WAC 388-72-125 Allotment for blind student attending college or university--Use of allotment from state board of education.

The allotment from the state board of education shall be used to provide readers, books, recordings, recorders, or other means of reproducing or imparting ideas while the student is attending school. [Manual VII, Regulation 2.50, filed 1/24/64, effective 3/1/64.]

WAC 388-72-150 Home teaching services for adult blind--Purpose.

(1) Title 74 RCW provides for "teaching of subjects to assist blind persons in the ease and enjoyment of daily living".

(2) The primary aim of home teaching services is to develop self-reliance in a blind person, to assist him in understanding his assets and liabilities and to help him to adjust to his blindness. The home teaching service for the rehabilitation of the adult blind includes the teaching of handicrafts, reading and writing Braille, typing, personal grooming, the operation of a talking book machine, and recreation. The home teacher, vocational rehabilitation officer and caseworker work as a team to provide a service which will assist the blind person to achieve social and/or economic independence. [Manual VII, Regulation 3.10, filed 1/24/64, effective 3/1/64.]

WAC 388-72-155 Home teaching services for adult blind--Teaching plan.

(1) Before formulating a teaching plan the home teacher secures information about the applicant's blindness, his family and personal background, age, health, education and work experience, physical, mental and emotional limitations, and personal adjustment to blindness. The applicant's interests, aptitudes, likes and dislikes and what he wishes from the service are also considered before the teaching plan is initiated.

(2) In making the teaching plan the home teacher evaluates her findings with her supervisors to determine the teaching plan to initiate and the approximate duration of services needed to provide the maximum assistance to the applicant. She utilizes this knowledge in planning with the applicant a course of study which has the probability of success. The home teacher, through a sustaining relationship, helps the individual to follow through on a plan selected. The home teacher by interpretation to relatives and friends assists them in understanding some of the problems the blind person faces and suggests ways in which they can help him. [Manual VII, Regulation 3.20, filed 1/24/64, effective 3/1/64.]

WAC 388-72-160 Home teaching services for adult blind--Personal adjustment services. The home teacher gives instruction on orientation of his home environment, foot travel in the home and immediate yard. She teaches skills necessary to meet the demands of daily living, for example, homemaking. She also teaches common handicrafts, embossed prints, pencil writing, typing, Braille, and recreational devices. Along with the teaching of skills, the teacher assists the applicant with his personal problems of adjustment. She recognizes the nature and scope of the total services needed to enable the client to function adequately within the limits of his ability. [Manual VII, Regulation 3.30, filed 1/24/64, effective 3/1/64.]

WAC 388-72-165 Home teaching services for adult blind--Relationship with staff, other agencies and community. (1) The home teacher works with the vocational rehabilitation officer, CO caseworker and other agencies to the end that all services are coordinated and utilized to benefit the blind individual. The home teacher is expected to refer any student who is feasible for vocational rehabilitation to the VRO. Maximum service to blind persons can be given only when there is complete cooperation between the family, the caseworker, the home teacher, and the VRO.

(2) The home teacher is considered a member of the CO staff while giving service to blind persons in a county. It is important for the CO caseworker to acquaint the home teacher with any case record information which will assist her in understanding the blind person's situation.

(3) The home teacher always refers persons who have questions regarding the assistance programs to the CO. When possible, she interprets the home teaching service to community groups and individuals so that everyone who might be interested in the service is aware of its availability. [Manual VII, Regulation 3.40, filed 1/24/64, effective 3/1/64.]

WAC 388-72-170 Home teaching services for adult blind--Case record. The home teacher maintains a case record which describes the determination of visual eligibility, the need for service, the adjustment process, and the justification for the service given. If the client is a recipient of public assistance a duplicate copy becomes a

part of his case record. [Manual VII, Regulation 3.50, filed 1/24/64, effective 3/1/64.]

WAC 388-72-175 Supervision and consultation. The home teacher uses supervision and consultation in developing meaningful plans for client services. The home teacher discusses with the supervisor the proper interpretation and disposition of situations for which there is no departmental policy. [Manual VII, Regulation 3.60, filed 1/24/64, effective 3/1/64.]

WAC 388-72-180 Termination of service. The home teacher terminates services to the individual when the goals for the service agreed upon between teacher, client and supervisor have been reached. [Manual VII, Regulation 3.70, filed 1/24/64, effective 3/1/64.]

WAC 388-72-200 Prevention of blindness and restoration of vision--Legal basis--Objective. (1) In the state of Washington a program for the prevention of blindness was established by law in 1937 (RCW 74.16-.170). Responsibility for providing this service statewide is delegated to the services for the blind unit.

(2) The prevention of blindness program in the department has as its major objective the encouragement of prompt, specialized medical eye care for conditions in which sight is endangered or sight can be restored, and assistance with costs of care when necessary.

(3) The prevention of blindness program shall cooperate with national organizations, such as the American foundation for the blind and the national society for the prevention of blindness, with state and local departments and agencies, and with the participating ophthalmologists to further programs for the public education and research. [Order 867, § 388-72-200, filed 10/26/73; Manual VII, Regulation 4.00, filed 1/24/64, effective 3/1/64.]

WAC 388-72-205 Prevention of blindness and restoration of vision--Physicians eligible to render services. Doctors of medicine certified by the American board of ophthalmology, or meeting training requirements for certification, who agree in writing to abide by the department's rules may render services in the prevention of blindness program. Credentials shall be reviewed by the eye physicians' advisory committee to determine if the physician meets the above requirements. [Order 867, § 388-72-205, filed 10/26/73; Manual VII, Regulation 4.10, filed 1/24/64, effective 3/1/64.]

WAC 388-72-207 Prevention of blindness and restoration of vision--Staff ophthalmologist. Services for the blind shall employ an ophthalmological consultant on a part-time basis. His appointment shall be recommended by the eye physicians advisory committee for a two year term. He shall be responsible for reviewing medical recommendations made by participating ophthalmologists to determine if the proposed services fall within the scope of services for the blind. [Order 867, § 388-72-207, filed 10/26/73.]

WAC 388-72-210 Prevention of blindness and restoration of vision—Services provided. Prevention of blindness services shall include:

(1) Medical treatment of any eye condition which may be expected to cause loss of vision; treatment must be provided by a participating ophthalmologist;

(2) Surgery by a participating ophthalmologist to prevent blindness or to restore sight;

(3) Hospitalization for eye surgery or treatment in a private hospital designated by the ophthalmologist;

(4) X-rays of the orbit;

(5) Drugs prescribed in conjunction with authorized eye care, except lipotriad, vitamins, and experimental drugs;

(6) Appliances: Prosthetic eyes following enucleation; contact lenses when necessary for vision; glasses following cataract surgery and glasses prescribed for the treatment of strabismus when no other resource is available, and funds available to services for the blind permit. [Order 867, § 388-72-210, filed 10/26/73; Manual VII, Regulation 4.20, filed 1/24/64, effective 3/1/64.]

WAC 388-72-215 Prevention of blindness and restoration of vision—Services excluded. Certain eye conditions which are degenerative and not subject to amelioration, and most conditions pertaining to tear ducts and eyelids rather than the eye itself shall be excluded. [Order 867, § 388-72-215, filed 10/26/73.]

WAC 388-72-220 Prevention of blindness and restoration of vision—Persons eligible. Persons eligible for prevention of blindness services are

(1) Any person receiving federal aid or general assistance, or whose needs are included in such aid or assistance, and any child receiving foster care at the department's expense. No further determination of eligibility is required.

(2) Any person certified as eligible for FAMCO, or any person currently receiving medical only (MO) as determined under WAC 388-83-030 through 388-83-050. No further determination of eligibility is required.

(3) Any person not meeting the criteria in subsections (1) or (2) whose inability to pay for eye care is established according to the standards in WAC 388-72-225 through 388-72-235, within the availability of funds. [Order 867, § 388-72-220, filed 10/26/73; Manual VII, Regulation 4.31, filed 1/24/64, effective 3/1/64.]

WAC 388-72-225 Prevention of blindness and restoration of vision—Resources. (1) Exempt resources shall be determined in relation to the category of assistance the patient would qualify for except for income. Available excess resources shall be applied toward the cost of care.

(2) Full advantage shall be taken of health and accident insurance, and medicare benefits. Use must be made of other available medical resources, such as veterans' hospitals and U.S. public health service facilities, unless distance or some unusual factor makes this impracticable. In an accident case, third party liability

must be considered and reported to the state office and services for the blind. [Order 867, § 388-72-225, filed 10/26/73; Manual VII, Regulation 4.32, filed 1/24/64, effective 3/1/64.]

WAC 388-72-230 Prevention of blindness and restoration of vision—Requirements. (1) The financial eligibility of a person applying under WAC 388-72-220(3) shall be determined according to the rules in this section.

(2) If an applicant's net income exceeds the monthly maintenance standards in WAC 388-83-035 and 388-83-040, exempt income shall be determined by using the monthly maintenance standard plus actual expenses for the following obligations:

(a) Regular payments made for the support of dependents in compliance with a court order,

(b) Life insurance premiums,

(c) Essential transportation costs including car payments and upkeep,

(d) The actual cost of shelter in excess of 30% of the family's net income,

(e) Delinquent accounts for food, rent, utilities, fuel, and current payments to creditors on essential and necessary items, provided payments are made regularly and the applicant has receipts for payment.

(3) In evaluating the applicant's financial need for medical care, the current medical and hospital payment schedules of services for the blind shall be used.

(4) Currently available income in excess of the allowed budget items shall be applied toward the cost of eye care. Commitment by the patient to a plan for future payments is not required.

(5) When the department pays part of the cost of care, the services for the blind schedules for payment apply to all services rendered.

(6) When an applicant qualifies for medical eye care, but does not qualify for any other grant or medical assistance, the coding "Z" is used. When an applicant is receiving other grant or medical assistance, the applicable coding is used and serves as a basis for securing matching Title XIX funds in all cases meeting Title XIX requirements. [Order 867, § 388-72-230, filed 10/26/73; Manual VII, Regulation 4.33, filed 1/24/64, effective 3/1/64.]

WAC 388-72-235 Prevention of blindness and restoration of vision—Residence. To be eligible an applicant must be residing in the state of Washington for other than temporary purposes, provided that this rule may be waived when care is required for an emergent condition or an injury. [Order 867, § 388-72-235, filed 10/26/73; Manual VII, Regulation 4.34, filed 1/24/64, effective 3/1/64.]

WAC 388-72-240 Prevention of blindness and restoration of vision—Application. (1) A person not qualifying for the prevention of blindness services on the basis of WAC 388-72-220(1) or (2) may apply at the local office for the determination of his financial eligibility.

The local office reports its findings and decision to services for the blind. The report covers the applicant's resources, income, and requirements as outlined in WAC 388-72-225 through 388-72-235.

(2) The application of a person having sufficient income and resources to meet his medical and maintenance needs shall be denied. The local office shall report its findings in such instances to services for the blind. The applicant must be informed of his right to a fair hearing. [Order 867, § 388-72-240, filed 10/26/73; Manual VII, Regulation 4.40, filed 1/24/64, effective 3/1/64.]

WAC 388-72-250 Prevention of blindness and restoration of vision--Authorization of services. (1) Eye examination.

(a) An original eye examination is authorized by the CO when medical or surgical treatment to prevent blindness or to restore vision appears to be deemed necessary. The completed eye examination includes pathology, fields; a statement of the visual acuity of each eye with the best possible correction and recommendations for care. All patients over the age of 35 must have a tension check to rule out glaucoma.

(b) The eye examination shall be made by a participating ophthalmologist of the applicant's choice.

(c) An eye examination involving refractive errors only is not the legal or financial responsibility of SFB.

(d) The eye examination must be authorized by the CO if the fee is to be paid by services for the blind. The fee is fifteen dollars. An ophthalmologist is not paid for an eye examination if he fails to submit his report (SF 5124) to SFB within thirty days of the date of authorization.

(e) If another agency has paid for the eye examination within a two year period re-examination is not authorized. If a patient is dissatisfied and wishes an examination by another ophthalmologist, it is his responsibility to pay for the examination.

(f) An office call may be authorized for cataract checks nine months after the original eye examination, or for any patient who has experienced visual difficulty. The office call is authorized immediately by the CO and notification is sent to SFB within twenty-four hours.

(g) The CO authorizes an eye examination for an eligible person on SF 5039 in triplicate. The original and duplicate with two copies of SF 5124 and the voucher (Form A 19 PA) are forwarded to the ophthalmologist. The triplicate SF 5039 is retained by the CO.

(h) The ophthalmologist should be instructed to forward one copy of SF 5039, both copies of SF 5124, and the voucher, Form A 19 PA, directly to: Services for the Blind, 3411 South Alaska Street, Seattle, Washington, 98118. One copy of SF 5124 is returned to the CO after review by the staff consultant. In several larger counties a special procedure has been worked out for eye examinations.

(i) An applicant (other than a public assistance recipient) who has resources sufficient to pay for an eye examination, is referred to the ophthalmologist selected by memorandum, rather than SF 5039. The memorandum,

prepared in triplicate, explains that the patient is responsible for the examination fee. A copy of this memorandum with the SF 5124 and a brief report of the applicant's situation are forwarded to SFB.

(2) Emergency eye care. When emergency eye treatment or surgery is necessary, the examining ophthalmologist or the CO shall immediately notify SFB. If the emergency occurs during a week-end or on a holiday, the CO report is telephoned on the first working day thereafter. The department pays for eye care only when reported and properly authorized.

(3) Eye care for children.

(a) Eye care for children is a part of the prevention of blindness program. This service is available when diagnosis has revealed an eye condition for which preventive care is indicated. Since refractive errors are more prevalent among school age children, the initial eye examination for a recipient child should be secured through the SDPA medical care program.

(b) An eligible child not receiving public assistance should be referred for an eye examination to an ophthalmologist in his community; an examination is authorized according to the above procedure.

(c) The parent's consent is necessary before SFB can authorize surgery for children under twenty-one years of age. The CO secures the parent's consent on SF 5834 prepared in duplicate. Both copies are forwarded to SFB. [Manual VII, Regulation 4.51, filed 1/24/64, effective 3/1/64.]

WAC 388-72-255 Prevention of blindness and restoration of vision--Consultation services. (1) Services for the blind reserves the right, upon the recommendation of the ophthalmological consultant, to request consultation for any person for whom care is or may be provided under the prevention of blindness program.

(2) Area consultant services are available to the participating ophthalmologist if he desires consultation for a PB patient.

(3) Consultation is required before surgery is performed when enucleation (removal of eye) is recommended, except when the eye to be removed is blind.

(4) Consultation is also required prior to corneal transplant surgery.

(5) Consultation must be secured from a physician who is not an associate of the examining ophthalmologist. [Manual VII, Regulation 4.52, filed 1/24/64, effective 3/1/64.]

WAC 388-72-260 Prevention of blindness and restoration of vision--Social summary. (1) When cataract surgery has been approved by the ophthalmological consultant, services for the blind requests a social summary. Adequate care after hospitalization is essential to a good result, and plans for this must be considered in advance.

(2) The summary should include the following:

(a) Family composition and family relationships

(b) Living arrangements: Type of housing, location and facilities, and housekeeping standards

Arrangements for post-surgical care are the responsibility of the CO office.

(c) General health: Current health status, physical limitations, medical care being received, opinion of family doctor regarding advisability of eye surgery. For patients over eighty-five a written medical statement is necessary.

(d) Anticipated benefits from surgery: Describe limitations in self-care and daily living resulting from loss of vision and indicate whether surgery would be anticipated to change the situation.

(e) Care following surgery: Are there relatives or others who can provide shopping and housekeeping services following patient's discharge from the hospital, or is nursing home care indicated? Arrangements for post-surgical care are the responsibility of the CO.

(f) Cataract lenses are fitted several weeks after surgery and are an essential part of treatment. Services for the blind no longer routinely provides them. Can the patient or his relatives provide them, or would this involve a serious hardship? A minimum cost is thirty-five dollars.

(g) Any other information or observations concerning the patient's attitudes and circumstances which are relevant to the proposed surgery. [Manual VII, Regulation 4.53, filed 1/24/64, effective 3/1/64.]

WAC 388-72-265 Prevention of blindness and restoration of vision--Physical examination. A physical examination is not done routinely. The medical information obtained as outlined in the social summary is often sufficient. SFB may request a physical examination for any patient if the staff consultant deems it necessary. The fee for this examination is twelve dollars and fifty cents. [Manual VII, Regulation 4.54, filed 1/24/64, effective 3/1/64.]

WAC 388-72-270 Prevention of blindness and restoration of vision--Glasses. Cataract lenses are not routinely provided under the prevention of blindness program. However, instances in which this policy works a severe hardship on the patient should be brought to the attention of the SFB. This information should be included in the social summary. In the event glasses cannot be obtained through a community facility, SFB has a special resource to provide a limited number of lenses. [Manual VII, Regulation 4.56, filed 1/24/64, effective 3/1/64.]

WAC 388-72-275 Prevention of blindness and restoration of vision--Prostheses. Services for the blind provides an artificial eye for those who have had enucleation. It is the responsibility of the ophthalmologist to make arrangements directly with the laboratory for this service providing he notifies the SO prior to referral. SFB allows thirty dollars for a plastic eye and fifteen dollars for a glass eye. The laboratory bills SFB directly. [Manual VII, Regulation 4.57, filed 1/24/64, effective 3/1/64.]

WAC 388-72-280 Prevention of blindness and restoration of vision--Drugs. The ophthalmologist is authorized to prescribe only those drugs approved by the

physician's eye advisory committee. Payment for drugs not approved must have prior approval by the ophthalmological consultant. The prescription must be signed by the ophthalmologist who issued it. The name of the patient must appear on the voucher. Pharmacies should be instructed to mail their vouchers directly to Services for the Blind, 3411 South Alaska Street, Seattle, Washington, 98118. The ophthalmologist uses his personal prescription blank, writing "Services for the Blind" thereon to indicate the department's responsibility for the cost. [Manual VII, Regulation 4.58, filed 1/24/64, effective 3/1/64.]

WAC 388-72-285 Prevention of blindness and restoration of vision--Reports. (1) Services for the blind furnishes the following reports to the CO:

- (a) Ophthalmologist's reports on surgical results
- (b) A copy of the explanation to the examining ophthalmologist of the reason for denial of requested services
- (c) Notification when services for a patient have been completed and case is to be closed
- (d) Copies of all medical care requisitions
- (e) Copies of correspondence directed to SFB by participating ophthalmologists.

(2) The county office sends the following reports to services for the blind:

- (a) Original of correspondence received directly from ophthalmologist
- (b) Notification when the patient's grant is terminated. The report must include full details relative to available resources to meet eye care.
- (c) Transfer of patient to another CO
- (d) Death of patient for whom treatment has been authorized. [Manual VII, Regulation 4.60, filed 1/24/64, effective 3/1/64.]

WAC 388-72-300 Rehabilitation center for the blind. (1) The rehabilitation center for the blind provides the blind person realistic evaluation and help in formulating a plan for his life that will be most beneficial to him. This is accomplished through the association with other blind persons, counseling with the various instructors at the center, work tryouts, orientation and travel training, and the help of professional persons in their specialized fields. With this background, the blind person is better able to plan towards a specific vocational goal with his counselor.

(2) Realizing that one of the first considerations in the economic independence of a blind person is his ability to get where he wants to go with the minimum of assistance, early emphasis is placed on travel orientation. During the stay at the center, guidance is given on personal management, work habits, employer-employee relations, and other personal and social contacts. Physical assets of the individual are tested through the use of hand and power tools in an actual work situation and here, work tolerance, coordination and finger dexterities are determined. At the same time, attitudes toward the

job, his fellow workers and supervisors are noted. In order to evaluate the vocational potentialities of the individual and to provide a therapeutic environment the services of specialized personnel are employed. Among these are a clinical psychologist, a psychiatrist, psychiatric social worker, medical supervisor, physical therapist, and other diagnostic and therapeutic personnel as indicated on a case-by-case basis. Near the end of the individual's stay at the center, all pertinent information regarding him is presented and discussed at a meeting staffed by the vocational rehabilitation officer, the supervisor, the psychologist and all other persons who have worked with him at the center. From the information and recommendation presented, the vocational rehabilitation officer and the client are better equipped to work toward a realistic vocational goal.

(3) The rehabilitation center does not provide specific job training. However, specialized training, if desired by the vocational rehabilitation officer and the client, can be provided at the training center if the training falls within the scope of its activities. [Manual VII, Regulation 5.00, filed 1/24/64, effective 3/1/64.]

WAC 388-72-305 Rehabilitation center for the blind--Application. A blind resident of the state of Washington interested in the services of the rehabilitation center makes application to the VRO in his area. A nonresident blind person may apply through the vocational rehabilitation agency in his state. [Manual VII, Regulation 5.10, filed 1/24/64, effective 3/1/64.]

WAC 388-72-310 Rehabilitation center for the blind--Eligibility. In general, the eligibility requirements for attendance at the rehabilitation center are the same as those required for VRSB. [Manual VII, Regulation 5.20, filed 1/24/64, effective 3/1/64.]

WAC 388-72-315 Rehabilitation center for the blind--Maintenance while attending the rehabilitation center. Transportation, incidental expenses, and board and room if living beyond commuting distance, are provided for the client who is financially unable to meet these costs. A person receiving public assistance is expected to apply part of his grant toward maintenance. The arrangement is worked out on an individual basis with the VRO, CO caseworker and the client. The public assistance grant is not terminated during his stay at the center. Any additional training expense is provided from vocational rehabilitation funds and is not to be considered a resource. [Manual VII, Regulation 5.30, filed 1/24/64, effective 3/1/64.]

WAC 388-72-350 Services for blind children--State department of public assistance responsibilities. (1) Any pertinent service provided by the department for a child is available to the blind child. When the parents of a blind child request help from the CO or the SO with problems or questions arising because of their child's blindness or visual difficulty, the request is referred to the CWS unit in the CO. Services for the blind unit will

provide consultation services by a medical social worker and resource material to the CO when requested by the child welfare representative.

(2) When the parents of blind children are receiving ADC, or assistance through programs other than CWS, and wish help with their child, a conference is arranged with the CWS supervisor to determine the plan that will be of most help to the child either by transferring the case or by continuing in the same program. The decision for transfer is based upon the problems within the parent-child relationship and the difficulties which the child is having.

(3) Services for the blind unit maintains a register of blind children containing the name, address, birthdate, and visual difficulty of the child. Referrals are received from ophthalmologists, public health departments, parents and the CO. This register is maintained so that parents may be informed of available services and as an aid in planning for needed resources. When the CO learns of a blind child, who has not been reported to SFB, the information is provided to SFB. A medical social work consultant is available to work with county staff and state office CWS representatives upon request.

(4) Services for the blind works with parent groups and other community groups concerned with the blind child in interpreting the needs of the blind child and the services that are available. [Manual VII, Regulation 7.10, filed 1/24/64, effective 3/1/64.]

WAC 388-72-355 Services for blind children--State school for the blind. (1) The state school for the blind is a residential school for blind children from the ages of three to twenty-one. Any educable child whose parents are residents of the state may be admitted. Public school curriculum is followed; the teachers are certified and have additional training in teaching the visually handicapped child. Children living in the area may attend as day students. High school students attend Vancouver High School. There is a special department for the deaf-blind child.

(2) Services for the blind unit works directly with the state school for the blind to develop and establish procedures that will aid in understanding the needs of the child. The state school for the blind requests from services for the blind case studies for all children whose parents are applying for their admission to the school. In addition, the school may request a case study for those children already admitted for whom the social history would be helpful in understanding the child's difficulties and needs. The vocational rehabilitation officer works directly with the faculty and students enrolled in the eleventh and twelfth grades who are potential candidates for referral to the rehabilitation center. [Manual VII, Regulation 7.20, filed 1/24/64, effective 3/1/64.]

WAC 388-72-400 Talking book machines--General. Talking book machines are loaned to persons legally blind by the U.S. Library of Congress and distributed and repaired through SFB. [Manual VII, Regulation 8.00, filed 1/24/64, effective 3/1/64.]

WAC 388-72-405 Talking book machines--Distribution. Talking book records are distributed by the Library for the Blind, Seattle Public Library, 425 Harvard East, Seattle. A talking book review of new recordings called "Talking Book Topics" is issued bimonthly and available without charge by writing to the American Foundation for the Blind, 15 West 16th Street, New York 11, New York. [Manual VII, Regulation 8.10, filed 1/24/64, effective 3/1/64.]

WAC 388-72-410 Talking book machines--Application procedure. (1) Application for the loan of a talking book machine is made to the CO. SF 5883 is used for this purpose. A home visit is required in the application process only when the applicant is unable to come to the CO. If there is no report of eye examination verifying legal blindness on file in the CO or SFB, the applicant must furnish a physician's or optometrist's statement. SF 5833 and statement as to vision, if necessary are forwarded to the SFB.

(2) Shipping instructions are given on SF 5883. If the CO, after thoroughly reviewing the procedures for care of the machine and the return of the proper documents, wishes to have the machine sent directly to the borrower, his mailing address is shown on SF 5883. If the CO prefers to deliver the machine to the borrower, shipment to the CO is specified. [Manual VII, Regulation 8.20, filed 1/24/64, effective 3/1/64.]

WAC 388-72-415 Talking book machines--Eligibility for talking book machines. (1) A person is eligible for the loan of a talking book machine if he:

(a) Has central visual acuity of 20/200 or less in the better eye, with correcting glasses; or if central visual acuity is more than 20/200 has a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than 20 degrees.

(b) Is five years of age or older.

(c) Is residing in the state with intent to remain for other than a temporary period.

(2) Persons in hospitals, nursing homes, or other institutional facilities are eligible for talking book machines.

(3) School officials or institutional officials may apply for talking book machines providing they furnish the necessary verification of eligibility for each individual for whom they apply. [Manual VII, Regulation 8.30, filed 1/24/64, effective 3/1/64.]

WAC 388-72-425 Talking book machines--County office responsibility for talking book machine. (1) The CO shall assist a potentially eligible person to secure a talking book machine by explaining the availability of the machine and by helping him to complete an application.

(2) The CO shall maintain a record as a service case for each borrower and should notify SFB of address changes. A machine shall not be taken out of the state.

(3) The CO shall instruct each new borrower in the proper operation and care of the machine. In the case of

small children a responsible adult should be so instructed.

(4) Talking book machines are the property of the U.S. government. Loss or theft of a machine should be reported immediately to SFB, the local police department, and the nearest office of the federal bureau of investigation. [Manual VII, Regulation 8.40, filed 1/24/64, effective 3/1/64.]

WAC 388-72-435 Talking book machines--Issuance of machine. (1) The SFB office is the central depot for storage, shipment and repair of machines.

(2) When SFB receives SF 5883 a machine is mailed according to the shipping instructions on SF 5883. If a machine is not available, the order is filled according to the date of application.

(3) The following material is mailed with the machine:

(a) An addressed library card to be filled out and mailed to the library by the new borrower to enable him to get on the mailing list of the Seattle Public Library.

(b) An addressed envelope containing one borrower card to be signed by the borrower or responsible person and mailed to the SFB.

(c) An addressed shipping label which permits the borrower to return his machine for repair or cancellation. Parcel post on talking book machines is free. [Manual VII, Regulation 8.50, filed 1/24/64, effective 3/1/64.]

WAC 388-72-445 Talking book machines--Return of machine. (1) A talking book machine should be returned immediately when in need of repair, no longer wanted, or not used by the borrower. The supply of machines is limited.

(2) The shipping carton is specially constructed to protect the machine in shipment and should be retained by the borrower to return the machine.

(3) If the machine is being returned for repair, the borrower or the CO should notify SFB if a replacement is wanted.

(4) If the machine is being returned because it is no longer needed, the borrower or the CO should notify the SFB that no replacement is wanted.

(5) The CO shall notify SFB when a borrower dies or moves from the state. [Manual VII, Regulation 8.60, filed 1/24/64, effective 3/1/64.]

WAC 388-72-500 Training center for the blind--General. Special vocational training is provided in those fields in which community resources for training are not available or practical for blind persons. Training may be given in a general vocational field or for a specific job to which the student will be referred. Training is provided by the regular staff of the training center with the assistance, when deemed advisable, of instructors from vocational schools or specialists from the trades. Special training is provided for those who wish to establish their own business. [Manual VII, Regulation 9.00, filed 1/24/64, effective 3/1/64.]

WAC 388-72-505 Training center for the blind--Application. A blind person interested in training makes application to the VRO in his locality. [Manual VII, Regulation 9.10, filed 1/24/64, effective 3/1/64.]

WAC 388-72-510 Training center for the blind--Eligibility. In general, eligibility for training is the same as that for other vocational rehabilitation services. [Manual VII, Regulation 9.20, filed 1/24/64, effective 3/1/64.]

WAC 388-72-515 Training center for the blind--Maintenance while attending training center. Transportation, incidental expenses, and board and room, if living beyond commuting distance, are provided the trainee when he is financially unable to meet these costs. A person receiving public assistance is expected to apply part of his grant toward maintenance. The arrangement is worked out on an individual basis with the VRO, CO caseworker and the trainee. The PA grant is not terminated during the training period. Any additional training expense is provided from vocational rehabilitation funds and is not to be considered a resource. [Manual VII, Regulation 9.30, filed 1/24/64, effective 3/1/64.]

WAC 388-72-520 Training center for the blind--Placement. While attending the training center the trainee works with his VRO and the placement counselor toward a specific vocational goal. [Manual VII, Regulation 9.40, filed 1/24/64, effective 3/1/64.]

WAC 388-72-550 Vending stands--General. The vending stand program provides blind persons having the desire and ability an opportunity to operate a small business. Preference shall be given to blind persons licensed by the state in the operation of vending stands in public buildings owned by the federal government, the state of Washington, or any county, city, or political subdivision. Vending stands may be located in privately owned buildings where arrangements can be made with the owners of such buildings. [Manual VII, Regulation 10.00, filed 1/24/64, effective 3/1/64.]

WAC 388-72-555 Vending stands--Application. A blind person interested in becoming a vending stand operator makes application to the VRO in his locality. [Manual VII, Regulation 10.10, filed 1/24/64, effective 3/1/64.]

WAC 388-72-560 Vending stands--Eligibility. (1) A vending stand operator must be a VR client of the SFB unit.

(2) The licensing agency shall license only qualified applicants, giving preference to blind persons who are in need of employment, and who have resided for at least one year in the state of Washington. Licenses are issued only to persons who are determined by SDPA services for the blind unit to be:

(a) Blind or whose vision with best proper correction is 20/200 or less in the better eye, or when the peripheral field has contracted to within twenty degrees of the fixation point in all quadrants;

(b) Citizens of the United States;
(c) At least twenty-one years of age; and
(d) Certified by the state vocational rehabilitation agency as qualified to operate a vending stand. [Manual VII, Regulation 10.20, filed 1/24/64, effective 3/1/64.]

WAC 388-72-565 Vending stands--Selection. The VRO provides the names of qualified applicants interested in becoming vending stand operators. Each applicant specifies the area in which he would accept employment. Preference is given those seeking training in the order of application. Placement in a vending stand depends upon the abilities and desires of the applicant after training. [Manual VII, Regulation 10.30, filed 1/24/64, effective 3/1/64.]

WAC 388-72-570 Vending stands--Training and placement. Three months intensive training for vending management is given in Seattle by the vending stand supervisor. Subsequent training is also given the operator after placement in his stand. The vending stand operator's earnings begin with his "on the job" training. [Manual VII, Regulation 10.40, filed 1/24/64, effective 3/1/64.]

WAC 388-72-575 Vending stands--Maintenance during vending stand training. Maintenance will be provided according to the policy in WAC 388-72-315. [Manual VII, Regulation 10.50, filed 1/24/64, effective 3/1/64.]

WAC 388-72-580 Vending stands--Equipment and stock. The equipment and initial stock may be furnished from vocational rehabilitation case service funds; in such instances SFB retains title to the equipment and to the amount equal to the initial stock. [Manual VII, Regulation 10.60, filed 1/24/64, effective 3/1/64.]

WAC 388-72-585 Vending stands--Supervision. A contractual agreement is entered into between the management of the building and SFB for the establishment and maintenance of a vending stand. A separate contractual agreement is entered into between the vending stand operator and SFB, establishing rules for operating the vending stand. A representative of the department visits each stand regularly to provide supervision necessary to insure a successful operation. The monthly earnings of a vending stand operator who receives public assistance are reported on SF 6462 to the county office by the tenth of the following month. [Manual VII, Regulation 10.70, filed 1/24/64, effective 3/1/64.]

WAC 388-72-590 Vending stands--Fair hearing. A fair hearing shall be afforded in the manner established by RCW 74.08.070 to an operator dissatisfied with any action arising from the operation or administration of the vending stand. [Manual VII, Regulation 10.80, filed 1/24/64, effective 3/1/64.]

WAC 388-72-600 Vocational rehabilitation services for the blind--General. (1) Vocational rehabilitation services for the blind are provided within the broad framework of the vocational rehabilitation administration of the USDHEW. Services available for the blind include all services offered by other vocational rehabilitation agencies to disabled persons.

(2) The objective of this program is a remunerative occupation. It includes practice of professions; self-employment; employment in competitive labor market; homemaking; farming or family work (including work for which payment is in kind rather than in cash); sheltered employment and home industry or other home-bound work of a remunerative nature. [Manual VII, Regulation 11.00, filed 1/24/64, effective 3/1/64.]

WAC 388-72-605 Vocational rehabilitation services for the blind--Eligibility for vocational rehabilitation services for the blind. Eligibility for VRSB is determined on the basis of the following criteria:

(1) **Vision.**

(a) A person is eligible who has 20/200 or less (Snellen notation) vision in the better eye with proper correction or a limitation in the field of vision of 20 degrees of the fixation point in all quadrants; or

(b) Has vision better than 20/200, but has an eye condition of a progressive nature which may lead to blindness, and for whom a vocational handicap exists.

(2) **Substantial handicap.** The existence of a substantial handicap to employment caused by the limitations resulting from such disability.

(3) **Reasonable expectation of remunerative occupation.** A reasonable expectation that vocational rehabilitation services will enable the individual to engage in a remunerative occupation.

(4) **Residence.** An applicant must be a resident of the state for other than temporary purposes.

(5) **Age.** The minimum age for vocational rehabilitation services is sixteen years. The maximum age is related to general physical fitness for employment and the possibility for placement in the current labor market.

(6) No discrimination shall be shown with respect to sex, race, creed, color or national origin of the individual. [Manual VII, Regulation 11.10, filed 1/24/64, effective 3/1/64.]

WAC 388-72-610 Vocational rehabilitation services for the blind--Referral for vocational rehabilitation services for the blind. (1) The CO shall refer to SFB any person who may be interested in and who appears to be eligible for VRSB.

(2) In referring a person for VRSB the CO shall complete SF 8636 in triplicate. One copy is retained for the CO case record.

(3) The VRSB office takes the client's application (SF 8650). [Manual VII, Regulation 11.20, filed 1/24/64, effective 3/1/64.]

WAC 388-72-615 Vocational rehabilitation services for the blind--Services provided. (1) The SFB provides

necessary rehabilitation services to each eligible individual found by the diagnostic study to require such services, including:

(a) Medical examinations for the diagnosis of the extent of disability and for the determination of the applicant's physical capacity to undertake vocational rehabilitation services.

(b) Counseling and guidance to help the disabled person select and attain a vocational goal.

(c) Medical, surgical, drugs, psychiatric and hospital care as needed to remove or reduce the disability.

(d) Prosthetic appliances such as hearing aids, artificial eyes, braces, etc., to increase the client's ability to work.

(e) Training in a vocational school, college or university, on-the-job training, tutoring, correspondence courses, and readers' services.

(f) Maintenance and transportation when needed while undergoing treatment or training.

(g) Occupational tools, equipment and licenses as necessary to enable the client to start in his vocational endeavor.

(h) A job placement which the client has the ability and training to handle competently.

(i) Follow-up after placement.

(j) Economic need.

(2) Certain services are conditioned on economic need. Other services are provided irrespective of the financial circumstances of the client. The services not conditioned on economic need are: Diagnostic services, training costs, counseling and guidance, and placement services. All other services listed above are conditioned on establishment of economic need by the VRO. [Manual VII, Regulation 11.30, filed 1/24/64, effective 3/1/64.]

WAC 388-72-620 Vocational rehabilitation services for the blind--Exchange of case information. The exchange of case information between the VR and the public assistance staff shall be in the exclusive interest of providing the best possible service to the client, based on a full understanding of the pertinent information relating to his needs and potentialities. The confidential nature of information exchanged must be respected. [Manual VII, Regulation 11.40, filed 1/24/64, effective 3/1/64.]

WAC 388-72-625 Vocational rehabilitation services for the blind--County office responsibility. The CO caseworker shall report in writing to the VRO information about major changes in the circumstances of a public assistance recipient and his family which might affect the vocational rehabilitation plan under consideration or in operation. Major changes may include family composition, income or requirements. Since the ultimate goal is self-support, the VRO and the caseworker should work cooperatively with clients known to the public assistance offices. [Manual VII, Regulation 11.50, filed 1/24/64, effective 3/1/64.]

WAC 388-72-630 Vocational rehabilitation services for the blind--Costs incidental to vocational rehabilitation. (1) Requirements directly attributable to an individual participating in a vocational rehabilitation plan are provided by VRSB.

(2) The public assistance grant for the individual and his family is recomputed if the individual must leave home in order to carry out the VR plan. [Manual VII, Regulation 11.60, filed 1/24/64, effective 3/1/64.]

WAC 388-72-635 Vocational rehabilitation services for the blind--Vending stands. According to the 1954 amendments to the Randolph-Sheppard Act, the selection of an operator of a vending stand must be made from persons who are vocational rehabilitation clients of the services for the blind unit. [Manual VII, Regulation 11.70, filed 1/24/64, effective 3/1/64.]

Chapter 388-73 WAC

CHILD CARE AGENCIES--ADULT FAMILY HOMES MINIMUM LICENSING/CERTIFICATION REQUIREMENTS

WAC

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388-73-820	Family crisis residential centers.

WAC 388-73-010 Authority. The following rules are adopted pursuant to chapter 74.15 RCW, RCW 74.08.044 and chapter 155, Laws of 1979. Unless otherwise provided these rules shall apply to all categories of agencies. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-010, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-010, filed 9/8/78.]

WAC 388-73-012 Definitions. (1) Those terms defined in chapter 74.15 RCW shall have the same meanings when used in this chapter except as otherwise provided herein.

(2) "A developmentally disabled adult" is an individual eighteen years of age or over who suffers from a mental deficiency which renders him or her incapable of assuming those responsibilities expected of the socially adequate person such as self-direction, self-support and social participation.

(3) An "adult in need of protection" is an individual age eighteen or over who because of age, frailty, physical disability, mental confusion or disturbance, requires a degree of supervision, personal and social care.

(4) "Premises" means the buildings in which the facility is located and the adjoining grounds over which the operator of the facility has direct control.

(5) "Full-time care provider" or "full-time care facility" means a family home for adults, foster family home for children or expectant mothers, group care facility, maternity home, crisis residential center, and juvenile detention facility.

(6) "School-age child" means a child six years of age or older or otherwise eligible for admission to the first grade of a public school.

(7) "Sponsor(s)" means person(s) providing, or intending to provide, family home care to developmentally disabled adults or adults in need of protection.

(8) "Capacity" means the maximum number of persons who may be under care at a given moment in time.

(9) "Infant" means a child under one year of age.

(10) "Drop-in care" means unscheduled day care on a one-time only or irregular basis.

(11) "Child," "youth" and "juvenile" mean any individual who is under the chronological age of eighteen years.

(12) "Semisecure facility" means any facility, including but not limited to crisis residential centers or specialized foster homes, operated in a manner to reasonably

assure that youth placed there will not run away; *Provided*, That such facility shall not be a secure institution or facility as defined by the federal Juvenile Justice and Prevention Act of 1974 and regulations and clarifying instructions promulgated thereunder. A child shall not be locked in the facility nor any part thereof nor otherwise controlled by the use of physical restraints except as provided in WAC 388-73-048.

(13) "Secure detention facility" and "juvenile detention facility" mean a facility, primarily for the care of juvenile offenders, which is operated so as to ensure that all entrances and exits from the facility are locked, barred or otherwise controlled so as to prevent escapes. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-012, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-012, filed 9/8/78.]

WAC 388-73-014 Persons and organizations subject to licensing. Persons and organizations operating the following types of facilities are subject to licensing under chapter 74.15 RCW and RCW 74.08.044:

(1) "Group care facility" means an agency which is maintained and operated for the care of a group of children on a twenty-four hour basis.

(2) "Child placing agency" means an agency which places children for temporary care, continued care, or for adoption.

(3) "Maternity service" means an agency which provides or arranges for care or services to expectant mothers regardless of age, before or during confinement, or which provides care as needed to mothers and their infants after confinement. See WAC 388-73-702.

(4) "Day care center" means an agency which regularly provides care for a group of children for periods of less than twenty-four hours. Separate requirements are adopted for the following subcategories of day care centers:

(a) A day care center provides for the care of thirteen or more children. No such center shall be located in a private family residence unless that portion of the residence to which the children have access is used exclusively for the children during the hours the center is in operation or is separate from the usual living quarters of the family.

(b) A "mini day care program" means:

(i) A day care center for the care of twelve or fewer children in a facility other than the family abode of the person or persons under whose direct care and supervision the child is placed; or

(ii) For the care of from seven through twelve children in the family abode of such person or persons.

(c) A day treatment program means an agency which provides care, supervision, and appropriate therapeutic and educational services during part of the twenty-four hour day for a group of persons under the age of eighteen years and who are unable to adjust to regular or special school programs or full-time family living because of disruptive behavior, family stress, learning disabilities or other serious emotional or social handicaps.

(5) "Foster family home" means a person(s) who regularly provide(s) care during all or any part of the twenty-four hour day to one or more children, expectant mothers, developmentally disabled adults or other adults in need of protection in the family abode of the person or persons under whose direct care and supervision the child, expectant mother or adult is placed. Separate requirements are adopted for the following subcategories of foster family homes:

(a) A family home for adults means a home which regularly provides care on a twenty-four hour basis for up to four developmentally disabled adults; or up to four adults in need of protection who are recipients of financial assistance or Title XX services.

(b) A foster family home for children or expectant mothers means a home which regularly provides care on a twenty-four hour basis to one or more, but not more than four foster children under the age of eighteen years or to not more than three expectant mothers.

(c) A family day care home means a home which regularly provides care during part of the twenty-four hour day to six or fewer children.

(6) "Crisis residential center" means an agency which is operated under contract with the department to provide temporary, protective care to children in a semise-secure residential facility in the performance of duties specified and in the manner provided in sections 15 through 34 and 78 through 82, chapter 155, Laws of 1979. Separate requirements are adopted for the following subcategories of crisis residential centers:

(a) A regional crisis residential center, which is a structured group care facility whose primary and exclusive functions are those of a crisis residential center.

(b) A group care facility a portion of which functions as a crisis residential center.

(c) Foster family home which functions either partially or exclusively as a crisis residential center and has been designated as a crisis residential center by the department. [Statutory Authority: RCW 74.08.090 and 1979 c 155, 79-10-026 (Order 1431), § 388-73-014, filed 9/10/79. Statutory Authority: RCW 74.15.030, 78-10-006 (Order 1336), § 388-73-014, filed 9/8/78.]

WAC 388-73-016 Exceptions to rules. In individual cases the department, at its discretion, may waive specific requirements which because of the cultural patterns of the persons served or which for other reasons are inappropriate, and may approve alternative methods of achieving the intent of specific requirements if such waiver or approval does not jeopardize the safety or welfare of the persons in care. Licenses issued under the provisions of this section may be limited or restricted by the department. Waivers shall be in writing and a copy of the waiver maintained by the licensee. [Statutory Authority: RCW 74.15.030, 78-10-006 (Order 1336), § 388-73-016, filed 9/8/78.]

WAC 388-73-018 Persons and organizations not subject to licensing. In addition to those persons and organizations which are exempt from the requirements of

this chapter as provided in chapter 74.15 RCW, the following persons and organizations are not required to be licensed:

(1) Persons caring for a child in the child's own home whether related to the child or not.

(2) Persons who have a child in their home for purposes of adoption, provided such child was placed in such home by a licensed child-placing agency or authorized public agency, or a preplacement report is on file and has been approved by the court.

(3) An agency operated by any unit of local, state or federal government or by a tribal council operating an agency on a federally recognized Indian reservation.

(4) An agency located on a federal military reservation, except upon the invitation of the military authorities. [Statutory Authority: RCW 74.15.030, 78-10-006 (Order 1336), § 388-73-018, filed 9/8/78.]

WAC 388-73-019 Effect of local ordinances. Licenses are issued or denied on the basis of applicants' compliance with the department's minimum licensing requirements. The enforcement of local ordinances such as zoning regulations and local building codes is the responsibility of appropriate local officials. [Statutory Authority: RCW 74.15.030, 78-10-006 (Order 1336), § 388-73-019, filed 9/8/78.]

WAC 388-73-020 Certification of juvenile detention facility and exempt agency. (1) An agency legally exempt from licensing may not be licensed. However, at its request, such agency may be certified by the department as meeting licensing and other pertinent requirements, if investigation proves such to be the case, to enable it to be eligible for the receipt of funds or for other legitimate purposes. In such cases, unless otherwise clearly evident from the text, requirements and procedures for licensing apply equally to certification.

(2) An agency may not receive funds from the department unless it is licensed or certified. Licensing per se does not obligate the department to make referrals or payment to an agency; additional requirements may be imposed for such purposes.

(3) Juvenile detention facilities operated by juvenile courts, shall be certified in accord with the provision of section 80, chapter 155, Laws of 1979, and requirements promulgated pursuant thereto. Except as otherwise indicated by the text, the requirements for licensing group care facilities also apply to the certification of juvenile detention facilities. [Statutory Authority: RCW 74.08.090 and 1979 c 155, 79-10-026 (Order 1431), § 388-73-020, filed 9/10/79. Statutory Authority: RCW 74.15.030, 78-10-006 (Order 1336), § 388-73-020, filed 9/8/78.]

WAC 388-73-022 Application for license or certification--Investigation. (1) Persons or organizations applying for a license or for certification under this chapter shall do so on forms and comply with procedures prescribed by the department. The application shall be made by and in the name of the person(s) or legal entity

which shall be responsible for the operation of the facility.

(2) The department may require such additional information from individual applicants as it deems necessary. The department may perform such corollary investigations of applicants, licensees, their staff and members of their households as it deems necessary, including accessing of criminal histories and law enforcement files. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-022, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-022, filed 9/8/78.]

WAC 388-73-024 Licenses for homes supervised by licensed agency. Foster family homes certified by a licensed child-placing agency as meeting licensing requirements for foster family homes shall accept children only from the certifying child-placing agency. Licenses issued under this section are valid only as long as the homes remain under the supervision of the certifying licensed agency and operate in accordance with licensing requirements. This section does not apply to agencies which are certified (rather than licensed) in accordance with WAC 388-73-020. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-024, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-024, filed 9/8/78.]

WAC 388-73-026 Licensing of employees. The following persons are prohibited from obtaining a license under this chapter:

(1) Staff of the department or a member of his or her household, and staff of a child-placing agency or a member of his or her household, if such staff are involved directly or in an administrative or supervisory capacity in the licensing or certification process or in the placement of persons in a licensed or certified facility or in authorizing payment for such persons.

(2) These restrictions do not preclude the employment and licensing of a person whose exclusive duties for the employer are those of a foster parent. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-026, filed 9/8/78.]

WAC 388-73-028 Limitations on licenses. Licenses shall not be issued to an applicant for both day care and for full-time care nor for both children and adults in the same facility, except that expectant mothers and their children may receive care in the same facility. Exceptions may be made only if it is clearly evident that care of one category of client does not interfere with the quality of care to be provided to the other categories of clients. In such circumstances, the total number of clients in all categories shall not exceed the number permitted by the most stringent capacity limitation of the categories concerned. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-028, filed 9/8/78.]

WAC 388-73-030 General qualifications of licensee, persons on the premises. The licensee, staff and other persons on the premises shall be persons of good character. The licensee shall demonstrate that he/she, child care staff, volunteers and other persons who have access to persons under care have the understanding, ability, physical health, emotional stability and personality suited to meet the physical, mental, emotional and social needs of persons under care. The licensee, staff and other persons on the premises shall not have been convicted of child abuse and/or any crime involving physical harm to another person nor be a perpetrator of substantiated child abuse. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-030, filed 9/8/78.]

WAC 388-73-032 Age of licensee. Applicants for a license under this chapter shall be a least eighteen years of age. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-032, filed 9/8/78.]

WAC 388-73-034 Posting of license. All licensees, except for foster family homes for children, expectant mothers, developmentally disabled adults and adults in need of protection, shall post the license issued under this chapter in a conspicuous place. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-034, filed 9/8/78.]

WAC 388-73-036 Licensure—Denial, suspension or revocation. (1) Before granting a license and as a condition for continuance of a license, the department shall consider the ability of each applicant and the chief executive officer, if any, to operate the agency in accordance with the law and this chapter. Such persons shall be considered separately and jointly as applicants or licensees and if any one be deemed disqualified by the department in accordance with chapter 74.15 RCW or this chapter, the license may be denied, suspended, revoked or not renewed.

(a) Any individual engaging in illegal use of drugs or excessive use of alcohol shall be disqualified.

(b) Any individual convicted of a felony or released from a prison within seven years of the date of application for the license shall be disqualified by reason of such conviction if such conviction is reasonably related to the competency of the person to exercise responsibilities for ownership, operation and/or administration of an agency; and the department determines, after investigation, that such person has not been sufficiently rehabilitated subsequent to such conviction to warrant public trust.

(c) Individuals who, in this state or elsewhere, have for cause been denied a license to operate a facility for the care of children, expectant mothers, developmentally disabled adults or adults in need of protection, or who have had a license to operate such a facility suspended or revoked shall not be granted a license: *Provided, however,* When such person demonstrates to the department and affirmatively establishes by clear, cogent and convincing evidence his or her ability to operate an

agency under this chapter, the department may waive this provision and license such an individual.

(2) A license may be denied, suspended, revoked or not renewed for failure to comply with the provisions of chapter 74.15 RCW, and rules contained in this chapter. A license shall be denied, suspended, revoked or not renewed for any of the following reasons:

(a) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(b) Permitting, aiding, or abetting the commission of any illegal act on the premises;

(c) Permitting, aiding or abetting the abuse, neglect, exploitation or cruel or indifferent care to persons under care;

(d) Repeatedly providing insufficient personnel relative to the number and types of persons under care or allowing persons unqualified by training, experience or temperament to care for or be in contact with the persons under care;

(e) Misappropriation of the property of persons under care;

(f) Failure or inability to exercise fiscal responsibility and accountability in respect to operation of the agency;

(g) Failure to provide adequate supervision to persons under care;

(h) Refusal to admit authorized representatives of the department or State Fire Marshal to inspect the premises; and

(i) Refusal to permit authorized representatives of the department to have access to the records necessary for the operation of the facility or to permit them to interview agency staff and clients. [Statutory Authority: RCW 74.15.030, 78-10-006 (Order 1336), § 388-73-036, filed 9/8/78.]

WAC 388-73-038 Licensed capacity. The number of persons for whom a facility will be licensed is dependent upon the evaluation of the physical accommodations of the facility, the numbers and skills of the licensee, staff, family members and volunteers, and the ages and characteristics of the persons to be served. No facility shall be licensed for the care of more persons than permitted by the rules regarding the category of care for which the license is sought. [Statutory Authority: RCW 74.15.030, 78-10-006 (Order 1336), § 388-73-038, filed 9/8/78.]

WAC 388-73-040 Discrimination prohibited. The licensee shall comply with federal and state statutory and regulatory requirements regarding nondiscrimination in employment practices and client services. [Statutory Authority: RCW 74.15.030, 78-10-006 (Order 1336), § 388-73-040, filed 9/8/78.]

WAC 388-73-042 Religious activities. The rights of persons in care to observe the tenets of their faith shall be respected and facilitated consistent with state and federal law. Persons shall not be punished for exercising these rights. [Statutory Authority: RCW 74.15.030, 78-10-006 (Order 1336), § 388-73-042, filed 9/8/78.]

WAC 388-73-044 Special requirements regarding American Indians. (1) Implementation of the licensing statute will recognize the unique tribal, cultural and religious sovereignty of Indian nations, tribes and communities. The licensing of a child care agency on sovereign Indian soil shall in no way abridge the sovereignty of an Indian nation nor shall compliance with these rules and regulations be deemed to be a relinquishment of sovereign authority.

(2) For the purposes of these rules, the term "Indian" is defined as:

(a) Any person who is enrolled in a federally recognized Indian tribe or one of whose parents or grandparents is so enrolled.

(b) Any person determined to be an Indian by the secretary of the interior.

(c) An Eskimo, Aleut or other Alaskan native.

(d) Any person considered to be Indian by himself or herself and by an Indian community.

(3) When ten percent or more of an agency's caseload consists of Indian children, the agency shall develop social service resources and staff training programs designed to meet the special needs of such children through coordination with tribal, Indian Health Service and Bureau of Indian Affairs social service staff and appropriate urban Indian and Alaskan native consultants.

(4) In addition to reports required by WAC 388-73-056, an agency shall report to a child's tribal council the serious injury or death or abandonment of an enrolled Indian child.

(5) In planning foster care and adoptive placements for Indian children, demonstrable consideration shall be given to tribal membership, tribal culture and Indian religions, unless the child's record substantiates that such considerations are contrary to the wishes of the child and/or his parent(s).

(6) When foster care or adoptive placement of a non-enrolled Indian child is planned, the Portland area office of the Bureau of Indian Affairs' form "Family Ancestry Chart," or appropriate equivalent, shall be compiled, except for such children for whom it appears that foster care will last, or does last, less than thirty days. Appropriate steps shall be taken to enroll eligible children if not contrary to the wishes of the child and/or his parent(s).

(7) Unless contrary to the wishes of a child and/or his parent(s), agencies serving Indian children shall make diligent and demonstrable efforts to recruit facilities and/or homes particularly capable of meeting the special needs of such children. Indian children shall be placed preferably in Indian foster homes or in non-Indian foster homes specifically recruited and trained to meet the special needs of Indian foster children.

(8) When ten percent or more of a child-placing agency's caseload consists of Indian children, the agency shall have a written policy and procedures statement on legal practices which shall reflect the rights of Indian children and families based upon their unique social-legal status guaranteed by treaty and federal law.

(9) If not contrary to the wishes of a child and/or his parent(s), in the adoptive placement of Indian children

adoptive homes having the following characteristics shall be given preference in the following order:

(a) An Indian family of the same tribe as the child within thirty days from the time the child is determined to be legally and otherwise ready for adoptive planning.

(b) Within an additional thirty days, a Washington Indian family; considering first a family of similar cultural background, for example, Eastern or Western Washington.

(c) Within an additional thirty days, an Indian family from elsewhere in the United States or Canada, through the Adoption Resource Exchange of North America, or other recognized adoption agency outside of Washington state. Attention shall be given to matching the child to an Indian family whose culture is similar to that of his natural parents, such as, Coastal, Plateau, Plains, Southwest, Woodland.

(d) Any other family who can provide a suitable home to an Indian child, as well as instill pride and understanding in the child's tribal and cultural heritage. See also (c) of this subsection. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-044, filed 9/8/78.]

WAC 388-73-046 Discipline. (1) Disciplinary practices shall be stated in writing. Discipline shall be a responsibility of the licensee or staff, and shall not be prescribed or administered by persons under care. Discipline shall be based on an understanding of the individual's needs and stage of development and shall be designed to help the individual develop inner control, acceptable behavior and respect for the rights of others.

(2) Discipline shall be fair, reasonable, consistent and related to the individual's behavior. Cruel and unusual discipline, discipline hazardous to health, and frightening or humiliating discipline shall not be administered. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-046, filed 9/8/78.]

WAC 388-73-048 Corporal punishment. Corporal punishment is prohibited except that spanking with the flat of the hand on the buttocks in a manner that does not result in bruises or other physical harm is permitted when other methods of discipline are found to be ineffective. The use of such amounts of physical restraint as may be reasonable and necessary to:

(1) Protect persons on the premises from physical injury,

(2) Obtain possession of a weapon or other dangerous object,

(3) Protect property from serious damage, shall not be construed to constitute corporal punishment. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-048, filed 9/8/78.]

WAC 388-73-050 Abuse, neglect, exploitation. Licensees shall protect persons, while in their care, from abuse, neglect and exploitation as defined herein:

(1) Abuse

(a) Physical abuse – the person has sustained physical damage, such as bruises, lacerations, fractures or burns as a result of a nonaccidental physical act or acts.

(b) Emotional abuse – the person has sustained emotional damage as shown by his/her behavior or physical manifestations, and/or whose health and welfare is endangered as a result of treatment received in the licensed facility.

(2) Neglect

(a) Physical neglect – the person has sustained physical or material deprivation, such as not being adequately fed, clothed or bathed. Adequate medical care is lacking. The person does not receive the supervision necessary relative to his/her level of development.

(b) Emotional neglect – the person has sustained emotional damage as shown by his/her behavior or physical manifestations, or whose health and welfare is endangered by rejection, lack of love, attention, approval or security.

(3) Exploitation

The person is forced to work at unreasonable tasks and/or for unreasonable periods of time, or is sexually abused, or is forced to commit criminal acts. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-050, filed 9/8/78.]

WAC 388-73-052 Interstate placement of children. All interstate placement of children shall be in accordance with chapter 26.34 RCW, except that for children who are in the care of a crisis residential center and who have legal residence outside the state of Washington and who refuse to return home, provisions of chapter 13.24 RCW (interstate compact on juveniles) shall apply. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-052, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-052, filed 9/8/78.]

WAC 388-73-054 Client records and information. Records and information concerning persons in care shall be maintained in such a manner as to preserve their confidentiality. For American Indian children see WAC 388-73-044. Records giving the following information on each person under care shall be maintained at the licensed facility:

(1) Identifying information, including name, birth-date, and, for full-time care providers, dates of admission, absences and discharge; for day care providers, daily attendance.

(2) Names, addresses, and telephone numbers, if any (home and business) of parents and/or other persons to be contacted in case of emergency.

(3) Dates and kinds of illnesses and accidents, medication, and treatments prescribed and time they are given and by whom, and, except for crisis residential centers and certified juvenile detention facilities, dates and types of immunization, and other pertinent information relating to the person's health.

(4) Written parental consent (or court order) for providing medical care and emergency surgery except as such care is otherwise authorized by law.

(5) Names, addresses and telephone numbers of persons who are authorized to take the person under care out of the facility.

(6) Authorization for acceptance of the person under care. Juvenile detention facilities and crisis residential centers shall record the time and date a placement is made, the names of the person and organization making the placement and the reasons for the placement. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-054, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-054, filed 9/8/78.]

WAC 388-73-056 Reporting of illness, death, injury, epidemic or child abuse. The licensee shall report to the persons indicated the following events as soon as practical after occurrence:

(1) To the department, placement agency and responsible relative

(a) Serious injury or death of a person under care

(b) Evidence of child abuse or neglect and child abandonment. See chapter 26.44 RCW and WAC 388-73-050, and 388-73-044.

(2) To the local public health officer any occurrence of food poisoning or communicable disease as required by the state board of health.

(3) Day care providers shall in addition report to the responsible relative illness of the person under care and known or suspected exposure to communicable disease. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-056, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-056, filed 9/8/78.]

WAC 388-73-057 Reporting of circumstantial changes. Agencies shall report to the department changes in circumstances which might constitute grounds for reclassification of agency as to category of license or continued eligibility for license and major changes in staff or program, including the following:

(1) Changes in agency's address or location and phone number (license is valid only for address indicated on the license).

(2) Changes in the maximum number, age ranges and sex of persons licensee wishes to serve as compared to specifications in the license.

(3) Changes in number and qualifications of agency's staffing pattern, change of agency's chief executive, and the death, retirement or incapacity of a licensee. (A license is valid only for the person or organization named on the license).

(4) Occurrence of a fire on licensed premises, major structural changes or damage to premises from any causes and plans for major remodeling of facility.

(5) Change in name of a licensed corporation, or name by which a facility is commonly known, and changes in agency's articles of incorporation and by-laws.

(6) Marriage or divorce of a foster parent or other change in household composition which affect eligibility for license or number of persons that may be served. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-057, filed 9/8/78.]

WAC 388-73-058 Earnings, allowances, personal belongings. Except for crisis residential centers and juvenile detention facilities, full time child care providers shall give each child a regular allowance based on his/her age, needs and ability to handle money. Group care facilities shall account for allowances given and for children's earnings, if any, in a ledger or other appropriate record maintained for this purpose. When a person is discharged, he/she shall be permitted to take his/her personal belongings and all of his/her money, or be fully informed about the transfer of his/her money to another facility. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-058, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-058, filed 9/8/78.]

WAC 388-73-060 Work assignments. Persons under care shall not be used to carry the responsibility for basic maintenance of the facility and equipment. However, household tasks may be performed insofar as they are appropriate to the program and as part of a planned learning experience. Work assignments shall be appropriate to the age and physical condition of the person under care. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-060, filed 9/8/78.]

WAC 388-73-062 Transportation. When a licensee provides transportation for persons under care:

(1) The vehicle shall be in safe operating condition. The driver shall have a current driver's license.

(2) There shall be at least one adult supervisor other than the driver in a vehicle when there are more than six preschool-aged children in the vehicle.

(3) Licensee or driver shall carry liability and medical insurance.

(4) Seat belts or other appropriate safety devices shall be provided for all passengers. The number of passengers shall not exceed the vehicle's seating capacity. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-062, filed 9/8/78.]

WAC 388-73-064 Clothing. Full-time care providers are responsible to provide or arrange for clothing for the persons under care. Clothing shall be neat, seasonable and of such quality and design as to foster self-respect. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-064, filed 9/8/78.]

WAC 388-73-066 Personal hygiene. Licensees are responsible to provide or arrange for items needed for good grooming and personal hygiene for persons under care. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-066, filed 9/8/78.]

WAC 388-73-068 Personnel policies. All agencies employing five or more persons shall have written policies covering qualifications and duties of staff and volunteers, hours of work, rate of payment, and fringe benefits. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-068, filed 9/8/78.]

WAC 388-73-070 Training. Staff shall be made aware of the licensee's policies and procedures and the rules contained in this chapter. All agencies employing five or more persons shall have an in-service training program for developing and upgrading staff skills. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-070, filed 9/8/78.]

WAC 388-73-072 Education and vocational instruction. Each group care facility, other than a crisis residential center or juvenile detention facility, and each maternity service, day treatment program, and child-placing agency shall:

(1) Provide or arrange for the provision of a suitable educational plan for each person in care who has not completed high school. Group care agencies shall provide suitable study areas. If instruction is given on the agency's premises, appropriate classrooms separate from the living area shall be provided.

(2) Provide the department with a written description of its educational program.

(3) Where an academic program is not appropriate for a particular person in care, the agency shall provide or arrange for a vocational training program either within or outside the agency. Such training shall be geared to helping the person to attain self-sufficiency. If a person has job skills, a training program may not be needed, but assistance in obtaining suitable employment shall be provided when necessary. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-072, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-072, filed 9/8/78.]

WAC 388-73-074 Social service staff. (1) Each child-placing agency, day treatment program, maternity service, and group care facility, except for juvenile detention facilities, shall provide or arrange for social services by persons at least one of whom has a master's degree in social work or closely allied field.

(2) Social service staff who do not have a master's degree in social work shall have a bachelor's degree in social work or closely allied field and shall be under the supervision of a person having a master's degree in social work or closely allied field for a minimum of two hours per week.

(3) When social services are provided by an agency other than the licensee, there shall be a written agreement detailing the scope of service to be provided. Any such agreement must meet the requirements of this section.

(4) The following minimum ratios of full-time social service staff providing direct services to persons under care shall be provided:

Day Treatment Program	1 to 15
Group Care Facilities	1 to 25
Child-Placing Agency	1 to 25
Maternity Services	1 to 25
Regional and other group care crisis residential centers	1 to 5

[Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-074, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-074, filed 9/8/78.]

WAC 388-73-076 Social study-treatment plans. Except for juvenile detention facilities, the social service staff of each child-placing agency, day treatment program, maternity service, and group care facility shall:

(1) Develop or assemble from appropriate sources a written diagnostic social study on each child and expectant mother accepted for care. Except in the case of persons accepted for emergency care, the study shall serve as the basis of the person's admission to care. In such case, the study shall be completed within thirty days after admission if the person remains in care. The study shall contain in addition to the minimum information recorded as required by WAC 388-73-054 the following information:

(a) Child's school records (grade placement, report cards and correspondence with schools).

(b) Copies of psychological or psychiatric evaluations, if any, of the child or expectant mother.

(c) A narrative description of the background of the child and his family, their inter-relationships and the problems and behaviors which necessitate care away from own home, previous placement history, if any, and an evaluation as to need for the particular services and type of care which licensee will provide. For American Indian children see WAC 388-73-044.

(2) Develop and implement a written treatment plan for each person accepted for care. Such plan shall outline the agency's treatment goals and methods of work with the individual and his family. The plan shall be updated at least quarterly to show progress toward achievement of goals and shall identify impediments to the return of the child to his own home, the home of relatives, or placement for adoption and steps taken or to be taken to overcome those impediments. No person shall be admitted to nor retained in an agency's program who cannot be served effectively by that program or who can be served more appropriately by another available program.

(3) Whenever the treatment plan indicates the child may return to his/her own home, the agency shall provide or arrange for services to child's parents. Where geographical or other conditions prevent the licensee from working directly with child's parents or another agency is already providing appropriate services, the licensee shall enter into an agreement with that agency for joint planning and exchange of reports toward the end of reuniting the family, or shall make arrangements with another appropriate agency toward that end. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-076, filed 9/10/79.]

Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-076, filed 9/8/78.]

WAC 388-73-078 Clerical, accounting and administrative services. Except for foster family homes for children or expectant mothers, family homes for adults and family day care homes, each agency shall provide or arrange for sufficient clerical, accounting and administrative staff or services as are required to maintain proper records and carry out the agency's program. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-078, filed 9/8/78.]

WAC 388-73-080 Support and maintenance staff. Except for foster family homes for children or expectant mothers, family homes for adults and family day care homes, each licensee shall provide or arrange for sufficient support and maintenance staff or services as are required for the maintenance and repair of the facility and preparation and serving of meals. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-080, filed 9/8/78.]

WAC 388-73-100 Site and telephone. The facility shall be located on a well-drained site free from hazardous conditions and accessible to other facilities necessary to carry out its program. There shall be at least one telephone on the premises which shall be accessible for emergency use at all times. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-100, filed 9/8/78.]

WAC 388-73-102 Safety and maintenance. (1) The physical plant, premises and equipment shall be maintained in a clean and sanitary condition, free of hazards and in good repair. Steps shall be provided with handrails as determined necessary by the department. Emergency lighting devices, such as flashlights, in operational condition shall be available. All flaking or deteriorating lead-based paint on exterior and interior surfaces, and equipment and toys which are accessible to preschool-age children shall be refinished with lead-free paint or other nontoxic material.

(2) In facilities which care for seven or more children, toilet rooms, kitchens and other rooms subject to moisture shall have washable, impervious floors.

(3) In facilities caring for seven or more preschool children, electrical outlets shall be of a safety type, covered with blank plates, or otherwise made inaccessible to such children. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-102, filed 9/8/78.]

WAC 388-73-104 Firearms. Firearms, if any, shall be used only under competent adult supervision and when not in use shall be kept in locked storage accessible only to authorized persons. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-104, filed 9/8/78.]

WAC 388-73-106 Storage. (1) Suitable space shall be provided and used for the storage of clothing and personal possessions of person in care, play and teaching

equipment and supplies, records and files, cots, mats and bedding.

(2) Cleaning supplies, toxic substances, poisons, aerosols and items bearing warning labels shall be stored so as to be inaccessible to preschool children and other persons with limited mental capacity. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-106, filed 9/8/78.]

WAC 388-73-108 Bedrooms. In full-time care facilities:

(1) Hallways, kitchens, living rooms, dining rooms and unfinished basements shall not be used as bedrooms. Every bedroom shall be an outside room permitting entrance of natural light. Separate sleeping quarters shall be furnished for each sex for children over six years of age. Multiple occupancy bedrooms shall provide not less than fifty square feet per occupant of floor area exclusive of closets. There shall be not less than thirty inches laterally between beds. In group-care facilities and maternity homes, single occupancy bedrooms shall provide at least eighty square feet of floor space. Each person in care shall have a bed of his/her own. There shall be no more than four persons to a bedroom except in facilities licensed for more prior to the adoption of these rules.

(2) For each person in care there shall be a bed at least thirty inches wide with a clean, firm mattress, pillow, sheets, blankets and pillow cases. Pillows shall be covered with waterproof material or be of a washable type. Waterproof mattress covers shall be provided for incontinent persons.

(3) The upper bunk of doubledeck beds are prohibited for use by preschool-age children, expectant mothers and handicapped persons. When mother and child sleep in the same room, the room shall contain at least one hundred square feet of usable floor space. A crib or bassinet with a clean, firm mattress covered with a waterproof material shall be provided for the child. No more than one mother and her newborn infant(s) may occupy a bedroom.

(4) Bedding shall be clean; sheets and pillowcases shall be laundered weekly.

(5) No child over the age of one year shall share a bedroom with foster parents or agency staff. An adult must be on the same floor or within easy hearing distance and accessibility to where children under six years of age are sleeping.

(6) See WAC 388-73-146(7) for requirements for cribs for infants. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-108, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-108, filed 9/8/78.]

WAC 388-73-110 Special care room. Except for child-placing agencies, foster family homes for children, expectant mothers or adults and family day care homes, each agency shall provide a separate room or segregated area which is designated for the care of a person under care who needs to be separated from the group due to injury, illness or the need for additional rest. This room

or area must be located so that the child can be supervised. Toilet and lavatory facilities shall be readily accessible. If the person under care is suspected of having a communicable disease, all equipment used by the child must be adequately sanitized after use. This room or area may be used for other purposes when not needed for the separation and care of a person in care. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-110, filed 9/8/78.]

WAC 388-73-112 Kitchen facilities. (1) Facilities for the proper storage, preparation and service of food shall be provided to the extent required by the type of care being provided.

(2) All food service facilities and practices in day care centers, day treatment programs, group care facilities and maternity homes shall be in compliance with chapter 248-84 WAC, Rules and Regulations of the State Board of Health governing food service sanitation. Kitchen equipment and food preparation procedures shall be approved by the department.

(3) Children may participate in food preparation provided it is part of an agency's supervised program. Preschool age children shall be supervised when in the kitchen.

(4) In day care centers the kitchen shall be inaccessible to children except for planned and supervised activities. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-112, filed 9/8/78.]

WAC 388-73-114 Housekeeping sink. For facilities licensed for the care of thirteen or more persons, a housekeeping sink or a substitute acceptable to the department shall be provided. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-114, filed 9/8/78.]

WAC 388-73-116 Laundry. (1) Adequate facilities shall be provided for separate storage of soiled linen and clean linen. Adequate laundry and drying equipment shall be provided unless arrangements are made for commercial laundry services, or bedding and/or clothing are provided and laundered by parents.

(2) For facilities licensed to care for seven or more persons, laundry equipment shall be located in an area separate from the kitchen and child care areas. Water temperature for laundry shall be maintained at a minimum of 140° F. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-116, filed 9/8/78.]

WAC 388-73-118 Toilets, lavatories and bathing facilities. (1) There shall be at least one indoor flush type toilet and one lavatory with hot and cold or tempered running water. The following ratios of persons normally on the premises to facilities shall apply:

	Toilets	Lavatories	Bathing Facilities
Day Care Centers	2 minimum	2 minimum	None Required
Day Treatment Programs	and 1:15 or major fraction	and 1:15 or major fraction	

	Toilets	Lavatories	Bathing Facilities
Mini-Day Care Programs	1 minimum	1 minimum	None Required
Group Care Facilities	2 minimum	2 minimum	1 minimum
Maternity Homes	and 1:8 or major fraction	and 1:8 or major fraction	and 1:8 or major fraction
Family Home for Adults	1 minimum	1 minimum	1 minimum
Foster Family Home			
Family Day Care Home			

(2) Toilet and bathing facilities shall provide for privacy for persons of the opposite sex who are six years of age or older.

(3) Toilet, urinals and handwashing sinks shall be of appropriate height for the children served or be provided with a safe and easily cleanable platform

(4) For facilities licensed for the care of seven or more persons, lavatories and bathing facilities shall be provided with hot and cold or tempered running water which shall not exceed 110° F. for preschool or mentally retarded children and 120° F. for all others.

(5) All bathing facilities shall have a conveniently located grab bar unless other safety measures, such as nonskid pads, are approved by the department (see (8) below). Preschool children shall not be left unattended in a bathtub.

(6) Equipment for toileting and toilet training of toddlers shall be provided and maintained in a sanitary condition at all times. Infants in diapers and those using toilet training equipment need not be included when determining the number of flush-type toilets required.

(7) Whenever urinals are provided, one toilet less than the number specified may be provided for each urinal installed except that the number of toilets in such cases shall not be reduced to less than two-thirds of the minimum specified.

(8) In maternity homes bathing facilities shall have adequate grab bars in convenient places. All sleeping areas shall have at least one toilet and lavatory on the same floor.

(9) Soap and individual towels or disposable towels shall be provided. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-118, filed 9/8/78.]

WAC 388-73-120 Lighting. Light fixtures shall be selected and located to provide for the comfort and safety of the persons under care. Lighting intensities shall be at least fifteen foot candles for all rooms and areas used for care, except for classrooms, study areas and food service areas, which shall be thirty foot candles. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-120, filed 9/8/78.]

WAC 388-73-122 Pest control. The premises shall be kept free from rodents, flies, cockroaches, and other insects. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-122, filed 9/8/78.]

WAC 388-73-124 Sewage and liquid wastes. Sewage and liquid wastes shall be discharged into a public sewer system or into an independent sewage system approved by the local health authority or department. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-124, filed 9/8/78.]

WAC 388-73-126 Water supply. A private water supply must be approved by the local health authority or department. Disposable paper cups, individual drinking cups or glasses or inclined jet type drinking fountains shall be provided. Bubblers type fountains and common drinking cups are prohibited. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-126, filed 9/8/78.]

WAC 388-73-128 Temperature. Temperature within the facility shall be maintained at not less than 68° F. during waking hours, and at not less than 60° F. during sleeping hours. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-128, filed 9/8/78.]

WAC 388-73-130 Ventilation. The facility shall be ventilated to assure health and comfort of the persons under care. Toilets, bathrooms and areas which contain housekeeping sinks which do not have windows opening to out of doors shall be vented by mechanical exhaust to the out of doors. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-130, filed 9/8/78.]

WAC 388-73-132 Health care plan. (1) All facilities providing direct care shall have a written plan of action to be taken in the event of medical emergencies and a plan for health supervision and arrangement for the provision of needed medical care.

(2) Agencies licensed for the care of seven or more persons shall:

(a) Arrange for the services of an advisory physician, physician's assistant or registered nurse to assist in the development and periodic review of the agency's health policies, procedures and practices. Emergency phone numbers shall be posted next to the phone.

(b) Maintain current, written medical policies and procedures including standing orders for first aid, care of minor illnesses, action to be taken in the event of medical emergencies, infant-care procedures when infants are under care and general health practices. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-132, filed 9/8/78.]

WAC 388-73-134 First aid. (1) A person who has completed a basic Red Cross first aid course or a first aid course approved by the department and training in cardio-pulmonary resuscitation shall be present at all times persons are under care or the licensee shall have a plan approved by the department to obtain such training except that for foster family homes, the "at all times" provision is not applicable. A list of the names of persons who have completed such a course, and the dates of

completion shall be maintained in the facility. The requirement for CPR training may be waived for persons when such training is contraindicated for medical reasons.

(2) First aid supplies, as needed to conform with the plan of action, shall be readily available. First aid supplies shall include syrup of ipecac. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-134, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-134, filed 9/8/78.]

WAC 388-73-136 Medications controlled by licensee. (1) All medications shall be kept in an orderly fashion in locked storage or otherwise made inaccessible to unauthorized persons and shall be refrigerated when so required.

(2) External medications shall be stored separately (separate compartments) from internal medications.

(3) Medications must be stored in their original container. The container shall contain the patient's name and date of purchase.

(4) Only the licensee or responsible designee shall disburse or have access to medications except for self-administered medications as provided for in WAC 388-73-138.

(5) Medications shall be disbursed only on the written approval of a parent, or person or agency who has authority by court order to approve medical care. Medications shall be disbursed only as specified on the prescription label or as otherwise authorized by a physician.

(6) Except for foster family homes, a record shall be kept of all medications disbursed and "as needed" medications shall be approved by a physician or registered nurse prior to disbursement.

(7) Unused medications shall be properly disposed of or returned to the parent or other responsible party. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-136, filed 9/8/78.]

WAC 388-73-138 Self-administration of medications. Self-administration of medications by a person in care shall be in accordance with the following:

(1) The person shall be physically and mentally capable of properly taking his/her own medicine. The licensee shall make a written statement of the person's capacities and include such statement in the person's file.

(2) Prescription drugs, over-the-counter drugs purchased independently by a person in care and other medical materials used by individuals shall be kept so they are not available to other persons. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-138, filed 9/8/78.]

WAC 388-73-140 Health history, physical examinations, immunizations. This section is not applicable to crisis residential centers and juvenile detention facilities.

(1) A health history for each person under care shall be obtained when the person is accepted for care. This

shall include the date of the person's last physical examination, allergies, any special health problems, and for children, an immunization history.

(2) If a child has not been under regular medical supervision or has not had a physical examination by a physician, physician's assistant or certified registered nurse (nurse practitioner) within one year prior to admission, arrangements shall be made for an examination within thirty days.

(3) Yearly physical examinations are required for each child who is not under regular medical supervision.

(4) Prior to admission or within forty-five calendar days of the child's first day of attendance, each child shall present proof of full immunization for diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, measles (rubeola), rubella (German measles), and mumps as set forth in WAC 248-100-164(2). (Note: Appropriate forms and information may be obtained at the local health department. For the requirements applying to day care centers, see WAC 248-100-164.)

(5) Children who have not received all immunizations as set forth in WAC 248-100-164(2) may be accepted on a conditional basis if immunizations are initiated and are completed as rapidly as is medically indicated. Exceptions to this immunization requirement shall be made in the case of a parent or guardian who expresses religious, philosophical, or personal objections by signing a statement to this effect; or there is a physician's statement that a valid medical reason exists to contraindicate immunization. [Statutory Authority: RCW 74.15.030. 80-13-019 (Order 1540), § 388-73-140, filed 9/9/80. Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-140, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-140, filed 9/8/78.]

WAC 388-73-142 Tuberculosis, communicable disease. (1) Each licensee, employee, adult volunteer, and other adult persons who have regular contact with persons in care shall have a tuberculin skin test, by the Mantoux method, upon employment or licensing unless medically contraindicated.

(a) Persons whose TB skin test is positive (10 mm or more induration) shall have a chest x-ray within ninety days following the skin test.

(b) Routine periodic retesting or x-ray (biennial or otherwise) after the entry testing is not required.

(c) An entry test shall not be required of persons whose TB skin test has been documented as negative (less than 10 mm) within the last two years nor shall routine periodic retesting or x-ray (biennial or otherwise) be required of such persons.

(2) A record of skin test results, x-rays, or exemptions to such will be kept in the facility.

(3) Persons with a communicable disease in an infectious stage shall not be on duty. [Statutory Authority: RCW 74.15.030. 80-13-019 (Order 1540), § 388-73-142, filed 9/9/80; 78-10-006 (Order 1336), § 388-73-142, filed 9/8/78.]

WAC 388-73-144 Nutrition. (1) Food served by each agency shall be planned in light of the needs of the persons under care, taking into consideration their ages, cultural background, any handicapping condition, and hours of care in the facility.

(2) The use of raw milk is prohibited. Skim milk and reconstituted nonfat dry milk shall not be used for drinking purposes by children less than two and one-half years of age, except with the written permission of a physician. Dry milk and milk products may be reconstituted in the facility for drinking purposes for children over two and one-half years of age provided the preparation, service, and storage of said milk is in accordance with the requirements of chapter 248-84 WAC relating to potentially hazardous foods.

(3) Facilities licensed to care for seven or more persons shall record all food served. Daily menus shall be prepared at least one week in advance, dated and plainly posted. Any substitutions shall be of comparable food value and recorded. These menus shall be kept on file for a minimum of six months for review by the department.

(4) Nutrient concentrates, supplements and modified diets (therapeutic and allergy diets) shall not be served except with the written instructions of a physician. The parent, responsible relative or physician must submit a written diet listing foods the person cannot have. This list, with the person's name, must be plainly posted and followed by staff.

(5) Day care and day treatment - Children in care for five to ten hours shall be served food that provides at least one-third of the 1980 recommended dietary allowances set by the national research council. Children in care for more than ten hours shall be served food that provides at least one-half of the 1980 recommended dietary allowances. Children who bring sack lunches from home shall be provided additional foods to meet these requirements. Licensees shall consult with parents as to what additional foods should be provided.

(a) All children arriving before 7:00 a.m. who have not received breakfast shall be offered a breakfast that provides at least one-fourth of the recommended dietary allowances.

(b) All children present shall be offered mid-morning and mid-afternoon snacks. If a breakfast was served to all children, then a mid-morning snack is not required. Children arriving after school shall be offered a snack.

(c) Between-meal snacks shall be provided that contribute toward the daily food needs. Snacks shall consist of two or more of the following items, served in age-appropriate serving sizes:

- (i) Milk or milk products;
- (ii) Fruit and/or vegetables;
- (iii) Fruit and/or vegetable juices that are at least fifty percent real juice;
- (iv) Whole grain or enriched breads and/or cereal products;
- (v) Protein foods (animal or vegetable).

(d) The occasional serving of party foods which do not meet these requirements is not prohibited.

(6) Full-time care providers – Food shall be served in accordance with the 1980 recommended dietary allowances of the food and nutrition board, national research council, adjusted for age, sex, physical abilities, and activity of each person.

A minimum of three meals in each twenty-four hour period shall be provided, except that when a written request has been made to, and approved in writing by, the department, deviation may be made from this minimum. The time interval between the evening meal and breakfast shall be not more than fourteen hours. [Statutory Authority: RCW 74.15.030, 80-13-019 (Order 1540), § 388-73-144, filed 9/9/80; 78-10-006 (Order 1336), § 388-73-144, filed 9/8/78.]

WAC 388-73-146 Infant care. This section is applicable only to day care centers and to mini day care programs.

(1) Children under one month of age shall not be accepted for day care in mini-day programs and day care centers.

(2) Separate rooms and play areas for children under one year or children who are not walking are required for facilities licensed to care for thirteen or more children. Children under one year of age shall be cared for in rooms or areas separate from older children, as approved by the department with not more than ten such children to a room and with handwashing facilities in each such room or convenient thereto.

(3) Diaper-changing places shall be sanitized between use for different children or protected by a disposable covering which is discarded after each use. Disposable towels or clean reusable towels which have been laundered between children shall be used for cleaning children. Personnel shall wash their hands before and after diapering each child.

(4) Mini-day care programs and day care centers shall use disposable diapers, a commercial diaper service, or reusable diapers supplied by the child's family. Soiled reusable diapers shall be placed without rinsing into separate cleanable covered containers provided with waterproof liners prior to transport to laundry, parent, or acceptable disposal. Diapers shall be removed from the mini-day care centers and day care centers at least daily. Diaper-changing procedures shall be posted at the changing areas.

(5) Toilet training shall be initiated when readiness is indicated by the child and in consultation with the child's parents/placement agency.

(6) Feeding of infants – Formula feeding of infants (under one year of age) shall be on a schedule agreed upon by the child's parent(s), guardian, the placement agency, and the licensee.

(a) Feedings prepared on the premises of the facility:

(i) Any formula provided by the parent(s), guardian, placement agency, or licensee shall be in a ready-to-feed strength or require no preparation other than dilution with water at the day care facility.

(ii) If the container in which the feeding was purchased does not include a sanitized bottle and nipple, then transfer of ready-to-feed formula from the bulk

container to the bottle and nipple feeding unit must be done in a sanitary manner in the kitchen.

(iii) Bottles filled on the premises of the facility should be refrigerated immediately if not used and contents discarded if not used within twelve hours.

(iv) If bottles and nipples are to be reused by the facility, they must be sanitized by boiling for five minutes or more just prior to refilling. Terminal (one step) sterilization of bottles, nipples, and formula is acceptable.

(v) When more than one bottle-fed child is in care, bottles shall be labeled with the child's name and date prepared. Milk for children requiring bottles but no longer on formula shall be poured from the original container into sanitized, labeled bottles. Sanitized nipples only shall be used on these bottles.

(b) Feedings brought to the child care facility:

(i) Bottles brought into the facility shall have a label showing the child's name and date the bottle was prepared.

(ii) Bottles shall be refrigerated immediately upon arrival at the facility and contents discarded if not used within twelve hours.

(c) Bottles shall not be propped. Semi-solid foods shall be provided for infants at between four and five months of age, upon consultation with the parent/placement agency and/or with a physician when indicated. Infants too young to sit in high chairs shall be held in a semi-sitting position for all feedings. Infants six months of age or over who show a preference for holding their own bottles may do so provided an adult remains in the room and within observation range. Bottles shall be taken from the child when he/she finishes feeding or when the bottle is empty. See also WAC 388-73-144.

(7) Cribs – Cribs shall be made of wood, metal or approved plastic and have secure latching devices. Cribs purchased for the use of infants under six months of age shall have no more than two and three-eighths inches space between vertical slats. Cribs currently on hand which do not meet the spacing requirement may be used provided crib bumpers or other effective methods are used to prevent the infant's body from slipping between the slats. Mattresses shall fit snugly to prevent the infant being caught between the mattress and crib side rails. Crib mattresses shall be waterproof and easily sanitized.

(8) Children's activities – Infants shall be provided opportunities for exercise, large and small muscle development, crawling and exploring, sensory stimulation, social interaction and the development of communication and self-help skills. The facility shall provide suitable toys and equipment for infant care.

(9) Nursing consultation – Facilities caring for five or more infants shall arrange for regular consultation to include at least one monthly on-site visit by a registered nurse trained or experienced in the care of young children. In collaboration with the agency's administrative staff, the nurse shall be responsible for advising the agency on the operation of its infant care program and on the implementation of its child health program. The nurse's name and telephone number shall be posted or otherwise available in the agency. [Statutory Authority:

RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-146, filed 9/8/78.]

WAC 388-73-200 Child-placing agency. The rules in WAC 388-73-200 through 388-73-250 apply exclusively to licensing of a child-placing agency. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-200, filed 9/8/78.]

WAC 388-73-202 Required personnel. (1) A director shall be employed, who is at least twenty-one years of age and who is a mature person especially equipped by training, experience and personal qualities to insure an effective program, staff development and efficient administration. That person must possess an understanding of the program to be administered and have demonstrated such leadership and supervisory ability as will insure harmonious relationships and effective performance of agency personnel.

(2) Specialists in mental health, education, religion, and law shall also be available as needed for work with agency staff, children and parents. Specialists used by the agency shall meet the full requirements of professional competence in their respective fields.

(3) There shall be a casework supervisor who has a master's degree from a recognized school of social work or equivalent academic training. Such person shall have demonstrated skills in foster care practices and ability to teach and transmit knowledge which will insure staff development and efficient administration of the casework program. In a small agency, this person may also be the director and may also carry a child care caseload. See also WAC 388-73-074. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-202, filed 9/8/78.]

WAC 388-73-204 Office space. The agency shall be housed in offices adequately equipped to carry out its program and which provide privacy for interviews with parents and children. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-204, filed 9/8/78.]

WAC 388-73-206 Out-of-country, out-of-state agencies. Child-placing agencies whose principal offices are not located in the state of Washington and who do not maintain offices in the state of Washington licensed in accord with these rules may arrange for the placement of children in the state of Washington under the following conditions:

(1) Such agency must be licensed, certified or otherwise appropriately approved for child-placing functions in its home state or country;

(2) Such agency shall comply with the provisions of the interstate compact on the placement of children and shall enter into written agreements with licensed or otherwise legally operating child-placing agencies in the state of Washington which shall be responsible for conducting a study of the home in which the child is placed, related casework and for the proper supervision of the

placement until the child is legally adopted or attains the age of majority; and

(3) Such agency shall furnish the department copies of its agreements with Washington state agencies, evidence that it is a duly authorized child-placing agency in its home state or country, evidence that it has legal authority to place the child, and certify that it will assume financial responsibility for any child placed in the state of Washington until the child is adopted or otherwise is financially independent. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-206, filed 9/8/78.]

WAC 388-73-208 Medical care. It shall be the responsibility of the child-placing agency to provide to foster and adoptive parents a health history, as complete as possible for each child upon placement. This history shall include an immunization history, allergies, previous illnesses, and conditions of the child which may adversely affect his/her health. The child-placing agency has responsibility to arrange for medical examinations, immunizations and health care as required by WAC 388-73-140. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-208, filed 9/8/78.]

WAC 388-73-210 Foster care licensees. As a minimum child-placing agencies shall utilize application and home study forms and procedures prescribed by the department. See also WAC 388-73-024 and 388-73-302. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-210, filed 9/8/78.]

WAC 388-73-212 Foster care placements. (1) The agency shall, in planning for children, give due consideration to:

(a) A child's basic right to his/her own home and family;

(b) The importance of skillful professional service to parents to help them meet the child's needs in his/her own home whenever possible;

(c) The child's individual needs, his/her ethnic background, religious background, his/her family situation and the wishes and participation of his/her parent; and

(d) The recruitment and selection of a foster home that will provide for maximum development of the child's capacities and meet the child's individual needs. Placements which involve the likelihood of community concern shall first be submitted to the department for review and written approval. See WAC 388-73-044 for recruitment involving placement of American Indian children.

(2) A written social study of each child and expectant mother shall serve as the basis for acceptance for foster care and related services.

(3) Every acceptance for care shall be based on well-planned, individual preparation of the child and his/her family and the expectant mother other than in emergent situations.

(4) Except in an emergency, a child shall be placed in foster care only with the written consent of his/her parents or under order of a court of competent jurisdiction.

Such consent or order shall include authorization for medical care or emergency surgery.

(5) All foster homes and group care facilities used by child-placing agencies shall be licensed.

(6) The frequency of the caseworker's contacts with an expectant mother or child and his family shall be determined by a casework plan reflecting their needs. Each active foster home shall be visited not less than once every ninety days.

(7) The preparation for discharge from placement shall follow the same basic steps as preparation for placement, but a child shall be released only to parents, adoptive parents, guardians or other persons or agencies holding legal custody, or to a court of competent jurisdiction. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-212, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-212, filed 9/8/78.]

WAC 388-73-214 Adoption procedures. Child-placing agencies shall, as a minimum utilize home study guidelines and procedures as prescribed by the department. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-214, filed 9/8/78.]

WAC 388-73-216 Adoptive placements. (1) The agency shall protect the child from unnecessary separation from his/her natural parents when they are capable of successfully fulfilling their parental role or can be helped to do so. Adoptive placement shall be made only when the child is freed for adoption by action of a court of competent jurisdiction giving the agency authority to place such child for adoption and to consent to his adoption as provided by RCW 26.36.010.

(2) The agency shall evaluate adoptive applicants in relation to their capacity and readiness for parenthood, their emotional and physical health and ability to shelter, feed, clothe, and educate an adopted child. The agency shall protect the child from placement which would be detrimental to his/her well-being and from interference of natural parents after placement. Preplacement reports shall be filed with the court as required by RCW 26.32.200 through 26.32.270.

(3) The agency shall make reasonable efforts to place a child in an adoptive home of the ethnic and religious background preferred by the child or his/her parents: *Provided*, That if such a home is not available within a reasonable period of time after the child is ready for adoptive placement, the child shall be placed in any other available and otherwise suitable home: *And provided further*, That when a child is seven years of age or older and has been living in a particular religious or ethnic environment which has positive meaning to him or her, the agency shall ordinarily continue to seek an adoptive home of that religious or ethnic background for a period not to exceed six months prior to placement in an otherwise suitable home. See WAC 388-73-044 for placement involving an American Indian child.

(4) The agency shall transmit to the adoptive parents at time of placement a medical report containing all reasonably available information concerning the child to

be placed, especially that which would indicate the child is mentally deficient or physically impaired by reason of heredity, process of birth, disease or any other cause as required by RCW 26.36.050. The agency shall provide continued social service to assist the child and the family during the period of adjustment, and shall prepare information necessary for reporting to the court as next friend of the child at the time the adoption petition is heard.

(5) The agency shall be responsible for receiving and providing temporary care for children in need of adoptive placement and, when authorized by a court of competent jurisdiction, for placing them for adoption and giving consent to their adoption. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-216, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-216, filed 9/8/78.]

WAC 388-73-300 Foster family homes and family homes for adults. The rules in WAC 388-73-300 through 388-73-350 apply exclusively to licensing foster family homes for children, and expectant mothers and family homes for retarded adults and adults in need of protection. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-300, filed 9/8/78.]

WAC 388-73-302 Orientation and training. Applicants and foster family home licensees other than those certified for licensing by a licensed child placing agency shall attend orientation and training programs provided, arranged or approved by the department. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-302, filed 9/8/78.]

WAC 388-73-304 Capacity. (1) No family home for adults shall be licensed for more than four adults.

(2) No foster family home for children shall be licensed for more than four foster children; nor more than a total of six children to include the foster parent's own minor children residing in the home.

(a) No home designated by the department as a "receiving home" shall be licensed for more than six foster children, such number to be reduced by the number of the foster parent's own minor children residing in the home;

(b) No home that otherwise meets these standards shall be denied a license for the care of at least one child or single family of children.

(3) No foster family home for expectant mothers will be licensed for more than three expectant mothers.

(4) No foster family home for children shall be licensed for more than two children under two years of age, such number to be reduced by the number of licensee's own children of such age.

(5) No family home shall be licensed for the care of more than two persons suffering mental or physical handicaps of such severity as to require nursing care, and then only if the licensee is qualified by training and/or experience to provide proper care and the person's treatment is under the supervision of a physician.

(6) No foster family home which functions as a crisis residential center shall be licensed for the care of more than four children, including the foster parents' own minor children residing on the premises. No more than two children who require crisis care may be in care at the same time. All such homes shall be two-parent homes and one or the other of the foster parents shall not be employed outside the home. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-304, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-304, filed 9/8/78.]

WAC 388-73-306 Foster parents/sponsors--Employment. If both foster parents/sponsors in a two-parent home, or the single foster parent/sponsor in a one-parent home, are or is employed outside the home, the placing agency or department must give written approval. Such approval will be based on the needs of the persons under care. The foster family/sponsor(s) shall have sufficient regular income to maintain their own family without the board payments made for the persons in care.

This section is not applicable to foster family homes licensed as crisis residential centers. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-306, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-306, filed 9/8/78.]

WAC 388-73-308 Absence from home. (1) Foster parents/sponsors shall not place a person in another home temporarily or otherwise without the consent of the placing agency, if any, or of his/her parents or guardian or responsible relative.

(2) If it is necessary for the foster parents/sponsors to be absent overnight, the placing agency, if any, if not, the person(s) parents or guardian or responsible relative shall be notified and suitable arrangements made for care. Permission for persons under care to travel on extended trips with foster parents/sponsors shall be obtained from the placing agency, if any, or from parents or guardians or responsible relative. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-308, filed 9/8/78.]

WAC 388-73-310 Fire safety. (1) Every room used by persons under care, unless provided with two separate doors or one door leading directly to the outside, shall have a window of sufficient size and free of obstructions to be readily available for emergency escape or rescue.

(2) Every occupied area shall have access to at least one exit which does not pass through rooms or spaces subject to being locked or blocked from the opposite side.

(3) No space shall be used for residential purposes which is accessible only by ladder, folding stairs or a trap door.

(4) Every bathroom door lock shall be designed to permit the opening of the locked door from the outside in an emergency.

(5) Every closet door latch shall be such that the door can be opened from the inside.

(6) No stove or heater shall be so located as to block escape in case of malfunctioning and ensuing fire.

(7) Flammable, combustible or poisonous material shall be stored away from exits and in areas not accessible to persons under care.

(8) Open flame devices, heating and cooking appliances, and other similar products capable of igniting clothing shall not be left unattended or used in such a manner which could result in accidental ignition of clothing.

(9) All persons in care shall be instructed in emergency evacuation procedures and drills conducted at regular intervals to test and practice the procedure.

(10) There shall be readily available an approved five pound or larger all purpose (A.B.C.) type fire extinguisher.

(11) A smoke detector shall be located in proximity to the area(s) where persons under care sleep.

(12) If question arises concerning fire danger, the local fire protection authority shall be consulted. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-310, filed 9/8/78.]

WAC 388-73-312 Family foster homes--Services to person under care. (1) Foster parents/sponsors shall provide or arrange for such care and supervision as age and condition of the persons under care require.

(2) Opportunities for recreation shall be provided within the family group and persons in care shall be encouraged to participate in community activities in accord with the person's capacity for such experience. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-312, filed 9/8/78.]

WAC 388-73-400 Day care providers. The rules in WAC 388-73-400 through 388-73-490 apply exclusively to licensing of family day care homes, mini-day care programs and day care centers. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-400, filed 9/8/78.]

WAC 388-73-402 Maximum hours--Rest periods.

(1) Children shall normally not remain in care in excess of ten hours per day except as is necessitated by the parent's working hours and travel time to and from the day care facility.

(2) Supervised rest periods shall be provided for all children under five years of age who remain in care in excess of six hours and for other children who show a need for rest. Children under two and one-half years of age shall nap in rooms or areas separated from older children and shall be allowed to follow their own sleep schedules. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-402, filed 9/8/78.]

WAC 388-73-404 Ill children. Each child shall be observed for signs of illness each day. Children who are ill, tired or upset shall be given a chance to rest in a quiet area under frequent observation. Ill children need

not be discharged home as a routine policy. They may be cared for during minor illness at the joint discretion of the parent and licensee. In the case of more severe illness, the child shall be separated from the other children and properly attended until arrangements are made for return to his home. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-404, filed 9/8/78.]

WAC 388-73-406 Nap and sleep equipment. (1) A separate firm, clean bed, crib, play pen, cot, mat or mattress of sufficient size separated by at least thirty inches laterally and clean bedding shall be provided for each child under five years of age who remains in care for more than six hours, and for any other child who requires a nap or rest period. Infants shall be provided with cribs until at the discretion of the licensee and parent they are safer on a cot or mat. See also WAC 388-73-146(7)(cribs).

(2) Mats and mattresses shall be covered on all surfaces with impervious material that can be cleaned between use by different children.

(3) Cot surface may be of plastic or canvas or other material which can be cleaned with a detergent solution and allowed to air dry.

(4) Bedding shall consist of an easily laundered sheet or blanket to cover the sleeping surface and a suitable washable covering for the child. Each child's bedding shall be stored separate from bedding used by other children. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-406, filed 9/8/78.]

WAC 388-73-408 Evening and nighttime care. (1) A day care provider offering care during evening and nighttime hours shall adapt the program and equipment and plan for staffing to meet the physical and emotional needs of children away from their families at night.

(2) The child care staff to child ratio shall remain the same as during daytime care. During sleeping hours, all children shall be within visual range or listening distance of a staff member.

(3) Grouping of children shall be arranged so the sleeping children are not disturbed by the arrival or pickup of other children.

(4) Children in evening care shall be served a dinner that meets one-third of the 1980 recommended dietary allowances as set by the national research council, if not fed the dinner meal at home prior to arrival. All children present shall be offered a bedtime snack that shall consist of two or more of the following items, allowed in age appropriate serving sizes: (refer to WAC 388-73-144(5)(c)(i), (ii), (iii), (iv), and (v)). Children in nighttime care shall be served a breakfast that meets one-fourth of the recommended dietary allowances if they remain in care after the usual breakfast hour. See WAC 388-73-144 (nutrition). [Statutory Authority: RCW 74.15.030. 80-13-019 (Order 1540), § 388-73-408, filed 9/9/80; 78-10-006 (Order 1336), § 388-73-408, filed 9/8/78.]

WAC 388-73-410 Information to parents. The parent shall be supplied with the following information in written form: A typical daily schedule of activities; admission requirements and enrollment procedures; hours of operation; meals and snacks served; fees and payment plan; regulations concerning sick children; transportation arrangements and arrangements for trips, disciplinary policies, and religious activities, if any. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-410, filed 9/8/78.]

WAC 388-73-412 Toddlers and preschool children. The program for children who are walking but not yet in the first grade shall be planned to promote large muscle development, intellectual and social-emotional development and good health habits. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-412, filed 9/8/78.]

WAC 388-73-420 Orientation and training--Family day care home. Applicants and family day care licensees shall attend orientation and training programs provided, arranged or approved by the department. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-420, filed 9/8/78.]

WAC 388-73-422 Capacity--Family day care home. (1) No family day care home shall be licensed for more than six children; such number shall be reduced by the number of licensee's own children and foster children under twelve years of age who are on the premises.

(2) A family day care home may provide care for more than six children provided that:

(a) None of the additional children are in care for more than three hours; and

(b) In no event shall the total number of children under twelve years of age on the premises exceed ten; and

(c) Whenever there are more than eight children on the premises or whenever there are more than six children on the premises any of whom are under two years of age, the day care provider shall be assisted by a competent person who is at least sixteen years of age.

(3) No family day care home shall care for more than two children under two years of age, including the licensee's own and foster children under two years of age. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-422, filed 9/8/78.]

WAC 388-73-424 Family day care--Program and equipment. (1) A variety of play equipment suitable to the ages of the child and suitable for such activities as climbing, pulling, pushing and riding shall be provided. Equipment shall be constructed and maintained to minimize chances of accidents. Toys which might be ingested by infants or which are otherwise hazardous to young children shall be removed from areas in which they are playing.

There shall be a variety of suitable indoor play equipment including, but not limited to, art materials, musical materials and toys suitable for table-top play.

(2) Children shall be under close supervision of an adult and within easy hearing distance at all times. If the absence of the day care parent is necessary, the child must be left in charge of a competent adult. With written parental permission, school age children may visit neighborhood friends and participate in community activities.

(3) The day care parent shall develop a planned program of both group and individualized activities with the day care parent playing an active role, as well as periods of free play, designed to promote the physical, mental and social skills of the children under care.

(4) Adequate play space shall be available both indoors and out. The outdoor play area shall be fenced if conditions require. [Statutory Authority: RCW 74.15-.030. 78-10-006 (Order 1336), § 388-73-424, filed 9/8/78.]

WAC 388-73-426 Family day care--Fire safety. Each family day care home shall comply with the fire safety requirements specified in WAC 388-73-310. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-426, filed 9/8/78.]

WAC 388-73-430 Capacity--Limitations on ages and numbers--Mini-day care centers. No mini-day care program shall be licensed for more than twelve children.

(1) During evening and nighttime hours and during the summer months or other extended school vacation period, such number shall be reduced by the number of licensee's own children and foster children under twelve years of age regularly on the premises.

(2) During the school year, such number shall be reduced by the number of licensee's own children and foster children of preschool age regularly on the premises.

(3) No mini-day care program shall care for more than four children under two years of age, including the licensee's and staff's own and foster children under two years of age on the premises. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-430, filed 9/8/78.]

WAC 388-73-432 Staffing--Mini-day care program. (1) At least two staff shall be present:

(a) Whenever more than two infants are under care; or

(b) Whenever more than six children, any of whom are under two years of age, are on the premises; or

(c) Whenever more than eight children, any of whom are under three years of age, are on the premises; or

(d) Whenever more than ten children are on the premises.

(2) Whenever there is only one staff member present, there shall be a second staff member readily available in case of an emergency. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-432, filed 9/8/78.]

WAC 388-73-434 Qualifications of licensee--Mini-day care. To obtain a license for a mini-day care program the applicant shall have completed at least two

years of satisfactory service as a licensed family day care home, or have an equivalent amount of training in group care of preschool aged children, or have an equivalent combination of training and experience; and have completed or have a plan to complete within a reasonable time a course in early childhood development/education. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-434, filed 9/8/78.]

WAC 388-73-436 Qualifications of child care staff--Mini-day care. All child care staff shall be at least sixteen years of age, but in no case shall a person under eighteen be assigned sole responsibility for a group of children. [Statutory Authority: RCW 74.15-.030. 78-10-006 (Order 1336), § 388-73-436, filed 9/8/78.]

WAC 388-73-438 Program and equipment--Mini-day care. (1) Separate play areas shall be available for children who are under one year of age or not walking, and older children.

(2) A variety of suitable outdoor play equipment shall be available for such activities as climbing, pulling, pushing and riding. Equipment shall be constructed and maintained to minimize chances of accidents.

(3) There shall be a variety of suitable indoor play equipment including but not limited to art materials, musical materials and toys suitable for table-top play. Toys which might be ingested by infants or are otherwise hazardous to younger children shall be removed from areas in which they are playing.

(4) Children shall be under close supervision of an adult and within easy hearing distance at all times. If the absence of any staff member is necessary, the children must be left in the charge of a competent adult.

(5) With written parental permission, school-age children may visit neighborhood friends and participate in community activities.

(6) The applicant/licensee shall develop a planned program of both group and individualized activities with the providers of care playing an active role, as well as periods of free play, designed to promote the physical, mental and social skills of the children under care. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-438, filed 9/8/78.]

WAC 388-73-440 Play areas--Mini-day care. (1) Except for facilities which provide strictly drop-in care, the facility shall have an appropriately equipped, safe outdoor play area which directly adjoins the indoor facilities or which can be reached by a safe route and method approved by the department. The playground shall contain a minimum of seventy-five square feet per child. If programming is such that only a portion of the group uses the playground at one time, the size may be reduced correspondingly. The outdoor play area shall be fenced if conditions require.

(2) Adequate indoor play space shall be available. Play, dining and napping may be carried on in the same room (exclusive of bathrooms, kitchens, hallways and

closets), provided it is of sufficient size, and programming is such that usage of the room for one purpose does not interfere with the usage for its other purposes. If cots and mats are removed when not in use, a minimum of thirty-five square feet per child is required. For children requiring cribs, the area used for play and napping shall contain a minimum of fifty square feet per child. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-440, filed 9/8/78.]

WAC 388-73-450 Required personnel--Day care centers. Each day care center shall have the following minimum staff:

(1) A director responsible for the overall management of the day care center's facility and its operation, and a program supervisor responsible for the planning and supervision of the child care and children's activities program. The director and program supervisor may be one and the same person if he or she is qualified for both positions. One or the other shall normally be on the premises while children are in care and another competent person left in charge during their temporary absence.

(a) The director shall be at least twenty-one years of age and shall have the management and supervisory skills necessary for the proper administration of the day care center, including the maintenance of necessary records, the management of the agency's finances, and the maintenance of positive relationships with staff, parents and the community as evidenced by appropriate references and on-the-job performance.

(b) The program supervisor shall be at least twenty-one years of age, and shall have a knowledge of child growth and development and techniques of guiding children's behavior and the ability to plan programs to meet the needs of the children served as evidenced by appropriate references and on-the-job performance. He or she shall have had at least two years successful experience working with children of the same age level as those served by the center and shall have completed forty-five college quarter credit hours in early childhood education/development or an equivalent educational background; or be a certified child development associate; or have a plan approved by the department for the achievement of such training within a reasonable period of time. For centers serving school-age children only, courses in education, recreation or physical education may be substituted for the required training.

(c) The director and program supervisor may also serve as child care staff to the extent that such role does not interfere with their management and supervisory responsibilities.

(2) Child care staff. Persons responsible for the direct care and supervision of the children and free of other duties while serving in such role, whether paid staff or volunteers, shall be provided for each group of children as follows:

(a) Number of child care staff:

Age of Children	Ratio of Staff to Children	Maximum Size of Group
1 month through 11 months	1:5	10
12 months through 29 months	1:7	14
30 months through 47 months	1:10	20
48 months and older	1:10*	20

*or major fraction of such number computed on the basis of the total number of children of such ages in care

The above child care staff to child ratio shall be maintained both indoors and out and on field trips. Children shall be grouped according to their ages as indicated above. The department may approve reasonable variations related to the groupings and activities of the children as long as the children are adequately supervised and the total required number of staff is maintained. During the children's rest periods the ratio shall be maintained but child care staff may be involved in other activities so long as they remain on the premises and each child is within visual or auditory range of a staff member.

(b) Minimum staff on duty

At least two staff (at least one of whom is a child care staff) shall be present:

(i) Whenever more than six children, any of whom are under two years of age, are on the premises; or

(ii) Whenever more than eight children, any of whom are under three years of age, are on the premises; or

(iii) Whenever more than ten children are on the premises.

Whenever there is only one staff member present, there shall be a second staff member readily available in case of an emergency.

(c) Qualifications of child care staff. All child care staff shall be at least sixteen years of age, but in no case shall a person under eighteen be assigned sole responsibility for a group of children. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-450, filed 9/8/78.]

WAC 388-73-452 Program--Day care centers. The agency shall implement a program designed to meet the developmental needs of the various age groups served and in consideration of the cultural and other particular needs of individual children or groups of children. The program shall provide for a balance between free play and organized activities, between individual play and the sharing of experiences among children; and shall promote individual contact between staff and child. There shall be a reasonable regularity of activities from day to day, but allowance shall be made for a variety of special events. Children of all ages shall spend a portion of the day outdoors, weather permitting. Each day care facility shall have a program plan evidenced by a written daily schedule and periodic staff meetings for planning purposes. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-452, filed 9/8/78.]

WAC 388-73-454 Toddlers and preschool children--Day care centers. Ambulatory children between one year and two and one-half years of age may be grouped with older children during their waking hours

provided that the total number of children to a group does not exceed ten and two staff members are assigned to the group. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-454, filed 9/8/78.]

WAC 388-73-458 Furnishings and equipment--Day care centers. (1) Furniture shall be safe, durable, easily cleaned, and child-sized or appropriately adapted for ages of children served. Equipment shall be sturdy, well-constructed, in good condition, safe and free of sharp, loose or pointed parts. Furniture and equipment shall not block exits.

(2) The center shall provide equipment of sufficient quantity and variety to carry out the required program and to provide every child with the opportunity for physical and intellectual development. The selection of equipment shall provide opportunities for play alone or in groups and there shall be an appropriate number of materials from each of the following categories: Art supplies, blocks and accessories, books, housekeeping furniture and props, manipulative toys, musical instruments, science materials, water play supplies, props for dramatic play, and large muscle equipment. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-458, filed 9/8/78.]

WAC 388-73-460 Play areas--Day care centers. The requirements for play areas specified for mini-day care centers in WAC 388-73-440 also apply to day care centers. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-460, filed 9/8/78.]

WAC 388-73-500 Day treatment center. The rules in WAC 388-73-500 through 388-73-550 apply exclusively to licensing day treatment centers. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-500, filed 9/8/78.]

WAC 388-73-502 Function of day treatment program. A day treatment program is an integrated educational and therapeutic group experience provided during part of the twenty-four hour day, usually throughout the five day week, for the emotionally disturbed child who does not require twenty-four hour residential care but who is unable to adjust to school programs because of disruptive behavior, family stress, learning disability or other serious emotional handicaps and/or who for similar reasons is unable to profit substantially from "outpatient" child guidance clinic services and related programs. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-502, filed 9/8/78.]

WAC 388-73-504 Personnel. A day treatment program shall have the following staff:

(1) A director responsible for the overall management of the agency's facilities and its operation and a program supervisor responsible for the implementation and supervision of the agency's child care and treatment program. The director and the program supervisor may be one and the same person if he or she is qualified for both positions. One or the other shall normally be on the premises

while the children are in care and another competent person left in charge during their temporary absence.

(a) The director shall be at least twenty-one years of age and shall have the management and supervisory skills necessary for the proper administration of the agency, including the maintenance of necessary records, the management of the agency's finances and the maintenance of positive relationship with staff, parents and the community as evidenced by appropriate references and on-the-job performance.

(b) The program supervisor shall be at least twenty-one years of age and shall have a knowledge of child growth and development, the origin and treatment of deviant behavior, techniques of guiding children's behavior and the ability, in conjunction with the director, board and other staff, to implement programs to meet the needs of the children served. He or she shall have at least a master's degree in social work, clinical psychology or closely related field.

(2) Psychiatrist - The agency shall receive regular consultation from a child psychiatrist.

(3) Psychologist - The agency shall provide or arrange for the services of a psychologist for the administration of psychological testing and related services.

(4) Teaching staff - The agency shall provide/arrange for teaching staff by certified teachers qualified by training or experience in remedial education.

(5) Group counselors - Group counselors shall be persons who are qualified by training or by experience in the care of disturbed children. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-504, filed 9/8/78.]

WAC 388-73-506 Ratio of counselor and teaching staff to children. There shall be sufficient group counselors and teachers that the children are normally in groups of no more than six under the supervision of one or the other of such staff. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-506, filed 9/8/78.]

WAC 388-73-508 Program. The agency shall submit a detailed written program description for departmental approval outlining the educational, recreational, and therapeutic services to be provided to the child and his family and a sample of the schedule of daily activities for persons in care. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-508, filed 9/8/78.]

WAC 388-73-510 Ill children. The requirements for care of ill children specified for day care providers in WAC 388-73-404 also apply to day treatment programs. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-510, filed 9/8/78.]

WAC 388-73-512 Play areas. The requirements for play areas specified for mini-day care programs and day care centers in WAC 388-73-440 also apply to day

treatment programs. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-512, filed 9/8/78.]

WAC 388-73-600 Group care facilities. The rules in WAC 388-73-600 through 388-73-650 apply exclusively to licensing of group care facilities. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-600, filed 9/8/78.]

WAC 388-73-602 Function of group care facility. A group care facility normally serves children who are six years of age and older who:

(1) Need foster care but who cannot ordinarily adjust to the close, personal relationships normally required by a foster family home;

(2) Need emergency placement pending more permanent planning or during temporary disruption of a current placement;

(3) Are emotionally disturbed or physically or mentally handicapped, or whose behavior is unacceptable to most foster family home parents: *Provided*, That the agency, through its own program or by the marshalling of appropriate community resources, can provide the necessary specialized services that may be required by the group which the facility serves. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-602, filed 9/8/78.]

WAC 388-73-604 Daily activity program. Except for juvenile detention facilities the agency shall submit a detailed written program description for departmental approval outlining the educational, recreational, and therapeutic services to be provided to the child and his family, a schedule of typical daily activities for persons in care, and a statement of religious practices, if any. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-604, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-604, filed 9/8/78.]

WAC 388-73-606 Required positions. An agency shall provide staff in accordance with the following requirements:

(1) A director who shall be responsible for the general management and administration of the agency's program. This person shall be at least twenty-one years of age and possess ability to understand the role of the agency in meeting the needs of children and to work with representatives of appropriate agencies. This person shall have had a bachelor's degree in a social science or closely allied field or shall have had a minimum of two years' experience working in a group care facility or as a foster parent with a letter of recommendation from the licensing agency and/or supervising agency.

(2) Child care staff whose primary duties are the care, supervision, and guidance of children. Such staff shall be at least eighteen years of age. Staff under twenty-one years of age shall be under the immediate supervision of staff who are at least twenty-one years of age.

In addition, in crisis residential centers, no less than fifty percent of the child care staff shall have completed at least two years of college and one year of working with children in a group setting. Experience may be substituted for education on a year-for-year basis. A BA degree in behavioral or social science may be substituted for experience. The remaining child care staff shall have at least a high school diploma (or equivalent) and one year of successful experience as a foster family parent for three or more children or working with children in a group setting. Two years of college may be substituted for the required experience.

(a) Except for crisis residential centers and juvenile detention facilities, during the waking hours of the children there shall be at least one child care staff member on duty for every eight children or major fraction (five or more) of such number of children on the premises.

For juvenile detention facilities there shall be a minimum of one child care staff on duty for every ten children in care during the waking hours of the children.

For regional crisis residential centers, there shall be a minimum of one child care staff on duty for every two children in care during the waking hours of the children, and a minimum of three such staff for every eight children during the sleeping hours.

For other group crisis residential centers, during the waking hours, there shall be a minimum of one child care staff for every three children in temporary protective care without duties related to the children in full-time care. During the sleeping hours, there shall be one such staff member for every five such children. If the two classes of children are combined into one group, the staff ratio applicable to the children in temporary care shall prevail.

For both types of crisis residential centers, on duty staff does not include staff who are asleep on the premises.

The director and support and maintenance staff may serve as child care staff when not involved in other duties, provided the required number of child care staff is maintained.

(b) Except for crisis residential centers whenever more than eight children are on the premises at least two adults (including at least one child care staff) shall be on duty. During nighttime hours "on duty" staff may include staff who sleep in the group care facility and who are available to the children. During sleeping hours there shall be at least one adult in proximity to the children.

(c) Agencies caring for very young children or for children presenting emotional disturbance, physical handicaps or mental retardation shall provide such additional child care staff and professional services for the children as the department requires.

(d) Whenever only one child care staff is on duty, there shall be a second person on call.

(3) Relief staff to enable all staff to have the equivalent of two days off a week. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-606, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-606, filed 9/8/78.]

WAC 388-73-608 Nursing service. Group care facilities having as their major purpose the care of chronically ill or severely handicapped children shall make arrangements for regular nursing consultation, including at least one weekly on-site visit, by a registered nurse currently licensed by the state of Washington. His/her name, address, and telephone number shall be readily available. The nurse shall assist the agency in implementing a program which provides for periodic health supervision of all children and for follow-up care of special health needs as identified by the child's physician or noted by agency personnel. The nurse shall advise and assist nonmedical personnel in maintaining medical records, meeting daily health needs and caring for children with minor illnesses and injuries. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-608, filed 9/8/78.]

WAC 388-73-610 Required rooms, areas and equipment--Group care facilities. There shall be rooms and areas of sufficient size and properly equipped to accommodate the number of children served. The following rooms or areas shall be provided:

(1) Living room. There shall be at least one comfortably furnished living room. (This subsection is not applicable to juvenile detention facilities.)

(2) Dining area. An attractive dining area shall be provided of sufficient capacity to accommodate the group comfortably. (This subsection is not applicable to juvenile detention facilities.)

(3) Staff quarters. Rooms for staff on night supervision shall be separate from but in proximity to the sleeping rooms of the children. (This subsection is not applicable to juvenile detention facilities.)

(4) Recreation area. When there are more than twelve occupants, at least one separate indoor area shall be provided, sufficient in size and location, for recreational and informal education activities.

(5) Offices. There shall be a room or area that can be used as an administrative office. Suitable offices shall be provided for social service staff. In facilities caring for fewer than thirteen children such offices may be combined with the administrative office.

(6) Visiting area. There shall be space provided where privacy can be achieved for the use of visitors. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-610, filed 9/10/79. Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-610, filed 9/8/78.]

WAC 388-73-700 Maternity services. The rules in WAC 388-73-700 through 388-73-750 apply exclusively to the licensing of an agency providing or arranging maternity service. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-700, filed 9/8/78.]

WAC 388-73-702 Types of services. (1) Day programs for mothers. A day program provides pregnant or delivered young women training in child care, help with

adjustment problems, counseling and social planning, infant care as needed and academic or vocational training as appropriate during part of the twenty-four hour day in a facility suitable for such purposes.

(2) Residential care for mothers and infants. Residential care for a group of mothers and their infants provides a group living facility on a twenty-four hour basis, guidance, family life education, and child care for residents who need it, and academic and/or vocational training when appropriate.

(3) Foster family home care. The placement of pregnant girls and women and mothers with infants in properly licensed foster family homes.

(4) Residential care for expectant mothers (maternity home). A maternity home serves as a group living facility to provide residential and treatment on a twenty-four hour basis to expectant unmarried mothers during the period of their pregnancy and the immediate postpartum period. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-702, filed 9/8/78.]

WAC 388-73-704 Daily activities program. The agency shall submit a detailed written program description for departmental approval outlining the educational, recreational, and therapeutic services to be provided to persons in care, a schedule of typical daily activities for persons in care, and a statement of religious practices, if any. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-704, filed 9/8/78.]

WAC 388-73-706 Eligibility for service--Required services. (1) Eligibility for service shall not be contingent upon a parent's decision to keep or relinquish her child.

(2) Services required herein need not necessarily be provided directly by the licensee in each instance. However, if not provided directly, it is the responsibility of the licensee to arrange for such services through formal agreements with other community resources or to otherwise assist mothers in the program to obtain appropriate and needed services. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-706, filed 9/8/78.]

WAC 388-73-708 Required personnel. (1) A director shall be employed, who is at least twenty-one years of age and who is a mature person especially equipped by training, experience and personal qualities to insure an effective program, staff development and efficient administration. That person must possess an understanding of the program to be administered and have demonstrated such leadership and supervisory ability as will insure harmonious relationships and effective performance of agency personnel.

(2) Consultants and other specialists. Specialists in mental health, education, religion, and law shall also be available as needed for work with agency staff, as well as with the parent. Specialists used by the agency shall meet the full requirements of professional competence in their respective fields. There shall be a written agreement between the agency and each consultant specifying the conditions of consultation.

(3) Residential staff. Residential programs providing twenty-four hour care to expectant mothers or to mothers and their infants shall employ residential staff in sufficient numbers to insure that the physical and emotional needs of the residents are met. Residential staff are staff who are in charge of supervision of the day-to-day living situation. Such staff may carry out maintenance tasks which do not detract from their primary function.

(a) Residential staff shall be on duty in a ratio of one such staff to every eight mothers or major fraction thereof. When more than eight mothers are on the premises, at least two adults (including at least one residential care staff) shall be on duty. Additional staff may be required under certain circumstances, as required by the department.

(b) On duty staff may include persons who sleep on the premises but who are available to the residents as needed during the nighttime hours. In homes which care for fewer than ten persons, at least one staff shall be physically present with an additional person available "on call" at all times.

(4) Relief staff. Sufficient relief staff shall be available to allow all staff the equivalent of two days off a week. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-708, filed 9/8/78.]

WAC 388-73-710 Guidance and counseling. (1) All maternity service programs shall provide information and referral service and guidance and counseling to every person who applies for care.

(2) Guidance and counseling may take the form of individual or group counseling sessions. Areas to be included are: Living arrangements, medical care planning, legal services, vocational or educational guidance, plans for the child, financial, emotional or psychological problems, relations with parents and unwed father and follow-up for those leaving the program. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-710, filed 9/8/78.]

WAC 388-73-712 Health education. All maternity service programs shall make provisions for skilled instruction in the nature and need for postnatal and pediatrics care, contraception, nutritional requirements for mother and child, child health and development, and, for expectant mothers, the hygiene of pregnancy, suitable preparation for childbirth, the physiological changes which occur, the events and procedures used in examination, and childbirth. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-712, filed 9/8/78.]

WAC 388-73-714 Family life education. All maternity service programs shall provide or arrange for classes in family life such as: Home management and consumer education, child-rearing techniques, and family planning. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-714, filed 9/8/78.]

WAC 388-73-716 Leisure time activities. Programs shall be planned so that leisure time is used creatively, to accommodate the need for privacy when required and permit sufficient physical exercise to retain satisfactory body conditioning. Programs for mothers and infants must afford mothers some leisure time apart from their children as well as time with their children. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-716, filed 9/8/78.]

WAC 388-73-718 Child care. Programs serving parents with children have the responsibility for providing or assisting the parent in arranging for child care when parents are working or in school and at other appropriate times. Provisions shall be made for maximum interaction between mother and child in the child care arrangement. The child care facility, whether within the agency or without, shall meet the appropriate licensing requirements for day care facilities. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-718, filed 9/8/78.]

WAC 388-73-720 Medical service. (1) Each expectant mother and mother and infant shall be under the medical supervision of a physician.

(2) Consultation by specialists shall be provided when requested by the physician.

(3) For expectant mothers:

(a) Deliveries shall be in a licensed hospital or approved birthing facility. The length of hospitalization shall depend upon the mother's physician and the facilities and nursing care available in the maternity home.

(b) Postpartum medical examinations shall be provided at the end of six weeks and earlier, if indicated. An entry shall be made in mother's record to indicate the date of the postpartum examination and name of the examining physician. If a postpartum examination is not provided, the record should indicate the reasons.

(c) No expectant mother who has a known or suspected infectious disease shall be admitted or retained in group care. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-720, filed 9/8/78.]

WAC 388-73-722 Required rooms, areas, equipment. (1) The required rooms, areas and equipment specified for group care facilities in WAC 388-73-610 apply to maternity homes and also residential care for mothers and infants.

(2) The required rooms, areas and equipment specified for group care facilities in WAC 388-73-610 except for living rooms, dining areas, staff quarters and recreational areas, also apply to day programs for mothers.

(3) Facilities for medical and nursing care. In agencies in which medical clinics are held, there shall be a separate adequately equipped examination room. Adequate nursing equipment shall be provided as necessary. [Statutory Authority: RCW 74.15.030. 78-10-006 (Order 1336), § 388-73-722, filed 9/8/78.]

WAC 388-73-800 Crisis residential centers. The rules in WAC 388-73-800 through 388-73-820 apply

exclusively to crisis residential centers. The crisis residential center may, in addition to being licensed as such, also be licensed as a family foster home or as a group care facility and may house juveniles assigned for regular foster family care or group care as well as juveniles receiving temporary protective care. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-800, filed 9/10/79.]

WAC 388-73-802 Limitations on number of facilities. Crisis residential centers will be licensed as such at the discretion of the department as determined by the need for such a facility in the area in which the facility will be located and moneys appropriated for such purposes. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-802, filed 9/10/79.]

WAC 388-73-804 Hours of operation. Intake shall be open twenty-four hours a day, seven days a week. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-804, filed 9/10/79.]

WAC 388-73-810 Group crisis residential centers. All requirements applicable to group care facilities unless otherwise indicated by the text, are also applicable to regional crisis residential centers and to crisis residential centers operated as part of a licensed group care facility. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-810, filed 9/10/79.]

WAC 388-73-820 Family crisis residential centers. All requirements applicable to foster family homes, unless otherwise indicated in the text, are also applicable to crisis residential centers operated in a foster family. [Statutory Authority: RCW 74.08.090 and 1979 c 155. 79-10-026 (Order 1431), § 388-73-820, filed 9/10/79.]

**Chapter 388-80 WAC
MEDICAL CARE--DEFINITIONS**

WAC
388-80-005 Definitions.

WAC 388-80-005 Definitions. (1) "Acute and emergent" signify an acute condition, defined as having a short and relatively severe course, not chronic; and an emergent condition, defined as occurring unexpectedly and demanding immediate action.

(2) "Applicant" is any person who has made an application or on behalf of whom an application has been made to the department for medical care.

(3) "Applicant-recipient" or "A/R" is an applicant for or recipient of medical care provided according to these rules.

(4) "Application" shall mean a request for medical care made to the CSO by a person in his own behalf or in behalf of another person. A verbal application must be reduced to writing before considered complete unless the death of the applicant intervenes.

(5) "Assignment" is the method by which the provider receives payment for services under Part B of medicare.

(6) "Available income" is income available to meet the cost of medical care after deducting from net income items specified by the rules.

(7) "Beneficiary" is an eligible individual who receives a federal cash benefit and/or state supplement under Title XVI.

(8) "Benefit period" is the term used by social security administration to denote a period of consecutive days during which services furnished to a patient, up to a certain specified maximum amount, can be paid for by the hospital insurance plan. The term applies to medicare beneficiaries only. See also "spell of illness".

(9) "Carrier" is the agency having a contract to serve as a third-party agency in behalf of the federal government for Part B of medicare.

(10) "Categorically related" refers to a resident of the state of Washington who is:

- (a) A recipient of a federal aid grant, or
- (b) A child receiving foster care, or
- (c) An individual who meets the eligibility requirements for a federal aid grant, except that his income and/or resources exceed budgetary standards for a federal aid grant.

(11) "Central disbursements" is the state office section which audits nonmedicaid medical claims for payment billed on form DSHS 6-06 (A-19).

(12) Certification is a document confirming that an applicant has met the financial and medical eligibility requirements for the federal aid medical assistance (MA) or fully state-financed care services (MS) programs.

(13) "Chiropractor" is a person licensed by the state of Washington to practice chiropractic according to chapter 18.25 RCW.

(14) "Coinsurance" is a portion of the medicare cost for covered services, after the deductible is met, which the patient must pay.

(15) "CSO" (community service office) is an office of the department which administers the medical care program at the county level.

(16) "Deductible" is the initial cost of medical care for which the recipient is responsible. It applies specifically to:

(a) All recipients who are beneficiaries of Title XVIII medicare. This is the amount the individual accrues on a yearly basis and is paid by the department to the social security administration for authorized recipients;

(b) Applicants or recipients of medical only. Medical assistance can be certified after such recipients have accrued medical expenses as prescribed in WAC 388-83-045(2)(e).

(17) "Department" shall mean the state department of social and health services.

(18) "Detoxification" (alcohol) means three-day treatment of acute alcoholism for which the department will pay under the medical care program.

(19) "Division of medical assistance" shall mean the single state agency authorized to administer the Title XIX medical care program.

(20) "EPSDT" shall mean a program providing early and periodic screening, diagnosis and treatment to persons under 21 years of age who are eligible under Title XIX of the Social Security Act.

(21) "Essential person" is the "grandfathered" spouse of a former OAA, AB, or DA recipient for whom a cash allowance is included in the SSI benefit of a beneficiary.

(22) "ESSO" (economic and social service office) see "CSO".

(23) "Extended care facility" (ECF) See "skilled nursing facility".

(24) "Extended care patient" is a recently hospitalized medicare patient who needs relatively short-term skilled nursing and rehabilitative care in a skilled nursing facility.

(25) "Federal aid" shall mean the medical assistance or aid to families with dependent children programs for which the state receives matching funds from the federal government.

(26) "Federal aid medical care only" (FAMCO) is medical care provided to a person not eligible for a federal aid grant or for foster care but who can otherwise be categorically related or who is otherwise eligible under the "H" category.

(27) "Financially eligible" shall mean the determination by the department that an applicant meets the financial requirements to receive medical care under the medical assistance (MA) or state medical care services (MS) programs.

(28) "Fiscal intermediary" is the agency having a contract to serve as fiscal agent for Part A of medicare.

(29) "Grandfathering" refers to certain individuals specified below who on December 31, 1973, were receiving medical assistance (or had an application pending which was subsequently approved) and who continue to be eligible under Title XVI for purposes of medicaid beginning January 1, 1974:

(a) Aged, blind and disabled recipients of FAMCO.

(b) Disabled recipients of categorical cash assistance who did not meet Title XVI disability criteria.

(c) Essential persons in adult federal-aid grant programs. All individuals above remain "grandfathered" as long as they continue to meet original program criteria or continue to be an essential person to the same individual who was converted to SSI, and as long as the latter remains eligible.

(30) "H category" is a federal aid category in the medical assistance (MA) program. An applicant under this category is an individual under 21, or a pregnant woman of any age, who cannot be categorically related but whose income and/or resources are insufficient to meet the cost of medical care.

(31) "Home" shall mean real property owned and used by an applicant-recipient as a place of residence, together with reasonable amount of property surrounding or contiguous thereto which is used and useful to him.

(32) "Home health agency" is an agency or organization certified under medicare to provide skilled nursing and other therapeutic services to the patient in his place of residence.

(33) "Hospital" shall mean any institution licensed as a hospital by the official state licensing authority.

(34) "Institution" shall mean an establishment which furnishes food and shelter to four or more persons unrelated to the proprietor and, in addition provides services and medical care. This would include hospitals, skilled nursing facilities, intermediate care facilities and institutions for the mentally retarded, but does not include correctional institutions.

(35) "Intermediate care facility" shall mean a licensed facility certified to provide intermediate care for which an agreement has been executed.

(36) "Intermediate care facility/IMR" shall mean a state institution or a licensed nursing home either of which has been certified by state office (SO) as meeting IMR regulations to provide 24 hour health-related care and services to mentally retarded persons or persons with related conditions.

(37) "Legal dependents" are persons whom an individual is required by law to support.

(38) "Local office": See CSO.

(39) "Medical assistance" or "MA" shall mean the federal aid Title XIX program under which medical care is provided to:

(a) A recipient of a federal aid grant or of SSI benefit or an eligible child receiving foster care

(b) A recipient of a continuing general assistance grant who is categorically related

(c) A recipient of a continuing general assistance grant who is eligible for care under the "H" category

(d) A categorically related recipient or a recipient under the "H" category who is eligible for federal aid medical care only (ineligible for a grant)

(e) The spouse of an aged, blind or disabled beneficiary for whom a cash allowance is included in the SSI benefit.

(40) "Medical audit". See "provider services".

(41) "Medical care program" is the total program under which medical care is provided through medical assistance (MA) and medical care services (MS) according to the rules in chapters 388-80 through 388-95 WAC.

(42) "Medical care services" or "MS" shall mean the fully state-financed program under which medical care is provided to:

(a) A recipient of a continuing general assistance grant who cannot be categorically related,

(b) A recipient of general assistance who does not qualify in the "H" category,

(c) A recipient of medical only (MO).

(43) "Medical consultant" shall mean a physician employed by the department at the CSO level.

(44) "Medically necessary" is a term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the

recipient requesting the service. For the purpose of this section "course of treatment" may include mere observation or, where appropriate, no treatment at all.

(45) "Medicare" is a commonly used term for the federal government health insurance program for certain aged or disabled recipients under Titles II and XVII of the Social Security Act.

(46) "Nursing care consultant" shall mean a qualified and licensed registered nurse employed by the department at the CSO level.

(47) "Outpatient" is a nonhospitalized patient receiving care in an outpatient or emergency department of a hospital, or away from a hospital such as in a physician's office or the patient's own home.

(48) "Part A" is the hospital insurance portion of medicare.

(49) "PAS" - professional activity study is a compilation of inpatient hospital data by diagnosis and age, conducted by the commission of professional and hospital activities, which resulted in the determination of an average length of stay for patients. These data were published in a book entitled "Length of Stay in PAS Hospitals, Western". The department has adopted this book as the basis for authorizing payment for the maximum number of inpatient hospital days for recipients of state funded programs, or where no memorandum of understanding with a PSRO exists.

(50) "Part B" is the supplementary medical insurance benefit (SMIB) or the "doctor portion" of medicare.

(51) "Participation" is that part of the cost of medical care which the recipient who has available resources must pay.

(52) "Physician" is a doctor of medicine, osteopathy or podiatry who is legally authorized to perform the functions of his profession by the state in which he performs them.

(53) "Professional standards review organization" (PSRO). See "Washington state professional standards review organization".

(54) "Provider" or "provider of service" means those institutions, agencies, or individuals furnishing medical care and goods and/or services to recipients and who are eligible to receive payment from the department. See also "vendor".

(55) "Provider services" shall mean the office of the division of medical assistance which authorizes payment for medical billings under Title XIX and state funded programs.

(56) "Recipient of continuing assistance" is a person certified by the CSO as eligible to receive a continuing maintenance grant, that is, a recipient of federal aid or continuing general assistance (GAU) or a child receiving foster care.

(57) "Recipient of medical assistance" (MA) is a resident of the state of Washington who is receiving medical care as a recipient of a federal aid grant or SSI benefit, as a foster child, as a recipient of general assistance categorically related or under the H category, as an "essential person", or who has been certified as eligible to receive federal aid medical care only (FAMCO).

(58) "Recipient of medical only" (MO) is an individual who is not eligible for a grant or for medical assistance (MS), and who has been certified for the treatment of acute and emergent conditions only, under that part of the state funded medical care services (MS) program known as "medical only".

(59) "Recipient of noncontinuing general assistance" is a person certified by the department as eligible to receive temporary general assistance (GAN).

(60) Residence - the state which officially meets one or more of the following:

(a) The state where the applicant/recipient is living with the intent to remain there permanently or for an indefinite period;

(b) The state which he/she entered with a job commitment or to seek employment, whether or not currently employed;

(c) The state making a state supplementary payment;

(d) The state making placement in an out-of-state institution;

(e) The state of the parents or legal guardian, if one has been appointed, of an institutionalized individual who is under age twenty-one or is age twenty-one or over and who became incapable of determining residential intent before age twenty-one;

(f) The state where the person over age twenty-one judged to be legally incompetent is living.

(61) "Resource" is any asset which could be applied toward meeting the costs of medical care. A nonexempt resource is one which is available to meet the costs of medical care. An exempt resource is not considered available to meet the costs of medical care.

(62) "Retroactivity" is the process used to certify applicant/recipients related to federal programs no earlier than the first day of the third month prior to the month of application to cover unpaid bills for covered medical care.

(63) "Skilled nursing facility" shall mean a licensed facility certified to provide skilled nursing care for which an agreement has been executed.

(64) "Skilled nursing home", unless otherwise described, shall mean any institution or facility licensed by the department as a nursing home, or is a nursing home unit of a hospital licensed by the state department of social and health services. Also known as "skilled nursing facility".

(65) "Spell of illness" (benefit period) begins on the first day a person eligible for medicare receives covered services in a hospital or extended care facility. A spell of illness ends as soon as he has been out of any hospital, extended care facility, or a nursing home providing skilled nursing service, for sixty consecutive days.

(66) "Spouse" -

(a) Eligible spouse is a person in a two-person household who, in addition to the eligible individual, is eligible for cash benefits under SSI. This person is automatically eligible for medicaid.

(b) Ineligible spouse is a person in a two person household of an eligible individual who is not eligible for

a cash benefit under SSI. This person is not automatically eligible for medicaid and must apply in his or her own right.

(67) "State office" or "SO" shall mean the division of medical assistance of the department.

(68) "Supplementary security income" is a cash benefit provided as a federal payment and/or state supplement under Title XVI for the aged, blind and disabled.

(69) "Title XVI" is a program administered by the social security administration which provides supplementary security income to the aged, blind and disabled.

(70) "Transfer of property" shall mean any act or any omission to act whereby title to property is assigned or set over or otherwise vested or allowed to vest in another person, including delivery of personal property, bills of sale, deeds, mortgages, pledges, or any other instrument conveying or relinquishing whole or partial title of property.

(71) "Vendor" is a provider of medical goods or services under these rules.

(72) "Washington State Professional Standards Review Organization" (WSPSRO) is the state level organization responsible for determining whether health care activities are medically necessary, meet professionally acceptable standards of health care, and are appropriately provided in an out-patient or institutional setting for recipients of federally related programs.

NOTE* Specific definitions applicable to: Medical assistance to the aged and those under 21 years of age in mental institutions are in WAC 388-95-005, Title XVI related recipients are in WAC 388-92-005, and "Grandfathered" recipients are in WAC 388-93-005.

[Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-80-005, filed 9/9/80; 80-02-001 (Order 1470), § 388-80-005, filed 1/3/80; 78-06-081 (Order 1299), § 388-80-005, filed 6/1/78; Order 1196, § 388-80-005, filed 3/3/77; Order 1112, § 388-80-005, filed 4/15/76; Order 1061, § 388-80-005, filed 10/8/75; Order 922, § 388-80-005, filed 4/15/74; Order 761, § 388-80-005, filed 1/2/73; Order 735, § 388-80-005, filed 11/22/72; Order 676, § 388-80-005, filed 5/10/72; Order 615, § 388-80-005, filed 10/7/71; Order 564, § 388-80-005, filed 5/19/71; Order 577, § 388-80-005, filed 7/20/71; Order 471, § 388-80-005, filed 8/19/70; Order 381, § 388-80-005, filed 8/27/69; Order 298, § 388-80-005, filed 9/6/68; Order 264 (part), § 388-80-005, filed 11/24/67.]

Chapter 388-81 WAC

MEDICAL CARE--ADMINISTRATION--GENERAL

WAC	
388-81-005	Medical care program.
388-81-010	Civil rights.
388-81-015	Institution of control.
388-81-020	Vendor reports--Collection and analysis of statistical data.
388-81-025	Eligibility--General.
388-81-030	Case exception.
388-81-035	Confidential records.

388-81-040	Fair hearing.
388-81-042	Fair hearing--Provider.
388-81-050	Restitution.
388-81-055	Fraud.
388-81-060	Supplementary medical insurance "buy in".

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-81-045	Procedure prior to fair hearing. [Order 264 (part), § 388-81-045, filed 11/24/67.] Repealed by Order 299, filed 9/6/68.
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WAC 388-81-005 Medical care program. The department of social and health services provides a medical care program, administered through the division of medical assistance, designed to meet the health care needs of eligible individuals who do not have resources to meet the full cost of medical care. This medical care program is offered through use of certified providers of medical services as described in WAC 388-87-007. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-81-005, filed 9/9/80; Order 1233, § 388-81-005, filed 8/31/77; Order 833, § 388-81-005, filed 7/26/73; Order 264 (part), § 388-81-005, filed 11/24/67.]

WAC 388-81-010 Civil rights. The department will assure that all participating providers will not discriminate in providing approved services to any applicant or recipient because of race, creed, color, handicap, or national origin, nor will they discriminate against any employee or applicant for employment because of race, creed, color, handicap, or national origin, except to the extent permitted by a bona fide occupational qualification. [Statutory Authority: RCW 74.08.090. 79-01-002 (Order 1359), § 388-81-010, filed 12/8/78; Order 1233, § 388-81-010, filed 8/31/77; Order 264 (part), § 388-81-010, filed 11/24/67.]

WAC 388-81-015 Institution of control. The department shall establish and enforce such administrative controls as may be necessary to prevent abuses by vendors or recipients including, but not limited to, determination of need for and duration of services, assurance of justification of services, reasonableness of costs, and operation of the program within the limits of the legislative appropriation.

(1) The department shall conduct audits and investigations of providers of medical and other services provided as authorized by chapter 74.09 RCW to determine compliance with the rules and regulations of the program.

(a) In the conduct of such audits or investigations, the secretary or his authorized representative may examine only those records or portion thereof including patient records pertaining to services rendered by a health care provider and reimbursed by the department. Copies of, but no original records shall be removed from the premises of the health care provider. The secretary shall destroy all copies of recipient medical records made during an audit or investigation. This destruction will take place no later than ninety days after the point when no further actions can be taken or are going to be taken either by

the department, the provider or the courts on a particular audit, investigation or proceeding. The provider will be notified in writing that such destruction has taken place.

(b) The department shall give twenty days notice to providers that his/her patient medical records are to be audited for compliance with program rules and standards. This notice provision shall not apply to investigations of providers for fraudulent or abusive practices. Such notice shall not include names of patient files which are to be reviewed. For the purpose of this provision, prescriptions or records of drugs dispensed are not to be defined as patient medical records.

(c) The department shall work with the provider to minimize inconvenience and disruption of health care delivery.

(2) Based upon the findings of an audit, investigation or other proceeding, the secretary or his authorized representative may order repayment of excess benefits or payments received by the provider, plus interest on the amount of excess benefits and assess civil penalties as provided for in chapter 74.09 RCW. Civil penalties shall be assessed in an amount not to exceed three times the amount of excess benefits or payments received by the provider.

(3) Whenever the department imposes a civil penalty or suspends or terminates a provider from the program, it shall give written notice of the action taken to the appropriate licensing agency and/or disciplinary board. The department may refer to the appropriate disciplinary board providers who have demonstrated a significant noncompliance with the provisions of the medical care program through the results of an audit, investigation or utilization review function. The Washington state medical disciplinary board shall generally serve in an advisory capacity to the secretary in the conduct of audits or investigations of physicians.

(4) The secretary or his authorized representative shall refer all cases to the appropriate prosecuting authority for possible criminal action where the department finds substantial evidence supporting a finding of fraud. Prima facie evidence does not in itself provide a substantial basis for criminal prosecution. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-81-015, filed 9/9/80; Order 264 (part), § 388-81-015, filed 11/24/67.]

WAC 388-81-020 Vendor reports--Collection and analysis of statistical data. (1) When requested by the Division, full reports of goods furnished and services rendered shall be submitted to the Department by all vendors under the program in the manner specified. The Department shall provide the vendor with standardized forms to report these data.

(2) Data collected by the Department in this manner shall be tabulated and analyzed to secure statistics on costs of and the services rendered in the various phases of the program. Tabulations and analyses so prepared shall be available to the Department's Advisory Committee, State Welfare Medical Care Committee, official

organizations of vendor groups participating in the program, and other appropriate individuals or groups. [Order 264 (part), § 388-81-020, filed 11/24/67.]

WAC 388-81-025 Eligibility--General. (1) Financial eligibility is established when the department certifies that the applicant meets the appropriate financial requirements in chapter 388-83 WAC.

(2) The department shall be responsible for payment of medical care provided within the scope of the program to recipients of medical assistance (MA), to recipients of continuing general assistance (GAU) who cannot be categorically related, and to recipients of medical only (MO) who have an acute and emergent medical need. Services provided and limitations thereto are specified in chapter 388-86 WAC. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-81-025, filed 9/9/80; Order 1112, § 388-81-025, filed 4/15/76; Order 472, § 388-81-025, filed 8/19/70; Order 299, § 388-81-025, filed 9/6/68; Order 264 (part), § 388-81-025, filed 11/24/67.]

WAC 388-81-030 Case exception. Medical care services denied by strict application of a rule or regulation are reviewed by the division of medical assistance, the single state agency for administering Title XIX. See WAC 388-20-020 for exception to policy procedures. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-81-030, filed 9/9/80; Order 1112, § 388-81-030, filed 4/15/76; Order 299, § 388-81-030, filed 9/6/68; Order 264 (part), § 388-81-030, filed 11/24/67.]

WAC 388-81-035 Confidential records. Medical and administrative records pertaining to applications and services rendered recipients are confidential. Disclosure of information contained in such records, files, papers, and communications is prohibited except for purposes directly connected with the administration of the public assistance and medical care programs. [Order 264 (part), § 388-81-035, filed 11/24/67.]

WAC 388-81-040 Fair hearing. (1) Any applicant for or recipient of medical care provided under chapter 74.09 RCW who feels aggrieved by a decision rendered by the department has a right to a fair hearing as provided by chapter 388-08 WAC.

(2) When the fair hearing request calls into question a decision of a medical consultant or when eligibility is being determined in the federal aid medical care only or medical only programs, a prehearing review is the responsibility of the division of medical assistance.

(3) Chapter 388-08 WAC applies when a request for a fair hearing is related to medical care.

(4) The medical director or his designee shall review all fair hearing requests referred by the examiner to determine:

(a) Whether or not the appellant's request for service was filed according to the applicable rules and regulations,

(b) Whether or not the decisions have been made upon complete and accurate evaluation of the facts, existing standards, regulations, and policies.

(5) All records and information necessary to determine the validity of the appellant's fair hearing request shall be furnished upon request to the reviewing authority and forwarded not later than ten days from such request.

(6) An independent medical assessment by a person and/or persons not a party to the action being appealed may be obtained at the request of the examiner or the appellant.

(7) Upon receipt of the necessary material, evidence, or reports, the designated reviewing authority shall evaluate the appellant's request in accord with existing rules, regulations, and policies of the department. The reviewing authority:

(a) May reverse the decision when such adverse decision has been made contrary to rules, regulations and policies of the division;

(b) May resolve a situation resulting in the fair hearing request by adjustment.

(8) In providing a system for fair hearings for applicants or recipients of medical care, the rules in chapter 388-08 WAC shall be adhered to and, where appropriate, other portions of WAC which are applicable to the particular circumstances of the appellant. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-81-040, filed 9/9/80; 78-10-077 (Order 1346), § 388-81-040, filed 9/27/78; Order 1112, § 388-81-040, filed 4/15/76; Order 952, § 388-81-040, filed 7/16/74; Order 578, § 388-81-040, filed 7/20/71; Order 299, § 388-81-040, filed 9/6/68; Order 264 (part), § 388-81-040, filed 11/24/67.]

WAC 388-81-042 Fair hearing--Provider. Any certified provider of medical care services who is assessed a civil penalty pursuant to RCW 74.09.210 or otherwise served with notice that repayment of excess benefits is due pursuant to RCW 74.09.210, has a right to a fair hearing as provided by chapter 388-08 WAC. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-81-042, filed 9/9/80.]

WAC 388-81-050 Restitution. (1) If a recipient of medical care was not eligible for such care or comes into possession of resources which he fails to disclose to the department, the amount of such medical care payment made by the department on his behalf which could have been met by his undisclosed resources shall be an overpayment and a debt due the department. (See chapter 388-44 WAC for definition of overpayment and procedures pertaining to repayment by grant recipients.) Reimbursement cannot be collected from a grant for vendor payments incorrectly paid for medical care.

(2) If repayment is not obtained from a nongrant recipient, the case and the files relative thereto shall be forwarded to the office of reimbursements for such further action as deemed necessary. However, in no event shall a lien be filed while the ineligible recipient or his dependent spouse is still living unless the claim has been

reduced to judgment in a superior court of the state of Washington. [Statutory Authority: RCW 74.08.090. 78-02-024 (Order 1265), § 388-81-050, filed 1/13/78; Order 299, § 388-81-050, filed 9/6/68; Order 264 (part), § 388-81-050, filed 11/24/67.]

WAC 388-81-055 Fraud. Any person who by means of willfully false statement or representation or by impersonation or other fraudulent device or failure to reveal resources as required obtains or attempts to obtain or aids or abets any person to obtain medical care to which he is not entitled shall be guilty of larceny. See WAC 388-44-020 for procedures to be followed in cases involving fraud. [Order 299, § 388-81-055, filed 9/6/68; Order 264 (part), § 388-81-055, filed 11/24/67.]

WAC 388-81-060 Supplementary medical insurance "buy in". The department will purchase supplementary medical insurance Part B, under Title XVIII of the social security act for an eligible individual who is a recipient of a federal aid grant or federal aid medical care only and who

(1) is entitled to hospital insurance benefits under Part A, or

(2) has attained the age of 65 and is either a citizen or an alien lawfully admitted for permanent residence who has resided in the United States continuously during the five years immediately preceding the month in which he applies for assistance, or

(3) is under age 65 and has been entitled to disability insurance benefit annuities under the social security act for not less than twenty-four consecutive months on the basis of a disability for which compensation is being paid by the social security administration, or

(4) is a beneficiary of medicare because of chronic renal disease requiring hemodialysis or kidney transplantation. [Order 911, § 388-81-060, filed 3/1/74; Order 833, § 388-81-060, filed 7/26/73; Order 299, § 388-81-060, filed 9/6/68.]

Chapter 388-82 WAC

MEDICAL CARE--PROGRAM DESCRIBED-- LIMITATIONS

WAC

388-82-005	Medical care--General description of programs.
388-82-010	Persons eligible for medical assistance.
388-82-015	"H" category (federal aid).
388-82-020	Medical care services.
388-82-025	Institutional status.
388-82-030	State of Washington resident requiring care out-of-state.
388-82-035	Out-of-state resident requiring medical care in Washington state.
388-82-045	Medical care for United States citizen returned from foreign country.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-82-040	Medical care for Cuban refugees. [Order 995, § 388-82-040, filed 12/31/74; Order 834, § 388-82-040, filed 7/26/73; Order 300, § 388-82-040, filed
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9/6/68.] Repealed by 78-02-024 (Order 1265), filed 1/13/78. Statutory Authority: RCW 74.08.090.

WAC 388-82-005 Medical care--General description of programs. There are two medical care programs as set forth under these rules and regulations. Medical assistance (MA) provides full scope of medical care to individuals whose needs can be related to a federal category. Medical care services (MS) provides a generally more limited scope of care financed entirely by state funds to those who cannot be so related. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-82-005, filed 9/9/80; 78-02-024 (Order 1265), § 388-82-005, filed 1/13/78; Order 952, § 388-82-005, filed 7/16/74; Order 264 (part), § 388-82-005, filed 11/24/67.]

WAC 388-82-010 Persons eligible for medical assistance. Medical assistance is provided for:

(1) A recipient of AFDC (including AFDC foster child) or beneficiary of supplemental security income who has applied for medical assistance;

(2) The essential person of a converted supplemental security income beneficiary as defined in WAC 388-92-070;

(3) A child, other than AFDC-FC foster child, for whom the department is making a foster care payment and who is determined eligible for medical assistance;

(4) An individual qualifying for the "H" federally aided category;

(5) A recipient of a continuing general assistance grant who can be categorically related;

(6) An individual who qualifies for federal aid medical care only (FAMCO) by meeting the eligibility standards in

(a) Chapter 388-83 WAC, and

(b) WAC 388-24-040(1) through (7), 388-24-050(2) through (7), and 388-24-550, for aid to families with dependent children, except for WIN registration, or

(c) Chapter 388-93 WAC for age, blindness or disability certified before January 1, 1974, or

(d) Chapter 388-92 WAC for age, blindness or disability certified after January 1, 1974. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-82-010, filed 9/9/80; 78-10-077 (Order 1346), § 388-82-010, filed 9/27/78; Order 1202, § 388-82-010, filed 4/1/77; Order 1137, § 388-82-010, filed 7/29/76; Order 1044, § 388-82-010, filed 8/14/75; Order 995, § 388-82-010, filed 12/31/74; Order 952, § 388-82-010, filed 7/16/74; Order 911, § 388-82-010, filed 3/1/74; Order 382, § 388-82-010, filed 8/27/69; Order 300, § 388-82-010, filed 9/6/68; Order 264 (part), § 388-82-010, filed 11/24/67.]

WAC 388-82-015 "H" category (federal aid). (1) An applicant for the "H" category of medical assistance shall meet the following eligibility conditions:

(a) Not be eligible for or related to AFDC as outlined in WAC 388-82-012,

(i) Obstetric care, other than abortion, is considered to be care of the unborn child with the mother's care

considered as incidental. The parents of a pregnant minor are not financially responsible for the unborn child of the minor and therefore are not responsible for the costs associated with the pregnancy. An unmarried pregnant minor, who is otherwise financially eligible, is eligible under the AFDC-related category (rather than the H-program) on behalf of the unborn for the prenatal care and for six weeks of postpartum care. After the postpartum period of care, the minor mother's nonobstetrical medical care continues as the responsibility of her parents. Parents continue to be financially responsible for medical costs associated with abortion of a pregnant minor as they are for any nonobstetric care. (See WAC 388-82-015(4))

(b) Be a resident of the state of Washington, and

(c) Be under the age of twenty-one, or if age twenty-one or over, be pregnant, and

(d) Be financially in need according to WAC 388-83-035 through 388-83-055, or be a recipient of general assistance.

(2) Marital or emancipation status does not affect eligibility. The applicant may be single, married, divorced, separated, emancipated or not, a parent or not a parent.

(3) The parent (age twenty-one or older) of an applicant for "H" category of medical assistance must qualify in his own right under the medical assistance or medical care services programs.

(4) The pregnant individual over twenty-one may qualify under the "H" category because of the eligibility of the unborn child. Prenatal and six weeks postpartum care is provided and certified to the end of the month in which the postpartum care is provided. [Statutory Authority: RCW 74.08.090. 78-02-024 (Order 1265), § 388-82-015, filed 1/13/78; Order 1097, § 388-82-015, filed 2/13/76; Order 995, § 388-82-015, filed 12/31/74; Order 911, § 388-82-015, filed 3/1/74; Order 765, § 388-82-015, filed 1/10/73; Order 518, § 388-82-015, filed 2/24/71; Order 382, § 388-82-015, filed 8/27/69; Order 300, § 388-82-015, filed 9/6/68; Order 264 (part), § 388-82-015, filed 11/24/67.]

WAC 388-82-020 Medical care services. An individual eligible for medical care services (MS) under a state-financed program is one who cannot meet the eligibility requirements under any medical assistance (MA) program, but does meet either (1) or (2) of the requirements below:

(1) Is eligible to receive a continuing general assistance grant or is a dependent other than a spouse included in a federal grant. Medical care service is limited to a major medical program as defined in WAC 388-86-120.

(2) Is in need of medical care only (MO) by reason of an acute and emergent condition (see WAC 388-86-120), and has satisfied a deductible of one thousand dollars over a twelve month period and meets financial criteria according to WAC 388-83-045. Certification covers the acute and emergent condition only. See WAC 388-85-015(3) and 388-86-032. [Statutory Authority: RCW 74.08.090. 80-15-034 (Order 1554), § 388-82-020, filed 10/9/80; 79-06-034 (Order 1402), § 388-82-

020, filed 5/16/79; 79-01-002 (Order 1359), § 388-82-020, filed 12/8/78; Order 1203, § 388-82-020, filed 4/1/77; Order 1196, § 388-82-020, filed 3/3/77; Order 995, § 388-82-020, filed 12/31/74; Order 911, § 388-82-020, filed 3/1/74; Order 765, § 388-82-020, filed 1/10/73; Order 677, § 388-82-020, filed 5/10/72; Order 547, § 388-82-020, filed 3/31/71, effective 5/1/71; Order 382, § 388-82-020, filed 8/27/69; Order 300, § 388-82-020, filed 9/6/68; Order 264 (part), § 388-82-020, filed 11/24/67.]

WAC 388-82-025 Institutional status. (1) The benefits of the medical assistance (MA) program are available to an eligible individual, age 65 or older, who is a patient in a state mental hospital or tuberculosis sanitarium which has an agreement with the state of Washington to provide such care and to AFDC recipients and SSI beneficiaries under age 21 who are patients in a state mental hospital. See WAC 388-95-210.

(2) Persons in non-medical units of state institutions are not eligible for medical assistance. See WAC 388-90-005(1). [Order 1097, § 388-82-025, filed 2/13/76; Order 518, § 388-82-025, filed 2/24/71; Order 264 (part), § 388-82-025, filed 11/24/67.]

WAC 388-82-030 State of Washington resident requiring care out-of-state. (1) If a resident (child or adult) of the state of Washington is temporarily in another state and requires medical care, and the person is eligible for medical assistance (MA), the responsibility for medical care rests with the state of Washington. The standard of care will be comparable with that which is provided in the state of Washington (except that chiropractic out-of-state is confined to three treatments for acute and emergent conditions). Medical care provided to recipients traveling out of the country is restricted to recipients of MA and to the treatment of acute and emergent conditions only. Vendor billing for medical care received by recipients out of the country shall be processed in the same manner as other out-of-state billing.

(2) Except as provided in subsection (3), admission to an out-of-state nursing home is considered as establishing residence outside this state, and the individual is ineligible for further medical care from the state of Washington.

(3) If a situation arises indicating need for short-term convalescent nursing home care for an individual temporarily outside the state, a decision shall be secured from the state office of nursing home affairs before any commitment is made.

(4) Care other than in nursing homes may be obtained in cities bordering the state of Washington when the medical facilities in the adjoining cities are commonly used as a local source of care.

(5) Medical care under the state-financed medical care services (MS) program shall not be provided for Washington residents who are out of the state except for border situations described in subsection (4) of this rule. [Statutory Authority: RCW 74.08.090, 79-01-002 (Order 1359), § 388-82-030, filed 12/8/78; Order 1203, §

388-82-030, filed 4/1/77; Order 1166, § 388-82-030, filed 10/27/76; Order 1112, § 388-82-030, filed 4/15/76; Order 709, § 388-82-030, filed 9/14/72; Order 462, § 388-82-030, filed 6/23/70; Order 332, § 388-82-030, filed 2/3/69; Order 300, § 388-82-030, filed 9/6/68; Order 264 (part), § 388-82-030, filed 11/24/67.]

WAC 388-82-035 Out-of-state resident requiring medical care in Washington state. (1) The eligibility of an out-of-state applicant (adult or child from another state temporarily in the state of Washington who requires emergent medical care) shall be determined according to the standards of care provided under the medical only (MO) program. Any entitlement to Title XIX benefits in another state or any other medical resource shall be utilized. Exception to the scope of care provided a resident of another state is made for a child or unmarried mother receiving child welfare services. For such person the full scope of care is provided even though he is under the medical only (MO) program.

(2) A person establishing residence in the state of Washington for medical assistance purposes who previously received medical assistance related to disability from another state shall not be automatically eligible for medical assistance related to disability. His application must be pending for medical assistance categorically related to Title XVI disability. The procedures in WAC 388-92-015 shall be followed.

(3) Benefits of the medical assistance (MA) or medical care services (MS) programs shall not be available to residents of other states who enter the state of Washington for the primary purpose of obtaining medical care. See WAC 388-80-005(60) for determination of state of residence. If there is evidence that the person is maintaining a home in another state, see WAC 388-28-420(4) about sale of resource.

(4) A recipient of public assistance from Alaska who is sent to Washington according to agreement with the Alaska state department of health and welfare to obtain nursing home care does not gain residence and become eligible for assistance in Washington while he remains in the nursing home. [Statutory Authority: RCW 74.08.090, 80-13-020 (Order 1542), § 388-82-035, filed 9/9/80; Order 1203, § 388-82-035, filed 4/1/77; Order 1158, § 388-82-035, filed 10/6/76; Order 995, § 388-82-035, filed 12/31/74; Order 879, § 388-82-035, filed 11/29/73; Order 404, § 388-82-035, filed 11/24/69; Order 382, § 388-82-035, filed 8/27/69; Order 300, § 388-82-035, filed 9/6/68; Order 264 (part), § 388-82-035, filed 11/24/67.]

WAC 388-82-045 Medical care for United States citizen returned from foreign country. (1) A repatriated United States citizen as defined in chapter 388-62 WAC, if eligible for public assistance, is authorized to receive grants on a non-continuing basis only but is eligible for full scope medical care comparable to that provided for medical assistance (MA) cases.

(2) Eligibility for medical care for a repatriated American citizen not eligible for a public assistance

grant shall be determined by the same standards as for all other applicants for medical care. [Order 300, § 388-82-045, filed 9/6/68.]

**Chapter 388-83 WAC
MEDICAL CARE--ELIGIBILITY**

WAC

- 388-83-005 General eligibility.
- 388-83-010 Use of alternative sources for medical care.
- 388-83-015 Citizenship.
- 388-83-017 Social security number.
- 388-83-020 Age.
- 388-83-025 Residence.
- 388-83-028 Extended eligibility.
- 388-83-030 Computation of available income and resources.
- 388-83-035 Monthly maintenance standard—Applicant living in own home.
- 388-83-040 Monthly personal needs allowance—Applicant in institution.
- 388-83-045 Allocation of available income and nonexempt resources.
- 388-83-050 Availability of resources.
- 388-83-055 Exempt resources.
- 388-83-060 Nonexempt resources.
- 388-83-065 Transfer of resources within two years prior to application.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 388-83-027 Medical need. [Order 1196, § 388-83-027, filed 3/3/77; Order 1061, § 388-83-027, filed 10/8/75; Order 964, § 388-83-027, filed 8/19/74; Order 922, § 388-83-027, filed 4/15/74; Order 911, § 388-83-027, filed 3/1/74; Order 879, § 388-83-027, filed 11/29/73; Order 787, § 388-83-027, filed 4/12/73; Order 736, § 388-83-027, filed 11/22/72; Order 419, § 388-83-027, filed 12/31/69.] Repealed by 78-02-024 (Order 1265), filed 1/13/78. Statutory Authority: RCW 74.08.090.

WAC 388-83-005 General eligibility. The department shall provide medical care within the limitations set forth under these rules and regulations to any individual who has been certified as eligible to receive such care under the medical care program, that is, certified as eligible for federal aid medical assistance (MA), or state-financed medical care services (MS). Any person who has been so certified may obtain approved medical care from any eligible provider who undertakes to provide services under the rules and regulations of the department. The recipient shall be responsible for furnishing the provider with a medical identification coupon or other adequate notification of eligibility provided by the department. [Order 1203, § 388-83-005, filed 4/1/77; Order 922, § 388-83-005, filed 4/15/74; Order 483, § 388-83-005, filed 10/13/70; Order 264 (part), § 388-83-005, filed 11/24/67.]

WAC 388-83-010 Use of alternative sources for medical care. (1) All resources for medical care available to the applicant or recipient must be utilized to the fullest possible extent in the payment for the medical care prior to participation by the department.

(2) Additional payments or contributions by an applicant, a recipient, or other person meant to increase the

level of care beyond that normally provided will be considered as a nonexempt resource and will be applied against the cost of care normally provided under the program.

(3) The department makes agreements with providers of prepaid medical plans. Eligible recipients who choose to participate in a prepaid program are required to utilize such providers of service exclusively except for certain noncovered services for which the department may be responsible under the medical care program. See WAC 388-87-010(4). [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-83-010, filed 9/9/80; Order 1061 § 388-83-010, filed 10/8/75; Order 780, § 388-83-010, filed 3/16/73; Order 405, § 388-83-010, filed 11/24/69; Order 264 (part), § 388-83-010, filed 11/24/67.]

WAC 388-83-015 Citizenship. (1) An applicant for federal aid medical care only must be a citizen of the United States or an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law including an alien who is lawfully present in the United States according to specified sections of the immigration and nationality act. (See WAC 388-26-120)

(2) This requirement does not apply to the medical only program. [Order 967, § 388-83-015, filed 8/29/74; Order 264 (part), § 388-83-015, filed 11/24/67.]

WAC 388-83-017 Social security number. (1) An applicant for federal aid medical care only shall be encouraged to provide a social security number on the application form and shall be assisted to secure such number if he wishes to secure one.

(2) An applicant who is otherwise eligible shall not be denied medical assistance because of failure or refusal to disclose or apply for a social security number, and the individual shall be so informed. [Order 1056, § 388-83-017, filed 9/25/75.]

WAC 388-83-020 Age. No age requirements is imposed as a condition of eligibility in regard to the Medical Care Program. The age of the applicant is established to determine whether the individual may be related to a federal aid category, or may be eligible under the "H" category. [Order 264 (part), § 388-83-020, filed 11/24/67.]

WAC 388-83-025 Residence. An applicant or recipient of the benefits of the medical care program must be a resident of the state of Washington (see exception in WAC 388-82-035(1)); an applicant-recipient need not be a resident of the county in which medical care is sought. See definitions, chapter 388-80 WAC. [Statutory Authority: RCW 74.08.090. 80-02-001 (Order 1470), § 388-83-025, filed 1/3/80; Order 264 (part), § 388-83-025, filed 11/24/67.]

WAC 388-83-028 Extended eligibility. (1) Persons who, in August, 1972, received OAA, AFDC, AB, or DA and also received RSDI benefits, and who became

ineligible for OAA, AFDC, AB or DA solely because of the twenty percent increase in social security benefits under Public Law 92-336, shall be eligible for federal aid medical care only (FAMCO). The provisions of WAC 388-83-045(8)(a) shall apply.

(2) Applicants for FAMCO or AFDC who were entitled to RSDI benefits in August, 1972, and would have been ineligible solely because of the social security benefits under Public Law 92-336 shall have the twenty percent increase disregarded in determining financial eligibility for FAMCO. The provisions of WAC 388-83-045(8)(b) shall apply.

(3) An AFDC grant assistance family which becomes ineligible because of increased hours or increased income from employment shall remain categorically eligible for medical assistance (MA) for four calendar months beginning with the month of ineligibility provided that:

(a) The family received AFDC in at least three of the six months immediately preceding the month of ineligibility,

(b) A member of such family continues to be employed, and

(c) The family is otherwise eligible for AFDC except for increased hours or increased income from employment,

(d) Participation shall not be required.

(4) Persons who become ineligible for SSI benefits and/or state supplementary payments in July, 1977, solely because of OASDI cost-of-living benefit increases under PL 94-566, section 503 shall remain categorically eligible for medical assistance (MA). This disregard does not apply to:

(a) New applicants (i.e., who were not receiving SSI/SSP prior to increase).

(b) Persons who were not actually receiving SSI/SSP payments for some other reason.

(c) Persons who would have received SSI/SSP if they had applied.

(d) Persons who would have received SSI/SSP if they were not living in a medical or intermediate care facility, etc. [Statutory Authority: RCW 74.08.090. 79-06-034 (Order 1402), § 388-83-028, filed 5/16/79; 78-02-024 (Order 1265), § 388-83-028, filed 1/13/78.]

WAC 388-83-030 Computation of available income and resources. (1) Income and net income shall be as defined in WAC 388-22-030. Resource is defined in WAC 388-80-005(61).

(2) Total income and resources of a beneficiary of supplemental security income, except for institutionalized recipients, are not considered available. See WAC 388-92-025(1)(a) for SSI-related recipients.

(3) Net cash income shall be determined as for the federal aid category to which the FAMCO recipient is relatable according to WAC 388-28-515 through 388-28-535 and 388-28-560 through 388-28-580 except that:

(a) Contrary to WAC 388-28-515(5) the cost of child care necessary to employment shall be deducted from earned income as an employment expense if such

care is not provided without cost or as departmental service. The expense allowed shall be the actual cost.

(b) Contrary to WAC 388-28-570(6), earned income exemptions for applicants and recipients of medical assistance related to AFDC do not apply.

(4) To arrive at available income, the following items shall be deducted from net income:

(a) Support payments being paid by the applicant or recipient under court order,

(b) Special nonmedical needs, such as payment to a wage earner's plan (specified by the court in a bankruptcy proceeding), or previously contracted major household repairs if failure to make such payments would result in garnishment of wages or loss of employment. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-83-030, filed 9/9/80; 79-09-053 (Order 1427), § 388-83-030, filed 8/24/79; 78-10-077 (Order 1346), § 388-83-030, filed 9/27/78; Order 1203, § 388-83-030, filed 4/1/77; Order 1196, § 388-83-030, filed 3/3/77; Order 1158, § 388-83-030, filed 10/6/76; Order 1112, § 388-83-030, filed 4/15/76; Order 922, § 388-83-030, filed 4/15/74; Order 780, § 388-83-030, filed 3/16/73; Order 710, § 388-83-030, filed 9/14/72; Order 655, § 388-83-030, filed 2/9/72; Order 466, § 388-83-030, filed 6/23/70; Order 264 (part), § 388-83-030, filed 11/24/67.]

WAC 388-83-035 Monthly maintenance standard--Applicant living in own home. (1) The following monthly standards of available income for maintenance in dollar amounts shall apply when determining financial eligibility effective July 1, 1980.

Family Size	Standard
1	\$282
2	402
3	458

For each individual above 3 members in the family, an increase in the amount of \$78 shall be added.

(2) Allowances for the costs of additional requirements in WAC 388-29-150 through 388-29-230 shall not be considered as they have been averaged into the monthly maintenance standard.

(3) The monthly maintenance standard in subsection (1) does not apply to persons identified in subdivisions (a) and (b); the standards in effect on August 1, 1972 apply.

(a) Persons who, in August, 1972, received OAA, AFDC, AB or DA and also received RSDI benefits, and who became ineligible for OAA, AFDC, AB or DA solely because of the twenty percent increase in social security benefits under Public Law 92-336;

(b) Current applicants for AFDC or FAMCO who, in August, 1972, received RSDI benefits and who would have been eligible for OAA, AFDC, AB, or DA in such month but are not currently eligible solely because of the twenty percent increase in social security benefits under Public Law 92-336.

(4) The monthly maintenance standard in subsection (1) does not apply to persons identified in WAC 388-

83-028 as categorically related to AFDC but ineligible because of increased income.

(5) The individual receiving benefits under Title XVI, is not included in the family unit when applying the standards in subsection (1) for determining available income. [Statutory Authority: RCW 74.08.090. 80-12-012 (Order 1537), § 388-83-035, filed 8/25/80; 79-09-032 (Order 1424), § 388-83-035, filed 8/15/79; 78-10-059 (Order 1339), § 388-83-035, filed 9/22/78; Order 1246, § 388-83-035, filed 10/11/77; Order 1144, § 388-83-035, filed 8/26/76; Order 1061, § 388-83-035, filed 10/8/75; Order 1040, § 388-83-035, filed 8/7/75; Order 1015, § 388-83-035, filed 3/27/75; Order 995, § 388-83-035, filed 12/31/75; Order 952, § 388-83-035, filed 7/16/74; Order 922, § 388-83-035, filed 4/15/74; Order 911, § 388-83-035, filed 3/1/74; Order 879, § 388-83-035, filed 11/29/73; Order 787, § 388-83-035, filed 4/12/73; Order 655, § 388-83-035, filed 2/9/72; Order 555, § 388-83-035, filed 4/1/71; Order 466, § 388-83-035, filed 6/23/70; Order 383, § 388-83-035, filed 8/27/69; Order 264 (part), § 388-83-035, filed 11/24/67.]

WAC 388-83-040 Monthly personal needs allowance--Applicant in institution. The allowance for clothing and personal needs for an individual in a skilled nursing facility or general hospital is as set forth in WAC 388-92-035. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-83-040, filed 9/9/80; 80-02-062 (Order 1478), § 388-83-040, filed 1/18/80; 79-01-002 (Order 1359), § 388-83-040, filed 12/8/78; Order 1061, § 388-83-040, filed 10/8/75; Order 922, § 388-83-040, filed 4/15/74; Order 383, § 388-83-040, filed 8/27/69; Order 264 (part), § 388-83-040, filed 11/24/67.]

WAC 388-83-045 Allocation of available income and nonexempt resources. (1) For AFDC-related, H and MO recipients available income according to WAC 388-83-030 shall be allocated in the following order to:

(a) Maintenance needs of the applicant/recipient living in his own home, or of legal dependents living in the family home if the applicant/recipient is in an institution.

The maintenance standards in WAC 388-83-035 shall apply unless the legal dependents are applying for or receive public assistance.

(b) Personal needs allowance according to WAC 388-92-035 for an applicant or recipient in an institution.

(c) Maintenance of the home of an individual who has been certified by a physician to need nursing home care (SNF, ICF, ICF/MR) for no more than six consecutive months.

(i) Income thus exempted must be used to retain the independent living situation of an individual with no dependents through payment of such requirements as rent or mortgages, real estate taxes, insurance, gas, electricity, oil, water or sewer necessary to maintain the home.

(ii) Up to one hundred eighty dollars per month may be exempted from the individual's actual income based

on the verified actual cost to retain the home during six consecutive months.

(iii) The six-month period begins on the first of the month following date of admission for medicaid eligible recipients or the date of eligibility for individuals changing from private to medicaid and ceases when patient is discharged to an independent living arrangement or at the end of six months if the recipient has not been discharged.

(iv) CSO social service staff shall document initial need for the income exemption and review the individual's circumstances after ninety days.

(d) Supplementary medical insurance premiums for a FAMCO recipient related to Title XVI and not in a nursing home who is eligible for medicare during the month of authorization and the month following if not withheld from the RSI/RR benefit (see WAC 388-81-060).

(e) Health and accident insurance premiums for policies in force at time of application.

(f) Costs not covered under this program for medical or remedial care as determined necessary by the attending physician or, where appropriate, a dentist (see WAC 388-91-016(1)(a)), except that costs for services denied as medically inappropriate or not medically necessary, covered by medicare or other benefits or denied because of poor justification or late billing may not be exempted.

(g) Payments made or being made for covered or noncovered medical care incurred within three months prior to month of application (FAMCO recipient only).

(h) See WAC 388-92-025 for allocation of income for SSI-related recipients.

(2) Participation in cost of care shall apply to

(a) Excess income, which is regular, anticipated, and income in kind available within a six-month period minus the monthly maintenance standard multiplied by six, if the individual is living outside an institution.

(b) Lump sum income which is applied in the month it is received or prorated over the period for which it is intended. The monthly maintenance standard is deducted for the month(s) for which it is considered, if the individual is living outside an institution.

(c) The monthly excess income of a person in an institution must not exceed the department rate for type of care provided after allowing for personal needs allowance. See WAC 388-92-035.

(d) The resources in excess of those listed in WAC 388-28-430(2)(a); WAC 388-83-055 and 388-83-060.

(e) Additional cash resources that come into possession of the recipient during a period of certification.

(f) For recipients of medical only (MO) who are not undergoing detoxification for an acute alcoholic condition, participation with excess income or nonexempt resources is applicable after allowance is made for mandatory deductions of employment, union dues, the monthly maintenance standard and a one thousand dollars deductible per family. The one thousand dollars deductible per family shall be applied no more than once during a twelve-month period. The one thousand dollars

deductible is the minimum amount of participation during the twelve-month period. Participation from excess income is applied plus the deductible.

(g) For recipients of medical only (MO) who are undergoing detoxification for an acute alcoholic condition, the one thousand dollars deductible will not be required as an eligibility factor for the covered period of detoxification. There is no participation for the person undergoing detoxification. Applicants with income and resources in excess of the monthly maintenance standard are not eligible for detoxification. Continued hospitalization for a concurrent acute and emergent condition beyond the number of days approved for detoxification as a single diagnosis will require the application of the one thousand dollars deductible.

(3) The twenty percent increase in social security benefits shall be considered exempt income when determining eligibility and participation for:

(a) Persons who in August 1972 received OAA, AFDC, AB or DA and also received RSI benefits and who became ineligible for OAA, AFDC, AB or DA solely because of the twenty percent increase in social security benefits under Public Law 92-336, and

(b) Current applicants for AFDC or FAMCO who were entitled to RSI benefits in August 1972 and would have been eligible for OAA, AFDC, AB or DA in August 1972 but are not currently eligible solely because of the twenty percent increase in social security benefits under Public Law 92-336. [Statutory Authority: RCW 74.08.090. 80-15-034 (Order 1554), § 388-83-045, filed 10/9/80; 80-02-061 (Order 1479), § 388-83-045, filed 1/18/80; 79-01-002 (Order 1359), § 388-83-045, filed 12/8/78; Order 1233, § 388-83-045, filed 8/31/77; Order 1196, § 388-83-045, filed 3/3/77; Order 1151, § 388-83-045, filed 9/8/76; Order 1061, § 388-83-045, filed 10/8/75; Order 994, § 388-83-045, filed 12/31/74; Order 922, § 388-83-045, filed 4/15/74; Order 911, § 388-83-045, filed 3/1/74; Order 879, § 388-83-045, filed 11/29/73; Order 835, § 388-83-045, filed 7/26/73; Order 787, § 388-83-045, filed 4/12/73; Order 678, § 388-83-045, filed 5/10/72; Order 628, § 388-83-045, filed 11/24/71; Order 579, § 388-83-045, filed 7/20/71; Order 548, § 388-83-045, filed 3/31/71, effective 5/1/71; Order 497, § 388-83-045, filed 11/25/70, effective 1/1/71; Order 419, § 388-83-045, filed 12/31/69; Order 405, § 388-83-045, filed 11/24/69; Order 301, § 388-83-045, filed 9/6/68; Order 264 (part), § 388-83-045, filed 11/24/67.]

WAC 388-83-050 Availability of resources. (1) In establishing eligibility for medical care, only resources actually available after applying the department's rules for disregarding or setting aside any resource for the future needs of an applicant or recipient shall be considered. Nonexempt real property shall be considered as available only when it is identified as being under the control of the applicant, "in hand", or will be available within a three-month period, including the month in which the services were rendered.

(2) If a minor applies for medical care other than for obstetrical care the parent legally responsible for the

support of the minor is also by law financially responsible for the payment for medical care provided to the minor. In such case the standards in WAC 388-83-035 shall apply to determine available income to meet the medical care needs of the minor. See also WAC 388-28-350 and 388-28-355. For a pregnant minor see WAC 388-82-015(1)(a)(i).

(3) For a foster child, other than an AFDC-FC, for whom the department is making a foster care payment, only income and resources of the child are considered available in determining eligibility.

(4) Even if state law confers adult status at age eighteen the department must consider parental income and resources as available for a child if he is living with the parent until he becomes twenty-one. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-83-050, filed 9/9/80; 79-09-053 (Order 1427), § 388-83-050, filed 8/24/79; Order 1202, § 388-83-050, filed 4/1/77; Order 1097, § 388-83-050, filed 2/13/76; Order 879, § 388-83-050, filed 11/29/73; Order 333, § 388-83-050, filed 2/3/69; Order 264 (part), § 388-83-050, filed 11/24/67.]

WAC 388-83-055 Exempt resources. The following resources shall be classified as exempt in determining eligibility for the medical care program:

(1) For recipients of grants, exempt resources shall follow standards for the appropriate grant program.

(2) For an applicant recipient for federal aid medical care only (FAMCO), rules for exempt resources shall follow WAC 388-92-045 and 388-92-050. When separate property is a consideration, see WAC 388-28-365 and 388-28-370.

(3) For an applicant/recipient for the medical only (MO) program, rules for exempt resources shall follow WAC 388-28-420 and 388-28-430(1). Cash, marketable securities, or any nonexempt resource which can be converted into cash shall be considered available toward meeting the costs of medical care. A used and useful automobile shall be exempt. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-83-055, filed 9/9/80; Order 1233, § 388-83-055, filed 8/31/77; Order 1158, § 388-83-055, filed 10/6/76; Order 780, § 388-83-055, filed 3/16/73; Order 710, § 388-83-055, filed 9/14/72; Order 419, § 388-83-055, filed 12/31/69; Order 400, § 388-83-055, filed 11/5/69; Order 301, § 388-83-055, filed 9/6/68; Order 264 (part), § 388-83-055, filed 11/24/67.]

WAC 388-83-060 Nonexempt resources. All resources not specifically exempted in WAC 388-83-055 shall be considered available for medical and nonmedical needs following priorities set forth in WAC 388-83-035 through 388-83-045. Value shall be assigned resources according to WAC 388-28-450 and 388-28-455.

(1) The possession of a nonexempt resource affects eligibility for medical care. Except for nonexempt real property, the value assigned to such resources shall be the "fair market value". The "fair market value" of the resource is considered available toward the cost of medical care. Such amount is considered at the time of each

review for as long as the resource is possessed by the applicant. See WAC 388-85-020.

(2) In assigning the value to nonexempt real property as described in WAC 388-28-455, the following sequence shall be followed:

(a) First consideration shall be given to the sale of nonexempt real property based on the "quick sale value".

(b) If the sale is not possible, rental or lease must be considered with the income derived from such rental or lease being considered available to meet the cost of medical care.

(c) If the property cannot be sold, rented, or leased and if the applicant has used reasonable diligence in seeking a purchaser, renter, or leasee, then no resource value for this property shall be considered to exist for the purpose of determining eligibility. The property shall remain on the market for as long as the applicant is certified for medical care.

If the applicant refuses to dispose of his property or refuses to attempt to dispose of his property as outlined in (2), (a), (b), and (c) above, his application for medical assistance shall be denied.

(3) Consideration shall also be given the potential earning power of the applicant or recipient of medical only (MO). For example even if an applicant has no cash resources, his current employment or his possibility of employment in the future, as evidenced his past opportunities may be such that he could be reasonably expected to pay all or part of the cost of his medical care out of future earnings. [Statutory Authority: RCW 74.08.090, 80-13-020 (Order 1542), § 388-83-060, filed 9/9/80; Order 400, § 388-83-060, filed 11/5/69; Order 264 (part), § 388-83-060, filed 11/24/67.]

WAC 388-83-065 Transfer of resources within two years prior to application. (1) An applicant for an AFDC grant, continuing assistance or medical only (MO) who transfers any resource within two years immediately prior to the date of application (or during the application period) without having received adequate consideration for such property shall be deemed to have a nonexempt resource available to meet his medical needs.

(2) The amount considered available to meet medical need shall be the difference between the reasonable value of the consideration received for the transferred property and the reasonable value of the property transferred. In determining this amount the rules in WAC 388-28-461 and 388-28-462 shall be considered.

(3) The applicant is ineligible if the amount considered available exceeds cost of medical care according to WAC 388-84-020. [Statutory Authority: RCW 74.08.090, 79-06-034 (Order 1402), § 388-83-065, filed 5/16/79; Order 1233, § 388-83-065, filed 8/31/77; Order 930, § 388-83-065, filed 4/25/74.]

**Chapter 388-84 WAC
MEDICAL CARE--APPLICATION**

WAC

388-84-005	Right to apply.
388-84-010	Disposition of application.
388-84-015	Approval of application.
388-84-020	Denial of application.
388-84-025	Withdrawal.

WAC 388-84-005 Right to apply. (1) All individuals wishing to make application for medical care shall have an opportunity to do so.

(a) Application shall mean a request for medical care made to the local office verbally or in writing by a person in his own behalf or in behalf of another person, except that verbal applications must be reduced to writing before payment for care can be made. If death of the applicant intervenes, his relatives or other interested persons may complete the application form. Any type of request for medical care is construed as an official notification and is the beginning of the application process.

(b) The applicant, or anyone acting in his behalf, is required to participate to the fullest extent possible in the application process. It is the responsibility of the applicant to provide such information and material pertinent to his financial affairs and resources, etc., as is necessary to establish a determination of financial eligibility. Verification of resources by the department shall be limited to those reasonably necessary to determine the extent to which the available resources may be utilized.

(c) Application procedures in WAC 388-38-030 through 388-38-050 will be followed.

(2) Eligibility for medical services received before the date of application may be retroactively certified and approved for payment provided that

(a) The applicant has declared a need for retroactive certification at the time of application,

(b) The individual would have satisfied all eligibility requirements for federal aid medical care only at the time the medical services were furnished,

(c) The medical services received were consistent with the scope of care which may be provided to FAMCO recipients,

(d) The unpaid bills were incurred no earlier than the first day of the third month preceding the month of application for medical assistance.

(3) For an applicant who is a resident of Washington temporarily out of the state, an application may be made by an individual, person or an agency acting in his behalf directly to the local office.

(4) The applicant shall be given:

(a) DSHS 16-04 (16PA04) with an explanation of the civil rights act,

(b) DSHS 16-03 (16PA03) fair hearing information,

(c) Family planning information, when appropriate. [Statutory Authority: RCW 74.08.090, 80-13-020 (Order 1542), § 388-84-005, filed 9/9/80; 79-06-034 (Order 1402), § 388-84-005, filed 5/16/79; Order 1233, § 388-84-005, filed 8/31/77; Order 995, § 388-84-005, filed 12/31/74; Order 879, § 388-84-005, filed

11/29/73; Order 793, § 388-84-005, filed 4/26/73; Order 764, § 388-84-005, filed 1/10/73; Order 629, § 388-84-005, filed 11/24/71; Order 473, § 388-84-005, filed 8/19/70; Order 302, § 388-84-005, filed 9/6/68; Order 264 (part), § 388-84-005, filed 11/24/67.]

WAC 388-84-010 Disposition of application. (1) "Decision" is defined as a substantiated finding of eligibility or ineligibility. The applicant shall be notified in writing of the decision.

(2) Decision on an application shall be made with reasonable promptness but not later than 30 days from date of the request, except for a situation in which circumstances such as a critical condition of an applicant or his death following application, may delay the determination of eligibility.

(3) For medical assistance (MA) related to Title XVI disability, see WAC 388-92-020(3) and 388-92-060(1). [Order 1111, § 388-84-010, filed 4/15/76; Order 995, § 388-84-010, filed 12/31/74; Order 938, § 388-84-010, filed 5/23/74; Order 302, § 388-84-010, filed 9/6/68; Order 264 (part), § 388-84-010, filed 11/24/67.]

WAC 388-84-015 Approval of application. (1) All applicants shall be informed by means of an award letter of the action taken by the department and the amount of participation, if any. When there is participation, copies of the award letter shall be sent to the provider(s) and to professional audit. (See WAC 388-83-005).

(2) Individuals approved for federal aid or continuing general assistance grants and for federal aid medical care only shall be issued a temporary identification booklet until the next warrant roll is processed. When there is another medical resource, the temporary identification booklet shall indicate such resource below the names on each coupon.

(3) The financially approved applicant for medical care only or the recipient of noncontinuing general assistance not relatable to federal aid or Title XVI programs, who has an acute and emergent medical condition and who has satisfied the deductible shall be issued an identification booklet specifying limitations on care and listing all other medical resources at the bottom of the booklet. [Order 1203, § 388-84-015, filed 4/1/77; Order 938, § 388-84-015, filed 5/23/74; Order 879, § 388-84-015, filed 11/29/73; Order 711, § 388-84-015, filed 9/14/72; Order 695, § 388-84-015, filed 6/29/72; Order 591, § 388-84-015, filed 8/25/71; Order 435, § 388-84-015, filed 3/31/70; Order 302, § 388-84-015, filed 9/6/68; Order 264 (part), § 388-84-015, filed 11/24/67.]

WAC 388-84-020 Denial of application. (1) An application for medical care shall be denied when:

(a) An applicant for medical only does not have an acute and emergent medical condition or has not satisfied the one thousand dollars deductible,

(b) The amount of excess income will exceed the cost of medical care,

(c) The applicant possesses nonexempt resources in excess of the standard.

(2) When an application is denied, the applicant shall be notified in writing of the specific reason(s) for the denial and shall be informed of the right to a fair hearing. See WAC 388-38-172. [Statutory Authority: RCW 74.08.090. 80-15-034 (Order 1554), § 388-84-020, filed 10/9/80; 79-01-002 (Order 1359), § 388-84-020, filed 12/8/78; Order 1203, § 388-84-020, filed 4/1/77; Order 788, § 388-84-020, filed 4/12/73; Order 737, § 388-84-020, filed 11/22/72; Order 695, § 388-84-020, filed 6/29/72; Order 629, § 388-84-020, filed 11/24/71; Order 580, § 388-84-020, filed 7/20/71; Order 419, § 388-84-020, filed 12/31/69; Order 264 (part), § 388-84-020, filed 11/24/67.]

WAC 388-84-025 Withdrawal. Withdrawal of an application shall be treated as in WAC 388-38-172. [Order 695, § 388-84-025, filed 6/29/72; Order 264 (part), § 388-84-025, filed 11/24/67.]

Chapter 388-85 WAC

MEDICAL CARE--AUTHORIZATION OF ELIGIBILITY

WAC

388-85-005	Certification document.
388-85-010	Authorization procedure.
388-85-015	Period of certification.
388-85-020	Redetermination of eligibility.
388-85-025	Notification—Initial certification, redetermination of eligibility and change of circumstances.
388-85-027	Effective date of change in eligibility.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-85-125	Continuing eligibility of grandfathered recipient of federal aid medical care only—Criteria. [Order 952, § 388-85-125, filed 7/16/74.] Repealed by Order 996, filed 12/31/74. See chapter 388-93 WAC.
388-85-130	Continuing eligibility of grandfathered recipient of federal aid medical care only—Blindness defined. [Order 952, § 388-85-130, filed 7/16/74.] Repealed by Order 996, filed 12/31/74. See chapter 388-93 WAC.
388-85-135	Continuing eligibility of grandfathered recipient of federal aid medical care only—Permanently and totally disabled defined. [Order 952, § 388-85-135, filed 7/16/74.] Repealed by Order 996, filed 12/31/74. See chapter 388-93 WAC.
388-85-140	Continuing eligibility of grandfathered recipient of federal aid medical care only—Refusal of disabled recipient to accept available and recommended medical treatment—Effect on eligibility. [Order 952, § 388-85-140, filed 7/16/74.] Repealed by Order 996, filed 12/31/74. See chapter 388-93 WAC.
388-85-145	Continuing eligibility of grandfathered recipient of federal aid medical care only—Annual review. [Order 952, § 388-85-145, filed 7/16/74.] Repealed by Order 996, filed 12/31/74. See chapter 388-93 WAC.
388-85-150	Continuing eligibility of grandfathered recipient of federal aid medical care only—Application following termination of eligibility. [Order 952, § 388-85-150, filed 7/16/74.] Repealed by Order 996, filed 12/31/74. See chapter 388-93 WAC.

WAC 388-85-005 Certification document. An applicant is certified in DSHS 7-01 when his eligibility for the medical care program has been determined. This document serves as the basis for vendor(s) payment.

[Order 952, § 388-85-005, filed 7/16/74; Order 264 (part), § 388-85-005, filed 11/24/67.]

WAC 388-85-010 Authorization procedure. (1) For an applicant for medical care also applying for a continuing grant, medical care shall be authorized first, unless eligibility for the grant can be established concurrently, as the date of certification for care will precede the effective date of the grant.

(a) If the applicant is found eligible for medical care but not a grant, denial of the grant follows WAC 388-38-172; such denial will not affect eligibility for medical care.

(b) Certification for federal aid medical care only, which is related to Title XVI of the social security act, or for medical care services does not carry over to such applicant's spouse. The spouse's category for care is individually determined and authorized separately; however, for those individuals who were recipients of federal aid grants or would have been eligible for federal aid grants in August 1972 and who were also RSDI beneficiaries and whose grants were terminated or would have been terminated solely because of the twenty percent increase under Public Law 92-336 need not have their spouses' eligibility for FAMCO determined separately. Certification for these individuals will be determined as though eligibility exists for the appropriate grant category.

(2) When a continuing grant recipient becomes ineligible for a grant, eligibility for medical care shall be re-determined. If there is a current medical need and the recipient is otherwise eligible, no new application is required. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-85-010, filed 9/9/80; Order 1196, § 388-85-010, filed 3/3/77; Order 952, § 388-85-010, filed 7/16/74; Order 789, § 388-85-010, filed 4/12/73; Order 419, § 388-85-010, filed 12/31/69; Order 384, § 388-85-010, filed 8/27/69; Order 264 (part), § 388-85-010, filed 11/24/67.]

WAC 388-85-015 Period of certification. (1) For the recipient of federal aid medical care only (FAMCO), the period of certification may be up to six months, depending upon the anticipated duration of medical need, except that FAMCO related to aid to families with dependent children—employable (AFDC-E), may be certified only to a maximum of three months.

(2) For a recipient in an institution with which the department has an agreement to provide care, no termination date is shown on the certification document; eligibility however, must be received within one year.

(3) For medical care services the period of certification shall be for one condition and not to exceed three months. The recipient of continuing general assistance who cannot be related to a federal aid category continues to be eligible for major medical within program limitations as defined in WAC 388-86-120 for as long as the grant continues. Out-of-state care is not provided for recipients of continuing general assistance.

(4) An applicant for medical only shall not be authorized medical care unless an acute and emergent condition exists as defined in WAC 388-86-032 and 388-86-120(2)(a), and until a deductible of one thousand dollars per family per year has been satisfied. The certification period for medical only shall be for only as long as the acute and emergent condition is estimated to exist but the period of certification shall not exceed three months. [Statutory Authority: RCW 74.08.090. 80-15-034 (Order 1554), § 388-85-015, filed 10/9/80; Order 1233, § 388-85-015, filed 8/31/77; Order 952, § 388-85-015, filed 7/16/74; Order 776, § 388-85-015, filed 3/1/73; Order 679, § 388-85-015, filed 5/10/72; Order 565, § 388-85-015, filed 5/19/71; Order 384, § 388-85-015, filed 8/27/69; Order 264 (part), § 388-85-015, filed 11/24/67.]

WAC 388-85-020 Redetermination of eligibility. (1) Eligibility for medical care shall be redetermined no less often than every six months for a recipient of federal aid medical care only, except that

(a) for a recipient of FAMCO related to AFDC-E, eligibility shall be redetermined no less often than every three months,

(b) for a recipient in an institution eligibility shall be redetermined within one year.

(2) Eligibility for a person receiving medical care and a grant shall be redetermined according to the policies and procedures for financial assistance specified in WAC 388-38-280 through 388-38-290.

(3) Any person receiving medical care who comes into possession of property, resources, or income in excess of that amount previously declared, shall notify the department. (See WAC 388-38-255). Eligibility shall be re-determined within thirty days following an indication of a change in circumstances. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-85-020, filed 9/9/80; 78-10-077 (Order 1346), § 388-85-020, filed 9/27/78; Order 952, § 388-85-020, filed 7/16/74; Order 776, § 388-85-020, filed 3/1/73; Order 712, § 388-85-020, filed 9/14/72; Order 565, § 388-85-020, filed 5/19/71; Order 334, § 388-85-020, filed 2/3/69; Order 264 (part), § 388-85-020, filed 11/24/67.]

WAC 388-85-025 Notification—Initial certification, redetermination of eligibility and change of circumstances. A person not receiving a grant shall be notified in writing when his eligibility for federal aid medical care only (FAMCO) or medical care only (MO) is initially certified, or is redetermined, or when there is any change in his financial circumstances. [Order 712, § 388-85-025, filed 9/14/72.]

WAC 388-85-027 Effective date of change in eligibility. When a change of circumstances renders the client ineligible the effective date of ineligibility is the first of the month following the month in which the change occurred. [Order 1137, § 388-85-027, filed 7/29/76.]

Chapter 388-86 WAC
MEDICAL CARE--SERVICES PROVIDED

WAC

388-86-005	Services available to recipients of medical assistance.
388-86-008	Patient overutilization.
388-86-012	Audiometric services.
388-86-015	Blood.
388-86-020	Dental services.
388-86-023	Chiropractic services.
388-86-027	Early and periodic screening, diagnosis and treatment of eligible individuals under twenty-one years of age.
388-86-030	Eyeglasses and examinations.
388-86-035	Family planning.
388-86-040	Hearing aids.
388-86-045	Home health services.
388-86-050	Inpatient hospital care.
388-86-055	Laboratory services.
388-86-060	Medical care for prisoners.
388-86-067	Mental health center services.
388-86-075	Outpatient and emergency care.
388-86-080	Oxygen service.
388-86-085	Patient transportation.
388-86-090	Physical therapy.
388-86-095	Physicians' services.
388-86-096	Podiatry.
388-86-097	Respiratory therapy services.
388-86-098	Speech therapy services.
388-86-100	Surgical appliances—Prosthetic devices—Aids to mobility.
388-86-105	Voluntary agency—Child or unwed mother receiving foster care.
388-86-110	X-ray services.
388-86-112	Physical medicine and rehabilitation evaluation and review.
388-86-115	Medical care provided out-of-state.
388-86-120	State financed medical care services.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-86-010	Anesthetization services. [Order 264 (part), § 388-86-010, filed 11/24/67.] Repealed by 80-13-020 and 80-15-034 (Order 1542 and 1554), filed 9/9/80 and 10/9/80. Statutory Authority: RCW 74.08.090.
388-86-025	Drugs and pharmaceutical supplies. [Order 264 (part), § 388-86-025, filed 11/24/67.] Repealed by Order 316, filed 10/31/68.
388-86-032	Exceptions—Treatment for acute and emergent conditions. [Statutory Authority: RCW 74.08.090. 79-06-034 (Order 1402), § 388-86-032, filed 5/16/79; Order 1203, § 388-86-032, filed 4/1/77; Order 680, § 388-86-032, filed 5/10/72; Order 581, § 388-86-032, filed 7/20/71.] Repealed by 80-15-034 (Order 1554), filed 10/9/80. Statutory Authority: RCW 74.08.090.
388-86-065	Medical-social services. [Order 264 (part), § 388-86-065, filed 11/24/67.] Repealed by 80-15-034 (Order 1554), filed 10/9/80. Statutory Authority: RCW 74.08.090.
388-86-070	Nursing services. [Order 1112, § 388-86-070, filed 4/15/76; Order 938, § 388-86-070, filed 5/23/74; Order 264 (part), § 388-86-070, filed 11/24/67.] Repealed by 78-02-024 (Order 1265), filed 1/13/78. Statutory Authority: RCW 74.08.090.
388-86-083	Patient care supplies. [Order 499, § 388-86-083, filed 12/2/70.] Repealed by Order 1112, filed 4/15/76.

WAC 388-86-005 Services available to recipients of medical assistance. (1) For recipients of medical assistance (MA), the department shall authorize early and periodic screening diagnosis and treatment services including dental, vision, and hearing services, to eligible

individuals under twenty-one years of age, family planning services, home health agency services, inpatient and outpatient hospital care, other laboratory and x-ray services, skilled nursing home care, and physicians' services in the office or away from the office as needed for necessary and essential medical care. The department may authorize medically justified ambulance service and other approved transportation.

(2) The following additional services shall also be authorized when medically necessary: anesthetization services; blood; limited dental services; drugs and pharmaceutical supplies; eyeglasses and examination; hearing aids and examinations; oxygen; physical therapy services; special-duty nursing services; surgical appliances, prosthetic devices, and certain other aids to mobility.

(3) Treatment, transplants, dialysis, equipment and supplies for acute and chronic nonfunctioning kidneys are provided in the home, hospital and kidney center. See WAC 388-86-050(5).

(4) Organ transplants, other than kidney transplants are not provided as a part of physician services or hospital care authorized under the medical assistance program.

(5) Treatment to detoxify narcotic addiction cases in a hospital or on an outpatient basis is not provided as a part of the medical care program. The department will provide treatment for concurrent diseases and complications.

(6) Detoxification of an acute alcoholic condition will be provided only in a certified detoxification center or in a general hospital with certified detoxification facilities.

(7) Orthodontic treatment is not provided except for EPSDT recipients. See WAC 388-86-020(7).

(8) Treatment for obesity is not provided as part of the medical care program. The department will provide treatment for concurrent diseases and complications.

(9) Where evidence is obtainable to establish medical necessity, as defined in WAC 388-80-005, the department shall approve the request if the recipient or provider submits sufficient objective clinical information (including, but not limited to, a physiological description of the disease, injury, impairment or other ailment; pertinent laboratory findings; x-ray reports; and patient profiles).

(10) A request for medical services may be denied by the department if the requested service is not medically necessary as defined by WAC 388-80-005, is generally regarded by the medical profession as experimental in nature or as unacceptable treatment, unless the recipient can demonstrate through sufficient objective clinical evidence the existence of particular circumstances which render the requested service medically necessary.

(11) The department shall approve or deny all requests for medical services within fifteen days of the receipt of the request, except that if additional justifying information is necessary before a decision can be made, the request shall be neither approved nor denied but shall be returned to the provider within five working days of the original receipt. If additional justifying information is not returned within thirty days of the date it was returned to the provider, then the original request

shall be approved or denied. However, if such information is returned to the department, the request shall be acted upon within five working days of the receipt of the additional justifying information.

(12) Whenever the department denies a request for medical services the department shall, within five working days of the decision, give written notice of the denial to the recipient and the provider. In order to fully inform the recipient, the notice shall state:

(a) The specific reasons for the department's conclusion to deny the requested service.

(b) If a fair hearing is requested, a medical assessment other than that of the person or persons involved in making the original decision may be obtained at the expense of the department of social and health services, and instructions on how to obtain such assessment.

(c) The recipient has a right to a fair hearing if the request is made within ninety days of receipt of the denial, with the instruction on how to request the hearing.

(d) The recipient may be represented at the hearing by legal counsel or other representative.

(e) That upon request, the CSO shall furnish the recipient the name and address of the nearest legal services office. [Statutory Authority: RCW 74.08.090. 80-15-034 (Order 1554), § 388-86-005, filed 10/9/80; 78-06-081 (Order 1299), § 388-86-005, filed 6/1/78; 78-02-024 (Order 1265), § 388-86-005, filed 1/13/78; Order 994, § 388-86-005, filed 12/31/74; Order 970, § 388-86-005, filed 9/13/74; Order 911, § 388-86-005, filed 3/1/74; Order 858, § 388-86-005, filed 9/27/73; Order 781, § 388-86-005, filed 3/16/73; Order 738, § 388-86-005, filed 11/22/72; Order 680, § 388-86-005, filed 5/10/72; Order 630, § 388-86-005, filed 11/24/71; Order 581, § 388-86-005, filed 7/20/71; Order 549, § 388-86-005, filed 3/31/71, effective 5/1/71; Order 453, § 388-86-005, filed 5/20/70, effective 6/20/70; Order 419, § 388-86-005, filed 12/31/69; Order 264 (part); § 388-86-005, filed 11/24/67.]

WAC 388-86-008 Patient overutilization. (1) Whenever payment records and other information indicate that recipient utilization is excessive or inappropriate with reference to medical need, the department may require an individual to designate a primary physician and/or a single pharmacy for exclusive provider service in an effort to:

(a) Protect the individual's health and safety;

(b) Provide continuity of medical care;

(c) Avoid duplication of service by providers;

(d) Avoid inappropriate or unnecessary utilization of medical assistance as defined by community practices and standards;

(e) Avoid excessive utilization of prescription medications.

Excessive utilization of prescription medications will be determined from published current medical and pharmacological references to include Physicians' Desk Reference published by Medical Economics Company, Oradell, New Jersey 07649; or Facts and Comparisons published by Facts and Comparisons, Inc., 12011 Marine Avenue, Suite 220, St. Louis, MO 63141; or The

Pharmacological Basis of Therapeutics published by Macmillan Publishing Co., 866 Third Avenue, New York, NY 10022.

(2) The individual will be given written notice of his/her excessive or inappropriate utilization and will be requested to select a single physician and/or pharmacy. The notice will include the individual's right to request a fair hearing within ninety days if he/she disagrees with the findings and the department's action. The notice will also advise the individual that failure to cooperate in this procedure will necessitate the department designating a physician and/or pharmacy for the individual. Names of restricted individuals and their designated providers will be listed on provider information memoranda.

(3) In the event of a bona fide emergency, the individual may be seen by a physician other than the one selected. The primary physician may also refer the individual to a specialist when necessary. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-86-008, filed 9/9/80; 78-02-024 (Order 1265), § 388-86-008, filed 1/13/78.]

WAC 388-86-012 Audiometric services. (1) Evaluation of hearing by audiometric equipment is available with prior medical consultant approval to recipients of continuing assistance or FAMCO when administered by an approved audiologist and/or specialist in ENT. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-86-012, filed 9/9/80; 78-02-024 (Order 1265), § 388-86-012, filed 1/13/78; Order 1202, § 388-86-012, filed 4/1/77.]

WAC 388-86-015 Blood. The department shall provide for purchase of needed whole blood or plasma, subject to limitations as set forth in WAC 388-87-045. [Order 335, § 388-86-015, filed 2/3/69; Order 264 (part), § 388-86-015, filed 11/24/67.]

WAC 388-86-020 Dental services. (1) The department shall provide dental care subject to limitations and conditions set forth below and further defined in current departmental memoranda and dental schedule of maximum allowances. For out-of-state dental care, see WAC 388-86-115(5).

(2) Dental coverage for recipients of medical assistance and continuing general assistance, who are not eligible for EPSDT, is limited to the following services:

(a) Restorative care will include:

(i) fractured, new or lost fillings,

(ii) repair or replacement of broken dentures,

(iii) relines of dentures.

(b) Prophylaxis and topical application of fluoride are provided.

(c) Oral surgery with prior approval to correct extreme conditions.

(d) Treatment for pain and infection, including gingivitis and extractions.

(e) Dentures, full or partial with prior approval.

(f) Initial and periodic oral examinations are provided.

(3) EPSDT dental services include treatment necessary for the relief of pain and infection, restoration of teeth, and maintenance of dental health. See subsection (7) of this section.

(4) Dental services for recipients of Medical Only (M.O.) who have satisfied the deductible are subject to the following limitations:

(a) Dental treatment is limited to the relief of pain, which may or may not involve extraction, and surgical repair of the maxilla and/or mandible.

(b) No care is provided outside the state of Washington except in border situations as specified in WAC 388-82-030(4).

(5) Dentures provided by the department but subsequently lost will not be replaced except where medical necessity is clearly demonstrated and prior approval given by the chief of the office of medical assistance or his designee.

(6) Hospitalization for dental conditions, other than acute and emergent, requires prior approval of the chief of the office of medical policy and procedure or his designee. Hospitalization for acute and emergent dental conditions requires approval.

(7) Orthodontic treatment is defined as the use of any appliance, intraoral or extraoral, removable or fixed, or any surgical procedure designed to move teeth. The service is not provided except for EPSDT recipients. The following limitations apply to EPSDT related orthodontic treatment:

(a) Prior approval must be obtained from the office of medical policy and procedure.

(b) Treatment is limited to medically necessary services. See WAC 388-86-005.

(8) Recipients residing in nursing homes are eligible for dental care subject to the same regulations as those in the general recipient population with the following additional qualifications:

(a) The patient's attending physician will initiate a referral for dental care when a significant dental problem is identified by that physician, the patient, family, nursing home staff or nursing care consultant.

(b) The patient shall have freedom of choice of dentists, including referral to a dentist who has provided services to the patient in the past. The staff dentist may be called when the patient has no choice of dentists and concurs with the request.

(c) The department may approve bedside dental care when sufficient justification exists to show transporting the patient is inappropriate.

(d) Treatment of a nonemergent nature in a nursing home, congregate care facility or group home requires prior approval for each patient. Payment for multiple screening examinations of patients in these settings will not be made. [Statutory Authority: RCW 74.08.090, 80-15-034 (Order 1554), § 388-86-020, filed 10/9/80; 79-06-034 (Order 1402), § 388-86-020, filed 5/16/79; 78-02-024 (Order 1265), § 388-86-020, filed 1/13/78; Order 1162, § 388-86-020, filed 10/13/76; Order 1112, § 388-86-020, filed 4/15/76; Order 938, § 388-86-020,

filed 5/23/74; Order 738, § 388-86-020, filed 11/22/72; Order 696, § 388-86-020, filed 6/29/72; Order 581, § 388-86-020, filed 7/20/71; Order 453, § 388-86-020, filed 5/20/70, effective 6/20/70; Order 385, § 388-86-020, filed 8/27/69; Order 264 (part), § 388-86-020, filed 11/27/67.]

WAC 388-86-023 Chiropractic services. (1) Services of a chiropractor, licensed by the state of Washington to perform within the scope of his license, shall be authorized.

(2) Services shall be subject to the following:

(a) Treatment shall be restricted to adjustment by hand any subluxation of the spine.

(b) X-rays shall be limited only to the following spinal areas:

(i) Cervical, anterior-posterior and lateral,

(ii) Thoracic (dorsal), anterior-posterior and lateral,

(iii) Lumbar and/or lumbo-sacral, anterior-posterior and lateral.

(c) Chiropractic consultation requires prior approval by the state office except that three treatments for acute and emergent conditions may be given out of state without prior approval for recipients related to federal programs.

(3) An eligible recipient desiring the services of a chiropractor shall have free choice of such services.

(4) Limitations specified in preceding subsections of this rule and in WAC 388-87-047 are absolute; no deviation will be permitted. [Statutory Authority: RCW 74.08.090, 80-15-034 (Order 1554), § 388-86-023, filed 10/9/80; 78-02-024 (Order 1265), § 388-86-023, filed 1/13/78; Order 1166, § 388-86-023, filed 10/27/76; Order 1112, § 388-86-023, filed 4/15/76; Order 891, § 388-86-023, filed 12/27/73; Order 696, § 388-86-023, filed 6/29/72; Order 581, § 388-86-023, filed 7/20/71; Order 453, § 388-86-023, filed 5/20/70, effective 6/20/70; Order 385, § 388-86-023, filed 8/27/69.]

WAC 388-86-027 Early and periodic screening, diagnosis and treatment of eligible individuals under twenty-one years of age. (1) The department will make available to individuals under twenty-one years of age who are recipients of medical assistance (MA), early and periodic screening and diagnosis to ascertain their physical and/or mental defects, and preventive health care and treatment to correct or ameliorate the defects and chronic conditions discovered thereby, to the extent provided under these rules. There will be freedom of choice in obtaining screening services from among participating providers. The following services are included in the program:

(a) Screening by providers of screening services that have been authorized by the division of medical assistance to provide at least the following items in an unclothed physical examination:

(i) medical history

(ii) assessment of physical growth and nutritional status

(iii) developmental assessment (physical and mental)

- (iv) inspection for obvious defects
- (v) inspection of ears, nose, mouth, teeth and throat
- (vi) visual screening; auditory testing
- (vii) screening for cardiac abnormalities
- (viii) screening for anemia
- (ix) urine screening
- (x) blood pressure (children twelve years of age or older)
- (xi) assessment of immunization status and updating immunization
- (xii) referral to a dentist for diagnosis and treatment for children three years of age and over.

(b) When indicated by screening findings, providers of screening services will provide, or refer eligible children for more definitive diagnostic study and/or treatment.

(c) See WAC 388-86-005(7) and 388-86-020(3) and (7) for limitations of the dental program. See WAC 388-86-040(4) for management of hearing defects.

(2) The EPSDT requirement applies to all individuals under twenty-one years of age who are determined to be eligible for medical assistance (MA). [Statutory Authority: RCW 74.08.090. 80-15-034 (Order 1554), § 388-86-027, filed 10/9/80; 79-12-047 (Order 1457), § 388-86-027, filed 11/26/79; Order 1112, § 388-86-027, filed 4/15/76; Order 738, § 388-86-027, filed 11/22/72.]

WAC 388-86-030 Eyeglasses and examinations. (1) The department shall provide eye examinations and eyeglasses when a refractive error of sufficient magnitude exists to require corrective lenses. Payment shall be made on the basis of rates established by the department or through HMO or optical supplier contracts.

(2) Prior authorization by the CSO medical consultant or his designee in the county of residence is not required for eye examinations performed for the purpose of prescribing corrective lenses except in the provision of certain eyeglasses (lenses or frames).

(3) Examinations, unless medically indicated, are limited to two in a twelve-month period, except for eye examinations and eyeglasses provided to recipients of EPSDT, see WAC 388-86-027(1)(c) and (3).

(4) A choice of frames listed in current division of medical assistance numbered memoranda is offered recipients. Frames are not provided for cosmetic effect or psychological support.

(5) Sunglasses, photochromic aspheric or varalux type lenses are not provided.

(6) Two pair of glasses in lieu of bifocal or trifocal lenses are not provided.

(7) Contact lenses and orthoptics therapy are not provided. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-86-030, filed 9/9/80; 79-01-002 (Order 1359), § 388-86-030, filed 12/8/78; 78-06-087 (Order 1301), § 388-86-030, filed 6/2/78; Order 1233, § 388-86-030, filed 8/31/77; Order 1203, § 388-86-030, filed 4/1/77; Order 1112, § 388-86-030, filed 4/15/76; Order 994, § 388-86-030, filed 12/31/74; Order 738, § 388-86-030, filed 11/22/72; Order 385, § 388-86-030, filed 8/27/69; Order 264 (part), § 388-86-030, filed 11/24/67.]

WAC 388-86-035 Family planning. The department shall make known to clients the availability of family planning services. The department shall provide to eligible recipients of medical assistance (MA) necessary physicians' services, clinic or hospital services, supplies and drugs needed in conjunction with family planning. See WAC 388-15-240(3) for Title XX services for nonrecipients including minors. [Order 1203, § 388-86-035, filed 4/1/77; Order 781, § 388-86-035, filed 3/16/73; Order 264 (part), § 388-86-035, filed 11/24/67.]

WAC 388-86-040 Hearing aids. (1) The department shall provide to recipients who are eligible for federal assistance grants or FAMCO:

(a) One new hearing aid under the following conditions:

(i) On prescription of an otolaryngologist, or the attending physician where no otolaryngologist is available in the community, within six months prior to receiving hearing aid dispenser services, and

(ii) With a minimum of 50 decibel loss in the better ear based on auditory screening at 500, 1000, 2000 and 4000 Hertz (Hz) with effective masking as indicated, and

(iii) When covered by a one year warranty, and/or

(b) One-time repair of a state purchased or privately owned hearing aid when covered by a ninety day warranty.

(2) Prior approval is required for the purchase or trial period rental of hearing aids and for one-time repair of a state purchased or privately owned hearing aid.

(3) After expiration of warranties, the owner is responsible for repairs and for purchase of batteries, any attachments and replacements.

(4) Individuals under age twenty-one must be referred to the Crippled Children's Service Conservation of Hearing Program.

(5) Individuals twenty-one years of age and over may sign a waiver statement declining the medical evaluation for religious or personal beliefs that preclude consultation with a physician.

(6) Hearings aids are not provided to recipients of continuing general assistance grants or medical only (M.O.). [Statutory Authority: RCW 74.08.090. 80-15-034 (Order 1554), § 388-86-040, filed 10/9/80; 78-02-024 (Order 1265), § 388-86-040, filed 1/13/78; Order 1202, § 388-86-040, filed 4/1/77; Order 1151, § 388-86-040, filed 9/8/76; Order 738, § 388-86-040, filed 11/22/72; Order 607, § 388-86-040, filed 9/22/71; Order 335, § 388-86-040, filed 2/3/69; Order 264 (part), § 388-86-040, filed 11/24/67.]

WAC 388-86-045 Home health services. The department shall provide home health nursing and other services for which the home health agency has been certified as requested by the attending physician and furnished by a home health services agency certified by the division of medical assistance. Approval by the office of medical policy and procedure is required for any care extending beyond the limits established by the division

of medical assistance. [Statutory Authority: RCW 74-08.090, 80-13-020 (Order 1542), § 388-86-045, filed 9/9/80; 78-02-024 (Order 1265), § 388-86-045, filed 1/13/78; Order 1112, § 388-86-045, filed 4/15/76; Order 592, § 388-86-045, filed 8/25/71; Order 435, § 388-86-045, filed 3/31/70; Order 264 (part), § 388-86-045, filed 11/24/67.]

WAC 388-86-050 Inpatient hospital care. (1) The department will provide hospitalization for recipients under age sixty-five and for recipients sixty-five and over who have exhausted medicare benefits. With exceptions and limitations listed below, the recipient will have free choice of hospitalization.

(2) Hospitalization for services covered by the program requires approval by:

(a) The local medical consultant for:

- (i) Prior approval of nonemergent surgery;
- (ii) admission and length of stay for recipients on the GAU and MO programs;
- (iii) retroactive certification and out-of-state care, including hospitalization in border cities, for recipients on federal aid programs;

(b) The Washington state professional standards review organization (WSPSRO) by certification, when previous agreement with the department and the PSRO exists, and when review is timely and concurrent with hospitalization, for:

- (i) Medical illness and emergent surgery for recipients on federal programs;
- (ii) admission and length of stay for recipients on federal programs.

(3) Department authorization for inpatient hospital care for eligible individuals shall be limited to the lesser of the minimum number of days consistent with practice normally followed in the community or the maximum number of days established at the 75th percentile in the edition adopted by the department of the publication "Length of Stay in PAS Hospitals, by Diagnosis United States Western Region", unless prior contractual arrangements are made by the department for a specified length of stay (as defined in WAC 388-80-005 and 388-87-013(2)). Hospital stays shall be subject to the same utilization review as established for private patients in the community. A daily list of all recipient inpatients with diagnostic information shall be submitted by the hospital to the local medical consultant. When hospitalization of a recipient of GA-U or MO exceeds the maximum number of days specified in PAS, an extension request shall be presented with adequate justification by the attending physician to the chief, office of medical policy and procedure or his designee within sixty days of final service. The Washington state professional standards review organization (WSPSRO) will certify days of stay and/or services (i.e., approve as necessary, appropriate, and of acceptable quality) for recipients of federally-related programs.

(a) Eligible recipients are covered for involuntary admissions for acute psychiatric conditions up to a maximum of seventeen days under the Involuntary Treatment Act in hospitals certified as evaluation and treatment

facilities. If an involuntarily committed recipient reverts to voluntary status, PAS days are computed from day of admission and applied to any period exceeding the mandatory seventeen days. If PAS days are less than seventeen, the maximum of seventeen days will prevail.

(b) No payment will be made for care in a private psychiatric hospital that has not been certified under Title XVIII. Authorization for admission of an eligible individual to a private psychiatric hospital shall be under the same conditions and program limitations as for treatment of psychiatric conditions in a general hospital.

(c) Medicaid payment will be made for care in a state mental institution for AFDC recipients or SSI beneficiaries under age twenty-one and for all recipients age sixty-five and older. Other age groups are covered under the Involuntary Treatment Act and/or other state funded programs. See WAC 388-82-025.

(4) The department is prohibited from paying for hospitalization of any individual for the treatment of tuberculosis in a general hospital after such a diagnosis has been established. See WAC 388-82-025.

(5) Hospitalization for the treatment of acute and chronic renal failure shall be provided, except that the department shall pay only deductibles and coinsurance for a recipient who is a medicare beneficiary and who is hospitalized for such treatment or for kidney transplant.

(6) Except for an emergency no hospital admission shall be made on Friday or Saturday for scheduled surgery on Monday. The attending physician may admit the recipient on Sunday to accomplish the necessary preoperative work-up.

(7) Approval for hospitalization of a recipient shall be based on the recipient's need for semi-private accommodations and reimbursement made at the multiple occupancy rate regardless of accommodations provided by the hospital. Special rates may be established for recipients covered by the Involuntary Treatment Act. Semi-private accommodations shall mean not less than two nor more than a four-bed room. [Statutory Authority: RCW 74.08.090, 80-13-020 (Order 1542), § 388-86-050, filed 9/9/80; 79-10-095 (Order 1439), § 388-86-050, filed 9/25/79; 79-06-030 (Order 1395), § 388-86-050, filed 5/16/79; 79-01-002 (Order 1359), § 388-86-050, filed 12/8/78; 78-06-087 (Order 1301), § 388-86-050, filed 6/2/78; 78-02-024 (Order 1265), § 388-86-050, filed 1/13/78; Order 1233, § 388-86-050, filed 8/31/77; Order 1172, § 388-86-050, filed 11/24/76; Order 1061, § 388-86-050, filed 10/8/75; Order 952, § 388-86-050, filed 7/16/74; Order 911, § 388-86-050, filed 3/1/74; Order 858, § 388-86-050, filed 9/27/73; Order 844, § 388-86-050, filed 8/9/73; Order 836, § 388-86-050, filed 7/26/73; Order 762, § 388-86-050, filed 1/2/73; Order 713, § 388-86-050, filed 9/14/72; Order 680, § 388-86-050, filed 5/10/72; Order 615, § 388-86-050, filed 10/7/71; Order 566, § 388-86-050, filed 5/19/71; Order 549, § 388-86-050, filed 3/31/71; effective 5/1/71; Order 519, § 388-86-050, filed 2/24/71; Order 501, § 388-86-050, filed 12/9/70; Order 484, § 388-86-050, filed 10/13/70; Order 474, § 388-86-050, filed 8/19/70; Order 435, § 388-86-050, filed 3/31/70; Order 419, § 388-86-050, filed

12/31/69; Order 385, § 388-86-050, filed 8/27/69; Order 335, § 388-86-050, filed 2/3/69; Order 264 (part), § 388-86-050, filed 11/24/67.]

WAC 388-86-055 Laboratory services. The medical consultant's approval is not required for general laboratory procedures.

(1) Laboratory services provided to an inpatient in a hospital will be paid as a part of the total charges submitted for inpatient care in the hospital.

(2) Laboratory services provided on an outpatient basis by physicians in their offices, or through independent laboratories, will be provided to recipients and paid as specified in WAC 388-87-075. [Order 264 (part), § 388-86-055, filed 11/24/67.]

WAC 388-86-060 Medical care for prisoners. The department shall provide medical care under the appropriate program for an inmate of a city or county jail or of a juvenile detention facility, unless the local jurisdiction accepts responsibility to provide such care, provided the inmate is financially and medically eligible. [Order 444, § 388-86-060, filed 4/15/70; Order 412, § 388-86-060, filed 12/23/69; Order 264 (part), § 388-86-060, filed 11/24/67.]

WAC 388-86-067 Mental health center services. (1) The department shall provide mental health or day health care services to a cash beneficiary under Title XVI, an eligible recipient of a continuing state or federal aid grant or federal aid medical care only. The services provided through these agencies are not subject to the limitation on the number of visits under the provisions of WAC 388-86-095(5).

(2) Community mental health services provided shall be as specified in a contract between the department and the participating center.

(3) For the purposes of this section, community mental health center shall mean an agency or program which meets the following criteria:

(a) Is included as a part of the approved county mental health plan, or is approved by the department to hold a subcontract from the area agency on aging to provide day health care.

(b) Receives state grant-in-aid funds as authorized by the Community Mental Health Services Act, chapter 71.24 RCW, and as described in WAC 275-25-030, or receives money through a contractual agreement with the area agency on aging for the provision of day health care.

(c) Provides treatment by, or under the direction of, a licensed doctor of medicine who has sufficient knowledge of the caseload and clinical program to be assured that the quality of the service is satisfactory.

(4) An agency or program must be either:

(a) An outpatient clinic, with its own governing body, administration and staff, or

(b) A county-administered outpatient clinic, or

(c) A separate identifiable outpatient clinic of a general hospital or psychiatric inpatient facility, or

(d) An outpatient clinic with a residential component within its administrative structure, or

(e) A separate identifiable outpatient clinical program of an agency which has other service functions.

(5) Agencies which have functions in addition to outpatient care (see items (4)(c), (d) and (e)) shall adhere to the following criteria:

(a) Specific staff are delineated to provide outpatient clinical services exclusively,

(b) Outpatient clinical records are separated from other service records of the agency,

(c) The center's accounting and bookkeeping procedures are such that:

(i) If the center has an existing contract, a review or audit finds that these procedures assure adequate fiscal accountability. Audits will be conducted by either the department or the office of the state auditor.

(ii) If an agency is applying for a contract, the application will be accompanied by a statement from a licensed or certified public accountant reflecting the accountant's unqualified opinion of the adequacy, accuracy and accountability of the agency's records.

(6) The final decision regarding a mental health center's participation in this program shall be made by the department.

(7) Mental health service records--content:

An adequate clinical record shall be maintained for each eligible client receiving outpatient mental health services in a mental health center. The clinical records at a minimum shall contain the following:

(a) History

(b) Diagnostic/evaluative statements

(c) Treatment plan

(d) Treatment notes

(e) Periodic treatment review

(f) Documentation of case conferences

(g) Clinical summaries on termination of service

(8) Subcontracts:

An agency which has a contract under this section shall not enter into subcontracts for any work agreed upon under the contract without obtaining prior written approval of the department from the office of medical assistance. [Statutory Authority: RCW 74.08.090. 79-06-034 (Order 1402), § 388-86-067, filed 5/16/79; 78-10-077 (Order 1346), § 388-86-067, filed 9/27/78; Order 1196, § 388-86-067, filed 3/3/77; Order 1067, § 388-86-067, filed 11/17/75; Order 924, § 388-86-067, filed 4/15/74; Order 777, § 388-86-067, filed 3/1/73; Order 696, § 388-86-067, filed 6/29/72; Order 549, § 388-86-067, filed 3/31/71, effective 5/1/71; Order 501, § 388-86-067, filed 12/9/70.]

WAC 388-86-075 Outpatient and emergency care.

(1) No authorization is required for recipients of federal assistance grants or federal aid medical care only to receive outpatient service, acute and emergent outpatient surgical care and other emergency care performed on an outpatient basis in a hospital. Justification for the service must be presented for payment.

(2) Local medical consultant approval is required for all services provided to recipients of medical only and

continuing general assistance. [Statutory Authority: RCW 74.08.090. 80-15-034 (Order 1554), § 388-86-075, filed 10/9/80; 79-06-034 (Order 1402), § 388-86-075, filed 5/16/79; Order 1196, § 388-86-075, filed 3/3/77; Order 1112, § 388-86-075, filed 4/15/76; Order 696, § 388-86-075, filed 6/29/72; Order 566, § 388-86-075, filed 5/19/71; Order 264 (part), § 388-86-075, filed 11/24/67.]

WAC 388-86-080 Oxygen service. (1) Oxygen, including regulators, humidifiers, masks, etc., shall be made available to recipients under age sixty-five in their own homes when requested by the attending physician and approved by the medical consultant.

(2) Oxygen for recipients in skilled nursing homes is available from the nursing homes on the request of the attending physician. Payment to the nursing home is through the use of the medical vendor invoice 525-101.

(3) Recipients age sixty-five and over and others eligible for Part B medicare benefits who are not in a nursing home or hospital shall have oxygen and equipment for its administration available only under medicare. Such persons are not eligible for state owned equipment. [Order 1196, § 388-86-080, filed 3/3/77; Order 1077, § 388-86-080, filed 12/24/75; Order 335, § 388-86-080, filed 2/3/69; Order 303, § 388-86-080, filed 9/6/68; Order 264 (part), § 388-86-080, filed 11/24/67.]

WAC 388-86-085 Patient transportation. (1) The department will assure the availability of necessary transportation for recipients to and from medical care providers.

(2) Ambulance or cabulance transportation shall be provided when medical necessity is clearly demonstrated or the physical condition of the recipient is such that the use of any other method of transportation is inadvisable.

(3) Transportation by taxi will be provided only when approved by the local medical consultant.

(4) Transportation by private automobile other than owned by recipient is payable at rates established by the department.

(5) The recipient of medical only must have satisfied the deductible of one thousand dollars before transportation is provided for medical reasons.

(6) Providers of ambulance, cabulance and private automobile transportation must show medical necessity justification on the billing document. [Statutory Authority: RCW 74.08.090. 80-15-034 (Order 1554), § 388-86-085, filed 10/9/80; 79-06-034 (Order 1402), § 388-86-085, filed 5/16/79; 79-01-002 (Order 1359), § 388-86-085, filed 12/8/78; Order 1230, § 388-86-085, filed 8/23/77; Order 1203, § 388-86-085, filed 4/1/77; Order 1154, § 388-86-085, filed 9/22/76; Order 1112, § 388-86-085, filed 4/15/76; Order 995, § 388-86-085, filed 12/31/74; Order 938, § 388-86-085, filed 5/23/74; Order 754, § 388-86-085, filed 12/14/72; Order 738, § 388-86-085, filed 11/22/72; Order 705, § 388-86-085, filed 8/11/72; Order 696, § 388-86-085, filed 6/29/72; Order 666, § 388-86-085, filed 3/23/72; Order 566, § 388-86-085, filed 5/19/71; Order 484, §

388-86-085, filed 10/13/70; Order 335, § 388-86-085, filed 2/3/69; Order 303, § 388-86-085, filed 9/6/68; Order 264 (part), § 388-86-085, filed 11/24/67.]

WAC 388-86-090 Physical therapy. Physical therapy, other than that provided in a hospital as part of inpatient treatment, may be authorized only when such therapy:

- (1) Will avoid the need for hospitalization, or
- (2) Will reduce the length of stay of a recipient in a nursing home, or
- (3) Will assist the recipient in becoming employable, or
- (4) Is medically indicated in unusual circumstances and is requested by the attending physician and concurred with by the medical consultant, and
- (5) Is performed by a registered physical therapist or physiatrist and has approval by the local medical consultant. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-86-090, filed 9/9/80; 78-02-024 (Order 1265), § 388-86-090, filed 1/13/78; Order 1202, § 388-86-090, filed 4/1/77; Order 1151, § 388-86-090, filed 9/8/76; Order 911, § 388-86-090, filed 3/1/74; Order 781, § 388-86-090, filed 3/16/73; Order 474, § 388-86-090, filed 8/19/70; Order 385, § 388-86-090, filed 8/27/69; Order 303, § 388-86-090, filed 9/6/68; Order 264 (part), § 388-86-090, filed 11/24/67.]

WAC 388-86-095 Physicians' services. The department shall purchase the services of physicians participating in the program on a fee-for-service or contract basis subject to the exceptions and restrictions listed below.

(1) Physicians' services are provided through contract agreements for certain voluntary child care agencies and maternity homes according to WAC 388-86-105.

(2) Cost of a physical examination is authorized only for recipients related to federal programs under the following circumstances:

(a) For admission to skilled nursing facility if within 48 hours of admission or change of status from a private-pay to a Medicaid-eligible patient.

(b) Given as a screening under the EPSDT program; see WAC 388-86-027.

(c) For physical examination not covered by Medicaid, see the following:

- (i) AFDC incapacity, see WAC 388-24-065(2)
- (ii) Determination of whether an individual's health will or will not permit his return to his home, see WAC 388-28-420(4)(b)
- (iii) Request by the claimant or examiner in a fair hearing procedure, see WAC 388-08-503
- (iv) Foster home placement, see chapter 388-70 WAC
- (v) Adoptive home placement, see WAC 388-70-440
- (vi) Employability for WIN program, see WAC 388-24-107(1)(b)
- (vii) Incapacity for GAU program, see WAC 388-37-032(4).

(3) When covered services of a consultant or specialist are necessary, approval need not be obtained from the medical consultant. Payment shall be made in accordance with local medical bureau practices.

(a) A fee for consultation shall not be paid when the specialist subsequently performs surgery or renders treatment for which flat fees or fees-for-service accrue.

(b) On initial or subsequent visits for the purpose of establishing a diagnosis and when services of a specialist or consultant are required, payment shall be limited to not more than two such services. Any additional specialist or consultant requests shall be justified by the attending physician and approved by the medical consultant.

(4) Limitations on payment for physicians' services:

(a) Payment for physicians' calls for nonemergent conditions in the office, home, intermediate care facility, nursing home, or outpatient department of a hospital is limited to one call per month except for screening under the EPSDT program if such screening is an additional visit during the month. Requests for payment for additional visits must be justified on form DSHS 525-100 at the time the billing is submitted by the physician.

(b) Payment for physicians' calls in a skilled nursing facility shall be limited to two calls per month. Requests for payment for additional visits must be justified on form DSHS 525-100 as in subdivision (4)(a).

(c) Payment for treatment of new and acute conditions with necessary x-ray, laboratory and consultative services shall be limited to two calls. Requests for payment for additional calls must be justified on form DSHS 525-100.

(d) On occasion, the physician may treat several members of a family in one office visit. An initial office fee is paid for the first member; payment for the remaining visits will be based on equitable adjustment determined by the medical director.

(e) Payment for hospital calls is limited to one call per day. This is applicable to other than flat fee care.

(f) Treatment for psychiatric or mental conditions by a psychiatrist shall be limited to one hour a month individual psychotherapy or equivalent combinations. When the individual is in an acute phase, however, up to a maximum of two hours psychotherapy may be authorized, when justified, during the first month of treatment. Subdivisions (4)(a) through (4)(e) also apply unless other rules take precedence. See WAC 388-86-067(1) for service provided by a contracting mental health center.

(5) All surgical procedures require approval by the medical consultant.

(a) Nonemergent surgical procedures require prior approval by the chief of the office of medical policy and procedure or his designees.

(b) Minor surgery and diagnostic procedures performed in a physician's office do not require prior approval.

(c) CAT scans must have prior approval.

(6) No payment will be made for cosmetic, reconstructive or plastic surgery which is defined as surgery performed to revise or change the texture, configuration

or relationship of structure with continuous structure when the purpose is primarily psychological and will not correct or materially improve body function, or is intended to alter any part of the body which could be considered to be "normal" within broad range of variation for function, age, ethnic, or familial origin.

(7) A recipient of public assistance is not required to obtain medical care in the county of his residence. See also WAC 388-83-025.

(8) For limitations on out-of-state physicians' services see WAC 388-86-115. [Statutory Authority: RCW 74-.08.090. 80-15-034 (Order 1554), § 388-86-095, filed 10/9/80; 78-10-077 (Order 1346), § 388-86-095, filed 9/27/78; 78-02-024 (Order 1265), § 388-86-095, filed 1/13/78; Order 1230, § 388-86-095, filed 8/23/77; Order 1196, § 388-86-095, filed 3/3/77; Order 1061, § 388-86-095, filed 10/8/75; Order 1019, § 388-86-095, filed 4/30/75; Order 1014, § 388-86-095, filed 3/14/75; Order 938, § 388-86-095, filed 5/23/74; Order 879, § 388-86-095, filed 11/29/73; Order 680, § 388-86-095, filed 5/10/72; Order 501, § 388-86-095, filed 12/9/70; Order 484, § 388-86-095, filed 10/13/70; Order 474, § 388-86-095, filed 8/19/70; Order 419, § 388-86-095, filed 12/31/69; Order 385, § 388-86-095, filed 8/27/69; Order 335, § 388-86-095, filed 2/3/69; Order 303, § 388-86-095, filed 9/6/68; Order 264 (part), § 388-86-095, filed 11/24/67.]

WAC 388-86-096 Podiatry. (1) Podiatry services are provided which are necessary and essential for:

(a) The diagnosis or treatment of illness or injury; or

(b) Improving the function of a malformed foot.

(2) Elective surgery requires prior approval of the medical director or his designee.

(3) Procedures regarded as experimental in nature will not be approved.

(4) Where less expensive, more conservative treatment is available, surgery will not be approved.

(5) Foot care which usually is done as part of routine hygienic care; such as, trimming of nails, corns and calluses is not provided. [Statutory Authority: RCW 74-.08.090. 80-13-020 (Order 1542), § 388-86-096, filed 9/9/80.]

WAC 388-86-097 Respiratory therapy services. (1) Respiratory therapy services including intermittent positive pressure breathing (IPPB) machines, nebulizers or other similar equipment shall be available as necessary to permit the recipient to remain in his own home or in a skilled nursing home.

(2) Respiratory therapy services, if approved, may be available through contract to include necessary equipment and routine visits by a respiratory therapist, by loan of state owned respiratory therapy equipment or by visit of an independent respiratory therapist.

(3) For recipients eligible for part B medicare benefits, necessary equipment for respiratory therapy shall, if approved, be purchased and made available on a loan basis.

(4) Recipients living in areas covered by contract shall have approved respiratory therapy services available only

through the contract source. [Order 1077, § 388-86-097, filed 12/24/75.]

WAC 388-86-098 Speech therapy services. (1) Speech therapy, when required as an adjunct to necessary treatment of a medical or remedial condition for which the department has assumed initial responsibility, may be authorized subject to the following:

(a) The evaluation and/or treatment must have prior approval by the local medical consultant,

(b) The fee for service must be agreed to in advance of therapy,

(c) The services must be performed by a speech pathologist who has been granted the certificate of clinical competence by the American speech and hearing association, or who has completed the equivalent educational and work experience necessary for such a certificate,

(d) The department reserves the right to limit the number of treatments based on professional judgment. See WAC 388-87-025(2)(p). [Statutory Authority: RCW 74.08.090. 78-02-024 (Order 1265), § 388-86-098, filed 1/13/78; Order 1202, § 388-86-098, filed 4/1/77.]

WAC 388-86-100 Surgical appliances--Prosthetic devices--Aids to mobility. (1) The department shall authorize the purchase or rental of surgical appliances, prosthetic devices, aids to mobility and other durable medical equipment only when such items will

(a) reduce the length of hospitalization,

(b) aid the rehabilitation of an employable person,

(c) enable the person to return to or continue to live in his own home,

(d) be used full time by a nursing home patient who will benefit materially from its use,

(e) result in financial saving to the department.

(2) No approval is required for the purchase of external braces involving the neck, trunk and extremities.

(3) Other nonreusable items costing less than one hundred fifty dollars do not require approval if provision of the appliance will expedite a recipient's release from a hospital.

(4) Prior approval by the office of medical assistance is required for:

(a) Purchase of reusable medical appliances and aids to mobility costing more than five hundred dollars,

(b) Purchase of nonreusable surgical appliances or prosthetic devices costing more than five hundred dollars, except as described in subsection (2),

(c) All other appliances, rentals and repairs require prior approval by the local medical consultant.

(5) A recipient who has Medicare Part B benefits must utilize this resource for the purchase or rental of any items provided by Medicare. Payment of Medicare coinsurance and deductibles will be made by the department for purchase of all Medicare items.

(6) Medical appliances purchased by the department become the property of the recipient. [Statutory Authority: RCW 74.08.090. 78-10-077 (Order 1346), § 388-86-100, filed 9/27/78; 78-02-024 (Order 1265), § 388-86-100, filed 1/13/78; Order 1233, § 388-86-100,

filed 8/31/77; Order 1019, § 388-86-100, filed 4/30/75; Order 938, § 388-86-100, filed 5/23/74; Order 499, § 388-86-100, filed 12/2/70; Order 480, § 388-86-100, filed 9/22/70; Order 463, § 388-86-100, filed 6/23/70; Order 419, § 388-86-100, filed 12/31/69; Order 385, § 388-86-100, filed 8/27/69; Order 264 (part), § 388-86-100, filed 11/24/67.]

WAC 388-86-105 Voluntary agency--Child or unwed mother receiving foster care. (1) Medical care shall be provided for a child or unmarried mother certified as eligible for foster care payments by the department, and receiving the services of a voluntary agency or maternity home under a choice of one of two plans. The two plans are identified as plan A and plan B. The choice of the plan is the responsibility of the voluntary agency.

(2) Under plan A the voluntary agency and the department sign an agreement whereby the agency independently provides and pays for all necessary medical care for the eligible child or unmarried mother served by the agency. The agency shall bill the department monthly at the agreed per capita rate, and may not seek remuneration from the department over and above this rate.

(3) Under plan B the department shall provide medical care for an eligible child or unmarried mother served by the agency on the same basis that such care would be provided any other individual eligible for federal aid medical care only. [Order 1151, § 388-86-105, filed 9/8/76; Order 482, § 388-86-105, filed 9/29/70, effective 11/1/70; Order 463, § 388-86-105, filed 6/23/70; Order 264 (part), § 388-86-105, filed 11/24/67.]

WAC 388-86-110 X-ray services. (1) Therapeutic x-rays (deep x-ray and related radiation treatment) will be provided when requested by the attending physician.

(2) Diagnostic and follow-up x-rays do not require the approval of the medical consultant, but films shall be made available to the consultant on request. [Statutory Authority: RCW 74.08.090. 78-10-077 (Order 1346), § 388-86-110, filed 9/27/78; Order 264 (part), § 388-86-110, filed 11/24/67.]

WAC 388-86-112 Physical medicine and rehabilitation evaluation and review. (1) The department may authorize physical medicine and rehabilitation inpatient evaluation and review for a period not exceeding one week when all the following conditions are met:

(a) The person suffers from severe motor disabilities following accident or illness such as stroke,

(b) The person has been rejected by the department's division of vocational rehabilitation for such medical service on the basis that there is little or no potential for gainful employment,

(c) Physical medicine and rehabilitation treatment would potentially enable the person to move from the hospital to a nursing home or from a nursing home to adult family home or from an adult family home into his own assisted and/or independent living situation, or afford the bedridden person cared for in his own home a degree of self-care and independence,

(d) No other financial resources are available.

(e) Prior approval of the state office of medical assistance is obtained.

(2) Extension of the evaluation and review for a period up to ninety days may be authorized by the office of medical assistance if requested and justified by the physical medicine and rehabilitation facility. [Statutory Authority: RCW 74.08.090. 78-02-024 (Order 1265), § 388-86-112, filed 1/13/78; Order 964, § 388-86-112, filed 8/19/74.]

WAC 388-86-115 Medical care provided out-of-state. (1) The department shall authorize and provide comparable medical care services to a recipient of medical assistance (MA) who is temporarily outside the state to the same extent that such medical care services are furnished to an eligible recipient in the state, subject to the exceptions and limitations in this section.

(2) Border situations mentioned in WAC 388-82-030(4) are not considered "out-of-state" and are excluded from these provisions. However, a recipient who visits another state, other than specified border locations, specifically for the purpose of obtaining medical care is not eligible for such care at the expense of the state of Washington.

(3) A recipient who moves to another state for the purpose of establishing residence in that state is not eligible for medical care after eligibility has been terminated by the department.

(a) When determining the effective date of change in the eligibility of a recipient of a federal aid grant, see WAC 388-33-365 for appropriate guidelines. Medical care coverage terminates the same date as termination of the grant.

(b) The date of termination of eligibility for medical care for a recipient of FAMCO is the date the change is reported on the appropriate certification form to the state office or the end of the month during the month in which notification is made, whichever is earlier.

(4) The medical consultant shall review all cases involving out-of-state medical care to determine whether the services are within the scope of the medical assistance program.

(5) Dental care out-of-state is limited to treatment of acute and emergent conditions only. However, a dentist in another state licensed to practice in Washington, may render services to persons residing in Washington to the same extent as if practicing in Washington. (See WAC 388-86-020).

(6) For limitations on eligibility for nursing home care out-of-state, see WAC 388-82-030(2). [Statutory Authority: RCW 74.08.090. 79-06-034 (Order 1402), § 388-86-115, filed 5/16/79; 79-01-002 (Order 1359), § 388-86-115, filed 12/8/78; Order 799, § 388-86-115, filed 5/25/73; Order 781, § 388-86-115, filed 3/16/73; Order 303, § 388-86-115, filed 9/6/68; Order 264 (part), § 388-86-115, filed 11/24/67.]

WAC 388-86-120 State financed medical care services. (1) A recipient of a continuing general assistance grant who cannot be related to a federal aid category

and a recipient of medical only shall be eligible for treatment of acute and emergent conditions only which requires medical consultant approval. Coverage for the recipient of continuing general assistance shall be termed "major medical."

(a) An "acute condition" is defined as having a short and relatively severe course, not chronic; and an "emergent condition" is defined as occurring unexpectedly and demanding immediate action, either of which includes:

(i) Rabies prevention inoculation. Initial treatment may be started on an emergency basis; however, the approval of the medical consultant must be requested within fourteen days, including date treatment was initiated. Rabies serum shall be requested from the epidemiology section of the department's division of health services, Olympia.

(ii) Hospitalization for acute and/or emergent psychiatric or mental conditions. Voluntary admissions in an acute or emergent phase of psychiatric or mental illness and involuntary commitments by the court are covered by the program for eligible recipients. (See WAC 388-86-050(3)(a) and (b) for limitations of stay).

(b) Major medical coverage includes service in response to an acute and emergent need applicable to the recipient of a continuing general assistance grant and includes those conditions of less urgency where medical experience indicates a failure to treat will usually result in the rapid development of an emergent condition. Certain nonacute and nonemergent conditions that are covered and may be approved by the medical consultant are:

(i) Specific maintenance drugs.

(A) Certain necessary drugs for conditions such as cardiovascular disease, diabetes, mental illness, epilepsy, nephritis, and carcinoma may be prescribed subject to approval by the local medical consultant. Examples of such drugs are cardiac control agents, insulin and oral antidiabetic tablets, anticonvulsant agents, psychotropic drugs, urinary antiinfective agents.

(B) Drugs for former patients of state mental institutions. Tranquilizers, antidepressants, antiepileptics, and agents used for treatment of drug-induced Parkinsonism may be provided to former patients of state hospitals and schools for the mentally retarded. The attending physician prescribes the necessary drugs on Form 6-02 mental hospitals for the mentally retarded and mails the prescription directly to the institution.

(ii) Nonemergent care, subject to approval of the medical consultant, if such care:

(A) Will avoid the need for hospitalization, or

(B) Is medically indicated in unusual circumstances by the attending physician and concurred with by the medical consultant.

(2) Limitations on medical services for eligible recipients of a continuing general assistance grant:

(a) Hearing aids are not provided.

(b) Care outside the state of Washington is not provided except in bordering states as specified in WAC 388-82-030(4).

(c) All treatment and drugs must be approved by the medical consultant. See WAC 388-87-025(1).

(d) Dental coverage as is described in WAC 388-86-020.

(e) Mental health services are provided only in local community mental health centers.

(3) One physician office call a month will be provided.

(4) When an applicant indicates that an urgent undefined medical illness exists, the condition will be regarded as acute and emergent and one office visit for diagnosis will be allowed, provided all financial eligibility criteria have been met. Treatment will be contingent upon the criteria for acute and emergent having also been met.

(5) Eligibility factors applicable to the recipient of medical only are:

(a) The applicant must have acquired one thousand dollars in unpaid medical expenses over a twelve-month period.

(b) The one thousand dollars in unpaid medical expenses is the deductible. This amount plus any participation is the responsibility of the recipient of medical only.

(c) Recipients undergoing detoxification for an acute alcohol condition are not required to incur the one thousand dollars deductible as an eligibility factor for the covered period of detoxification. When any other medical need is identified, the requirements for acute and emergent need and one thousand dollars deductible shall apply.

(d) Citizenship is not a requirement of eligibility.

(6) Additional factors applicable to the recipient of medical only are:

(a) Maternity care is covered for persons not categorically relatable or eligible under the "H" program. This will usually apply only to nonresidents who have no medical coverage through the state of residence and for out-of-state child welfare service cases. Care may include prenatal, delivery, post partum, and such ancillary medical services as may be requested by the attending physician and approved by the medical consultant.

(b) Hospitalization is covered for acute and/or emergent psychiatric or mental conditions. Voluntary admissions in an acute or emergent phase of psychiatric or mental illness and involuntary commitments by the court are covered by the program for eligible recipients. (See WAC 388-86-050(3) (a) and (b) for limitations on stay.)

(c) Hearing aids and eyeglasses are not provided.

(d) Care outside the state of Washington is not provided except in bordering states as specified in WAC 388-82-030(4).

(e) All treatment and drugs must be approved by the medical consultant. (See WAC 388-87-025(1).)

(f) Dental service is limited to the relief of pain.

(g) Mental health clinic services are not provided.

(h) Certification covers the acute and emergent condition (including specified exceptions) only. [Statutory Authority: RCW 74.08.090. 80-15-034 (Order 1554), § 388-86-120, filed 10/9/80; 79-06-034 (Order 1402), § 388-86-120, filed 5/16/79; 79-01-002 (Order 1359), § 388-86-120, filed 12/8/78; 78-02-024 (Order 1265), §

388-86-120, filed 1/13/78; Order 1233, § 388-86-120, filed 8/31/77; Order 1172, § 388-86-120, filed 11/24/76; Order 1014, § 388-86-120, filed 3/14/75; Order 994, § 388-86-120, filed 12/31/74; Order 967, § 388-86-120, filed 8/29/74; Order 938, § 388-86-120, filed 5/23/74; Order 924, § 388-86-120, filed 4/15/74; Order 911, § 388-86-120, filed 3/1/74; Order 879, § 388-86-120, filed 11/29/73; Order 680, § 388-86-120, filed 5/10/72; Order 581, § 388-86-120, filed 7/20/71; Order 549, § 388-86-120, filed 3/31/71, effective 5/1/71; Order 501, § 388-86-120, filed 12/9/70; Order 453, § 388-86-120, filed 5/20/70, effective 6/20/70; Order 335, § 388-86-120, filed 2/3/69; Order 303, § 388-86-120, filed 9/6/68; Order 264 (part), § 388-86-120, filed 11/24/67.]

Chapter 388-87 WAC

MEDICAL CARE--PAYMENT

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-87-040	Payment—Anesthetization services. [Order 1203, § 388-87-040, filed 4/1/77; Order 264 (part), § 388-87-040, filed 11/24/67.] Repealed by 80-13-020 (Order 1542), filed 9/9/80. Statutory Authority: RCW 74.08.090.
388-87-055	Payment—Eyeglasses and examinations. [Order 386, § 388-87-055, filed 8/27/69; Order 264 (part), § 388-87-055, filed 11/24/67.] Repealed by Order 994, filed 12/31/74.
388-87-085	Payment—Pharmacy services. [Order 264 (part), § 388-87-085, filed 11/24/67.] Repealed by Order 316, filed 10/31/68.
388-87-100	Payment—Special duty nursing. [Order 1112, § 388-87-100, filed 4/15/76; Order 794, § 388-87-100, filed 4/26/73; Order 264 (part), § 388-87-100, filed 11/24/67.] Repealed by 78-10-077 (Order 1346), filed 9/27/78. Statutory Authority: RCW 74.08.090.

WAC 388-87-005 Payment--Eligible providers defined--Grounds for terminating participation. (1) Eligible providers are

(a) Persons currently licensed by the state of Washington to practice medicine, chiropractic, osteopathy, dentistry, optometry, or podiatry,

(b) Persons currently licensed by the state of Washington as professional or practical nurses, or as physical therapists,

(c) A hospital currently licensed by the department,

(d) A nursing home currently licensed and classified by the department as a skilled nursing or intermediate care facility,

(e) A licensed pharmacy,

(f) A home health services agency certified by the department,

(g) An independent (outside) laboratory qualified to participate under Title XVIII or determined currently to meet the requirements for such participation,

(h) A company or individual (not excluded in subsection (3)) supplying items such as ambulance service, oxygen, eyeglasses, other appliances, or approved services,

(i) A provider of screening services that has signed an agreement with the department to provide such services to eligible individuals in the EPSDT program,

(j) A certified center for the detoxification of acute alcoholic conditions,

(k) An outpatient clinical community mental health center, drug treatment center or Indian health service clinic,

(l) A medicare certified rural health clinic,

(m) Approved prepaid health maintenance, prepaid health plans and/or health insuring organizations,

(n) An out-of-state provider of services (a) through (g) with comparable qualifications in state of residence or location of practice.

(2) Under the mandatory and discretionary provision of RCW 74.09.530, the services of the following practitioners will not be furnished to applicants or recipients:

Sanipractors

Naturopaths

Homopathists

Herbalists

Masseurs or manipulators

Christian Science practitioners or theological healers

Any other licensed or unlicensed practitioners not otherwise specifically provided for in these rules.

[Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-87-005, filed 9/9/80; 78-10-077 (Order 1346), § 388-87-005, filed 9/27/78; Order 1233, § 388-87-005, filed 8/31/77; Order 1112, § 388-87-005, filed 4/15/76; Order 994, § 388-87-005, filed 12/31/74; Order 930, § 388-87-005, filed 4/25/74; Order 739, § 388-87-005, filed 11/22/72; Order 386, § 388-87-005, filed 8/27/69; Order 264 (part), § 388-87-005, filed 11/27/67.]

WAC 388-87-007 Medical provider agreement. The medical care program is offered through the use of certified providers of medical services. To be certified, a provider must be licensed to provide said services, must meet the conditions of eligibility defined in WAC 388-87-005, and must submit a form to the department stating his/her intention to participate in the program according to the terms of this section. This form and participation by the provider according to the terms of this section shall constitute the agreement between the department and the provider. Certified providers shall be issued a provider number by the department which is authorization to participate in the medical care program. Providers who participate in the program by providing services to recipients of medical assistance and billing the department for such services are bound by the rules and standards set forth in this section and as issued by the department.

(1) Providers shall keep all records necessary to disclose the extent of services the provider furnishes to recipients of medical assistance.

(2) Providers shall furnish the department with any information it may request regarding payments claimed by the provider for furnishing services to recipients of medical assistance.

(3) The provider shall bill according to instructions issued by the department and accept payment for services according to the schedule of maximum allowances, the drug formulary and other applicable maximum payment levels or schedules. Such payment shall constitute complete remuneration for such services.

(4) Each billing invoice submitted to the department by a provider shall contain the following language and verification: "I hereby certify under penalty of perjury, that the material furnished and service rendered is a correct charge against the state of Washington; the claim is just and due; that no part of the same has been paid and I am authorized to sign for the payee; and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin or the presence of any sensory, mental or physical handicap."

(5) Providers shall render all services without discrimination on the grounds of race, color, sex, religion, national origin, creed, marital status, or the presence of any sensory, mental or physical handicap.

(6) The department may suspend or withdraw the provider's number and authorization to participate in the medical care program upon thirty days written notice to the provider.

(7) Providers shall render all services according to the applicable sections of the Revised Code of Washington, the Washington Administrative Code, federal regulations and program instructions issued by the department.

(8) Nothing in this section shall preclude the department and any provider or provider group or association from jointly negotiating or entering into another form of written agreement for provision of medical care services to eligible recipients. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-87-007, filed 9/9/80.]

WAC 388-87-010 Conditions of payment--General.

(1) The department shall be responsible for payment of service rendered to a recipient only when the services are within the scope of care, properly authorized and the recipient certified as eligible.

(2) The fees and rates established by the department shall constitute the full charge for approved medical care and services provided to recipients by the providers.

(3) When a provider of service furnishes services to a known eligible recipient and does not bill the department for services for which the department is responsible for payment, or fails to satisfy department conditions of payment such as prior approval and timely billing, the recipient is under no obligation to pay the provider.

(4) Payment for any service furnished to a recipient by a provider may not be made to or through a factor who advances money to that provider for accounts receivable.

(5) The department will not be responsible for payment for medical care and goods and/or services provided to a recipient enrolled in a department-contracted, prepaid medical plan who fails to use the provider under contract unless emergency conditions exist or the department has approved payment to another provider for provision of a service not covered by the prepaid plan.

(6) The department will not be responsible for payment of that portion of medical care or services reimbursable within a reasonable time by a third party resource available to the recipient such as health insurance coverage, casualty insurance or when medical needs result from accident or injury caused by another party. See WAC 388-83-010(1).

(7) Payment for care on the federally aided medical programs will be retroactive for three months prior to the month of application provided the applicant would have been eligible when the care was received. The applicant to a federally aided program need not be eligible for medical assistance at the time of actual application. (See WAC 388-84-005(2)(b)). Payment for care on the fully state funded medical program may be retroactive for seven days prior to the date of application according to WAC 388-86-120(2)(h). Participation in the cost of medical care must be applied as outlined in WAC 388-83-045(6), and the service must be within the scope of care provided by the program. Medical services that require approval under the appropriate medical program must be approved by the ESSO medical consultant for the retroactive period. (See WAC 388-86-095(6)(a)).

(8) A claim by a provider for payment for services rendered to a person who subsequently is determined to be ineligible at the time service was rendered may be paid under the following conditions only:

(a) The ineligible person must have been certified as both financially and medically eligible,

(b) Payment has not been made from sources outside the department.

(c) A request for such payment must be submitted and approved by the division of medical assistance.

(9) The department reimbursement level will not exceed the maximum rates established by Medicare. Payment for medically necessary services shall be made on

the basis of usual and customary charges or the rates established by the department, whichever is lower.

(10) Payment for well baby care is not authorized except as provided under the EPSDT program. See WAC 388-86-027. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-87-010, filed 9/9/80; 79-06-034 (Order 1402), § 388-87-010, filed 5/16/79; Order 1158, § 388-87-010, filed 10/6/76; Order 1015, § 388-87-010, filed 3/27/75; Order 938, § 388-87-010, filed 5/23/74; Order 911, § 388-87-010, filed 3/1/74; Order 879, § 388-87-010, filed 11/29/73; Order 844, § 388-87-010, filed 8/9/73; Order 794, § 388-87-010, filed 4/26/73; Order 782, § 388-87-010, filed 3/16/73; Order 778, § 388-87-010, filed 3/1/73; Order 766, § 388-87-010, filed 1/10/73; Order 739, § 388-87-010, filed 11/22/72; Order 697, § 388-87-010, filed 6/29/72; Order 636, § 388-87-010, filed 1/13/72; Order 582, § 388-87-010, filed 7/20/71; Order 485, § 388-87-010, filed 10/13/70; Order 406, § 388-87-010, filed 11/24/69; Order 336, § 388-87-010, filed 2/3/69; Order 304, § 388-87-010, filed 9/6/68; Order 264 (part), § 388-87-010, filed 11/24/67.]

WAC 388-87-011 Conditions of payment--Medicare deductible and coinsurance--When paid by department. The department shall be responsible for the deductible and coinsurance amounts for recipients participating in the benefits of Parts A and B of Medicare (Title XVIII of the Social Security Act) when the following conditions are met:

(1) Total combined reimbursement to the provider from Medicare and the department does not exceed the department's fee schedule, see WAC 388-87-010(2).

(2) Services provided are within the scope of the medical program,

(3) Recipients of federal aid medical care only (FAMCO) participate in the cost of care from available excess resources, see WAC 388-83-045(7), and

(4) The provider accepts assignment for Medicare payment. [Order 1112, § 388-87-011, filed 4/15/76; Order 1015, § 388-87-011, filed 3/27/75.]

WAC 388-87-012 Conditions of payment--Consultant's and specialist's services and fees. (1) When services of a consultant or specialist are required, whether the patient has been referred by a physician or is being treated by the specialist as the attending physician, the approval of the medical consultant is not necessary. This rule applies to consultation or treatment in the home, office, or medical institution. (See WAC 388-86-095(4)).

(2) A copy of the consultation report must accompany the claim for consultant fees. If the report is not submitted with the billing, the fee for an initial office or hospital call will be paid dependent upon where consultation is given.

(3) When a specialist treats a patient for minor conditions or for chronic conditions of long duration, the standard fee for initial and subsequent office calls is allowed.

(4) Consultant's fees shall not be paid when the consulting physician specialist or other provider subsequently performs surgery or renders treatment for which flat fees are applicable, see WAC 388-86-095(4).

(5) If more than one specialist is called in to examine a patient during a spell of illness, billings are subject to review and approval by the chief of the office of medical assistance. (See WAC 388-87-025(k)).

(6) Payment will be made for a psychological evaluation only when a physician has obtained the necessary approval to refer an eligible patient, whom he is treating, for such evaluation. Treatment by a psychologist is not provided. (See WAC 388-87-025(2)(n)). [Statutory Authority: RCW 74.08.090. 79-01-002 (Order 1359), § 388-87-012, filed 12/8/78; 78-06-087 (Order 1301), § 388-87-012, filed 6/2/78; Order 1244, § 388-87-012, filed 10/10/77; Order 1098, § 388-87-012, filed 2/13/76; Order 1061, § 388-87-012, filed 10/8/75; Order 1015, § 388-87-012, filed 3/27/75.]

WAC 388-87-013 Conditions of payment--Hospital care. (1) A hospital must request approval of admission from the local medical consultant before payment is made for services provided to recipients of state funded programs.

(2) The department will not be responsible for payment for additional days of hospitalization in the case of a hospitalized recipient when the PAS limitations have been exceeded and the provider has not requested an extension within termination of service or an extension request has been denied unless prior contractual arrangements are made by the department for a specified length of stay. Payment for the additional days spent in the hospital would then depend upon any private agreement or contract between the provider and the patient.

(3) A beneficiary of Title XVIII medicare who is not in a state institution shall use his nonrenewable lifetime hospitalization reserve of sixty days before payment for hospitalization will be made from Title XIX funds. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-87-013, filed 9/9/80; 78-02-024 (Order 1265), § 388-87-013, filed 1/13/78; Order 1015, § 388-87-013, filed 3/27/75.]

WAC 388-87-015 Billing limitations--One hundred twenty-day period. (1) Providers shall submit their charges at least monthly and shall present their final charges not more than one hundred twenty days after termination of services. See RCW 74.09.160. An exception to this shall be made as a result of a fair hearing decision or court order involving a fair hearing decision which is favorable to the recipient. In such case, providers must present final charges to the department within one hundred twenty days of the day of the decision or the date the order was entered (see RCW 74.08.080).

(2) When it is obvious that clearance of resources for an applicant will require more time than the one hundred twenty-day billing period permits, an immediate request for permission for late billing shall be made to the department's state office. Permission for late billing

cannot be granted if the request is received after expiration of the one hundred twenty-day billing period.

(3) The one hundred twenty-day billing limitation does not apply to those individuals eligible for federal aid medical care whose medical care and services are being paid for during the three-month retroactive period prior to the month of application. The one hundred twenty-day limitation begins for such eligible individuals as of the date of certification. (See WAC 388-87-010(5)).

(4) The one hundred twenty-day billing limitation does not apply to those individuals receiving supplemental security income benefits or disability related medical assistance when notification of related eligibility for medical care and services is delayed in the federal and state data processing system. The one hundred twenty-day limitation begins for such eligible individuals on the last day of the month of certification. Medical only (mo) certifications may be similarly delayed pending disability determination. [Statutory Authority: RCW 74.08.090. 79-12-048 (Order 1458), § 388-87-015, filed 11/26/79; 78-02-024 (Order 1265), § 388-87-015, filed 1/13/78; Order 1151, § 388-87-015, filed 9/8/76; Order 1061, § 388-87-015, filed 10/8/75; Order 970, § 388-87-015, filed 9/13/74; Order 879, § 388-87-015, filed 11/29/73; Order 739, § 388-87-015, filed 11/22/72; Order 264 (part), § 388-87-015, filed 11/24/67.]

WAC 388-87-020 Subrogation. The department shall not be responsible to pay for medical care for an applicant or recipient whose personal injuries are occasioned by the negligence or wrongdoing of another; provided, however, that the director of the department may in his discretion furnish the medical care required as a result of such injury(ies) and the department shall thereby be subrogated to the applicant's or recipient's right of recovery therefore to the extent of the cost of medical care paid for by the department. [Order 264 (part), § 388-87-020, filed 11/24/67.]

WAC 388-87-025 Services requiring approval of medical consultant. (1) All services rendered recipients of continuing general assistance and medical only require approval of the local medical consultant. When a medical emergency is alleged but not apparent, the otherwise eligible applicant for medical only may be referred to a participating physician for diagnosis and medical treatment if indicated. Such applicant may not be authorized this one office call unless one thousand dollars in unpaid medical bills have been accrued prior to application. Subsequent to such denial a medical only applicant has twelve months to incur one thousand dollars in medical costs. For this one office call only, the signature on the authorization form may be by a CSO designee whose signature is on file in the office of provider services.

(2) Services to recipients of medical assistance and continuing general assistance requiring approval are

(a) All surgical procedures require approval by the local medical consultant - see WAC 388-86-095(6) and

388-86-110. The requesting physician shall submit form 525-100 to the CSO. Only the surgeon need obtain written approval for surgery. The services of the surgical assistant and the anesthesiologist or anesthesiologist do not require approval. Their billings for payment, however, must show the patient's diagnosis and a cross reference to the surgeon. For approval of nonemergent surgery see WAC 388-87-027.

(b) Requests for medical appliances and prosthetic devices must have prior approval with the following exceptions:

(i) External braces involving neck, trunk and/or extremities.

(ii) Other nonreusable items costing less than \$150 if provision of the item will expedite a recipient's release from a hospital.

(c) All requests for reusable medical equipment and requests for surgical appliances provided, other than as described in subdivision (b), must be submitted on form 525-101 for the medical consultant's approval. If approval is received and the material to be supplied is to be billed by another provider of service it is necessary for the physician to transmit the approved form 525-101 to the provider for billing purposes - see WAC 388-86-100.

(d) Requests for allergy testing shall be submitted on appropriate state form for prior approval by the local medical consultant. The extent of service to be provided shall be indicated. In the event an independent laboratory bills for the allergy testings, the requesting physician shall send the approved state form to the laboratory as the billing authority.

(e) Drugs not listed in the department's formulary or any single prescription exceeding the maximum limit established - see WAC 388-91-020.

(f) Admission to a hospital - see WAC 388-87-070 and 388-86-050(2).

(g) Initial provision of oxygen service for a recipient under sixty-five years of age in his own home. Repeat deliveries of oxygen for the same illness do not require medical consultant approval - see 388-86-080(1) and 388-87-080.

(h) Approval of physical therapy on an outpatient basis or in a nursing home when prescribed by the attending physician - see WAC 388-86-090.

(i) For certain border situations and out-of-state medical care - see WAC 388-82-030(4) and (5), and 388-86-115.

(j) All major appliances - see WAC 388-86-100.

(k) For consultant or specialist referral when such referrals exceed two such consultants or specialists - see WAC 388-86-095(4).

(l) Respiratory therapy in excess of five treatments requires approval.

(m) Speech therapy requires an initial evaluation; both the evaluation and subsequent therapy require prior approval - see WAC 388-86-098.

(n) Psychological evaluation provided in connection with medical diagnosis and treatment (see WAC 388-87-012(6)).

(o) Requests for audiometric evaluation require prior approval. See WAC 388-86-012.

(p) Requests for taxi transportation. [Statutory Authority: RCW 74.08.090. 80-15-034 (Order 1554), § 388-87-025, filed 10/9/80; 79-06-034 (Order 1402), § 388-87-025, filed 5/16/79; 79-01-002 (Order 1359), § 388-87-025, filed 12/8/78; 78-06-087 (Order 1301), § 388-87-025, filed 6/2/78; 78-02-024 (Order 1265), § 388-87-025, filed 1/13/78; Order 1244, § 388-87-025, filed 10/10/77; Order 1202, § 388-87-025, filed 4/1/77; Order 1196, § 388-87-025, filed 3/3/77; Order 1151, § 388-87-025, filed 9/8/76; Order 1098, § 388-87-025, filed 2/13/76; Order 1077, § 388-87-025, filed 12/24/75; Order 1019, § 388-87-025, filed 4/30/75; Order 1015, § 388-87-025, filed 3/27/75; Order 964, § 388-87-025, filed 8/19/74; Order 938, § 388-87-025, filed 5/23/74; Order 911, § 388-87-025, filed 3/1/74; Order 837, § 388-87-025, filed 7/26/73; Order 714, § 388-87-025, filed 9/14/72; Order 681, § 388-87-025, filed 5/10/72; Order 582, § 388-87-025, filed 7/20/71; Order 500, § 388-87-025, filed 12/2/70; Order 485, § 388-87-025, filed 10/13/70; Order 435, § 388-87-025, filed 3/31/70; Order 419, § 388-87-025, filed 12/31/69; Order 386, filed 8/27/69; Order 336, § 388-87-025, filed 2/3/69; Order 304, § 388-87-025, filed 9/6/68; Order 264 (part), § 388-87-025, filed 11/24/67.]

WAC 388-87-027 Services requiring prior approval by state office. (1) The following services requiring approval of the local medical consultant shall also receive prior approval of the chief of the office of medical policy and procedure:

(a) Nonemergent surgical procedures - see WAC 388-86-095(5);

(b) Prosthetic devices and major appliances - see WAC 388-86-100;

(i) Purchase of reusable medical appliances and aids to mobility costing more than five hundred dollars,

(ii) Purchase of nonreusable surgical appliances or prosthetic devices costing more than five hundred dollars except those described in WAC 388-87-025(2)(b).

(2) With the exception of prosthetic devices and major appliances, subsection (1) does not apply to CSOs or regions which have full time medical consultants who are authorized to give approval.

(3) The medical director or designee may approve the purchase of a hearing aid for less than 50 decibel loss if social information justifies the need. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-87-027, filed 9/9/80; 79-09-053 (Order 1427), § 388-87-027, filed 8/24/79; 78-06-087 (Order 1301), § 388-87-027, filed 6/2/78; 78-02-024 (Order 1265), § 388-87-027, filed 1/13/78; Order 1233, § 388-87-027, filed 8/31/77; Order 1158, § 388-87-027, filed 10/6/76; Order 1098, § 388-87-027, filed 2/13/76; Order 1019, § 388-87-027, filed 4/30/75; Order 930, § 388-87-027, filed 4/25/74; Order 714, § 388-87-027, filed 9/14/72; Order 681, § 388-87-027, filed 5/10/72; Order 500, § 388-87-027, filed 12/2/70; Order 485, § 388-87-027,

filed 10/13/70; Order 419, § 388-87-027, filed 12/31/69.]

WAC 388-87-030 Responsibility of physician--Patient admitted to hospital. (1) Admission to a hospital shall be requested by the attending physician. The signature of the attending physician on the department's hospital invoice is not required; however, the hospital must enter the diagnosis, justification for admission and the physician's name and provider number in the appropriate section of the invoice.

(2) The completed hospital invoice shall be forwarded to the CSO for review and appropriate action by the medical consultant. [Statutory Authority: RCW 74.08-.090. 80-13-020 (Order 1542), § 388-87-030, filed 9/9/80; Order 1233, § 388-87-030, filed 8/31/77; Order 911, § 388-87-030, filed 3/1/74; Order 879, § 388-87-030, filed 11/29/73; Order 837, § 388-87-030, filed 7/26/73; Order 386, § 388-87-030, filed 8/27/69; Order 336, § 388-87-030, filed 2/3/69; Order 304, § 388-87-030, filed 9/6/68; Order 264 (part), § 388-87-030, filed 11/24/67.]

WAC 388-87-035 Payment--Ambulance and other transportation for medical reasons. (1) Payment for ambulance service and other means of transportation shall be made for eligible individuals according to WAC 388-86-085.

(2) Payment may be made for the cost of medically necessary transportation by ambulance, cabulance, privately owned automobile or other appropriate means.

(a) Costs of oxygen and its administration associated with ambulance services will be reimbursed when medical necessity is clearly documented.

(b) Payment may be made for an additional attendant to accompany a patient in an ambulance unless the additional attendant is a member of the patient's family or is a staff member of a hospital, in which case no salary shall be allowed.

(3) Payment for taxi will be made only when approved by the local medical consultant.

(4) Payment for medically necessary transportation shall be made on the basis of usual and customary charges or the rates established by the department, whichever is lower.

(5) No payment is made to providers of medical care, other than subsection (2) above, for mileage related to house calls and consultation visits, see WAC 388-87-095(2)(a). [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-87-035, filed 9/9/80; Order 1244, § 388-87-035, filed 10/10/77; Order 755, § 388-87-035, filed 12/14/72; Order 706, § 388-87-035, filed 8/11/72; Order 336, § 388-87-035, filed 2/3/69; Order 304, § 388-87-035, filed 9/6/68; Order 264 (part), § 388-87-035, filed 11/24/67.]

WAC 388-87-045 Payment--Blood. (1) Payment shall be made for whole blood or plasma only when it is not available to the patient from other sources.

(a) For persons eligible for Medicare benefits, the above applies only to the first three pints of blood or plasma in any spell of illness.

(b) Payment will not be made for blood or plasma when the source of such blood is by donation.

(2) Payment will be made for the service charges necessary for handling and processing the blood or plasma unless provided to an individual who is hospitalized. In the latter case, payment will be included in the total payment to the hospital.

(3) Administration of blood or plasma on an outpatient basis in a hospital may be added to the total payment for outpatient service. Additional payments for blood bank service charges will be made when applicable. [Order 406, § 388-87-045, filed 11/24/69; Order 304, § 388-87-045, filed 9/6/68; Order 264 (part), § 388-87-045, filed 11/24/67.]

WAC 388-87-047 Payment--Chiropractic services.

(1) Payment shall be made by the department for services rendered by a licensed chiropractor as described in WAC 388-86-023 subject to the following limitations:

(a) Payment is restricted to a maximum of twenty treatments per calendar year per recipient subsequent to an initial visit payable only the first time a new patient is seen.

(b) Payment for x-rays is limited to single area films when the treatment area can be isolated. Maximum allowance is for two areas.

(c) Payment will not be made for modalities such as light, heat, hydro-therapy, and physiotherapy.

(d) Payment shall not be made for any food supplement, medication or drug.

(e) Payment for chiropractic services received out-of-state is limited to three treatments for acute and emergent conditions for recipients related to federal programs.

(2) Billing for chiropractic services shall be submitted to the department on state form 525-101. All rules pertaining to billing are applicable to chiropractors. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-87-047, filed 9/9/80; Order 1203, § 388-87-047, filed 4/1/77; Order 1166, § 388-87-047, filed 10/27/76; Order 1112, § 388-87-047, filed 4/15/76; Order 386, § 388-87-047, filed 8/27/69.]

WAC 388-87-050 Payment--Dental services. (1)

The participating dentist shall bill the department his usual and customary fee using the department approved examination and treatment form.

(2) Payment for dental services is based on the department Schedule of Maximum Allowances.

(3) Fees listed are the maximum permitted. If the dentist's fee is less than the maximum fee, the program will pay the customary fee of the participating dentist.

(4) If a service is performed for which no fee is listed, the dental consultant of the department may fix the fee in accordance with recommendations of the dental advisory committee.

(5) Necessary X-rays for diagnostic purposes may be paid for as a part of basic dental services. [Statutory

Authority: RCW 74.08.090. 79-06-034 (Order 1402), § 388-87-050, filed 5/16/79; Order 1203, § 388-87-050, filed 4/1/77; Order 454, § 388-87-050, filed 5/20/70; Order 419, § 388-87-050, filed 12/31/69; Order 386, § 388-87-050, filed 8/27/69; Order 264 (part), § 388-87-050, filed 11/24/67.]

WAC 388-87-060 Payment--Extended care patient--Coinsurance. The recipient who is entitled to a maximum of 100 days of medicare benefits in skilled nursing facility for the same spell of illness shall pay from his available resources and income the coinsurance, beginning the 21st day of his extended care. When the recipient has insufficient resources and income, according to department standards, the department will pay the coinsurance. [Order 1112, § 388-87-060, filed 4/15/76; Order 336, § 388-87-060, filed 2/3/69; Order 264 (part), § 388-87-060, filed 11/24/67.]

WAC 388-87-065 Payment--Home health agency. Fees for home health visits shall be paid at rates established by the division of medical assistance. The department will pay for the services of a home health agency certified under Title XVIII for an eligible recipient under age sixty-five and for those recipients sixty-five years of age and over who have exhausted Part A Medicare and do not have Part B. These services shall be requested by appropriate state form. Approval is required for care which extends beyond the limits established by the division of medical assistance. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-87-065, filed 9/9/80; Order 1112, § 388-87-065, filed 4/15/76; Order 593, § 388-87-065, filed 8/25/71; Order 264 (part), § 388-87-065, filed 11/24/67.]

WAC 388-87-070 Payment--Hospital care. (1) The department will pay hospital costs of eligible persons who are patients in general hospitals when such hospitals meet the criteria as defined in RCW 70.41.020. Except for nonallowable revenue codes, reimbursable cost will be determined according to Medicare cost reimbursement methods. Recipients of Medicaid funded hospital services must have been approved as financially and medically eligible for hospitalization. They are:

- (a) Recipients of federal aid grants, including essential persons,
- (b) Children in foster care for whom the department is making payment, who are eligible for medical assistance,
- (c) Recipients of continuing general assistance,
- (d) Recipients of federal aid medical care only,
- (e) Recipients of medical only who cannot be categorically related and who have satisfied the one thousand dollars deductible as specified by WAC 388-83-045(2)(e).

(2) Payment shall be based on the satisfaction of the criteria for the minimum deductible of one thousand dollars for recipients of medical only. [Statutory Authority: RCW 74.08.090. 80-15-034 (Order 1554), § 388-87-070, filed 10/9/80; 79-01-002 (Order 1359), § 388-87-070, filed 12/8/78; 78-02-024 (Order 1265), §

388-87-070, filed 1/13/78; Order 1112, § 388-87-070, filed 4/15/76; Order 681, § 388-87-070, filed 5/10/72; Order 615, § 388-87-070, filed 10/7/71; Order 582, § 388-87-070, filed 7/20/71; Order 550, § 388-87-070, filed 3/31/71, effective 5/1/71; Order 386, § 388-87-070, filed 8/27/69; Order 336, § 388-87-070, filed 2/3/69; Order 304, § 388-87-070, filed 9/6/68; Order 264 (part), § 388-87-070, filed 11/24/67.]

WAC 388-87-075 Payment--Laboratory services. (1) A physician using his own laboratory to provide necessary laboratory services shall bill the department according to the its schedule of maximum allowances, using form DSHS 525-100.

(2) A physician using the services of an independent laboratory shall request services for a recipient in the same manner he requests services for his private patient.

(3) An independent laboratory may bill the department directly on form DSHS 525-100 or may bill the physician. The physician is reimbursed by the department. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-87-075, filed 9/9/80; Order 995, § 388-87-075, filed 12/31/74; Order 485, § 388-87-075, filed 10/13/70; Order 406, § 388-87-075, filed 11/24/69; Order 264 (part), § 388-87-075, filed 11/24/67.]

WAC 388-87-077 Payment--Mental health center services. (1) Payment for approved mental health center services to eligible recipients as defined in WAC 388-86-067 shall be on the basis of a contract between the department and participating mental health center. Medical consultant approval for these services is not required.

(2) No payment shall be allowed for a recipient of medical only. See also WAC 388-86-120. [Statutory Authority: RCW 74.08.090. 79-06-034 (Order 1402), § 388-87-077, filed 5/16/79; Order 1067, § 388-87-077, filed 11/17/75; Order 924, § 388-87-077, filed 4/15/74; Order 778, § 388-87-077, filed 3/1/73; Order 582, § 388-87-077, filed 7/20/71; Order 502, § 388-87-077, filed 12/9/70.]

WAC 388-87-080 Payment--Oxygen. The initial request for oxygen on state form DSHS 525-101 originating with the attending physician requires approval from the medical consultant. On repeat deliveries of oxygen, as necessary, the authorized representative in the area office may sign the succeeding state form DSHS 525-101. Approval by the medical consultant is not required for these repeat deliveries. [Statutory Authority: RCW 74.08.090. 78-02-024 (Order 1265), § 388-87-080, filed 1/13/78; Order 995, § 388-87-080, filed 12/31/74; Order 386, § 388-87-080, filed 8/27/69; Order 264 (part), § 388-87-080, filed 11/24/67.]

* **WAC 388-87-090 Payment--Physical therapy and related services.** (1) The department will pay for the services of a registered physical therapist or a qualified speech pathologist or audiologist when all conditions

outlined in WAC 388-86-012, 388-86-090 and 388-86-098 have been met.

(2) The department will not pay for physical therapy or speech therapy as a separate billing when provided as part of inpatient hospital services.

(3) The department will not pay a nursing home for physical therapy or speech therapy as part of its bill. [Statutory Authority: RCW 74.08.090. 78-02-024 (Order 1265), § 388-87-090, filed 1/13/78; Order 782, § 388-87-090, filed 3/16/73; Order 264 (part), § 388-87-090, filed 11/24/67.]

WAC 388-87-095 Payment--Physician service. (1) General provisions.

(a) Billing and payment for physician services will be made in accordance with divisional billing instructions and schedule of maximum allowances.

(b) The CSO may request a physician to complete a physical examination as described in WAC 388-86-095(2). In such cases, the local office requests the physician to arrange an appointment for the individual and provides the physician with a preapproved form A-19 for billing. A predetermined fee has been established for the cost of such examination, plus necessary laboratory and X-ray procedures. If the physician completes form 13-21, medical report, from available medical records without conducting an examination, an adjusted fee shall be paid.

(2) Exclusions and limitations

(a) No payment is made to the physician for mileage.

(b) No payment is made to the physician for prescription refills.

(c) No payment is generally made for medical supplies used in conjunction with an office visit; however, payment may be made for items such as sling and swathe, clavicle and shoulder splints, cervical collars and ace bandages, subject to the limitations of the physician's acquisition cost.

(d) When it comes to the attention of the office of medical assistance that a physician bills the department for inpatient hospitalization visits and the period of hospitalization has been denied, no payment will be made. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-87-095, filed 9/9/80; 78-02-024 (Order 1265), § 388-87-095, filed 1/13/78; Order 1019, § 388-87-095, filed 4/30/75; Order 778, § 388-87-095, filed 3/1/73; Order 485, § 388-87-095, filed 10/13/70; Order 464, § 388-87-095, filed 6/23/70; Order 454, § 388-87-095, filed 5/20/70; Order 406, § 388-87-095, filed 11/24/69; Order 386, § 388-87-095, filed 8/27/69; Order 304, § 388-87-095, filed 9/6/68; Order 264 (part), § 388-87-095, filed 11/24/67.]

WAC 388-87-105 Payment--Medical care outside state of Washington. (1) Medical care furnished in border states mentioned in WAC 388-82-030(4) is not considered to be out-of-state care. Payment is made to the provider of service as for care provided within the state of Washington. Provider licensure requirements, however, would be those of the state in which care is rendered.

(2) Payment is authorized for out-of-state medical care furnished only to recipients of medical assistance (MA).

(3) The three month retroactive coverage applies to out-of-state care given to eligible applicants. (See WAC 388-84-005(2)(b))

(4) When out-of-state service is provided (excluding state office approved care in a skilled nursing home) in a state with a Title XIX medical care program, payment shall be authorized at the rate paid by the medical care program of the state in which the service is rendered. If provided in a state without a Title XIX program, payment shall be authorized at the rate charged, but not to exceed the rate paid for the service under Title XVIII medicare.

(5) Out-of-state providers shall be furnished with necessary billing forms and instructions, except dentists whose billings shall be submitted to the Washington Dental Service.

(6) If the deductible or coinsurance portions of medicare are claimed, it will be necessary for the provider to submit his billing to the intermediary or carrier in his own state on the appropriate medicare billing form. If the state of Washington is checked as being responsible for medical billing on the form, the intermediary or carrier may bill on behalf of the provider or may return the billing to the provider for submitting to the state.

(7) Approved care in out-of-state skilled nursing home will be paid either at the rates for care charged in that state for recipients of public assistance, or in an amount not to exceed the rate for skilled nursing home care in the state of Washington, whichever is the lesser amount. Exceptions to the rule in this subsection may be granted only by the director of the bureau of nursing home affairs. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-87-105, filed 9/9/80; Order 1203, § 388-87-105, filed 4/1/77; Order 1112, § 388-87-105, filed 4/15/76; Order 1061, § 388-87-105, filed 10/8/75; Order 879, § 388-87-105, filed 11/29/73; Order 667, § 388-87-105, filed 3/23/72; Order 567, § 388-87-105, filed 5/19/71; Order 336, § 388-87-105, filed 2/3/69; Order 304, § 388-87-105, filed 9/6/68; Order 264 (part), § 388-87-105, filed 11/24/67.]

Chapter 388-88 WAC

MEDICAL CARE--NURSING HOME CARE

WAC	
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-88-005	Nursing home care. [Order 342, § 388-88-005, filed 3/20/69; Order 264 (part), § 388-88-005, filed 11/24/67.] Repealed by Order 1168, filed 11/3/76.
388-88-015	Classification of nursing home. [Order 342, § 388-88-015, filed 3/20/69; Order 264 (part), § 388-88-015, filed 11/24/67.] Repealed by Order 1168, filed 11/3/76.
388-88-020	Application for classification. [Order 342, § 388-88-020, filed 3/20/69; Order 264 (part), § 388-88-020, filed 11/24/67.] Repealed by Order 1168, filed 11/3/76.
388-88-025	Change in authorized manager. [Order 342, § 388-88-025, filed 3/20/69; Order 264 (part), § 388-88-025, filed 11/24/67.] Repealed by Order 1168, filed 11/3/76.
388-88-030	Change in business organization of home. [Order 342, § 388-88-030, filed 3/20/69; Order 264 (part), § 388-88-030, filed 11/24/67.] Repealed by Order 1168, filed 11/3/76.
388-88-035	Classification of nursing home—Change of ownership. [Order 342, § 388-88-035, filed 3/20/69; Order 264 (part), § 388-88-035, filed 11/24/67.] Repealed by Order 1168, filed 11/3/76.
388-88-040	Change in classification of nursing home—Application. [Order 342, § 388-88-040, filed 3/20/69; Order 264 (part), § 388-88-040, filed 11/24/67.] Repealed by Order 1168, filed 11/3/76.
388-88-055	Grant for clothing and incidentals—Record keeping—Patient's money. [Order 930, § 388-88-055, filed 4/25/74; Order 342, § 388-88-055, filed 3/20/69; Order 264 (part), § 388-88-055, filed 11/24/67.] Repealed by Order 1168, filed 11/3/76.
388-88-060	Skilled nursing facility services in hospitals. [Order 1168, § 388-88-060, filed 11/3/76; Order 964, § 388-88-060, filed 8/19/74; Order 930, § 388-88-060, filed 4/25/74; Order 342, § 388-88-060, filed 3/20/69; Order 264 (part), § 388-88-060, filed 11/24/67.] Repealed by Order 1257, filed 12/21/77.
388-88-070	Justification of rate payment. [Order 1168, § 388-88-070, filed 11/3/76; Order 342, § 388-88-070, filed 3/20/69; Order 264 (part), § 388-88-070, filed 11/24/67.] Repealed by Order 1262, filed 12/30/77.
388-88-085	Payment standards—Rates—Procedures. [Order 1168, § 388-88-085, filed 11/3/76; Order 879, § 388-88-085, filed 11/29/73; Order 342, § 388-88-085, filed 3/20/69; Order 264 (part), § 388-88-085, filed 11/24/67.] Repealed by Order 1262, filed 12/30/77.
388-88-090	Receipt of supplemental compensation for nursing home care. [Order 1168, § 388-88-090, filed 11/3/76; Order 631, § 388-88-090, filed 11/24/71; Order 342, § 388-88-090, filed 3/20/69; Order 264 (part), § 388-88-090, filed 11/24/67.] Repealed by Order 1262, filed 12/30/77.
388-88-120	Extended care facility—Payment for co-insurance. [Order 631, § 388-88-120, filed 11/24/71; Order 342, § 388-88-120, filed 3/20/69; Order 264 (part), § 388-88-120, filed 11/24/67.] Repealed by Order 1257, filed 12/21/77.

WAC 388-88-001 Nursing home care. (1) The department has the administrative and legal responsibility to purchase nursing home and nursing home based (out-patient services, WAC 248-14-295) care for eligible persons. The department has the responsibility to assure to the state that adequate care, service and protection are provided through licensing and certification procedures.

(2) Each Title 19 nursing home will be certified as a skilled nursing facility, intermediate care facility, skilled nursing and intermediate care facility, and/or institution for the mentally retarded and those with related conditions (IMR). A contract for the provision of care to medical recipient patients at an ICF facility will be for ICF care only. Except as provided in WAC 388-88-001(4) and 388-88-007, contracts for the provision of care at all other facilities will be dual (ICF/SNF). Medical assistance recipients who are classified as requiring either intermediate level or skilled nursing care must be provided care only in a facility so certified.

(3) When a hospital elects to provide skilled nursing facility and/or intermediate care facility services to medical assistance recipients, the department will consider the hospital as such a provider. The hospital will be surveyed and certified, and all rules and regulations relating to skilled nursing facilities and/or intermediate care facilities shall apply, including certificate of need and/or section 1122.

(4) In order to qualify for a SNF only contract, a facility must meet department criteria regarding location, patient-classification ratios, ICF availability, average length of stay, staffing, and provision of rehabilitative services. The department will review all such requests and respond in writing within thirty days of receipt of a properly completed application. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-88-001, filed 6/1/78; Order 1257, § 388-88-001, filed 12/21/77.]

WAC 388-88-007 IMR facilities. Contracts with IMR facilities will specify one of four levels (A, B, C or D) of service. Clients will be admitted to IMR facilities only after classification by a qualified mental retardation professional employed by the department. This classification will specify one of these four levels. At least fifty percent of the licensed bed capacity will be occupied by persons with mentally retardation or related conditions as of the date of application for certification. Facilities may not admit any residents except IMR residents after the date of certification. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300); § 388-88-007, filed 6/1/78.]

WAC 388-88-010 Name of nursing home. The department will recognize only the official name of a nursing home as shown on the nursing home license. [Order 342, § 388-88-010, filed 3/20/69; Order 264 (part), § 388-88-010, filed 11/24/67.]

WAC 388-88-045 Closure of nursing home. When a nursing home is due to cease operation, it has the responsibility of notifying the office of nursing home affairs, in writing, giving thirty days notice. Upon receipt of notice of closure of a home, the department shall cease referral of patients to the home and proceed in the orderly relocation of patients. [Order 1257, § 388-88-045, filed 12/21/77; Order 1168, § 388-88-045, filed 11/3/76; Order 342, § 388-88-045, filed 3/20/69; Order 264 (part), § 388-88-045, filed 11/24/67.]

WAC 388-88-050 Adequate nursing home care. (1) Care and services rendered must be justified as essential to patient health care needs, with the overall goal of restoration, maintenance at the highest possible level of independence, and/or terminal care. The nursing home is obligated to provide adequate nursing home care which includes, but is not limited to:

- (a) Medical supervision,
- (b) Nursing care and supervision,
- (c) Administration of medications and treatments,
- (d) Medically justified consultant services where defined in chapter 388-86 WAC,
- (e) Patient record system,
- (f) Meeting medically related social and emotional needs,
- (g) Nutritionally adequate and varied diet,
- (h) Safe and comfortable environment,
- (i) Safeguarding the patient's rights and personal possessions.

(2) The nursing home is obligated to provide items and supplies which are routinely and relatively uniformly used for all patients, and which are essential for the provision of adequate health care services. Such items include but are not limited to:

- (a) Patient gowns,
- (b) Pitchers, basins,
- (c) Bedpans, urinals,
- (d) Soaps, lotions, shampoos, toothpaste and powder,
- (e) Alcohol sponges, applicators, tongue depressors, band-aids,
- (f) Approved nonlegend stock drugs and solutions,
- (g) Physician ordered dietary supplements,
- (h) Linen and nonpersonal laundry.

(3) Reuseable equipment to be available for periodic use includes:

- (a) Ice bags, hotwater bottles,
- (b) Bedrails, canes, crutches,
- (c) Walkers, wheelchairs, traction equipment,
- (d) Emergency tray and aspirator, and oxygen tank,
- (e) Other durable medical equipment.

(4) Surgical appliances, prosthetic devices, and aides to mobility required for the exclusive use of an individual patient are available to the recipient directly through WAC 388-86-100.

(5) Nonreuseable supplies required in excess of those routinely and relatively uniformly used for all patients may be individually ordered per patient need when authorized by a department nursing care consultant. These items may include medically justified suction catheters, enterostomy supplies, urinary catheters and

drainage equipment. Billings shall be on department Medical Vendor Invoice (525-101) and will include the signature of the nursing care consultant. Reimbursement is made to the original vendor of approved items. [Statutory Authority: RCW 74.08.090. 81-01-012 (Order 1571), § 388-88-050, filed 12/8/80; Order 1257, § 388-88-050, filed 12/21/77; Order 1168, § 388-88-050, filed 11/3/76; Order 342, § 388-88-050, filed 3/20/69; Order 264 (part), § 388-88-050, filed 11/24/67.]

WAC 388-88-051 Additional services required for IMR residents. In addition to nursing home care as defined in WAC 388-88-050, all IMR residents must receive the following services:

(1) Supervision of each client's total program plan by a qualified mental retardation professional.

(2) Provision of a planned program of individual goal related activities which does not allow for unscheduled activity in excess of three hours of continuous duration.

(3) Active treatment which includes regular, planned, participation in accordance with an individual prescriptive plan. Such treatment must be developed, supervised, reviewed, and revised by appropriate specialists in the field of mental retardation.

(4) Direct services by professional therapists in accord with needs of individual clients including, but not limited to:

- (a) Psychology;
- (b) Recreation;
- (c) Education;

(d) Vocational services. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-88-051, filed 6/1/78.]

WAC 388-88-065 Continuity of patient care. When a patient is transferred from one nursing home to another, from a nursing home to a hospital or from a hospital to a nursing home, essential information concerning the patient, his condition and regimen of care must be transmitted in writing by the sending facility to the receiving facility at the time of the patient's transfer. [Order 342, § 388-88-065, filed 3/20/69; Order 264 (part), § 388-88-065, filed 11/24/67.]

WAC 388-88-075 Nursing home contract--Non-compliance. (1) When a home is in violation of the terms of the contract, the department may temporarily suspend the referral of patients to the home. Whenever referral is suspended under this section, the home will immediately be notified in writing of the suspension and of the basis for the department's action. Suspension may continue until the department determines the infraction has been satisfactorily corrected.

(2) Failure of a home to provide staffing commensurate with the terms of the contract shall necessitate the suspension of referral of recipients who require the level of nursing care not provided by the home. A home, unable to provide the level of care for which a recipient is classified, shall not accept or retain those recipients whose unique needs cannot be met. See WAC 388-88-

100(2). Violations which create a health or safety hazard to individual patients shall constitute grounds for termination of the contract by the department.

(3) The occupancy of each patient room in any licensed nursing home is designated by the licensing authority and the occupancy of each room must be limited to the number of patients for which the room is licensed. The location of any recipient in such a manner as to exceed the licensed capacity of any patient room constitutes violation of the contract for skilled and/or intermediate nursing home care whether or not the total licensed capacity of the facility has been reached. The location of a recipient in any area of the home which has not been licensed is also such violation.

(4) When the department terminates a contract, the home will be notified in writing of the contract termination and the basis for the department's action. The department will assist in the movement of medical assistance patients needing continued nursing care. [Order 1257, § 388-88-075, filed 12/21/77; Order 1168, § 388-88-075, filed 11/3/76; Order 342, § 388-88-075, filed 3/20/69; Order 264 (part), § 388-88-075, filed 11/24/67.]

WAC 388-88-080 Classification of patients. (1) Level of care determinations are made by the nursing care consultants in accordance with their best professional judgment.

(2) In making classification decisions, the department's personnel shall utilize the guidelines for skilled and intermediate care in WAC 388-88-081 and 388-88-083.

(3) The classification of the nursing home patient shall periodically be reviewed by the nursing care consultant for the purposes of:

(a) determining the need for continued stay.

(b) identifying the level of care required to meet the nursing care needs of the patient.

(4) Classification changes shall be made in accordance with the needs of the recipients and in accord with appeal and relocation procedures outlined in WAC 388-88-101. [Order 1257, § 388-88-080, filed 12/21/77; Order 1168, § 388-88-080, filed 11/3/76; Order 342, § 388-88-080, filed 3/20/69; Order 264 (part), § 388-88-080, filed 11/24/67.]

WAC 388-88-081 Skilled nursing care patients. Patients who require skilled nursing care are those whose condition, needs, and/or services are of such complexity and sophistication so as to require the continuous or frequent observation and intervention of a licensed physician and registered nurse. These patients require on-going assessments of physiological and/or psychological needs, and the development and implementation of a comprehensive total plan of care involving multidisciplinary input and coordination. Patient needs include on-going evaluations, care plan revisions and the teaching necessary to provide for those whose condition is unstable and/or complex. [Order 1257, § 388-88-081, filed 12/21/77.]

WAC 388-88-082 Minimum licensed personnel requirements for skilled nursing facilities. The facility shall meet all federal staffing requirements and:

(1) A registered nurse shall be employed as director of nursing services (DNS) who shall direct all nursing care given in the home. The DNS shall be employed full time (minimum 8-hour day, 40-hour week) on day duty, and shall be relieved by a registered nurse.

(2) A registered nurse or licensed practical nurse shall be on afternoon and night duty; at least one of the two shifts shall be covered by a registered nurse. Sufficient licensed nursing staff shall be provided to meet necessary nursing care needs.

(3) The licensed administrator may not serve as such, in name or fact, for more than one facility unless prior written approval is granted by the department. [Order 1257, § 388-88-082, filed 12/21/77.]

WAC 388-88-083 Intermediate care facility patients. Residents who require intermediate nursing care are those whose physiological and/or psychological functioning is stable, but require on-going individually planned programs under the direction of a licensed physician and licensed nurse and includes supervision; assistance, protection, and restoration. This program is directed toward maintenance of maximum independence and return to the community whenever possible. The treatment regimen is established and requires the residents active participation. [Order 1257, § 388-88-083, filed 12/21/77.]

WAC 388-88-084 Minimum licensed personnel requirements for intermediate care facilities. (1) A licensed nurse shall be employed on day duty as health services supervisor. The licensed nurse shall direct all nursing care and coordinate personal care services given in the ICF, and shall be employed full time (minimum 8-hour day, 40-hour week). Sufficient licensed nursing staff shall be provided to meet necessary nursing care needs.

(2) A licensed nurse shall be available for relief of the health services supervisor.

(3) If any resident requires administration of medications or other services requiring a licensed nurse within the time periods of the evening and night shifts, there must be licensed nursing personnel available to ensure safe practice consistent with the Nurse Practice Act of the state of Washington.

(4) If the health services supervisor is not a registered nurse, at least four hours a week of registered nurse consultation must be provided in accordance with 45 CFR 249.12(a)(9)(i).

(5) If the ICF is located within a SNF, the director of nursing services of the SNF may serve as health services supervisor of the ICF. [Order 1257, § 388-88-084, filed 12/21/77.]

WAC 388-88-086 Minimum staffing requirements--IMR. (1) Each level of IMR must provide staff adequate in numbers and qualifications to meet client needs.

(2) In addition, the IMR must provide:

(a) Level A:

(i) Facility-based physician staff to provide for twenty-four hour medical supervision to include examination, diagnosis, planning, implementation, and review of appropriate medical regimen for each client;

(ii) One full-time registered nurse as director of nursing services plus sufficient licensed nurses to provide twenty-four hour nursing coverage;

(iii) Facility-based active treatment staff in accord with WAC 388-88-050 and 388-88-051;

(iv) Residential living staff at one staff per two residents to include sufficient qualified mental retardation professionals.

(b) Level B:

(i) Facility-based physician staff sufficient to provide for examination, diagnosis, planning, implementation and review of an appropriate medical regimen for each client;

(ii) At least one licensed practical nurse plus sixteen hours per month of consultation by registered nurses;

(iii) Facility-based active treatment staff in accord with WAC 388-88-050 and 388-88-051;

(iv) Residential living staff at one staff per two residents to include sufficient qualified mental retardation professionals.

(c) Level C:

(i) A medical director;

(ii) At least one full-time registered nurse as director of nursing services plus sufficient licensed nurses to provide twenty-four hour nursing coverage;

(iii) Residential living staff at one staff per 2.5 residents to include sufficient qualified mental retardation professionals.

(d) Level D:

(i) A medical director;

(ii) At least one licensed practical nurse plus sixteen hours per month of consultation by registered nurses;

(iii) Residential living staff at one staff per five residents to include sufficient qualified mental retardation professionals.

(3) In levels C and D active treatment will be provided by one or more of the following methods:

(a) Consultation by DSHS staff;

(b) Vendor coupons per chapter 388-86 WAC;

(c) Day training programs.

Level C and D facilities will provide transportation for clients to off-premises active treatment programs. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-88-086, filed 6/1/78.]

WAC 388-88-088 Classification of IMR clients. (1) For IMR clients the level of care determinations are made by a qualified mental retardation professional employed by the department, in accordance with his/her best professional judgment. Each IMR client will be classified as needing Level A, B, C, or D services.

(2) In making IMR classification decisions the departmental representative shall utilize the following guidelines:

(a) Level A: Clients who:

(i) Require twenty-four hour licensed nursing care; and

(ii) Manifest behaviors which require highly structured behavioral management programs, or cannot receive adequate care or services in a lesser level of IMR.

(b) Level B: Clients who:

(i) Require licensed nursing care for at least eight hours per day; and

(ii) Manifest behaviors which require highly structured behavioral management programs or cannot receive adequate care or services in a lesser level of IMR.

(c) Level C: Clients who:

(i) Require twenty-four hour licensed nursing care; and

(ii) Are capable of participating in off-premises programs.

(d) Level D: Clients who:

(i) Require licensed nursing care for at least eight hours per day; and

(ii) Are capable of participating in off-premises programs.

(3) The classification of IMR clients shall be periodically reviewed by the qualified mental retardation professional for the purposes of:

(a) Determining the need for continued stay; and

(b) Identifying the level of care required to meet the needs of the client.

(4) Classification changes shall be made in accordance with the needs of the recipients and in accord with appeal and relocation procedures outlined in WAC 275-27-500 and 388-88-100 through 388-88-102 as applicable. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-88-088, filed 6/1/78.]

WAC 388-88-095 Placement of patient. Nursing home care must be requested by the patient's attending physician or Christian Science practitioner and the patient's classification must be determined by the designated representative of the department before placement or payment can be approved by the department. [Order 1257, § 388-88-095, filed 12/21/77; Order 1168, § 388-88-095, filed 11/3/76; Order 631, § 388-88-095, filed 11/24/71; Order 342, § 388-88-095, filed 3/20/69; Order 264 (part), § 388-88-095, filed 11/24/67.]

WAC 388-88-100 Transfer of recipient--Relocation. (1) The department is responsible for ensuring that individual medical care recipient's needs are identified and met, as provided by state and federal regulations. It is therefore responsible for ensuring that each medical care recipient is placed in a facility which is certified as capable of meeting the needs of the recipient and ensuring that necessary transfers are accomplished with a minimum of trauma to the recipient.

(2) Each medical care recipient admitted to a facility is transferred or discharged only for medical reasons, or for his or her welfare or that of other patients, or for nonpayment for his or her stay. This determination shall be made by the department based on an assessment of

the patient, consultation with the provider, and a review of relevant records. See WAC 388-88-075(2).

(3) If the services being provided to a medical recipient are not commensurate with the recipient's needs, the department is responsible for initiating and facilitating recipient relocation.

(a) A circumstance under which the department would enforce immediate movement of a medical recipient from a nursing home is in the event of revocation or suspension of the nursing home license.

(b) Recipients and their next of kin, guardian or responsible party will be notified by letter from the department that 30 days after the mailing date of the letter, the facility will no longer be allowed to operate as a nursing home, and that they, therefore, will be required to relocate: *Provided*, That nothing in this section shall require that pretransfer notice be given when the secretary or his/her designee determines that an immediate threat to health and/or safety exists or that moves may be accomplished sooner at the request of the patient or with the patient's consent.

(c) Decertification, termination or nonrenewal of contract actions require stop payment of Title XIX funds. Decisions do not affect the facility's right to operate as a nursing home, but rather, its eligibility to receive federal funds. When termination of federal funds is contemplated, recipients must be informed.

(d) For reclassification requiring relocation, review and assessment by the designated representative of the department (WAC 388-88-080) will occur:

Prior to implementation of a change in the level of care, which will result in a change in the services required and provided or a transfer, the medical care recipient and next of kin, guardian or responsible party shall be informed in writing 30 days prior to the effective date of the change pursuant to WAC 388-88-101.

(e) A facility may request that a recipient be relocated or discharged only for medical reasons, or for his or her welfare or that of other patients or for nonpayment of his or her stay. See WAC 388-88-075(2).

(i) The facility shall send a request in writing for relocation or discharge of a medical care recipient to the department. This request shall include the reason for the relocation or discharge.

(ii) The department shall approve or deny the request for relocation or discharge based on an on-site visit with the patient and a review of his/her records, within 30 days following receipt of the request.

(iii) The facility administrator shall be informed of the department approval or denial of the request.

(iv) If the facility's request is approved, the department shall notify, in writing, the medical care recipient or the recipient's next of kin or guardian, or responsible party, of the decision pursuant to WAC 388-88-101.

(v) The medical care recipient and the department will be allowed 30 days from the date that the recipient is notified by the department in order to facilitate relocation or discharge and minimize transfer trauma.

(f) The medical care recipient has an unlimited right to request relocation and to select the nursing home

he/she desires for placement. If this selection is available and appropriate to the medical care recipient's needs, relocation shall be arranged.

(i) The medical care recipient or the recipient's next of kin, guardian or responsible party must request such a move in writing.

(ii) Arrangements for relocation will be the responsibility of the department placement personnel. [Order 1257, § 388-88-100, filed 12/21/77; Order 1197, § 388-88-100, filed 3/17/77; Order 631, § 388-88-100, filed 11/24/71; Order 342, § 388-88-100, filed 3/20/69; Order 264 (part), § 388-88-100, filed 11/24/67.]

WAC 388-88-101 Medical care recipient rights--Relocation. (1) Except in those cases specified in WAC 388-88-101(3), the medical care recipient (or the next of kin, guardian, or responsible party of the recipient who has been adjudicated to be incompetent) must be informed in writing 30 days prior to the relocation or reclassification to ensure orderly transfer or discharge. Such notice must include:

(a) The reasons for the proposed change and/or transfer;

(b) A right to a conference with departmental representatives and any other individuals the recipient wishes to speak to within 30 days of receipt of such notice;

(c) The right to a fair hearing within 30 days of receipt of the notice to contest the department's decision;

(d) The method by which a fair hearing may be obtained;

(e) The right to be represented at the fair hearing by an authorized representative;

(f) The existence and locations of any legal services in the community that are available.

(2) A fair hearing request form shall be sent with the notice of relocation and/or reclassification.

(a) If the recipient requests a fair hearing within the 30-day time period, the department shall not change the level of care or transfer the patient pending the fair hearing decision and the exhaustion of appeal rights.

(b) If the secretary or his/her designee finds that a change in the level of care is not appropriate, no further action shall be taken to change the level of care or transfer the patient, unless there is a change in the situation or circumstances at which time the request may be resubmitted.

(c) If the secretary or his/her designee affirms the determination to change the recipient's level of care and/or transfer, and no judicial review is filed within 30 days of the receipt of notice of determination, the department shall proceed with the planned action.

(d) If the secretary or his/her designee affirms the determination to change the recipient's level of care and/or transfer and a request for judicial review has been filed, any proposed change and/or transfer shall be delayed pending the outcome of the appeal process.

(3) Advance notice is not required:

(a) If the medical care recipient or the recipient's next of kin, guardian or responsible party, requests a transfer in writing and waives the right to a period of notice.

(b) In the event of an immediate threat to the medical care recipient's life or health, or that of others.

(4) Advance notice and planning to mitigate transfer trauma does not include a right to fair hearing for medical care recipients when the department judges that the facility where they reside is no longer able to provide Title XIX services due to:

- (a) Termination of its contract
- (b) decertification of the facility
- (c) nonrenewal of its contract
- (d) revocation of its license
- (e) emergency license suspension. [Order 1257, § 388-88-101, filed 12/21/77; Order 1197, § 388-88-101, filed 3/17/77.]

WAC 388-88-102 Mitigation of transfer trauma. A suitable discharge and transfer plan must be prepared by the department for each medical care recipient who is to be transferred or discharged. Transfer shall be dependent on the best interests of the patient and the best available means of mitigating any traumatic effects of transfer. The plan shall include the location of available beds at the appropriate level of care which is consistent with the needs of the recipient. It shall include provision for mitigating transfer trauma:

- (1) Coordination of communication between the staffs of the old and new facilities;
- (2) Pre-transfer visit, when the recipient's condition permits, to the new facility, familiarizing the recipient with new surroundings, and other patients;
- (3) Coordination of active participation by the recipient's relatives in the transfer preparation program;
- (4) Coordination and counseling sessions with members of the old and the new facility to discuss expectations and apprehensions about the new facility and provide further counseling on request;
- (5) Post-transfer follow-up by the Department to monitor the immediate effects of the change including visits to recipients during the first month of stay in the new facility;
- (6) The department shall consider all pertinent aspects of an individual's history and current status which may impact on his/her susceptibility to transfer trauma. [Order 1257, § 388-88-102, filed 12/21/77; Order 1197, § 388-88-102, filed 3/17/77.]

WAC 388-88-105 Patient transfer from state hospital or school for retarded to nursing home. The transfer of a patient, eligible for assistance, from a state hospital or school for the retarded to a licensed nursing home shall be effected through close coordination between units of the department. [Order 631, § 388-88-105, filed 11/24/71; Order 342, § 388-88-105, filed 3/20/69; Order 264 (part), § 388-88-105, filed 11/24/67.]

WAC 388-88-110 Nursing home placement of public assistance recipient referred from Alaska. The department accepts responsibility for the nursing home placement of Alaskan recipients referred by the Alaska department of health and welfare. [Order 342, § 388-

88-110, filed 3/20/69; Order 264 (part), § 388-88-110, filed 11/24/67.]

WAC 388-88-115 Discharge or leave of nursing home patient. (1) A certified nursing home or hospital having a nursing home contract with the department shall send to the ESSO immediate written notification of the date of discharge or death of a patient.

(2) The facility shall also notify the ESSO of social absences exceeding 24 hours. Social absences over 36 hours require ESSO approval of the patient care plan.

(3) Discharge and readmission is necessary for all recipients who are admitted as hospital inpatients.

(4) The department will not reimburse providers for the reservation of a bed for a single social absence exceeding seven days, unless written permission is received by the provider from the ESSO. The department will reimburse providers for absences not to exceed a total per calendar year of eighteen days. [Order 1237, § 388-88-115, filed 8/31/77; Order 1168, § 388-88-115, filed 11/3/76; Order 879, § 388-88-115, filed 11/29/73; Order 631, § 388-88-115, filed 11/24/71; Order 342, § 388-88-115, filed 3/20/69; Order 264 (part), § 388-88-115, filed 11/24/67.]

WAC 388-88-117 Social leave for IMR clients. (1) Social leaves must be consistent with goals and objectives of individual program plans.

(2) The facility shall notify the division of developmental disabilities of social absences exceeding 53 hours.

(3) Social absences over seven days require prior written approval by the director, division of developmental disabilities, or his designee.

(4) Social leave in excess of 17 days per year requires prior written approval by the director, division of developmental disabilities, or his designee. [Statutory Authority: RCW 74.08.044. 79-01-084 (Order 1365), § 388-88-117, filed 1/3/79.]

Chapter 388-90 WAC

SKILLED NURSING HOME CARE IN STATE SCHOOLS FOR RETARDED PERSONS

WAC

388-90-010 Skilled nursing facility care in state school for retarded persons—Minimum requirements for licensure or approval of institution.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-90-005 Skilled nursing facility care in state school for retarded persons. [Order 1097, § 388-90-005, filed 2/13/76; Order 918, § 388-90-005, filed 3/14/74; Order 826, § 388-90-005, filed 7/26/73; Order 668, § 388-90-005, filed 3/23/72; Order 556, § 388-90-005, filed 4/1/71; Order 486, § 388-90-005, filed 10/13/70.] Repealed by 78-10-077 (Order 1346), filed 9/27/78. Statutory Authority: RCW 74.08.090.

WAC 388-90-010 Skilled nursing facility care in state school for retarded persons—Minimum requirements for licensure or approval of institution. The institution, or any part thereof, shall meet all applicable

requirements for licensure or formal approval as a skilled nursing facility. [Order 930, § 388-90-010, filed 4/25/74; Order 486, § 388-90-010, filed 10/13/70.]

Chapter 388-91 WAC
MEDICAL CARE--DRUGS

WAC

388-91-010	Drugs--Persons eligible.
388-91-013	Drugs--Physician's name required on prescriptions.
388-91-016	Drugs--Limitations to payment.
388-91-020	Nonformulary prescription drugs--Medical consultant approval.
388-91-030	Drugs--Prescription, form DSHS 6-02.
388-91-035	Drugs--Pharmacist's agreement.
388-91-040	Drugs--Pricing standards.
388-91-050	Out-of-state prescriptions.

WAC 388-91-010 Drugs--Persons eligible. (1) A drug formulary will list all drug preparations which are provided without prior approval of medical consultant. It will include a description of program limitations, rules and program policy and penalties. The decision to place drugs in the division of medical assistance program drug formulary is based on these criteria:

(a) The drug must be established as a part of necessary and essential care for the condition for which it is to be used.

(b) The drug must be in general use by the physicians practicing in Washington.

(c) The drug must be of moderate cost. Generic forms will be used when listed under DSHS or federal maximum allowable cost (MAC) programs. When two preparations of equal effectiveness but disparate costs are presented, the less expensive one will be selected for the formulary.

(d) Drugs must not be classified "ineffective" or "possibly effective" by the food and drug administration.

(e) The drug must not be experimental.

(2) The following process is used to determine the acceptability of a drug preparation for possible listing in the formulary:

(a) Objective, scientific information and utilization data is reviewed for appropriateness according to the criteria in subsection (1) of this section, by the program medical staff, or,

(b) The secretary may appoint an advisory committee in accordance with RCW 43.20A.360 to review and advise the division of medical assistance on the acceptability of the drug preparation.

(c) The medical director or his designee may make appropriate changes in the formulary consistence with subsection (1) of this section, and may accept recommendations of the advisory committee providing that action is in compliance with regulations governing the program and with acceptable management policies.

(d) Acceptable drugs will be included in the next subsequent edition of the formulary.

(3) In accordance with the department's rules and regulations drugs are provided for:

(a) The necessary and essential medical care of recipients of federal assistance grant or federal aid medical care only (FAMCO).

(b) The treatment of acute and emergent conditions of recipients of medical only who cannot be categorically related. These persons are identified by the notation "MEDICAL SERVICES LIMITED" on their medical identification coupons. Recipients of continuing general assistance will have the notation "GAU--major medical-A/E" on their coupons. All drugs provided to such recipients require the approval of the local office medical consultant.

(c) Certain necessary drugs such as cardiac control agents, insulin and oral antidiabetic agents, anticonvulsant agents, urinary anti-infective agents, broncho-dilator agents and antineoplastics may be provided to recipients of continuing general assistance and medical only. All such drugs provided require approval of the local office medical consultant. [Statutory Authority: RCW 74.08.090, 80-15-034 (Order 1554), § 388-91-010, filed 10/9/80; 80-02-024 (Order 1473), § 388-91-010, filed 1/9/80; 79-06-034 (Order 1402), § 388-91-010, filed 5/16/79; 78-10-077 (Order 1346), § 388-91-010, filed 9/27/78; Order 682, § 388-91-010, filed 5/10/72; Order 632, § 388-91-010, filed 11/24/71; Order 583, § 388-91-010, filed 7/20/71; Order 461, § 388-91-010, filed 6/17/70, effective 8/1/70; Order 387, § 388-91-010, filed 8/27/69; Order 316, § 388-91-010, filed 10/31/68.]

WAC 388-91-013 Drugs--Physician's name required on prescriptions. The prescription, form DSHS 6-02, must bear the prescribing physician's name. [Statutory Authority: RCW 74.08.090, 79-06-034 (Order 1402), § 388-91-013, filed 5/16/79; Order 1112, § 388-91-013, filed 4/15/76; Order 884, § 388-91-013, filed 12/17/73; Order 682, § 388-91-013, filed 5/10/72; Order 461, § 388-91-013, filed 6/17/70, effective 8/1/70.]

WAC 388-91-016 Drugs--Limitations to payment.

(1) The department does not provide:

(a) Nonformulary drugs which can be purchased without a prescription such as: Nose drops, cotton, alcohol, vitamins, simple laxatives, advertised antacids such as but not limited to Tums, Roloids, etc.;

(b) Any drug regularly supplied as an integral part of program activity by other public agencies such as the U.S. veterans' administration, U.S. department of health, education and welfare - division of Indian health, local health department, etc.;

(c) Drugs, biologicals, supplies, appliances, and equipment furnished by an extended care facility under Title XVIII of the Social Security Act;

(d) Drugs ordered for a hospitalized patient. These are to be furnished by the hospital;

(e) Drugs to individuals who have elected to be enrolled in a special group medical coverage contract which includes the provision of drugs as a part of the contract.

(2) The department furnishes psychotherapeutic drugs and agents used for treating drug-induced Parkinsonism which are prescribed for former patients of Washington state institutions for the mentally ill and retarded. The attending physician shall mail the prescription directly to the institution from which the patient has been discharged, form 13-32 to schools for the retarded or form 6-02 to mental hospitals. The medication is then mailed by the facility pharmacy to the patient. Payment is not made to pharmacist providers in this situation. Coupon confirming eligibility should be attached.

(3) Prescribed nonformulary drugs will be allowed for unusual conditions only when approved by the local medical consultant.

(4) The physician who provides a drug (oral or by the department) incidental to an office call may include a fee established on the basis of the acquisition cost of the drug in addition to his office call fee. In the event the cost of the drug given the patient exceeds this fee, the physician may include on his invoice for his professional services to the patient the actual cost of the drug indicating name of manufacturer and strength of dosage. Payment to the physician for the cost of drugs will be limited to:

- (a) Penicillin and other antibiotics
- (b) Estrogens and androgens
- (c) Cortisone and derivatives
- (d) Treatment of aplastic and pernicious anemia
- (e) Antineoplastic preparations
- (f) Preparations used in the treatment of hypochromic anemias after malabsorption has been clinically demonstrated.

(5) Payment shall not be made for a prescription ordered for an individual recipient and used to replace drugs drawn from the doctor's stock for the treatment of such recipient. Payment shall not be allowed for experimental or controversial medications and those unrelated to the above. [Statutory Authority: RCW 74.08.090, 79-06-034 (Order 1402), § 388-91-016, filed 5/16/79; Order 1170, § 388-91-016, filed 11/24/76; Order 1154, § 388-91-016, filed 9/22/76; Order 884, § 388-91-016, filed 12/17/73; Order 682, § 388-91-016, filed 5/10/72; Order 487, § 388-91-016, filed 10/13/70; Order 461, § 388-91-016, filed 6/17/70, effective 8/1/70.]

WAC 388-91-020 Nonformulary prescription drugs--Medical consultant approval. (1) Normal requests. A request for nonformulary prescription drugs must be submitted by the attending physician to the local medical consultant for prior approval. The request must be to meet a medically mandatory condition supported by proper diagnosis and justification for the nonformulary drug.

(2) Emergency requests. Payment may be made for nonformulary drugs prescribed without prior approval only on an acute emergency, and if the physician can substantiate that a nonformulary drug is mandatory. Form DSHS 6-02 with justification must be in the department's CSO within seventy-two hours for consideration by the medical consultant. [Statutory Authority:

RCW 74.08.090, 79-06-034 (Order 1402), § 388-91-020, filed 5/16/79; Order 1170, § 388-91-020, filed 11/24/76; Order 884, § 388-91-020, filed 12/17/73; Order 461, § 388-91-020, filed 6/17/70, effective 8/1/70; Order 316, § 388-91-020, filed 10/31/68.]

WAC 388-91-030 Drugs--Prescription, form DSHS 6-02. (1) The department's official prescription, form DSHS 6-02, must be used. A supply may be obtained from the department's local office.

(2) Only one prescription may be written on form DSHS 6-02. Each prescription must bear specified unit and interval dosage.

(3) Prescriptions for formulary drugs only may be refilled at the discretion and choice of the prescribing physician. Form DSHS 6-02 may be marked by the physician on line B-2 REFILL 1, 2. The use of pre-signed prescription blanks to be filled out by the nursing home operators or pharmacists is prohibited. This practice shall be considered sufficient grounds for cancelling the vendor agreement of participating providers involved.

(4) To assure prompt payment, a coupon from the recipient's medical care identification booklet, form DSHS 13-05, should be attached by the pharmacist to the individual's prescriptions. When a coupon is not available the provider may submit a billing without this coupon although the processing by the department may be somewhat slower. Payment will be made for all appropriate goods and/or services provided to eligible recipients.

(5) Accurate recording of all data on the prescription is essential. Any error or lack of clarity in the prescription national drug code number or number of units dispensed will delay payment. Typed prescriptions are preferred and expedite payment. [Statutory Authority: RCW 74.08.090, 79-06-034 (Order 1402), § 388-91-030, filed 5/16/79; Order 884, § 388-91-030, filed 12/17/73; Order 461, § 388-91-030, filed 6/17/70, effective 8/1/70; Order 316, § 388-91-030, filed 10/31/68.]

WAC 388-91-035 Drugs--Pharmacist's agreement. (1) Vendor service agreement, form DSHS 6-48 must be filed with department of social and health services, Olympia, Washington 98504. Forms may be obtained from the department's office of provider services LG 11, Olympia, WA 98504.

(2) To participate in this program, a licensed pharmacy must agree to furnish goods and services in accordance with the department's rules, regulations and payment procedures. Fees and rates established by the department according to WAC 388-91-020(3) shall constitute the full and complete charge for approved medical care and goods and services provided to recipients by the vendor or providers.

(3) All pharmacists and pharmacies agreeing to render goods and services to eligible persons shall submit such charges as agreed upon between the department and the individual or firm monthly and shall present their final charges not more than one hundred twenty

days after the termination of their service or as otherwise provided by state law. Bills presented after the required one hundred twenty-day period shall be a charge against the state only when a written extension has been given by the health services division before the one hundred twenty-day period ends. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-91-035, filed 9/9/80; 79-06-034 (Order 1402), § 388-91-035, filed 5/16/79; Order 1170, § 388-91-035, filed 11/24/76; Order 884, § 388-91-035, filed 12/17/73; Order 461, § 388-91-035, filed 6/17/70, effective 8/1/70.]

WAC 388-91-040 Drugs--Pricing standards. (1) Whenever possible all drugs and prescriptions must be confined to those listed in the department's current drug formulary. Maximum cost allowed for all drugs, including generic drugs, will be determined by the department.

(2) The department shall not be charged more than the general public or more than the actual acquisition cost (AAC) price plus the established dispensing fee whichever is the lower for the drug. Any other pricing practices such as granting discounts, special commissions, fees, etc., to patients, institutions, or corporations shall be taken into account by the department and the pharmacist in defining the charge to the general public.

(3) List price, as established for cost determination, in the latest red book, blue book or retailer AAC, whichever is lower to the retailer, plus the established dispensing fee. Cost is defined as the unit cost, based on maximum size container stocked in the pharmacy (100, 1000, 5000, etc., and pints or gallons, etc.).

(4) There shall be no differential in pricing prescriptions issued in less than manufacturer's size.

(5) Reimbursement of retail pharmacists will be on basis of actual acquisition cost which is the amount paid to wholesaler or manufacturer less any discounts, credits or advances.

(6) Unit dose systems recognized by the department require a minimum of five deliveries weekly or delivery of medical carts every other day with daily service available. [Statutory Authority: RCW 74.08.090. 79-06-034 (Order 1402), § 388-91-040, filed 5/16/79; Order 1154, § 388-91-040, filed 9/22/76; Order 970, § 388-91-040, filed 9/13/74; Order 884, § 388-91-040, filed 12/17/73; Order 461, § 388-91-040, filed 6/17/70, effective 8/1/70; Order 316, § 388-91-040, filed 10/31/68.]

WAC 388-91-050 Out-of-state prescriptions. (1) Drugs provided residents of the state of Washington who are temporarily out of the state as defined in WAC 388-26-060 and 388-30-055 shall be authorized as part of medical care within the scope of WAC 388-86-115. Border situations as described by WAC 388-82-030(4) and (5) are not subject to out-of-state rules and are to be considered as care provided in the state of Washington.

(2) Drugs provided by out-of-state pharmacists (border situations excepted) shall require the approval of the

local medical consultant before payment can be made. [Order 475, § 388-91-050, filed 9/8/70; Order 316, § 388-91-050, filed 10/31/68.]

Chapter 388-92 WAC

MEDICAL CARE FOR PERSONS RECEIVING BENEFITS UNDER TITLE XVI OF SOCIAL SECURITY ACT--ELIGIBILITY--INCOME AND RESOURCE STANDARDS

WAC

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388-92-040	Availability of resources.
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388-92-070	Person converted into Title XVI.

WAC 388-92-005 Definitions. The definitions in WAC 388-92-005 apply only to chapter 388-92 WAC.

(1) Beneficiary - A person who receives a cash benefit under Title XVI and/or state supplement.

(2) Deleted.

(3) Income - The receipt by an individual of any property or service which he can apply either directly, by sale, or conversion to meet his basic needs for food, clothing, and shelter.

(a) Earned income means gross wages for services rendered and/or net earnings from self-employment. Earned income received at predictable intervals other than monthly or in unequal amounts will be converted to a monthly basis. If income is weekly, the amount is multiplied by 4.3 to arrive at a monthly figure.

(b) Unearned income means all other income including but not limited to

(i) Support and maintenance furnished in cash or kind.

(ii) Prizes and awards - This includes prizes won in a contest, lottery, or game of chance or awards received as the result of a decision or judgment of a court, a board of arbitration, or the like, but not ordinarily from a competition. When a prize or award is not in cash, the current fair market value of the item is counted as unearned income.

(iii) Proceeds of any life insurance policy to the extent that they exceed the amount expended for the purposes of the insured individual's last illness and burial or one thousand five hundred dollars, whichever is less.

(iv) Gifts (cash or otherwise), support and alimony payments.

(v) Rent – Rent represents compensation in cash or in kind for the use of real or personal property, for example, land, an apartment, a room, machinery. Only ordinary and necessary "out of pocket" expenses incurred in operating the property are deducted from the gross rent.

(4) Institution – An establishment which furnishes food and shelter to four or more persons unrelated to the proprietor and, in addition, provides some treatment or services which meet some need beyond the basic provision of food and shelter. This would include hospitals, skilled nursing facilities (extended care facilities or skilled nursing homes), and intermediate care facilities, but does not include correctional institutions.

(5) Resources – Cash or other liquid assets or any real or personal property that an individual or spouse, if any, owns and could convert to cash to be used for support or maintenance.

(a) If an individual can reduce a liquid asset to cash, it is a resource.

(b) If an individual cannot reduce an asset to cash, it is not considered a resource.

(c) Liquid – Properties that are in cash or are financial instruments which are convertible to cash such as, but not limited to, cash in hand, stocks, savings, checking accounts, mutual fund shares, mortgage, promissory notes.

(d) Nonliquid – All other property both real and personal shall be evaluated according to the price the item can reasonably be expected to sell for on the open market in the particular geographical area involved.

(6) Retroactivity – The provision to make payment for unpaid medical bills for covered services for an applicant for FAMCO or Title XVI benefits, provided that such applicant is determined to have been eligible at the time services were received. The retroactive period shall begin no earlier than the first day of the third month prior to the month of application and shall extend up to the date of application. (See WAC 388-84-005(2) and 388-87-015(3) and (4)).

(7) SSA – Social security administration.

(8) SSI – Supplemental security income under Title XVI of the social security act.

(9) State supplement – Amount paid in addition to SSI under Title XVI of the social security act.

(10) Title SSI – A national program to provide supplemental security income (SSI) to individuals who have attained age sixty-five, or are blind, or disabled. [Statutory Authority: RCW 74.08.090. 79-06-034 (Order 1402), § 388-92-005, filed 5/16/79; Order 996, § 388-92-005, filed 12/31/74; Order 930, § 388-92-005, filed 4/25/74; Order 898, § 388-92-005, filed 1/25/74.]

WAC 388-92-010 Description of program. The department shall provide medical assistance within the limitations set forth under these rules and regulations to:

(1) A beneficiary of Title XVI,

(2) An individual who meets criteria of Title XVI of the social security act except that his income and/or resources exceed Title XVI standards. [Order 996, § 388-92-010, filed 12/31/74; Order 898, § 388-92-010, filed 1/25/74.]

WAC 388-92-015 General eligibility. (1) Citizenship – must be a citizen of the United States or an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States including an alien who is lawfully present in the United States according to specified sections of the Immigration and Nationality Act. (See WAC 388-26-120).

(2) Residence – see WAC 388-83-025.

(3) For the purposes of medical assistance related to Title XVI, the applicant must be:

(a) Age 65 or over; or

(b) Blind, with central visual acuity of 20/200 or less in the better eye with the use of a correcting lens, or with a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees; or

(c) Disabled, that is, unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months or, in the case of a child under the age of 18, if he suffers from any medically determinable physical or mental impairment of comparable severity. A physical or mental impairment is an impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic technique, except that an applicant for disability who is medically determined to be a drug addict or alcoholic shall be ineligible for any month unless such individual is undergoing any treatment that may be appropriate for his condition as a drug addict or alcoholic at an institution or facility approved for that purpose (so long as such treatment is available) and demonstrates compliance with the terms, conditions and requirements of such treatment. Decisions on Title XVI related disability are made by the office of disability insurance benefits.

(4) Temporary absence.

(a) If a resident of the state of Washington is temporarily in another state and requires medical care, and is eligible for medical assistance, the responsibility for medical payment rests with the state of Washington. The standard of care will be no different than that authorized within the state.

(b) A resident of Washington who requires medical assistance outside the United States will be provided care according to WAC 388-82-030. [Statutory Authority: RCW 74.08.090. 80-02-050 (Order 1476), § 388-92-015, filed 1/16/80; 78-02-024 (Order 1265), § 388-92-015, filed 1/13/78; Order 1196, § 388-92-015, filed 3/3/77; Order 967, § 388-92-015, filed 8/29/74; Order 898, § 388-92-015, filed 1/25/74.]

WAC 388-92-020 Application for medical care. (1) For rules and regulations regarding right to apply see WAC 388-84-005.

(2) The spouse of any individual applying for FAMCO related to Title XVI must apply for medical care separately as eligibility does not carry over to such spouse.

(3) Processing of application.

(a) For the aged and blind, the decision on an application shall be made with reasonable promptness but not later than 30 days from date of the request, except for a situation in which circumstances such as the critical condition of an applicant or his death following application may delay the determination of eligibility.

(b) For disability related applications, the decision may be delayed up to 60 days pending determination of disability by the office of disability insurance benefits or longer in unusual circumstances such as failure or delay on the part of the applicant or examining physician, or because of administrative or other emergency that could not be controlled. In such cases, documentation of the circumstances is to be recorded in the record.

(4) Disposition of application.

(a) Approval

(i) Certification will be effective as of the first day of the month of application, except that for purposes of retroactivity certification shall begin no earlier than the first day of the third month prior to the month of application.

(ii) All applicants shall be informed of the department's services, right to a fair hearing, and civil rights. This shall be noted in the case record. Notification of the department's action shall be by means of an award letter which will indicate the amount of participation, if any.

(iii) A temporary medical care identification card will be issued by the ESSO. Subsequently, the medical care identification card will be issued monthly from state office for the duration of eligibility.

(b) Denial of application

(i) When an application is denied, the applicant shall be notified in writing of the specific reason(s) for the denial and shall be informed of the right to a fair hearing - see WAC 388-38-172.

(ii) An application for medical care shall be denied when:

(A) An applicant does not meet the criteria of age, disability or blindness according to Title XVI. (See WAC 388-82-020 for consideration of medical care under the MS program.)

(B) An applicant for FAMCO does not claim to have a medical need at the time of application. (For retroactivity see WAC 388-92-015(3)(b).)

(C) The amount of participation with excess income will obviously exceed the cost of medical care.

(D) The applicant refuses to dispose of nonexempt resources or refuses to attempt to dispose of such resources. (See WAC 388-83-060.)

(c) Withdrawal of an application shall be treated as in WAC 388-38-172. [Statutory Authority: RCW 74.08-.090, 80-02-050 (Order 1476), § 388-92-020, filed 1/16/80; Order 1111, § 388-92-020, filed 4/15/76; Order 898, § 388-92-020, filed 1/25/74.]

WAC 388-92-025 Computation of available income.

(1) Income shall be defined as in WAC 388-92-005.

(a) Total income of a beneficiary of supplemental security income, except for institutionalized recipients, is not considered an available resource.

(b) Income and resources are considered jointly for spouses who live together in a common household and blind or disabled children who live with their parent(s). Income and resources are considered separately when spouses and/or children and parents cease to live together except for purposes of eligibility determination only, then income and resources are considered mutually available

(i) for the first six months after the month they cease to live together where both spouses apply for FAMCO as aged, blind or disabled,

(ii) for the month of separation where only one spouse applies for FAMCO as aged, blind, or disabled or where blind or disabled children are separated from parents.

(c) If a minor applies for medical care the parent legally responsible for the support of the child is also by law financially responsible for the payment for medical provided to the child. In such case the standards in WAC 388-83-035 shall apply to determine available income to meet the medical needs of the child. See also WAC 388-24-550.

(d) For a pregnant minor see WAC 388-82-015.

(e) Even if state law confers adult status at age eighteen (see WAC 388-24-550), the department must consider parental income and resources as available for a child if he is living with the parent until he becomes twenty-one.

(2) Net cash income shall be determined as for the Title XVI category to which the applicant for FAMCO is relatable according to WAC 388-92-015(3).

(3) To arrive at available income, the following items shall be excluded sequentially from income:

(a) Any amount received from any public agency as a return or refund of taxes paid on real property or on food purchased by such individual or spouse;

(b) State public assistance based on financial need;

(c) Any portion of any grant, scholarship, or fellowship received for use in paying the cost of tuition and fees at any educational institution;

(d) Income that is not reasonably anticipated, or received infrequently or irregularly, if such income does not exceed twenty dollars per month if unearned, or ten dollars per month if earned;

(e) Any amounts received for the foster care of a child, who is not an eligible individual, but who is living in the same house as such individual and was placed in such home by a public or nonprofit private child-placement or child-care agency;

(f) One-third of any payment for child support received from an absent parent will be excluded;

(g) The first twenty dollars per month of earned or unearned income, not otherwise excluded above, for a person at home. The exclusion is considered only once for a husband and wife. There is no exclusion on income which is paid on the basis of need of the eligible individual, such as VA pension and cash from private charitable organizations. For a person in an institution, the

exclusion is considered in determining eligibility and allocated as participation in cost of medical care. See WAC 388-92-035 for employed institutionalized individuals;

(h) Tax exempt payments received by Alaska natives under the Alaska Native Claims Settlement Act;

(i) Tax rebates or special payments exempted by federal regulations and publicized by numbered memoranda from the state office;

(j) Compensation provided to volunteers in ACTION programs established by Public Law 93-113, the Domestic Volunteer Service Act of 1973.

(4) An individual under the age of twenty-one who is a student regularly attending a school, college or university or pursuing a course of vocational or technical training designed to prepare him for gainful employment will have all earned income excluded.

(5) For a recipient at home, disregard the following earned income

(a) If such individual is blind and under age sixty-five, the first sixty-five dollars per month of earned income not excluded according to subsection (3), plus one-half of the remainder;

(b) If such an individual is disabled but not blind and is under age sixty-five, the first sixty-five dollars per month of earned income not excluded according to subsection (3), plus one-half of the remainder;

(c) If such an individual is age sixty-five or over, the first sixty-five dollars per month of earned income not excluded according to subsection (3), plus one-half the remainder;

(d) If a spouse of an eligible individual applies in his or her own right and can meet the appropriate criteria under Title XVI, the "disregards" are considered only once for the husband and wife. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-92-025, filed 9/9/80; 79-09-053 (Order 1427), § 388-92-025, filed 8/24/79; 79-06-034 (Order 1402), § 388-92-025, filed 5/16/79; 78-10-077 (Order 1346), § 388-92-025, filed 9/27/78; Order 1227, § 388-92-025, filed 8/8/77; Order 1158, § 388-92-025, filed 10/6/76; Order 1112, § 388-92-025, filed 4/15/76; Order 1067, § 388-92-025, filed 11/17/75; Order 1061, § 388-92-025, filed 10/8/75; Order 996, § 388-92-025, filed 12/31/74; Order 967, § 388-92-025, filed 8/29/74; Order 960, § 388-92-025, filed 8/13/74; Order 898, § 388-92-025, filed 1/25/74.]

WAC 388-92-030 Monthly maintenance standard--Person not in institution. (1) After computing available income according to WAC 388-92-035(1) through (6) for Title XVI related federal and medical care only, the monthly maintenance standards in subsections (3) and (4) shall be allowed for an individual not in an institution or for dependents maintaining the family home of an institutionalized recipient effective July 1, 1980.

(2) Deleted.

(3) Monthly standard

Family size	Standard
1	\$282
2	402
3	458

(4) To the standards in subsection (3) for a family of 3, \$78 shall be added for each additional member. [Statutory Authority: RCW 74.08.090. 80-12-012 (Order 1537), § 388-92-030, filed 8/25/80; 79-09-032 (Order 1424), § 388-92-030, filed 8/15/79; 78-10-059 (Order 1339), § 388-92-030, filed 9/22/78; Order 1246, § 388-92-030, filed 10/11/77; Order 1144, § 388-92-030, filed 8/26/76; Order 1040, § 388-92-030, filed 8/7/75; Order 996, § 388-92-030, filed 12/31/74; Order 952, § 388-92-030, filed 7/16/74; Order 930, § 388-92-030, filed 4/25/74; Order 898, § 388-92-030, filed 1/25/74.]

WAC 388-92-035 Monthly personal needs allowance--Person in institution. The monthly needs allowance for aged, blind, and disabled individuals receiving continuous care throughout a calendar month in a hospital, skilled nursing home, intermediate care facility or institution for mental disease, who are covered under Title XIX, shall be \$32.50. Individuals residing in skilled nursing, intermediate care and ICF/MR facilities may retain the current personal needs allowance plus wages received for work approved by the department as part of a training or rehabilitative program designed to prepare the individual for less restrictive placement. The total personal needs allowance including the initial \$32.50 may not exceed the monthly maintenance standard in WAC 388-92-030. There are no deductions for expenses of employment. When the total amount of wages received plus the initial needs allowance exceeds the monthly maintenance standard the excess wages are applied to the cost of care. [Statutory Authority: RCW 74.08.090. 80-13-020 (Order 1542), § 388-92-035, filed 9/9/80; 80-02-062 (Order 1478), § 388-92-035, filed 1/18/80; 78-10-077 (Order 1346), § 388-92-035, filed 9/27/78; Order 898, § 388-92-035, filed 1/25/74.]

WAC 388-92-040 Availability of resources. In establishing eligibility for medical assistance, only those resources actually available or "in hand", or expected to be "in hand", within a three month period shall be considered. The three month period includes the month in which covered medical services were initiated. The department's rules for disregarding or setting aside any resources for future needs will be applied. [Order 1233, § 388-92-040, filed 8/31/77; Order 930, § 388-92-040, filed 4/25/74; Order 898, § 388-92-040, filed 1/25/74.]

WAC 388-92-045 Excluded resources. Applicants or recipients may transfer or exchange an exempt resource. Cash received from the sale of an exempt resource is excluded provided the total amount of cash is used to replace or reinvest in another exempt resource within three months. Any remaining portion in excess of

allowed resources shall be considered a nonexempt resource if the individual's eligibility continues without a break in certification. In determining the resources of an individual and spouse, if any, the following items shall be excluded up to the dollar limit, if any, as indicated:

(1) The home as defined in WAC 388-28-420. The proceeds from the sale of a home, which is an excluded resource, will also be excluded to the extent that they are re-invested in the purchase of another home which is similarly excluded within three months of the date of receipt of proceeds.

(2) Household goods and personal effects as defined in WAC 388-28-430(1).

(3) An automobile will be totally excluded if it is used for employment or for the individual's medical treatment; otherwise, the current retail market value up to \$1,200, any excess to be counted against the resource limit in WAC 388-92-050.

(4) Property of a trade or business which is essential to the means of self-support; however, it shall not include liquid resources as defined in WAC 388-92-005 even though such liquid resource may be producing income. This property means items commonly referred to as tangible business assets such as land and buildings, equipment and supplies, inventory, cash on hand, accounts receivable, etc. The current market value shall not exceed limits which take into account the nature of the business and the gross and net income such business may be expected to produce in light of such property.

(5) Nonbusiness property which is essential to the means of self-support. This shall include:

(a) Nonliquid (see WAC 388-92-005), nonbusiness property if it is relied upon by the individual as a significant factor in producing income on which he can live, or is used to produce goods, or provide services essential to the individual's support.

(b) Property used exclusively to produce items for home consumption provided the items are significant factors for support and maintenance of the individual.

(c) Tools, equipment, uniforms and similar items required by the individual's employer.

(d) A motor vehicle (in addition to that already excluded) which is essential because of climate, terrain, or similar factors, or special modification, and required to provide necessary transportation. The limitation on value of such vehicle is the same as (3) above.

(6) Resources of a blind or disabled individual which are necessary to fulfill an approved plan for achieving self-support for so long as such plan remains in effect.

(7) Shares of stock held in a regional or village corporation during the period of twenty years ending January 1, 1992, in which such stock is inalienable pursuant to the Alaska Native Claims Settlement Act.

(8) Life insurance owned by an individual and spouse, if any, to the extent of its cash surrender value, provided that the total face value of policies held by each individual is \$1500 or less, in which case the cash surrender value is not evaluated. If the face value of policy(ies) is over \$1500, cash surrender value must be applied to resource limitations in WAC 388-92-050 and the excess

must be applied to participation. Term or burial insurance with no cash surrender value is not considered in determining face value.

(9) Restricted allotted land owned by an enrolled member and spouse, if any, of an Indian tribe, if such land cannot be sold, transferred or otherwise disposed of without permission of other individuals, his tribe or an agency of the federal government.

(10) Cash received from an insurance company for purposes of repairing or replacing an excluded resource that is lost, damaged, or stolen, etc., is excluded as a resource provided the total amount of the cash is used to repair or replace such excluded resource within three months if the resource is personal property, and six months if the resource is real property. Any such cash not so used within such time periods is considered as an available resource. [Statutory Authority: RCW 74.08-.090, 79-10-095 (Order 1439), § 388-92-045, filed 9/25/79; Order 1015, § 388-92-045, filed 3/27/75; Order 898, § 388-92-045, filed 1/25/74.]

WAC 388-92-050 Limitation of resources. The total value of resources allowed and not otherwise excluded shall not exceed \$1,500 for a single individual or \$2,250 for a family of two. The maximum amount shall be increased by \$50 for each additional member in the household.

Family Size	Total Allowed
1	\$1,500
2	2,250
3	2,300
4	2,350
5	2,400
6	2,450
7	2,500
8	2,550
9	2,600
10	2,650

[Order 898, § 388-92-050, filed 1/25/74.]

WAC 388-92-055 Allocation of income and resources. (1) Available income of SSI-related recipients shall be allocated in the following order to:

(a) Maintenance need of individual living outside an institution according to WAC 388-92-025 and 388-92-030 or legal dependents living in family home if individual is in an institution; see WAC 388-92-025(1)(a).

(b) Maintenance need for individual in an institution according to WAC 388-92-035; see WAC 388-92-025(1)(a).

(c) Maintenance of the home of an individual who has been certified by a physician to need nursing home care (SNF, ICF, ICF/MR) for no more than six consecutive months.

(i) Income thus exempted must be used to retain the independent living situation of an individual with no dependents through payment of such requirements as rent or mortgages, real estate taxes, insurance, gas, electricity, oil, water or sewer necessary to maintain the home.

(ii) Up to one hundred eighty dollars per month may be exempted from the individual's actual income based on the verified actual cost to retain the home during six consecutive months.

(iii) The six-month period begins on the first of the month following date of admission for medicaid eligible recipients or the date of eligibility for individuals changing from private to medicaid and ceases when patient is discharged to an independent living arrangement or at the end of six months if the recipient has not been discharged.

(iv) CSO social service staff shall document initial need for the income exemption and review the individual's circumstances after ninety days.

(d) Cost of medical insurance premiums in force at time of certification.

(e) Costs not covered under this program for medical or remedial care as determined necessary by the attending physician or, where appropriate, a dentist (see WAC 388-91-016(1)(a)) except that

(i) Costs for services denied as medically inappropriate or not medically necessary, covered by medicare or other benefits or denied because of poor justification or late billing may not be exempted.

(f) Payments made or being made for covered or non-covered medical care incurred within three months prior to month of application.

(g) See WAC 388-83-045 for allocation of income for non-SSI-related recipients.

(2) Participation in cost of care shall apply to:

(a) The monthly excess income multiplied by six or the anticipated excess income that will be available within a six-month period, whichever is greater, if the individual is living outside an institution,

(b) The monthly excess income of an individual in an institution, after allowing for clothing and personal incidentals, until the end of six month's separation from a spouse at home when both are SSI-related recipients. See WAC 388-92-025(1)(b),

(c) The resources in excess of those in WAC 288-92-050,

(d) Additional cash resources that come into possession of the individual during a period of certification,

(e) All other resources for payment of medical care available to the individual, including the income exclusion described in WAC 388-92-025(3)(f) for a person in institution. [Statutory Authority: RCW 74.08.090. 80-02-061 (Order 1479), § 388-92-055, filed 1/18/80; Order 1227, § 388-92-055, filed 8/8/77; Order 996, § 388-92-055, filed 12/31/74; Order 960, § 388-92-055, filed 8/13/74; Order 898, § 388-92-055, filed 1/25/74.]

WAC 388-92-060 Authorization. (1) Initial certification

(a) If the individual is in an institution, certification may be up to one year.

(b) All other individuals are certified when their eligibility for medical assistance has been determined, depending upon the anticipated duration of medical need, but not to exceed six months.

(2) Redetermination of eligibility. Eligibility for medical assistance shall be redetermined no less often than every six months for an individual outside an institution or yearly, if in an institution.

(3) Change of circumstances. Any person certified for medical assistance who comes into possession of any income or resources, not otherwise declared, whose medical eligibility ceases, or who has other changes which affect continuing eligibility shall notify the department. (See WAC 388-38-255.) Eligibility shall be redetermined within thirty days following such notification.

(4) Notification of decision. A person shall be notified in writing on the appropriate state form when his eligibility for medical assistance is initially certified, redetermined or when there is any change in circumstances. [Statutory Authority: RCW 74.08.090. 78-10-077 (Order 1346), § 388-92-060, filed 9/27/78; Order 1111, § 388-92-060, filed 4/15/76; Order 898, § 388-92-060, filed 1/25/74.]

WAC 388-92-065 Termination of SSI beneficiary.

(1) Authorization of medical assistance of any SSI beneficiary who meets the blindness or disability criteria under Title XVI, and who ceases to be blind or to be under such disability, shall be terminated from medical assistance at the end of the second month following the month in which such blindness or disability ceases provided there continues to be a medical need during that time.

(2) For any individual who is no longer eligible for Title XVI financial benefits, eligibility for FAMCO shall be determined promptly. If the termination notice of financial benefits is received from SSA [SSI], eligibility for medical assistance would ordinarily terminate as of the end of that month, unless a timely request for a hearing pertaining to eligibility for cash benefits has been made to SSA [SSI]. In such case, certification may not extend beyond the end of the next month unless he has been determined to be eligible for FAMCO. [Order 898, § 388-92-065, filed 1/25/74.]

WAC 388-92-070 Person converted into Title XVI.

(1) An individual and the essential person who were converted to Title XVI benefits effective January 1, 1974, shall be eligible for medical assistance.

(2) When eligibility for benefits ceases, the individual shall be terminated:

(a) The month in which such individual dies, or

(b) The first full month in which the individual no longer meets the age, blindness or disability criteria in WAC 388-93-015, or no longer meets the residence required by WAC 388-83-025.

(3) For persons who according to WAC 388-83-028 were determined ineligible for financial assistance because of the twenty per cent social security increase, eligibility for medical assistance as categorically needy continues until other change in circumstances affects eligibility.

(4) The individual who was converted to Title XVI has the right to request termination and reapply under Title XVI standards and criteria.

(5) When an individual who was converted to Title XVI is terminated from the SSI benefit and no known medical need is indicated and subsequent application is made, eligibility will be determined according to chapter 388-92 WAC. [Statutory Authority: RCW 74.08.090. 78-02-024 (Order 1265), § 388-92-070, filed 1/13/78; Order 1196, § 388-92-070, filed 3/3/77; Order 996, § 388-92-070, filed 12/31/74; Order 960, § 388-92-070, filed 8/13/74; Order 898, § 388-92-070, filed 1/25/74.]

Chapter 388-93 WAC
MEDICAL CARE FOR GRANDFATHERED
RECIPIENTS

WAC	
388-93-005	Definitions.
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388-93-020	Eligibility—Blindness defined.
388-93-025	Eligibility—Permanently and totally disabled defined.
388-93-030	Refusal of disabled recipient to accept available and recommended medical treatment—Effect on eligibility.
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388-93-040	Computation of available income.
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388-93-055	Allocation of available income and nonexempt resources.
388-93-060	Exempt resources.
388-93-065	Nonexempt resources.
388-93-070	Transfer of resources within two years prior to application.
388-93-075	Continuing certification.
388-93-080	Application following termination of eligibility.

WAC 388-93-005 Definitions. A "grandfathered" recipient of Title XIX is an individual who

(1) had been determined eligible for nongrant and medical assistance related to old age assistance (OAA), aid to the blind (AB), or disability assistance (DA) as of December 31, 1973, and

(2) continues to satisfy the criteria for the related categories as defined in WAC 388-93-020 or 388-93-025, and

(3) meets the financial standards as defined in WAC 388-93-040 through 388-93-055, and

(4) has a medical need. [Order 996, § 388-93-005, filed 12/31/74.]

WAC 388-93-010 Description of program. The department shall provide medical assistance within the limitations set forth in these rules and regulations to an individual who is a grandfathered recipient as defined in WAC 388-93-005. [Order 996, § 388-93-010, filed 12/31/74.]

WAC 388-93-015 Eligibility—General. (1) There is no requirement of citizenship imposed as a condition of eligibility for benefits under the medical care program.

(2) Residence – see WAC 388-83-025.

(3) Medical need – The grandfathered recipient must have a medical need to remain eligible for medical assistance under Title XIX of the social security act. For example, disability per se does not constitute a medical need; treatment of disability does.

(4) To continue to be eligible for federal aid medical care only the grandfathered recipient shall be

(a) age 65 or older, or

(b) disabled as defined in WAC 388-93-025, or

(c) blind as defined in WAC 388-93-020 and not publicly soliciting alms by wearing, carrying or exhibiting signs denoting blindness, carrying receptacles for the reception of alms or doing the same by proxy or by begging.

(i) It shall be assumed that a blind person is not soliciting alms unless there is evidence to the contrary. [Order 996, § 388-93-015, filed 12/31/74.]

WAC 388-93-020 Eligibility—Blindness defined. Blindness is defined in terms of ophthalmic measurements as

(1) Central visual acuity of 20/200 or less in the better eye with the best possible corrective glasses, or

(2) Contraction of the peripheral field of vision to within twenty degrees of the fixation point in all quadrants as determined by standard perimetric testing, or

(3) Muscle function, measured in all parts of the motor field and charted upon 20 rectangles, 4 x 5 degrees in size, equal to 18/20 binocular or monocular. [Order 996, § 388-93-020, filed 12/31/74.]

WAC 388-93-025 Eligibility—Permanently and totally disabled defined. (1) In general, "permanently and totally disabled" means that the individual has some permanent physical or mental impairment, disease or loss that substantially precludes him from engaging in a useful occupation within his competence, such as holding a substantially gainful job or homemaking. The impairment may be physical or mental, organic or functional, and of such degree as to interfere with the individual's faculties, such as senses, reasoning, mobility. It may exist from birth, be acquired during the lifetime of the individual, or result from accident. It may be obvious, such as loss of a limb, or it may be such that it can be revealed only by medical examination. It may exist singly or in combinations.

(2) The term "permanently disabled" refers to the existence of a physiological, anatomical, emotional and/or mental impairment verified by medical findings, which is of major importance, and is a condition not likely to improve, but will continue throughout the lifetime of the individual. Any condition which is considered by the medical reviewer as not likely to respond to any known therapeutic procedure shall be deemed to be a permanent impairment. Furthermore, any condition which is considered as likely to remain static or to become worse unless certain therapeutic measures are carried out shall

be deemed to be permanent so long as treatment is unavailable, inadvisable, or the individual refuses treatment and his decision is reasonable — see WAC 388-93-030.

(a) Decision that an impairment is permanent can be made even though recovery from the impairment is possible. The discovery of new drugs or other advances in medical treatment is always a potential which may change a permanent "situation"; pending the actual physical improvement, the classification is proper. Therefore, the term "permanent" need not be everlasting or unchangeable, but is used in the sense of continuing indefinitely as distinct from temporary or transient.

(b) A physician's medical report must be used to establish the existence of an impairment and its permanency.

(3) The term "totally disabled" refers to an individual's ability to perform those activities necessary to carry out specified responsibilities such as those necessary to employment or homemaking. Totality involves considerations in addition to those verified through the medical findings such as age, training, skills and work experience, and the functioning of the individual in his particular situation in light of his impairment. Such social data will describe the individual's education and work history, the activities required of him in his home or in his job, living conditions, interests, his capacity and limitations, and the extent to which he has adjusted to his impairment.

(a) Job training may enable a permanently and totally disabled person to acquire a new skill in spite of his impairment. However, during a reasonable period of training and until he acquires job competence, he continues to be totally disabled.

(b) The social summary must show how the person reacts in social situations in order to illustrate that his disability substantially precludes him from engaging in employment or homemaking in the foreseeable future. The social worker carries the major responsibility for providing the state office review team with the recorded objective social information bearing on the totality factor.

(4) The term "substantially precludes" relates to the extent to which an individual's permanent impairment has left him unable to engage in those activities necessary to carry on specified responsibilities such as employment and homemaking. If an individual is able to perform such activities well enough and with sufficient regularity to receive substantial payment for his effort or to carry on homemaking responsibilities on a continuing basis, he is not considered as precluded from engaging in "useful occupations" and cannot be found to be permanently and totally disabled.

(5) The term "useful occupations" means productive activities which add to the economic wealth, or produce goods or services to which the public attaches a money value. However, the person whose impairment is so severe that it results in his being unable to leave his bed, leave his home or maintain body hygiene without help of another person, and for whom the assumption would

commonly be made that he could not engage in any useful occupation, but in fact, through supreme effort he does some work shall have his ability evaluated in light of

(a) The extent to which sympathy or compassion enters into the opportunity to engage in remunerative work. In other words, is the individual able to do something because family, friends, or neighbors help more than is usual — for example, running errands, bringing him materials, "engineering" the job, helping devise and create special tools, creating a market based more on sympathy than intrinsic value received, selling through church or other organization without charging the usual commission, etc., and

(b) The extent to which the energy which must be discharged by the person is far beyond that which is ordinarily required for that activity. For example, does it take him six or seven hours to do what most workers could do in an hour?

(c) If through careful consideration of such facts, in addition to the medical and social reports, it can be reasonably concluded that this individual is doing more than can ordinarily be expected from individuals with the impairments of similar severity, but his activity is not substantially gainful, a finding of permanent and total disability may be reached.

(6) The term "homemaking" involves the ability to carry the home management and decision making responsibilities and provide essential services within the home for at least one person in addition to oneself. This may be either a man or a woman. If homemaking is such that children are neglected or the other person receives practically no benefit from her efforts, these facts should be clearly shown in the social summary. If she must have the help of other persons to complete the essential household tasks, it may be shown that she is not actually able to perform as a homemaker. The following activities are important to successful performance of the occupation of homemaking — shopping for food and supplies; planning and preparing meals; washing dishes; cleaning house; making beds; washing and ironing clothes and, if the care of young children is within the homemaking responsibility — lifting and carrying infants; bathing and dressing young children; training and supervising children; accompanying children to community activities and to sources of medical care.

A finding that a person is unable to perform the occupation of homemaking would require that the individual is unable to perform a significant combination or grouping of these activities because of his permanent impairment. When homemaking is the responsibility of the applicant, determination shall be made as to whether a permanent impairment prevents the applicant from totally meeting such responsibility.

(7) Special emotional problems

(a) Alcoholism. For alcoholism to be considered permanently and totally disabling, since there is such variation in the severity of alcoholism, at least one of the following criteria are required for approval of permanent and total disability:

(i) Evidence that a pathological or demonstrable organic damage has resulted from chronic alcoholism, such as neuritis or cirrhosis of the liver;

(ii) Evidence that the alcoholism has reached the addiction state as shown by marked ethical deterioration, the obsessive character of the drinking, the approaching loss of alcohol tolerance, prolonged bouts, and a breakdown of the rationalization pattern;

(iii) A history of several years of excessive drinking to the extent that it has adversely affected his interpersonal relationships and his social and economic functioning — loss of employment and inability to sustain employment because of excessive drinking.

(b) Personality inadequacy. Even though the medical report does not show a physical ailment which of itself is permanently disabling, a person may be found to be permanently and totally disabled if the medical or psychiatric report together with the social report supplemented with a psychological report, if indicated, shows an extended history of a combination of personality problems, character disorders or social inadequacies including unusual behavior, which prevents the person from making the adjustment required for an employable person or a homemaker.

(i) This would include the person whose responses to his environment are habitually inadequate and who seems to have limited or no voluntary control over his reactions. The symptoms of this emotionally unstable personality usually are demonstrated in antisocial or unconventional behavior of one kind or another, for example, drug addiction or alcoholism. The person does not get along with other people and may break many of society's rules. Most of these persons have had one difficulty after another since childhood with the typical lack of awareness and lack of remorse that is associated with this kind of behavior. The repetitive nature of their problems coupled with the lack of motivation for change produces an individual whose pattern provides a serious permanent impairment that can be totally disabling. Examples of this kind of personality inadequacy might be

(A) A patient returning from a mental hospital who is no longer psychotic but whose behavior would be unacceptable to a prospective employer or to his family;

(B) The person who has never been able to hold a job due to a pattern of emotional instability, or other unusual behavior which shows that the individual is unable, for an extended period, to substantially engage in any gainful occupation or homemaking;

(C) Drug addiction over an extended period of time.

(ii) In all cases of personality inadequacy, the reports specified in subsection (7)(b) are required. [Order 996, § 388-93-025, filed 12/31/74.]

WAC 388-93-030 Refusal of disabled recipient to accept available and recommended medical treatment—Effect on eligibility. (1) A disabled recipient who refuses without good cause to accept available medical treatment which can reasonably be expected to render him able to work or do homemaking shall become ineligible.

(2) "Available medical treatment" shall mean and include medical, surgical, or psychiatric therapy, or any combination thereof.

(3) "Reasonably be expected to render him able to work or do homemaking" shall mean that, in the opinion of the state office review team, the recommended medical, surgical, or psychiatric therapy or any combination thereof, is of such a nature and prognosis that, in the specific instance of the individual involved, medical experience indicates that the recommended treatment will restore or substantially improve the individual's ability to work for pay in a regular and predictable manner or to engage in homemaking.

(4) For the purposes of this section, a recipient has good cause to refuse recommended medical treatment when, according to the best objective judgment of the state office review team, such refusal is based upon one or more of the following conditions:

(a) The individual is genuinely fearful of undergoing recommended treatment. Such fear may appear to be unrealistic, or entirely emotional in origin, or irrational; however, fear exists in such a degree that treatment would be adversely affected and the doctor may therefore be dubious about undertaking to treat the individual, or

(b) The individual could lose a faculty, or the remaining use of faculty he now has, and refuses to accept the risk, or

(c) Because of his definitely stated religious scruples, the individual will not accept recommended medical treatment.

(5) The controlling principle in determining whether refusal was for or without good cause rests with the state office review team which will be guided by whether a reasonable, prudent man under similar circumstances would accept the recommended treatment. The determination will be made only after considering all social and medical evidence, including that furnished by the individual himself, who will be provided with an opportunity to set forth in writing his objective reasons for declining recommended treatment. A determination that a refusal to accept treatment is without good cause is a decision which the recipient may appeal according to chapter 388-08 WAC. [Order 996, § 388-93-030, filed 12/31/74.]

WAC 388-93-035 Refusal of disabled recipient to accept available and recommended medical treatment—Review for disability or blindness. (1) The grandfathered FAMCO recipient's blindness or permanent and total disability shall be reviewed when a significant change has occurred.

(2) If a change in blindness has occurred, an eye examination shall be secured from an ophthalmologist or optometrist and evaluated by the department's ophthalmological consultant. The ophthalmological consultant shall determine and certify whether legal blindness continues to exist.

(3) If a change in disability has occurred, a medical examination shall be secured. The medical reports shall be evaluated by the office of personal health services to

determine whether permanent and total disability continues to exist. [Order 996, § 388-93-035, filed 12/31/74.]

WAC 388-93-040 Computation of available income.

(1) Income and net income shall be as defined in WAC 388-22-030. Total income of a beneficiary of supplementary security income is not considered an available resource except for institutionalized recipients.

(2) To arrive at available income, the following items shall be deducted from net income:

(a) Support payments being paid by the recipient under court order;

(b) Special nonmedical needs, such as payment to a wage earner's plan (specified by the court in a bankruptcy proceeding), or previously contracted major household repairs if failure to make such payments would result in garnishment of wages or loss of employment;

(c) Tax rebates or special payments exempted by federal regulations and publicized by numbered memoranda from the state office.

(3) The exempt earned income shall be:

(a) For a former recipient of old age assistance or of disability assistance - the first \$20 plus one-half of the next \$60;

(b) For a former recipient of aid to the blind - the first \$85 plus one-half of the amount over \$85.

(4) Personal and nonpersonal work expense shall be deducted from earned income as follows:

(a) Mandatory deductions as required by law or as a condition of employment;

(b) Necessary cost of public transportation or eight cents a mile for private car to and from place of employment;

(c) Expenses of employment which are necessary to that employment such as tools, materials, union dues;

(d) Additional clothing costs: for an individual doing clerical work, \$5.70; for an individual doing manual work, \$3.60; for persons enrolled in a remedial education or vocational training course, the actual cost of uniforms and/or special clothing;

(e) The cost of child care necessary to employment if not provided without cost or as departmental service. The actual expense shall be deducted but not to exceed standard in WAC 388-16-215. [Statutory Authority: RCW 74.08.090. 78-02-024 (Order 1265), § 388-93-040, filed 1/13/78; Order 1067, § 388-93-040, filed 11/17/75; Order 996, § 388-93-040, filed 12/31/74.]

WAC 388-93-045 Monthly maintenance standard--Individual living in own home. (1) The following monthly standards of available income for maintenance in dollar amounts shall apply when determining financial eligibility.

FAMILY SIZE	STANDARD	FAMILY SIZE	STANDARD
1	\$195	10	\$591
2	237	11	635

FAMILY STANDARD FAMILY STANDARD SIZE SIZE

3	282	12	679
4	327	13	723
5	371	14	768
6	415	15	812
7	459	16	856
8	503	17	900
9	547	18	944

(2) \$44 shall be added for each additional member. [Order 996, § 388-93-045, filed 12/31/74.]

WAC 388-93-050 Monthly maintenance standard--Individual in institution. (1) The monthly standard for clothing and personal maintenance for an individual in a skilled nursing facility or general hospital shall be \$25.

(2) The monthly standard for clothing and personal maintenance for an individual in an intermediate care facility shall be \$27.30. [Order 996, § 388-93-050, filed 12/31/74.]

WAC 388-93-055 Allocation of available income and nonexempt resources. (1) The individual's available income determined according to WAC 388-93-040 and nonexempt resources determined according to WAC 388-93-060 and 388-93-065 shall be allocated for the purposes and in the order specified in this section.

(2) Maintenance needs of the individual living in his own home, or of legal dependents living in the family home if the individual is in an institution;

(a) The maintenance standards in WAC 388-93-045 shall apply unless the legal dependents are applying for or receive public assistance when the appropriate grant standards shall apply.

(3) Maintenance needs according to WAC 388-93-050 for an individual in an institution;

(4) Supplementary medical insurance premiums for an individual not in a nursing home who is eligible for medicare during the month of authorization and the month following if not withheld from the RDSI or RR benefit (see WAC 388-81-060);

(5) Health and accident insurance premiums for policies continued in force from time of application;

(6) Costs not covered under this program for medical or remedial care as determined necessary by eligible providers according to WAC 388-87-005(2)(a) and (h) initiated during a period of certification. (See WAC 388-91-016(1)(a)).

(7) Participation in cost of care provided under this program except as provided in subsection (8); however, participation may not exceed:

(a) The excess regular income multiplied by six or the anticipated excess income that will be available within a six-month period, whichever is greater,

(b) The resources in excess of those listed in WAC 388-28-430(2)(a) - (see WAC 388-93-060),

(c) Additional cash resources that come into possession of the individual during a period of certification.

(8) The twenty percent increase in social security benefits shall be considered exempt income when determining eligibility and participation for persons who in August 1972 received OAA, AFDC, AB or DA and also received RDSI benefits and who became ineligible for OAA, AFDC, AB or DA solely because of the twenty percent increase in social security benefits under Public Law 92-366. [Order 1061, § 388-93-055, filed 10/8/75; Order 996, § 388-93-055, filed 12/31/74.]

WAC 388-93-060 Exempt resources. In determining the eligibility of the grandfathered recipient of federal aid medical care only, the rules for exempt resources in WAC 388-28-420, 388-28-430, and 388-28-580 shall apply. When separate property is a consideration, see WAC 388-28-365 and 388-28-370. [Order 996, § 388-93-060, filed 12/31/74.]

WAC 388-93-065 Nonexempt resources. (1) All resources not specifically exempted in WAC 388-93-060 shall be considered available for medical and nonmedical needs following priorities set forth in WAC 388-93-045 through 388-93-055. Value shall be assigned resources according to WAC 388-28-450 and 388-28-455.

(2) The possession of a nonexempt resource affects eligibility for medical care. Except for nonexempt real property, the value assigned to such resources shall be the "fair market value". The "fair market value" of the resource is considered available toward the cost of medical care. Such amount is considered at the time of each review for as long as the resource is possessed by the applicant. See WAC 388-85-020.

(3) In assigning value to nonexempt real property as described in WAC 388-28-055 for sequence followed shall be:

(a) First consideration shall be given to the sale of nonexempt real property based on the "quick sale value".

(b) If sale is not possible, rental or lease must be considered with the income derived from such rental or lease being considered available to meet the cost of medical care.

(c) If the property cannot be sold, rented, or leased and if the applicant has used reasonable diligence in seeking a purchaser, renter, or leasee, then no resource value for this property shall be considered to exist for the purpose of determining eligibility. The property shall remain on the market for as long as the applicant is certified for medical care.

(4) An application for medical assistance from a person who refuses to dispose of his property or refuses to attempt to dispose of his property as provided in subsection (2)(a), (b) and (c) shall be denied. [Order 996, § 388-93-065, filed 12/31/74.]

WAC 388-93-070 Transfer of resources within two years prior to application. (1) An applicant who transfers any resource within two years immediately prior to the date of application (or during the application period)

without having received adequate consideration for such property shall be deemed to have a nonexempt resource available to meet his medical needs.

(2) The amount considered available to meet medical need shall be the difference between the reasonable value of the consideration received for the transferred property and the reasonable value of the property transferred. In determining this amount the rules in WAC 388-28-461 and 388-28-462 shall be considered.

(3) The applicant is ineligible if the amount considered available exceeds medical need according to WAC 388-84-020. If eligible with participation, see WAC 388-83-045. [Statutory Authority: RCW 74.08.090, 79-06-034 (Order 1402), § 388-93-070, filed 5/16/79; Order 996, § 388-93-070, filed 12/31/74.]

WAC 388-93-075 Continuing certification. (1) A grandfathered recipient who continues to meet requirements of WAC 388-93-015, 388-93-045, 388-93-060, 388-93-065 and 388-93-070 may be recertified for medical assistance.

(2) A grandfathered recipient who does not continue to meet requirements in subsection (1) shall be terminated. See WAC 388-93-080. [Order 996, § 388-93-075, filed 12/31/74.]

WAC 388-93-080 Application following termination of eligibility. The eligibility of an individual applying for federal aid medical care only after termination of his eligibility as a grandfathered recipient shall be determined according to chapter 388-92 WAC. [Order 996, § 388-93-080, filed 12/31/74.]

Chapter 388-95 WAC

MENTAL INSTITUTIONS--AGE--MEDICAL ASSISTANCE--ELIGIBILITY

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388-95-045	Medical consultant approval for hospitalization or medical care—When required.
388-95-055	Department responsibilities for patient/recipient entering psychiatric facility.
388-95-060	Services to patient/recipient in psychiatric facility.
388-95-065	Coordination of services for patient/recipient.
388-95-070	Department responsibilities—Patient/recipient scheduled for release.
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388-95-275	Supportive social service by ESSO.
388-95-280	Conditions for payment.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 388-95-050 Time-limited visit. [Order 1044, § 388-95-050, filed 8/14/75.] Repealed by 78-09-052 (Order 1328), filed 8/22/78. Statutory Authority: RCW 74.08.090.
- 388-95-250 Therapeutic visit. [Order 1044, § 388-95-250, filed 8/14/75.] Repealed by 78-09-052 (Order 1328), filed 8/22/78. Statutory Authority: RCW 74.08.090.

WAC 388-95-005 Definitions. (1) "Admission notification" – The facility provides the ESSO with written notification that an eligible patient has been admitted.

(2) "Alternate care" – Care outside the psychiatric hospital, such as care in own or relative's home with necessary home services, foster family home, nursing home, or other social care facility.

(3) "Benefit" – Amount received from supplemental security income, administered by social security administration.

(4) "Case record" – The case records used in administering the program including:

- (a) ESSO case record;
- (b) Hospital medical record.

(5) "Chief of social services" – Supervisor of a department of social services of the hospital.

(6) "Clinical staff" – Staff located at the hospital, including representation from medical, psychiatric and social services staff.

(7) "Clinical staff review" – Review by clinical staff for the purpose of evaluating the progress of the patient/recipient and developing treatment and/or release plans.

(a) "Initial review" – an interdisciplinary staff review:

(i) For persons 65 or over, made within 30 days of admission to the hospital or after attaining age 65, or within 30 days of referral for application for Title XIX medical assistance.

(ii) For persons under 21, made within fourteen days after admission to hospital.

(b) "Periodic review" – Made every thirty days or more often following initial review of person under 21 years of age.

(c) "Quarterly review" – Made every ninety days or more often following initial review for person 65 or over.

(8) "County of residence" – ESSO where the case is in active status.

(9) "Facility" – see "hospital".

(10) "Written referral" – A formal request for Title XIX coverage made by the hospital in behalf of the patient 65 or over.

(11) "Hospital" – A mental or psychiatric institution or hospital approved for the provision of inpatient psychiatric care to recipients 65 years of age or older and those under 21 years of age.

(12) "Hospital daily population report" – Official hospital report on patient movement which serves as the individual notification of patient admission and discharge.

(13) "Legal dependents" – Spouse and minor children living in the family home for whom the patient is financially responsible.

(14) "Legal status of patient" –

(a) Voluntary admission – Patient admitted voluntarily by self, parents, or guardian.

(b) 72-Hour evaluation and treatment – Patient admitted for evaluation and treatment by court order activated by the mental health professional.

(c) Involuntary admission – Patient committed by court order for a specified treatment period of 14 days, 90 days, or 180 days.

(d) Observation – Patient admitted by court order for a specified period of observation for determination of mental illness.

(15) "ESSO service workers" – Social service workers in a ESSO assigned service cases of patient/recipients.

(16) "Medical assistance" – As used in this chapter means essential medical care, including psychiatric services, for chronic, emergent, and acute conditions furnished to needy persons sixty-five years of age or over or under age 21 in a facility.

(17) "Mental health professional" – A professional person designated by the county's administrative mental health body and charged with the responsibility to investigate and evaluate the presence of mental illness.

(18) "Mental health services representative" (MHSR) – Employee of the health services division, office of medical assistance, who is responsible to see that requirements of the 65 and over and under 21 programs are carried out within the regulations established in Title XIX of the Social Security Act.

(19) "Patient" – Individual who is the responsibility of the hospital only.

(20) "Patient/recipient" – Individual in the hospital who is the joint responsibility of the divisions of community services, health services, and management and budget services.

(21) "Psychiatric facility" – A JCAH approved psychiatric hospital treating persons for mental diseases.

(22) "Psychiatric hospital social worker" – Social worker employed by the hospital.

(23) "Recipient" – As used in this chapter is:

(a) Any individual age sixty-five years or older who has been determined eligible for service under Title XIX, assistance to aged individuals in institutions for mental diseases, and

(b) An AFDC recipient under 18 years of age or SSI beneficiary under 21 years of age (except that if receiving services prior to 21st birthday may be continued eligible until 22nd birthday).

(24) Residential facilities – Group homes providing personal care services.

(25) Types of releases from state mental institutions.

(a) "Discharge" –

(i) The legal procedure which terminates a legal commitment to a mental hospital or a court order for observation.

(ii) The release from treatment of the voluntary patient. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-005, filed 8/22/78; Order 1233, § 388-95-005, filed 8/31/77; Order 1044, § 388-95-005, filed 8/14/75.]

WAC 388-95-010 Eligibility for aged person. (1) The department shall provide medical care within the limitations set forth in these rules and regulations to any individual residing in a hospital who has been certified to receive medical assistance under conditions specified in subsection (2).

(2) The individual shall:

(a) Be sixty-five years of age or older;

(b) Be a resident of the state of Washington - no durational requirement;

(c) Be in a hospital after voluntary or involuntary admission;

(d) Be financially eligible according to chapter 388-92 WAC including consideration of individual's:

(i) Needs according to the institutional monthly maintenance standard in WAC 388-92-035;

(ii) Medical care requirements -

(A) Monthly charge for care in the facility,

(B) Deductible for Part A medicare, less any part already paid during the current spell of illness,

(C) Deductible for Part B medicare, less any part already paid during the current calendar year,

(D) Health and accident insurance premium payments, other payments for medical care not provided by the department, and payments being made for medical costs incurred within three months prior to date of application.

(iii) Monthly maintenance requirements of the applicant's legal dependents according to WAC 388-92-030 and 388-92-055(2)(b).

(3) An applicant determined to be eligible shall be informed by means of an award letter of the action taken by the department.

(4) If the nonexempt resources and income of the applicant, excluding medicare benefits available, will meet the needs listed in subdivision (2)(e), for a period of two months or more following the date of admission, the applicant is ineligible and the application shall be denied. The applicant shall be notified in writing of the denial and reason for the action and informed of the right to a fair hearing.

(5) If the nonexempt resources and income of the applicant, including medicare benefits available, will not meet these needs for a period of two months, then the applicant is financially eligible. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-010, filed 8/22/78; Order 1044, § 388-95-010, filed 8/14/75.]

WAC 388-95-025 Notification and application process. Medical assistance is available to those patients in the facility who meet eligibility requirements.

(1) Eligibility shall be established for patients who are 65 years of age or over and:

(a) On active recipient status at the time of admission;

(b) Not active at time of admission, but financially eligible;

(c) Financially eligible and attains age 65; or a

(d) Patient whose private funds are depleted.

(2) Notification of a recipient's admission or a patient's need to apply for medical assistance shall be provided to the ESSO in a timely manner.

(3) Application shall be processed according to WAC 388-92-020. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-025, filed 8/22/78; Order 1044, § 388-95-025, filed 8/14/75.]

WAC 388-95-030 Certification of eligibility. Eligibility shall be certified according to WAC 388-92-060. All pertinent information from the facility relating to the case shall be transmitted to the ESSO of residence. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-030, filed 8/22/78; Order 1044, § 388-95-030, filed 8/14/75.]

WAC 388-95-035 Effective date of authorization. The effective date of authorization shall be the first day of the month of application. [Order 1044, § 388-95-035, filed 8/14/75.]

WAC 388-95-040 Duration of certification. Medical assistance to aged individuals in mental hospitals shall be certified for a period of not more than twelve months (WAC 388-92-060(1)(b)). A shorter certification period may be authorized when the probability of a change in the medical needs or financial circumstances of the recipient seems to justify such action. Review of eligibility shall be according to WAC 388-92-060(2). [Order 1044, § 388-95-040, filed 8/14/75.]

WAC 388-95-045 Medical consultant approval for hospitalization or medical care--When required. (1) The medical consultant's approval is not required for admission or readmittance to the facility.

(2) The medical consultant's approval shall be required for medical care not included in the agreement with the facility for an individual who has exhausted his benefits under medicare. [Order 1044, § 388-95-045, filed 8/14/75.]

WAC 388-95-055 Department responsibilities for patient/recipient entering psychiatric facility. The department is responsible for ESSO and facility joint planning in the provision of services to patient/recipients entering the facility.

(1) The ESSO of residence shall determine eligibility of an applicant referred by the facility.

(2) Information pertinent to the development of a plan of care and treatment shall be provided to the facility by the ESSO. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-055, filed 8/22/78; Order 1044, § 388-95-055, filed 8/14/75.]

WAC 388-95-060 Services to patient/recipient in psychiatric facility. (1) The patient/recipient shall be entitled to the same scope and content of medical care for nonpsychiatric disorders as other recipients of medical assistance. (See WAC 388-86-005 through 388-86-120.)

(2) The patient/recipient shall be entitled to psychiatric services as federally required. (See definitions

WAC 388-95-005(6) and 388-95-005(7)(a)(i) and (c). [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-060, filed 8/22/78; Order 1044, § 388-95-060, filed 8/14/75.]

WAC 388-95-065 Coordination of services for patient/recipient. Patient/recipient shall be provided services based on inter-divisional agreements which designate methods of sharing information pertinent to admission, treatment and discharge planning. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-065, filed 8/22/78; Order 1044, § 388-95-065, filed 8/14/75.]

WAC 388-95-070 Department responsibilities--Patient/recipient scheduled for release. A patient/recipient shall be released to alternate care only on the basis of joint planning and agreement between the staffs of the appropriate divisions within the department. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-070, filed 8/22/78; Order 1044, § 388-95-070, filed 8/14/75.]

WAC 388-95-075 ESSO responsibility for social services. (1) The ESSO shall assume primary responsibility for providing social services to the aged recipient released from the mental facility. Need for financial assistance is not a prerequisite for providing social services.

(2) Prescribed services shall include at least:

Casework, counseling, and other services to assist the recipient in understanding and carrying out the facility's recommendations for continued needed care and services. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-075, filed 8/22/78; Order 1044, § 388-95-075, filed 8/14/75.]

WAC 388-95-080 Payment for care. (1) The department shall pay the facility for medical care provided to a patient/recipient certified as eligible under this program.

(a) Medical care services provided to a patient/recipient within or outside the facility shall be the responsibility of the facility until the patient/recipient is released. Claim for payment shall be on forms provided by the department.

(b) Leaves of absence, temporary visits, and unauthorized absences for periods exceeding twenty-four hours shall not be counted as inpatient days and shall not be billed. It is not necessary to submit a new admission and billing each time the patient is absent twenty-four hours or more. The facility may bill on a monthly basis for covered days, excluding the days absent.

(2) Payment for medical care shall be according to chapter 388-87 WAC. [Order 1044, § 388-95-080, filed 8/14/75.]

WAC 388-95-210 Eligibility for person under age 21. (1) The department shall provide for inpatient psychiatric care within the limitations set forth in these rules and regulations to any individual who is a patient in a JCAH approved psychiatric facility program and

who has been certified to receive medical assistance (MA) under conditions specified in subsection (2).

(2) The individual shall be:

(a) Under age 21 (except that if receiving services just prior to 21st birthday, eligibility may continue until age 22); and an

(b) AFDC recipient; or

(c) SSI beneficiary.

(3) Civil commitment due to mental illness is an allowable legal procedure because it is medical in nature. Any patient whose status upon admission involves a legal procedure other than civil commitment, including a legally adjudicated "delinquent" placed in the facility or a patient admitted and detained in connection with a violation of the law whether the offense is a misdemeanor, a felony or in the nature of a delinquent act, is not eligible. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-210, filed 8/22/78; Order 1044, § 388-95-210, filed 8/14/75.]

WAC 388-95-215 Scope of care. Medical assistance coverage includes:

(1) Daily and ancillary charges for care in the hospital,

(2) Deductible for Part A medicare, less any part already paid during the current spell of illness,

(3) Coinsurance for Part B medicare, less any part already paid during the current calendar year.

(4) Medical assistance (MA) to an eligible AFDC patient/recipient shall be for 90 days without a change in the family grant. (See WAC 388-24-125(3)(b)(ii)).

(5) If hospitalization would be necessary for more than 90 days, the child shall be included in the grant for clothing, personal maintenance and incidental allowance only. (See WAC 388-34-125(1)).

(6) If AFDC status is terminated because of increased earnings of parent or increased hours of employment, the patient/recipient shall remain eligible for a period of four months. (See WAC 388-83-027(5)). [Order 1044, § 388-95-215, filed 8/14/75.]

WAC 388-95-225 Notification process. The bureau of mental health and the reimbursement section of the office of staff services will develop and implement by agreement a notification process to assure that confirmation of a patient/recipient's admission is shared with appropriate persons in the facility, ESSO and office of medical assistance. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-225, filed 8/22/78; Order 1044, § 388-95-225, filed 8/14/75.]

WAC 388-95-235 Effective date of Title XIX coverage. The effective date shall be the date of admission to the hospital. [Order 1044, § 388-95-235, filed 8/14/75.]

WAC 388-95-255 Department responsibility--Admission. The appropriate ESSO of the AFDC or SSI recipient shall be responsible for determining eligibility on a continuing basis, following the patient/recipient's progress in the facility and collaborating in efforts to

maintain and/or develop family relationships as appropriate. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-255, filed 8/22/78; Order 1044, § 388-95-255, filed 8/14/75.]

WAC 388-95-260 Services in facility. The patient/recipient shall be entitled to the facility's full scope care only for the period of active treatment for the condition which resulted in hospitalization. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-260, filed 8/22/78; Order 1044, § 388-95-260, filed 8/14/75.]

WAC 388-95-265 Coordination of services. The facility has responsibility for providing initial and current medical examination reports, psychiatric evaluations, individual treatment plans, social summaries and discharge plans of each patient/recipient to the ESSO. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-265, filed 8/22/78; Order 1044, § 388-95-265, filed 8/14/75.]

WAC 388-95-270 Department responsibilities—Release. (1) To assure appropriate release, the facility shall provide notification and referral material to the ESSO.

(2) A patient/recipient, to be released to alternate care, shall be provided such release based on joint planning agreement of the facility and ESSO. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-270, filed 8/22/78; Order 1044, § 388-95-270, filed 8/14/75.]

WAC 388-95-275 Supportive social service by ESSO. (1) The ESSO shall assume primary responsibility for providing social services to the under 21 recipient after discharge from the facility. The need for financial assistance is not a prerequisite for providing social services. The ESSO has the responsibility to provide direct services when feasible or be responsible for procuring and coordinating the use of other community services such as: Mental health centers, juvenile court, group homes, education and training, family planning clinics, etc.

(2) Continuity of care is essential although the frequency of contact will vary depending upon the care provided and the needs of the individual.

(3) In providing supportive services, the service worker shall:

(a) Include casework, counseling and other services to assist the individual in understanding of, and ability to carry out the facility's recommendations for follow-up services.

(b) Seek to develop and/or maintain the recipient's family and community ties and to encourage individual participation.

(c) Secure needed medical care, including assistance in locating a physician and obtaining medication. See WAC 388-91-016(2) concerning drug and pharmaceutical supplies for discharged patients.

(4) All available necessary services shall be provided in order to prevent the recipient's readmission to a psychiatric facility.

(5) When social services are not being provided, the case record must contain fully documented reasons such as: Client refusal, inability to use services, or services being provided by another agency, or no further need for services. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-275, filed 8/22/78; Order 1044, § 388-95-275, filed 8/14/75.]

WAC 388-95-280 Conditions for payment. (1) The department shall pay for medical care provided to a patient/recipient certified as eligible under this program.

(a) Medical care services provided to a patient/recipient within the psychiatric facility shall be the responsibility of the facility until the patient/recipient is discharged. Claim for payment shall be on forms provided by the department.

(b) Leaves of absence, temporary visits, and unauthorized absences for periods exceeding twenty-four hours shall not be counted as in-patient days and shall not be billed. It is not necessary to submit a new admission and billing each time the patient is absent twenty-four hours or more. The hospital may bill on a monthly basis for covered days, excluding the days absent.

(2) Payment for medical care shall be according to chapter 388-87 WAC. [Statutory Authority: RCW 74.08.090. 78-09-052 (Order 1328), § 388-95-280, filed 8/22/78; Order 1044, § 388-95-280, filed 8/14/75.]

Chapter 388-96 WAC

NURSING HOME ACCOUNTING AND REIMBURSEMENT SYSTEM

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

388-96-100	Standards for funding patient care services in skilled nursing/intermediate care facilities. [Order 1168, § 388-96-100, filed 11/3/76.] Repealed by Order 1262, filed 12/30/77.
388-96-103	Skilled nursing care patients. [Order 1168, § 388-96-103, filed 11/3/76.] Repealed by Order 1257, filed 12/21/77.
388-96-106	Minimum licensed personnel requirements for skilled nursing facilities. [Order 1168, § 388-96-106, filed 11/3/76.] Repealed by Order 1257, filed 12/21/77.
388-96-109	Intermediate care facility patients. [Order 1168, § 388-96-109, filed 11/3/76.] Repealed by Order 1257, filed 12/21/77.
388-96-112	Minimum licensed personnel requirements for intermediate care facilities. [Order 1168, § 388-96-112, filed 11/3/76.] Repealed by Order 1257, filed 12/21/77.
388-96-116	Provider classification. [Order 1169, § 388-96-116, filed 11/10/76.] Repealed by Order 1257, filed 12/21/77.
388-96-118	Exception to dual contract. [Order 1168, § 388-96-118, filed 11/3/76.] Repealed by Order 1257, filed 12/21/77.
388-96-200	Condition of qualification for participation in the Washington state cost-related reimbursement system. [Order 1168, § 388-96-200, filed 11/3/76.] Repealed by Order 1262, filed 12/30/77.
388-96-203	Initial financial survey report and budgetary report for new providers. [Order 1168, § 388-96-203, filed 11/3/76.] Repealed by Order 1262, filed 12/30/77.
388-96-206	Prospective daily payment. [Order 1168, § 388-96-206, filed 11/3/76.] Repealed by Order 1262, filed 12/30/77.
388-96-209	Flat rate payment system option. [Order 1168, § 388-96-209, filed 11/3/76.] Repealed by Order 1262, filed 12/30/77.
388-96-300	Required reports. [Order 1205, § 388-96-300, filed 4/13/77; Order 1114, § 388-96-300, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
388-96-302	Report dates [Order 1205, § 388-96-302, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.
388-96-303	Uniform reporting forms. [Order 1169, § 388-96-303, filed 11/10/76; Order 1114, § 388-96-303, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.
388-96-305	Approval required for extensions. [Order 1205, § 388-96-305, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.
388-96-306	Short-period report procedure. [Order 1114, § 388-96-306, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.
388-96-308	Late reports. [Order 1205, § 388-96-308, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.
388-96-309	Incorrect or false report. [Order 1114, § 388-96-309, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.
388-96-311	Forms. [Order 1205, § 388-96-311, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.
388-96-312	Amended annual or semiannual report. [Order 1114, § 388-96-312, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.
388-96-314	Completion of reports. [Order 1205, § 388-96-314, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.
388-96-315	Flat rate option for providers (flat rate system). [Order 1114, § 388-96-315, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.
388-96-317	Certification of reports. [Order 1205, § 388-96-317, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.
388-96-318	Reporting requirements. [Order 1114, § 388-96-318, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.
388-96-320	False reports. [Order 1205, § 388-96-320, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.

- 388-96-321 Extensions. [Order 1114, § 388-96-321, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.
- 388-96-323 Amendments. [Order 1205, § 388-96-323, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.
- 388-96-324 Delinquent semiannual or annual reports. [Order 1114, § 388-96-324, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.
- 388-96-325 Abbreviated reporting period. [Order 1205, § 388-96-325, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.
- 388-96-326 Retention of records. [Order 1205, § 388-96-326, filed 4/13/77.] Repealed by Order 1262, filed 12/30/77.
- 388-96-327 Determination of prospective daily payment rate. [Order 1114, § 388-96-327, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-330 Rate adjustments and payments. [Order 1114, § 388-96-330, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-333 Annual report settlement. [Order 1114, § 388-96-333, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-336 Contested annual settlement. [Order 1114, § 388-96-336, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-339 Final settlement date. [Order 1114, § 388-96-339, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-342 Uniform system of accounting and reporting. [Order 1169, § 388-96-342, filed 11/10/76; Order 1114, § 388-96-342, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.
- 388-96-345 Uniform statistical reporting. [Order 1114, § 388-96-345, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.
- 388-96-348 Method of accounting. [Order 1114, § 388-96-348, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.
- 388-96-351 Nursing home reports. [Order 1239, § 388-96-351, filed 8/23/77; Order 1205, § 388-96-351, filed 4/13/77; Order 1114, § 388-96-351, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-354 Final settlement report. [Order 1114, § 388-96-354, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-357 Provider records. [Order 1114, § 388-96-357, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.
- 388-96-360 Audits by the department. [Order 1114, § 388-96-360, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-363 Report certification. [Order 1114, § 388-96-363, filed 4/21/76.] Repealed by Order 1205, filed 4/13/77.
- 388-96-387 Illustration of final settlement form. [Order 1114, § 388-96-387, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-400 The prospective cost-related reimbursement system. [Order 1168, § 388-96-400, filed 11/3/76; Order 1114, § 388-96-400, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-403 Control areas and associated cost centers. [Order 1168, § 388-96-403, filed 11/3/76; Order 1114, § 388-96-403, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-406 Payment of the actual allowable costs by cost center. [Order 1168, § 388-96-406, filed 11/3/76; Order 1114, § 388-96-406, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-409 Discretionary allowance. [Order 1114, § 388-96-409, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-412 Expense allocation procedures. [Order 1114, § 388-96-412, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-415 Expense identification. [Order 1114, § 388-96-415, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-418 Expense recoveries and adjustments. [Order 1114, § 388-96-418, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-421 Allocation of expenses. [Order 1114, § 388-96-421, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-424 Multi-facility provider. [Order 1114, § 388-96-424, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-427 Uniform system of accounting. [Order 1114, § 388-96-427, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-430 Separate and distinct SNF and/or ICF. [Order 1114, § 388-96-430, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-433 Combined multi-facility. [Order 1114, § 388-96-433, 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-436 Prospective cost reimbursement for combined multi-facility. [Order 1114, § 388-96-436, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-439 Payment of the lower of actual costs or prospective per diem rates. [Order 1114, § 388-96-439, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-442 Multi-facility flat rate option for providers (flat rate system). [Order 1114, § 388-96-442, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-445 Medical recipient rates. [Order 1114, § 388-96-445, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-448 Medical recipient rates by level of care. [Order 1114, § 388-96-448, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-451 Prospective daily payment rate. [Order 1114, § 388-96-451, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-454 Prospective rate—Inadequate data. [Order 1114, § 388-96-454, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-457 Prospective rate revision. [Order 1114, § 388-96-457, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-458 Prospective rate—Projected (budgeted) cost increases. [Order 1114, § 388-96-458, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-460 Prospective rate—New facility. [Order 1114, § 388-96-460, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-463 Prospective rate—Change in ownership—New provider. [Order 1114, § 388-96-463, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-466 Prospective rate—Change in ownership—Nonarmslength transaction. [Order 1114, § 388-96-466, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-470 Prospective rate—Change in ownership—Armslength transaction. [Order 1114, § 388-96-470, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-473 Final daily settlement rate. [Order 1114, § 388-96-473, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-476 Notification of prospective and final rates. [Order 1114, § 388-96-476, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-479 Adjustments, errors, or omissions. [Order 1114, § 388-96-479, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-500 Provider billing instructions—Nursing home statement. [Order 1114, § 388-96-500, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-510 Billing period. [Order 1114, § 388-96-510, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.

- 388-96-520 Suspension of reimbursement formula. [Order 1114, § 388-96-520, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-600 Reasonable costs. [Order 1114, § 388-96-600, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-602 Substance of recoverable cost transactions. [Order 1114, § 388-96-602, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-604 Costs due to changes imposed by regulatory agencies. [Order 1114, § 388-96-604, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-606 Nonreimbursable services and expenses. [Order 1114, § 388-96-606, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-608 Recovery of expenses. [Order 1114, § 388-96-608, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-610 Physical property. [Order 1114, § 388-96-610, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-612 Depreciation. [Order 1114, § 388-96-612, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-614 Historical cost depreciation for new providers and for depreciable assets purchased subsequent to July 1, 1974. [Order 1114, § 388-96-614, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-616 Election of depreciation method for depreciable assets purchased prior to July 1, 1974, by providers entering cost reimbursement at its inception. [Order 1169, § 388-96-616, filed 11/10/76; Order 1114, § 388-96-616, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-618 Guideline lives and methods of depreciation. [Order 1114, § 388-96-618, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-620 Disposal of depreciable assets. [Order 1114, § 388-96-620, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-622 Gains or losses on disposition of major-minor equipment. [Order 1114, § 388-96-622, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-624 Historical cost trade-ins. [Order 1114, § 388-96-624, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-626 Purchase of facility as an ongoing operations. [Order 1114, § 388-96-626, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-628 Partial change of ownership interest. [Order 1114, § 388-96-628, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-630 Donated assets. [Order 1114, § 388-96-630, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-632 Capitalization vs. expense. [Order 1114, § 388-96-632, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-634 Construction in process. [Order 1114, § 388-96-634, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-636 Amortization expense of leasehold improvements. [Order 1114, § 388-96-636, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-638 Leased facilities and equipment. [Order 1114, § 388-96-638, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-640 Interest expense. [Order 1114, § 388-96-640, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-642 Interest rate. [Order 1114, § 388-96-642, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-644 Recovery of interest income. [Order 1114, § 388-96-644, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-646 Interest expense--Related organization. [Order 1114, § 388-96-646, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-648 Construction interest expense. [Order 1114, § 388-96-648, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-650 In-service educational activities. [Order 1114, § 388-96-650, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-652 Owner-administrator compensation and/or allowances. [Order 1114, § 388-96-652, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-654 Relatives of owner compensation and/or allowances. [Order 1114, § 388-96-654, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-656 Owner-administrator of multiple facilities (groups). [Order 1114, § 388-96-656, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-658 Owner allowances. [Order 1114, § 388-96-658, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-660 Preopening expenses. [Order 1114, § 388-96-660, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-662 Discretionary allowance. [Order 1114, § 388-96-662, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-664 Costs of related organization. [Order 1114, § 388-96-664, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-666 Rentals or leases from related organization. [Order 1114, § 388-96-666, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-668 Service charges from related organization. [Order 1114, § 388-96-668, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-700 Appeals [Order 1114, § 388-96-700, filed 4/21/76.] Repealed by Order 1262, filed 12/30/77.
- 388-96-900 Definitions. [Order 1169, § 388-96-900, filed 11/10/76.] Repealed by Order 1262, filed 12/30/77.

WAC 388-96-010 Terms. Unless the context clearly requires otherwise, the following terms shall have the meaning set forth below when used in this chapter.

"Accrual method of accounting" - A method of accounting in which revenues are reported in the period when they are earned, regardless of when they are collected, and expenses are reported in the period in which they are incurred, regardless of when they are paid.

"Allowable costs" - See WAC 388-96-501.

"Arms-length transaction" - A transaction resulting from good-faith bargaining between a buyer and seller who are unrelated and have adverse bargaining positions in the market place.

"Assets" - Economic resources of the contractor, recognized and measured in conformity with generally accepted accounting principles. They also include certain deferred charges which are not resources but which are recognized and measured in accordance with generally accepted accounting principles.

"Bad debts" - Amounts considered to be uncollectable from accounts and notes receivable.

"Beds" - Unless otherwise specified, the number of set-up beds in the nursing home.

"Capitalization" - The process of recording and carrying forward into one or more future periods an expenditure the benefits or proceeds from which will then be enjoyed.

"Capitalized lease" - A lease which is required to be recorded as an asset and associated liability in accordance with generally accepted accounting principles.

"Cash method of accounting" - A method of accounting in which revenues are recognized only when cash is received, and expenditures for expense and asset items are not recorded until cash is disbursed for them.

"Change of ownership" – A change in the individual or legal organization which is responsible for the daily operation of a nursing home.

(1) Events which change ownership include but are not limited to the following:

(a) The form of legal organization of the owner is changed (e.g., a sole proprietor forms a partnership or corporation);

(b) Title to the nursing home enterprise is transferred by the operating entity to another party;

(c) The nursing home enterprise is leased, or an existing lease is terminated;

(d) Where the owner is a partnership, any event occurs which dissolves the partnership;

(e) Where the owner is a corporation, it is dissolved, merges with another corporation which is the survivor, or consolidates with one or more other corporations to form a new corporation.

(2) Ownership does not change when the following, without more, occur:

(a) A party contracts with the owner to manage the enterprise as the owner's agent, i.e., subject to the owner's general approval of daily operating decisions;

(b) If the owner is a corporation, some or all of its stock is transferred.

"Charity allowances" – Reductions in charges made by the contractor because of the indigence or medical indigence of a patient.

"Contract" – A contract between the department and a contractor for the delivery of SNF, ICF and/or IMR services to medical care recipients.

"Contractor" – An entity which contracts with the department to deliver SNF, ICF and/or IMR services to medical care recipients.

"Courtesy allowances" – Reductions in charges in the form of an allowance to physicians, clergy, and others, for services received from the contractor. Employee fringe benefits are not considered courtesy allowances.

"CSO" – The local community services office of the department.

"Department" – The department of social and health services (DSHS).

"Depreciation" – The systematic distribution of the cost or other base of a depreciable asset over its estimated useful life.

"Donated asset" – An asset which the contractor acquired without making any payment for it in the form of cash, property, or services. An asset is not a donated asset if the contractor made even a nominal payment in acquiring it. An asset purchased using donated funds is not a donated asset.

"Entity" – An individual or legal organization capable of entering enforceable contracts (e.g., corporation, partnership).

"Equity capital" – Total fixed assets which are necessary, ordinary and related to patient care from the most recent provider cost report minus related total long-term debt from the most recent provider cost report plus working capital as defined in this section.

"Exceptional care recipient" – A medical care recipient determined by the department to require exceptionally heavy care.

"Fair market value" – The price for which an asset would have been purchased on the date of acquisition in an arms-length transaction between a well-informed buyer and seller, neither being under any compulsion to buy or sell.

"Fiscal year" – The operating or business year of a contractor. All contractors report on the basis of a twelve month fiscal year, but provision is made in this chapter for reports covering abbreviated fiscal periods.

"Fixed asset" – A tangible asset with an historical cost in excess of one hundred fifty dollars and a useful life of more than one year.

"Generally accepted accounting principles" – Accounting principles currently approved by the American institute of certified public accountants.

"Goodwill" – The excess of the price paid for a business over the fair market value of all other identifiable, tangible and intangible assets acquired. Also, the excess of the price paid for an asset over its fair market value.

"Historical cost" – The actual cost incurred in acquiring and preparing a fixed asset for use. Historical cost includes such planning costs as feasibility studies, architects' fees, and engineering studies. It does not include "start-up costs" as defined in this section or construction interest (see WAC 388-96-543).

"ICF" – When referring to a nursing home, an intermediate care facility. When referring to a level of care, intermediate care. When referring to a patient, a patient requiring intermediate care.

"Imprest fund" – A fund which is regularly replenished in exactly the amount expended from it.

"IMR" – When referring to a facility, one certified to provide services to the mentally retarded or persons with related conditions. When referring to a level of care, services for the mentally retarded or persons with related conditions. When referring to a recipient, a recipient requiring IMR services.

"Interest" – The cost incurred for the use of borrowed funds, generally paid at fixed intervals by the user.

"Intermediate care facility" – A licensed facility certified to deliver intermediate care services to medical care recipients.

"Joint facility costs" – Any costs representing expenses incurred which benefit more than one facility, or one facility and any other entity.

"Levels of care" – The classification of types of services provided to patients by a contractor, e.g., skilled nursing care or intermediate care.

"Medical care recipient" – A recipient of medical assistance under Title XIX of the Social Security Act or of state funded medical care services.

"Multiservice facility" – A facility at which two or more types of health or related care are delivered, e.g., a hospital and SNF and/or ICF, or a boarding home and SNF and/or ICF. A combined SNF/ICF or ICF/IMR is not considered a multiservice facility.

"Nonallowable costs" – Costs which do not meet every test of an allowable cost.

"Nonrestricted funds" – Funds which are not restricted to a specific use by the donor, e.g., general operating funds.

"Nursing home" – A home, place or institution, licensed in accordance with chapter 18.51 RCW, in which skilled nursing, intermediate care and/or IMR services are delivered.

"Operating lease" – A lease under which rental or lease expenses are included in current expenses in accordance with generally accepted accounting principles.

"Owner" – The individual or legal organization which is responsible for the daily operation of a nursing home. This party is legally responsible for operational decisions and liabilities.

"Patient day" – A calendar day of patient care. In computing calendar days of care, the day of admission is always counted. The day of discharge is counted only when the patient was admitted on the same day. A patient is admitted for purposes of this definition when he or she is assigned a bed and a patient medical record is opened.

"Per diem (per patient day) costs" – Total allowable costs for a fiscal period divided by total patient days for the same period.

"Prospective daily payment rate" – The rate assigned by the department to a contractor for providing service to medical care recipients. The rate is used to compute the maximum participation of the department in the contractor's costs.

"Recipient" – A medical care recipient.

"Regression analysis" – A statistical technique through which one can analyze the relationship between a dependent or criterion variable and a set of independent or predictor variables.

"Related organization" – An entity which, to a significant extent, is under common ownership and/or control with, or has control of or is controlled by, the contractor. An entity is deemed to "control" another entity if it has a five percent or greater ownership interest in the other, or if it has capacity, derived from any financial or other relationship, and whether or not exercised, to influence directly or indirectly the activities of the other.

"Relative" – Spouse; natural parent, child, or sibling; adopted child or adoptive parent; step-parent, step-child, step-brother, step-sister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law; grandparent or grandchild; uncle, aunt, nephew, niece or cousin.

"Restricted fund" – A fund the use of the principal and/or income of which is restricted by agreement with or direction by the donor to a specific purpose, in contrast to a fund over which the owner has complete control. These generally fall into three categories:

- (1) Funds restricted by the donor to specific operating purposes;
- (2) Funds restricted by the donor for additions to property, plant and equipment; and
- (3) Endowment funds.

"Skilled nursing facility" – A licensed facility certified to deliver skilled nursing care services to medical care recipients.

"SNF" – When referring to a facility, a skilled nursing facility. When referring to a level of care, skilled nursing care. When referring to a patient, a patient requiring skilled nursing care.

"Start-up costs" – The one-time preopening costs incurred from the time preparation begins on a newly constructed or purchased building until the first patient is admitted. Start-up costs include administrative and nursing salaries, utility costs, taxes, insurance, repairs and maintenance, training costs, etc. They do not include such costs as feasibility studies, engineering studies and architects' fees which are part of the historical cost of the facility.

"Uniform chart of accounts" – A list of account titles identified by code numbers established by the department for contractors to use in reporting their costs.

"Vendor number" – A number assigned to each contractor delivering SNF, ICF and/or IMR services to medical care recipients.

"Working capital" – Total current assets which are necessary, ordinary and related to patient care from the most recent cost report minus total current liabilities which are necessary, ordinary and related to patient care from the most recent cost report. [Statutory Authority: RCW 74.09.120. 80-09-083 (Order 1527), § 388-96-010, filed 7/22/80. Statutory Authority: RCW 74.09.120. 79-04-061 (Order 1381), § 388-96-010, filed 3/28/79. Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-010, filed 6/1/78; Order 1262, § 388-96-010, filed 12/30/77.]

WAC 388-96-020 Prospective cost-related reimbursement. The prospective cost-related reimbursement system is the system used by the department to pay for skilled nursing facility services, intermediate care facility services and IMR services provided to medical care recipients. Reimbursement rates for such services covering periods beginning on and after January 1, 1978, will be determined in accordance with the principles, methods and standards contained in this chapter. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-020, filed 6/1/78; Order 1262, § 388-96-020, filed 12/30/77.]

WAC 388-96-023 Conditions of participation. In order to participate in the prospective cost-related reimbursement system, the person or legal organization responsible for operation of a nursing home or multiservice facility shall:

- (1) Obtain a state certificate of need and/or federal capital expenditure review (section 1122) approval pursuant to chapter 70.38 RCW and Part 100, Title 42 C.F.R. where required. A certificate of need is required before commencement of a nursing home "construction" project (including acquisition) costing in excess of one hundred thousand dollars. Section 1122 approval is required for nursing home capital expenditures which (a) cost in excess of one hundred thousand dollars, (b) add or delete licensed beds, or (c) add or delete clinically related services;

(2) Hold the appropriate current license (e.g., nursing home license, hospital license);

(3) Hold current Title XIX certification to provide SNF, ICF and/or IMR services;

(4) Hold a current contract to provide SNF, ICF and/or IMR services; and

(5) Comply with all provisions of the contract and all applicable regulations, including but not limited to the provisions of this chapter and of chapter 388-88 WAC. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-023, filed 6/1/78; Order 1262, § 388-96-023, filed 12/30/77.]

WAC 388-96-026 Projected budget for new contractors. (1) Each new contractor shall submit a projected budget to the department at least sixty days before its contract will become effective. For purposes of this section, a "new contractor" is one which:

(a) Operates a new facility;

(b) Acquires or assumes responsibility for operating an existing facility;

(c) Enters the cost-related reimbursement system after providing service at the nursing home in the past, but either not under the program or receiving flat or class-rate reimbursement; or

(d) Obtains a certificate of need or section 1122 approval due to an addition to or renovation of a facility.

(2) The projected budget shall cover the twelve months immediately following the date the contractor will enter the program. It shall be prepared on forms and in accordance with instructions provided by the department. [Order 1262, § 388-96-026, filed 12/30/77.]

WAC 388-96-029 Change of ownership. (1) On the effective date of a change of ownership, as that term is defined in WAC 388-96-010, the department's contract with the old owner shall be terminated. The old owner shall give the department thirty days' written notice of such termination in accordance with the terms of the contract. When certificate of need and/or section 1122 approval is required for the new owner to acquire the facility, and the new owner wishes to continue to provide service to recipients without interruption, certificate of need and/or section 1122 approval shall be obtained before the old owner submits a notice of termination.

(2) If the new owner desires to participate in the cost-related reimbursement system, it shall meet the conditions specified in WAC 388-96-023, and shall submit a projected budget in accordance with WAC 388-96-026 no later than sixty days before the date of the change of ownership. The nursing home contract with the new owner shall be effective as of the date of the change of ownership. [Order 1262, § 388-96-029, filed 12/30/77.]

WAC 388-96-032 Termination of contract. (1) When a contract is terminated for any reason, the old contractor shall submit final reports in accordance with WAC 388-96-125. Payment for care provided during the final thirty days of service under a contract will be held until the contractor has filed a properly completed

final annual report, and final settlement has been determined.

(2) Following final settlement, a payment withheld pursuant to subsection (1) of this section will be sent to the contractor, after any overpayment determined in connection with final settlement has been deducted. If the contractor contests the settlement determination in accordance with WAC 388-96-904, the department will hold the amount in dispute pending completion of the appeal process, but will release the balance of such payment to the contractor.

(3) The department will release a payment which would be withheld pursuant to subsection (1) of this section, provided a bond issued by a reputable bonding company and acceptable to the department is filed by the contractor. The bond shall:

(a) be in an amount equal to the released payment;

(b) be for a term sufficient to ensure effectiveness after final settlement and the exhaustion of administrative and judicial remedies;

(c) provide that the full amount of the bond shall be paid to the department if a properly completed final annual report is not filed in accordance with this chapter, or if financial records supporting this report are not preserved and made available to the department's auditors; and

(d) provide that an amount equal to any recovery the department determines is due from the contractor at settlement, but not exceeding the amount of the bond, shall be paid to the department in the event the contractor does not pay the refund within sixty days following receipt of written demand or the conclusion of administrative or judicial proceedings to contest settlement issues.

(4) If a contract is terminated solely in order for the same owner to contract with the department to deliver SNF, ICF or IMR services to a different class of medical care recipients at the same nursing home, the contractor is not required to submit final reports, and payment for the final thirty days will not be withheld.

(5) When a contract is terminated, any accumulated liabilities which are assumed by a new owner shall be reversed against the appropriate accounts by the contractor. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-032, filed 6/1/78; Order 1262, § 388-96-032, filed 12/30/77.]

WAC 388-96-101 Reports. (1) In order for a contractor to receive payments under the cost-related reimbursement system for providing care to medical care recipients, an annual report based on the contractor's fiscal year, and four quarterly reports based on the calendar year, shall be submitted to the department.

(2) Each contractor shall submit an annual report covering the period from the beginning of its fiscal year in 1977 through December 31, 1977. For contractors with fiscal year-ends other than December 31, this report will replace an annual report, in accordance with a revised schedule and instructions issued by the department.

(3) By December 31, 1979, each contractor's fiscal year for federal tax and cost reporting purposes shall coincide with the calendar year. [Statutory Authority: RCW 74.09.120. 79-03-021 (Order 1370), § 388-96-101, filed 2/21/79; Order 1262, § 388-96-101, filed 12/30/77.]

WAC 388-96-104 Due dates for reports. (1) Quarterly reports shall be submitted within thirty days after the end of each calendar quarter.

(2) Annual reports covering the complete fiscal year shall be submitted within ninety days after the end of the fiscal year. [Statutory Authority: RCW 74.09.120. 79-03-021 (Order 1370), § 388-96-104, filed 2/21/79; Order 1262, § 388-96-104, filed 12/30/77.]

WAC 388-96-107 Requests for extensions. The department may grant a thirty day extension of time for filing a required report if a written request setting forth the reasons an extension is necessary is received prior to the expiration of the relevant time period. [Order 1262, § 388-96-107, filed 12/30/77.]

WAC 388-96-110 Improperly completed or late reports. If a required report is not properly completed (i.e., in balance and in the required detail) and received by the department within the relevant time period, including any approved extensions, all or a part of any payments due under the contract may be held by the department until the delinquent report is properly completed and received. [Statutory Authority: RCW 74.09.120. 80-06-122 (Order 1510), § 388-96-110, filed 5/30/80, effective 7/1/80; Order 1262, § 388-96-110, filed 12/30/77.]

WAC 388-96-113 Completing reports and maintaining records. (1) All reports shall be legible and reproducible. It is recommended that all entries be typed or in black ink.

(2) Reports shall be completed in accordance with instructions provided by the department. If no specific instruction covers a situation, generally accepted accounting principles shall be followed.

(3) The accrual method of accounting shall be used, except that for governmental institutions operated on a cash method of accounting, data based on this method of accounting will be acceptable. All revenue and expense accruals shall be reversed against the appropriate accounts if they are not received or paid within one hundred twenty days after the accrual is made, unless special circumstances are documented which justify continuing to carry all or part of the accrual (e.g., contested billings). Accruals for vacation, holiday, sick pay and taxes may be carried for longer periods, provided the contractor's usual policy is followed.

(4) Methods of allocating costs shall be consistently applied. Written approval must be obtained from the department if a contractor wishes to change an allocation method. Contractors operating multiservice facilities

or facilities incurring joint facility costs shall allocate costs using the methods approved by the department under WAC 388-96-534.

(5) The contractor's records relating to a nursing home shall be maintained so reported data can be audited for compliance with generally accepted accounting principles and the department's reimbursement principles and reporting instructions. These records shall be available for review by authorized personnel of the department and of the United States department of health and human services during normal business hours at a location in the state of Washington specified by the contractor. [Statutory Authority: RCW 74.09.120. 80-09-083 (Order 1527), § 388-96-113, filed 7/22/80; Order 1262, § 388-96-113, filed 12/30/77.]

WAC 388-96-117 Certification requirement. Each required report shall be accompanied by a certification signed on behalf of the contractor which was responsible to the department during the report period. If the contractor files a federal income tax return, the certification shall be executed by the person who normally signs this return. The certification shall also be signed by the licensed administrator of the nursing home. If the report is prepared by someone other than an employee of the contractor, a separate statement shall be included with the certification signed by the individual preparing the report and indicating his or her status with the contractor. [Order 1262, § 388-96-117, filed 12/30/77.]

WAC 388-96-119 Reports--False information. (1) If a contractor knowingly or with reason to know files a report containing false information, such action constitutes cause for termination of its contract with the department.

(2) Adjustments to reimbursement rates required because a false report was filed will be made in accordance with WAC 388-96-769.

(3) Contractors filing false reports may be referred for prosecution under applicable statutes. [Order 1262, § 388-96-119, filed 12/30/77.]

WAC 388-96-122 Amendments to reports. An amendment to an annual report shall be filed if significant errors or omissions are discovered prior to the commencement of the department's field audit. Errors or omissions shall be deemed "significant" if they would mean a net difference of two cents or more per patient day or one thousand dollars or more in reported costs, whichever is higher, in any cost area. To file an amendment, only those pages on which changes will appear need to be filed, together with the certification required by WAC 388-96-117. Adjustments to reimbursement rates resulting from an amended report will be made in accordance with WAC 388-96-769. [Statutory Authority: RCW 74.09.120. 79-03-021 (Order 1370), § 388-96-122, filed 2/21/79; Order 1262, § 388-96-122, filed 12/30/77.]

WAC 388-96-125 Reporting for an abbreviated period. (1) Reports shall be filed as required by the department when a contractor or nursing home enters the prospective cost-related reimbursement system.

(2) Reports shall be filed as required by the department when the fiscal year of a contractor is changed. When a fiscal year is changed, the department shall be informed in writing at least thirty days before the effective date of the change.

(3) If the contractor changes during a fiscal year, the old contractor shall submit a final annual report covering the period during which its contract was in effect during the fiscal year. The new contractor shall submit a quarterly report covering the calendar quarter in which its contract becomes effective, and an annual report covering the period during which its contract is in effect during the fiscal year.

(4) A quarterly report covering an abbreviated period shall be submitted within thirty days after the end of the abbreviated period. An annual report shall be submitted within sixty days after the end of the abbreviated period. [Statutory Authority: RCW 74.09.120. 79-04-102 (Order 1387), § 388-96-125, filed 4/4/79; Order 1262, § 388-96-125, filed 12/30/77.]

WAC 388-96-128 Requirements for retention of records by the contractor. All financial and statistical data supporting the required reports shall be retained for a period of three years subsequent to filing at a location in the state of Washington specified by the contractor. If at the end of three years there are unresolved audit questions, the records shall be retained until these questions are resolved. All such data shall be made available upon demand to authorized representatives of the department and of the United States department of health, education and welfare. When a contract is terminated, final settlement will not be made until accessibility and preservation of the records within the state of Washington are assured. [Order 1262, § 388-96-128, filed 12/30/77.]

WAC 388-96-131 Requirement for retention of reports by the department. The department will retain each required report for a period of three years following the date the report was submitted. If at the end of three years there are unresolved audit questions, the report will be retained until such questions are resolved. [Order 1262, § 388-96-131, filed 12/30/77.]

WAC 388-96-134 Disclosure of nursing home reports. All required financial and statistical reports submitted by nursing homes to the department will be available for public disclosure. [Order 1262, § 388-96-134, filed 12/30/77.]

WAC 388-96-201 Desk review. (1) The department will analyze each annual cost report within six months after it is properly completed and filed.

(2) If it appears from this analysis that a contractor has not correctly determined or reported its costs, the department may request additional information from the

contractor. If the department deems it necessary in order to ensure correct reporting, it may schedule a special field audit of the contractor. [Order 1262, § 388-96-201, filed 12/30/77.]

WAC 388-96-204 Field audits. Each annual cost report will be field audited by auditors employed by or under contract with the department. [Order 1262, § 388-96-204, filed 12/30/77.]

WAC 388-96-207 Preparation for audit by the contractor. (1) The department will normally notify the contractor at least two weeks in advance of a field audit.

(2) The contractor shall provide the auditors with access to the nursing home and to all financial and statistical records and work papers which support the data in the cost report. Such records shall be made available at a location in the state of Washington specified by the contractor.

(3) The contractor shall reconcile reported data with applicable federal income and payroll tax returns and with the financial statement as of the end of the period covered by the report. Such reconciliation shall be in suitable form for verification by the auditors. [Order 1262, § 388-96-207, filed 12/30/77.]

WAC 388-96-210 Scope of field audits. (1) Auditors will review the contractor's record-keeping and accounting practices and, where appropriate, make written recommendations for improvements.

(2) Auditors will examine the contractor's financial and statistical records to verify that:

(a) Supporting records are in agreement with reported data;

(b) Only those expense items the department has specified as allowable costs have been included by the contractor in computing the costs of services provided under its contract;

(c) Allowable costs have been accurately determined and are necessary, ordinary and related to patient care; and

(d) Recipient trust funds have been properly maintained.

(3) Auditors will prepare draft audit narratives and summaries and provide them to the contractor before final narratives and summaries are prepared. [Order 1262, § 388-96-210, filed 12/30/77.]

WAC 388-96-213 Inadequate documentation. The auditors will disallow any expenses reported as allowable costs which are not supported by adequate documentation in the contractor's financial records. Documentation must show both that the costs were incurred and that they were related to patient care. [Order 1262, § 388-96-213, filed 12/30/77.]

WAC 388-96-216 Deadline for completion of audits. (1) Field audits will be completed within one year after a properly completed annual cost report is received by the department, provided field auditors are given

timely access to the nursing home and to all financial and statistical records necessary to audit the report.

(2) The department will give priority to field audits of final annual reports and whenever possible will begin such field audits within sixty days after a properly completed final annual report is received. [Order 1262, § 388-96-216, filed 12/30/77.]

WAC 388-96-219 Disclosure of audit narratives and summaries. Final audit narratives and summaries prepared by the auditor will be available for public disclosure. [Order 1262, § 388-96-219, filed 12/30/77.]

WAC 388-96-222 Settlement. (1) Following completion of the field audit of an annual report, the department will compare the prospective rates paid to the contractor during the report period, weighted according to the number of patient days during which each rate was in effect, with the contractor's audited allowable costs for the period, taking into account all authorized shifting (WAC 388-96-223) and the upper rate limits set out in WAC 388-96-760.

(2) Within sixty days after completion of the field audit, the department will send a written audit report to the contractor. In this report, the department will:

(a) Explain the application of relevant contract provisions, regulations, auditing standards, rate formulas, and department policies to the contractor's report, in sufficient detail to permit the contractor to calculate with reasonable certainty its audited allowable costs and its settlement with the department;

(b) Advise the contractor of rules and regulations justifying a settlement determination resulting in reimbursement in any cost center at less than actual allowable costs, as reported by the contractor and verified by audit;

(c) Summarize all audit disallowances; and

(d) Request the contractor to refund money, if necessary, in accordance with the following principles:

(i) In the patient care and food cost areas, the contractor shall refund all portions of payments received for recipients in excess of allowable patient care and food costs, respectively, for those recipients;

(ii) In the administration and operations and property cost areas, after January 1, 1979, the contractor shall refund all portions of payments received for recipients in excess of administration and operations and property costs, respectively, for those recipients;

(iii) In the property cost area, the contractor shall refund amounts determined under WAC 388-96-571(4) or 388-96-573.

(3) The contractor shall pay the refund, or shall commence repayment in accordance with a schedule determined by the department, within sixty days after receiving the audit report, unless the contractor contests settlement issues in good faith in accordance with the procedures set out in WAC 388-96-904. If the settlement determination is contested, the contractor shall pay or commence repayment in accordance with a schedule determined by the department within sixty days after

such proceedings are concluded. The department will pay any amount due the contractor as the result of errors discovered at audit in billing or payment within thirty days after the audit report is received by the contractor or within thirty days after proceedings to contest the settlement are concluded.

(4) If the contractor does not refund the over-payment or any installment when due, the department may withhold payments from current billings until the overpayment is refunded. Payments will only be withheld under this subsection up to the unrefunded amount of the overpayment. [Statutory Authority: RCW 74.09.120, 79-12-085 (Order 1461), § 388-96-222, filed 11/30/79; 79-04-059 (Order 1382), § 388-96-222, filed 3/28/79. Statutory Authority: RCW 74.08.090 and 74.09.120, 78-06-080 (Order 1300), § 388-96-222, filed 6/1/78; Order 1262, § 388-96-222, filed 12/30/77.]

WAC 388-96-223 Shifting. In determining a contractor's settlement, if allowable costs were less than the rate in the patient care cost area, savings will be shifted (or "transferred") to cover any deficit in the food cost area. If allowable costs were less than the rate in the food cost area, savings will be shifted to cover any deficit in the patient care cost area. For settlement periods beginning January 1, 1980, if savings occur in the administration and operations cost areas, up to ten percent of the administration and operations-wage rate may be shifted to cover a deficit in the administration and operations-nonwage area, or up to ten percent of the administration and operations-nonwage rate may be shifted to cover a deficit in the administration and operations-wage area. No other shifting will be done. [Statutory Authority: RCW 74.09.120, 80-15-114 (Order 1561), § 388-96-223, filed 10/22/80; Order 1262, § 388-96-223, filed 12/30/77.]

WAC 388-96-225 Date settlement becomes final.

(1) A settlement determination will become final thirty days after the date the settlement report is received by the contractor unless the contractor contests this determination in accordance with the procedures set out in WAC 388-96-904. In the event the settlement determination is contested, it will be final as of the date these proceedings are concluded.

(2) A settlement will be reopened if necessary to make adjustments in accordance with WAC 388-96-571(4). [Order 1262, § 388-96-225, filed 12/30/77.]

WAC 388-96-366 The provider shall establish and maintain. (1) As a service to the recipient, a bookkeeping system, incorporated in the business records, adequate for audit, for all recipient moneys entrusted to and received by the facility for the recipient.

(2) The system will apply to the recipient who is:

(a) Incapable of handling his own money and whose guardian, relative, department economic and social service office administrator, or physician makes written request of the facility to accept this responsibility; if the social security form SSA-780, "certificate of applicant

for benefits on behalf of another," is utilized as documentation, it must be signed by one of the persons designated in this subparagraph.

(b) Capable of handling his own money, but requests the facility in writing to accept this responsibility.

(3) It shall be the responsibility of the provider to maintain such written authorization in the recipient's file.

(4) The recipient must be given at least a quarterly reporting of all financial transactions in their trust account. The representative payee, the guardian and/or other designated agents of the recipient must be sent a copy of the quarterly accounting report. [Order 1168, § 388-96-366, filed 11/3/76; Order 1114 § 388-96-366, filed 4/21/76.]

WAC 388-96-369 The provider shall maintain a subsidiary ledger with an account for each recipient for whom the provider holds money in trust. (1) Each account and related supporting information shall:

(a) Be maintained at the facility,

(b) Be kept current,

(c) Be balanced each month, and

(d) Show in detail, with supporting verification, all moneys received on behalf of the individual patient and the disposition of all moneys so received.

(2) Each account shall be available for audit and inspection by a department representative and be maintained for a minimum of three years. The provider further agrees to notify the economic and social service office of the department when:

(a) The account of any individual certified on or before December 31, 1973, whose award letter indicates a limit of \$200.00 cash, reaches the sum of \$175.00.

The Economic and Social Service Office will re-evaluate the status of each recipient certified under the eligibility criteria prior to January 1, 1974 who has an award letter specifying a \$200.00 cash limit.

(b) The account of any individual certified on or after January 1, 1974, whose award letter indicates a limit of \$1,500.00 reaches the sum of \$1,450.00.

(c) For both groups, the accumulation toward the limit, after admission to the facility, is permitted only from savings from the clothing and personal incidentals allowance and other income which the Department specifically designates as exempt income from time to time.

(d) No patient account may be overdrawn (show a debit balance). If a patient wants to spend an amount greater than in such patient's trust account, the home may provide money from its own funds and collect the debt by installments from that portion of the patient's allowance remaining at the end of each month. No interest may be charged to patients for such loans.

(3) In order to ensure that patient trust accounts are not charged for services provided under the Title XIX program, any charge for medical services otherwise properly made to a patient's trust account must be supported by a written denial from the department.

(a) A request for additional equipment such as a walker, wheelchair or crutches must have a written denial from the Department of Social and Health Services before a patient trust account can be charged.

(b) Except as otherwise provided below, a request for physical therapy, restorative therapy, drugs, or other medical services must have a written denial from the local ESSO before a patient trust account can be charged.

(i) A written denial from the local ESSO is not required when the pharmacist verifies that a drug is not covered by the program (e.g., items on the FDA list of Ineffective or Possible Effective drugs, non-formulary over-the-counter (OTC) medications such as vitamins, laxatives, nose drops, etc.). The pharmacist's notation to this effect is sufficient. [Order 1168, § 388-96-369, filed 11/3/76; Order 1114, § 388-96-369, filed 4/21/76.]

WAC 388-96-372 The provider may maintain a petty cash fund originating from trust moneys of an amount reasonable and necessary for the size of the facility and the needs of the patients, not to exceed \$500.00. (1) This petty cash fund shall be an imprest fund. All moneys over and above the trust fund petty cash amount shall be deposited intact in a trust fund checking account, separate and apart from any other bank account(s) of the facility or other facilities.

(2) Cash deposits of recipient allowances must be made intact to the trust account within one week from the time that payment is received from the department, social security administration, or other payor.

(3) Any related bankbooks, bank statements, checkbook, check register, and all voided and cancelled checks, shall be made available for audit and inspection by a department representative, and shall be maintained by the home for not less than three years.

(4) No service charges for such checking account shall be paid by recipient trust moneys.

(5) The trust account per bank shall be reconciled monthly to the trust account per patient ledgers. [Order 1114, § 388-96-372, filed 4/21/76.]

WAC 388-96-375 Trust moneys control/disbursement. Trust moneys shall be held in trust and are not to be turned over to anyone other than the recipient or his guardian without the written consent of the recipient, his designated agent as appointed by power-of-attorney, or appropriate department of social and health services personnel as designated by the ESSO Administrator.

(1) When moneys are received, a receipt should be filled out in duplicate; one copy should be given to the person making payment or deposit, and the other copy should be retained in the receipt book for easy reference.

(2) Checks received by patients must be endorsed by the patient. Schedule I-A(6e) of the Agreement states in part: "Each patient receiving a check or state warrant is responsible for endorsement by his own signature. Only when the patient is incapable of signing his name may the Provider assume the responsibility of securing the patient's mark "X" followed by the name of the patient and the signature of two witnesses."

(3) If both the general fund account and the trust fund account are at the same bank, the trust portion of checks which include care payments can be deposited directly to trust by including a trust account deposit slip for the correct amount with the checks and the general account deposit slip.

(4) The patient's trust account ledger sheet must be credited with the allowance received. This should be referenced with the receipt number and must be supported by a copy of the deposit slip (one copy for all deposits made). [Order 1168, § 388-96-375, filed 11/3/76; Order 1114, § 388-96-375, filed 4/21/76.]

WAC 388-96-378 Trust moneys availability. Moneys so held in trust for any recipient shall be available for his or her personal and incidental needs when requested by the recipient or one of the individuals designated in WAC 388-96-375. [Order 1114, § 388-96-378, filed 4/21/76.]

WAC 388-96-381 Procedure for refunding trust money. (1) When a recipient is discharged and/or transferred, the balance of the recipient's trust account will be returned to the individuals within one week designated in WAC 388-96-375 and a receipt obtained. In cases it may be advisable to mail the refund to the recipient's new residence. [Order 1114, § 388-96-381, filed 4/21/76.]

WAC 388-96-384 Liquidation of trust fund. (1) Expired Patient. The provider will obtain a receipt from next of kin, guardian, or duly qualified agent when releasing the balance of money held in trust. If there is no identified next of kin, guardian, or duly qualified agent, the ESSO is to be contacted in writing within seven days for assistance in the release of the money held in trust. A check or other document showing payment to such next of kin, guardian, or duly qualified agent will serve as a receipt.

(2) Patient, Unable To Locate. In situations where the patient leaves the nursing home without authorization and his whereabouts are unknown:

(a) The nursing home will make a reasonable attempt to locate the missing patient. This includes: contacting friends, relatives, police, the guardian, and the Economic and Social Services Office in the area.

(b) If the patient cannot be located after 90 days, the nursing home must notify the Department of Revenue of the existence of "abandoned property", outlined in chapter 63.28 RCW. The nursing home will be required to deliver to the Department of Revenue the balance of the patients' trust fund account within 20 days following such notification. [Order 1168, § 388-96-384, filed 11/3/76; Order 1114, § 388-96-384, filed 4/21/76.]

WAC 388-96-501 Allowable costs. Allowable costs are documented costs which are necessary, ordinary and related to the provision of SNF, ICF or IMR services to nursing home patients, and are not expressly declared

nonallowable by applicable regulations. Costs are ordinary if they are of the nature and magnitude which prudent and cost-conscious management would pay. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-501, filed 6/1/78; Order 1262, § 388-96-501, filed 12/30/77.]

WAC 388-96-503 Substance prevails over form. (1) In determining allowable costs, the substance of a transaction will prevail over its form. Accordingly, allowable costs will not include increased costs resulting from transactions or the application of accounting methods which circumvent the principles of the prospective cost-related reimbursement system.

(2) Increased costs resulting from a series of transactions between the same parties and involving the same assets (e.g., sale and leaseback, successive sales or leases of a single facility or piece of equipment) will not be allowed. [Order 1262, § 388-96-503, filed 12/30/77.]

WAC 388-96-505 Offset of miscellaneous revenues. (1) Allowable costs shall be reduced by the contractor whenever the item, service, or activity covered by such costs generates revenue or financial benefits (e.g., purchase discounts or rebates) other than through the contractor's normal billing for SNF, ICF or IMR services.

(2) Where goods or services are sold, the amount of the reduction shall be the actual cost relating to the item, service, or activity. In the absence of adequate documentation of cost, it shall be the full amount of the revenue received. Where financial benefits such as purchase discounts or rebates are received, the amount of the reduction shall be the amount of the discount or rebate.

(3) Only allowable costs shall be recovered under this section. Costs allocable to activities or services which are not included in SNF, ICF or IMR services (e.g., costs of vending machines, patients' personal laundry, and services specified in chapter 388-86 WAC which are not included in SNF, ICF or IMR services) are nonallowable costs. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-505, filed 6/1/78; Order 1262, § 388-96-505, filed 12/30/77.]

WAC 388-96-507 Costs of meeting standards. All necessary and ordinary expenses a contractor incurs in providing SNF, ICF and/or IMR services meeting all applicable standards will be allowable costs. These expenses include necessary and ordinary costs of:

(1) Meeting licensing and certification standards;

(2) Providing regular room, dietary and nursing services, minor medical and surgical supplies, and the use of equipment and facilities, in accordance with WAC 388-88-050 and 388-88-051;

(3) Fulfilling accounting and reporting requirements imposed by the department; and

(4) Performing any patient assessment activity required by the department. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), §

388-96-507, filed 6/1/78; Order 1262, § 388-96-507, filed 12/30/77.]

WAC 388-96-513 Limit on costs to related organizations. (1) Costs applicable to services, facilities and supplies furnished by organizations related to the contractor shall be allowable only to the extent they do not exceed the lower of the cost to the related organization or the price of comparable services, facilities or supplies purchased elsewhere. The term "related organization" is defined in WAC 388-96-010.

(2) Documentation of costs to related organizations shall be made available to department auditors at the time and place the financial records relating to the nursing home are audited. Payments to or for the benefit of the related organization will be disallowed where the cost to the related organization cannot be documented. [Order 1262, § 388-96-513, filed 12/30/77.]

WAC 388-96-521 Start-up costs. Necessary and ordinary start-up costs, as defined in WAC 388-96-010, will be allowable if they are amortized over not less than sixty consecutive months beginning with the month in which the first patient is admitted for care. [Order 1262, § 388-96-521, filed 12/30/77.]

WAC 388-96-523 Organization costs. (1) Necessary and ordinary costs which are directly incident to the creation of a corporation or other form of business of the contractor, will be allowable if they are amortized over not less than sixty consecutive months beginning with the month in which the first patient is admitted for care.

(2) Allowable organization costs include but are not limited to legal fees incurred in establishing the corporation or other organization and fees paid to states for incorporation. They do not include costs relating to the issuance and sale of shares of capital stock or other securities. [Order 1262, § 388-96-523, filed 12/30/77.]

WAC 388-96-525 Education and training. (1) Ordinary expenses of employee orientation, on-the-job training, in-service training, and continuing education will be allowable costs, if the training is necessary in order for employees to maintain relevant professional licenses, or is directly related to the performance of duties assigned or reasonably in prospect.

(2) Ordinary expenses of nursing assistant training conducted pursuant to chapter 18.54A RCW will be allowable costs.

(3) Necessary and ordinary expenses of training programs conducted by the contractor for volunteers will be allowable costs. Expenses of training programs for other nonemployees will not be allowable costs. [Statutory Authority: RCW 74.09.120. 80-06-122 (Order 1510), § 388-96-525, filed 5/30/80, effective 7/1/80; Order 1262, § 388-96-525, filed 12/30/77.]

WAC 388-96-529 Total compensation—Owners, relatives and certain administrative personnel. For purposes of the tests in WAC 388-96-531 and 388-96-533,

total compensation includes gross salary or wages, excluding payroll taxes paid by the contractor, plus fringe benefits (e.g., health insurance) made available to all employees. [Order 1262, § 388-96-529, filed 12/30/77.]

WAC 388-96-531 Owner or relative—Compensation. (1) Total compensation of an owner or relative of an owner shall be limited to ordinary compensation for necessary services actually performed.

(a) Compensation is ordinary if it is the amount usually paid for comparable services in a comparable facility to an unrelated employee, and does not exceed limits set out in this chapter.

(b) A service is necessary if it is related to patient care and would have had to be performed by another person if the owner or relative had not done it.

(2) The contractor shall maintain customary time records adequate for audit for owners and relatives who receive compensation.

(3) For purposes of this section, if the contractor with the department is a partnership or corporation, "owner" includes all general and limited partners, and all corporate officers, directors, and beneficial interest holders of five percent or more of the corporation's outstanding stock. [Order 1262, § 388-96-531, filed 12/30/77.]

WAC 388-96-533 Maximum allowable compensation of certain administrative personnel. (1) Total compensation of the licensed administrator for services actually rendered to a nursing home on a full-time basis (at least forty hours per week, including reasonable vacation, holiday and sick time) will be allowable at the lower of (a) actual compensation received, or (b) the amount in the table in subsection (4) of this section corresponding to the number of set-up beds in the nursing home. Compensation of the licensed administrator will only be allowable if the department is given written notice of his or her employment within ten days after it begins.

(2) Total compensation of not more than one full-time licensed assistant administrator will be allowable if there are at least eighty set-up beds in the nursing home, at the lower of (a) actual compensation received, or (b) seventy-five percent of the appropriate amount in the table in subsection (4) of this section.

(3) Total compensation of not more than one full-time registered administrator-in-training will be allowable at the lower of (a) actual compensation received, or (b) sixty percent of the appropriate amount in the table.

(4) TABLE

Maximum Allowable Total Compensation for Licensed Administrators—Calendar Year 1980

Bed Size	Maximum Allowable Total Compensation
1 - 49	\$25,775
50 - 99	\$26,974
100 - 149	\$29,222
150 and up	\$31,000

(5) A table to be promulgated by the department will apply for subsequent calendar years.

(6) If any of the above employees works fewer than forty hours as administrator, assistant administrator or administrator-in-training in the average week, allowable compensation shall be the lower of (a) actual compensation received, or (b) the appropriate amount in the table multiplied by the percentage of forty hours worked in the relevant position in the average week. Further discounting is required if the person was licensed or registered and/or worked for less than the entire report period.

(7) The contractor shall maintain time records for the licensed administrator and for an assistant administrator or administrator-in-training, if any. [Statutory Authority: RCW 74.09.120. 80-06-122 (Order 1510), § 388-96-533, filed 5/30/80, effective 7/1/80. Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-533, filed 6/1/78; Order 1262, § 388-96-533, filed 12/30/77.]

WAC 388-96-534 Disclosure and approval of joint facility cost allocation. (1) The contractor shall disclose to the department:

(a) The nature and purpose of all costs which represent allocations of joint facility costs; and

(b) The methodology of the allocation utilized.

(2) Such disclosure shall be made not later than September 30, 1980, for the following year and not later than September 30th for each year thereafter; except that a new contractor shall submit the first year's disclosure together with the submissions required by WAC 388-96-026.

(3) The contractor shall demonstrate and certify that:

(a) The services involved are necessary, ordinary, related to patient care and nonduplicative; and

(b) Costs are allocated in accordance with the patient care related benefits and services received from the specific resources represented by those costs.

(4) The department shall approve such methodology not later than December 31, 1980, and not later than December 31st for each year thereafter.

(5) An amendment or revision to an approved methodology shall be submitted to the department for approval at least ninety days prior to the effective date of the amendment or revision.

(6) Where a contractor will begin to incur joint facility costs at some time other than the beginning of the calendar year, the contractor shall provide the information required in subsections (1) and (3) of this section at least ninety days prior to the date at which the cost will first be incurred.

(7) Joint facility costs not disclosed, allocated and reported in conformance with this section are nonallowable costs. [Statutory Authority: RCW 74.09.120. 80-09-083 (Order 1527), § 388-96-534, filed 7/22/80.]

WAC 388-96-535 Management agreements, management fees and central office services. (1) If a contractor intends to enter into a management agreement

with an individual or firm which will manage the nursing home as agent of the contractor, a copy of the agreement must be received by the department at least ninety days before it is to become effective. A copy of any amendment to a management agreement must also be received by the department in advance of the date it is to become effective. No management fees for periods prior to the time the department receives a copy of the applicable agreement will be allowable. When necessary for the health and safety of medical care recipients, the ninety-day notice requirement may be waived, in writing, by the department.

(2) Management fees will be allowed only if (a) a written management agreement both creates a principal/agent relationship between the contractor and the manager, and sets forth the items, services and activities to be provided by the manager; and (b) documentation demonstrates that the services contracted for were actually delivered.

(3) To be allowable, fees must be for necessary, non-duplicative services. Allowable fees for general management services, including the portion of a management fee which is not allocated to specific services such as accounting, are limited to (a) the maximum allowable compensation under WAC 388-96-533 of the licensed administrator and, if the facility has at least eighty set-up beds, of an assistant administrator, less (b) actual compensation received by the licensed administrator and by the assistant administrator, if any. In computing maximum allowable compensation under WAC 388-96-533 for a facility with at least eighty set-up beds, include the maximum compensation of an assistant administrator even if no assistant administrator is employed.

(4) A management fee paid to or for the benefit of a related organization will be allowable to the extent it does not exceed the lesser of (a) the limits set out in subsection (3) of this section, or (b) the lower of the actual cost to the related organization of providing necessary services related to patient care under the agreement, or the cost of comparable services purchased elsewhere.

(5) Central office joint facility costs for general management services, including the portion of a management expense which is not allocated to specific services, shall be subject to the management fee limits determined in subsections (3) and (4) of this section. [Statutory Authority: RCW 74.09.120. 80-09-083 (Order 1527), § 388-96-535, filed 7/22/80. Statutory Authority: RCW 74.09.120. 79-03-020 (Order 1371), § 388-96-535, filed 2/21/79; Order 1262, § 388-96-535, filed 12/30/77.]

WAC 388-96-539 Allowable interest. (1) The contractor's necessary and ordinary interest for working capital and capital indebtedness will be allowable.

(a) To be necessary, interest must be incurred in connection with a loan which satisfies a financial need of the contractor and be for a purpose related to patient care. Interest expense relating to business opportunity or goodwill will not be allowed.

(b) To be ordinary, interest must be at a rate which is not in excess of what a prudent borrower would have to pay at the time of the loan in an arms-length transaction in the money market.

(c) Interest expense shall include amortization of bond discounts and expenses related to the bond issue. Amortization shall be over the period from the date of sale to the date of maturity or, if earlier, the date of extinguishment of the bonds.

(2) Interest paid to or for the benefit of a related organization will be allowed only to the extent the actual interest does not exceed the cost to the related organization of obtaining the use of the funds. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-539, filed 6/1/78; Order 1262, § 388-96-539, filed 12/30/77.]

WAC 388-96-541 Offset of interest income. (1) In computing allowable costs, interest income from the investment or lending of nonrestricted funds shall be deducted from allowable interest expense.

(2) Interest income from the investment or lending of restricted funds shall not be deducted from allowable interest expense. [Order 1262, § 388-96-541, filed 12/30/77.]

WAC 388-96-543 Expense for construction interest. Interest expense relating to construction of a nursing home incurred during the period of construction shall be capitalized and amortized over not less than sixty consecutive months from the date the first patient is admitted. The period of construction shall extend from the date of the construction loan to the date the facility is put into service for patient care. [Order 1262, § 388-96-543, filed 12/30/77.]

WAC 388-96-547 Operating leases of facilities and equipment. Rental or lease costs under arms-length operating leases of facilities and/or equipment shall be allowable to the extent the cost is not in excess of arms-length rental or lease costs of comparable facilities or equipment. [Order 1262, § 388-96-547, filed 12/30/77.]

WAC 388-96-549 Rental expense paid to related organizations. The expense of renting facilities or equipment from a related organization shall be allowable to the extent the rental does not exceed the related organization's costs of owning (e.g., depreciation, interest on a mortgage) or leasing the assets, computed in accordance with this chapter. [Order 1262, § 388-96-549, filed 12/30/77.]

WAC 388-96-553 Capitalization. The following costs shall be capitalized and depreciated in computing allowable costs:

(1) Expenses for equipment with historical cost in excess of \$150 per unit and a useful life of more than one year from the date of purchase;

(2) Expenses for equipment with historical cost of \$150 or less per unit if either:

(a) The item was acquired in a group purchase where the total cost exceeded \$150; or

(b) The item was part of the initial stock of the nursing home. [Order 1262, § 388-96-553, filed 12/30/77.]

WAC 388-96-555 Depreciation expense. Depreciation expense on depreciable assets which are required in the regular course of providing patient care will be an allowable cost. It shall be (1) identifiable and recorded in the contractor's accounting records and (2) computed using the depreciation base, lives and methods specified below. [Order 1262, § 388-96-555, filed 12/30/77.]

WAC 388-96-557 Depreciable assets. (1) Tangible assets of the following types in which a contractor has an economic interest through ownership are subject to depreciation:

(a) Building – the basic structure or shell and additions thereto.

(b) Building Fixed Equipment – attachments to buildings, such as wiring, electrical fixtures, plumbing, elevators, heating system, and air conditioning system. The general characteristics of this equipment are:

(i) Affixed to the building and not subject to transfer; and

(ii) A fairly long life, but shorter than the life of the building to which affixed.

(c) Major Movable Equipment – such items as beds, wheelchairs, desks, and vehicles. The general characteristics of this equipment are:

(i) A relatively fixed location in the building;

(ii) Capable of being moved;

(iii) A unit cost sufficient to justify ledger control;

(iv) Sufficient size and identity to make control feasible by means of identification tags; and

(v) A minimum life of approximately three years.

(d) Minor Equipment – such items as waste baskets, bed pans, syringes, catheters, silverware, mops, and buckets which are properly capitalized. No depreciation shall be taken on items which are not properly capitalized (see WAC 388-96-553). The general characteristics of minor equipment are:

(i) In general, no fixed location and subject to use by various departments;

(ii) Comparatively small in size and unit cost;

(iii) Subject to inventory control;

(iv) Fairly large number in use; and

(v) Generally, a useful life of one to three years.

(e) Land Improvements – such items as paving, tunnels, underpasses, on-site sewer and water lines, parking lots, shrubbery, fences, walls, etc., where replacement is the responsibility of the contractor.

(f) Leasehold Improvements – betterments and additions made by the lessee to the leased property, which become the property of the lessor after the expiration of the lease.

(2) Land is not depreciable. The cost of land includes the cost of such items as off-site sewer and water lines, public utility charges necessary to service the land, governmental assessments for street paving and sewers, the

cost of permanent roadways and grading of a nondepreciable nature, and the cost of curbs and sidewalks, replacement of which is not the responsibility of the contractor. [Order 1262, § 388-96-557, filed 12/30/77.]

WAC 388-96-559 Depreciation base. (1) The depreciation base shall be the historical cost of the contractor in acquiring the asset from an unrelated organization and preparing it for use, less goodwill. If the department challenges the historical cost of an asset, it will have the fair market value of the asset at the time of purchase established by an MAI appraisal (for facilities). The fair market value of items of equipment will be established by appraisals performed by vendors of the particular type of equipment. When these appraisals are conducted, the depreciation base of the asset will not exceed its fair market value. Estimated salvage value shall be deducted from historical cost where the straight-line or sum-of-the-years digits method of depreciation is used.

(2) Where depreciable assets are acquired from a related organization, the contractor's depreciation base shall not exceed the base the related organization had or would have had under the program. [Order 1262, § 388-96-559, filed 12/30/77.]

WAC 388-96-561 Depreciation base—Donated or inherited assets. (1) The depreciation base of donated assets, as defined in WAC 388-96-010, or of assets received through testate or intestate distribution, shall be the lesser of (a) fair market value at the date of donation or death, less goodwill. Estimated salvage value shall be deducted from fair market value where the straight-line or sum-of-the-years digits method of depreciation is used; or (b) the depreciation base under the cost-related reimbursement program of the owner last participating in the program, if any.

(2) If the donation or distribution is between related organizations, the base shall be the lesser of (a) fair market value, less goodwill and, where appropriate, salvage value, or (b) the depreciation base the related party had or would have had for the asset under the program. [Order 1262, § 388-96-561, filed 12/30/77.]

WAC 388-96-565 Lives. (1) Except for buildings, the contractor shall use lives no shorter than guideline lives contained in the internal revenue service Class Life ADR System or published by the American Hospital Association in computing allowable depreciation. The shortest life which may be used for buildings is thirty years. Lives shall be measured from the date of the most recent arms-length acquisition of the asset.

(2) Building improvements shall be depreciated over the remaining useful life of the building, but not less than fifteen years.

(3) Improvements to leased property which are the responsibility of the contractor under the terms of the lease shall be depreciated over the useful life of the improvement.

(4) A contractor may change the estimate of an asset's useful life to a longer life for purposes of depreciation. [Order 1262, § 388-96-565, filed 12/30/77.]

WAC 388-96-567 Methods of Depreciation. (1) Buildings, land improvements, and fixed equipment shall be depreciated using the straight-line method. Major-minor equipment shall be depreciated using either the straight-line method or a recognized accelerated depreciation method (declining balance, double declining balance, or sum-of-the-years digits). Contractors which have elected to take accelerated depreciation on major-minor equipment may change to the straight-line method without permission of the department.

(2) The annual provision for depreciation shall be reduced by the portion allocable to use of the asset for purposes not both necessary and related to patient care.

(3) In computing depreciation on assets acquired before the contractor entered the program, depreciation computed in accordance with this chapter for the period before entry shall be deducted from the depreciation base.

(4) No further depreciation shall be claimed after an asset has been fully depreciated. [Order 1262, § 388-96-567, filed 12/30/77.]

WAC 388-96-569 Retirement of depreciable assets.

(1) Where depreciable assets are disposed of through sale, trade-in, scrapping, exchange, theft, wrecking, fire or other casualty, depreciation shall no longer be taken on the assets. No further depreciation shall be taken on permanently abandoned assets.

(2) Where an asset has been retired from active use but is being held for stand-by or emergency service, and there is a likelihood that it can be effectively used in the future, depreciation may be taken. [Order 1262, § 388-96-569, filed 12/30/77.]

WAC 388-96-571 Handling of gains and losses upon retirement of depreciable assets. (1) Gains and losses on the retirement of depreciable assets either during the period of participation in the program or within twelve months following termination, shall be treated in accordance with this section.

(2) A gain or loss on the retirement of an asset shall be the difference between the remaining undepreciated base and any proceeds received for, or to compensate for loss of, the asset. For purposes of subsections (3) and (4) of this section, the total gain shall be reduced by one percent for each month of ownership of an asset with an expected useful life of one hundred months or longer. For an asset with an expected useful life of less than one hundred months, total gain shall be reduced by the portion thereof equal to the ratio of the actual life of the asset from its most recent arms-length acquisition up to the date of retirement to its expected useful life.

(3) If the retired asset is replaced, the gain or loss shall be applied against or added to the cost of the replacement asset, provided that a loss will only be so applied if the contractor has made a reasonable effort to recover at least the outstanding book value of the asset.

(4) If the retired asset is not replaced, or if the contractor is terminating its contract, the gain or loss shall be spread over the actual life of the asset up to the date of retirement, provided that a loss will only be so spread if the contractor has made a reasonable effort to recover at least the outstanding book value of the asset. The difference between reimbursement actually paid for depreciation in any period beginning on or after January 1, 1978, and the reimbursement for depreciation which would have been paid with the base adjusted to reflect the gain or loss, will be computed. Where the difference results from a gain, it shall be recovered by the department. Where the difference results from a loss, it will be added to allowable costs for purposes of determining settlement. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-571, filed 6/1/78; Order 1262, § 388-96-571, filed 12/30/77.]

WAC 388-96-573 Recovery of excess over straight-line depreciation. If a contractor terminates its contract without selling or otherwise retiring equipment which was depreciated using an accelerated method, depreciation schedules relating to these assets for periods during which the contractor participated in the program shall be adjusted. The difference between reimbursement actually paid for depreciation in any period beginning on or after January 1, 1978 and the reimbursement which would have been paid for depreciation if the straight-line method had been used, will be recovered by the department. [Order 1262, § 388-96-573, filed 12/30/77.]

WAC 388-96-585 Nonallowable costs. (1) Costs will be nonallowable if they are not documented, necessary, ordinary, and related to the provision of SNF, ICF or IMR services to nursing home patients.

(2) Nonallowable costs include, but are not limited to, the following:

(a) Costs of items or services not covered by the Title XIX program, including costs of unnecessary care. Costs of nonprogram items or services will be nonallowable even if they are indirectly reimbursed by the department as the result of an authorized reduction in patient contribution.

(b) Costs of services and items provided to SNF, ICF or IMR recipients which are covered by the department's medical care program but not included in SNF, ICF or IMR services respectively. Items and services covered by the medical care program are listed in chapter 388-86 WAC.

(c) Costs associated with a capital expenditure subject to Section 1122 approval (part 100, Title 42 C.F.R.) if the department found it was not consistent with applicable standards, criteria or plans. If the department was not given timely notice of a proposed capital expenditure, all associated costs will be nonallowable as of the date they are determined not to be reimbursable under applicable federal regulations.

(d) Costs associated with a construction or acquisition project requiring certificate of need approval pursuant to chapter 70.38 RCW if such approval was not obtained.

(e) Costs of outside activities (e.g., costs allocable to the use of a vehicle for personal purposes, or related to the part of a facility leased out for office space).

(f) Salaries or other compensation of officers, directors, stockholders, and others associated with the contractor or home office, except compensation paid for service related to patient care.

(g) Costs in excess of limits or violating principles set forth in this chapter.

(h) Costs resulting from transactions or the application of accounting methods which circumvent the principles of the prospective cost-related reimbursement system.

(i) Costs applicable to services, facilities and supplies furnished by a related organization in excess of the lower of the cost to the related organization or the price of comparable services, facilities or supplies purchased elsewhere.

(j) Bad debts.

(k) Charity and courtesy allowances.

(l) Cash or other contributions to charitable organizations or political parties, and costs incurred to improve community relations.

(m) Vending machine expenses.

(n) Expenses for barber or beautician services not included in routine care.

(o) Funeral and burial expenses.

(p) Costs of gift shop operations and inventory.

(q) Personal items such as cosmetics, smoking materials, newspapers and magazines, and clothing, except those used in patient activity programs or in IMR programs where clothing is a part of routine care.

(r) Fund-raising expenses, except those directly related to the patient activity program.

(s) Penalties and fines.

(t) Expenses related to telephones, televisions, radios and similar appliances in patients' private accommodations.

(u) Federal, state and other income taxes.

(v) Costs of special care services, such as private duty nurses, except where authorized by the department for exceptional care recipients.

(w) Expenses of key-man insurance and other insurance or retirement plans not in fact made available to all employees.

(x) Expenses of profit-sharing plans.

(y) Costs of training programs for nonemployees other than volunteers.

(z) Personal expenses and allowances of owners or relatives, except those allowable as compensation.

(aa) All expenses of maintaining professional licenses or membership in professional organizations not related to operation of the facility.

(bb) Costs related to agreements not to compete.

(cc) Goodwill.

(dd) Organization costs, start-up costs, and construction interest not amortized over at least sixty months after opening.

(ee) Legal and consultant fees in connection with a fair hearing against the department where a decision is rendered in favor of the department or where otherwise

the determination of the department stands. Legal and consultant fees in connection with a lawsuit against the department are nonallowable.

(ff) Lease acquisition costs, costs associated with agreements not to compete, and other intangibles not related to patient care. [Statutory Authority: RCW 74.09.120. 79-04-102 (Order 1387), § 388-96-585, filed 4/4/79; Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-585, filed 6/1/78; Order 1262, § 388-96-585, filed 12/30/77.]

WAC 388-96-701 Reimbursement principles. (1) Reimbursement rates will be set prospectively.

(2) Rates will be established no lower than the level which the department reasonably expects to be adequate to reimburse in full the actual, allowable costs of a facility which is economically and efficiently operated and provides care meeting client needs in compliance with applicable standards.

(3) In determining rates, the department will reasonably take into account economic conditions and trends during the time period covered by the rates. [Statutory Authority: RCW 74.09.120. 78-02-013 (Order 1264), § 388-96-701, filed 1/9/78.]

WAC 388-96-704 Prospective reimbursement rates.

(1) The department will determine prospective reimbursement rates for SNF, ICF and IMR services provided to recipients. Each rate represents the contractor's maximum compensation for one patient day of care of a recipient determined by the department to require SNF, ICF or IMR care.

(2) A contractor may also be assigned an individual prospective rate for a specific recipient determined by the department to require exceptional care. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-704, filed 6/1/78. Statutory Authority: RCW 74.09.120. 78-02-013 (Order 1264), § 388-96-704, filed 1/9/78.]

* **WAC 388-96-707 Program services not covered by the reimbursement rate.** Medical services which are part of the department's medical care program but not included in SNF, ICF or IMR services are not covered by the prospective reimbursement rate. Payment is made directly to the provider of service in accordance with chapter 388-87 WAC. Items and services covered by the medical care program are listed in chapter 388-86 WAC. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-707, filed 6/1/78. Statutory Authority: RCW 74.09.120. 78-02-013 (Order 1264), § 388-96-707, filed 1/9/78.]

WAC 388-96-710 Prospective reimbursement rate for new contractors. (1) A prospective reimbursement rate for a new contractor will be established within sixty days following receipt by the department of a properly completed projected budget (see WAC 388-96-026). It will be effective as of the effective date of the contract.

(2) This prospective reimbursement rate will be based on the contractor's projected cost of operations, and on

costs and payment rates of the prior contractor, if any, and/or of other contractors in comparable circumstances.

(3) If a properly completed projected budget is not received at least sixty days prior to the effective date of the contract, the department will establish a preliminary rate based on the other factors specified in subsection (2) of this section. This preliminary prospective rate will remain in effect until an initial prospective rate can be set.

(4) Where a change of ownership is involved which is not an arms-length transaction as defined in WAC 388-96-010, the new contractor's prospective rates in the administration and operation and property cost areas will be no higher than the rates of the old contractor, adjusted if necessary to take into account economic trends. [Statutory Authority: RCW 74.09.120. 78-02-013 (Order 1264), § 388-96-710, filed 1/9/78.]

WAC 388-96-713 Rate determination. (1) Each contractor's reimbursement rate will be determined prospectively at least once each calendar year to be effective July 1 and will be adjusted for inflation January 1 using factors specified in WAC 388-96-719(3). Rates may be adjusted more frequently to take into account program changes or economic conditions.

(2) Where the contractor participated in the program during all or part of the prior fiscal period, its prospective rate will be determined based on the contractor's allowable costs in the prior period. [Statutory Authority: RCW 74.09.120. 80-06-122 (Order 1510), § 388-96-713, filed 5/30/80, effective 7/1/80; 78-02-013 (Order 1264), § 388-96-713, filed 1/9/78.]

WAC 388-96-716 Cost areas. A contractor's overall reimbursement rate for medical care recipients consists of the total of five component rates, each covering one cost area. The five cost areas are:

- (1) Patient care;
- (2) Food;
- (3) Administration and operations--wage;
- (4) Administration and operations--nonwage; and
- (5) Property. [Statutory Authority: RCW 74.09.120. 80-06-122 (Order 1510), § 388-96-716, filed 5/30/80, effective 7/1/80; 78-02-013 (Order 1264), § 388-96-716, filed 1/9/78.]

WAC 388-96-719 Method of rate determination. (1) Data used in determining rates will be taken from the most recent complete, desk-reviewed annual cost report and from certified quarterly reports submitted by each contractor.

(2) Data containing obvious errors, data for facilities which are out of compliance with any condition at any time during the reporting period, and data for facilities with average occupancy ratios of less than eighty-five percent for the report period, will be excluded from the determination of predicted costs and rate upper limits for WAC 388-96-743 and 388-96-735(3).

(3) Each contractor's reported cost data used in rate computations for the patient care, food, administration

and operations—wage and administration and operations—nonwage cost areas will be adjusted for economic trends based on component indices of the consumer price index issued by the United States department of labor, bureau of labor statistics, except that for the period July 1, 1980, through June 30, 1981, employee wages will be adjusted for economic trends by an annual rate of eight and one-half percent based upon guidelines issued by the President's Council on Wage and Price Stability. The national consumer price index component indices averages for the most recent twelve-month period will be applied in rate computations for the cost areas in subdivisions (a), (b) and (c) of subsection (3):

(a) Patient care—"medical care—other professional services" index, except that for the period July 1, 1980, through June 30, 1981, this cost area will be adjusted for economic trends by an annual rate of eight and one-half percent based upon guidelines issued by the President's Council on Wage and Price Stability;

(b) Administration and operations—wage—Average of the "commodities less food" and "services less medical care" indices, except that for the period July 1, 1980, through June 30, 1981, this cost area will be adjusted for economic trends by an annual rate of eight and one-half percent based upon guidelines issued by the President's Council on Wage and Price Stability.

(c) Administration and operations—nonwage—Average of the "commodities less food" and "services less medical care" indices;

(d) For the food cost area, the Seattle consumer price index for food at home over the most recent twelve month period will be used.

(4) Where new standards are imposed, or the department wishes to encourage additional services or otherwise change the program, a cost-related adjustment will be made to the appropriate cost area rates of each contractor affected by the program change. Adjustments will be made until reported costs used in setting rates reflect the new standards or program changes. [Statutory Authority: RCW 74.09.120. 80-06-122 (Order 1510), § 388-96-719, filed 5/30/80, effective 7/1/80; 79-12-085 (Order 1461), § 388-96-719, filed 11/30/79; 78-11-043 (Order 1353), § 388-96-719, filed 10/20/78. Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-719, § filed 6/1/78; Statutory Authority: RCW 74.09.120. 78-02-013 (Order 1264), § 388-96-719, filed 1/9/78.]

WAC 388-96-722 Patient care cost area rate. (1) The patient care cost area reimbursement rate will be computed to cover the necessary and ordinary costs of providing routine nursing and ancillary services to recipients in accordance with WAC 388-88-050 and 388-88-051.

(2)(a) Beginning July 1, 1980, regression analysis will be used to determine the relationship between patient care staff hours per patient day and the functional status of medical recipients. Staff data from recent cost reports or certified quarterly reports provided by the contractor will be used as the dependent variable in the regression analysis. The independent variable will be the functional

status of medical recipients in the facility as determined by the facility's mean Katz ADL score in the calendar year corresponding to the reporting year. The regression analysis will be used to calculate the predicted staffing in the following equation: $y = a + bx$ where y is the predicted staff hours for the reporting period; x is the mean Katz score in the calendar year corresponding to the reporting period; a is the intercept of the regression equation; and b is the slope of the regression equation which measures the change in predicted staff level per unit of change in Katz score.

(b) For each facility, the base period patient care staff hours and base period Katz score will be determined. The base period patient care staff hours are the patient care staff hours reimbursed during the period October 1, 1979 through June 30, 1980. The base period Katz score is the Katz score used in determining patient care staff ceilings effective October 1, 1979.

(c) The department will identify facilities which have experienced a substantial change in Katz score between the base year and the reporting year. A Substantial change will be determined as follows:

(i) The difference between the Katz score in the reporting period and the base year will be computed for all facilities;

(ii) The standard deviation of the differences specified in (2)(c)(i) above will be determined;

(iii) For each facility, the difference determined in (2)(c)(i) above will be divided by the standard deviation of the differences determined in (2)(c)(ii) above. This ratio is defined as the standardized change in Katz score;

(iv) A substantial decrease in a facility's Katz score is defined to occur when the standardized change in Katz score specified in (2)(c)(iii) above is less than -1.645 ;

(v) A substantial increase in a facility's Katz score is defined to occur when the standardized change in Katz score specified in (2)(c)(iii) above is greater than 2.326 ;

(vi) Facilities not meeting the definition of substantial change in (2)(c)(iv) above or (2)(c)(v) above will be defined as not having a substantial change in Katz score.

(d) Patient care standard hours will be determined as follows:

(i) If there has not been a substantial change in a facility's Katz score as defined in (2)(c) above, standard hours will be the lesser of reporting period patient care staff hours or base period patient care staff hours;

(ii) If there has been a substantial change in a facility's Katz score as defined in (2)(c) above, standard hours will be the lesser of reporting period patient care staff hours or base period patient care staff hours plus the factor b defined in (2)(a) above multiplied times the facility's Katz score in the base period minus the facility's Katz score in the reporting period as shown in the following relation: $b \times (\text{base period Katz score} - \text{reporting period Katz score})$.

(e) The wages for patient care personnel shall be the sum of the product of ninety percent of the prevailing wages for the categories of nursing assistants, licensed practical nurses, registered nurses, and noncontractual therapists and related restorative employees, expressed

as an hourly rate, based upon the state-wide salary survey conducted pursuant to RCW 41.06.160. For the period July 1, 1979 through December 31, 1979 hourly wages for categories of employees covered within this cost center will be averaged as follows:

Registered nurses	\$6.60
Licensed Practical Nurses	\$5.30
Nursing assistants	\$3.69

For other employees, actual reported wages plus 8 annual inflation will be used. Subsequent increases in the amount set forth in this section shall not be set forth by rule change, but will be available for inspection and examination in the Bureau of Nursing Home Affairs. Rates received by the application of the formula set forth in this section which are not devoted to meeting the wages set forth above are not allowable costs.

(f) The standard hours calculated above will be multiplied by the wages calculated above to determine a rate.

(g) On add-on to this rate will be calculated to recognize contractual patient care consultants and therapists based upon recent cost reports.

(3) In addition to its reimbursement rate, each contractor may be assigned a range of nursing service hours which represent the maximum and minimum number of hours the department will purchase. For purposes of this hour range for IMR facilities, nursing services include residential living services. The range will depend on the characteristics of the patients in each facility. From January 1, 1978 through December 31, 1978, it will be computed based on the ratio of the number of SNF, ICF and IMR patients of each level, respectively, to the total number of patients in the facility, assuming a range of 1-2 hours for ICF patients, 1.75-3 hours for SNF patients, 3.1-6.1 for IMR level A patients, 2.7-5.4 for IMR level B patients, 2.1-3.6 for IMR level C patients, and 1.2-2.4 for IMR level D patients. On and after January 1, 1979, this range will be derived using a uniform patient assessment performed by the department. When the certification of a contractor is changed to add or eliminate a level of care, the range will be adjusted using the ratio of patients in each level of care at the time the new certification becomes effective. When the department requires new standards or makes program changes which require more or less nursing service, the range will be adjusted as of the effective date of the new standard or program change. [Statutory Authority: RCW 74.09.120. 80-06-122 (Order 1510), § 388-96-722, filed 5/30/80, effective 7/1/80; 79-12-085 (Order 1461), § 388-96-722, filed 11/30/79. Statutory Authority: RCW 18.51.310 and 74.09.120. 78-11-013 (Order 1349), § 388-96-722, filed 10/9/78. Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-722, filed 6/1/78. Statutory Authority: RCW 74.09.120. 78-02-013 (Order 1264), § 388-96-722, filed 1/9/78.]

WAC 388-96-727 Food cost area rate. (1) The food cost area rate will be computed to cover the necessary

and ordinary costs of procuring food, dietary supplements[,] and beverages for meals and between-meal nourishment for recipients.

(2) On July 1, 1979, food reimbursement shall be one hundred fifteen percent of the statewide average or approximately the ninetieth percentile of all costs for bulk and raw foods and beverages purchased for dietary needs, expressed as a per patient day amount. Rate increases subsequent to July 1, 1979, will be based on increases in the Seattle consumer price index for food as specified in WAC 388-96-719(3)(c). [Statutory Authority: RCW 74.09.120. 79-12-085 (Order 1461), § 388-96-727, filed 11/30/79; 78-02-013 (Order 1264), § 388-96-727, filed 1/9/78.]

Reviser's Note: RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 388-96-735 Administration and operations cost areas rates[.] (1) The administration and operations cost areas reimbursement rates will be computed to cover the necessary and ordinary costs of overall management of the facility, operation and maintenance of the physical plant, and providing dietary service (other than the cost of food and beverages), medical supplies, taxes, and insurance.

(2) The administration and operations-wage cost area reimbursement rate will be calculated as follows:

(a) Beginning July 1, 1980, hours for support staff other than administrators and assistant administrators will be taken from recent cost reports and certified quarterly reports provided by the contractor. Hours of support staff per patient day will be calculated. Base period staff hours per patient day also will be calculated, where base period hours are defined as hours reimbursed during the period October 1, 1979 through June 30, 1980. Standard hours for support staff will be determined as the lesser of reported support staff hours per patient day or base period hours per patient day.

(b) Wages for the above employees shall be the sum of the product of ninety percent of the prevailing wages expressed in an hourly rate, based on the state-wide salary survey as conducted pursuant to RCW 41.06.160. The standard hours will be combined with the wages determined above to calculate a rate. For the period beginning July 1, 1979 through December 31, 1979, hourly wages for the employees covered within this cost center shall be averaged as follows: for supervisory employees, other than administrators and assistant administrators, \$5.30; for nonsupervisory employees, \$3.69. Subsequent increases in the amount set forth in this section shall not be reflected by rule change, but will be available for inspection and examination in the Bureau of Nursing Home Affairs. Rates received by the application of the formula set forth in this section which are not devoted to meeting the wages set forth above, are not allowable costs.

(c) For IMR facilities, standard hours may be modified by the Survey Section, Bureau of Nursing Home

Affairs in consultation with the department's Division of Developmental Disabilities.

(3) The administration and operations-nonwage cost area reimbursement rate will be calculated as follows:

(a) Other allowable administration and operations costs will be taken from the most recent desk-reviewed annual cost report and updated using the inflation factors specified in WAC 388-96-719(3).

(b) Reimbursement for this portion of administration and operations will be limited to the eighty-fifth percentile of all reporting facilities, except that facilities may be grouped by factors other than owners or legal organizational characteristics, which could reasonably influence cost requirements for administration and operations[.] [Statutory Authority: RCW 74.09.120. 80-06-122 (Order 1510), § 388-96-735, filed 5/30/80, effective 7/1/80; 79-12-085 (Order 1461), § 388-96-735, filed 11/30/79; 78-02-013 (Order 1264), § 388-96-735, filed 1/9/78.]

Reviser's Note: RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 388-96-743 Property cost area rate. Property reimbursement for both leased and owner-operated facilities shall not exceed the predicted cost plus one standard deviation of the necessary and ordinary costs of depreciation, and interest, of owner-operated facilities utilizing a multiple regression formula developed by the Department of Social and Health Services, recognizing factors which may be significant, including location, age, and construction type of facility. For July, 1980 rate setting, rental costs of leased facilities other than those operating as intermediate care facilities for the mentally retarded, and depreciation and interest costs of owner-operated facilities, for leases or mortgages entered into prior to July 1, 1979, shall be reimbursed to the extent they do not exceed the reimbursement rate payable for the property cost center as of June 30, 1979, adjusted to meet any discrepancies as determined by the federal government between the reimbursements made and the approved state medicaid plan, and adjusted for any approved capitalized additions or replacements; except that, any leased facility which has operated as an intermediate care facility for the mentally retarded prior to July 1, 1979, shall be reimbursed to the extent that the property cost exceed the upper limit of the multiple regression formula. [Statutory Authority: RCW 74.09.120. 80-06-122 (Order 1510), § 388-96-743, filed 5/30/80, effective 7/1/80; 79-12-085 (Order 1461), § 388-96-743, filed 11/30/79; 78-02-013 (Order 1264), § 388-96-743, filed 1/9/78.]

WAC 388-96-750 Return on investment. (1) Beginning January 1, 1979, the department will pay a return on equity to proprietary contractors utilizing applicable Medicare rules and regulations as of July 1, 1979, with the following modifications:

(a) Monthly equity calculations will not be used. A desk review of reported equity will be conducted pursuant to WAC 388-96-201. The average ratio among proprietary contractors of current assets to expenses will be computed from the most recent desk reviewed cost reports. The standard deviation of the ratio and the average ratio plus one standard deviation will also be computed. Current assets in excess of the average ratio plus one standard deviation will not be allowed unless the contractor can document that the excess is ordinary, necessary, and related to patient care. No adjustments will be made to reported equity insofar as changes reflect additions to fixed assets which are ordinary, necessary and related to patient care.

(b) Goodwill is not includable in the determination of net equity.

(c) Net equity and the payment for net equity shall be calculated as described in subsections (2) and (3) of this section.

(2) A contractor's net equity will be calculated using the appropriate items from the contractor's most recent desk reviewed cost report utilizing the definition of equity in WAC 388-96-010 and applying relevant Medicare rules and regulations as of July 1, 1979, with the modifications described in subsection (1) of this section.

(3) The contractor's net equity will be multiplied by the Medicare rate of return on equity capital for the twelve-month period ending on the date of the closing date of the contractor's cost report. This amount will be divided by the contractor's annual patient days for the cost report period to determine a rate per patient day. Where a contractor's cost report covers less than a twelve-month period, annual patient days will be estimated using the contractor's reported patient days.

(4) The information on which the return on equity is calculated is subject to field audit. If a field audit determines that the desk reviewed reported equity exceeds the equity which can be documented and calculated in conformance with Medicare rules and regulations as modified above, the contractor's return on equity rate shall be recalculated using the determinations of the field audit. Any payments in excess of this rate shall be refunded to the department as part of the settlement procedure established by WAC 388-96-222. In particular, subsections (3) and (4) of WAC 388-96-222 shall apply.

(5) For the period January 1, 1978, through June 30, 1979, the rate of return used to calculate this return on investment will be eleven percent.

(6) For the period January 1, 1978, through December 31, 1978, a contractor may choose to retain savings in the administrative and operations and property and related cost centers in lieu of receiving a return based on equity capital. [Statutory Authority: RCW 74.09.120. 80-15-114 (order 1561), § 388-96-750, filed 10/22/80; 80-06-122 (Order 1510), § 388-96-750, filed 5/30/80, effective 7/1/80; 79-04-061 (Order 1381), § 388-96-750, filed 3/28/79.]

WAC 388-96-760 Upper limits to reimbursement rate. The reimbursement rate shall not exceed the contractor's customary charges to the general public for the

services covered by the rate, except that public facilities rendering such services free of charge or at a nominal charge will be reimbursed according to the methods and standards set out in this chapter. The contractor shall immediately inform the department if its reimbursement rate does exceed customary charges for comparable services. If necessary, the rate will be adjusted in accordance with WAC 388-96-769. Rates will not exceed the limits set out at 42 CFR 450.30(b)(6). [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-760, filed 6/1/78. Statutory Authority: RCW 74.09.120. 78-02-013 (Order 1264), § 388-96-760, filed 1/9/78.]

WAC 388-96-763 Rates for recipients requiring exceptionally heavy care. (1) A contractor certified to care for SNF or IMR patients may apply for an individual prospective reimbursement rate for a recipient whose special nursing and direct care-related service needs are such that the cost of care will be at least twice the contractor's current reimbursement rate.

(2) Application for an individual rate for an exceptionally heavy care recipient shall be made in accordance with instructions furnished by the department.

(3) An individual rate for an exceptionally heavy care recipient will be granted for a specified period of time, subject to extension, revision, or termination depending on the recipient's care requirements at the end of such period. It will be computed to cover the projected actual costs of care of the recipient.

(4) The contractor will be informed in writing of the disposition of its application as soon as possible and in no case longer than thirty days following receipt of a properly completed application. [Statutory Authority: RCW 74.08.090 and 74.09.120. 78-06-080 (Order 1300), § 388-96-763, filed 6/1/78. Statutory Authority: RCW 74.09.120. 78-02-013 (Order 1264), § 388-96-763, filed 1/9/78.]

WAC 388-96-766 Notification of rates. The department will notify each contractor in writing of its prospective reimbursement rate. Unless otherwise specified at the time it is issued, the rate will be effective from the first day of the month in which it is issued until a new rate becomes effective. If a rate is changed as the result of an appeal in accordance with WAC 388-96-904, it will be effective as of the date the rate appealed from became effective. [Statutory Authority: RCW 74.09.120. 78-02-013 (Order 1264), § 388-96-766, filed 1/9/78.]

WAC 388-96-769 Adjustments required due to errors or omissions. (1) Prospective rates are subject to adjustment by the department as a result of errors or omissions by the department or by the contractor. The department will notify the contractor in writing of each adjustment and of its effective date, and of any amount due to the department or to the contractor as a result of the rate adjustment. Rates which are adjusted in accordance with this section will be effective as of the effective date of the original rate.

(2) The contractor shall pay an amount it owes the department resulting from an error or omission, or commence repayment in accordance with a schedule determined by the department, within sixty days after receipt of notification of the rate adjustment, unless the contractor contests the department's determination in accordance with the procedures set out in WAC 388-96-904. If the determination is contested, the contractor shall pay or commence repayment within sixty days after completion of these proceedings. If a refund is not paid when due, the amount thereof may be deducted from current payments by the department.

(3) The department shall pay any amount it owes the contractor as a result of a rate adjustment within thirty days after it notifies the contractor of the rate adjustment.

(4) No adjustments will be made to a rate after the annual settlement for the period in which the rate was effective has become final. [Statutory Authority: RCW 74.09.120. 78-02-013 (Order 1264), § 388-96-769, filed 1/9/78.]

WAC 388-96-772 Requests for revision of a prospective rate. (1) A contractor may at any time request in writing a revision of its current rate. Each request shall include a detailed explanation of significant changes in the factors used to establish its rate, or of significant changes in actual costs incurred or anticipated.

(2) The department will inform a contractor of the disposition of a request within sixty days after receipt of the request and of any documentation necessary to support it. Unless otherwise specified, a revised rate shall be effective as of the first day of the month in which it is issued.

(3) A formal request is not required for a rate increase granted to all contractors to cover the cost of meeting new federal or state requirements. [Statutory Authority: RCW 74.09.120. 78-02-013 (Order 1264), § 388-96-772, filed 1/9/78.]

WAC 388-96-775 Public review of rate-setting methods and standards. The department will provide all interested members of the public with an opportunity to review and comment on proposed rate-setting methods and standards each year before they are used to set rates. [Statutory Authority: RCW 74.09.120. 78-02-013 (Order 1264), § 388-96-775, filed 1/9/78.]

WAC 388-96-778 Public disclosure of rate-setting methodology. Without identifying individual nursing homes, the department will make available to the public full information regarding its rate-setting methodology. [Statutory Authority: RCW 74.09.120. 78-02-013 (Order 1264), § 388-96-778, filed 1/9/78.]

WAC 388-96-801 Billing period. A contractor shall bill the department for care provided to medical care recipients from the first through the last day of each calendar month. [Order 1262, § 388-96-801, filed 12/30/77.]

WAC 388-96-804 Billing procedures. (1) A contractor shall bill the department each month by completing and returning the nursing home statement provided by the department. This form shall be completed and filed in accordance with instructions issued by the department.

(2) A contractor shall not bill the department for service provided to a recipient until an award letter relating to the recipient has been received. At that time it may bill for service provided back through the date the recipient was admitted or became eligible.

(3) Billing shall not cover the day of a recipient's death, discharge, or transfer from the nursing home. [Order 1262, § 388-96-804, filed 12/30/77.]

WAC 388-96-807 Charges to patients. (1) The department will notify a contractor of the amount each medical care recipient is required to pay for care provided under the contract and the effective date of such required contribution. It is the contractor's responsibility to collect that portion of the cost of care from the patient, and to account for any authorized reduction from his or her contribution in accordance with procedures established by the department.

(2) If a contractor receives documentation showing a change in the income or resources of a recipient which will mean a change in his or her contribution toward the cost of care, this shall be reported in writing to the ESSO within seventy-two hours. If necessary, appropriate corrections shall be made in the next nursing home statement, and a copy of documentation supporting the change shall be attached. If increased funds for a recipient are received by a contractor, the normal amount shall be allowed for clothing, personal and incidental expense, and the balance applied to the cost of care.

(3) The contractor shall accept the reimbursement rate established by the department as full compensation for all services it is obligated to provide under the contract. It shall not seek or accept additional compensation from or on behalf of a recipient for any or all such services. [Order 1262, § 388-96-807, filed 12/30/77.]

WAC 388-96-810 Payment. (1) The department will reimburse a contractor for service rendered under the nursing home contract and billed for in accordance with WAC 388-96-804.

(2) The amount paid will be computed using the appropriate rate assigned to the contractor.

(3) The special rate assigned to a contractor by the department for the care of an exceptional care recipient will be used in computing the amount paid for care of such recipient.

(4) For each recipient, the department will pay an amount equal to the appropriate rate or rates, multiplied by the number of patient days each rate was in effect, less the amount the recipient is required to pay for his or her care (see WAC 388-96-807). [Order 1262, § 388-96-810, filed 12/30/77.]

WAC 388-96-813 Suspension of payment. (1) Payments to a contractor may be withheld by the department in each of the following circumstances:

(a) A required report is not properly completed and filed by the contractor within the appropriate time period, including any approved extensions. Payments will be released as soon as a properly completed report is received.

(b) Auditors or other authorized department personnel in the course of their duties are refused access to a nursing home or are not provided with existing appropriate records. Payments will be released as soon as such access or records are provided.

(c) A refund in connection with an annual settlement or rate adjustment is not paid by the contractor when due. The amount withheld will be limited to the unpaid amount of the refund.

(d) Payment for the final thirty days of service under a contract will be held pending final settlement when the contract is terminated.

(2) No payment will be withheld until written notification of the suspension is given to the contractor, stating the reason therefor. [Order 1262, § 388-96-813, filed 12/30/77.]

WAC 388-96-816 Termination of payments. All payments to a contractor will end no later than thirty days after any of the following occurs:

(1) A contract expires, is terminated or is not renewed;

(2) A facility license is revoked; or

(3) A facility is decertified as a Title XIX facility. [Order 1262, § 388-96-816, filed 12/30/77.]

WAC 388-96-901 Disputes. (1) If a contractor wishes to contest the way in which a rule, contract provision, or policy statement relating to the prospective cost-related reimbursement system was applied to the contractor by the department, e.g., in setting a reimbursement rate or determining a disallowance at audit, it shall first pursue the administrative review process set out in WAC 388-96-904.

(2) The administrative review process in WAC 388-96-904 need not be exhausted if a contractor wishes to challenge the legal validity of a statute, rule, contract provision or policy statement. [Order 1262, § 388-96-901, filed 12/30/77.]

WAC 388-96-904 Administrative review process.

(1) Within thirty days after a contractor is notified of an action or determination it wishes to challenge, it shall request in writing that the chief, office of nursing home affairs or his or her designee (chief, ONHA) review such determination. The request shall be signed by the contractor or the licensed administrator of the facility, shall identify the challenged determination and the date thereof, and shall state as specifically as practicable the grounds for its contention that the determination was erroneous. Copies of any documentation on which the contractor intends to rely to support its position shall be included with the request.

(2) After receiving a request meeting the above criteria, the chief, ONHA will contact the contractor to schedule a conference for the earliest mutually convenient time. The conference shall be scheduled for no later than thirty days after a properly completed request is received unless both parties agree in writing to a specific later date.

(3) The contractor and appropriate representatives of the department shall attend the conference. In addition, representatives selected by the contractor may attend and participate. The contractor shall bring to the conference, or provide to the department in advance of the conference, any documentation on which it intends to rely to support its contentions. The parties shall clarify and attempt to resolve the issues at the conference. If additional documentation is needed to resolve the issues, a second session of the conference shall be scheduled for not later than thirty days after the initial session unless both parties agree in writing to a specific later date.

(4) Unless informal agreement has been reached at the conference, a written decision by the chief, ONHA will be furnished to the contractor within sixty days after the conclusion of the conference.

(5) If the contractor desires review of an adverse decision of the chief, ONHA, it shall within thirty days following receipt of such decision request a fair hearing in writing in accordance with the Administrative Procedure Act, chapter 34.04 RCW. [Order 1262, § 388-96-904, filed 12/30/77.]

Chapter 388-98 WAC

NURSING HOME LICENSURE PROGRAM ADMINISTRATION

WAC

388-98-001	Definitions.
388-98-800	Applicability of civil fines.
388-98-830	Notification.
388-98-850	Imposition and payment of fines.
388-98-870	Separate violations.
388-98-890	Reporting.

WAC 388-98-001 Definitions. (1) For purposes of this section, the following words or phrases shall have the following meanings unless the context clearly indicates otherwise:

(2) "Applicant" means an individual, partnership, corporation, or other legal entity which seeks a license to operate a nursing home.

(3) "Deficiency" means a finding by the department written on a statement of deficiency/plan of correction form indicating the part(s) of chapter 248-14 WAC that are not met.

(4) "Department" means the state department of social and health services.

(5) "Director" means an individual who has been elected or appointed as director of a corporation.

(6) "Licensed nursing home" means a nursing home licensed pursuant to chapter 18.51 RCW.

(7) "Licensee" means an individual, partnership, corporation, or other legal entity to whom a license to operate a nursing home has been granted or a person subject to such licensure as determined by the department but does not include any employee of such licensee or person unless that employee is an owner of five percent or more of the assets of the licensed entity.

(8) "Licensee's agent" means the designated nursing home administrator, or an individual allowed to perform managerial functions in his/her absence.

(9) "Officer" means an individual who has been appointed an officer of a corporation.

(10) "Owner of five percent or more of the assets of a nursing home" means:

(a) In the case of a sale proprietorship, the owner, or if owned as community property, the owner and his/her spouse; or

(b) In the case of a corporation, the owner of at least five percent of the capital stock of said corporation; or

(c) In the case of any other type of business entity, the owner of a beneficial interest in at least five percent of the capital assets of such entity.

(11) "Partner" means an individual who is in a partnership which owns or operates a nursing home.

(12) "Reasonable time" means a period of time determined by the department and noted in the plan of correction. In determining the length of the period of time for correction of each class of deficiency, the department will consider:

(a) The gravity of the deficiency, including the severity and immediacy of the actual or potential harm to any resident;

(b) The minimum amount of time practicably required to correct. [Statutory Authority: RCW 18.51-.310. 80-08-027 (Order 1515), § 388-98-001, filed 6/25/80.]

WAC 388-98-800 Applicability of civil fines. (1) Civil fines may be imposed in lieu of or in addition to denial, suspension, or revocation of a license.

(2) A fine of up to one thousand dollars may be imposed on the licensee when the department finds that an applicant, licensee or licensee's agent has:

(a) Been the holder of a license issued pursuant to chapter 18.51 RCW which was revoked for cause and never reissued by the department, or which license was suspended for cause and the terms of the suspension have not been fulfilled; or

(b) Knowingly or with reason to know made a false statement or an omission of a material fact in his application for license or any data attached thereto, or in any matter under investigation by the department; or

(c) Refused to allow representatives or agents of the department to inspect all the books, records, and files required to be maintained on any portion of the premises of the nursing home; or

(d) Wilfully prevented, interfered with, or attempted to impede in any way the work of any duly authorized representative of the department in the lawful enforcement of any provision of chapter 18.51 RCW; or

(e) Wilfully prevented or interfered with any representative of the department in the preservation of evidence of any violation of any of the provisions of chapter 18.51 RCW or the standards, rules, and regulations promulgated thereunder; or

(f) Failed to report patient abuse or neglect in accordance with chapter 70.124 RCW; or

(g) Failed to pay any civil fine assessed by the department pursuant to chapter 18.51 RCW within twenty days after such assessment becomes final.

(3) Monetary fines of a civil nature may be imposed on the licensee of a nursing home as follows:

(a) It shall be a class A deficiency when there are conditions or practices that present an immediate danger of death or serious physical harm to any patient in the nursing home or substantial probability that death or serious physical harm would result. The condition or practice constituting a class A deficiency shall be abated or eliminated as soon as possible within twenty-four hours upon notification to the licensee or licensee's agent. The licensee shall be subject to a fine not to exceed one thousand dollars for each class A deficiency for which the licensee or licensee's agent has been notified and for which the time for correction has passed.

(b) It shall be a class B deficiency when there are conditions or practices which have a direct or immediate relationship to the mental or physical health, safety, or security of residents of a nursing home but which presents no imminent danger nor substantial probability of death or serious physical harm to them. A class B deficiency shall be corrected within a reasonable time determined by the department, but in no event more than sixty days. The licensee shall be subject to a fine not to exceed seven hundred fifty dollars for each class B deficiency for which the licensee or licensee's agent has been notified and for which the time for correction has passed.

(c) It shall be a class C deficiency when there are conditions or practices which have a relationship to the health, safety, or security of any patient at a nursing home but which cannot be classified as a class A or class B deficiency. A class C deficiency shall be corrected within a reasonable time determined by the department. The licensee shall be subject to a fine not to exceed five hundred dollars for each class C deficiency for which the licensee or licensee's agent has been notified and for which the time for correction has passed. [Statutory Authority: RCW 18.51.310. 80-08-027 (Order 1515), § 388-98-800, filed 6/25/80.]

WAC 388-98-830 Notification. (1) Department findings shall be written as a statement of deficiency and presented to the licensee or licensee's agent.

(2) The department shall obtain a plan of correction and reasonable time for correction from the licensee or licensee's agent. The plan of correction shall be obtained during the exit interview. When deficiencies involve facility alterations, physical plant plan development, construction review, or Certificate of Need, an interim plan of correction that states the steps planned and approximate time schedule is acceptable. Updated plans shall be

submitted as agreed to and as progress occurs. The reasonable time for correction shall be limited by the classification of deficiency.

(3) Unacceptable plans for correction or times for correction will be returned by personal service or certified mail to the licensee or licensee's agent, with letter of explanation, for revision and resubmission.

(a) The licensee or licensee's agent shall be allowed up to eight hours to submit an acceptable plan of correction and reasonable time for correction for class A deficiencies.

(b) The licensee or licensee's agent shall be allowed up to five working days to submit an acceptable plan of correction and reasonable time for correction for class B deficiencies.

(c) The licensee or licensee's agent shall be allowed up to ten working days to submit an acceptable plan of correction and reasonable time for correction for class C deficiencies.

(4) When the licensee or licensee's agent corrects a deficiency as determined by the department within the reasonable time established, a fine will not be imposed.

(5) Upon licensee's or licensee's agent's petition, the department shall determine whether or not to grant a request for an extended correction time. Such a petition must be received by the department at the earliest possible date prior to the expiration of the correction time originally approved. The burden of proof is on the licensee or licensee's agent to show good cause for not being able to comply with the original correction time. [Statutory Authority: RCW 18.51.310. 80-08-027 (Order 1515), § 388-98-830, filed 6/25/80.]

WAC 388-98-850 Imposition and payment of fines.

(1) If correction has not been completed and a decision not to fine the licensee has been made, that decision shall be communicated to the licensee or licensee's agent and shall be documented in the licensing file.

(2) When the corrective action taken by the licensee or licensee's agent fails to fully correct the deficiency, the degree of progress in correcting the deficiency will be considered in determining whether or not a fine will be imposed.

(3) Each fine imposed shall be approved by the department.

(4) Written notice of imposition shall be provided by personal service or certified mail to the individual or entity to be fined.

(5) The amount of the fine shall be based on any or all of the following:

(a) The severity of the deficiency;

(b) The prevalence of the deficiency;

(c) The licensee's or licensee's agent's efforts to correct the deficiency;

(d) The licensee's history of noncompliance;

(e) The cost to the department.

(6) The written notice is an order that shall become final twenty days after its service upon the licensee or licensee's agent unless the licensee or licensee's agent requests a hearing. If no hearing is requested the fine becomes due on the thirtieth day after notice of imposition.

(7) All hearings shall be in accordance with the administrative procedures contained in chapter 388-08 WAC.

(8) If a hearing is requested, any written order arising therefrom imposing a fine shall become final thirty days after its entry, unless such order is stayed in accordance with the provisions of administrative procedures contained in chapter 388-08 WAC.

(9) In case of nonpayment of a fine, the department may withhold an amount equal to the fine from the licensee's administration and operations payment, or,

(10) The department may suspend the license of any licensee who fails to pay a fine imposed under this chapter thirty days after the date of order imposing the fine. Such license suspension shall continue until the fine is paid. [Statutory Authority: RCW 18.51.310. 80-08-027 (Order 1515), § 388-98-850, filed 6/25/80.]

WAC 388-98-870 Separate violations. Each separate finding of a violation of a statute, rule or regulation shall constitute a separate violation. [Statutory Authority: RCW 18.51.310. 80-08-027 (Order 1515), § 388-98-870, filed 6/25/80.]

WAC 388-98-890 Reporting. All civil fines assessed against a nursing home which relate to the activities and responsibilities of a licensed nursing home administrator as defined in WAC 248-14-235 shall be reported to the professional licensing division, business and professions administration. The report shall include the name of the person, name of the facility, amount of fine, and date of fine. [Statutory Authority: RCW 18.51.310. 80-08-027 (Order 1515), § 388-98-890, filed 6/25/80.]

Chapter 388-320 WAC PUBLIC RECORDS—DISCLOSURE

WAC

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388-320-020	Definitions.
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WAC 388-320-010 Purpose. The purpose of this chapter shall be to ensure compliance by the department of social and health services with the provisions of chapter 1, Laws of 1973, Disclosure—Campaign Finances—Lobbying Records; and in particular with sections 25-32 of that act dealing with public records. [Order 899, § 388-320-010, filed 1/25/74.]

WAC 388-320-020 Definitions. (1) "Public records" include any writing containing information relating to the conduct of government or the performance of any governmental or proprietary function prepared, owned, used or retained by the department regardless of physical form or characteristics.

(2) "Writing" means handwriting, typewriting, printing, photostating, photographing, and every other means of recording any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof; and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, discs, drums and other documents.

(3) "Department" means the department of social and health services. [Order 899, § 388-320-020, filed 1/25/74.]

WAC 388-320-030 Establishment of department.

(1) The department of social and health services was created effective July 1, 1970 under the authority of chapter 43.20A RCW. The former departments of health, public assistance and institutions, and the former veterans rehabilitation council and division of vocational rehabilitation of the coordinating council on occupational education were abolished and the department was assigned substantially all their powers, duties and functions.

(2) The department was established to integrate and coordinate most of those activities of the state of Washington which involve provision of care for individuals who, because of economic, social, or health conditions, require financial assistance, institutional care, or rehabilitative or other social or health services.

(3) The state administrative office of the department is located in Olympia. Regional and local units are located throughout the state. [Order 899, 388-320-030, filed 1/25/74.]

WAC 388-320-035 Programs operated by department. The department operates the following programs:

- (1) Adult correction and rehabilitation
- (2) Juvenile rehabilitation
- (3) Mental health
- (4) Developmental disabilities
- (5) Veterans' services
- (6) Income maintenance

- (7) Community social services
- (8) Medical assistance
- (9) Public health
- (10) Vocational rehabilitation [Order 899, § 388-320-035, filed 1/25/74.]

WAC 388-320-040 Operations and procedure—
Organization. (1) The department's basic organizational structure is built around major functions with different organizations having responsibility for aspects of the various departmental programs. No single organization has sole responsibility for all aspects of any one program. Responsibility for program development is assigned to central office staff and for operation to staff in the field. Supporting services are provided to all staff.

(2) The department has three basic functional components:

- (a) office of the secretary
- (b) program development and operation
- (c) management services. [Order 899, § 388-320-040, filed 1/25/74.]

WAC 388-320-045 Operations and procedure—
Office of secretary. The secretary of the department is appointed by the governor with the consent of the senate and serves at the pleasure of the governor. Subject to statutory limitations the secretary has complete charge of the department. He may delegate any power or duty vested in his office to any assistant or subordinate but he remains responsible for the official acts of the officers and employees. [Order 899, § 388-320-045, filed 1/25/74.]

WAC 388-320-050 Operations and procedure—
Program divisions. (1) The secretary has established four divisions within the department to which he has assigned primary responsibility for the development and operation of each of the programs enumerated in WAC 388-320-035 as follows:

(a) The division of adult corrections has been assigned responsibility for the adult correction and rehabilitation program.

(b) The division of vocational rehabilitation services has been assigned responsibility for the vocational rehabilitation program.

(c) The division of health services has been assigned responsibility for the medical assistance and public health programs.

(d) The division of community services has been assigned responsibility for the juvenile rehabilitation, mental health, developmental disabilities, veterans' services, income maintenance, and community social services programs.

(2) Each of these divisions is headed by a director. [Order 899, § 388-320-050, filed 1/25/74.]

WAC 388-320-055 Operations and procedure—
Program division responsibilities. The secretary has authorized each division to make decisions with respect to the development and operation of the programs assigned to it subject to responsibility to secure and give

appropriate weight to timely suggestions from other divisions who may have some responsibility or concern with that program. These decisions include responsibility to

- (1) design programs
- (2) identify service needs
- (3) determine goals and objectives for the programs
- (4) determine priorities among service components
- (5) develop program policy
- (6) operate programs
- (7) monitor effectiveness of programs
- (8) administer pilot projects
- (9) represent the department before the legislature and in the community with respect to departmental programs
- (10) provide consultative assistance to other divisions and other agencies. [Order 899, § 388-320-055, filed 1/25/74.]

WAC 388-320-060 Operations and procedure—
Program division operation. Each program division carries out its responsibilities through a central services office in Olympia, through a system of regional offices established throughout the state, and through local offices and institutions within these regions. [Order 899, § 388-320-060, filed 1/25/74.]

WAC 388-320-070 Operations and procedure—
Administrative divisions. The secretary has created four divisions to which he has assigned responsibility for administrative and support services. The divisions, each of which is headed by a director, are:

(1) Administrative services division, with responsibility for accounting services, budget services, staff services, information systems and support enforcement.

(2) Management systems division, with responsibility for management analysis, operations review, and project management.

(3) Personnel and training division.

(4) Planning and research division, with responsibility for planning, research, program analysis and technical standards, and administrative regulations. [Order 899, § 388-320-070, filed 1/25/74.]

WAC 388-320-080 Operations and procedure—
Other organizational units. The secretary has created a number of other organizational units with responsibilities not attributable to a single program. These units are directly responsible to the secretary or to his deputy and administer the following functions:

- (1) Citizen participation coordination.
- (2) Public affairs.
- (3) Minority affairs.
- (4) Legislative liaison.
- (5) Special investigators.
- (6) Attorney general's services. [Order 899, § 388-320-080, filed 1/25/74.]

WAC 388-320-090 Operations and procedure—Rules adoption and publication. Substantive and procedural rules of general applicability adopted by the department as authorized by law or adopted by the Washington state board of health and enforced by the department as authorized by law appear at the following WAC titles:

- (1) Title 248—Health
- (2) Title 275—Institutions, mental health, and mental retardation
- (3) Title 388—Economic and social services
- (4) Title 482—Veterans rehabilitation council
- (5) Title 490—Vocational rehabilitation. [Order 899, § 388-320-090, filed 1/25/74.]

WAC 388-320-092 Statements of policy. Statements of general policy or interpretations of general applicability as identified in WAC 388-320-093 through 388-320-095, including practice manuals maintained for department staff use, shall be available for public inspections. [Order 899, § 388-320-092, filed 1/25/74.]

WAC 388-320-093 Statements of policy—Practice manuals. The following manuals shall be available for inspection and copying through the office of the public records officer and shall in addition be available for inspection at the department's local offices:

- (1) Handbook for Licensing and Approval of Voluntary Child-Caring Agencies.
- (2) Staff Manual for Vocational Rehabilitation
- (3) Food Protection Reference Manual
- (4) Manual for Local Registrars of Vital Statistics
- (5) Local Government Merit Program Manual
- (6) Local Health Department Accounting Procedures Manual
- (7) Crippled Childrens Services Operations Manual
- (8) Rheumatic Fever Control Manual
- (9) A Guide to Services (Management Services Manual)
- (10) Medical Consultant Handbook
- (11) Manual A—Public Assistance Regulations
- (12) Manual E—Management Services Manual
- (13) Manual F—Public Assistance Financial Eligibility Manual
- (14) Manual G—Public Assistance Social Services Manual
- (15) Manual H—Public Assistance Social Services Manual
- (16) Systems Improvement Program Manual. [Order 899, § 388-320-093, filed 1/25/74.]

WAC 388-320-094 Statements of policy—State plans. The following state plans submitted to the federal government in connection with applications for federal funds for the support of programs administered by the department shall be available for inspection and copying through the office of the public records officer:

- (1) Comprehensive Public Health Services Formula Grants, authorized under Title III, Section 314(d) of the Public Health Service Act, to establish and maintain

community, mental, and environmental public health services.

(2) Crippled Childrens Services, authorized under Title V of the Social Security Act, to provide medical and related services to crippled children and children suffering from conditions that lead to crippling.

(3) Health Facilities Construction—Grants, loans and loan guarantees authorized under Title VI of the Public Health Service Act, to plan for and provide hospitals, public health centers, laboratories, long-term care facilities, rehabilitation facilities and other related health facilities.

(4) Maternal and Child Health Services, authorized under Title V of the Social Security Act, to extend and improve services for reducing infant mortality and improvement of health of mothers and children.

(5) Mental Health—Alcohol Formula Grants, authorized under Title III of the Comprehensive Alcohol Abuse and Alcohol Abuse, Treatment and Rehabilitation act, to plan, establish, and maintain programs of prevention, treatment and rehabilitation to deal with alcohol abuse and alcoholism.

(6) Mental Health—Drug Abuse Formula Grants, authorized under Title IV of the Drug Abuse Office and Treatment Act, to plan, establish and conduct projects for the development of more effective drug abuse prevention functions.

(7) Child Welfare Services, authorized under Title IV-B of the Social Security Act, to establish, extend and strengthen services in programs for the prevention of neglect, abuse, exploitation or delinquency of children.

(8) Medical Assistance Program, authorized under Title XIX of the Social Security Act, to provide payments for medical assistance for recipients of cash assistance and other medically needy persons.

(9) Rehabilitation Services and Facilities—Basic Support (General), authorized under the Vocational Rehabilitation Act, to provide vocational rehabilitation services to persons with mental and physical handicaps other than those related to blindness.

(10) Rehabilitation Services and Facilities—Basic Support (Blind), authorized under the Vocational Rehabilitation Act, to provide vocational rehabilitation services to persons with mental and physical handicaps related to blindness.

(11) Developmental Disabilities—Basic Support, authorized under the Mental Retardation Facilities and Community Mental Health Centers Construction Act as amended by the Developmental Disabilities Services and Facilities Construction Amendments of 1970, to provide services to persons who have a disability resulting from mental retardation, cerebral palsy, epilepsy or other neurological condition which originated before age 18 and is a substantial handicap.

(12) Public Assistance—Social Services, authorized under the Social Security Act, to provide social services to needy individuals directed toward self-support and self-sufficiency and strengthening of family life.

(13) Public Assistance—Maintenance Assistance, authorized under the Social Security Act, to provide financial aid to the aged, blind, permanently and totally

disabled, and families with dependent children, emergency assistance to needy families with children, and assistance to repatriated nationals.

(14) Special Programs for the Aging, authorized under Titles III and VII of the Older Americans Act, to provide programs for the aged and aging.

(15) Food programs, authorized by Food Stamp Act of 1964, as amended, and P.L. 74-320, as amended, to provide donated food to needy households and food stamps for purchase of foods in retail stores. [Order 899, § 388-320-094, filed 1/25/74.]

WAC 388-320-095 Statements of policy—Other.

The following statements of policy shall be available for inspection and copying through the office of the public records officer and shall in addition be available for inspection at the department's local offices:

(1) Directory of Voluntary Child Care in Institutions, Agencies and Public Children's Institutions

(2) Minimum Licensing Requirements for Child-Caring Facilities

(3) Design Standards for Public Water Supplies, 1973

(4) Approved Cross-Connection Control Devices Listing

(5) Special Sewage Works Design Considerations for Protection of Waters Used for Shellfish Harvest, Water Supplies or Other Areas of Special Public Health Concern, 1969

(6) Water Supply Funding Program Guidelines and Procedures

(7) Emergency Medical Technician Policy Statement

(8) Emergency Medical Communications Policy Statement

(9) Guide to Budget Practices and Legal Responsibilities of Local Health Departments

(10) Series of numbered memoranda issued by Office of Eligibility.

(11) Policy Statement on Protection of Human Subjects in Research, Development, Demonstration and Other Projects.

(12) Series of numbered memoranda issued by the Division of Adult Corrections.

(13) Series of numbered memoranda issued by the Office of Mental Health.

(14) Series of bulletins issued by the Office of Juvenile Rehabilitation. [Order 899, § 388-320-095, filed 1/25/74.]

WAC 388-320-100 Public records available. (1) All public records of the department as defined in WAC 388-320-020 are available for public inspection and copying pursuant to these rules except as otherwise provided in section 31, chapter 1, Laws of 1973 and WAC 388-320-150.

(2) Requests for any identifiable public record may be initiated at any local office of the department. [Order 899, § 388-320-100, filed 1/25/74.]

WAC 388-320-110 Public records officer—State administrative office. The department shall designate a

public records officer to be located in the state administrative office. He shall be responsible for implementing the department's rules regarding release of public records, coordination of staff in this regard, and generally insuring compliance by the staff with the public records disclosure requirements of chapter 1, Laws of 1973. The public records officer shall be responsible for any disclosure except where responsibility has been delegated to a local office as provided by WAC 388-320-115. The secretary of the department or his designee and the public records officer shall have exclusive authority to deny a request for disclosure of a public record. [Order 899, § 388-320-110, filed 1/25/74.]

WAC 388-320-115 Public records officer—Local office. (1) The department shall designate local office public records officer to be located in each local office of the department. The local office public records officer shall have authority to

(a) disclose information about individuals known to be local office except as limited by section 31, chapter 1, Laws of 1973 or by other laws and rules governing confidentiality of personal information in the department's records.

(b) make available for copying the rules and statements as defined in WAC 388-320-090, 388-320-092, 388-320-093, and 388-320-095 which are maintained in the local office to which the request is made.

(c) make available for copying or for free distribution informational material published by the department for use of the public and which is available in the local office to which the request is made.

(d) refer the inquirer to the department's state office public records officer when the requested material is not within the authority of the local office to disclose.

(e) refer the inquirer, or refer the request for information, to the state office public records officer when the request calls for extensive copying of material.

(2) The local office public records officer shall not have authority to deny a request for disclosure of a public record. [Order 899, § 388-320-115, filed 1/25/74.]

WAC 388-320-120 Office hours. Public records shall be available for inspection and copying during the customary office hours of the department. For the purposes of this chapter the customary office hours shall be from 9:00 a.m. to noon and from 1:00 p.m. to 4:00 p.m. Monday through Friday, excluding legal holidays. [Order 899, § 388-320-120, filed 1/25/74.]

WAC 388-320-130 Request for public records. (1) In accordance with requirements of chapter 1, Laws of 1973 that agencies prevent unreasonable invasions of privacy, protect public records from damage or disorganization and prevent excessive interference with the essential functions of the agency, public records may be inspected or copied or copies of such records may be obtained by members of the public upon compliance with the procedures specified in this section.

(2) A request shall be made in writing upon a form prescribed by the department which shall be available at

its state and local administrative offices. The request shall include

- (a) the name of the person requesting the record
 - (b) the time of day and calendar date on which the request is made
 - (c) the nature of the request
 - (d) an appropriate description of the record requested.
- (3) The public records officer or staff member to whom the request is made shall assist the requestor to appropriately identify the public record requested.
- (4) The request form shall be presented to the public records officer or if he is not available to any member of the department's staff during customary office hours. [Order 899, § 388-320-130, filed 1/25/74.]

WAC 388-320-140 Fees—Inspection and copying. No fee shall be charged for the inspection of public records. The department shall charge a fee per page of copy for providing copies of public records and for use of the department's copy equipment. The fee shall be the amount necessary to reimburse the department for its actual costs incident to such copying. [Order 899, § 388-320-140, filed 1/25/74.]

WAC 388-320-150 Exemptions. (1) The department reserves the right to determine that a public record requested in accordance with the procedures outlined in WAC 388-320-130 is exempt under the provisions of section 31, chapter 1, Laws of 1973 or federal or other state laws and regulations.

(2) Pursuant to section 26, chapter 1, Laws of 1973, the department reserves the right to delete identifying details when it makes available or publishes any public record, in any case in which there is reason to believe that disclosure of such details would be an unreasonable invasion of personal privacy. The public records officer shall fully justify such deletion in writing. [Order 899, § 388-320-150, filed 1/25/74.]

WAC 388-320-155 Denial of request. Each denial of a request for a public record shall be accompanied by a written statement to the requestor clearly specifying the reasons for the denial, including a statement of the specific exemption authorizing the withholding of the record and a brief explanation of how the exemption applies to the record withheld. Such statement shall be sufficiently clear and complete to permit the secretary or his designee to review the denial in accordance with WAC 388-320-160. [Order 899, § 388-320-155, filed 1/25/74.]

WAC 388-320-160 Review of denial. (1) If a request for a public record is denied the state office public records officer shall immediately refer the denial of request to the secretary of the department for review. The secretary or his designee shall immediately decide the matter and either affirm or reverse such denial. If denial is reversed, notice shall be given promptly to the requestor and the requested public record made available.

(2) For purposes of judicial review, administrative remedies shall be considered exhausted at the end of the

second business day following denial of inspection. [Order 899, § 388-320-160, filed 1/25/74.]

WAC 388-320-170 Protection of public records. Public records may be inspected only in the presence of a department public records officer or his designee. Inspection shall be denied and records shall be withdrawn if the individual inspecting the records does so in a manner which will damage or substantially disorganize them or which interferes excessively with other essential functions of the department. [Order 899, § 388-320-170, filed 1/25/74.]

WAC 388-320-180 Records index. (1) The department finds that it would be unduly burdensome and would interfere with agency operations to maintain an index of records as specified in section 26(2) of chapter 1, Laws of 1973 because of the complexity and diversity of its operations and the resulting volume of correspondence, reports, surveys, staff studies and other materials.

(2) The department will make available for public inspection and copying all indexes which may at a future time be developed for agency use. [Order 899, § 388-320-180, filed 1/25/74.]

WAC 388-320-190 Communications and submissions relating to public records. All communications with the department relating to disclosure of public records, including but not limited to the submission of materials pertaining to its operations and/or the administration or enforcement of chapter 1, Laws of 1973 and these rules, and requests for copies of the department's decisions and other matters shall be addressed as follows:

Public Records Officer
Department of Social and Health Services
P.O. Box 1788
Olympia, Washington 98504

[Order 899, § 388-320-190, filed 1/25/74.]

WAC 388-320-200 Adoption of form. The department hereby adopts a form entitled "Request for Public Record" for use by all persons requesting inspection and/or copying of its records. The form may be secured from any office of the department. [Order 899, § 388-320-200, filed 1/25/74.]