



PREPROPOSAL STATEMENT OF INQUIRY

CR-101 (June 2004)
(Implements RCW 34.05.310)
Do **NOT** use for expedited rule making

Agency: Department of Social and Health Services, Aging and Disability Services Administration

Subject of possible rule making:

The department is amending WAC 388-515-1512, What are the financial requirements if I am eligible for Medicaid under the noninstitutional categorically needy program (CN-P); and WAC 388-515-1514, How does the department determine how much of my income I must pay towards the cost of my care if I am not eligible for Medicaid under a categorically needy program (CN-P) listed in WAC 388-515-1512(1)?

Statutes authorizing the agency to adopt rules on this subject:

RCW 74.04.050; 74.04.057; 74.08.090; 74.09.575; 74.09.500; and 74.09.530

Reasons why rules on this subject may be needed and what they might accomplish:

DSHS is amending WAC 388-515-1512 and 388-515-1514 to incorporate the \$20 disregard and increase the personal needs allowance (PNA) from \$41.44 to \$62.79 to match Home and Community Services categorically needy (CN) waiver programs.

Other policy changes on these subjects may be incorporated into this rule making. Other WAC chapters may need to be updated as a result of this rule making.

Identify other federal and state agencies that regulate this subject and the process coordinating the rule with these agencies:

N/A

Process for developing new rule (check all that apply):

- Negotiated rule making
- Pilot rule making
- Agency study
- Other (describe)

DSHS welcomes the public to take part in developing the rules. Anyone interested should contact the staff person identified below. At a later date, DSHS will file a proposal with the Office of the Code Reviser with a notice of proposed rule making. A copy of the proposal will be sent to everyone on the mailing list and to anyone who requests a copy.

How interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication:

(List names, addresses, telephone, fax numbers, and e-mail of persons to contact; describe meetings, other exchanges of information, etc.) Contact:

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DATE
September 2, 2008

NAME (TYPE OR PRINT)
Stephanie Schiller

SIGNATURE

TITLE
DSHS Rules Coordinator

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STATE OF WASHINGTON
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