



# PROPOSED RULE MAKING

## CR-102 (June 2004)

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

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

- Preproposal Statement of Inquiry was filed as WSR 09-04-068 ; or  
 Expedited Rule Making--Proposed notice was filed as WSR \_\_\_\_\_; or  
 Proposal is exempt under RCW 34.05.310(4).

- Original Notice  
 Supplemental Notice to WSR  
 Continuance of WSR

**Title of rule and other identifying information:** (Describe Subject)

The department is amending WAC 388-827-0115 What are the programmatic eligibility requirements for DDD/SSP?

**Hearing location(s):**

Blake Office Park East – Rose Room  
 4500 – 10<sup>th</sup> Ave. SE  
 Lacey, Washington 98503  
 (One block north of the intersection of Pacific Ave.  
 SE and Alhadeff Lane. A map or directions are  
 available at  
<http://www.dshs.wa.gov/msa/rpau/docket.html> or  
 by calling 360-664-6094)

Date: **July 7, 2009** Time: **10:00 a.m.**

**Submit written comments to:**

Name: DSHS Rules Coordinator  
 Address: PO Box 45850, Olympia WA, 98504-5850  
 Delivery: 4500 – 10<sup>th</sup> Ave. SE, Lacey, Washington 98503  
 E-mail: [DSHSRPAURulesCoordinator@dshs.wa.gov](mailto:DSHSRPAURulesCoordinator@dshs.wa.gov)  
 Fax: (360) 664-6185

by  
**5 p.m. on July 7, 2009**

**Assistance for persons with disabilities:** Contact Jennisha Johnson, DSHS Rules Consultant by June 23, 2009  
 TTY (360) 664-6178 or (360) 664-6094 or  
 by e-mail at johnsjl4@dshs.wa.gov

**Date of intended adoption:** Not sooner than July 8, 2009  
 (Note: This is **NOT** the **effective** date)

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**

This proposed rule amends the eligibility dates for converting state only residential allowances to SSP when there is an ongoing need for a residential allowance.

**Reasons supporting proposal:** See above

**Statutory authority for adoption:**  
 RCW 71A.12.030, RCW 71A.10.020, RCW 74.04.057

**Statute being implemented:**  
 Title 71A RCW, 20 CFR Part 416

**Is rule necessary because of a:**

Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If yes, CITATION:

**DATE**  
 May 26, 2009

**NAME** (type or print)  
 Stephanie Schiller

**SIGNATURE**

**TITLE**  
 DSHS Rules Coordinator

**CODE REVISER USE ONLY**

**OFFICE OF THE CODE REVISER  
 STATE OF WASHINGTON  
 FILED**

**DATE: May 28, 2009**

**TIME: 1:16 PM**

**WSR 09-12-059**

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:**

None

**Name of proponent:** (person or organization) Department of Social and Health Services

- Private  
 Public  
 Governmental

**Name of agency personnel responsible for:**

Name	Office Location	Phone
Drafting..... Debbie Roberts	640 Woodland Square Loop SE Lacey, WA 98503-1045 PO Box 45310, Olympia, WA 98507-5310 E-mail roberdx@dshs.wa.gov	(360) 725-3400 FAX (360) 404-0955
Implementation.... Meredith Kelly	640 Woodland Square Loop SE Lacey, WA 98503-1045 PO Box 45310, Olympia, WA 98507-5310 E-mail LunsfLL@dshs.wa.gov	(360) 725-3440 FAX (360) 404-0955
Enforcement..... Don Clintsman	640 Woodland Square Loop SE Lacey, WA 98503-1045 PO Box 45310, Olympia, WA 98507-5310 E-mail clintdl@dshs.wa.gov	(360) 725-3421 FAX (360) 404-0955

**Has a small business economic impact statement been prepared under chapter 19.85 RCW?**

Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name: Debbie Roberts  
Address: 640 Woodland Square Loop SE  
Lacey, WA 98503-1045  
PO Box 45310, Olympia, WA 98507-5310  
phone (360) 725-3400  
fax (360) 404-0955  
e-mail roberdx@dshs.wa.gov

No. Explain why no statement was prepared.

DDD has analyzed the rules and determined there is no impact to small business

**Is a cost-benefit analysis required under RCW 34.05.328?**

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name: Debbie Roberts  
Address: 640 Woodland Square Loop SE  
Lacey, WA 98503-1045  
PO Box 45310, Olympia, WA 98507-5310  
phone (360) 725-3400  
fax (360) 404-0955  
e-mail roberdx@dshs.wa.gov

No: Please explain:

Under RCW 34.05.328(5)(b)(vii), CBAs are not required for DSHS rules that relate only to client medical or financial eligibility

AMENDATORY SECTION (Amending WSR 07-24-030, filed 11/28/07, effective 12/29/07)

**WAC 388-827-0115 What are the programmatic eligibility requirements for DDD/SSP?** Following are the programmatic eligibility requirements to receive DDD/SSP:

(1) You received one or more of the following services from DDD with state-only funding between March 1, 2001 and June 30, 2003 and continue to demonstrate a need for and meet the DDD program eligibility requirements for these services. Additionally, you must have been eligible for or received SSI prior to July 1, 2006; or you received Social Security Title II benefits as a disabled adult child prior to July 1, 2006 and would have been eligible for SSI if you did not receive these benefits.

(a) Certain voluntary placement program services, which include:

- (i) Foster care basic maintenance,
- (ii) Foster care specialized support,
- (iii) Agency specialized support,
- (iv) Staffed residential home,
- (v) Out-of-home respite care,
- (vi) Agency in-home specialized support,
- (vii) Group care basic maintenance,
- (viii) Group care specialized support,
- (ix) Transportation,
- (x) Agency attendant care,
- (xi) Child care,
- (xii) Professional services,
- (xiii) Nursing services,
- (xiv) Interpreter services,

(b) Family support;

(c) One or more of the following residential services:

- (i) Adult family home,
- (ii) Adult residential care facility,
- (iii) Alternative living,
- (iv) Group home,
- (v) Supported living,
- (vi) Agency attendant care,
- (vii) Supported living or other residential service allowance,
- (viii) Intensive individual supported living support (companion homes).

(2) For individuals with community protection issues as defined in WAC 388-820-020, the department will determine eligibility for SSP on a case-by-case basis.

(3) For new authorizations of family support opportunity:

(a) You were on the family support opportunity waiting list prior to January 1, 2003; and

(b) You are on the home and community based services (HCBS) waiver administered by DDD; and

(c) You continue to meet the eligibility requirements for the family support opportunity program contained in WAC 388-825-200

through 388-825-242; and

(d) You must have been eligible for or received SSI prior to July 1, 2003; or you received Social Security Title II benefits as a disabled adult child prior to July 1, 2003 and would have been eligible for SSI if you did not receive these benefits.

(4) For individuals on one of the HCBS waivers administered by DDD (Basic, Basic Plus, Core or community protection):

(a) You must have been eligible for or received SSI prior to April 1, 2004; and

(b) You were determined eligible for SSP prior to April 1, 2004.

(5) You received medicaid personal care (MPC) between September 2003 and August 2004; and

(a) You are under age eighteen at the time of your initial comprehensive assessment and reporting evaluation (CARE) assessment;

(b) You received or were eligible to receive SSI at the time of your initial CARE assessment;

(c) You are not on a home and community based services waiver administered by DDD; and

(d) You live with your family, as defined in WAC 388-825-020.

(6) If you meet all of the requirements listed in (5) above, your SSP will continue.

(7) You received one or more of the following state-only funded residential services between July 1, 2003 and June 30, 2006 and continue to demonstrate a need for and meet the DDD program eligibility requirements for these services:

(a) Adult residential care facility;

(b) Alternative living;

(c) Group home;

(d) Supported living;

(e) Agency attendant care;

(f) Supported living or other residential allowance.

(8) You received one or more of the following residential services between July 1, 2003 and June 30, 2009 and demonstrate an ongoing need for a residential allowance request on a periodic, or routine basis of at least once a quarter. You must also receive SSI or would receive SSI if it were not for the receipt of DAC as well as continue to meet the program eligibility requirements for these services:

(a) Alternative living;

(b) Supported living; or

(c) Companion homes.