



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, Economic Services Administration

- Preproposal Statement of Inquiry was filed as WSR 09-01-059 ; 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 proposing to amend WAC 388-412-0040, "Can I get my benefits replaced?"

Hearing location(s):

Blake Office Park East – Rose Room
 4500 – 10th 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: **September 22, 2009** Time: **10:00 am**

Submit written comments to:

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

by
5:00 p.m. on September 22, 2009

Assistance for persons with disabilities: Contact Jennisha Johnson, DSHS Rules Consultant by September 8, 2009
 TTY (360) 664-6178 or (360) 664-6094 or
 by e-mail at johnsjl4@dshs.wa.gov

Date of intended adoption: Not earlier than September 23, 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 change removes the requirement for clients to provide a signed affidavit when requesting replacement of benefits.

Reasons supporting proposal:

The current rule requires a signed affidavit from clients who report that their benefits were lost or destroyed in a disaster in order for the benefits to be replaced. For Basic Food benefits, the Code of Federal Regulations imposes no such requirement on the states. Furthermore, the current process can be time-consuming and frustrating for clients. We are proposing to streamline and expedite the benefits replacement process for clients.

Statutory authority for adoption:

RCWs 74.04.050; 74.04.055; 74.04.057; 74.04.510; and 74.08.090

Statute being implemented:

RCWs 74.04.050; 74.04.055; 74.04.057; 74.04.510 and 74.08.090

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:

CODE REVISER USE ONLY

DATE

August 13, 2009

NAME (type or print)

Don Goldsby

SIGNATURE

TITLE

Manager, Rules and Policies Assistance Unit

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

**DATE: August 18, 2009
 TIME: 8:47 AM**

WSR 09-17-100

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:
None

Name of proponent: (person or organization)

- Private
 Public
 Governmental

Department of Social and Health Services

Name of agency personnel responsible for:

Name	Office Location	Phone
Drafting..... Don Winslow	712 Pear St. SE Olympia, WA 98504	(360) 725-4580
Implementation.... Don Winslow	712 Pear St. SE Olympia, WA 98504	(360) 725-4580
Enforcement..... Don Winslow	712 Pear St. SE Olympia, WA 98504	(360) 725-4580

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:

Address:

phone ()

fax ()

e-mail

No. Explain why no statement was prepared.

This proposed rule change does not have an economic impact on small businesses. The proposed amendments only affect DSHS clients by removing the requirement that a client provide a signed affidavit when requesting their benefits to be replaced.

Is a cost-benefit analysis required under RCW 34.05.328?

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

Name:

Address:

phone ()

fax ()

e-mail

No: Please explain: These amendments are exempt as allowed under RCW 34.05.328(5)(b)(vii) which states in-part, "[t]his section does not apply to....rules of the department of social and health services relating only to client medical or financial eligibility and rules concerning liability for care of dependents." The proposed rules affect DSHS clients by removing the requirement that a client provide a signed affidavit when requesting their benefits to be replaced.

AMENDATORY SECTION (Amending WSR 08-14-047, filed 6/24/08, effective 7/25/08)

WAC 388-412-0040 Can I get my benefits replaced? Under certain conditions, we may replace your benefits.

(1) You may get your EBT benefits replaced if:

(a) We make a mistake that causes you to lose benefits;

(b) Both your EBT card and personal identification number (PIN) are stolen from the mail; you never had the ability to use the benefits; and you lost benefits;

(c) You left a drug or alcohol treatment on or before the fifteenth of the month and the facility does not have enough Basic Food benefits in their EBT account for one-half of the allotment that they owe you;

(d) Your EBT benefits that were recently deposited into an inactive EBT account were canceled by mistake along with your state benefits; or

(e) Your food that was purchased with Basic Food benefits was destroyed in a disaster.

(2) If you want a replacement, you must ((~~7~~

~~(a))~~ report the loss to your local office within ten days from the date of the loss ((~~7~~ and

~~(b) Sign a department affidavit form stating you had a loss of benefits))~~.

(3) For Basic Food, we replace the loss up to a one-month benefit amount.

(4) We will not replace your benefits if your loss is for a reason other than those listed in subsection (1) above or:

(a) We decided that your request is fraudulent;

(b) Your Basic Food benefits were lost, stolen or misplaced after you received them;

(c) You already got two countable replacements of Basic Food benefits within the last five months; or

(d) You got disaster food stamp benefits for the same month you requested a replacement for Basic Food.

(5) Your replacement does not count if:

(a) Your benefits are returned to us; or

(b) We replaced your benefits because we made an error.