



PROPOSED RULE MAKING

CR-102 (June 2012)

(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:15-01-182; or
- Expedited Rule Making--Proposed notice was filed as WSR:___; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

- Original Notice
- Supplemental Notice to WSR:
- Continuance of WSR:

Title of rule and other identifying information:

WAC 388-418-0005, "How will I know what changes to report?" This change will correct reporting requirements for cash, food, and medical programs.

Hearing location(s):

Office Building 2
DSHS Headquarters
1115 Washington
Olympia, WA 98504
Public parking at 11th and Jefferson. A map is available at:
<http://www1.dshs.wa.gov/msa/rpau/RPAU-OB-2directions.html>

Submit written comments to:

Name: DSHS Rules Coordinator
Address: PO Box 45850
Olympia, WA 98504
e-mail DSHSRPAURulesCoordinator@dshs.wa.gov
fax (360) 664-6185
by: 5:00 p.m. March 24, 2015

Date: March 24, 2015 Time: 10:00 a.m.

Assistance for persons with disabilities: Contact Jeff Kildahl, DSHS Rules Consultant by TTY (360) 664-6178 or (360) 664-6092 or by email at Kildaja@dshs.wa.gov

Date of intended adoption: Not earlier than March 25, 2015
(Note: This is **NOT** the **effective** date)

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

This department is proposing to amend WAC 388-418-0005 to correct the policy concerning when categorically eligible (CE) Basic Food and Food Assistance Program (FAP) households must report changes in income during the certification period. Current rules don't require CE households to report income changes during the certification period unless the income increases and exceeds 200 percent of the federal poverty (also known as federal poverty level or FPL). The income limit threshold for reporting changes should be set at 130 percent of the FPL.

The Department is removing outdated references to long term care, SSI-related medical, children's medical, pregnancy medical, and other medical benefits under this rule. These amendments are currently in effect via emergency rule-making filed on December 26, 2014 as WSR 15-02-010. The 2E2SHB 1738, Laws of 2011, designated the Health Care Authority as the single state agency responsible for the administration and supervision of Washington's medical assistance programs. HCA re-codified medical assistance program rules to chapter 182 WAC. Accordingly, the Department is eliminating corresponding rules and medical references under chapter 388 WAC.

Statutory authority for adoption:

RCW 74.04.050, 74.04.055, 74.04.057, 74.04.510, 74.08.090; 2E2SHB 1738 and Chapter 15, Laws of 2011; Substitute House Bill 2069.

Statute being implemented:

RCW 74.04.050, 74.04.055, 74.04.057, 74.04.510, 74.08.090, and 7 U.S.C. §2015.

Is rule necessary because of a:

- | | | |
|-------------------------|---|--|
| Federal Law? | <input checked="" type="checkbox"/> Yes | <input 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: 7 CFR §273.12 (a)(5)(v)

DATE
February 11, 2015

NAME (type or print)
Katherine Vasquez

SIGNATURE

TITLE
DSHS Rules Coordinator

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: February 12, 2015
TIME: 10:03 AM

WSR 15-05-043

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..... Robert Thibodeau	712 Pear St. SE Olympia, WA 98504	(360) 725-4634
Implementation.... Robert Thibodeau	712 Pear St. SE Olympia, WA 98504	(360) 725-4634
Enforcement..... Robert Thibodeau	712 Pear St. SE Olympia, WA 98504	(360) 725-4634

Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?

Yes. Attach copy of small business economic impact statement or school district fiscal 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.

These proposed rules do not have an economic impact on small businesses. The proposed amendment only affects households served by DSHS who are subject to simplified reporting rules under Basic Food or the state-funded Food Assistance Program (FAP).

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."

WAC 388-418-0005 How will I know what changes to report? (1)

You must report changes to the department based on the kinds of assistance you receive. We inform you of your reporting requirements on letters we send you about your benefits. Follow the steps below to determine the types of changes you must report:

~~((1))~~ (a) If you receive ~~(assistance from any of the programs listed in subsection (1), you must report changes for people in your assistance unit under chapter 388-408 WAC, based on the~~ **first** program you receive benefits from.

~~(a) If you receive long term care benefits such as a home and community based waiver (Basic, Basic Plus, CORE, Community Protection, COPEs, New Freedom, Medically Needy), care in a medical institution (nursing home, hospice care center, state veterans home, ICF/MR, RHC) or hospice, you must tell us if you have a change of:~~

- ~~(i) Residence;~~
- ~~(ii) Marital status;~~
- ~~(iii) Living arrangement;~~
- ~~(iv) Income;~~
- ~~(v) Resources;~~
- ~~(vi) Medical expenses; and~~

~~(vii) If we allow you expenses for your spouse or dependents, you must report changes in their income or shelter cost.~~

~~(b) If you receive medical benefits based on age, blindness, disability (SSI-related medical), ((or ADATSA benefits,)) you need to tell us if:~~

- ~~(i) You move;~~
- ~~(ii) A family member moves into or out of your home;~~
- ~~(iii) Your resources change; or~~
- ~~(iv) Your income changes. This includes the income of you, your spouse or your child living with you.~~

~~(c) If you receive) cash benefits, you need to tell us if:~~

- ~~(i) You move;~~
 - ~~(ii) Someone moves out of your home;~~
 - ~~(iii) Your total gross monthly income goes over the:~~
 - ~~(A) Payment standard under WAC 388-478-0033 if you receive ABD cash; or~~
 - ~~(B) Earned income limit under WAC 388-478-0035 and 388-450-0165 for all other programs;~~
 - ~~(iv) You have liquid resources more than four thousand dollars;~~
- or

- ~~(v) You have a change in employment. Tell us if you:~~
 - ~~(A) Get a job or change employers;~~
 - ~~(B) Change from part-time to full-time or full-time to part-time;~~
 - ~~(C) Have a change in your hourly wage rate or salary;~~
 - ~~(D) Stop working; or~~

~~((E) See WAC 182-504-0100 for medical care services reporting requirements.))~~

~~((d))~~ (b) If you are a relative or nonrelative caregiver and receive cash benefits on behalf of a child in your care but not for yourself or other adults in your household, you need to tell us if:

- ~~(i) You move;~~
- ~~(ii) The child you are caring for moves out of the home;~~

(iii) Anyone related to you or to the child you are caring for moves into or out of the home;

(iv) There is a change in the earned or unearned income of anyone in your child-only means-testing assistance unit, as defined in WAC 388-450-0162 (3)(b). You do not need to report changes in earned income for your dependent children who are in school full-time (see WAC 388-450-0070).

(v) There is a change in the recipient child's earned or unearned income (see WAC 388-450-0070 for how we count the earned income of a child);

(vi) The recipient child has liquid resources more than four thousand dollars;

(vii) A recipient child in the home becomes a foster child; or

(viii) You legally adopt the recipient child.

~~((e) If you receive **family medical** benefits, you need to tell us if:~~

~~(i) You move;~~

~~(ii) A family member moves out of your home; or~~

~~(iii) If your income goes up or down by one hundred dollars or more a month and you expect this income change will continue for at least two months.)~~

(2) If you do not receive cash assistance (~~from any of the programs listed in subsection (1),~~) but you do receive benefits from (~~any of the programs listed in subsection (2),~~) basic food, you must report changes for the people in your assistance unit under chapter 388-408 WAC, (~~based on all the benefits you receive.~~) and tell us if:

(a) (~~If you receive **Basic Food** benefits, you need to tell us if:~~

~~(i) If your household is a categorically eligible household as defined under WAC 388-414-0001, tell us if your total gross monthly income is more than two hundred percent of the federal poverty level; or~~

~~(ii) For all other households tell us if your)) Your total monthly income is more than the maximum gross monthly income as described in WAC 388-478-0060; or~~

~~((iii)) (b) Anyone who receives food benefits in your assistance unit and who must meet work requirements under WAC 388-444-0030 has their hours at work go below twenty hours per week.~~

~~((b) If you receive **children's medical** benefits, you need to tell us if:~~

~~(i) You move; or~~

~~(ii) A family member moves out of the house.~~

~~(c) If you receive **pregnancy medical** benefits, you need to tell us if:~~

~~(i) You move; or~~

~~(ii) You are no longer pregnant.~~

~~(d) If you receive **other medical** benefits, you need to tell us if:~~

~~(i) You move; or~~

~~(ii) A family member moves out of the home.)~~