



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: 16-14-051; 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: (Describe Subject)

The department is proposing to amend WAC 388-444-0035 "Who is exempt from the ABAWD time limits and minimum work requirements?".

Hearing location(s):

Office Building 2
DSHS Headquarters
1115 Washington
Olympia, WA 98504

Public parking at 11th and Jefferson. A map is available at:
<https://www.dshs.wa.gov/sesa/rules-and-policies-assistance-unit/driving-directions-office-bldg-2>

Date: **October 11, 2016** Time: **10:00 a.m.**

Date of intended adoption: Not earlier than October 12, 2016
(Note: This is **NOT** the **effective** date)

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. October 11, 2016

Assistance for persons with disabilities: Contact:
Jeff Kildahl, DSHS Rules Consultant by September 27, 2016
Phone: (360) 664-6092 or TTY: (360) 664-6178
Email: KildaJA@dshs.wa.gov

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

Amendments proposed under this filing will strike provisions pertaining to Food Assistance Program for Legal Immigrants (FAP) that are inconsistent with state law for the Supplemental Nutrition Assistance Program (SNAP).

Reasons supporting proposal:

The United States Department of Agriculture, Food and Nutrition Service (FNS) enforces the provisions of the federal Supplemental Nutrition Assistance Program (SNAP) as enacted in the 2008 Food and Nutrition Act as amended and codified in the Code of Federal Regulations. DSHS incorporates regulations from the federal agencies, exercises state options, and implements approved waivers and demonstration projects by adoption administrative rules for food assistance administered as the Washington Basic Food Program and the Food Assistance Program for Legal Immigrants (FAP).

Statutory authority for adoption: RCW 74.04.050, 74.04.055, 74.04.057, 74.08.090, 74.04.510, 7 CFR 273.7

Statute being implemented:

Is rule necessary because of a:

- Federal Law? Yes No
 - Federal Court Decision? Yes No
 - State Court Decision? Yes No
- If yes, CITATION:

DATE
August 31, 2016

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: September 01, 2016

TIME: 3:18 PM

WSR 16-18-060

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

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:	Corinna Adams	712 Pear Street, Olympia, WA 98501	(360) 725-4640
Implementation:	Corinna Adams	712 Pear Street, Olympia, WA 98501	(360) 725-4640
Enforcement:	Corinna Adams	712 Pear Street, Olympia, WA 98501	(360) 725-4640

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.

The proposed rule does not have an economic impact on small businesses. It only impacts DSHS clients.

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, "this 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 388-444-0035 Who is exempt from ((the)) ABAWD time limits and minimum work requirements? Some ~~((persons receiving))~~ people who receive basic food are exempt from ~~((ABAWD))~~ able-bodied adult without dependents (ABAWD) time limits and minimum work requirements. You are exempt from ~~((the))~~ ABAWD time limits and work requirements ~~((and time limits))~~ under WAC 388-444-0030 if you ~~((are))~~ meet any one or more of the following:

(1) You are under age eighteen or are age fifty ~~((years of age))~~ or older;

(2) ~~((Receiving))~~ You receive temporary or permanent disability benefits issued by a governmental or private source;

(3) You are obviously mentally or physically unfit for employment as determined by the department~~((-))~~; however, if the unfitness is not obvious, you must provide a statement that you are physically or mentally unfit for employment from a physician, physician's assistant, nurse, nurse practitioner, designated representative of the physician's office, ~~((a))~~ licensed or certified psychologist, ~~((a))~~ social worker, or any other medical personnel ~~((we determine is))~~ the department determines appropriate~~((, that you are physically or mentally unfit for employment.))~~;

(4) You are an adult in a basic food assistance unit that has a family member who is under the age of eighteen;

(5) You are pregnant;

(6) ~~((Living))~~ You live in an area approved as exempt by U.S. Department of Agriculture (USDA);

(7) You are complying with the work requirements of an employment and training program under temporary assistance for needy families (TANF);

(8) You are applying for or ~~((receiving))~~ currently receive unemployment compensation;

(9) You are a student enrolled at least half time as defined by the institution in:

(a) Any accredited school;

(b) Training program; or

(c) Institution of higher education~~((- A student enrolled in higher education must))~~ and you meet the requirements ~~((under))~~ of WAC 388-482-0005 ~~((in order to be eligible for Basic Food.))~~ regarding basic food eligibility;

(10) You are participating in a chemical dependency treatment and rehabilitation program;

(11) You are employed a minimum of thirty hours per week or ~~((receiving))~~ receive weekly earnings ~~((which))~~ that equal the federal minimum hourly rate multiplied by thirty hours;

(12) You are eligible for one of the ~~((-))~~ approved exemption slots under the ~~((USDA))~~ U.S. Department of Agriculture (USDA) fifteen percent exemption rule; or

(13) ~~((A recipient of the state funded food assistance program (FAP) under WAC 388-400-0050; or~~

~~((14))~~ You are otherwise exempt from work requirements under WAC 388-444-0010.