



# 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:16-16-108; 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 388-432-0005 "Can I get help from DSHS for a family emergency without receiving monthly cash assistance?".

**Hearing location(s):**

Office Building 2  
DSHS Headquarters  
1115 Washington  
Olympia, WA 98504

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

Date: **February 21, 2017** Time: **10:00 a.m.**

**Submit written comments to:**

Name: DSHS Rules Coordinator  
Address: PO Box 45850  
Olympia, WA 98504  
e-mail: [DSHSRPAURulesCoordinator@dshs.wa.gov](mailto:DSHSRPAURulesCoordinator@dshs.wa.gov)  
fax: (360) 664-6185

**by: 5:00 p.m. February 21, 2017**

**Assistance for persons with disabilities:** Contact:  
Jeff Kildahl, DSHS Rules Consultant by February 7, 2017  
Phone: (360) 664-6092 or TTY: (360) 664-6178  
Email: [KildaJA@dshs.wa.gov](mailto:KildaJA@dshs.wa.gov)

**Date of intended adoption:** Not earlier than February 22, 2017  
(Note: This is **NOT** the effective date)

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

The department is proposing to amend WAC 388-432-0005 "Can I get help from DSHS for a family emergency without receiving monthly cash assistance?" to clarify program eligibility for applicants who have been closed from Temporary Assistance for Needy Families (TANF) in WorkFirst Sanction or terminated from TANF for Non-Compliance Sanction.

**Reasons supporting proposal:**

The proposed amendment is necessary to clarify the eligibility criteria for Diversion Cash Assistance to ensure uniformity in the interpretation of the rule guided by RCW 74.08A.210.

**Statutory authority for adoption:**

RCW 74.04.050, RCW 74.04.055, RCW 74.04.057, RCW 74.08.090, RCW 74.08A.210, RCW 74.62.030

**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:

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: January 09, 2017**

**TIME: 11:49 AM**

**WSR 17-03-050**

**DATE**

January 5, 2017

**NAME** (type or print)

Katherine Vasquez

**SIGNATURE**

**TITLE**

DSHS Rules Coordinator

**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:	Angela Aikins	PO Box 45470, Olympia, WA 98504-5470	(360) 725-4784
Implementation:	Angela Aikins	PO Box 45470, Olympia, WA 98504-5470	(360) 725-4784
Enforcement:	Angela Aikins	PO Box 45470, Olympia, WA 98504-5470	(360) 725-4784

**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 department has analyzed the proposed rule and concluded that no new costs will be imposed on small businesses or small non-profit organizations.

**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:

The proposed rule is 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 388-432-0005 Can I get help from DSHS for a family emergency without receiving monthly cash assistance?** ((DSHS)) The department of social and health services (DSHS) has a program called diversion cash assistance (DCA). If your family needs an emergency cash payment but does not need ongoing monthly cash assistance, you may be eligible for this program.

(1) To get DCA, you must:

(a) Meet all the eligibility rules for temporary assistance for needy families (TANF)/state family assistance (SFA) ~~((except))~~, and once DSHS finds you eligible, you are not required to fulfill the following TANF-related requirements:

(i) ~~((You do not have to participate in WorkFirst requirements))~~ Participation in workfirst as defined in chapter 388-310 WAC; and

(ii) ~~((You do not have to assign))~~ Assignment of child support rights or ~~((cooperate))~~ cooperation with the division of child support as defined in chapter 388-422 WAC~~((-))~~;

(b) Have a current bona fide or approved need for living expenses;

(c) Provide proof that your need for DCA exists; and

(d) Have or expect to get enough income or resources to support ~~((yourselves))~~ you and your family for at least twelve months.

(2) You may get DCA to help pay for one or more of the following needs:

(a) Child care;

(b) Housing;

(c) Transportation;

(d) Expenses to get or keep a job;

(e) Food costs, but not if an adult member of your family has been disqualified for food stamps; ~~((or))~~

(f) Medical costs, except when an adult member of your family is not eligible because ~~((of failure))~~ he or she failed to provide third party liability (TPL) information as defined in WAC 182-503-0540.

(3) DCA payments are limited to:

(a) One thousand two hundred fifty dollars once in a twelve-month period ~~((which))~~ that starts with the month ~~((the))~~ DCA benefits begin; and

(b) The cost of your need.

(4) We do not budget your income or make you use your resources to lower the amount of DCA payments you can receive.

(5) ~~((DCA payments can be paid))~~ DSHS may make DCA payments:

(a) All at once; or

(b) As separate payments over a thirty-day period~~((The thirty-day period))~~ that starts ~~((with))~~ on the date of your first DCA payment.

(6) ~~((When it is possible, we))~~ We will pay your DCA benefit directly to the service provider when possible.

(7) You are not eligible for DCA if one or more of the following applies:

(a) Any adult member of your assistance unit got DCA within the last twelve months;

(b) Any adult member of your assistance unit gets TANF/SFA currently;

(c) Any adult member of your assistance unit is not eligible for cash assistance for any reason unless one parent in a two-parent-assistance unit (~~(is receiving)~~) currently receives SSI; (~~(or)~~)

(d) Your assistance unit does not have a needy adult (~~(such as when you do not receive TANF/SFA payment for yourself but receive it for the children only).~~), such as when you do not receive TANF/SFA for yourself but for your children only;

(e) Any adult member of your assistance unit is not eligible for cash assistance for any one of the following sanctions:

(i) TANF/SFA closure because of a noncompliance sanction (NCS) termination;

(ii) TANF/SFA closure while in workfirst sanction on or after July 1, 2010; or

(iii) Noncooperation with division of child support.

(8) If you apply for DCA after your TANF/SFA grant (~~(has been)~~) is terminated, we consider you an applicant for DCA.

(9) If you apply for TANF/SFA and you received DCA less than twelve months ago, we set up a DCA loan:

(a) (~~We will set up a DCA loan.~~

~~(i)~~) The amount of the DCA loan is one-twelfth of the total DCA benefit times the number of months that are left in the twelve-month period(~~(-)~~);

~~(ii)~~) (b) The first month begins with the month your DCA benefits began(~~(-)~~); and

~~(b)~~) (c) We will collect the loan only by reducing your TANF/SFA grant(~~(- We take)~~) by five percent (~~(of your TANF/SFA grant)~~) each month.

(10) If you stop getting TANF/SFA before you have repaid (~~(the)~~) your DCA loan, we will stop collecting the loan unless you get back on TANF/SFA.