



# 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, Developmental Disabilities Administration

- Preproposal Statement of Inquiry was filed as WSR 17-04-083; 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:**

The department is proposing to amend WAC 388-845-0603 "Who is eligible to receive community access services?".

**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: May 9, 2017 Time: 10:00 a.m.

**Date of intended adoption:** Not earlier than May 10, 2017  
(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](mailto:DSHSRPAURulesCoordinator@dshs.wa.gov)  
fax: (360) 664-6185

**by: 5:00 p.m. May 9, 2017**

**Assistance for persons with disabilities:** Contact:

Jeff Kildahl, DSHS Rules Consultant by  
Phone: (360) 664-6092 or TTY: (360) 664-6178  
Email: [KildaJA@dshs.wa.gov](mailto:KildaJA@dshs.wa.gov)

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

The department is amending WAC 388-845-0603 to clarify the eligibility requirements and the nine-month supported employment exceptions for community access services.

**Reasons supporting proposal:** These amendments are necessary to protect public health, safety, and welfare.

**Statutory authority for adoption:** RCW 71A.12.030

**Statute being implemented:** RCW 71A.12.030

**Is rule necessary because of a:**

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

**DATE**

April 5, 2017

**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:** April 05, 2017

**TIME:** 11:36 AM

**WSR 17-08-102**

(COMPLETE REVERSE SIDE)

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

N/A

**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:	Chantelle Diaz	P.O. Box 45310, Olympia, WA 98504-5310	(360) 407-1581
Implementation:	Branda Matson	P.O. Box 45310, Olympia, WA 98504-5310	(360) 407-1522
Enforcement:	Branda Matson	P.O. Box 45310, Olympia, WA 98504-5310	(360) 407-1522

**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 amendments clarify the language of the rule as described under RCW 34.05.310(4)(d). The amendments clarify eligibility requirements and the nine-month supported employment exceptions for community access services.

**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 amendments clarify the language of the rule and are not a significant legislative rule under RCW 34.05.328(5)(b)(iv).

**WAC 388-845-0603 Who is eligible to receive community access services?** You are eligible ~~((to receive))~~ for community access services ~~((when))~~ if you are enrolled in the basic plus or core waivers and ~~((you meet one of the following conditions below))~~:

(1) You are ~~((age))~~ sixty-two or older; or

(2) You ~~((are twenty one or older))~~ meet age requirements under WAC 388-845-2110(1) and;

(a) You have participated in ((a DDA)) the developmental disabilities administration (DDA's) supported employment ((program)) services for nine consecutive months; or

~~((3) You and/or your legal representative request that DDA grant an exception, per chapter 71A.12 RCW, to the requirement that you participate in an employment program for nine months prior to transitioning to a community access service))~~ (b) DDA has determined that you are exempt from the nine-month DDA supported employment service requirement because:

~~((a) You have a))~~ (i) Your medical or behavioral health records document a condition that ((requires hospitalization or ongoing care by a medical professional and that affects your ability to participate in daily activities to the degree that employment would\*)) prevents you from completing nine consecutive months of DDA supported employment services; or

~~((i) Result in a significant decline in your ability to function; or))~~

~~((ii) ((Seriously endanger your health.~~

~~(b))~~ You ((have been available for employment planning activities and an employment provider has)) were referred to and were available for DDA supported employment services, but the service was not ((provided services)) delivered within ninety days of ~~((your request for employment services))~~ the referral.