



PROPOSED RULE MAKING

CR-102 (October 2017) (Implements RCW 34.05.320)

Do NOT use for expedited rule making

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STATE OF WASHINGTON
FILED

DATE: October 16, 2017

TIME: 2:14 PM

WSR 17-21-076

Agency: Department of Social and Health Services, Aging and Long-Term Support Administration

Original Notice

Supplemental Notice to WSR _____

Continuance of WSR _____

Preproposal Statement of Inquiry was filed as WSR 17-16-155 ; 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); or

Proposal is exempt under RCW _____.

Title of rule and other identifying information: (describe subject) The department is proposing to amend WAC 388-106-0225 "How do I pay for MPC?" as a result of the passage of Senate Bill 5118.

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
November 21, 2017	10:00 a.m.	Office Building 2 DSHS Headquarters 1115 Washington Olympia, WA 98504	Public parking at 11 th and Jefferson. A map is available at: https://www.dshs.wa.gov/sesa/rules-and-policies-assistance-unit/driving-directions-office-bldg-2

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

Submit written comments to:

Name: DSHS Rules Coordinator

Address: PO Box 45850, Olympia, WA 98504

Email: DSHSRPAURulesCoordinator@dshs.wa.gov

Fax: 360-664-6185

Other:

By (date) 5:00 pm November 21, 2017

Assistance for persons with disabilities:

Contact Jeff Kildahl, DSHS Rules Consultant

Phone: 360-664-6092

Fax: 360-664-6185

TTY: 711 Relay Service

Email: Kildaja@dshs.wa.gov

Other:

By (date) November 7, 2017

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The department is amending WAC 388-106-0225 to reflect an increase in the personal needs allowance effective January 1, 2018, and each year thereafter, as a result of the passage of Senate Bill 5118. This adjustment is subject to legislative funding.

Reasons supporting proposal: See purpose statement above.

Statutory authority for adoption: RCW 74.08.090

Statute being implemented: A new section in chapter 74.09 RCW.

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:

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

<input type="checkbox"/> Private
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Governmental

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting:	Jamie Tong	P.O. Box 45600, Olympia, WA 98504-5600	360-725-3293
Implementation:	Jamie Tong	P.O. Box 45600, Olympia, WA 98504-5600	360-725-3293
Enforcement:	Jamie Tong	P.O. Box 45600, Olympia, WA 98504-5600	360-725-3293

Is a school district fiscal impact statement required under RCW 28A.305.135? Yes No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Other:

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:
TTY:
Email:
Other:

No: Please explain: Rules are exempt per RCW 34.05.328(5)(b)(v), rules the content of which is explicitly and specifically dictated by statute.

Regulatory Fairness Act Cost Considerations for a Small Business Economic Impact Statement:

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). Please check the box for any applicable exemption(s):

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule.

This rule proposal, or portions of the proposal, is exempt under the provisions of RCW 15.65.570(2) because it was adopted by a referendum.

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.025(3). Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> RCW 34.05.310 (4)(b)
(Internal government operations) | <input checked="" type="checkbox"/> RCW 34.05.310 (4)(e)
(Dictated by statute) |
| <input type="checkbox"/> RCW 34.05.310 (4)(c)
(Incorporation by reference) | <input type="checkbox"/> RCW 34.05.310 (4)(f)
(Set or adjust fees) |
| <input type="checkbox"/> RCW 34.05.310 (4)(d)
(Correct or clarify language) | <input type="checkbox"/> RCW 34.05.310 (4)(g)
((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit) |

This rule proposal, or portions of the proposal, is exempt under RCW ____.

Explanation of exemptions, if necessary:

COMPLETE THIS SECTION ONLY IF NO EXEMPTION APPLIES

If the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

No Briefly summarize the agency's analysis showing how costs were calculated. _____

Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses, and a small business economic impact statement is required. Insert statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

- Name:
- Address:
- Phone:
- Fax:
- TTY:
- Email:
- Other:

Date: October 12, 2017

Name: Katherine I. Vasquez

Title: DSHS Rules Coordinator

Signature:



WAC 388-106-0225 How do I pay for ((MPC)) medicaid personal care? You pay for medicaid personal care (MPC) as follows:

(1) If you live in your own home, you do not ~~((participate to-ward))~~ share in the cost of your personal care services.

(2) If you live in a residential facility ~~((and are:~~

~~(a) An SSI beneficiary who receives only SSI income, you only pay for board and room. You are allowed to)), you:~~

~~(a) Keep a personal needs allowance ((of sixty two dollars and seventy nine cents)) as described in WAC 182-513-1105;~~

~~(b) ((An SSI beneficiary who receives SSI and another source of income, you only)) pay for ((board and)) room((. You are allowed to keep a personal needs allowance of sixty two dollars and seventy nine cents.)) and board as described in WAC 182-513-1105; and~~

~~(c) ((An SSI-related person under WAC 182-512-0050, you)) May be required to ~~((participate towards))~~ share in the cost of your personal care ~~((services in addition to your board and room if your financial eligibility is based on the facility's state contracted rate described in))~~ under WAC 182-513-1205. ~~((You are allowed to keep a personal needs allowance of sixty two dollars and seventy nine cents.~~~~

~~(d) An aged, blind, disabled (ABD) cash assistance client eligi-ble for categorically needy medicaid coverage in an adult family home (AFH), you are allowed to keep a personal needs allowance (PNA) of thirty eight dollars and eighty four cents per month. The remainder of your income must be paid to the AFH as your room and board up to the ALTSA room and board standards; or~~

~~(e) An aged, blind, disabled (ABD) cash assistance client eligi-ble for categorically needy medicaid coverage in an assisted living facility, you are authorized a personal needs grant of up to thirty eight dollars and eighty four cents per month;~~

~~(f) A Washington apple health MAGI based client as determined by WAC 182-505-0250, you pay only for room and board. If your income is less than the ALTSA room and board standard, you are allowed to keep a personal needs allowance of sixty two dollars and seventy nine cents and the remainder of your income goes to the provider for room and board.))~~

(3) ~~((Personal needs allowance (PNA) standards and the ALTSA room and board standard can be found at <http://www.hca.wa.gov/medicaid/eligibility/pages/standards.aspx>.~~

~~(4))~~ The department pays the residential care facility from the first day of service through the:

(a) Last day of service when the medicaid resident dies in the facility; or

(b) Day of service before the day the medicaid resident is dis-charged.