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PROPOSED	RULE	MAKING
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CR-102 (December 2017) (Implements RCW 34.05.320) Do NOT use for expedited rule making

STATE OF WASHINGTON FILED DATE: April 07, 2021 TIME: 8:59 AM

WSR 21-08-082

Agency: Department of Social and Health Services, Economic Services Administration						
Original Notice						
Supplemental Notice to WSR 20-23-040						
Continuance of WSR						
Preproposal Stater	ment of Inqu	uiry was filed as WSR <u>20</u>	-14-104	; or		
Expedited Rule Ma	kingPropo	osed notice was filed as	WSR ; o	r		
□ Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or						
Proposal is exemp						
Title of rule and other identifying information: (describe subject) The department is proposing additional amendments to WAC 388-310-0350, WorkFirst – Other exemptions from mandatory participation.						
Hearing location(s):						
Date:	Time:	Location: (be specific)		Comment:		
May 11, 2021		Office Building 2 DSHS Headquarters 1115 S Washington Street Olympia, WA 98504 Or by Skype		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 Due to the COVID 19 pandemic, hearing may be held via Skype, see DSHS website for most up to date information.		
			()			
		arlier than May 12, 2021	_(Note:	This is NOT the effective date)		
Submit written comm						
Name: DSHS Rules Coordinator Address: PO Box 45850 Olympia, WA 98504 Email: <u>DSHSRPAURulesCoordinator@dshs.wa.gov</u> Fax: 360-664-6185 Other: By (date) <u>5:00 p.m. May 11, 2021</u>						
Assistance for persons with disabilities:						
Contact Jeff Kildahl, DS Phone: 360-664-6092 Fax: 360-664-6185 TTY: 711 Relay Servic Email: Kildaja@dshs.w Other: By (date) <u>April 27, 202</u>	SHS Rules (e ¤a.gov <u>1</u>	Consultant				
	n mandatory			changes in existing rules: Proposed amendments unable to participate in WorkFirst activities due to a		

		sed amendments are necessary to clarify exemption ts clients from participating in WorkFirst activities.	n from mandatory participation
Statutory author 74.08A.010	ity for adoption: RCW 74	.04.050, RCW 74.04.055, RCW 74.04.057, RCW 74	4.08.090, and RCW
Statute being im	plemented:		
Is rule necessar	y because of a:		
Federal La	w?		🗆 Yes 🛛 No
Federal Co	ourt Decision?		🗆 Yes 🖂 No
State Cour	t Decision?		🗆 Yes 🖂 No
If yes, CITATION	:		
Agency commer matters: None	its or recommendations,	if any, as to statutory language, implementation	i, enforcement, and fiscal
Name of propon	ent: (person or organizatio	on) Department of Social and Health Services	□ Private□ Public⊠ Governmental
Name of agency	personnel responsible f	or:	
	Name	Office Location	Phone
Drafting:	Jennie Fitzpatrick	PO Box 45470 Olympia, WA 98504	360-688-6275
Implementation:	Jennie Fitzpatrick	PO Box 45470 Olympia, WA 98504	360-688-6275
Enforcement:	Jennie Fitzpatrick	PO Box 45470 Olympia, WA 98504	360-688-6275
Is a school distri If yes, insert state	•	nt required under RCW 28A.305.135?	🗆 Yes 🛛 No
Name: Address Phone: Fax: TTY: Email: Other:	S:	ool district fiscal impact statement by contacting:	
☐ Yes: A pro Name: Address Phone: Fax: TTY: Email: Other:	5:	RCW 34.05.328? ysis may be obtained by contacting: ent is exempt as allowed under RCW 34.05.328(5)(b)(vii) which states in part.
"[t]his section	does not apply torules of	f the department of social and health services relatir iability for care of dependents".	

Regulatory	r Fairness Act Cost Considerations for a Sr	nall Rusin	ess Economic Impact Statement:			
			-			
	85 RCW). Please check the box for any applic		<pre>requirements of the Regulatory Fairness Act (see ption(s):</pre>			
-	□ This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being					
			lations. Please cite the specific federal statute or			
	his rule is being adopted to conform or comply	with, and	describe the consequences to the state if the rule is not			
adopted.	d description:					
	•	not becaus	e the agency has completed the pilot rule process			
	RCW 34.05.313 before filing the notice of this					
	e proposal, or portions of the proposal, is exen a referendum.	npt under t	he provisions of RCW 15.65.570(2) because it was			
	e proposal, or portions of the proposal, is exen	npt under F	RCW 19.85.025(3). Check all that apply:			
	RCW 34.05.310 (4)(b)		RCW 34.05.310 (4)(e)			
	(Internal government operations)		(Dictated by statute)			
	RCW 34.05.310 (4)(c)		RCW 34.05.310 (4)(f)			
	(Incorporation by reference)		(Set or adjust fees)			
	RCW 34.05.310 (4)(d)		RCW 34.05.310 (4)(g)			
	(Correct or clarify language)		((i) Relating to agency hearings; or (ii) process			
	(Correct of clarify language)		requirements for applying to an agency for a license			
			or permit)			
⊠ This rule	e proposal, or portions of the proposal, is exen	npt under F				
		•	s do not impact small businesses. They only impact			
DSHS clien						
	COMPLETE THIS SECTION	N 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 sho	wing how	costs were calculated			
□ Yes	Calculations show the rule proposal likely im	iposes moi	e-than-minor cost to businesses, and a small business			
	ic impact statement is required. Insert stateme	•				
	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:						
E	mail:					
0	ther:					
Date: April	5, 2021	Signa	ture:			
Name: Katherine I. Vasquez			Koof- & Vanna			
Title: DSHS Rules Coordinator			Kotherine I. Varge			

AMENDATORY SECTION (Amending WSR 15-24-056, filed 11/24/15, effective 1/1/16)

WAC 388-310-0350 WorkFirst—Other exemptions from mandatory participation. (1) When am I exempt from mandatory participation?

Except as provided in subsection (4) of this section, you are exempt from mandatory participation if you are:

(a) A caretaker relative as defined by WAC 388-454-0010, included in the assistance unit and:

(i) You are fifty-five years of age or older and caring for a child and you are not the child's parent; and

(ii) Your age is verified by any reliable documentation (such as a birth certificate or a driver's license).

(b) An adult with a severe and chronic disability as defined below:

(i) You have been assessed by a DSHS SSI facilitator as likely to be approved for SSI or other benefits and are required to apply for SSI or another type of federal disability benefit (such as railroad retirement or Social Security disability) in your individual responsibility plan. Your SSI application status may be verified through the SSI facilitator and/or state data exchange; or

(ii) Your disability is a severe and chronic mental, physical, emotional, or cognitive impairment that prevents you from participating in work activities for more than ten hours a week and is expected to last at least twelve months. Your disability and ability to participate must be verified by documentation from the division of developmental disabilities (DDD), division of vocational rehabilitation (DVR), home and community services division (HCS), division of mental health (MHD), behavioral health organization (BHO), and/or regional service area (RSA), or evidence from one of the medical or mental health professionals listed in subsection (2) of this section.

(c) Required in the home to care for a child with special needs when:

(i) The child has a special medical, developmental, mental, or behavioral condition; and

(ii) The child is determined by a public health nurse, school professional, one of the medical or mental health professionals listed in subsection (2) of this section, HCS, MHD, BHO, and/or an RSA to require specialized care or treatment that prevents you from participating in work activities for more than ten hours per week.

(d) Required to be in the home to care for another adult with disabilities when:

(i) The adult with disabilities cannot be left alone for significant periods of time; and

(ii) No adult other than yourself is available and able to provide the care; and

(iii) The adult with the disability is related to you; and

(iv) You are unable to participate in work activities for more than ten hours per week because you are required to be in the home to provide care; and

(v) The disability and your need to care for your disabled adult relative is verified by documentation from DDD, DVR, HCS, MHD, BHO and/or an RSA, or evidence from one of the medical or mental health professionals listed in subsection (2) of this section. (e) Unable to participate in WorkFirst activities due to a declared state of emergency.

(2) What types of medical or mental health professionals can provide medical evidence when I have a disability?

We accept medical evidence from the following sources when considering disability:

(a) For a physical impairment:

(i) A physician, which includes:

(A) Medical doctor (M.D.); and

(B) Doctor of osteopathy (D.O.);

(ii) An advanced registered nurse practitioner (ARNP) for physical impairments;

(iii) A physician's assistant (P.A.);

(iv) A doctor of optometry (O.D.) for visual acuity impairments; or

(v) Doctor of podiatry (D.P.) for foot disorders;

(b) For a mental impairment:

(i) A psychiatrist;

(ii) A psychologist;

(iii) An ARNP certified in psychiatric nursing;

(iv) A mental health professional provided the person's training and qualifications at a minimum include a master's degree; or

(v) A physician who is currently treating you for a mental impairment.

(c) We do not accept medical evidence from the medical professionals listed in subsections (2)(a) and (b), unless they are licensed in Washington state or the state where the examination was performed.

(3) Who reviews and approves an exemption from participation?

(a) If it appears that you may qualify for an exemption or you ask for an exemption, your case manager or social worker will review the information and we may use the case staffing process to determine whether the exemption will be approved. Case staffing is a process to bring together a team of multidisciplinary experts including relevant professionals and the client to identify participant issues, review case history and information, and recommend solutions.

(b) If additional medical or other documentation is needed to determine if you are exempt, your IRP will allow between thirty days and up to ninety if approved to gather the necessary documentation.

(c) Information needed to verify your exemption should meet the standards for verification described in WAC 388-490-0005. If you need help gathering information to verify your exemption, you can ask us for help. If you have been identified as needing NSA services, under chapter 388-472 WAC, your accommodation plan should include information on how we will assist you with getting the verification needed.

(d) After a case staffing, we will send you a notice that tells you whether your exemption was approved, how to request a fair hearing if you disagree with the decision, and any changes to your IRP that were made as a result of the case staffing.

(4) If I am an adult who is exempt due to my severe and chronic disability, can I still be required to participate in the WorkFirst program?

When you are exempt due to your severe and chronic disability, you may be required to:

(a) Pursue SSI or another type of federal disability benefit; and/or (b) Participate in available treatment that is recommended by your treating medical or mental health provider or by a chemical dependency professional.

(5) Can I participate in WorkFirst while I am exempt?

(a) You may choose to fully participate in WorkFirst while you are exempt.

(b) Your WorkFirst case manager may refer you to other service providers who may help you improve your skills and move into employment.

(c) If you decide later to stop participating, and you still qualify for an exemption, you will be put back into exempt status with no financial penalty.

(6) Does an exemption from participation affect my sixty-month time limit for receiving TANF/SFA benefits?

Even if exempt from participation, each month you receive a TANF/SFA grant counts toward your sixty-month limit as described in WAC 388-484-0005.

(7) How long will my exemption last?

Unless you are an older caretaker relative, your exemption will be reviewed at least every twelve months to make sure that you still meet the criteria for an exemption. Your exemption will continue as long as you continue to meet the criteria for an exemption.

(8) What happens when I am no longer exempt?

If you are no longer exempt, then:

(a) You will become a mandatory participant under WAC 388-310-0400; and

(b) If you have received sixty or more months of TANF/SFA, your case will be reviewed for an extension. (See WAC 388-484-0006 for a description of TANF/SFA time limit extensions.)

(9) For time-limited extensions, see WAC 388-484-0006.