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DATE: April 16, 2021

WSR 21-09-054

TIME: 9:49 PM

PROPOSED	RULE	MAKING
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CR-102 (December 2017) (Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

Agency: Department	of Social and	Health Services, Developmenta	I Disabilities Administration	
☑ Original Notice				
□ Supplemental Notice to WSR				
Continuance of Water Cont	SR			
☑ Preproposal State	ment of Inq	uiry was filed as WSR <u>20-21-09</u>	<u>)5</u> ; or	
Expedited Rule Ma	akingProp	osed notice was filed as WSR	; or	
Proposal is exempled	ot under RC	W 34.05.310(4) or 34.05.330(1)	or	
Proposal is exempled	ot under RC	w		
0500 How do I show th	nat I have au	tism as an eligible condition?, W) The department is proposing to amend WAC 388-823- /AC 388-823-0510 If I have autism how do I meet the evidence do I need of my FSIQ?.	
Hearing location(s):				
Date:	Time:	Location: (be specific)	Comment:	
May 25, 2021		Office Building 2 DSHS Headquarters 1115 Washington Street SE Olympia, WA 98501 Or by Skype	Public parking at 11th and Jefferson. A map is available at: https://www.dshs.wa.gov/office-of-the- secretary/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.	
Date of intended ado	ption: Not e	arlier that May 26, 2021 (Note:		
Submit written comm	nents to:			
Name: DSHS Rules C Address: P.O. Box 45 Olympia, W/ Email: DSHSRPAURu Fax: 360-664-6185 Other: By (date) <u>5:00 p.m. Ma</u>	850 A 98504 IesCoordinat <u>ay 25, 2021</u>	, , , , , , , , , , , , , , , , , , ,		
Assistance for persons with disabilities:				
Contact Jeff Kildahl, DSHS Rules Consultant <u>t</u>				
Phone: 360-664-6092 Fax: 360-664-6185				
TTY: 711 Relay Service				
Email: Kildaja@dshs.wa.gov				
Other:				
By (date) <u>May 11, 2021</u>				
Purpose of the propo Disabilities Administrat	sal and its tion (DDA) is	proposing to amend these rules	any changes in existing rules: The Developmental to align with changes to the Diagnostic Statistical Manual, severity level criteria requirement, and add more FSIQ	

V for autism diagr	noses, increase the age ra	used amendments follow professional guidance to trans nge for acceptable evidence of onset at clinical recomn used to determine a person's FSIQ.	
Statutory author	ity for adoption: RCW 71	A.12.030, RCW 71A.12.020, RCW 71A.16.020	
Statute being im	plemented: RCW 71A.12	.020, RCW 71A.16.020	
Is rule necessary	v because of a:		
Federal Lav			🗆 Yes 🖂 No
	urt Decision?		🗆 Yes 🖾 No
State Court			🗆 Yes 🛛 No
If yes, CITATION:			
Agency commen matters: None.	its or recommendations,	, if any, as to statutory language, implementation, e	nforcement, 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:	Chantelle Diaz	P.O. Box 45310, Olympia, WA 98504-5310	360-407-1589
Implementation:	Will Nichol	P.O. Box 45310, Olympia, WA 98504-5310	360-407-1583
Enforcement:	Will Nichol	P.O. Box 45310, Olympia, WA 98504-5310	360-407-1583
Is a school distri If yes, insert state	•	nt required under RCW 28A.305.135?	🗆 Yes 🛛 No
The public may Name: Address Phone: Fax: TTY: Email: Other:		ool district fiscal impact statement by contacting:	
	analysis required under	RCW 34.05.328?	
✓ Yes: A pre Name: 0 Address Phone: Fax: 360 TTY: 1-3	eliminary cost-benefit anal Chantelle Diaz s: P.O. Box 45310, Olymp 360-407-1589 0-407-0955 800-833-6388 Chantelle.Diaz@dshs.wa.g	ysis may be obtained by contacting: bia, WA 98504-5310	

Regulatory Fairness Act Cost Considerations for a Small Business Economic Impact Statement:				
	l, or portions of the proposal, may be exe W). Please check the box for any applical		n requirements of the Regulatory Fairness Act (see ption(s):	
□ This rule prop	osal, or portions of the proposal, is exemp	ot under F	RCW 19.85.061 because this rule making is being	
			lations. Please cite the specific federal statute or	
	e is being adopted to conform or comply v	vith, and	describe the consequences to the state if the rule is not	
adopted. Citation and desc	rintion.			
	•	ot becaus	e the agency has completed the pilot rule process	
	34.05.313 before filing the notice of this pr			
	č	•	he provisions of RCW 15.65.570(2) because it was	
adopted by a refe				
□ This rule prop	osal, or portions of the proposal, is exemp	ot under F	RCW 19.85.025(3). Check all that apply:	
	V 34.05.310 (4)(b)		RCW 34.05.310 (4)(e)	
	rnal government operations)		(Dictated by statute)	
	V 34.05.310 (4)(c)		RCW 34.05.310 (4)(f)	
	proration by reference)		(Set or adjust fees)	
```	V 34.05.310 (4)(d)		RCW 34.05.310 (4)(g)	
	rect or clarify language)		((i) Relating to agency hearings; or (ii) process	
(00)			requirements for applying to an agency for a license	
			or permit)	
⊠ This rule prop	osal, or portions of the proposal, is exemp	ot under F	RCW 19.85.025(4) because the rules do not affect small	
businesses.				
			s impose no new or disproportionate costs on small	
businesses, so a	small business economic impact stateme			
	COMPLETE THIS SECTION	ONLY IF	NO EXEMPTION APPLIES	
If the proposed ru	le is <b>not exempt</b> , does it impose more-the	an-minor	costs (as defined by RCW 19.85.020(2)) on businesses?	
🗆 No Brief	ly summarize the agency's analysis show	ing 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 contacting:	may obtain a copy of the small business e	economic	impact statement or the detailed cost calculations by	
Name:				
Address				
Phone:	5.			
Fax:				
TTY:				
Email:				
Other:				
Date: April 15, 20	21	Signa		
Name: Katherine	Name: Katherine I. Vasquez		Katherine I. Varge	
Title: DSHS Rule	Title: DSHS Rules Coordinator			

AMENDATORY SECTION (Amending WSR 19-19-061, filed 9/16/19, effective 10/17/19)

WAC 388-823-0500 How do I show that I have autism as an eligible condition? (1) To be considered for eligibility under the condition of autism:

(a) You must be age four or older(( and have a diagnosis by a qualified professional which meets the conditions in subsection (1) or (2) of this section, as well as subsections (3), (4), and (5) of this section:

(1) Autistic disorder 299.00 per the diagnostic and statistical manual of mental disorders, fourth edition, text revision (DSM-IV-TR); <del>or</del>

(2));

(b) You must have been diagnosed with:

(i) Autism spectrum disorder 299.00 ((per)) under the diagnostic and statistical manual of mental disorders, fifth edition (DSM-5)(( $_{\tau}$ with a severity level of 2 or 3 in both columns of the severity level scale.

(3) The condition is expected to continue indefinitely with evidence of onset before age three.

(4) An acceptable diagnostic report includes documentation of all diagnostic criteria specified in the DSM-IV-TR or DSM-5.

(5) DDA will accept a diagnosis from any of the following professionals)); or

(ii) Autistic disorder 299.00 under the diagnostic and statistical manual of mental disorders, fourth edition, text revision (DSM-IV-TR) before (six months after the effective date of this rule);

(c) You must have been diagnosed by:

((<del>(a)</del>)) <u>(i) A b</u>oard certified neurologist;

(((<del>b)</del>)) (<u>ii) A b</u>oard certified psychiatrist; ((<del>c)</del>)) (<u>iii) A l</u>icensed psychologist;

((<del>(d)</del>)) <u>(iv) An a</u>dvanced registered nurse practitioner (ARNP) associated with an autism center, developmental center, or center of excellence;

((<del>(e)</del>)) <u>(v) A l</u>icensed physician associated with an autism center, developmental center, or center of excellence; or

((((f))) (vi) A board certified developmental and behavioral pediatrician.

(d) The condition must be expected to continue indefinitely; and (e) You must provide evidence of onset before age five.

AMENDATORY SECTION (Amending WSR 14-12-046, filed 5/29/14, effective 7/1/14)

WAC 388-823-0510 ((<del>If I have</del>)) <u>What constitutes substantial lim-</u> itation due to autism((, how do I meet the definition of substantial
limitations))? ((If you have an eligible condition of autism, in order to meet the definition of substantial limitations vou must meet the criteria in subsections (1) and (2) in this section:))

(1) ((Documentation of)) To establish substantial limitation due to autistic disorder diagnosed under the DSM-IV-TR, you must have an adaptive skills test score ((of)) more than two standard deviations

below the mean as described in WAC 388-823-0740 and subject to all of WAC 388-823-0740 and <u>WAC</u> 388-823-0750(( $_{r}$  and)).

(2) ((If your diagnosis is)) To establish substantial limitation due to autism spectrum disorder ((per)) diagnosed under the DSM-5(( $\tau$  documentation of a FSIQ of more than one standard deviation below the mean as described in WAC 388-823-0720 and subject to all of WAC 388-823-0720 and 388-823-0730.

(a) If you have a FSIQ score of one standard deviation below the mean or higher as described in WAC 388-823-0720, you may present additional documentation described in subitem (i) or (ii) in this subsection, signed by the diagnosing professional, which shows that you meet the criteria for autistic disorder 299.00 per the DSM-IV-TR:

(i) A completed autistic disorder confirmation form (available from DDA), or

(ii) Other documentation that provides the same information as required on the autistic disorder confirmation form.

(b) If you are unable to complete a FSIQ test, you may provide)) you must:

(a) Have an adaptive-skills test score more than two standard deviations below the mean as described in WAC 388-823-0740 and subject to WAC 388-823-0740 and WAC 388-823-0750; and

(b) Have either:

(i) A full-scale intellectual quotient (FSIQ) score more than one standard deviation below the mean as described in WAC 388-823-0720 and subject to WAC 388-823-0720 and WAC 388-823-0730; or

(ii) A written statement ((by the diagnosing)) from a professional qualified to administer intellectual tests stating that your ((condition is so severe that you are unable to demonstrate the minimal skills required to complete)) autism prevents you from completing the testing.

AMENDATORY SECTION (Amending WSR 14-12-046, filed 5/29/14, effective 7/1/14)

WAC 388-823-0720 What evidence do I need of my FSIQ? Evidence of a qualifying FSIQ is derived from one of the tests listed in the table below.

Assessment	Qualifying score at more than 2 standard deviations	Qualifying score at more than 1.5 standard deviations	Qualifying score at more than 1 standard deviation
Stanford- Binet 4th edition or earlier editions	67 or less	75 or less	83 or less
Stanford- Binet 5th edition	69 or less	77 or less	84 or less
Wechsler intelligence scales (Wechsler)	69 or less	77 or less	84 or less

Assessment	Qualifying score at more than 2 standard deviations	Qualifying score at more than 1.5 standard deviations	Qualifying score at more than 1 standard deviation
Differential abilities scale (DAS)	69 or less	77 or less	84 or less
Kaufman assessment battery for children (K-ABC)	69 or less	77 or less	84 or less
Das- Naglieri cognitive assessment system (CAS)	69 or less	77 or less	84 or less
Woodcock- Johnson- <u>Test of</u> <u>achievemen</u> <u>t III ((test</u> <del>of cognitive</del> <del>abilities</del> <del>(WJ</del> <del>III(r))</del> )) <u>or</u> <u>IV</u>	69 or less	77 or less	84 or less
Reynolds intellectual assessment scales, 2nd edition (RIAS 2)	<u>69 or less</u>	<u>77 or less</u>	84 or less

(1) The test must be administered by a licensed psychologist or Washington certified school psychologist or other school psychologist certified by the National Association of School Psychologists.

(2) The FSIQ score cannot be attributable to mental illness or other psychiatric condition occurring at any age; or other illness or injury occurring after age eighteen:

(a) If you are dually diagnosed with a qualifying condition and mental illness, other psychiatric condition, or other illness or injury, you must provide acceptable documentation that your intellectual impairment, measured by a FSIQ test, would meet the requirements for DDA eligibility without the influence of the mental illness, other psychiatric condition, or other illness or injury.

(b) "Acceptable documentation" means written reports or statements that are directly related to the subject at issue, reasonable in light of all the evidence, and from a source of appropriate authority. The determination of whether a document is acceptable is made by DDA.

(c) If no documentation is provided or DDA determines that the documentation is not acceptable DDA will deny eligibility. The determination may be challenged through an administrative appeal.

(3) If you have a vision impairment that prevents completion of the performance portion of the IQ test, the administering professional may estimate an FSIQ using only the verbal IQ score of the appropriate Wechsler. (4) If you have a significant hearing impairment, English is not your primary language, or you are nonverbal your FSIQ may be estimated using one of the tests shown in the table below.

	Qualifying	Qualifying	Qualifying
Assessment	score at more than 2 standard deviations	score at 1.5 or more standard deviations	score more than 1 standard deviation
Wechsler intelligence scales (WISC, WAIS, <u>WNV</u> )	69 or less on the performanc e scale, or, on both the perceptual reasoning index and processing speed index	77 or less on the performanc e scale, or, on both the perceptual reasoning index and the processing speed index	84 or less on the performan ce scale, or, on both the perceptual reasoning Index and the processing speed index
Leiter international performance scale- revised (Leiter-R)	69 or less	77 or less	84 or less
Comprehens ive test of nonverbal intelligence (C-TONI)	69 or less on full scale (NVIQ)	77 or less on full scale (NVIQ)	84 or less on full scale (NVIQ)
Kaufman assessment battery for children (K- ABC)	Nonverbal scale index of 69 or less	Nonverbal scale index of 77 or less	Nonverbal scale index of 84 or less

(5) If you are over the age of nineteen at the time of your determination you must have a valid FSIQ obtained at age thirteen or older.