PROPOSED RULE MAKING



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

Do NOT use for expedited rule making

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DATE: April 29, 2021

TIME: 12:47 PM

WSR 21-10-055

Agency. Departmen	ni di Social and	i health Services, Economic S	ETVICES AUTHINISTRATION					
□ Original Notice								
□ Supplemental N	otice to WSR							
☐ Continuance of	WSR							
□ Preproposal Sta	tement of Inq	uiry was filed as WSR <u>20-22-</u>	<u>079 and 21-03-009</u> ; or					
☐ Expedited Rule	MakingPropo	osed notice was filed as WSF	₹; or					
☐ Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or								
☐ Proposal is exe	mpt under RC	w						
0015, Good cause e	extension of So		ct) The department is proposing adoption of WAC 388-437- quirement for basic food applicants during COVID-19; and uirements.					
Hearing location(s	s):							
Date:	Time:	Location: (be specific)	Comment:					
June 8, 2021	10:00 a.m.	Office Building 2 DSHS Headquarters 1115 Washington Street SE Olympia, WA 98504	Public parking at 11 th and Jefferson. A map is available at: https://www.dshs.wa.gov/office-of-the-secretary/driving-directions-office-bldg-2					
		Or by Skype	Due to the COVID 19 pandemic, hearing may be held via Skype, see DSHS website for most up to date information.					
Date of intended a	doption: Not e	arlier than June 9, 2021 (Note	: This is NOT the effective date)					
Submit written con	nments to:							
Name: DSHS Rules	Coordinator							
Address: PO Box 4								
	WA 98504							
Email: DSHSRPAUI	RulesCoordinat	tor@dsns.wa.gov						
Fax: 360-664-6185 Other:								
By (date) <u>5:00 p.m.</u>	June 8 2021							
		ahilities:						
Assistance for persons with disabilities: Contact Jeff Kildahl, DSHS Rules Consultant								
Phone: 360-664-6092								
Fax: 360-664-6185								
TTY: 711 Relay Ser	vice							
Email: Kildaja@dsh	s.wa.gov							
Other:								
By (date) <u>May 25, 2</u>	<u>021</u>							

changes allow go	od cause for failure to pro	ated effects, including any changes in existing rules ovide a Social Security number to continue during the Coand clarify timeframes for showing good cause in accor	OVID emergency,			
Reasons supporting proposal: During the COVID public health crisis, the Department of Social and Health Services (DSHS) has received waivers each month since March 2020 from the United States Department of Agriculture's Food and Nutrition Service, allowing the department to grant good cause to those unable to obtain a Social Security number. This proposal aligns rule language regarding good cause with the applicable section of the Code of Federal Regulations: 7 CFR 273.6(d).						
Statutory author	ity for adoption: RCW 7	4.04.050, RCW 74.04.055, RCW 74.04.057, RCW 74.04	4.510, RCW 74.08.090			
Statute being im	plemented:					
Is rule necessary Federal La Federal Co						
State Cour	☐ Yes ⊠ No					
Name of propon	ent: (person or organizati	on) Department of Social and Health Services	☐ Private ☐ Public ⊠ Governmental			
Name of agency	personnel responsible	for:	2 Covoninional			
	Name	Office Location	Phone			
Drafting:	Carolyn Horlor	PO Box 45470, Olympia WA, 98504-5470	360-764-0676			
Implementation:	Carolyn Horlor	PO Box 45470, Olympia WA, 98504-5470	360-764-0676			
Enforcement:	Carolyn Horlor	PO Box 45470, Olympia WA, 98504-5470	360-764-0676			
If yes, insert state The public ma Name: Address Phone: Fax: TTY: Email:	ement here:	ent required under RCW 28A.305.135? nool district fiscal impact statement by contacting:	□ Yes ⊠ No			
Other:	analysis required unde	r PCW 34 05 3282				
	-	r RCW 34.05.328? Ilysis may be obtained by contacting:				

Т	ΓY:						
	mail:						
	ther:						
☑ No: Please explain: This amendment 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".							
	Fairness Act Cost Considerations for a Sr						
This rule pro		kempt from	requirements of the Regulatory Fairness Act (see				
adopted sol regulation the adopted. Citation and □ This rule	ely to conform and/or comply with federal stat nis rule is being adopted to conform or comply description:	tute or reguly with, and of the control of the cont	RCW 19.85.061 because this rule making is being lations. Please cite the specific federal statute or describe the consequences to the state if the rule is not e the agency has completed the pilot rule process ule.				
☐ This rule	_		ne provisions of RCW 15.65.570(2) because it was				
☐ This rule	proposal, or portions of the proposal, is exer	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 requirements for applying to an agency for a license or permit)				
	e proposal, or portions of the proposal, is exert of exemptions, if necessary: These amendments	•	RCW 34.05.328(5)(b)(vii). impact small businesses. They only affect DSHS clients.				
	COMPLETE THIS SECTION	N ONLY IF	NO EXEMPTION APPLIES				
If the propos			costs (as defined by RCW 19.85.020(2)) on businesses?				
□ No	Briefly summarize the agency's analysis showing how costs were calculated						
☐ Yes economi	Calculations show the rule proposal likely im c impact statement is required. Insert statement	•	e-than-minor cost to businesses, and a small business				
	oublic may obtain a copy of the small business	s economic	impact statement or the detailed cost calculations by				
N:	ame:						
Address:							
Phone:							
Fa	ax:						
	ΓΥ:						
	mail: 						
	ther:	C: 1					
Date: April 2	28, 2021	Signat					
Name: Katherine I. Vasquez			Katherine I. Varge				
Title: DSHS Rules Coordinator			Maria C				

- WAC 388-437-0015 Good cause extension of Social Security number (SSN) requirement for basic food applicants during COVID-19. Applicants for food benefits must provide an SSN under WAC 388-476-0005(1) to qualify. For those who do not have an SSN, they must apply for one and provide it to DSHS when issued.
- (1) For applicants with an initial application date of March 1, 2020, or later, who have established good cause for failure to provide an SSN, the good cause period is extended for three months, in addition to the application month and the next month under WAC 388-476-0005(5) (a), for a total of up to five months.
- (2) To continue receiving benefits beyond the five month good cause period, the applicant must show good cause for failure to apply for an SSN on a monthly basis in accordance with WAC 388-476-0005(5)(b).
- (3) Adjustments under subsection (1) of this section will continue each month until the U.S. Department of Agriculture, Food and Nutrition Service no longer approves these adjustments.

AMENDATORY SECTION (Amending WSR 13-18-005, filed 8/22/13, effective 10/1/13)

- WAC 388-476-0005 Social Security number requirements. (1) With certain exceptions, each person who applies for or receives cash or food assistance benefits must provide to the department a Social Security number (SSN), or numbers if more than one has been issued. For SSN requirements for immigrants, see WAC 388-424-0009.
- (2) If the person is unable to provide the SSN, either because it is not known or has not been issued, the person must:
 - (a) Apply for the SSN;
 - (b) Provide proof that the SSN has been applied for; and
 - (c) Provide the SSN when it is received.
- (3) Assistance will not be delayed, denied or terminated pending the issuance of an SSN by the Social Security Administration. However, a person who does not comply with these requirements is not eligible for assistance.
- (4) For cash and food assistance benefits, a person cannot be disqualified from receiving benefits for refusing to apply for or supply an SSN based on religious grounds.
 - (5) For food assistance programs:
- (a) A person can receive benefits for the month of application and the following month if the person attempted to apply for the SSN and made every effort to provide the needed information to the Social Security Administration.
- (b) For a person to receive benefits after the time period provided in subsection (5)(a) of this section, good cause for failure to apply for the SSN must be shown monthly.
- (c) If a person is unable to provide proof of application for a SSN for a newborn:
- (i) The newborn can receive <u>basic</u> food with the household (($\frac{\text{while}}{\text{effort}}$ is being made)) <u>makes</u> efforts to get the SSN.

- (ii) For the newborn to continue receiving \underline{b} asic \underline{f} ood benefits; the household must provide proof of application for SSN or the SSN for the newborn, at the next recertification, or within six months following the month the baby is born, whichever is later.

 (6) ((There is)) No SSN ((requirement)) is required for the fol-
- lowing programs:
 - (a) The consolidated emergency assistance program; and (b) The refugee cash assistance program.