



# PROPOSED RULE MAKING

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

Do NOT use for expedited rule making

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OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

DATE: September 10, 2021

TIME: 4:00 PM

WSR 21-19-045

**Agency:** Department of Social and Health Services, Economic Services Administration

☒ **Original Notice**

☐ **Supplemental Notice to WSR** \_\_\_\_\_

☐ **Continuance of WSR** \_\_\_\_\_

☒ **Preproposal Statement of Inquiry was filed as WSR 21-13-158 ; 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 388-474-0020, What can an aged, blind or disabled (ABD) cash assistance client expect when supplemental security income (SSI) benefits begin?

### Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
October 26, 2021	10:00 a.m.	Office Building 2 DSHS Headquarters 1115 Washington Olympia, WA 98504  <b>Or virtual</b>	Public parking at 11 <sup>th</sup> and Jefferson. A map is available at: <a href="https://www.dshs.wa.gov/office-of-the-secretary/driving-directions-office-bldg-2">https://www.dshs.wa.gov/office-of-the-secretary/driving-directions-office-bldg-2</a>  Due to the COVID 19 pandemic hearings are being held virtually. Please see the DSHS website for the most current information.

**Date of intended adoption:** Not earlier than October 27, 2021 (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](mailto:DSHSRPAURulesCoordinator@dshs.wa.gov)

Fax: 360-664-6185

Other:

By (date) 5:00 p.m. October 26, 2021

### Assistance for persons with disabilities:

Contact Shelley Tencza, DSHS Rules Consultant

Phone: 360-664-6198

Fax: 360-664-6185

TTY: 711 Relay Service

Email: [Tencza@dshs.wa.gov](mailto:Tencza@dshs.wa.gov)

Other:

By (date) 5:00 p.m. October 12, 2021

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:** These changes are necessary to support a corrective action plan and address errors when an ABD client signs an interim assistance reimbursement authorization (IARA). Amendments are also intended to support ABD program outcomes and better align with Social Security Administration policies and procedures.

<b>Reasons supporting proposal:</b>																			
<b>Statutory authority for adoption:</b> RCW 74.04.005, RCW 74.04.050, RCW 74.04.057, RCW 74.04.510, RCW 74.04.630, RCW 74.04.655, RCW 74.04.770, RCW 74.04.0052, RCW 74.08.043, RCW 74.08.090, RCW 74.08.335, RCW 74.08A.100.																			
<b>Statute being implemented:</b>																			
<b>Is rule necessary because of a:</b> <div style="display: flex; justify-content: space-between;"> <div> Federal Law?  Federal Court Decision?  State Court Decision? </div> <div> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No </div> </div> If yes, CITATION:																			
<b>Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:</b> None																			
<b>Name of proponent:</b> (person or organization) Department of Social and Health Services			<input type="checkbox"/> Private <input type="checkbox"/> Public <input checked="" type="checkbox"/> Governmental																
<b>Name of agency personnel responsible for:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;">Name</th> <th style="width: 40%;">Office Location</th> <th style="width: 20%;">Phone</th> </tr> </thead> <tbody> <tr> <td>Drafting:</td> <td>Lorraine Peterson</td> <td>PO Box 45470 Olympia, WA 98504-5470</td> <td>509-406-3417</td> </tr> <tr> <td>Implementation:</td> <td>Lorraine Peterson</td> <td>PO Box 45470 Olympia, WA 98504-5470</td> <td>509-406-3417</td> </tr> <tr> <td>Enforcement:</td> <td>Lorraine Peterson</td> <td>PO Box 45470 Olympia, WA 98504-5470</td> <td>509-406-3417</td> </tr> </tbody> </table>					Name	Office Location	Phone	Drafting:	Lorraine Peterson	PO Box 45470 Olympia, WA 98504-5470	509-406-3417	Implementation:	Lorraine Peterson	PO Box 45470 Olympia, WA 98504-5470	509-406-3417	Enforcement:	Lorraine Peterson	PO Box 45470 Olympia, WA 98504-5470	509-406-3417
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<b>Is a school district fiscal impact statement required under RCW 28A.305.135?</b> If yes, insert statement here:  <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> The public may obtain a copy of the school district fiscal impact statement by contacting:  Name:  Address:  Phone:  Fax:  TTY:  Email:  Other: </div>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
<b>Is a cost-benefit analysis required under RCW 34.05.328?</b> <input type="checkbox"/> Yes: A preliminary cost-benefit analysis may be obtained by contacting: Name: Address: Phone: Fax: TTY: Email: Other:  <input checked="" type="checkbox"/> No: Please explain: These rules are 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."																			

**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:

☐ RCW 34.05.310 (4)(b)  
(Internal government operations)

☐ RCW 34.05.310 (4)(c)  
(Incorporation by reference)

☐ RCW 34.05.310 (4)(d)  
(Correct or clarify language)

☐ RCW 34.05.310 (4)(e)  
(Dictated by statute)

☐ RCW 34.05.310 (4)(f)  
(Set or adjust fees)

☐ 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 34.05.328(5)(b)(vii).

Explanation of exemptions, if necessary: These amendments do not impact small businesses. They only impact DSHS clients.

**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:

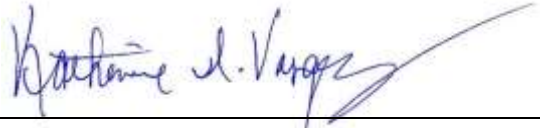
Name:  
Address:  
Phone:  
Fax:  
TTY:  
Email:  
Other:

**Date:** September 10, 2021

**Name:** Katherine I. Vasquez

**Title:** DSHS Rules Coordinator

**Signature:**



**WAC 388-474-0020 What can an aged, blind, or disabled (ABD) cash assistance client expect when supplemental security income (SSI) benefits begin?** You may only receive assistance to meet your basic needs from one government source at a time (WAC 388-449-0210). If you are an ABD cash client who begins getting SSI, you should know that:

(1) If you got advance, emergency, or retroactive SSI cash assistance for any period (~~((where))~~) in which you received (~~((general assistance (GA), disability lifeline (DL), or))~~) aged, blind, or disabled (ABD) cash assistance, you must repay the department the amount of cash assistance paid to you for the matching time period.

(2) When you (~~((apply for))~~) receive ABD cash and have an SSI application pending with the Social Security Administration, you must sign DSHS (~~((18-235(X)))~~) 18-235, interim assistance reimbursement (~~((agreement))~~) authorization (IARA), to continue to receive ABD cash assistance.

(3) You cannot use your ABD money to replace money deducted from your SSI check to repay an SSI overpayment.