



PROPOSED RULE MAKING

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

Do NOT use for expedited rule making

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STATE OF WASHINGTON
FILED

DATE: December 13, 2021

TIME: 12:44 PM

WSR 22-01-127

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 21-19-116 ; 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 amendments to WAC 388-412-0025, How do I receive my benefits?

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
January 25, 2022	10:00 a.m.	Office Building 2 DSHS Headquarters 1115 Washington Olympia, WA 98504 Or Virtually	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, hearings are being held virtually. Please see the DSHS website for the most up to date information.

Date of intended adoption: Not earlier than January 26, 2022 (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) January 25, 2022 at 5:00 p.m.

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

Other:

By (date) January 11, 2022 by 5:00pm

Purpose of the proposal and its anticipated effects, including any changes in existing rules: Proposed amendments to WAC 388-412-0025 align policy regarding replacement of cancelled benefits from an Electronic Benefit Transfer (EBT) account with that of current federal regulations.

Reasons supporting proposal: See above

Statutory authority for adoption: RCW 74.04.050, RCW 74.04.055, RCW 74.04.057, RCW 74.08.090

Statute being implemented:

Is rule necessary because of a:

Federal Law?	<input checked="" type="checkbox"/> Yes	<input 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: 7 C.F.R. 274.2(i)(3)

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

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:	Patrick Budde	PO Box 45470, Olympia, WA 98504-5470	360-764-0068
Implementation:	Patrick Budde	PO Box 45470, Olympia, WA 98504-5470	360-764-0068
Enforcement:	Patrick Budde	PO Box 45470, Olympia, WA 98504-5470	360-764-0068

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: 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"

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)(e)
(Dictated by statute)

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

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

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

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: The proposed rules do not affect small businesses. They only affect 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:

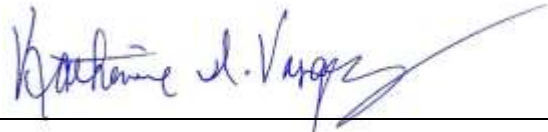
Other:

Date: December 10, 2021

Name: Katherine I. Vasquez

Title: Rules Coordinator

Signature:



WAC 388-412-0025 How do I receive my benefits? (1) You can choose to get your cash benefits by:

(a) Electronic benefit transfer (EBT), which is a direct deposit into a DSHS account that you access with a debit card called the Washington EBT Quest card;

(b) Electronic funds transfer (EFT), which is a direct deposit into your own bank account;

(c) A warrant (check) to an approved authorized representative (AREP);

(d) A warrant (check) to a payee who is not approved for direct deposit; or

(e) A warrant (check) to you if you get:

(i) Diversion cash assistance (DCA) that is not paid directly to a vendor;

(ii) Ongoing additional requirements (OAR) that cannot be paid directly to a vendor; or

(iii) Clothing and personal incidentals (CPI) payments.

(2) We send your **basic food** benefits to you by EBT.

(3) EBT accounts:

(a) We set up an EBT account for the head of household of each assistance unit (AU) that receives benefits by EBT.

(b) You use a Quest debit card to access your benefits in your EBT account. You select a personal identification number (PIN) that you must enter when using this card.

(c) You must use your cash and basic food benefits from your EBT account. We cannot transfer cash to your bank account or change cash or basic food benefits to checks.

(4) **Suspended EBT benefits:**

(a) We suspend access to benefits from your EBT account if:

(i) You are a single-person household; and

(ii) We are notified that you are incarcerated over (~~(thirty)~~) 30 days.

(b) You must contact the department upon release to activate your EBT account for use within (~~(forty-eight)~~) 48 hours.

(5) **Unused EBT benefits:**

(a) If you do not use your EBT account within (~~(two-hundred-seventy-four)~~) 274 days, we cancel the cash and basic food on your account; or

(b) Benefits on your account will be canceled upon verification you and all members of your household are deceased.

(6) **Replacing benefits:**

(a) Replacing basic food benefits:

(i) We **can replace** cancelled benefits we deposited **less than (~~(three-hundred-sixty-five)~~) 274 days** from the date you ask for us to replace your benefits.

(ii) We **cannot replace** cancelled benefits deposited (~~(three-hundred-sixty-five)~~) 274 or more days from the date you ask us to replace your benefits.

(b) **Replacing cash benefits:** We **can replace** cancelled cash benefits for you or another member of your assistance unit. Cash benefits are not transferable to someone outside of your assistance unit.

(c) **Replacing cash warrants:**

(i) If we issued you cash benefits as a warrant we can replace these benefits for you or a member of your assistance unit. Cash benefits are not transferable to someone outside of your assistance unit.

(ii) If we issued the benefits as a warrant (~~one hundred sixty~~) 160 or fewer days ago, your local office can replace the warrant.

(iii) If we issued the benefits as a warrant more than (~~one hundred sixty~~) 160 days ago, the Office of Accounting Services (OAS) can replace the warrant. We will contact OAS with the request.

(7) **Correcting your EBT balance:** When you make a purchase with your EBT card a system error can occur where the purchase amount is not deducted from your EBT account. When the error is discovered the following will happen:

(a) You will be notified in writing of the system error before the money is removed from your account; and

(b) You will have (~~ninety~~) 90 days to request an administrative hearing. If you ask for an administrative hearing within (~~ten~~) 10 calendar days, the money will not be removed from your EBT account unless:

(i) You withdraw your administrative hearing request in writing;

(ii) You do not follow through with the administrative hearing process; or

(iii) The administrative law judge tells us in writing to remove the money.