## PROPOSED RULE MAKING



274.2 (i)(3).

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

Do NOT use for expedited rule making

## **CODE REVISER USE ONLY**

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DATE: March 25, 2022

TIME: 4:31 PM

WSR 22-08-026

Agency: Department of Social and Health Services, Economic Services Administration							
☐ Original Notice							
⊠ Supplemental Notice to WSR 22-01-127							
☐ Continuance of WSR							
☑ Preproposal Statement of Inquiry was filed as WSR 21-19-116; or							
□ Expedited Rule MakingProposed 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							
<b>Title of rule and other identifying information:</b> (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:				
May 10, 2022	10:00 am	Office Building 2 DSHS Headquarters 1115 Washington Olympia, WA 98504 Or Virtually	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 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 May 11, 2022 (Note: This is <b>NOT</b> the <b>effective</b> date)							
Submit written comm	nents to:						
Name: DSHS Rules C Address: PO Box 458 Olympia, W/ Email: DSHSRPAURu Fax: 360-664-6185 Other: By (date) May 10, 202	50 A 98504 <u>lesCoordina</u>						
Assistance for perso							
Contact Shelley Tencz Phone: 360-664-6036 Fax: 360-664-6185 TTY: 711 Relay Servic Email: Tenczsa@dshs Other: By (date) April 26, 202	ca, DSHS Ri ce s.wa.gov	ules Consultant					
			ng any changes in existing rules: Proposed amendments to elled benefits from an Electronic Benefit Transfer (EBT)				

account with that of current federal regulations. Changes from the original proposal define that cancelled basic food benefits cannot be replaced. This change aligns policy with federal Supplemental Nutrition Assistance Program regulations per 7 CFR

Reasons supporting proposal: See above						
Statutory authority	y for adoption: RCW 74 0	4.050, RCW 74.04.055, RCW 74.04.057, RCW 74.08.09	10			
Statutory authority	y ioi adoption. New 74.0-	4.030, NOW 74.04.033, NOW 74.04.037, NOW 74.00.03				
Statute being im	plemented:					
Is rule necessary	y because of a:					
Federal La						
Federal Co	□ Yes ⊠ No					
State Cour	☐ Yes ☒ No					
If yes, CITATION	: 7 C.F.R. 274.2(i)(3)					
matters: None	nts or recommendations	s, if any, as to statutory language, implementation, e	ntorcement, and tiscal			
Name of propon	ent: (person or organizati	ion) Department of Social and Health Services	☐ Private			
	☐ Public					
			⊠ Governmental			
Name of agency	personnel responsible	for:				
	Name	Office Location	Phone			
Drafting:	Joyce Hensen	PO Box 45470, Olympia, WA 98504-5470	425-999-5162			
Implementation:	Joyce Hensen	PO Box 45470, Olympia, WA 98504-5470	425-999-5162			
Enforcement:	Joyce Hensen	PO Box 45470, Olympia, WA 98504-5470	425-999-5162			
Is a school distri	• • • • • • • • • • • • • • • • • • •	ent required under RCW 28A.305.135?	☐ Yes ⊠ No			
Name: Address Phone: Fax: TTY: Email: Other:	s:	nool district fiscal impact statement by contacting:				
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 torules 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, <b>may be exempt</b> 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	e proposal, or portions of the proposal, is exer	mpt under R	CW 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)				
□ 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 <b>not exempt</b> , 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:							
	mail:						
	Other:						
Date: Marc	ch 25, 2022	Signat	ure:				
Name: Katherine I. Vasquez			16.0 = 11/				
Title: DSHS Rules Coordinator			Carteine I. Varge				

AMENDATORY SECTION (Amending WSR 21-13-168, filed 6/23/21, effective 8/1/21)

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  $((\frac{\text{thirty}}{}))$  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 (( $\frac{\text{two-hundred seventy-four}}{\text{enty-four}}$ ))  $\underline{274}$  days, we cancel the cash and basic food on your account; or
- (b) Benefits on your account will be ((canceled)) cancelled upon verification you and all members of your household are deceased.
  - (6) Replacing benefits:
- (a) Replacing basic food benefits: We cannot replace cancelled 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 (( $\frac{\text{one hun-dred sixty}}$ ))  $\frac{160}{\text{days}}$  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 ( $(\frac{\text{ninety}}{\text{ninety}})$ )  $\underline{90}$  days to request an administrative hearing. If you ask for an administrative hearing within ( $(\frac{\text{ten}}{\text{ninety}})$ )  $\underline{10}$  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.