



# PROPOSED RULE MAKING

## CR-102 (July 2022) (Implements RCW 34.05.320) Do NOT use for expedited rule making

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STATE OF WASHINGTON  
FILED

DATE: September 21, 2022

TIME: 9:17 AM

WSR 22-19-093

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

- Original Notice**
- Supplemental Notice to WSR** \_\_\_\_\_
- Continuance of WSR** \_\_\_\_\_

- Preproposal Statement of Inquiry was filed as WSR 21-19-117 ; 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 388-464-0001, Am I required to cooperate with quality assurance?

**Hearing location(s):**

Date:	Time:	Location: (be specific)	Comment:
October 25, 2022	10:00 am	Office Building 2 DSHS Headquarters 1115 Washington Olympia, WA 98504  <b>Or Virtually</b>	Public parking at 11th 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 up to date information

**Date of intended adoption:** Not earlier than October 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](mailto:DSHSRPAURulesCoordinator@dshs.wa.gov)  
 Fax: 360-664-6185  
 Other:  
 By (date) October 25, 2022, at 5:00 p.m.

**Assistance for persons with disabilities:**

Contact Shelley Tencza, DSHS Rules Consultant  
 Phone: 360-664-6036  
 Fax: 360-664-6185  
 TTY: 711 Relay Service  
 Email: [Tencza@dshs.wa.gov](mailto:Tencza@dshs.wa.gov)  
 Other:  
 By (date) October 11, 2022 at 5:00 p.m.

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:** Amendments proposed under this filing will more accurately align rule language with federal regulations related to quality control for the Supplemental Nutrition Assistance Program (SNAP), specifically clarifying which programs these quality control requirements apply to.

**Reasons supporting proposal:** See above

**Statutory authority for adoption:** RCW 74.04.050, 74.04.055, 74.04.057, 74.04.510, and 74.08.090.

**Statute being implemented:**

**Is rule necessary because of a:**

- Federal Law?  Yes  No
- Federal Court Decision?  Yes  No
- State Court Decision?  Yes  No

If yes, CITATION: 7 CFR 275.12

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:** None

**Type of proponent:**  Private  Public  Governmental  
**Name of proponent:** (person or organization) Department of Social and Health Services

<b>Name of agency personnel responsible for:</b>			
	Name	Office Location	Phone
Drafting:	Troy Burgess	PO Box 45470, Olympia, WA 98504-5470	360-584-5162
Implementation:	Troy Burgess	PO Box 45470, Olympia, WA 98504-5470	360-584-5162
Enforcement:	Troy Burgess	PO Box 45470, Olympia, WA 98504-5470	360-584-5162

**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: 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 and Small Business Economic Impact Statement**  
Note: The [Governor's Office for Regulatory Innovation and Assistance \(ORIA\)](#) provides support in completing this part.

**(1) Identification of exemptions:**  
This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see [chapter 19.85 RCW](#)). For additional information on exemptions, consult the [exemption guide published by ORIA](#). 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:
- |   |   |
|---|---|
| <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(b)<br>(Internal government operations) | <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(e)<br>(Dictated by statute)  |
| <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(c)<br>(Incorporation by reference)     | <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(f)<br>(Set or adjust fees)   |
| <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(d)<br>(Correct or clarify language)    | <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(g)<br>(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 19.85.025\(4\)](#) (does not affect small businesses).

This rule proposal, or portions of the proposal, is exempt under RCW [34.05.328\(5\)\(b\)\(vii\)](#).

Explanation of how the above exemption(s) applies to the proposed rule: **These amendments do not impact small businesses. They only impact DSHS clients.**

**(2) Scope of exemptions:** *Check one.*

- The rule proposal is fully exempt (*skip section 3*). Exemptions identified above apply to all portions of the rule proposal.
- The rule proposal is partially exempt (*complete section 3*). The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):
- The rule proposal is not exempt (*complete section 3*). No exemptions were identified above.

**(3) Small business economic impact statement:** *Complete this section if any portion is not exempt.*

If any portion of 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 minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs. \_\_\_\_\_
- Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact 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:

<b>Date:</b> September 19, 2022	<b>Signature:</b> 
<b>Name:</b> Katherine I. Vasquez	
<b>Title:</b> DSHS Rules Coordinator	

**WAC 388-464-0001 Am I required to cooperate with quality ((assurance)) control?** (1) To be eligible for ~~((temporary assistance for needy families (TANF), state family assistance (SFA), or food assistance through))~~ basic food assistance, transitional food assistance (TFA), or the Washington combined application project (WASHCAP), ~~((the following persons))~~ all household members must cooperate in the quality ~~((assurance (QA)))~~ control (QC) review process ~~((÷~~

~~(a) All adult recipients or payees in a TANF or SFA assistance unit (AU); or~~

~~(b) All household members in a Basic Food, TFA or WASHCAP AU).~~

(2) If someone who must cooperate under subsection (1) of this section refuses to cooperate, your ~~((AU))~~ assistance unit (AU) is ineligible for benefits from the date ~~((QA))~~ QC has determined that you are refusing to cooperate until the person meets ~~((QA))~~ QC requirements ~~or((÷~~

~~(a) For TANF/SFA clients, one hundred twenty days from the end of the annual QA review period; or~~

~~(b) For Basic Food, TFA, or WASHCAP members, the penalty period is one hundred twenty five))~~ 125 days from the end of the annual ~~((QA))~~ QC review period.

(3) If a person leaves a basic food AU that is currently disqualified for refusing to cooperate in the ~~((QA))~~ QC review process, the penalty for refusal to cooperate follows that person and continues for the AU that includes the person(s) who refused to cooperate. If we cannot determine which person refused to cooperate, the penalty continues for the AU that includes the head of household at the time ~~((QA))~~ QC found your AU refused to cooperate.

(4) The ~~((QA))~~ QC review period covers the federal fiscal year, which runs from October 1st of one calendar year through September 30th of the following calendar year.

(5) People applying for ~~((TANF, SFA, or))~~ basic food after the penalty period in subsection (2) of this section has ended must provide verification of all eligibility requirements. However, if your AU is eligible for expedited service under WAC 388-406-0015, you only need to provide expedited service required verifications.