



# RULE-MAKING ORDER

**CR-103P (May 2009)**  
(Implements RCW 34.05.360)

**Agency:** Department of Social and Health Services, Developmental Disabilities Administration

**Permanent Rule Only**

**Effective date of rule:**

**Permanent Rules**

- 31 days after filing.
- Other (specify) \_\_\_\_\_ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

- Yes
  - No
- If Yes, explain:

**Purpose:**

The department is amending WAC 388-845-0603 "Who is eligible to receive community access services?" to clarify the eligibility requirements and the nine-month supported employment exceptions for community access services.

**Citation of existing rules affected by this order:**

Repealed: None  
 Amended: WAC 388-845-0603  
 Suspended: None

**Statutory authority for adoption:**

RCW 71A.12.030

**Other authority:**

**PERMANENT RULE (Including Expedited Rule Making)**

Adopted under notice filed as WSR 17-08-102 on April 5, 2017 (date).  
 Describe any changes other than editing from proposed to adopted version:  
 None

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name: \_\_\_\_\_ phone ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ fax ( ) \_\_\_\_\_  
 e-mail \_\_\_\_\_

**Date adopted:**

May 24, 2017

**NAME (TYPE OR PRINT)**

Katherine Vasquez

**SIGNATURE**

**TITLE**

DSHS Rules Coordinator

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
 STATE OF WASHINGTON  
 FILED

**DATE: May 24, 2017**

**TIME: 12:14 PM**

**WSR 17-12-002**

**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

<b>Federal statute:</b>	New	_____	Amended	_____	Repealed	_____
<b>Federal rules or standards:</b>	New	_____	Amended	_____	Repealed	_____
<b>Recently enacted state statutes:</b>	New	_____	Amended	<u>1</u>	Repealed	_____

**The number of sections adopted at the request of a nongovernmental entity:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted in the agency's own initiative:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted using:**

<b>Negotiated rule making:</b>	New	_____	Amended	_____	Repealed	_____
<b>Pilot rule making:</b>	New	_____	Amended	_____	Repealed	_____
<b>Other alternative rule making:</b>	New	_____	Amended	<u>1</u>	Repealed	_____

**WAC 388-845-0603 Who is eligible to receive community access services?** You are eligible ~~((to receive))~~ for community access services ~~((when))~~ if you are enrolled in the basic plus or core waivers and ~~((you meet one of the following conditions below))~~:

(1) You are ~~((age))~~ sixty-two or older; or

(2) You ~~((are twenty one or older))~~ meet age requirements under WAC 388-845-2110(1) and;

(a) You have participated in ((a DDA)) the developmental disabilities administration (DDA's) supported employment ((program)) services for nine consecutive months; or

~~((3) You and/or your legal representative request that DDA grant an exception, per chapter 71A.12 RCW, to the requirement that you participate in an employment program for nine months prior to transitioning to a community access service))~~ (b) DDA has determined that you are exempt from the nine-month DDA supported employment service requirement because:

~~((a) You have a))~~ (i) Your medical or behavioral health records document a condition that ((requires hospitalization or ongoing care by a medical professional and that affects your ability to participate in daily activities to the degree that employment would\*)) prevents you from completing nine consecutive months of DDA supported employment services; or

~~((i) Result in a significant decline in your ability to function; or))~~

~~((ii) ((Seriously endanger your health.~~

~~(b))~~ You ((have been available for employment planning activities and an employment provider has)) were referred to and were available for DDA supported employment services, but the service was not ((provided services)) delivered within ninety days of ~~((your request for employment services))~~ the referral.