

**JUNE 2, 1993**

**OLYMPIA, WASHINGTON**

**ISSUE 93-11**



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filed not later than May 19, 1993

## CITATION

Cite all material in the Washington State Register by its issue number and sequence within that issue, preceded by the acronym WSR. Example: the 37th item in the August 5, 1981, Register would be cited as WSR 81-15-037.

## PUBLIC INSPECTION OF DOCUMENTS

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## CERTIFICATE

Pursuant to RCW 34.08.040, the publication of rules or other information in this issue of the Washington State Register is hereby certified to be a true and correct copy of such rules or other information, except that headings of public meeting notices have been edited for uniformity of style.

DENNIS W. COOPER  
Code Reviser

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### STATE MAXIMUM INTEREST RATE (Computed and filed by the State Treasurer under RCW 19.52.025)

The maximum allowable interest rate applicable for the month of June 1993 pursuant to RCW 19.52.020 is twelve point zero percent (12.00%).

NOTICE: FEDERAL LAW PERMITS FEDERALLY INSURED FINANCIAL INSTITUTIONS IN THE STATE TO CHARGE THE HIGHEST RATE OF INTEREST THAT MAY BE CHARGED BY ANY FINANCIAL INSTITUTION IN THE STATE. THE MAXIMUM ALLOWABLE RATE OF INTEREST SET FORTH ABOVE MAY NOT APPLY TO A PARTICULAR TRANSACTION.

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# WASHINGTON STATE REGISTER

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## STYLE AND FORMAT OF THE WASHINGTON STATE REGISTER

### 1. ARRANGEMENT OF THE REGISTER

The Register is arranged in the following six sections:

- (a) **PROPOSED**-includes the full text of preproposal comments, original proposals, continuances, supplemental notices, and withdrawals.
- (b) **PERMANENT**-includes the full text of permanently adopted rules.
- (c) **EMERGENCY**-includes the full text of emergency rules and rescissions.
- (d) **MISCELLANEOUS**-includes notice of public meetings of state agencies, rules coordinator notifications, summaries of attorney general opinions, executive orders and emergency declarations of the governor, rules of the state Supreme Court, and other miscellaneous documents filed with the code reviser's office under RCW 34.08.020 and 42.30.075.
- (e) **TABLE**-includes a cumulative table of the WAC sections that are affected in the current year.
- (f) **INDEX**-includes a combined subject matter and agency index.

Documents are arranged within each section of the Register according to the order in which they are filed in the code reviser's office during the pertinent filing period. The three part number in the heading distinctively identifies each document, and the last part of the number indicates the filing sequence with a section's material.

### 2. PRINTING STYLE—INDICATION OF NEW OR DELETED MATERIAL

RCW 34.05.395 requires the use of certain marks to indicate amendments to existing agency rules. This style quickly and graphically portrays the current changes to existing rules as follows:

- (a) In amendatory sections—
  - (i) underlined material is new material;
  - (ii) ~~deleted material~~ is (~~lined out between double parentheses~~);
- (b) Complete new sections are prefaced by the heading **NEW SECTION**;
- (c) The repeal of an entire section is shown by listing its WAC section number and caption under the heading **REPEALER**.

### 3. MISCELLANEOUS MATERIAL NOT FILED UNDER THE ADMINISTRATIVE PROCEDURE ACT

Material contained in the Register other than rule-making actions taken under the APA (chapter 34.05 RCW) does not necessarily conform to the style and format conventions described above. The headings of these other types of material have been edited for uniformity of style; otherwise the items are shown as nearly as possible in the form submitted to the code reviser's office.

### 4. EFFECTIVE DATE IF RULES

- (a) Permanently adopted agency rules normally take effect thirty-one days after the rules and the agency order adopting them are filed with the code reviser's office. This effective date may be delayed or advanced and such an effective date will be noted in the promulgation statement preceding the text of the rule.
- (b) Emergency rules take effect upon filing with the code reviser's office unless a later date is provided by the agency. They remain effective for a maximum of one hundred twenty days from the date of filing.
- (c) Rules of the state Supreme Court generally contain an effective date clause in the order adopting the rules.

### 5. EDITORIAL CORRECTIONS

Material inserted by the code reviser's office for purposes of clarification or correction or to show the source or history of a document is enclosed in [brackets].

**1992 - 1993**  
**DATES FOR REGISTER CLOSING, DISTRIBUTION, AND FIRST AGENCY ACTION**

Issue No.	Closing Dates <sup>1</sup>			Distribution Date	First Agency Hearing Date <sup>3</sup>
	Non-OTS & 30 p. or more	Non-OTS & 11 to 29 p.	OTS <sup>2</sup> or 10 p. max. Non-OTS		
<i>For Inclusion in--</i>	<i>File no later than--</i>			<i>Count 20 days from--</i>	<i>For hearing on or after</i>
92-16	Jul 8	Jul 22	Aug 5	Aug 19	Sep 8
92-17	Jul 22	Aug 5	Aug 19	Sep 2	Sep 22
92-18	Aug 5	Aug 19	Sep 2	Sep 16	Oct 6
92-19	Aug 26	Sep 9	Sep 23	Oct 7	Oct 27
92-20	Sep 9	Sep 23	Oct 7	Oct 21	Nov 10
92-21	Sep 23	Oct 7	Oct 21	Nov 4	Nov 24
92-22	Oct 7	Oct 21	Nov 4	Nov 18	Dec 8
92-23	Oct 21	Nov 4	Nov 18	Dec 2	Dec 22
92-24	Nov 4	Nov 18	Dec 2	Dec 16	Jan 5, 1993
93-01	Nov 25	Dec 9	Dec 23, 1992	Jan 6, 1993	Jan 26
93-02	Dec 9	Dec 23, 1992	Jan 6, 1993	Jan 20	Feb 9
93-03	Dec 23, 1992	Jan 6, 1993	Jan 20	Feb 3	Feb 23
93-04	Jan 6	Jan 20	Feb 3	Feb 17	Mar 9
93-05	Jan 20	Feb 3	Feb 17	Mar 3	Mar 23
93-06	Feb 3	Feb 17	Mar 3	Mar 17	Apr 6
93-07	Feb 24	Mar 10	Mar 24	Apr 7	Apr 27
93-08	Mar 10	Mar 24	Apr 7	Apr 21	May 11
93-09	Mar 24	Apr 7	Apr 21	May 5	May 25
93-10	Apr 7	Apr 21	May 5	May 19	Jun 8
93-11	Apr 21	May 5	May 19	Jun 2	Jun 22
93-12	May 5	May 19	Jun 2	Jun 16	Jul 6
93-13	May 26	Jun 9	Jun 23	Jul 7	Jul 27
93-14	Jun 9	Jun 23	Jul 7	Jul 21	Aug 10
93-15	Jun 23	Jul 7	Jul 21	Aug 4	Aug 24
93-16	Jul 7	Jul 21	Aug 4	Aug 18	Sep 7
93-17	Jul 21	Aug 4	Aug 18	Sep 1	Sep 21
93-18	Aug 4	Aug 18	Sep 1	Sep 15	Oct 5
93-19	Aug 25	Sep 8	Sep 22	Oct 6	Oct 26
93-20	Sep 8	Sep 22	Oct 6	Oct 20	Nov 9
93-21	Sep 22	Oct 6	Oct 20	Nov 3	Nov 23
93-22	Oct 6	Oct 20	Nov 3	Nov 17	Dec 7
93-23	Oct 20	Nov 3	Nov 17	Dec 1	Dec 21
93-24	Nov 3	Nov 17	Dec 1	Dec 15	Jan 4, 1994

<sup>1</sup>All documents are due at the code reviser's office by 12:00 noon on or before the applicable closing date for inclusion in a particular issue of the Register; see WAC 1-21-040.

<sup>2</sup>A filing of any length will be accepted on the closing dates of this column if it has been prepared and completed by the order typing service (OTS) of the code reviser's office; see WAC 1-21-040. Agency-typed material is subject to a ten page limit for these dates; longer agency-typed material is subject to the earlier non-OTS dates.

<sup>3</sup>At least twenty days before the rule-making hearing, the agency shall cause notice of the hearing to be published in the Register; see RCW 34.05.320(1). These dates represent the twentieth day after the distribution date of the applicable Register.

## **Regulatory Fairness Act**

The Regulatory Fairness Act, chapter 19.85 RCW, was adopted in 1982 to minimize the impacts of state regulations on small business. RCW 43.31.025 defines small business as “any business entity (including a sole proprietorship, corporation, partnership, or other legal entity) which is owned and operated independently from all other businesses, which has the purpose of making a profit, and which has fifty or fewer employees.” The act requires review and mitigation of proposed rules that have an economic impact on more than 20 percent of the businesses of all industries or more than 10 percent of the businesses in any one industry (as defined by any three-digit SIC code).

When the above criteria is met, agencies must prepare a small business economic impact statement (SBEIS) that identifies and analyzes compliance costs and determines whether proposed rules impact small businesses disproportionately when compared to large businesses. When a proportionately higher burden is imposed on small businesses, agencies must mitigate those impacts. All permanent rules adopted under the Administrative Procedure Act, chapter 34.05 RCW, are subject to review to determine if the requirements of the Regulatory Fairness Act apply. Impact statements are filed with the Office of the Code Reviser as part of the required notice of hearing.

### **AN SBEIS IS REQUIRED**

When:

The proposed rule has any economic impact on more than 20 percent of all industries or more than 10 percent of any one industry; or

The proposed rule **IMPOSES** costs to business that are not minor and negligible.

### **AN SBEIS IS NOT REQUIRED**

When:

The rule is proposed only to comply or conform with a Federal law or regulation;

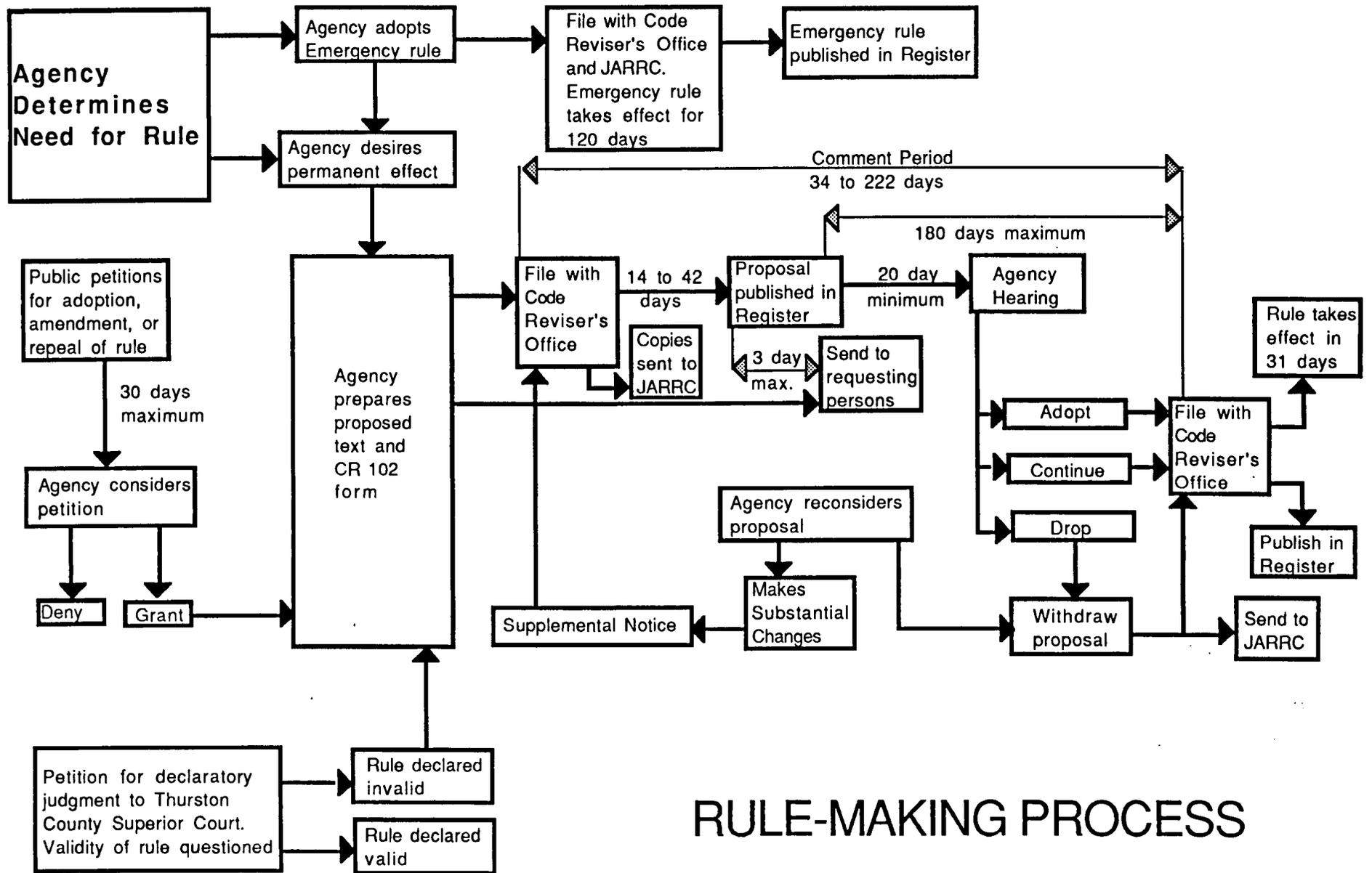
There is no economic impact on business;

The rule **REDUCES** costs to business;

There is only minor or negligible economic impact;

The rule is proposed as an emergency rule, although an SBEIS may be required when an emergency rule is proposed as a permanent rule; or

The rule is pure restatement of statute.



# RULE-MAKING PROCESS

**WSR 93-11-005**  
**PREPROPOSAL COMMENTS**  
**EMPLOYMENT SECURITY DEPARTMENT**  
 [Filed May 5, 1993, 2:47 p.m.]

Subject of Possible Rule Making: The Employment Security Department is intending to file rules pursuant to commissioner approved training. Because this aspect of the unemployment insurance (UI) program has been used in differing ways, depending on various benefit claim programs, the department believes there is a need to establish consistency of policy and equity for our worker and employer community. The department wants to adopt guidelines that are consistent and equitable for all claimants when considering approval for commissioner approved training.

Persons may Comment on this Subject in the Following Ways: Comments should be sent to the Employment Security Department, P.O. Box 9046, Olympia, WA 98507-9046, Attn: Bob Wagner, UI Tax Administration. Comments on this subject should be received by June 25, 1993.

Other Information or Comments by Agency at this Time, if any: People in the state of Washington are already seeing the effects of a changing economy and work force, with changes in jobs, worker skills and employer needs. The agency believes the time is ripe to examine the connection between unemployment insurance benefits, commissioner approved training, and the dislocated worker program. An overarching question is whether the interests of employers and unemployed workers are maximized if workers who draw UI benefits are also able to attend training. One major issue encompasses whether UI benefits should only be viewed as a temporary benefit until a person finds a job, any job, or whether UI benefits should be viewed as a bridge to help the person become trained for jobs that will provide them more stability in the longer term. This question is especially problematic for workers whose occupations are in decline. Another major issue is whether a distinction between academic and vocational school training should continue, and if so, what are the relevant factors?

May 5, 1993  
 K. Wendy Holden  
 Deputy Commissioner

**WSR 93-11-006**  
**WITHDRAWAL OF PROPOSED RULES**  
**DEPARTMENT OF HEALTH**  
 [Filed May 5, 1993, 3:49 p.m.]

The Department of Health is hereby withdrawing proposed WAC 246-130-040 (1)(c), (3)(b) and (e) and 246-130-070. These revisions were filed with the code reviser's office on March 9, 1993, as part of WSR 93-06-095.

Bruce Miyahara  
 Secretary

**WSR 93-11-009**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
 (Public Assistance)  
 [Filed May 5, 1993, 4:44 p.m.]

Continuance of WSR 93-10-017.

Title of Rule: WAC 388-86-200 Limits on scope of medical program services.

Purpose: Establish services not covered under the medical care programs. This is a new section.

Date of Intended Adoption: May 19, 1993.

May 5, 1993  
 Rosemary Carr  
 Acting Director  
 Administrative Services

**WSR 93-11-024**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
 (Public Assistance)  
 [Filed May 6, 1993, 2:36 p.m.]

Original Notice.

Title of Rule: WAC 388-49-610 Changes—Prospective budgeting.

Purpose: Changes cross-references to accurately reflect current placement of information.

Statutory Authority for Adoption: RCW 74.04.510.

Statute Being Implemented: RCW 74.04.510.

Summary: Changes the cross reference within WAC 388-49-610 to state WAC 388-49-520 (2) and (3).

Reasons Supporting Proposal: Changes cross references in WAC 388-49-610 to reflect current information in WAC 388-49-520 (2) and (3).

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Chuck Henderson, Division of Income Assistance, 438-8325.

Name of Proponent: [Department of Social and Health Services], governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: Same as above.

Proposal Changes the Following Existing Rules: See above.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: OB-2 Auditorium, 14th and Franklin, Olympia, Washington, on June 22, 1993, at 10:00 a.m.

If you need sign language assistance, please contact the Office of Issuances by June 8, 1993. TDD #753-0699.

Submit Written Comments to: Troyce Warner, Chief, Office of Issuances, Mailstop 5805, Department of Social and Health Services, Olympia, 98504, FAX 664-0118 or SCAN 366-0118, by June 8, 1993.

Date of Intended Adoption: June 23, 1993.

May 6, 1993  
 Rosemary Carr  
 Acting Director  
 Administrative Services

AMENDATORY SECTION (Amending Order 2661, filed 8/2/88)

**WAC 388-49-610 Changes—Prospective budgeting.**

(1) The department shall act on changes occurring in the first beginning month, changes for households described ~~((1))~~ (2), and changes in the income described ~~((1))~~ under WAC 388-49-520((1)) (2), and changes in the income described ~~((1))~~ under WAC 388-49-520((2)) (3) which affect benefit increases as follows:

(a) If the change is verified within ten days after the change is reported, budget the change for the next allotment; or

(b) If the change is not verified within ten days after the change is reported, budget the change for the next allotment after the verification is received.

(2) The department shall act on changes affecting a benefit decrease following adverse action notice rules in WAC 388-49-600 unless the household requests:

- (a) A fair hearing; and
- (b) Continuation of benefits.

**WSR 93-11-030  
 PROPOSED RULES  
 DEPARTMENT OF  
 SOCIAL AND HEALTH SERVICES  
 (Public Assistance)  
 [Filed May 10, 1993, 1:17 p.m.]**

Original Notice.

Title of Rule: WAC 388-49-015 General provisions.

Purpose: Clarifies the definition of coupons used for investigative purposes as coupons issued under the food stamp program. By agreement with FNS, will establish program control of food stamps issued to law enforcement agencies for investigative purposes, and will clarify program rules regarding redemption and use of food coupons consistent with state statute and federal regulation.

Statutory Authority for Adoption: RCW 74.04.510.

Statute Being Implemented: RCW 74.04.510.

Summary: By agreement with food and nutrition services, will establish program control of food stamps issued to law enforcement agencies for investigative purposes, and will clarify program rules regarding redemption and use of food coupons.

Reasons Supporting Proposal: Brings the issuance and control of food coupons for investigative purposes under the food stamp program, and defines the redemption and use of food stamps.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: John Mike Smith, Office of Special Investigation, 438-8124.

Name of Proponent: [Department of Social and Health Services], governmental.

Rule is necessary because of state court decision, State of Washington vs. Sunchal Park - King County 92-1-03967-9.

Explanation of Rule, its Purpose, and Anticipated Effects: Same as above.

Proposal Changes the Following Existing Rules: See above.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: OB-2 Auditorium, 14th and Franklin, Olympia, Washington, on June 22, 1993, at 10:00 a.m.

If you need sign language assistance, please contact the Office of Issuances by June 8, 1993. TDD #753-0699.

Submit Written Comments to: Troyce Warner, Chief, Office of Issuances, Mailstop 5805, Department of Social and Health Services, Olympia, 98504, FAX 664-0118 or SCAN 366-0118, by June 15, 1993.

Date of Intended Adoption: June 23, 1993.

May 10, 1993  
 Rosemary Carr  
 Acting Director  
 Administrative Services

AMENDATORY SECTION (Amending Order 2866, filed 9/1/89, effective 10/2/89)

**WAC 388-49-015 General provisions.** (1) The rules in this chapter are for the purpose of administrating the food stamp program. Rules and definitions in other chapters of Title 388 of the Washington Administrative Code do not apply to provisions of this chapter unless specifically identified.

(2) The department of social and health services shall administer the food stamp program in accordance with an approved plan with the food and nutrition service (FNS) of the United States Department of Agriculture.

(3) The department shall comply with all FNS directives to reduce, suspend, or terminate all or any portion of the food stamp program.

(4) During a presidential or FNS-declared disaster, the department shall certify affected households in accordance with FNS instructions.

(5) The department shall retain:

(a) Food stamp case records for three years from the month of closure of each record; and

(b) Fiscal and accountable documents for three years from the date of fiscal or administrative closure.

(6) The department shall not discriminate against any applicant or participant in any aspect of program administration for reason of:

- (a) Age((?));
- (b) Race((?));
- (c) Color((?));
- (d) Sex((?));
- (e) Handicap((?));
- (f) Religious creed((?));
- (g) Political beliefs((?)); or
- (h) National origin.

(7) The department shall display nondiscrimination posters provided by FNS in all offices administrating the food stamp program.

(8) The department shall fully translate into the primary language of the limited English proficient applicants and recipients:

(a) Written notices of denial, termination, or reduction of benefits; and

(b) Written requests for additional information.

(9) ~~((An individual))~~ A person believing ~~((he or she))~~ the person has been subject to discrimination may file a written complaint with the:

(a) Food and nutrition service; or

(b) State office for equal opportunity.

(10) The department shall restrict use or disclosure of information obtained from applying or participating households to:

(a) ~~((Individuals))~~ A person directly connected with the administration or enforcement of the provisions of:

(i) The Food Stamp Act or regulations;

(ii) Other federal assistance programs; or

(iii) Federally assisted state programs providing assistance on a means-tested basis to a low-income ~~((individuals))~~ person.

(b) ~~((Individuals))~~ A person directly connected with the verification of immigration status of aliens applying for food stamp benefits, through the systematic alien verification for entitlements (SAVE) program, to the extent the information is necessary to identify the ~~((individual))~~ person for verification purposes;

(c) An employee ~~((s))~~ of the Comptroller General's Office of the United States for audit examination authorized by any other provision of law; and

(d) A local, state, or federal law enforcement official ~~((s))~~, upon ~~((their))~~ written request, for the purpose of investigating an alleged violation of the Food Stamp Act or regulations. The written request shall include the:

(i) Identity of the ~~((individual))~~ person requesting the information;

(ii) Authority of the ~~((individual))~~ person to make the request;

(iii) Violation being investigated; and

(iv) Identity of the person about whom the information is requested.

(11) The department shall use information obtained through the systematic alien verification for entitlements (SAVE) program only for the purposes of:

(a) Verifying the validity of documentation of alien status presented by an applicant;

(b) Verifying ~~((an individual's))~~ a person's eligibility for benefits;

(c) Investigating whether a participating household ~~((s))~~ received benefits to which ~~((they were))~~ the household was not entitled, if ~~((an individual))~~ a person was previously certified to receive benefits on the basis of eligible alien status; and

(d) Assisting in or conducting administrative disqualification hearings, or criminal or civil prosecutions based on receipt of food stamp benefits to which a participating household ~~((s were))~~ was not entitled.

(12) The department shall make the household's case file available to the household or household's representative for inspection during regular office hours as provided in chapter 388-320 WAC.

(13) The department shall make the following program information available to the public upon request during regular office hours:

(a) Federal regulations, federal procedures in FNS notices and policy memos, and the state plan of operation at the state office; and

(b) Washington Administrative Code and the *Food Stamp Procedures Manual* at the local office.

(14) The coupon allotment provided any eligible household shall not be considered income or resources for any purpose under any federal, state, or local laws.

(15) The department shall not permit a volunteer ~~((s))~~ or other person ~~((s))~~ not an employee ~~((s))~~ of the department to conduct a certification interview ~~((s))~~ or certify a food stamp applicant ~~((s))~~ except:

(a) During a presidential or FNS-declared disaster; or

(b) A Social Security Administration (SSA) employee ~~((s))~~ for a Supplemental Security Income (SSI) household ~~((s))~~ as provided in WAC 388-49-040.

(16) The office of special investigation of the department, designated as the state law enforcement bureau, shall enter into an agreement with FNS to issue food stamps to state and local law enforcement agencies for the purpose of law enforcement and investigative activities.

(17) Redemption of food stamps shall be in accordance with 7 United States Code (USC) 2024 and 7 Code of Federal Regulations (CFR) 278.

(18) Misuse of food stamps issued under WAC 388-49-015(16) shall be a violation of RCW 9.91.140.

(19) The provisions of Title 18 of the United States Code, "Crimes and Criminal Procedures," relative to counterfeiting, misuse, and alteration of obligations of the United States are applicable to food coupons.

**WSR 93-11-033**  
**PROPOSED RULES**  
**SUPERINTENDENT OF**  
**PUBLIC INSTRUCTION**  
 [Filed May 10, 1993, 3:38 p.m.]

Original Notice.

Title of Rule: Chapter 392-315 WAC, Grant program—Project even start.

Purpose: To repeal policies and procedures for the administration of project even start, including the establishment of eligibility criteria for the award of grants to eligible grantees. Program responsibilities have been shifted to the Office of State Board for Community and Technical Colleges.

Statutory Authority for Adoption: RCW 28A.610.030(5).

Statute Being Implemented: RCW 28A.610.030(5).

Summary: See Purpose above.

Reasons Supporting Proposal: See Purpose above.

Name of Agency Personnel Responsible for Drafting: Richard M. Wilson, Superintendent of Public Instruction, Old Capitol Building, (206) 753-2298.

Name of Proponent: Superintendent of Public Instruction, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: See Purpose above.

Proposal does not change existing rules.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: Superintendent of Public Instruction, Old Capitol Building, Wanamaker Conference Room, 2nd Floor, Olympia, Washington 98504-7200, on July 16, 1993, at 9:00 a.m.

Submit Written Comments to: Richard M. Wilson, P.O. Box 47200, Olympia, WA 98504-7200, by July 6, 1993.

Date of Intended Adoption: July 28, 1993.

May 10, 1993  
Judith A. Billings  
Superintendent of  
Public Instruction

- WAC 392-315-130 Priority projects.
- WAC 392-315-135 Coordination of programs.
- WAC 392-315-140 Evaluation criteria for project even start.
- WAC 392-315-145 Performance standards for project even start.
- WAC 392-315-150 Administrative expenditures.
- WAC 392-315-155 Liability insurance.
- WAC 392-315-160 Bonding.
- WAC 392-315-165 Maximum grant award per participant.

**REPEALER**

The following sections of the Washington Administrative Code are repealed:

- WAC 392-315-005 Authority.
- WAC 392-315-010 Purpose.
- WAC 392-315-015 Public policy goals of project even start.
- WAC 392-315-020 Project even start—Definition.
- WAC 392-315-025 Child development knowledge—Definition.
- WAC 392-315-030 Other eligible program components—Definition.
- WAC 392-315-035 Eligible grantee—Definition.
- WAC 392-315-040 Eligible parents—Definition.
- WAC 392-315-045 Basic skills—Definition.
- WAC 392-315-050 Standardized test—Definition.
- WAC 392-315-055 Transportation—Definition.
- WAC 392-315-060 Child care—Definition.
- WAC 392-315-065 Directly necessary activities—Definition.
- WAC 392-315-070 Indirect expenditures—Definition.
- WAC 392-315-075 Assurance of nonsupplanting—Program standard.
- WAC 392-315-080 Assurance of cooperation with the department of social and health services regarding public assistance reports—Program standard.
- WAC 392-315-085 Assurance to submit annual evaluation report to the superintendent of public instruction.
- WAC 392-315-090 Reporting requirements.
- WAC 392-315-095 Request for even start project grants to the superintendent of public instruction.
- WAC 392-315-100 Assurance of cooperation with state auditor.
- WAC 392-315-105 Assurance of service to targeted groups.
- WAC 392-315-110 Priority groups.
- WAC 392-315-115 Date of receipt of even start project proposals.
- WAC 392-315-120 Even start advisory committee.
- WAC 392-315-125 Duties of even start advisory committee.

**WSR 93-11-034  
PROPOSED RULES  
SUPERINTENDENT OF  
PUBLIC INSTRUCTION**  
[Filed May 10, 1993, 3:40 p.m.]

Original Notice.

Title of Rule: School district budgeting, chapter 392-123 WAC.

Purpose: To provide administrative clarification regarding number of budget copies submitted to ESDs and OSPI.

Statutory Authority for Adoption: Chapter 28A.505 RCW.

Statute Being Implemented: RCW 28A.505.090.

Summary: See Purpose above.

Reasons Supporting Proposal: To allow districts to transmit budget/budget extension documents electronically to OSPI.

Name of Agency Personnel Responsible for Drafting: Rick Wilson, Olympia, (206) 753-2298; Implementation: Ron Stead, Olympia, (206) 753-3584; and Enforcement: David Moberly, Olympia, (206) 753-6742.

Name of Proponent: Superintendent of Public Instruction, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Proposal does not change existing rules.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: Superintendent of Public Instruction, Old Capitol Building, Wanamaker Conference Room, 2nd Floor, Olympia, Washington 98504-7200, on July 16, 1993, at 9:00 a.m.

Submit Written Comments to: Richard M. Wilson, P.O. Box 47200, Olympia, WA 98504-7200, by July 6, 1993.

Date of Intended Adoption: July 28, 1993.

May 10, 1993  
Judith A. Billings  
Superintendent of  
Public Instruction

**AMENDATORY SECTION** (Amending Order 18, filed 7/19/90, effective 8/19/90)

**WAC 392-123-046 Definitions—General fund, capital projects fund, debt service fund, associated student body fund, advanced refunding and advance refunded bond funds, transportation vehicle fund and**

PROPOSED

**insurance reserves.** (1) A general fund shall be established for maintenance and operation of the school district to account for all financial operations of the school district, except those required to be accounted for in another fund, as authorized by RCW 28A.320.330, 28A.325.030, and 28A.160.130.

(2) A capital projects fund shall be established as authorized by RCW 28A.320.330 for major capital purposes. Any statutory references to a "building fund" shall mean the capital projects fund. Money to be deposited into the capital projects fund shall include, but not be limited to, bond proceeds, proceeds from excess levies, state apportionment proceeds, earnings from capital projects fund investments, rental and lease proceeds, and proceeds from the sale of real property.

Money deposited into the capital projects fund from other sources may be used for the purposes provided in WAC 392-123-180 and for the purposes of:

(a) Major renovation, including the replacement of facilities and systems where periodical repairs are no longer economical. Major renovation and replacement shall include, but shall not be limited to, roofing, heating and ventilating systems, floor covering, and electrical systems.

(b) Renovation and rehabilitation of playfields, athletic fields, and other district real property.

(c) The conduct of preliminary energy audits and energy audits of school district buildings. For the purpose of this section:

(i) "Preliminary energy audits" means a determination of the energy consumption characteristics of a building, including the size, type, rate of energy consumption, and major energy using systems of the building.

(ii) "Energy audit" means a survey of a building or complex which identifies the type, size, energy use level, and major energy using systems; which determines appropriate energy conservation maintenance or operating procedures and assesses any need for the acquisition and installation of energy conservation measures, including solar energy and renewable resource measures.

(iii) "Energy capital improvement" means the installation, or modification of the installation, of energy conservation measures in a building which measures are primarily intended to reduce energy consumption or allow the use of an alternative energy source.

(d) Those energy capital improvements which are identified as being cost-effective in the audits authorized by this section.

(e) Purchase or installation of additional major items of equipment and furniture: *Provided*, That vehicles shall not be purchased with capital projects fund money.

(3) A debt service fund shall be established to provide for tax proceeds, other revenues, and disbursements as authorized in chapter 39.44 RCW.

(4) An associated student body fund shall be established as authorized by RCW 28A.325.030.

(5) Advance refunding bond funds and refunded bond funds shall be established to provide for proceeds and disbursements as authorized in chapter 39.53 RCW.

(6) A transportation vehicle fund shall be established as authorized by RCW 28A.160.130.

(7) The board of directors of first-class school districts shall have power to create and maintain an insurance reserve

account pursuant to RCW 28A.330.110 to be used to meet losses specified by the board of directors.

Funds required for maintenance of an insurance reserve account shall be budgeted and allowed as are other moneys required for the support of the school district.

The school district board of directors may, as an alternative or in addition to the establishment of a self-insurance reserve account or the purchasing of insurance, contract for or hire personnel to provide risk management services.

**AMENDATORY SECTION** (Amending Order 92-02, filed 1/7/92, effective 2/7/92)

**WAC 392-123-054 Time schedule for budget.** The time schedule for preparation, adoption and filing of the annual budget is as follows:

Final Date For Action	First-Class Districts	Second-Class Districts
July 10	Final date for district to prepare annual budget. Upon completion of their budgets, every school district shall publish a notice stating that the district has completed the budget and placed the same on file in the school district administration office, that a copy thereof will be furnished any person who will call upon the district for it, and that the board of directors will meet for the purpose of fixing and adopting the budget of the district for the ensuing fiscal year. Such notice shall designate the date, time, and place of said meeting. The notice shall also state that any person may appear thereat and be heard for or against any part of such budget. Said notice shall be published at least once each week for two consecutive weeks in a newspaper of general circulation in the district, or, if there be none, in a newspaper of general circulation in the county or counties in which such district is a part. The last notice shall be published no later than seven days immediately prior to the hearing.	Same as first-class.
July 15		Final date to have sufficient number of copies of budget to meet reasonable demands of public. Also, final date to submit ( <del>one copy of</del> )

		<u>the</u> budget to <u>the</u> educational service district for review and comment.		from each fund con- tained in the budget separately, and shall by resolution adopt the budget and the appropriations as so finally determined, and enter the same in the official minutes of the board.	approve any budget or appropriation that is in violation of state law or rules and regulations adopted by the super- intendent of public instruction. Members of the budget review committee as re- ferred to in this section shall consist of the edu- cational service district superintendent or a re- presentative thereof, a member of the local board of directors or a representative thereof and a representative of the superintendent of public instruction.
July 20	Final date to have sufficient copies of budget to meet reason- able demands of public. Also, final date to submit <del>((one copy of))</del> <u>the</u> budget to <u>the</u> educational service district for review and comment.				
July 25		Final date for educational service district to notify districts of problems noted in review.			
August 1		Final date for board directors to meet in public hearing and fix and adopt said budget.  Such hearing may be continued not to exceed a total of two days: <i>Provided</i> , That the budget must be adopted no later than August 1st.  Upon conclusion of the hearing the board of directors shall fix and determine the appro- priation from each fund contained in the budget separately, and shall by resolution adopt the budget and the appro- priations as so finally determined, and enter the same in the official minutes of the board.	Septem- ber 3	Final date for dist- rict to file <del>((three copies of said))</del> <u>the</u> adopted budget with their educational service district.	
			Septem- ber 10	<del>((Last))</del> Final date for edu- cational service dist- rict to file <del>((a copy of said))</del> <u>the</u> adopted bud- gets with the super- intendent of public instruction. <del>((One copy will be retained by educational service district and one copy will be returned to the school districts.))</del>	
August 3		Last date to forward <del>((three copies of said))</del> <u>the</u> adopted budget to edu- cational service dist- rict for review, alter- ation and approval.			
August 10	Final date for educational service district to notify districts of <del>((review))</del> prob- lems noted in review.	Final date for educational service district to file adopted and reviewed budgets with superintendent of public instruction.			
August 31	Final date for board of directors to meet in public hearing and fix and adopt said budget. Such hearing may be continued not to exceed a total of two days: <i>Provided</i> , That the budget must be adopted no later than August 31st. Upon conclusion of the hearing, the board of directors shall fix and deter- mine the appropriation	Last date for the budget review committee to fix and approve the amount of the appropriation from each fund of the budget. One copy of the approved budget will be retained by the educational ser- vice district and one copy will be returned to the school district. No budget review committee shall knowingly			

**AMENDATORY SECTION** (Amending Order 92-02, filed 1/7/92, effective 2/7/92)

**WAC 392-123-071 Budget extensions—First-class school districts.** Upon the happening of any emergency in a first-class school district caused by fire, flood, explosion, storm, earthquake, epidemic, riot, insurrection, or for the restoration to a condition of usefulness of any school district property, the usefulness of which has been destroyed by accident, and no provision has been made for such expenditures in the adopted appropriation, the board of directors, upon the adoption by the vote of the majority of all board members of a resolution stating the facts constituting the emergency, may make an appropriation therefor without notice or hearing.

If in first-class districts it becomes necessary to increase the amount of the appropriation, and if the reason is not one of the emergencies specifically enumerated above the school district board of directors, before incurring expenditures in excess of expenditures therefor, shall adopt a resolution stating the facts and the estimated amount of appropriation to meet it.

Such resolution shall be voted on at a public meeting, notice to be given in the manner provided in WAC 392-123-054. Its introduction and passage shall require the vote of a majority of all members of the school district board of directors.

Any person may appear at the meeting at which the appropriation resolution is to be voted on and be heard for or against the adoption thereof.

Two copies of all adopted appropriation resolutions shall be filed with the educational service district, who shall forward one copy to the superintendent of public instruction. One copy shall be retained by the educational service district. The final date for adopting appropriation resolutions extending budgets shall be the close of business on August 31 or the last business day prior to August 31 if August 31 occurs on a nonbusiness day. Each copy of all appropriation resolutions filed shall have attached a copy of the school district's ~~((budget as revised by the appropriation resolution and a copy of the))~~ latest budget status report. The revised budget shall be in the format prescribed by the superintendent of public instruction and shall be prepared in accordance with instructions provided by the superintendent of public instruction. Any appropriation resolution adopted after the date specified in this section shall be null and void. Any appropriation resolution adopted after the current appropriation level has been exceeded shall be null and void to the extent that the current appropriation level has been exceeded.

**AMENDATORY SECTION** (Amending Order 92-02, filed 1/7/92, effective 2/7/92)

**WAC 392-123-072 Budget extensions—Second-class school districts.** If a second-class school district needs to increase the amount of the appropriation from any fund the school district board of directors before incurring expenditures in excess of appropriations shall obtain approval from the superintendent of public instruction in the following manner: The school district board of directors shall adopt a resolution stating the specific reason(s) for extending the budget, the estimated amount of additional appropriation needed and the source(s) of funds.

Such resolution shall be voted on at a public meeting, notice to be given in the manner provided by WAC 392-123-054. Introduction and passage shall require the vote of a majority of all members of the school district board of directors.

Any person may appear at the meeting at which the appropriation resolution is to be voted on and be heard for or against the adoption thereof.

Upon passage of the appropriation resolution the school district shall petition the superintendent of public instruction for approval to increase the amount of its appropriations. Such petition to be made in the format prescribed by the superintendent of public instruction. ~~((Three copies of))~~ The request for budget extension shall be prepared in accordance with current instructions contained in bulletins now or hereafter published by the superintendent of public instruction and attached to each copy shall be a copy of the latest budget status report and a copy of the board resolution.

The request for budget extension shall be forwarded to the educational service district for approval by the educational service district superintendent.

If approved, ~~((all three copies of))~~ the request for budget extension shall be forwarded by the educational service district to the superintendent of public instruction for final approval. The final date for receiving budget extension

requests shall be the close of business on August 31 or the last business day prior to August 31 if August 31 occurs on a nonbusiness day.

Any request for budget extension shall not be approved by the educational service district or the superintendent of public instruction to the extent that the current appropriation has been exceeded prior to the request for budget extension.

~~((Two))~~ Copies of all appropriation resolutions approved by the superintendent of public instruction shall be returned by the superintendent of public instruction to the educational service district. The educational service district shall retain one copy and shall return one copy to the school district. ~~((The other copy shall be retained by the educational service district.))~~

**WSR 93-11-038**  
**PROPOSED RULES**  
**DEPARTMENT OF HEALTH**  
(Examining Board of Psychology)  
[Filed May 11, 1993, 4:00 p.m.]

Original Notice.

Title of Rule: WAC 246-924-475 Model procedural rules, this rule will adopt by reference the Department of Health model procedural rules for boards.

Purpose: Model rules describe adjudicative proceedings and how they should be conducted.

Statutory Authority for Adoption: RCW 18.83.050(5).  
Statute Being Implemented: RCW 18.130.050.

Summary: Adoption by reference of Department of Health model procedural rules for boards.

Reasons Supporting Proposal: Necessary for efficient processing of adjudicative proceedings.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Terry J. West, 1300 S.E. Quince Street, Olympia, WA 98504, (206) 753-3095.

Name of Proponent: Examining Board of Psychology, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: This rule will adopt by reference the model rules filed by the Department of Health as chapter 246-11 WAC. The model rules define conduct relative to adjudicative proceedings.

Proposal does not change existing rules.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: SeaTac Airport Hilton, Bay Room, 17620 Pacific Highway South, Seattle, WA 98188, on July 10, 1993, at 8:15 a.m.

Submit Written Comments to: Terry J. West, Program Manager, Department of Health, Psychology Board, P.O. Box 47868, Olympia, WA 98504, by July 2, 1993.

Date of Intended Adoption: July 10, 1993.

February 17, 1993  
Kathleen O'Shaunessy, Ph.D.  
Chair

NEW SECTION

**WAC 246-924-475 Model procedural rules.** The Examining Board of Psychology hereby adopts the model procedural rules for boards as filed by the department of health as chapter 246-11 WAC, or as subsequently adopted by the department.

**WSR 93-11-052  
PROPOSED RULES  
DEPARTMENT OF  
SOCIAL AND HEALTH SERVICES**

(General Provisions)

[Filed May 12, 1993, 2:49 p.m.]

Original Notice.

Title of Rule: Chapter 440-25 WAC, Administration of chemical dependency services.

Purpose: This chapter establishes new chapter 440-25 WAC and repeals chapter 275-25 WAC. These rules describe how the division of alcohol and substance abuse operates in its planning and contractual relationship with the counties of Washington. The process in planning and contracting for services reflects current process agreements arrived at from negotiations with the counties.

Statutory Authority for Adoption: RCW 70.96A.020, 70.96A.040, 70.96A.080, 70.96A.090, 70.96A.180, 70.96A.300, 70.96A.310, 70.96A.320, and chapter 34.05 RCW.

Statute Being Implemented: See Statutory Authority for Adoption above.

Summary: New chapter 440-25 WAC takes and updates chapter 275-25 WAC language and adds new sections to bring the chapter into compliance with recent legislative changes to chapter 70.96A RCW and provides rules to support the division of alcohol and substance abuse Title XIX program changes.

Reasons Supporting Proposal: Adopts new WAC chapter under the appropriate title. Emergency adoption is necessary to support new Title XIX (Medicaid) program changes effective July 1, 1993.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Gary Reynolds, Division of Alcohol and Substance Abuse, 438-8229.

Name of Proponent: [Department of Social and Health Services], governmental.

Rule is necessary because of federal law, P.O. 102-234.

Explanation of Rule, its Purpose, and Anticipated Effects: Same as above.

Proposal Changes the Following Existing Rules: See above.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: OB-2 Auditorium, 14th and Franklin, Olympia, Washington, on July 6, 1993, at 10:00 a.m.

If you need sign language assistance, please contact the Office of Issuances by June 22, 1993. TDD #753-0699.

Submit Written Comments to: Troyce Warner, Chief, Office of Issuances, Mailstop 5805, Department of Social and Health Services, Olympia, 98504, FAX 664-0118 or SCAN 366-0118, by June 29, 1993.

Date of Intended Adoption: July 8, 1993.

May 12, 1993  
Rosemary Carr  
Acting Director  
Administrative Services

**Chapter 440-25 WAC  
ADMINISTRATION OF CHEMICAL DEPENDENCY  
SERVICES**

NEW SECTION

**WAC 440-25-005 Purpose.** Rules relating to planning, contracting, and provision of chemical dependency services through counties adopted under the authority and purposes of chapter 70.96A RCW, the comprehensive law on Treatment for Alcoholism, Intoxication and Drug Addiction.

NEW SECTION

**WAC 440-25-010 Definitions.** (1) "Act" means chapter 70.96A RCW as now and hereafter amended.

(2) "Chemical dependency" means alcoholism or drug addiction, or dependence on alcohol and one or more other psychoactive chemicals.

(3) "County" means each county or two or more counties acting jointly.

(4) "County alcoholism and other drug addiction program coordinator" means a person appointed by the county legislative authority as the chief executive officer responsible for carrying out the duties under chapter 70.96A RCW.

(5) "Department" means the department of social and health services.

(6) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator to perform the involuntary commitment duties under chapter 70.96A RCW.

(7) "Plan" means the document describing a coordinated continuum of prevention and treatment services a county submits to the department for review and approval under the act; or revision of an existing plan.

NEW SECTION

**WAC 440-25-020 County alcohol and other drug addiction program coordinator—Qualification standards.**

(1) The chief executive officer of the county alcoholism and other drug addiction program shall be the county alcoholism and other drug addiction program coordinator. A person appointed to the position of county alcohol and other drug addiction program coordinator shall possess the following minimum qualifications:

(a) Minimum B.A. degree in public administration, social sciences, human services, or a related field. Equivalent experience may be substituted for post-secondary education on a year-for-year basis;

(b) Minimum four years of professional level experience in the administration of social and/or human services programs;

(c) Demonstrated knowledge of chemical dependency; and

(d) Demonstrated knowledge of prevention strategies and treatment approaches used in combating chemical dependency.

(2) Each county shall maintain a current job description for the county alcohol and other drug addiction program coordinator on file.

(3) Grandparenting. The department shall consider a person appointed and employed as county alcohol and other drug addiction program coordinator before January 1, 1994, as having met all requirements listed under this chapter and qualified as the coordinator.

#### NEW SECTION

**WAC 440-25-030 County alcohol and other drug addiction program coordinator—Duties.** The county alcoholism and other drug addiction program coordinator shall:

(1) Provide general supervision over the county alcoholism and other drug addiction program;

(2) Prepare plans and applications for funds to support the alcoholism and other drug addiction program in consultation with the county alcoholism and other drug addiction board;

(3) Monitor the delivery of services to assure conformance with plans and contracts and, at the discretion of the board, but at least annually, report to the alcoholism and other drug addiction board the results of the monitoring;

(4) Provide staff support to the county alcoholism and other drug addiction board;

(5) Designate the county designated chemical dependency specialist to perform the commitment duties under RCW 70.96A.140;

(6) Keep record of who has been designated; and

(7) Advise the department, county courts, law enforcement agencies, hospitals, chemical dependency programs, and other local health care and service agencies in the county as to who has been designated to provide involuntary commitment duties.

#### NEW SECTION

**WAC 440-25-040 County-designated chemical dependency specialist—Duties.** (1) A person designated as a county-designated chemical dependency specialist shall meet the following minimum standards:

(a) Two years of full-time paid experience as a chemical dependency counselor and qualified as such under WAC 275-19-145, as now or hereafter amended;

(b) Demonstrated knowledge of the laws regarding the involuntary commitment of chemically dependent adolescents and adults;

(c) Demonstrated knowledge and skills in crisis response and chemical dependency intervention counseling for adolescents and adults;

(d) Demonstrated ability to assess the extent and severity of chemical dependency in adults and adolescents;

(e) Demonstrated knowledge and skills in differential assessment of the mentally ill and chemically addicted clients; and

(f) Demonstrated knowledge of the resources available for the emergency custody and treatment of civilly detained and committed adolescents and adults.

(2) Grandparenting. The department shall consider a person designated and employed as the county designated chemical dependency specialist before January 1, 1994, as having met all of the requirements listed under this chapter and qualified as a specialist.

#### NEW SECTION

**WAC 440-25-050 Plan development and submission.**

(1) Before July 1, in the odd year of each biennium, the department shall negotiate with and submit to counties the biennial strategic plan guidelines.

(2) In the odd year of each biennium, the department shall submit to counties by:

(a) July 1, needs assessment data; and

(b) December 1, updated needs assessment data.

(3) Before April 1, of the even year of each biennium, each county shall submit to the department a written strategic plan for chemical dependency prevention and treatment services. The county's strategic plan shall be in the form and manner prescribed by the department in the written guidelines. Each county's plan shall include:

(a) An evaluation of progress in meeting the work statement in the current contract;

(b) A prioritized description of service needs; and

(c) Such other information as the department may require in the written guidelines.

(4) Within sixty days of receipt of the county's written plan, the department shall acknowledge receipt, review the plan, and notify the county of any errors and omissions in meeting minimum plan requirements.

(5) Within thirty days after receipt, each county shall submit a response to the department's review when errors and omissions have been identified by the department.

(6) Before December 15 of the even year of each biennium, the department shall announce the amount of funds included in the department's biennial budget request to each county. The department shall announce the actual amount of funds appropriated and available to each county as soon as possible after final passage of the Biennial Appropriations Act.

(7) Each county shall submit to the department a tactical plan and contract proposal within sixty days of the announcement by the department of the actual amount of funds appropriated and available for the new biennium. The county shall submit the tactical plan and contract proposal in the form and manner prescribed by the department in written guidelines. Each county's proposal shall include:

(a) A listing of a planned, coordinated continuum of prevention and treatment program services, anticipated service volumes, and other activities undertaken during the period covered by the proposed contract;

(b) The methods for administering the various program components and services, including how subcontractors are selected, if any;

(c) The methods for assuring service quality control; and

(d) Such other information as the department may require in the written guidelines.

(8) The department shall review the county's tactical plan within thirty days of receipt and notify the county of any errors or omissions in meeting the tactical plan requirements.

(9) The department shall notify the county of final acceptance of the tactical plan upon receipt of any corrections or additions required by its initial review.

(10) The department may modify deadlines for submission of county plans, contract proposals and responses to reviews of plans and contract proposals when, in the department's judgment, the modification enables the county to improve the program or planning process.

(11) The department may authorize the county to:

- (a) Continue providing services according to the previous county plan and contract; and
- (b) Reimburse at the average level of the previous contract, in order to continue services until the department executes the new contract.

NEW SECTION

**WAC 440-25-060 Service priority.** The county strategic and tactical plans and subsequent contracted services for the provision of county chemical dependency prevention and treatment services shall give priority to populations according to department mandated priorities. The department shall advise the county of mandated priorities in plan guidelines.

NEW SECTION

**WAC 440-25-070 WAC Funding formula.** (1) For the purposes of this section, "county" means the legal subdivision of the state, regardless of any agreement between two counties.

(2) Of the state funds appropriated by the legislature for chemical dependency services, the department may allocate funds for state-wide services, special projects, and emergency needs. The department may not allocate more than nine percent of these funds for department administration.

(3) The department shall allocate the remainder of funds to the counties through funding formulas jointly developed with representatives of the counties, that carry out the intent of the federal and state legislated appropriations including any budget provisos.

(4) Of the funds allocated to the counties for chemical dependency prevention, treatment, and support services, the county may use not more than ten percent for county administration.

NEW SECTION

**WAC 440-25-080 Contracting.** (1) The department and each county shall negotiate and execute a county contract before the department provides reimbursement for services provided by the county, except as provided under WAC 440-25-050(11).

(2) The department shall not execute a county contract until the department receives the county's tactical plan and the department accepts the plan as described under WAC 440-25-050(9).

NEW SECTION

**WAC 440-25-090 Subcontracting.** (1) A county may subcontract with service providers for the performance of any of the services specified in the tactical plan and contract.

(2) In selecting a subcontractor, the county shall consider, at a minimum:

- (a) The quality of service delivery performance provided in the past by the provider;
- (b) The cost of services proposed by the provider;
- (c) The accessibility to the provider's services; and
- (d) The appropriateness of the services to be provided to the diversity of recipients.

(3) Each county's subcontract shall include:

- (a) A precise and definitive work statement including a description of the services provided;
- (b) Specific agreement by the subcontractor to abide by relevant laws and regulations;
- (c) Specific authority for the department and the state auditor to inspect all records and other material the department deems pertinent to the subcontract; and
- (d) Agreement by the subcontractor that such records will be made available for inspection;
- (e) Specific authority for the county and the department to make periodic inspection of the subcontractor's program or premises in order to evaluate performance under the contract between the department and the county; and
- (f) Specific agreement by the subcontractor to provide such program and fiscal data as the county and department may reasonably require.

(2) The department may withhold all or part of subsequent monthly disbursement to the county if the department receives evidence a county or subcontractor performing under the contract is:

- (a) Not in compliance with chapters 70.96A and 74.50 RCW, and chapters 275-19 and 388-40 WAC; or
- (b) Not in substantial compliance with the contract; or
- (c) Unable or unwilling to provide such records or data as the department may reasonably require. The department may withhold disbursements until such time as satisfactory evidence of corrective action is forthcoming. Such withholding or denial of funds shall be subject to appeal under the Administrative Procedure Act (chapter 34.05 RCW).

NEW SECTION

**WAC 440-25-100 Payments.** (1) A county and a subcontractor receiving state and federal funds shall comply with all applicable laws or regulations governing the department's approval of payment of funds for the programs.

(2) The department shall not pay a county for costs of treatment services provided by the county or other person or organization who or which was not licensed, certified, or approved as described under chapter 70.96A RCW.

(3) The department shall make payments to a county on the basis of vouchers submitted to the department for costs incurred under the contract. The department shall specify the form and content of the vouchers.

(4) The department may make advance payments to a county, where such payments would facilitate sound program management. The department shall withhold advance payments from a county failing to meet WAC 440-25-050 requirements until such requirements are met. Any county failing to meet WAC 440-25-050 requirements after advance payments have been made shall repay said advance payment within thirty days of notice by the department that the county is not in compliance.

(5) The department may withhold all or part of subsequent monthly disbursement to the county until such time as satisfactory evidence of corrective action is forthcoming when the department receives evidence a county or subcontractor performing under the contract is not:

- (a) In compliance with applicable state law or rule; or
- (b) In substantial compliance with the contract; or
- (c) Able or not willing to provide such records or data as the department may require. The department's withholding or denial of funds shall be subject to appeal under the Administrative Procedure Act (chapter 34.05 RCW).

(6) The department may impose to the county such fiscal and program reporting requirements as deemed necessary for effective program management.

(7) Failure to comply with any of these rules shall be cause for the department to refuse to provide the county and any subcontractors funds under the contract.

#### NEW SECTION

**WAC 440-25-110 Appeal procedure.** (1) The provider may appeal for a hearing according to appeal procedures established by the county governing body when making application to participate in a county program operated under authority of chapter 70.96A RCW, when the provider is dissatisfied with the disposition of its application.

(2) A county governing body or the county's designee shall review the appeal and notify the provider of its disposition within thirty days after the county receives the appeal.

(3) A county dissatisfied with the department's disposition of the county plan may request an administrative review.

(4) A county's request for administrative review shall:

- (a) Be in writing to the appropriate program office within the department;
- (b) Specify the date of the appealed decision;
- (c) Clearly specify the issue to be resolved by the review;
- (d) Be signed by, and include the address of, the county or the county's representative; and
- (e) Be made within thirty days of notification of the decision.

(5) The department shall provide a county an administrative review and redetermination within thirty days of the submission of the request for review, with written confirmation of the findings and the reasons for the findings forwarded to the county.

(6) A county dissatisfied with the finding of an administrative review may initiate proceedings under the Administrative Procedure Act (chapter 34.05 RCW).

#### NEW SECTION

**WAC 440-25-120 Exemptions.** (1) The department may grant an exemption to a specific rule in this chapter provided the department's assessment of the exemption request:

- (a) Ensures the exemption shall not undermine the legislative intent of chapter 70.96A RCW; and
- (b) Shows granting the exemption shall not adversely affect the quality of the services, supervision, health, and safety of department-served persons.

(2) The county coordinator shall retain a copy of each department-approved exemption.

**WSR 93-11-053  
PROPOSED RULES  
DEPARTMENT OF  
SOCIAL AND HEALTH SERVICES  
(Institutions)**

[Filed May 12, 1993, 2:50 p.m.]

Original Notice.

Title of Rule: WAC 275-25-010 Definitions; and 275-25-040 Appeal procedure. See Summary below for repeal of sections.

Purpose: Amends the definition "act" and corrects a reference citation. The remainder of this proposal is to repeal sections pertaining to alcoholism and substance abuse. The repealed sections are updated and placed into chapter 440-25 WAC.

Statutory Authority for Adoption: Chapters 70.96A and 34.05 RCW.

Statute Being Implemented: Chapters 70.96A and 34.05 RCW.

Summary: Repeals alcohol and drug abuse rules from chapter 275-25 WAC identified as WAC 275-25-300, 275-25-310, 275-25-330, 275-25-340, 275-25-810, and 275-25-840. Amends WAC 275-25-010 and 275-25-040.

Reasons Supporting Proposal: This proposed revision removes specific alcohol and drug abuse rules from the institutions chapter 275-25 WAC as described under Summary above.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Gary Reynolds, Division of Alcohol and Substance Abuse, 438-8229.

Name of Proponent: [Department of Social and Health Services], governmental.

Rule is necessary because of federal law, Public Law 102-234, Implications for DASA.

Explanation of Rule, its Purpose, and Anticipated Effects: Same as above.

Proposal Changes the Following Existing Rules: See above.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: OB-2 Auditorium, 14th and Franklin, Olympia, Washington, on July 6, 1993, at 10:00 a.m.

If you need sign language assistance, please contact the Office of Issuances by June 22, 1993. TDD #753-0699.

Submit Written Comments to: Troyce Warner, Chief, Office of Issuances, Mailstop 5805, Department of Social and Health Services, Olympia, 98504, FAX 664-0118 or SCAN 366-0118, by June 29, 1993.

Date of Intended Adoption: July 8, 1993.

May 12, 1993  
Rosemary Carr  
Acting Director  
Administrative Services

**Chapter 275-25 WAC  
COUNTY PLAN FOR MENTAL HEALTH, ((DRUG  
ABUSE,)) DEVELOPMENTAL DISABILITIES((  
ALCOHOLISM))**

AMENDATORY SECTION (Amending Order 3230, filed 8/9/91, effective 9/9/91)

**WAC 275-25-010 Definitions.** (1) All terms used in this chapter not defined herein shall have the same meaning as indicated in the act.

(2) "Act" means((:

~~(a) The Alcoholism Act (chapter 70.96 and 70.96A RCW) as now existing or hereafter amended; or~~

~~(b)) local funds for community services chapter 71.20 RCW, State services chapter 71A.12 RCW, and Local services chapter 71A.14 RCW as now existing or hereafter amended((; or~~

~~(c) Drug and alcohol rehabilitation, education programs—drug treatment centers (chapter 69.54 RCW) as now existing or hereafter amended)).~~

(3) "County" means each county or two or more counties acting jointly.

(4) "Department" means the department of social and health services.

(5) "Exemption" means the department's approval of a written request for an exception to a rule in this chapter.

(6) "Indian" shall mean any:

(a) Person enrolled in or eligible for enrollment in a recognized Indian tribe; any person determined to be or eligible to be found to be an Indian by the secretary of the interior; and any Eskimo, Aleut or other Alaskan native;

(b) Canadian Indian person who is a member of a treaty tribe, Metis community, or other nonstatus Indian community from Canada;

(c) Unenrolled Indian person considered an Indian by a federally or nonfederally recognized Indian tribe or by an urban Indian/Alaska community organization.

(7) "Plan" means the application a county submits to the secretary for review and approval under the act(s); or revision of an existing plan.

(8) "Population" means the most recent estimate of the aggregate number of persons located in the designated county as computed by the office of financial management.

(9) "Secretary" means the secretary of the department or such employee or such unit of the department as the secretary may designate.

AMENDATORY SECTION (Amending Order 1142, filed 8/12/76)

**WAC 275-25-040 Appeal procedure.** (1) Any agency making application to participate in a county program operated under authority of the act(s), which is dissatisfied with the disposition of its application, or the community board(s) as defined in the act(s) or the community social services board, which is dissatisfied with any aspect of the plan, may appeal for a hearing before the county governing body. The county governing body shall review the appeal and notify the agency or board of its disposition within thirty days after the appeal has been received.

(2) A county which is dissatisfied with the department's disposition of its plan may request an administrative review.

(3) All requests for administrative reviews shall:

(a) Be made in writing to the appropriate program office within the department;

(b) Specify the date of the decision being appealed;

(c) Specify clearly the issue to be resolved by the review;

(d) Be signed by, and include the address of the county or its representative;

(e) Be made within thirty days of notification of the decision which is being appealed.

(4) An administrative review and redetermination shall be provided by the department within thirty days of the submission of the request for review, with written confirmation of the findings and the reasons for the findings to be forwarded to the county as soon as possible.

(5) Any county dissatisfied with the finding of an administrative review or who chooses not to request an administrative review may initiate proceedings pursuant to the Administrative Procedure Act (chapter ((34.04)) 34.05 RCW).

REPEALER

The following sections of the Washington Administrative Code are repealed:

- 275-25-300 Alcoholism program—WAC section numbers.
- 275-25-310 Approved treatment facilities.
- 275-25-330 Service priority.
- 275-25-340 Funding formula—Alcoholism.
- 275-25-810 Drug abuse services.
- 275-25-840 Funding formulae.

**WSR 93-11-060  
PROPOSED RULES  
HORSE RACING COMMISSION**

[Filed May 13, 1993, 11:47 a.m.]

Original Notice.

Title of Rule: WAC 260-48-110 "Entry"—Wager on one is wager on all.

Purpose: In a wagering field when the common tie in an entry is the trainer, the entry is called a "soft" entry and with this change, the soft entry may now be uncoupled for betting purposes.

Statutory Authority for Adoption: RCW 67.16.040.

Summary: Enable racing secretary's to possibly fill a short field of entries by allowing an entry where the common tie is only in the trainer not the owner.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Bruce Batson, Olympia, Washington, (206) 459-6462.

Name of Proponent: Washington Horse Racing Commission, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: Will enable racing secretary's to fill potential short field of entries by allowing the entry of horses trained by the same trainer, but not the same owner to enter a race.

Proposal does not change existing rules.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

The enactment above is not anticipated to affect more than 20 percent of all industries nor more than 10 percent of any one industry as defined by section 2(3), chapter, Laws of 1982. Therefore, a small business economic statement has not been implemented.

Hearing Location: Playfair Race Course, Paddock Club, North Altamont and East Main, Spokane, Washington 99220-2625, on July 1, 1993, at 1:00 p.m.

Submit Written Comments to: Bruce Batson, Executive Secretary, Washington Horse Racing Commission, 3700 Martin Way, Suite 101, Olympia, WA 98506, by June 30, 1993.

Date of Intended Adoption: July 1, 1993.

May 12, 1993  
Bruce Batson  
Executive Secretary

**AMENDATORY SECTION** (Amending Rules of Racing [Order 81-05], filed 4/21/61 [7/10/81])

**WAC 260-48-110 "Entry"—Wager on one is wager on all.** When two or more horses run in a race, and are coupled because of common ties they are called an "entry" and a wager on one of them shall be a wager on all of them. In cases where the only common tie is that the horses are trained by the same trainer, the horses shall be uncoupled for wagering purposes. ~~((except in quinella or exacta races. At nonprofit or sixty forty meets, when the only common tie is that the horses are trained by the same trainer, the horses may be uncoupled for wagering purposes.))~~

Reviser's note: The bracketed material preceding the section above was supplied by the code reviser's office.

**WSR 93-11-061**  
**PROPOSED RULES**  
**DEPARTMENT OF ECOLOGY**  
[Filed May 13, 1993, 3:03 p.m.]

Continuance of WSR 93-06-050.

Title of Rule: WAC 173-19-4203 City of Olympia shoreline master program.

Purpose: To continue adoption date from May 18, 1993, to June 1, 1993.

Date of Intended Adoption: June 1, 1993.

May 10, 1993  
Mary Riveland  
Director

**WSR 93-11-067**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
(Public Assistance)  
[Filed May 14, 1993, 4:46 p.m.]

Original Notice.

Title of Rule: WAC 388-83-029 Medical extensions.

Purpose: Clarifies the original intent of the department.

Statutory Authority for Adoption: RCW 74.08.090.

Statute Being Implemented: RCW 74.08.090.

Summary: Clarifies technical language.

Reasons Supporting Proposal: Clarifies the original intent of the department and clarifies language.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Joanie Scotson, Medical Assistance Administration, 753-7462.

Name of Proponent: [Department of Social and Health Services], governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: Same as above.

Proposal Changes the Following Existing Rules: See above.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: OB-2 Auditorium, 14th and Franklin, Olympia, Washington, on June 22, 1993, at 10:00 a.m.

If you need sign language assistance, please contact the Office of Issuances by June 8, 1993. TDD #753-0699.

Submit Written Comments to: Troyce Warner, Chief, Office of Issuances, Mailstop 5805, Department of Social and Health Services, Olympia, 98504, FAX 664-0118 or SCAN 366-0118, by June 15, 1993.

Date of Intended Adoption: June 23, 1993.

May 14, 1993  
Dewey G. Brock  
for Rosemary Carr  
Acting Director  
Administrative Services

**AMENDATORY SECTION** (Amending Order 3488, filed 12/9/92, effective 1/9/93)

**WAC 388-83-029 Medical extensions.** (1) See WAC 388-83-031 for extensions for a pregnant woman.

(2) A family unit ineligible for AFDC or FIP cash assistance ~~((as a result, wholly or partly,))~~ because of the collection or increased collection of child or spousal support shall be eligible for medical assistance for four months beginning with the month of ineligibility provided the family unit:

(a) Is eligible for and received AFDC or FIP cash assistance in three or more of the six months immediately preceding the month of ineligibility; and

(b) Continues to meet all AFDC/FIP criteria except income.

(3) The department shall find eligible for medical assistance, an AFDC family unit which becomes ineligible for cash assistance because of:

(a) Income from, or hours of, employment of the caretaker relative; or

(b) The loss of the thirty dollars plus one-third earned income deduction; or

(c) The loss of the thirty dollar earned income deduction. Such AFDC family unit ~~((who becomes ineligible for cash assistance as))~~ described under subsections (3)(a), (b), or (c) of this section shall remain eligible for medical assistance for six calendar months when the family unit:

**WSR 93-11-069**  
**PROPOSED RULES**  
**DEPARTMENT OF LICENSING**  
 [Filed May 17, 1993, 1:59 p.m.]

(i) Received AFDC or FIP in three or more of the six months immediately preceding the month of ineligibility; and  
 (ii) Includes a child.

(4) Beginning with the month of ineligibility, a FIP family unit becoming ineligible solely because of hours of the caretaker relative's employment shall remain eligible for medical assistance for six calendar months when the family unit:

(a) Received FIP or AFDC in three or more of the six months immediately preceding the month of ineligibility; and  
 (b) Includes a child.

(5) The AFDC/FIP family unit, under subsections (3) or (4) of this section, shall be:

(a) Eligible for six additional calendar months of extended medical assistance provided the family unit:

(i) Continues to include a child; and  
 (ii) Received medical assistance for the entire six-month extension under subsections (3) or (4) of this section; and  
 (iii) Reports any family earnings and child care costs related to the employment of the caretaker relative for the preceding three-month period. The client shall report by the twenty-first day of the fourth month of the initial extension, unless good cause is established.

(b) Terminated from the six additional calendar months of extended medical assistance when the:

(i) Family's average gross monthly earned income, less the cost of the child care related to the employment of the caretaker relative, exceeds one hundred eighty-five percent of the Federal Poverty Level when averaged over the immediately preceding three-month period; or

(ii) Family fails to report (~~any~~) family (~~earnings~~) earned income and child care costs related to the employment of the caretaker relative for the immediately preceding three-month period by the twenty-first day of the first and fourth months of the additional extension period, unless good cause is established; or

(iii) Caretaker relative has no earnings in one or more of the previous three months, unless lack of earnings is due to good cause.

(6) A family unit suspended from FIP cash assistance because of increased earned income shall be eligible for extended medical assistance. This period of the family unit's eligibility shall not exceed twelve months as determined under WAC 388-77-737.

(7) An AFDC or FIP family member is not eligible for the extensions in subsections (3), (4), (5), or (6) of this section when the department finds the person ineligible for AFDC or FIP in any of the (~~last~~) six months before the extension because of fraud.

(8) The department shall determine a FIP client eligible for a four-month medical extension when the client is found ineligible for:

(a) FIP cash assistance because of hours of employment; and

(b) AFDC or FIP in the prior six months because of a fraud.

Original Notice.

Title of Rule: Chapter 308-96A WAC, Vehicle licenses. WAC 308-96A-005 Terminology; 308-96A-057 Purple Heart license plates; 308-96A-066 Personalized license plates—Denied or canceled; 308-96A-072 Square dancer license plates; 308-96A-295 Display of tabs; 308-96A-330 Application for organization disabled person parking placard; and 308-96A-560 Special vehicle license plates—Criteria.

Purpose: Amend criteria for specialized licensing qualifications and to recognize the addition of a special square dancer plate. Update instruction for display of license plate tabs. Establish conditions for denial or cancellation of personalized plates.

Statutory Authority for Adoption: RCW 46.01.110.

Statute Being Implemented: Chapter 46.16 RCW.

Summary: Amend criteria for vehicle licensing plating program.

Name of Agency Personnel Responsible for Drafting: Jack L. Lince, General Administration Building, 753-7379; Implementation: Deb McCurley, General Administration Building, 753-0265; and Enforcement: Nancy Kelly, General Administration Building, 753-6920.

Name of Proponent: Department of Licensing, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: The following new WACs are proposed for adoption, WAC 308-96A-066 establish criteria for denying and/or canceling personalized license plates and WAC 308-96A-072 establish criteria for issuance of special license plates depicting a square dancer.

Proposal Changes the Following Existing Rules: The following existing WACs are proposed for amendment, WAC 308-96A-005 adds definition of "motor truck" and "truck"; WAC 308-96A-057 adds woman's air forces service pilots to persons who qualify for the Purple Heart license plate and permits qualified surviving spouse to retain the plate; WAC 308-96A-295 amends the position for displaying license plate tabs on specific plates; WAC 308-96A-330 adds "boarding homes" to qualifying organizations which may receive disabled person parking placards; and WAC 308-96A-560 amends general qualifying criteria for issuing special license plate designs.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: General Administration Building, 1st Floor, Conference Room #1A, 210 11th Street S.W., Olympia, WA 98504, on June 24, 1993, at 9:30 a.m.

Submit Written Comments to: Nancy Kelly, Administrator, Title and Registration Services, P.O. Box 2957, Mailstop 8022, Olympia, WA 98507-2957, by June 23, 1993.

Date of Intended Adoption: June 30, 1993.

May 17, 1993  
 Nancy S. Kelly  
 Administrator

**AMENDATORY SECTION** (Amending WSR 92-15-025, filed 7/6/92, effective 8/6/92)

**WAC 308-96A-005 Terminology.** Terms used in chapter 46.16 RCW and this chapter shall have the following meanings except where otherwise defined, and unless where used the context thereof clearly indicate to the contrary:

(1) The terms "licensing" and "registering" are synonymous for a transaction in which either the vehicle's registration expiration or the gross weight license or both is updated on the department's records. A registration certificate and current validation tabs are issued to the applicant unless the vehicle has current tabs or a permanent registration certificate and validation tabs, such as permanent fleet, Disabled American Veteran, or government owned vehicles.

(2) The terms "tonnage," "gross weight license," "license based on gross weight," and "gross weight fees" are used interchangeably when referring to license fees that are collected annually from owners of motor trucks, truck tractors, road tractors, tractors, bus, auto stage, or for hire vehicles with seating capacity of more than six, based upon the declared combined gross weight or declared gross weight.

(3) "Capacity fee" is used to refer to the load license for stages and for-hire vehicles with seating capacity of six or less and for fixed load vehicles including circus and tow.

(4) The term "no bill" refers to the notice to renew a license which is mailed by the department to the registered owner in lieu of a prebill. The no bill requires additional information prior to the registration for the current year license.

(5) A "prebill" is the notice to renew a vehicle license which is mailed by the department to the registered owner.

(6) References to "current year" mean the current registration year unless otherwise stated.

(7) "Month of expiration" or "expiration month" is the calendar month during which a registration year ends.

(8) A "fleet" is a group of vehicles registered in the same owner name and which have been assigned the same fleet identifier code by the department.

(a) "Perm or permanent fleet" means a fleet of one hundred or more commercial vehicles licensed to one registered owner where each vehicle is issued nonexpiring tabs and registration.

(b) "Regular fleet" means a fleet licensed to one registered owner where each vehicle is issued year and month tabs.

(9) "License fee" means and is limited to the fees required for the act of licensing a vehicle as set forth in chapter 46.16 RCW. License fee excludes the fees required for special vehicle license plates authorized by chapter 46.16 RCW.

(10) "Ride sharing van" for purposes of RCW 82.08.0287, 82.12.0282, and 82.44.015 means a passenger vehicle with a seating capacity of no fewer than seven nor more than fifteen persons including the driver. The seating capacity may not be fewer than five persons including the driver when at least three passengers are confined to a wheelchair.

(11) "Day of expiration" is the day of the month that the registration, gross weight license, and tabs expire.

(12) "Motor truck" or "truck" means any motor vehicle designed or used for the transportation of properties which includes commodities, merchandise, produce, freight, or animals.

**AMENDATORY SECTION** (Amending WSR 91-15-006, filed 7/8/91, effective 8/8/91)

**WAC 308-96A-057 Purple Heart license plates.** Any military person that has been awarded a Purple Heart medal by any branch of the Armed Forces, including the Merchant Marines and the Women's Air Forces Service Pilots may be issued a set of special vehicle license plates indicating the recipient was wounded during one of this nations' wars or conflicts.

(1) Applicants for a special Purple Heart vehicle license plate shall satisfy the following conditions:

(a) Be a resident of the state of Washington;

(b) Have been wounded in combat;

(c) Been awarded a Purple Heart medal by any branch of the Armed Forces; and

(d) Be an owner, co-owner, lessee, or co-lessee of the vehicle to which the Purple Heart special license plate will be issued.

(2) Applications for the special license plates shall be upon forms provided by the department and sent to Specialized Licensing, Department of Licensing, (~~Highway Licenses Building~~) P.O. Box (~~9909~~) 9043, Olympia, Washington (~~98504-9909~~) 98507-9043. The application shall include:

(a) A photocopy of the applicant's form DD-214 or similar document issued by a branch of the Armed Forces which (~~awards a~~) awarded the Purple Heart medal to the applicant and the date of award;

(b) A photocopy of the current registration of the vehicle for which the special license plate is to be issued showing the applicants ownership status in the vehicle; and

(c) A replacement license plate fee then in effect. Veterans who qualify for free vehicle licensing may be issued the Purple Heart special license plate without paying the replacement plate fee.

(3) Purple Heart special license plates may be issued for display on any motor vehicle that is otherwise authorized to display a regular motor vehicle license plate, except the plates may not be issued for motorcycles. Purple Heart special license plates may not be displayed on nonmotor vehicles including campers and travel trailers.

(4) Purple Heart special license plates issued to any qualifying person may be retained by the surviving spouse of the demised qualifying person. The surviving spouse shall be afforded all rights and privileges of the qualified person so long as the surviving spouse:

(a) Was the legally recognized spouse of the qualifying person at the time of the demise of the qualifying person;

(b) Is a resident of the state of Washington;

(c) Is an owner, co-owner, lessee, or co-lessee of the vehicle to which the Purple Heart special license plate is issued or may be issued; or

(d) Doesn't become a legally recognized spouse to another person. If the surviving spouse becomes a legally recognized spouse to another person, the Purple Heart special license plate is invalid and must be removed from the vehicle and surrendered to the department.

NEW SECTION

**WAC 308-96A-066 Personalized license plates— Denied or canceled.** (1) An application for a personalized license plate may be denied, at the discretion of the department, when the department considers the combination of letters and numbers to be offensive to good taste or decency, which may be misleading; vulgar in nature, a racial ethnic, lifestyle or gender slur, related to illegal activities or substances, blasphemous, or contrary to the department's mission to promote highway safety.

(2) A personalized license plate may be canceled at the discretion of the department if after being issued the department determines the combination of letters and numbers to be offensive to good taste or decency by being profane, sexually suggestive, alcohol or drug related, racist, derogatory, or slanderous, or which could be misleading or a duplicate of license plates provided in chapter 46.16 RCW.

(a) When a personalized license plate is canceled, the vehicle owner will be refunded the amount of the fee paid pursuant to RCW 46.16.585 and 46.16.606 for such license plate; or

(b) Instead of a refund, the owner may apply for and be issued another configured personalized license plate without payment of an additional personalized license plate fee.

NEW SECTION

**WAC 308-96A-072 Square dancer license plates.** (1) Any Washington state resident is entitled to apply to the department and upon satisfactory showing, to receive in lieu of regular vehicle license plates, similar license plates bearing a symbol of a square dancer.

(2) Square dancer license plates may be issued as provided in RCW 46.16.010 for vehicles required to display two license plates. Vehicles licensed under the provisions of chapter 46.87 RCW are not eligible for square dancer license plates.

(3) A special license plate fee of thirty-five dollars, in addition to all other appropriate fees and taxes, will be collected for each original set of square dancer license plates issued.

(4) A special dancer license plate may be transferred as provided in RCW 46.16.590 to another eligible vehicle owned by the same registered owner.

(5) Replacement square dancer license plates may be obtained as provided in RCW 46.16.270. Replacement license plates shall be the next available license number plates in the square dancer plate series.

AMENDATORY SECTION (Amending Order TL/RG 24, filed 5/5/86)

**WAC 308-96A-295 Display of tabs.** The department shall issue license plate~~(s)~~ tabs, or emblems to identify the month and year of the vehicle registration expiration ~~((and the month of expiration))~~. They may be displayed as soon as they are purchased. ~~((They must be displayed from the day of the expiration of the preceding))~~ Tabs or emblems must be displayed starting with the first day of the current registration year. If tabs are issued, they shall be displayed on the front and rear license plates as indicated on the tab in the following manner:

(1) Motorcycle ~~((and camper))~~ plates shall display the year tab in the upper right corner and the month tab ~~((directly below the year tab))~~ lengthwise down the right side of the plate between the plate number and the outer frame of the plate.

(2) Plates with the state identification at the bottom of the plate shall have the month tab displayed in the lower left corner and the year tab in the lower right corner.

(3) Plates with the state identification at the top left of the plate shall have the month tab displayed immediately following the final "N" in Washington. The year tab shall be displayed to the immediate right of the month tab in the upper right corner.

(4) Plates with the state identification at the top center of the plate shall have the month tab displayed to the left of the "W" and the year tab displayed to the right of the final "N" in Washington.

AMENDATORY SECTION (Amending WSR 92-03-076, filed 1/14/92, effective 2/14/92)

**WAC 308-96A-330 Application~~((eligibility—Public transportation authorities, nursing homes, senior citizen centers, and private nonprofit agencies—))~~ for organization disabled person parking placards.** Application for public transportation authority, nursing homes, senior citizen centers, boarding homes, and private nonprofit agencies for disabled person special parking placards shall be made on forms provided by the department and signed by an appropriate official of the organization. The applicant shall certify that the organization satisfies the eligibility requirements for special disabled person parking placards provided in RCW 46.16.381 and chapter 308-96A WAC.

AMENDATORY SECTION (Amending WSR 91-03-091, filed 1/18/91, effective 2/18/91)

**WAC 308-96A-560 Special vehicle license plates— Criteria.** The department may approve applications for special vehicle license plates under RCW 46.16.301 after determining that all of the following criteria is satisfied:

(a) It is reasonable to expect a minimum of one thousand special license plates in the approved configuration will be purchased by vehicle owners satisfying the qualifications set forth in the approved application.

(b) The applicant organization is a local chapter or equivalent of a nationally recognized organization.

(c) The special license plate is designed so that it can be readily recognized by law enforcement personnel as an official Washington state issued license plate ~~((designating the applicant organization))~~.

(d) Qualifications for the special license plate do not discriminate between age, sex, religion, or national origin. Qualifications may not include being a member of the applicant organization ~~((provided the organization's membership qualifications are not discriminatory))~~. Plates that identify members of professions that are related to public safety, health, and/or welfare may require proof of professional standing.

(e) The special license plate lettering and color scheme is compatible with the basic license plate design. The plates shall consist of numbers ~~((or))~~, letters, or figures or any combination thereof not exceeding seven positions that do

not conflict with existing license plates. The plate design must provide at least four positions to accommodate serial numbering. The plate may not advertise a product or service. A license plate shall not be approved that may carry connotations offensive to good taste or decency ((~~or~~)) which may be misleading, vulgar in nature, a racial, ethnic lifestyle or gender slur, related to illegal activities or substances, blasphemous, contrary to the department's mission to promote highway safety, or a duplicate of license plates provided in chapter 46.16 RCW.

(f) The applicant organization is recognized as a nonprofit entity by Washington state law and the Internal Revenue Service.

(g) The special license plate has state-wide appeal and is not limited to a particular geographic area.

(h) The applicant organization will not use the special license plate to raise funds or as a qualification to gaining or retaining membership in an organization.

~~((i) The applicant organization is formed to recognize extraordinary contribution, sacrifice, or merit displayed by individual members in the protection of the health and safety of the citizens of the United States and the state of Washington. Organizations comprised of regular law enforcement, fire fighter/suppression, medical, religious order or similar members are deemed to not satisfy this qualification.))~~

**WSR 93-11-072**  
**PROPOSED RULES**  
**MARITIME COMMISSION**  
 [Filed May 17, 1993, 4:00 p.m.]

Original Notice.

Title of Rule: Amended definitions and vessel assessment schedules.

Purpose: To set rates for all ferry routes transiting Washington waters and to set rates for those vessels entering the Columbia River not otherwise covered by approved oil spill contingency planning.

Statutory Authority for Adoption: RCW 88.44.010(5), 88.44.100, and 34.05.380.

Statute Being Implemented: Chapter 88.44 RCW.

Summary: WAC 318-04-020 Definitions; 318-04-030 Assessments; and 318-04-050 How assessed, are being amended to eliminate superfluous material and to provide assessment rates and methods for assessment of all ferries transiting Washington waters and otherwise uncovered vessels entering the Columbia River.

Reasons Supporting Proposal: To provide contingency planning and oil spill first response for those vessels.

Name of Agency Personnel Responsible for Drafting: Richard W. Buchanan, Rules Coordinator, Seattle, Washington, (206) 623-4990; Implementation: Washington State Maritime Commission (WSMC), Seattle, Washington, (206) 448-7557; and Enforcement: G. H. (Geir) Sylte, Treasurer, Washington State Maritime Commission, Seattle, Washington, (206) 448-7557 or (206) 622-1626.

Name of Proponent: Washington State Maritime Commission, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: All nonexempt vessels entering Washington waters on and after July 1, 1993, are required to have an approved contingency plan on file. These amendatory rules will extend Washington State Maritime Commission (WSMC) planning to all vessels engaged in ferry routes transiting Washington waters, including the Washington state ferry system and to those vessels transiting the Columbia River. The WSMC found it uneconomic to develop a duplicate contingency plan covering the lower Columbia and elected to adopt the Maritime Fire and Safety Association (MFSA) contingency plan as the WSMC's contingency plan for the lower Columbia River in December 1992. Vessels normally enroll in the MFSA contingency plan by agreement with MFSA, giving those vessels access to the oil spill first response system developed by MFSA. Under Washington law, chapter 88.44 RCW, vessels which have not enrolled with an approved association or which do not have their own preapproved contingency plans are required to be automatically covered by the WSMC's contingency plan and response system. The fee assessment established by the proposed rule for vessels not doing their own contingency planning or voluntarily enrolling in an approved association's plan in Oregon, is necessary to fund the increased administration and response system costs required to cover through the WSMC, those few vessels not meeting the requirements of Oregon law to have their own preapproved contingency plan or to enroll directly with an approved association.

Proposal Changes the Following Existing Rules: The change in WAC 318-04-030(F) will, for the first time, make the assessment schedule applicable to all passenger vessels engaged as ferry boats and not just to those engaged as ferries on international runs. The other rules are new and do not affect changes.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

The adoption of the change in WAC 318-04-030 will reduce the current assessment on passenger vessels engaged as ferry boats on international runs and create a uniform \$75 per day assessment for each ferry route transiting Washington waters. The rule applicable to all vessels transiting the Columbia River, not otherwise covered by an approved contingency plan, should have little or no economic impact on the maritime industry. Such vessels can escape all Washington State Maritime Commission assessments if they file their own contingency plan or have voluntarily enrolled in a group plan prepared by an association authorized under Oregon law and duly filed in Oregon and Washington. It is anticipated that almost all such vessels will elect to avoid the impact of this WSMC rule by providing their own preapproved contingency planning or enrolling directly under an approved association plan in compliance with Oregon law.

Hearing Location: Conference Room, Bank of California Building, Fifth Avenue Level, 900 Fourth Avenue, Seattle, WA 98164, on July 1, 1993, at 9:10 a.m.

Submit Written Comments to: Richard W. Buchanan, Rules Coordinator, c/o LeGros Buchanan and Paul, 2500 Columbia Center, 701 5th Avenue, Seattle, WA 98104-7051, by June 16, 1993.

Date of Intended Adoption: July 1, 1993.

May 17, 1993  
Richard W. Buchanan  
Rules Coordinator

AMENDATORY SECTION (Amending WSR 92-23-007, filed 11/5/92)

**WAC 318-04-020 Definitions** Unless the context clearly requires otherwise, the definitions in this section apply throughout these rules.

"Tanker Barge" is a vessel as defined by R.C.W. 88.44.010(15) which is not self-propelled and is designed, constructed or adapted primarily to carry, or carries oil, as defined by R.C.W. 88.44.010(6), in bulk as cargo or cargo residue.

"Tanker Vessel" - is a vessel as defined by R.C.W. 88.44.010(15) which is self-propelled and designed, constructed or adapted primarily to carry or carries oil, as defined by R.C.W. 88.44.010(6), in bulk as cargo or cargo residue.

"Small Tanker Vessel" - is a vessel as defined by R.C.W. 88.44.010(15), of 300 gross registered tons or less, whether self-propelled or not, and designed, constructed or adapted primarily to carry or carries oil, as defined by R.C.W. 88.44.010(6), in bulk as cargo or cargo residue, which voluntarily pays assessments under WAC 318-04-030 and submits to the provisions of R.C.W. Chapter 88.44.

~~"Dry Cargo Barge" is a vessel as defined by R.C.W. 88.44.010(15) which is not self-propelled, but because it is not designed, constructed or adapted primarily to carry oil, is not a tanker barge. To be subject to assessment, the dry cargo barge must be carrying oil solely to fuel barge machinery or mobile equipment carried as cargo.~~

"Ferry Route" is a marine route used to transport goods or passengers by vessel across Puget Sound, a river, strait, or other narrow body of water at regular, published intervals.

"Non-tanker Vessel" is a vessel as defined by R.C.W. 88.44.010(15) which is neither a tanker barge, a tanker vessel, nor a dry cargo barge.

"Maximum Capacity" is the volume of oil, as defined by R.C.W. 88.44.010(6) that a tanker barge or tanker vessel is capable of carrying when fully loaded as designed, constructed or adapted.

"Passenger Vessel" is a self-propelled ship of three-hundred or more gross tons with a fuel capacity of at least six-thousand gallons carrying passengers for compensation.

**Reviser's note:** The typographical error in the above section occurred in the copy filed by the agency and appears in the Register pursuant to the requirements of RCW 34.08.040.

AMENDATORY SECTION (Amending WSR 92-23-007, filed 11/5/92)

**WAC 318-04-030 Assessments** Effective September 12, 1991 or upon approval by the Office of Marine Safety, whichever is later (except as provided below in this subsection), there is hereby levied by the Washington State Maritime Commission upon all non-exempt vessels, as defined by R.C.W. 88.44.010(15) and WAC 318-04-020, which transit upon the waters of this state and upon small tanker vessels, or the owners or operators thereof, an assessment in the following amounts:

(A) On Tanker Barges whose maximum capacity is:

	<u>Rate</u>
(1) 0 to 28,999 bbls	\$ 74.97
(2) 29,000 to 44,999 bbls	\$ 86.00
(3) 45,000 to 59,999 bbls	\$ 106.94
(4) 60,000 to 79,999 bbls	\$ 134.51
(5) 80,000 and over	\$ 167.58

(B) On Tanker Vessels Carrying Oil as Cargo

	<u>Rate</u>
(1) 0 to 300 Gross Registered Tons - On Small Tanker Vessels	\$ 27.56
(2) 301 to 9,999 Gross Reg. Tons	\$ 1,786.05
(3) 10,000 Gross Reg. Tons and Over	\$ 3,572.10

(C) On Tanker Vessels When Not Carrying Oil as Cargo, but While Carrying Other Liquid or Semi-liquid Cargoes

	<u>Rate</u>
(1) 301 - 500 Gross Reg. Tons	\$ 80.48
(2) 501 - 1,000 Gross Reg. Tons	\$ 106.94
(3) 1,001 - 4,999 Gross Reg. Tons	\$ 134.51
(4) 5,000 Gross Reg. Tons and over	\$ 178.61

~~(D) On Dry Cargo Barges (not Tanker Barges)~~

<u>Rate</u>
\$ 73.00

~~(E) (D) On Non-tanker Vessels Carrying Oil as Fuel for Propulsion Machinery~~

	<u>Rate</u>
(1) 301 - 500 Gross Reg. Tons	\$ 80.48
(2) 501 - 1,000 Gross Reg. Tons	\$ 106.94
(3) 1,001 - 4,999 Gross Reg. Tons	\$ 134.51
(4) 5,000 Gross Reg. Tons and over	\$ 178.61

(These rates set forth above reflect the 5% increase effective January 1, 1993 authorized by WAC 318-04-090)

~~(F) (E) On Passenger Vessels Engaged as International Ferry Boats Subsequent to Date of Filing of this Rule Making Order With the Code Reviser's Office ferry routes traversing Washington waters subsequent to date of filing of the applicable Rule Making Order with the Code Reviser's Office.~~

<u>Rate</u>
\$75.00
<u>Per Day</u>

(F) Columbia River (ADDITION)

~~The assessment levied on all vessels, or the owners or operators thereof, which transit upon the portion of the Columbia River that runs between the states of Washington and Oregon, shall be effective on and after January 1, 1993. (DELETION)~~

Rate

(1) All vessels, which prior to entry into the waters of the State of Washington off the mouth of the Columbia River or of the river itself, have executed an individual enrollment agreement or a blanket enrollment agreement promulgated by an association approved by the State of Oregon. \$ -0-

(2) Any vessel of over 300 gross tons which prior to entry into waters delineated in paragraph (1) above have not executed an individual enrollment agreement, a blanket enrollment agreement promulgated by an association approved by the State of Oregon or which has not previously filed an oil spill contingency plan with, and had it approved by, both the Department of Environmental Quality of the State of Oregon and the Office of Marine Safety of the State of Washington. Five times applicable rate in paragraphs (A) through (E) above, but with a minimum of \$3,000.00

Reviser's note: The typographical error in the above section occurred in the copy filed by the agency and appears in the Register pursuant to the requirements of RCW 34.08.040.

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

**AMENDATORY SECTION** (Amending WSR 91-02-004 [91-02-005], filed 12/21/90)

**WAC 318-04-050 How assessed** Vessels arriving in Washington waters will be assessed each time they enter the state's waters. International, intra-state and interstate ferry routes will be assessed for each day that a separate route is in operation. Tanker vessels and tanker barges home ported in Washington and transiting the waters of the state, but not arriving and departing frequently, shall be assessed each time they discharge or take on a cargo of oil in Washington waters, but there shall be no more than one assessment per day (24-hour period commencing at 12:01 a.m.).

Reviser's note: The bracketed material preceding the section above was supplied by the code reviser's office.

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

**WSR 93-11-073**  
**WITHDRAWAL OF PROPOSED RULES**  
**DEPARTMENT OF HEALTH**  
(Board of Medical Examiners)  
(By the Code Reviser's Office)  
[Filed May 18, 1993, 8:05 a.m.]

WAC 246-917-990, proposed by the Department of Health, Board of Medical Examiners, in WSR 92-22-035, appearing in issue 92-22 of the State Register, which was distributed on November 18, 1992, is withdrawn by the code reviser's office under RCW 34.05.335(3), since the proposal was not adopted within the one hundred eighty day period allowed by the statute.

Kerry S. Radcliff, Editor  
Washington State Register

**WSR 93-11-074**  
**WITHDRAWAL OF PROPOSED RULES**  
**DEPARTMENT OF ECOLOGY**  
(By the Code Reviser's Office)  
[Filed May 18, 1993, 8:06 a.m.]

WAC 173-19-410, proposed by the Department of Ecology in WSR 92-22-103, appearing in issue 92-22 of the State Register, which was distributed on November 18, 1992, is withdrawn by the code reviser's office under RCW 34.05.335(3), since the proposal was not adopted within the one hundred eighty day period allowed by the statute.

Kerry S. Radcliff, Editor  
Washington State Register

**WSR 93-11-075**  
**WITHDRAWAL OF PROPOSED RULES**  
**STATE BOARD OF HEALTH**  
(By the Code Reviser's Office)  
[Filed May 18, 1993, 8:07 a.m.]

WAC 246-201-005, 246-203-005, 246-205-005, 246-215-005, 246-217-005, 246-260-005, 246-262-005, 246-264-005, 246-282-005, 246-360-005, 246-374-005, 246-376-005, 246-378-005, 246-420-005, 246-491-005, 246-520-005, 246-610-005, 246-650-005, 246-680-005, 246-760-005, and 246-762-005, proposed by the State Board of Health in WSR 92-22-109, appearing in issue 92-22 of the State Register, which was distributed on November 18, 1992, is withdrawn by the code reviser's office under RCW 34.05.335(3), since the proposal was not adopted within the one hundred eighty day period allowed by the statute.

Kerry S. Radcliff, Editor  
Washington State Register

**WSR 93-11-076**  
**PROPOSED RULES**  
**DEPARTMENT OF LICENSING**  
[Filed May 18, 1993, 1:35 p.m.]

Original Notice.

Title of Rule: Chapter 308-93 WAC, Vessel registration and certificate of title. WAC 308-93-050 Vessels exempt

from registration, excise tax and titling; WAC 308-93-070 Application for title/registration; WAC 308-93-174 County auditors and subagents—Disposition of application fees; and WAC 308-93-460 Releasing interest.

Purpose: Adopt administrative amendments. Formalize distribution of fees to auditors and subagents. Recognize marine documents for release of interest.

Statutory Authority for Adoption: RCW 88.02.070 and 88.02.100.

Statute Being Implemented: Chapter 88.02 RCW.

Summary: Amend criteria for vessel licensing program.

Name of Agency Personnel Responsible for Drafting: Jack Lince, General Administration Building, 753-7379; Implementation: Phyllis Jolliff, General Administration Building, 753-7374; and Enforcement: Nancy Kelly, General Administration Building, 753-6920.

Name of Proponent: Department of Licensing, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: The following new WAC is proposed for adoption, WAC 308-93-174, establishing fees for processing vessel applications and for distribution of fees collected to county auditors and subagents.

Proposal Changes the Following Existing Rules: The following existing WACs are proposed for amendment, WAC 308-93-050, repeals language contained in RCW. Establishing a sixty day waiting period before this state is declared a principal state of operation; WAC 308-93-070, amends general qualifying criteria for making application for vessel title/registrations; and WAC 308-93-460, amends general qualifying criteria. Provides for the acceptance of a valid marine document for release of interest.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: General Administration Building, 1st Floor Conference Room #1A, 210 11th Street S.W., Olympia, WA 98504, on June 24, 1993, at 9:30 a.m.

Submit Written Comments to: Nancy Kelly, Administrator, Title and Registration Services, P.O. Box 2957, Mailstop 8022, Olympia, WA 98507-2957, by June 23, 1993.

Date of Intended Adoption: June 30, 1993.

May 18, 1993  
Nancy S. Kelly  
Administrator

**AMENDATORY SECTION** (Amending WSR 92-03-075, filed 1/14/92, effective 2/14/92)

**WAC 308-93-050 Vessels exempt from registration, excise tax and titling.** The following vessels are exempt from registration, titling, and the assessment of excise tax:

(1) ~~((Military or public vessels of the United States, except recreational type public))~~ Vessels exempt from registration under RCW 88.02.030;

(2) ~~((Vessels owned by a state or subdivision thereof, used principally for governmental purposes and clearly identifiable as such;~~

(3) ~~Vessels either:~~

~~(a) Registered or numbered under the laws of a country other than the United States; or~~

~~(b) Having a valid United States customs service cruising license issued pursuant to 19 C.F.R. Sec. 4.94;~~

~~(4)) Vessels that have been issued a valid number under federal law or by an approved issuing authority of the state of principal operation, unless the vessel is physically located in this state for a period of more than sixty days in any twelve-month period. ((However,)) A vessel that is validly registered in another state but ((that)) is removed to this state for principal use is subject to titling, registration ((under this chapter. The issuing authority for this state shall recognize the validity of the numbers previously issued for a period of sixty days after arrival in this state)) and assessment of excise taxes, unless otherwise exempt;~~

~~((5) Vessels owned by a resident of another state if the vessel is located upon the waters of this state exclusively for repairs or reconstruction, or any testing related to the repair or reconstruction conducted in this state if an employee of the repair facility is on board the vessel during any testing; provided, that if any vessel owned by a resident of another state is located upon the waters of this state exclusively for repairs, reconstruction, or testing for a period longer than sixty days, that the nonresident shall file an affidavit with the department of revenue verifying the vessel is located upon the waters of this state for repair, reconstruction, or testing and shall continue to file such affidavit every sixty days thereafter while the vessel is located upon the waters of this state exclusively for repairs, reconstruction, or testing;~~

~~(6) All vessels under sixteen feet in overall length which have no propulsion machinery of any type or which are not used on waters subject to the jurisdiction of the United States or on the high seas beyond the territorial seas for vessels owned in the United States and are powered by propulsion machinery of ten or less horsepower;~~

~~(7) Vessels equipped with propulsion machinery of less than ten horsepower that:~~

~~(a) Are owned by the owner of a vessel for which a valid vessel number has been issued;~~

~~(b) Display the number of that numbered vessel followed by the suffix "1" in the manner prescribed by the department; and~~

~~(c) Are used as a tender for direct transportation between that vessel and the shore and for no other purpose;~~

~~(8) Vessels with no propulsion machinery of any type for which the primary mode of propulsion is human power;~~

~~(9) Vessels which are temporarily in this state undergoing repair or alteration;~~

~~(10)) (3) Vessels primarily engaged in commerce which have or are required to have a valid marine document as a vessel of the United States, including but not limited to:~~

~~(a) Commercial fishing vessels;~~

~~(b) Barges;~~

~~(c) Charter vessels, including, bare boat and time share charters.~~

~~((11) Vessels primarily engaged in commerce which are owned by a resident of a country other than the United States;~~

~~(12) A vessel not using the waters of this state;~~

~~(13) Commercial vessels which display decals issued annually by the department of revenue.))~~

AMENDATORY SECTION (Amending WSR 92-24-035, filed 11/25/92, effective 12/26/92)

**WAC 308-93-070 Application for title/registration.**

(1) An application for certificate of title or registration of a vessel shall be completed and shall include:

(a) The names, addresses and ~~((ZIP codes of))~~ the department assigned identification number for all owners of the vessel being registered including ~~((s))~~ lessee and lessor if applicable.

(b) Make, model year and length of vessel.

(c) Type of power (gasoline, diesel, propane, other, etc.).

(d) Primary use.

(e) Primary method of propulsion (inboard, outboard, inboard/outboard, jet, sail, other, etc.).

(f) Type of vessel (open, cabin, house, or other).

(g) Primary vessel construction (fiberglass, wood, aluminum, etc.).

(h) County of moorage.

(i) United States Coast Guard issued number, if any.

(j) Purchase price and purchase year of vessel or declared value and year of declaration. Purchase price includes the price purchaser paid for the vessel, vessel motor, or engine, and all other equipment and accessories, ~~((but does not include a))~~ excluding boat trailers, purchased in a single transaction.

(k) Hull identification number.

(l) ~~((The))~~ Vessel registration numbers previously issued by ~~((an))~~ any issuing authority ~~((for the vessel))~~, if any.

(m) That the application is for a new number, renewal or transfer of ownership.

(n) State in which vessel is or will be principally used.

(o) ~~((Federal))~~ United State Coast Guard document number, if applicable.

(2) Name and address of ~~((the legal owner))~~ all persons perfecting a security interest (legal owner), except for United States Coast Guard documented vessels, or a certified statement ((of fact)) by the registered owner that the vessel is free of all liens ~~((other than those shown on the application)).~~

(3) In the event a vessel is homemade, the registered owner must complete and sign a declaration of value form. ~~((The signature of the registered owner of a homemade vessel must be notarized by a notary public.))~~

(4) The names of all owners will appear on the application for registration and title. The application must be signed by all registered owner(s) applicants. Signature must be notarized or certified by an authorized license agent.

(5) The application for certificate of title or registration shall be accompanied by the following where applicable:

(a) A copy of the bill of sale or sales agreement.

~~((Vessel data form.~~

~~((e))~~ Declaration of value form.

~~((d))~~ (c) All proper fees and excise tax.

~~((e))~~ (d) Previous ownership document properly released.

~~((f))~~ (e) Excise exemption affidavit.

~~((g))~~ (f) Proof of sales tax paid.

~~((h))~~ (g) Manufacturer's statement of origin or original factory invoice.

~~((i))~~ (h) Copy of carpenter certificate.

~~((j))~~ (i) Release of interest form.

~~((k))~~ (j) Other verification of ownership.

~~((l))~~ (k) Copy of certificate of ownership of vessel issued by United States Coast Guard.

(6) An application made for a vessel to be leased or rented without propulsion machinery will indicate "other" for type of power in subsection (1)(c) of this section and for primary method of propulsion in subsection (1)(e) of this section.

NEW SECTION

**WAC 308-93-174 County auditors and subagents—Disposition of application fees.** (1) At any time any application is made to the director, the county auditor, or a subagent pursuant to any law dealing with licenses, registration, or the right to operate any vessel on the waterways of this state, the applicant shall pay to the director, auditor, or subagent a fee as provided in RCW 46.01.140 (4)(a).

(2) Applicants for certificates of ownership of a vessel shall pay to the director, county auditor, or subagent a fee as provided in RCW 46.01.140 (4)(c).

(3) The fees under subsections (1) and (2) of this section, if paid to the county auditor or the subagent of the county auditor, shall be paid to the county treasurer as provided in RCW 46.01.140 (4)(d).

(4) A subagent shall collect a service fee as provided in RCW 46.01.140(5).

AMENDATORY SECTION (Amending Order 736-DOL, filed 11/18/83)

**WAC 308-93-460 Releasing interest.** (1) ~~((In order for a))~~ Any person ((to release his/her)) releasing legal or registered owner interest in a vessel ((as registered or legal owner, his/her signature is required)) shall sign the release of interest provided on the certificate of ((title)) ownership issued by the department or a previous jurisdiction, ((unless authorized supportive documentation is used in lieu of that signature or in lieu of the certificate issued)) or a release of interest document approved by the department.

(2) ~~((If the))~~ Signatures ((are not)) releasing owner interest on approved documents other than the certificate of ((title, all signatures)) ownership must be certified in accordance with WAC 308-93-470.

(3) ~~((If more than one person is shown on the certificate of title issued by the department as registered or legal owner, the signature of each registered and legal owner is required no matter what the form of ownership unless authorized supportive documents are used in lieu of one or more signatures.~~

~~((4))~~ A release of interest is not required from one identified as a lessee.

(4) A valid marine document, issued by the United State Coast Guard, Documentation Office is acceptable in lieu of release of interest signatures on the certificate of ownership.

(5) When a vessel is removed from being marine documented, a copy of the removal letter from the United States Coast Guard, Documentation Office or a certified copy of the document abstract from the United States Coast Guard, Documentation Office showing removal from being documented and a release of interest document, approved by the department, with notarized signatures of the former

owners is acceptable evidence for release of interest by the former owners.

**WSR 93-11-081**  
**PROPOSED RULES**  
**DEPARTMENT OF REVENUE**  
 [Filed May 19, 1993, 8:42 a.m.]

Original Notice.

Title of Rule: WAC 458-40-634 Timber excise tax—Taxable stumpage value—Small harvester option.

Purpose: The proposed amendments are for the purpose of clarifying the rule and changing the optional deduction for harvesting and marketing costs for small harvesters from fifty percent to thirty-five percent.

Statutory Authority for Adoption: RCW 84.33.096.

Statute Being Implemented: RCW 84.33.074.

Summary: These proposed amendments make the rule conform to the statute, clarify one of the allowable deductible costs when calculating stumpage value and amends the optional percentage deduction from 50% to 35%.

Reasons Supporting Proposal: Brings the optional percentage deduction in line with current cost factors and clarifies the rule.

Name of Agency Personnel Responsible for Drafting: James A. Winterstein, 711 Capitol Way, #205, Olympia, WA, (206) 586-4283; Implementation: Les Jaster, 711 Capitol Way, #205, Olympia, WA, (206) 586-7150; and Enforcement: Gary O'Neil, Target Place, 2735 Harrison Avenue, Olympia, WA.

Name of Proponent: Department of Revenue, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: These proposed amendments are for the purpose of clarifying the rule and changing the optional deduction for harvesting and marketing costs for small harvesters from fifty percent to thirty-five percent.

Proposal does not change existing rules.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

The Department of Revenue has reviewed administrative provisions contained in this rule in order to lessen the economic impact on small businesses.

A small business economic impact statement is not required for the following reason(s): The amendment creates no additional economic administrative burden on any taxpayer. Stumpage value has increased from \$139/mbf in 1986 to \$449/mbf in 1993 while harvesting and marketing costs remained stable at an average of \$125 to \$150/mbf. The 35% deduction allowance more closely reflects the costs of harvesting and marketing costs. We arrived at the 35% figure through small harvester assistance in our field offices and collection of small harvester tax returns from all over the state. There is no additional burden on small harvesters as the option of using documented costs remains intact.

Hearing Location: Evergreen Plaza Building, 2nd Floor Conference Room, 711 Capitol Way South, Olympia, WA, on June 24, 1993, at 9:30 a.m.

Submit Written Comments to: James A. Winterstein, Counsel, Department of Revenue, Legislation and Policy, P.O. Box 47458, Olympia, WA 98504, FAX (206) 664-0972, by June 24, 1993.

Date of Intended Adoption: July 1, 1993.

May 18, 1993  
 Gary K. O'Neil  
 Assistant Director

AMENDATORY SECTION (Amending Order 86-4, filed 12/31/86)

**WAC 458-40-634 Timber excise tax—Taxable stumpage value—Small harvester option.** A small harvester is ~~((any))~~ a harvester who harvests timber from privately owned, publicly owned, or reclassified forest land in an amount ~~((of less than))~~ not exceeding five hundred thousand board feet in a calendar quarter and not ~~((more than))~~ exceeding one million board feet in a calendar year. Small harvesters may elect to calculate the excise tax in the manner provided by RCW 84.33.073 and 84.33.074. The taxable stumpage value shall be determined by one of the following methods as appropriate:

(1) Sale of logs. Timber which has been severed from the stump, bucked into various lengths and sold in the form of logs shall have a taxable stumpage value equal to the actual gross receipts for the logs, less any costs associated with harvesting and marketing the timber. Harvesting and marketing costs shall include only those costs directly and exclusively associated with harvesting the timber from the land and delivering it to the buyer, and may include the costs of slash disposal required to abate extreme fire hazard. Harvesting and marketing costs shall not include the costs of reforestation, permanent road construction, or any other costs not directly and exclusively associated with the harvesting and marketing of the timber. The actual harvesting and marketing costs must be used in all instances where documented records are available. When the taxpayer is unable to provide documented proof of such costs, the deduction for harvesting and marketing costs shall be ~~((fifty))~~ thirty-five percent of the gross receipts from the sale of the logs.

(2) Sale of stumpage. Timber which is sold as stumpage and harvested within twelve months of the date of sale shall have a taxable stumpage value equal to the actual gross receipts for the stumpage for the most recent sale prior to harvest. If a ~~((harvester))~~ person purchases stumpage ~~((from another,))~~ and harvests the timber ~~((and sells the logs))~~ more than twelve months after purchase of the stumpage, the taxable value shall be computed as in subsection (1) of this section ~~((for sale of logs))~~.

**WSR 93-11-084**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
 (Public Assistance)  
 [Filed May 19, 1993, 10:43 a.m.]

Original Notice.

Title of Rule: Chapter 388-42 WAC, Funeral expense.

PROPOSED

Purpose: Eliminate the funeral and interment assistance program effective July 1, 1993, as provided in SB 5968, Laws of 1993.

Statutory Authority for Adoption: SB 5968, Laws of 1993 and RCW 74.08.090.

Statute Being Implemented: SB 5968, Laws of 1993 and RCW 74.08.090.

Summary: The proposed WAC eliminates the funeral and interment assistance program effective July 1, 1993, by repealing chapter 388-42 WAC.

Reasons Supporting Proposal: As part of the biennial budget, i.e., SB 5968, Laws of 1993, the legislature eliminated the funeral and interment assistance program effective July 1, 1993.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Jay Emry, Division of Income Assistance, 438-8333.

Name of Proponent: [Department of Social and Health Services], governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: Same as above.

Proposal Changes the Following Existing Rules: See above.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: OB-2 Auditorium, 14th and Franklin, Olympia, Washington, on June 22, 1993, at 10:00 a.m.

If you need sign language assistance, please contact the Office of Issuances by June 8, 1993. TDD #753-0699.

Submit Written Comments to: Troyce Warner, Chief, Office of Issuances, Mailstop 5805, Department of Social and Health Services, Olympia, 98504, FAX 664-0118 or SCAN 366-0118, by June 15, 1993.

Date of Intended Adoption: June 23, 1993.

May 19, 1993  
Rosemary Carr  
Acting Director  
Administrative Services

**REPEALER**

The following chapter of the Washington Administrative Code is repealed:

Chapter 388-42 WAC Funeral expense.

**WSR 93-11-085**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
(Public Assistance)  
[Filed May 19, 1993, 10:45 a.m.]

Original Notice.

Title of Rule: WAC 388-15-600 Community options program entry system (COPES)—Purpose—Legal basis; 388-15-610 COPES—Eligible persons; 388-15-615 COPES—Program restrictions; 388-15-620 COPES—Services; and 388-15-630 COPES—Payment—Procedures.

Purpose: Reopen the COPES program services to new clients. Publish the maximum number of COPES unduplicated clients the department shall serve this waiver year and the method the department will use to limit the number of clients the program serves. Determine whether clients may be: Institutionalized in the absence of waiver services; ineligible for comparable state plan personal care services; members of the approved waiver's target group.

Statutory Authority for Adoption: RCW 74.04.057 and 74.08.090.

Statute Being Implemented: RCW 74.04.057 and 74.08.090.

Summary: Delete program entry restrictions which were effective October 31, 1992. Establish criteria to determine the likelihood of a client being institutionalized in the absence of COPES home and community-based services. Restrict eligibility for waiver personal care services to clients ineligible for comparable state plan personal care services in waiver's target group.

Reasons Supporting Proposal: Publish the maximum number of COPES unduplicated clients the department shall serve this waiver year and the method the department will use to limit the number of clients the program serves.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Mary Lou Pearson, Aging and Adult Services, 493-2536.

Name of Proponent: [Department of Social and Health Services], governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: Same as above.

Proposal Changes the Following Existing Rules: See above.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: OB-2 Auditorium, 14th and Franklin, Olympia, Washington, on June 22, 1993, at 10:00 a.m.

If you need sign language assistance, please contact the Office of Issuances by June 8, 1993. TDD #753-0699.

Submit Written Comments to: Troyce Warner, Chief, Office of Issuances, Mailstop 5805, Department of Social and Health Services, Olympia, 98504, FAX 664-0118 or SCAN 366-0118, by June 15, 1993.

Date of Intended Adoption: June 23, 1993.

May 19, 1993  
Rosemary Carr  
Acting Director  
Administrative Services

**AMENDATORY SECTION** (Amending Order 2558, filed 11/18/87)

**WAC 388-15-600 Community options program entry system (COPES)—Purpose—Legal basis.** (1) The purpose of the community options program entry system (COPES) is to:

- (a) ~~((Prevent unnecessary institutionalization, and~~
- (b) ~~Offer the choice of either institutional or specific Medicaid waiver home and community-based services.~~
- (2) ~~Recipients shall be:~~
  - (a) ~~Limited in number as specified by the department;~~

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~~(b) Identified as eligible for nursing home care; and  
(c) Likely to require institutionalization in the absence of the waiver services)~~ Offer the choice of either institutional or home and community-based waiver services to a nursing facility eligible client;

~~(b) Divert an eligible client from imminent nursing facility placement; and~~

~~(c) Discharge an eligible nursing facility client to the client's own home or to a community-based residence.~~

~~(2) Beginning April 1, 1993, and ending March 31, 1994, the department shall provide COPES services as an alternative to institutionalization to not more than seven thousand one hundred ninety-two unduplicated clients who:~~

~~(a) The department determines are eligible for nursing facility care per WAC 388-08-081 and 388-15-203; and~~

~~(b) Are institutionalized, or the department determines are likely to be institutionalized within the next thirty days in the absence of waiver services per WAC 388-15-615.~~

~~(3) The department shall administer the COPES ((is a)) Medicaid program ((authorized)) as described under subsection 1915(c) of the Social Security Act, ((as)) codified in the Code of Federal Regulations at 42 CFR 441.300 through 310, and approved by the secretary, department of health and human services.~~

~~(4) The department has the authority to limit the number of unduplicated COPES clients served by each aging and adult field services regional office. The department's limit shall be based on data from the federal Bureau of Census and the office of financial management. The approved waiver does not require the department to provide waiver services:~~

~~(a) Throughout the state;~~

~~(b) Comparable in amount, duration, or scope; or~~

~~(c) To each person or target group who require nursing facility level of care.~~

~~(5) RCW 74.08.043 and 74.08.045 authorize the department to purchase personal and special care. RCW 74.08.390 permits the department to conduct demonstration programs and waive specific statutory requirements.~~

AMENDATORY SECTION (Amending Order 3460, filed 9/24/92, effective 10/25/92)

**WAC 388-15-610 COPES—Eligible persons.** (1) ~~((Categorically related Medicaid recipients (i.e.,))~~ An aged, blind, ~~((and))~~ or disabled ~~((persons) eighteen years of age and over)~~ client, as defined under WAC 388-92-015 (1)(a), (b), and (c), shall be eligible for COPES services when the ~~((recipients))~~ department determines the client:

~~(a) ((Have)) Is eighteen years of age or older;~~

~~(b) Is not financially eligible for Medicaid state plan covered personal care services;~~

~~(c) Has gross monthly income ((less than)) not exceeding three hundred percent of the federal Supplemental Security Income (SSI) benefit level, excluding the state supplement, as ((described)) defined under WAC ((388-95-320 (1)(a))) 388-80-005 (1)(d); ((and (b) Have))~~

~~(d) Has resources at or below the Medicaid standard as ((described)) defined under WAC ((388-95-337)) 388-95-320 (1)(b) and (c), 388-95-337, and 388-95-340(1); ((and (e) Are assessed by the department as))~~

~~(e) Is eligible for nursing facility care; ((and (d)))~~

~~(i) Is institutionalized; or~~

~~(ii) Is not presently institutionalized and will require ((institutionalization)) nursing facility care within the next thirty days in the absence of home and community-based waiver services as defined under WAC 388-15-615; ((and~~

~~(e) Choose to reside in their own homes, in congregate care facilities, or in licensed adult family homes within Washington state; and ((f) Have))~~

~~(f) Has a feasible ((department developed and approved)) and cost effective written plan of care ((for COPES services)). The plan shall be sufficient to safeguard the ((recipient's)) client's health and safety((—The total cost for this plan of care)) and the plan's costs, including the one-person medically needy income level, shall be less than ninety percent of the average state-wide nursing ((home)) facility rate; and~~

~~(g) Prefer to receive home or community-based waiver services as described in the department's plan of care, as an alternative to department placement in a nursing facility.~~

~~(2) ((An eligible person may choose whether to participate in COPES or enter a nursing facility.—~~

~~(3) Effective October 31, 1992, the department shall restrict COPES eligibility to a person meeting the eligibility requirements of subsection (1) of this section and:~~

~~(a) Who had received COPES services on or after April 1, 1992; or~~

~~(b) Whose written application or written request for COPES services is received and date stamped by a community services office (CSO) or aging and adult field services office (AAFSO) between April 1, 1992, and October 31, 1992)) The department shall restrict COPES eligibility to a person meeting the approved COPES waiver target group requirements.~~

AMENDATORY SECTION (Amending Order 3445, filed 8/27/92, effective 9/27/92)

**WAC 388-15-615 COPES—Program restrictions.** Effective ~~((September 30, 1992))~~ July 1, 1993, the COPES program shall be limited to a person ~~((s))~~ eligible for COPES services under WAC 388-15-202 through 388-15-205 and 388-15-600 through 388-15-610 ~~((and who)).~~ The department shall determine a person likely to be institutionalized within the next thirty days in the absence of COPES services when the person:

~~((1) Were in the COPES program on September 30, 1992; or~~

~~(2) Had submitted a written application for COPES services with a Community Services Office or Aging and Adult Field Services Office as of September 30, 1992; or~~

~~(3) Had received COPES services on or after April 1, 1992; or~~

~~(4) For each of the thirty days preceding the date of written application for COPES services, have been either in a nursing facility as a resident or in a hospital as an inpatient; or~~

~~(5) Are entering a department contracted and an approved assisted living facility)) (1)(a) Has complex medical problems and is unable to maintain or coordinate the treatment plan and multiple prescribed medication without assistance; and~~

(b) Lives alone or has inadequate family or other support and has inadequately attended needs for periods of time within the twenty-four hour period; and

(c) Has unmet need for assistance with four or more of the following basic self care functions:

- (i) Eating;
- (ii) Toileting;
- (iii) Ambulation;
- (iv) Transfer;
- (v) Positioning;
- (vi) Body care;
- (vii) Personal hygiene;
- (viii) Dressing;
- (ix) Bathing; or
- (x) Prescribed medication.

These basic unmet needs require paid services to allow the person to remain in the community; or

(2)(a) Has a moderately severe or a severe cognitive impairment caused by degenerative dementia, documented by the attending physician; and

(b) Meets the requirements under subsection (1)(b) of this section; and

(c) Meets the requirements under subsection (1)(c) of this section; or

(3) Received COPES services prior to July 1, 1993.

AMENDATORY SECTION (Amending Order 2558 [3039], filed 11/18/87 [7/12/90])

WAC 388-15-620 COPES—Services. (1) The department may authorize the following services to a COPES-eligible ~~((recipients))~~ client, based on department ~~((assessment))~~ determination of need and feasible, cost effective plan of care:

(a) Congregate care or congregate care/assisted living as defined under WAC 388-15-560 through 388-15-568. In addition, congregate care or congregate care/assisted living facilities may provide supervised medication ~~((administration))~~ service category C to a COPES-eligible client((s)) when:

(i) This service is required by the ~~((department and performed))~~ department's plan of care; and

(ii) Medication administration is by a licensed nurse under the general direction of a licensed physician or dentist. Refer to RCW 18.88.285 and WAC 308-117-010 through 308-117-500, 308-120-100 through 308-120-522 and 248-16-229; or

(b) Adult family home care as defined under WAC 388-15-551 through 388-15-555; or

(c) ~~((Adult day health;~~

~~(d) Home health services as defined under WAC 388-86-045;~~

(e) ~~Direct personal care services as defined under WAC 388-15-820(4))~~ Personal care services as defined under WAC 388-15-202(3) and included in the client's approved plan of care.

(2) The department may not authorize sterile procedures and administration of medications ~~((are not authorized))~~ as COPES-paid personal care tasks, unless the provider is a licensed health practitioner or a member of the ~~((recipient's))~~ client's immediate family((;)

~~(f) Household assistance as defined under WAC 388-15-820(6); and~~

~~(g) Case management.~~

~~(2) The department shall not authorize additional personal care services to recipients residing in congregate care facilities or adult family homes).~~

(3) ~~((The department shall provide))~~ When home health and adult day health ~~((and home health))~~ services ~~((only when the recipient requires congregate care, adult family home services, or personal care. The department shall include the actual cost for adult day health and home health services in the total)),~~ which are not waiver services, are included in the client's COPES plan of care, the department shall include the Medicaid reimbursed service costs in the plan of care cost computation.

Reviser's note: The bracketed material preceding the section above was supplied by the code reviser's office.

AMENDATORY SECTION (Amending Order 3039, filed 7/12/90, effective 8/12/90)

WAC 388-15-630 COPES—Payment—Procedures.

The department shall:

(1) Allocate all nonexempt income of a person receiving COPES services according to procedures under WAC 388-83-200;

(2) Pay ~~((the providers of congregate care, home health services, adult day health care, and adult family home care))~~ for COPES services provided in accordance with a client's approved plan of care, a sum not ~~((exceeding))~~ to exceed the COPES rates set forth in the most recent schedule of ~~((rates))~~ department-established and published ~~((by the department;))~~ rates to:

(a) Licensed and contracted nonmedical residential care facilities, including congregate care, congregate care/assisted living and adult family homes;

(b) Licensed and contracted home-care agencies;

(c) A person providing care to a COPES-eligible client when the individual provider:

(i) Is eighteen years of age or older;

(ii) Meets or surpasses the COPES waiver's minimum standards of knowledge and experience, skills, and abilities;

(iii) Has a department-approved COPES contract and service payment authorization; and

(iv) Is interviewed, hired, and retained by a COPES-eligible client and provides services in the client's established residence.

(3) Pay ~~((for care of recipients residing))~~ a qualified unrelated person providing board, room, and care for a COPES-eligible client in the ~~((nonrelated provider's))~~ person's established residence only at the adult family home rate ~~((when the provider's)).~~ To qualify for payment, the unrelated person's home ~~((is a))~~ shall be licensed and contracted as an adult family home~~((;))~~.

(4) Not pay ~~((for personal care services provided by a relative, except a spouse. The department shall make payment to a))~~ a COPES-eligible client's spouse for providing care to the client.

(5) Pay a COPES-eligible client's father, mother, son, or daughter only when ~~((the))~~:

- (a) The relative will not provide the care unpaid; and
- (b) The relative's gross income, including spousal income, is equal to or less than the medically needy income level (MNIL) adjusted for household size.

~~((5) Pay care providers, meeting or exceeding minimum performance standards for personal care of a recipient residing in the recipient's established residence, a sum not exceeding the department established rate;))~~

~~(6) ((Pay private and public agencies providing personal care an hourly unit rate established by the department; and~~

~~(7) Pay for COPES services which, combined with the recipient's income allocated for maintenance in the home, does not exceed ninety percent of the average state wide monthly rate for nursing home care))~~ Not make additional payments beyond the department-established and published COPES rates. The department rates shall include all services provided to a COPES-eligible client under applicable department contracts.

**WSR 93-11-087**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**GENERAL ADMINISTRATION**  
 (Division of Banking)  
 [Filed May 19, 1993, 10:49 a.m.]

Original Notice.

Title of Rule: Establishment and operation of mutual holding companies.

Purpose: To provide guidelines for formation of mutual holding companies and to define the powers of mutual holding companies.

Statutory Authority for Adoption: RCW 32.34.040-[32.34.]050, chapters 32.08 and 34.05 RCW.

Statute Being Implemented: RCW 32.34.040-[32.34.]050.

Summary: The Washington Savings League has raised concerns that the recent revisions in chapter 50-14 WAC exceeded the scope and requirements of RCW 32.34.050 imposing limitations and restrictions regarding subscription rights and liquidation accounts not required by statute. Thus, to more closely conform chapter 50-14 WAC to the statute and to legislative intent, the revisions are proposed.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: John L. Bley, 1400 South Evergreen Park Drive S.W., #120, Olympia, 753-6520.

Name of Proponent: Washington Savings League, private.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: Provide guidelines for formation of mutual holding companies and defines the powers of mutual holding companies.

Proposal Changes the Following Existing Rules: Amends chapter 50-14 WAC. The proposed rule changes clarify the requirements and process regarding the formation of mutual holding companies. The proposed rules will also have the effect of facilitating the infusion of investment capital and thus contribute to the financial institution's safety and soundness.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: Division of Banking, 1400 South Evergreen Park Drive S.W., #120, Olympia, WA 98504, on June 23, 1993, at 9:00 a.m.

Submit Written Comments to: John L. Bley, Supervisor of Banking, P.O. Box 41026, Olympia, WA 98504-1026, by June 22, 1993.

Date of Intended Adoption: June 23, 1993.

May 19, 1993

John L. Bley

Supervisor of Banking

AMENDATORY SECTION (Amending WSR 92-06-041, filed 2/28/92, effective 3/30/92)

**WAC 50-14-020 Introduction.** This chapter implements the authority of the supervisor of banking ~~((s))~~ ~~((the "supervisor"))~~ ~~((authority))~~ under chapters 32.08, 32.34, and 34.05 RCW to enact regulations ~~((to regulate))~~ concerning the ~~((establishment))~~ organization and operation ~~((s))~~ of mutual holding companies. It addresses only those features of the organization and operation of mutual holding companies and their subsidiary stock savings banks that are not governed by ~~((existing provisions of))~~ Title 32 RCW. Among the provisions that must be considered are ~~((the following))~~:

(1) Chapter ~~((s 32.08 and))~~ 32.32 RCW for the chartering of a mutual savings bank and ~~((its))~~ the conversion of a mutual savings bank to a stock ~~((form))~~ savings bank ~~((subsidiary of a mutual holding company))~~;

(2) Title 32 RCW generally for the operations of any such savings bank; and

(3) Chapter 32.34 RCW for any merger or acquisition of assets involving a mutual holding company or banking subsidiary of a mutual holding company.

In addition, the supervisor has determined that formation of a business trust is not the sole and exclusive method by which a state savings bank may form a mutual holding company ("MHC").

Under RCW 32.34.050, a state savings bank is allowed to form a business trust that, in turn, is authorized to become a MHC. However, based on the statutory authority granted to the supervisor under that statute as well as chapters 32.08 and 34.05 RCW, the supervisor has determined that utilization of a business trust is not the exclusive procedure for creation of MHCs.

By enacting RCW 32.08.142, the legislature evidenced a clear intent that state-chartered savings banks not be placed at a competitive disadvantage to federally chartered savings banks. While the state Constitution prohibits automatic incorporation into state law of federal laws enacted after adoption of RCW 32.08.142, that restriction does not invalidate the legislative intent that state institutions not be placed at an undue competitive disadvantage with federal savings banks.

Conditioning MHC formation on the utilization of a business trust to act as the MHC is potentially disadvantageous to state savings banks in view of:

(a) The absence of state statutory and regulatory guidance concerning the governance and authority of trusts when acting as holding companies;

(b) The uncertainty of regulations of such trusts as MHCs; and

(c) The potential federal tax uncertainties that would arise by utilizing a trust in connection with a tax free reorganization into a mutual holding company.

In addition, business trusts are permitted by statute (chapter 23.90 RCW) to exercise the general powers of domestic corporations, including the power to merge into a domestic corporation. As a result, the supervisor has determined that the scope of chapter 32.34 RCW and the incidental powers clause of RCW 32.08.140 make it convenient or useful in connection with a savings bank's performance of its specifically enumerated powers to accomplish a MHC reorganization, to utilize either a corporation formed under the laws of the state of Washington or a business trust.

AMENDATORY SECTION (Amending WSR 92-06-041, filed 2/28/92, effective 3/30/92)

**WAC 50-14-030 Definitions—Regulations not exclusive.** (1) The definitions (~~(contained)~~) in RCW 32.32.025 shall apply to any transaction under these rules unless the context requires otherwise and except as provided herein.

(2) The reorganization of a mutual savings bank into mutual holding company form (~~((hereafter sometimes referred to as the))~~) "reorganization" and the subsequent conversion of (~~(a mutual holding company))~~ the MHC into (~~(a) stock (holding company (hereafter sometimes referred to as the "conversion"))~~) form or the offering of common stock of a subsidiary of a MHC that will cause the MHC to hold less than fifty-one percent of the issued and outstanding common stock of the stock savings bank ("conversion to stock form") shall be governed by (~~(the rules prescribed in)~~) chapter 32.32 RCW, (~~((except to the extent such rules are inconsistent with the transaction and))~~) except as provided in these rules. (~~(Any savings bank or mutual holding company may apply to the supervisor, in connection with a transaction authorized by these rules, for such variations from the rules prescribed by chapter 32.32 RCW as are necessary and proper to effectuate the transaction.))~~)

(3) The term "mutual holding company" shall mean the business trust or mutually owned corporation, or the successor of either, originally established by a savings bank to serve as the holding company of a stock savings bank subsidiary, provided that a MHC shall at all times own fifty-one percent or more of the issued and outstanding common stock of a stock savings bank subsidiary that is the successor by merger or purchase to substantially all of the assets and all of the deposits and other liabilities of the savings bank that has reorganized into a mutual holding company pursuant to RCW 32.34.050 and these rules.

(4) To achieve the intent of RCW 32.34.050 in a manner that ensures consistency with chapter 32.32 RCW, and acting pursuant to RCW 32.32.010, the supervisor hereby waives or modifies to the extent set forth in these rules the applicability of the following provisions of chapter 32.32 RCW as they relate to the organization and operation of mutual holding companies and their stock savings bank subsidiaries: RCW 32.32.035, 32.32.045 through 32.32.070, 32.32.085, 32.32.090, 32.32.095, 32.32.110, 32.32.120, 32.32.135 through 32.32.160, 32.32.185 through 32.32.205,

32.32.240 through 32.32.275, 32.32.315, 32.32.320, 32.32.330, 32.32.335, 32.32.355, 32.32.440, and 32.32.485.

AMENDATORY SECTION (Amending WSR 92-06-041, filed 2/28/92, effective 3/30/92)

**WAC 50-14-040 Authorization (~~(of the formation of))~~ to form mutual holding companies.** (1) Notwithstanding any other provision of law, and in accordance with the general requirements (~~((of the supervisor))~~) set forth in WAC 50-14-050 through (~~((50-14-150))~~) 50-14-140, a mutual savings bank may reorganize under a plan of reorganization so as to cause its deposit-taking and one or more other activities to be conducted by a stock savings bank subsidiary of a mutual holding company, which subsidiary is formed for such purpose. The plan of reorganization must be adopted by the bank's trustees and submitted to and approved by the supervisor as provided in these rules.

(2) Except to the extent that such provisions are inconsistent with these rules, the new stock savings bank subsidiary of the mutual holding company shall be subject to the same provisions of Title 32 RCW as apply to other stock savings banks.

AMENDATORY SECTION (Amending WSR 92-06-041, filed 2/28/92, effective 3/30/92)

**WAC 50-14-050 Required approvals.** (1) A reorganization of a mutual savings bank pursuant to these rules shall be approved by not less than two-thirds of the board of trustees of the mutual savings bank.

(2)(a) A mutual savings bank proposing a reorganization pursuant to these rules shall provide the supervisor with written notice of such proposed reorganization. Such notice shall include (i) a copy of the plan of reorganization approved by the board of trustees pursuant to subsection (1) of this section, (ii) the proposed incorporation and authorization certificates for the mutual holding company and/or the stock savings bank subsidiary, as appropriate, and (~~(shall also contain)~~) (iii) such other information as the supervisor shall require. The supervisor shall approve or disapprove the plan of reorganization within sixty days of (~~(the))~~ its submission (~~((of such plan, together with such other information as the supervisor shall require)).~~).

(b) In determining whether to approve the plan of reorganization, the supervisor shall consider:

(i) Whether the formation of the mutual holding company would (~~(not))~~ be (~~(detrimental to))~~ in the interests of the depositors of the mutual savings bank proposing to reorganize (~~((as provided in WAC 50-14-040));~~);

(ii) Whether (~~((disapproval is necessary to prevent unsafe or unsound))~~) the reorganization would promote safe and sound banking practices;

(iii) Whether the (~~((interest of the public will be served by the proposed))~~) reorganization would serve the public interest;

(iv) Whether the financial (~~((of))~~) and management resources of the mutual savings bank proposing to reorganize (~~((as provided in WAC 50-14-040))~~) are sufficient to warrant (~~((disapproval))~~) approval of the (~~((proposed plan of))~~) reorganization; and

(v) Whether the mutual savings bank proposing to reorganize (~~((as provided in WAC 50-14-040))~~) either fails to

furnish any information required under (a) of this subsection or furnishes information containing any statement (~~which~~) that, at the time and in the circumstances under which it was made, was false or misleading with respect to any material fact or omits (~~to state~~) any material fact necessary to make (~~the~~) statements therein not false or misleading.

(c) When the supervisor shall have determined to approve or disapprove the plan of reorganization, the supervisor shall so advise the mutual savings bank in writing and, if appropriate, shall endorse approval on the incorporation and authorization certificates and cause the same to be filed in such manner and in the respective offices provided in chapter 32.08 RCW. Upon the filing of the authorization certificate as provided in RCW 32.08.080, the existence of the mutual holding company and/or stock savings bank, as appropriate, shall commence. As used in (~~this chapter~~) these rules, the term "authorization certificate" shall include an amended authorization certificate.

AMENDATORY SECTION (Amending WSR 92-06-041, filed 2/28/92, effective 3/30/92)

**WAC 50-14-060 Formation of a mutual holding company.** (1)(a) The plan of reorganization may authorize the formation of a (~~mutual holding company~~) MHC by:

(~~(a)~~)(i) The organization by or at the discretion or request of the mutual savings bank of a business trust or mutual corporation that shall serve as a MHC, the organization by the MHC of a stock savings bank subsidiary and the transfer to such stock savings bank of (~~the substantial part of its~~) substantially all of the mutual savings bank's assets and liabilities, including all of its deposit liabilities, in accordance with (~~the general provisions of~~) these rules;

(ii) The organization by or at the direction or request of the mutual savings bank (~~of a mutual holding company~~) of a business trust or mutual corporation that shall serve as the MHC, and the organization by such (~~mutual holding company~~) MHC of a stock savings bank subsidiary (~~which~~) that merges with the mutual savings bank; or

(iii) The reorganization of the mutual savings bank under any other method approved by the supervisor.

(b) For the purposes of (a) of this subsection and when authorized by the supervisor, as hereinafter provided, the trustees of the mutual holding company, consisting of five or more natural persons who are citizens of the United States, may incorporate an interim stock savings bank subsidiary in the manner herein prescribed. No savings bank shall incorporate for less amount nor commence business unless it has a paid-in capital stock in such amount as may be determined by the supervisor after consideration of the proposed transaction.

(i) Persons desiring to incorporate an interim stock savings bank shall file with the supervisor a notice of their intention to organize a savings bank in such form and containing such information as the supervisor shall prescribe by regulation or otherwise require, together with proposed articles of incorporation and bylaws, which shall be submitted for examination to the supervisor at his office in Olympia. The proposed articles of incorporation shall state:

(A) The name of such savings bank.

(B) The city, village or locality and county where the head office of such savings bank is to be located.

(C) The nature of its business (i.e., that of a savings bank).

(D) The amount of its capital stock, which shall be divided into shares of a par or no par value as may be provided in the articles of incorporation.

(E) The names, places of residence, and mailing addresses of the persons who as directors are to manage the bank until the first annual meeting of its shareholders.

(F) If there is to be preferred or special classes of stock, a statement of preferences, voting rights, if any, limitations and relative rights in respect of the shares of each class; or a statement that the shares of each class shall have the attributes as shall be determined by the bank's board of directors from time to time with the approval of the supervisor.

(G) Any provision granting the shareholders the preemptive right to acquire additional shares of the bank and any provision granting shareholders the right to cumulate their votes.

(H) Any provision, not inconsistent with law, which the incorporators elect to set forth in the articles of incorporation for the regulation of the internal affairs of the corporation, including, without limitation, any provision restricting the transfer of shares.

(I) Any provision the incorporators elect to so set forth, not inconsistent with law or with the purposes for which the bank is organized, or any provision limiting any of the powers granted in the applicable provisions of the Revised Code of Washington.

It shall not be necessary to set forth in the articles of incorporation any of the corporate powers granted in the applicable provisions of the Revised Code of Washington. The articles of incorporation shall be signed by all of the incorporators and acknowledged before an officer authorized to take acknowledgements.

(ii) In case of approval, the supervisor shall forthwith give notice thereof to the proposed incorporators and file one of the triplicate articles of incorporation in his own office, transmit another triplicate to the secretary of state, and the last to the incorporators. Upon receipt from the proposed incorporators of the same fees as are required for filing and recording other articles of incorporation, the secretary of state shall file such articles and record the same. Upon the filing of articles of incorporation approved as aforesaid by the supervisor, with the secretary of state, all persons named therein and their successors shall become and be a corporation, which shall have the powers and be subject to the duties and obligations prescribed by the applicable provisions of the Revised Code of Washington, and whose existence shall continue from the date of the filing of such articles until terminated pursuant to law; but such corporation shall not transact any business, except as is necessary or convenient to its organization and preparation to engage in business, until it has received from the supervisor a certificate of authority to engage in the banking business as a stock savings bank.

(c) For the purposes of (a) of this subsection, WAC 50-14-080 permits (~~the~~) a newly organized stock savings bank to issue to persons other than (~~the mutual holding company of which it is a subsidiary~~) its parent MHC, an amount of common stock and securities convertible into common stock (~~which~~) that, in the aggregate, does not exceed forty-nine

percent of the issued and outstanding common stock of such stock savings bank upon completion of the offering. Issued and outstanding securities that are convertible into common stock shall be considered issued and outstanding common stock for ~~((the))~~ purposes of computing the forty-nine percent limitation~~((s))~~. This subsection shall not limit the authority of such stock savings bank to issue equity or debt securities other than common stock and securities convertible into common stock.

(2) In connection with the reorganization of a mutual savings bank as provided in WAC 50-14-040, the ~~((mutual holding company))~~ MHC may ~~((retain or))~~ acquire assets of the mutual savings bank to the extent that such assets are not then required to be transferred to ~~((or retained by))~~ the stock savings bank in order to satisfy capital or reserve requirements of any applicable state or federal law or regulation.

(3) A stock savings bank whose outstanding common stock is at least fifty-one percent but less than one hundred percent ~~((of the outstanding common stock of which is))~~ owned by a mutual holding company shall have at least one director, but no more than two-fifths of its directors, who are "unaffiliated directors" who shall represent the interests of the minority shareholders. An "unaffiliated director" is a director who is not:

(a) An officer or employee of the stock savings bank (or any affiliate thereof); or

(b) An officer, trustee, or employee of the mutual holding company.

If the incorporation certificate or bylaws of the stock savings bank provide that the board of directors shall be divided into two or more classes, then to the extent possible, each class shall contain the same number of unaffiliated directors as each other class.

**AMENDATORY SECTION** (Amending WSR 92-06-041, filed 2/28/92, effective 3/30/92)

**WAC 50-14-070 Mutual holding company powers.**

(1) Upon the formation of a ~~((mutual holding company by a mutual savings bank))~~ MHC:

(a) The ~~((mutual holding company))~~ MHC shall possess all the rights, powers, and privileges~~((s))~~ (except deposit-taking powers~~((s))~~) and shall be subject to all the limitations, not inconsistent with these rules, of a mutual savings bank under Title 32 RCW; and

(b) The ~~((mutual holding company))~~ MHC shall be subject to the limitations imposed by the Bank Holding Company Act of 1956 (12 U.S.C. Section 1841, et seq.) or, in the case of a ~~((mutual holding company))~~ MHC resulting from the reorganization of a savings bank ~~((which has))~~ that elected either ~~((prior or subsequent to))~~ before or after such reorganization to be treated as a savings association (as ~~((that term is))~~ defined in 12 U.S.C. Section 1467a), such mutual holding company shall be subject to the limitations imposed by the savings and loan holding company provisions of the Home Owners' Loan Act (12 U.S.C. Section 1467a).

(2) Notwithstanding any inconsistent provisions of Title 32 RCW, and subject to the express approval of~~((s))~~ (or additional rules promulgated by~~((s))~~) the supervisor, a ~~((mutual holding company))~~ MHC may:

(a) Merge with, acquire, or purchase the assets of a mutual holding company established pursuant to these rules

or the savings and loan holding company provisions of the Home Owners' Loan Act (12 U.S.C. Section 1467a);

(b) Acquire or purchase the assets or stock of a stock savings bank, commercial bank, credit union, stock savings and loan association, stock federal savings bank, or stock federal savings and loan association;

(c) Acquire a mutual savings bank, ~~((a))~~ mutual savings and loan association, ~~((a))~~ federal mutual savings bank, or ~~((a))~~ federal mutual savings and loan association through the merger of such institution with a stock subsidiary of such mutual holding company;

(d) Convert to a stock holding company pursuant to the provisions of a plan which is approved by the supervisor, preserves the subscription and liquidation account rights of depositors of the mutual savings bank who then remain depositors of the stock savings bank and otherwise complies with WAC 50-14-130; and

(e) Engage in any other acquisition or combination, specifically permitted by the supervisor, including a merger into or sale of assets to another mutual or stock corporation.

**AMENDATORY SECTION** (Amending WSR 92-06-041, filed 2/28/92, effective 3/30/92)

**WAC 50-14-080 ((Subsequent)) Offering of securities.** (1) Any ~~((public))~~ offering of shares of voting securities by a ((subsidiary of a mutual holding company, subsequent to the reorganization but after which the mutual holding company would retain at least)) MHC which converts to stock form or of common stock of a stock savings bank subsidiary of a MHC that will cause the holding company to hold less than fifty-one percent of the issued and outstanding ((shares)) common stock of the stock savings bank upon completion of the offering (a "subsequent offering") shall be governed by the rules prescribed in chapter 32.32 RCW, except to the extent ((such)) that those rules are ((inconsistent with the transaction and except as provided in these rules)) explicitly waived or modified by the supervisor.

(2) Any ~~((subsequent))~~ offering ~~((shall be made pursuant to an offering circular which complies with the terms and conditions prescribed in chapter 32.32 RCW and has been approved by the supervisor, whether the offering consists of newly issued shares being offered by the stock savings bank or previously issued shares being sold by the mutual holding company))~~ of shares of any class of stock of a stock savings bank subsidiary of a MHC that will not cause the MHC to hold less than fifty-one percent of the issued and outstanding common stock of the stock savings bank upon completion of the offering may be accomplished through either a public distribution or by means of a limited distribution or placement of the securities, none of which methods of offering will require the stock of the savings bank subsidiary to be offered to members of the unconverted mutual savings bank or of the MHC. Any such offering shall comply with the disclosure requirements of chapter 32.32 RCW, shall be made by means of an offering circular approved by the supervisor, and shall be sold at a price that is approved (a) by the supervisor in the case of the initial offering of shares to persons other than the MHC, and in such case based upon a proposed price range established by qualified persons who are independent of the bank and (b) by the board of directors

in the case of other offerings contemplated by this subsection.

(3) The procedures to ~~((be followed))~~ follow in conducting a subsequent offering may, with the supervisor's approval ~~((of the supervisor))~~, differ from those set ~~((out))~~ forth in chapter 32.32 RCW ~~((so long as eligible account holders' subscription rights are not abrogated. Such differences may include, but need not be limited to, the distribution of offering circulars only to those eligible account holders who have requested them and combining a subscription offering with a public offering)).~~

(4) Notwithstanding any contrary provision of Title 32 RCW, there shall be no requirement to use an underwriter in an offering made pursuant to subsection (2) of this section, though such use is permissible.

(5) Subject to approval of the supervisor, a stock savings bank subsidiary of a MHC may declare or pay a cash dividend that is payable only to shareholders of the stock savings bank other than the MHC.

(6) Notwithstanding any contrary provision of Title 32 RCW, no offering circular used in connection with an offering pursuant to subsection (2) of this section shall be required to set forth the estimated subscription price range of the shares being offered.

(7) A stock savings bank subsidiary of a MHC may issue and, consistent with these rules, any person may acquire any amount of preferred stock of the bank.

AMENDATORY SECTION (Amending WSR 92-06-041, filed 2/28/92, effective 3/30/92)

WAC 50-14-090 Subscription rights. (1) ~~((Except for shares issued to a mutual holding company, and except for the shares referred to in WAC 50-14-100, all shares of stock issued in connection with a reorganization or conversion shall be subject to subscription rights granted to eligible account holders of the subsidiary savings bank(s). As used in these rules, "shares of stock issued in connection with the reorganization or conversion of a mutual savings bank" include shares issued upon the reorganization, shares sold in any subsequent offering (whether shares held by the mutual holding company or shares newly issued by the stock savings bank), or shares sold in connection with the conversion. Also included are any securities convertible into shares of the stock form savings bank.~~

(2) An "eligible account holder" for the purposes of this section is ~~any~~ depositor of a savings bank who owned in such bank one or more accounts valued in the aggregate of fifty dollars or more on the pertinent record date. In the case of the reorganization, the record date shall be the date established by the board of trustees, which date shall be no less than ninety days prior to the date on which the plan of reorganization is adopted by the trustees; in the case of any subsequent offering, the record date shall be the date established by the board of directors of the stock form savings bank issuing new shares or the board of trustees of the mutual holding company selling shares, as the case may be, which date shall be no less than ninety days prior to the date on which the shares are offered; in the case of the conversion, the record date shall be the date established by the mutual holding company's board of trustees, which date shall be no less than ninety days prior to the date on which

the plan of conversion is adopted by the trustees.)) Upon a conversion to stock form, as such conversion is defined in WAC 50-14-030(2), by a MHC or a stock savings bank subsidiary of a MHC, depositors of the stock savings bank at the record date of the conversion to stock form who continuously have been depositors since the reorganization, or were depositors of any savings association subsequently acquired by a MHC at a time when the association was in mutual form and remained depositors of the stock savings bank, shall receive, without payment, nontransferable rights to subscribe for stock of the converted MHC or the converted stock savings bank to be sold in the subsequent offering, to the extent that such depositors would have received those rights pursuant to RCW 32.32.045 in a stock conversion of the savings bank as prescribed in chapter 32.32 RCW; provided, however, that such depositors who are not shareholders of the stock savings bank at the record date for the subsequent offering shall have priority rights, not inconsistent with the provisions of chapter 32.32 RCW, to subscribe for shares to be issued in the subsequent offering in accordance with a plan approved by the supervisor or made pursuant to subsequent rules to be promulgated by the supervisor.

(2) For purposes of this section, an "eligible account holder" is any depositor of a stock savings bank at the record date for a conversion to stock form of the bank or the MHC who has continuously owned in such bank one or more accounts valued in the aggregate of fifty dollars or more since the date that the trustees of the unconverted mutual savings bank approved the reorganization or the date that the bank's predecessor mutual association was acquired by the MHC.

(3) Nothing in chapter 32.34 RCW or chapter 50-14 WAC shall be construed to authorize or require that depositors in a mutual savings bank that reorganizes as a MHC be offered stock in the stock savings bank subsidiary except as provided in subsection (1) of this section.

(4) Depositors in a mutual savings bank that reorganizes as a MHC with a stock savings bank subsidiary shall become depositors in such subsidiary when the mutual savings bank merges with or transfers its assets and liabilities to the stock savings bank.

AMENDATORY SECTION (Amending WSR 92-06-041, filed 2/28/92, effective 3/30/92)

WAC 50-14-100 Stock ~~((options))~~ issuance and stock ~~((grants))~~ award plans. ~~((Shares of stock issued in connection with the reorganization of a mutual savings bank may be reserved to satisfy a stock option plan and issued pursuant to a restricted stock plan approved by the savings bank's stockholder(s). The aggregate number of shares so reserved and issued shall be reasonably proportionate to the number of shares, if any, held by persons other than the mutual holding company.))~~ The authority for a stock savings bank subsidiary of a MHC to issue stock shall be subject to the following limitations, unless otherwise approved by the supervisor.

(1) The stock sold in the reorganization shall be sold at a total price equal to the estimated pro forma market value of such stock, based on an independent valuation as provided in WAC 50-14-080(2) and any stock sold in a later offering

shall be sold at its fair value as determined by the board of directors of the stock savings bank.

(2) The aggregate amount of issued and outstanding common stock of the stock savings bank owned or controlled by persons other than the MHC at the close of any proposed issuance shall be forty-nine percent or less than the savings bank's total outstanding common stock.

(3) The aggregate amount of common stock acquired in the proposed issuance, plus all prior issuances of the savings bank, by any nontax-qualified employee stock benefit plan of the savings bank or any insider (which for the purpose of these rules will mean an officer, director, or associate of an officer or director) of the savings bank (exclusive of any stock acquired by said plan or insider and his or her associates in the secondary market) shall not exceed ten percent of the outstanding shares of common stock of the savings bank held by persons other than the savings bank's MHC parent at the close of the proposed issuance. In calculating the number of shares held by any insider or associate, shares held by any tax-qualified or nontax-qualified employee stock benefit plan of the savings bank that are attributable to such person shall not be counted.

(4) The aggregate amount of stock, whether common or preferred, acquired in the proposed issuance, plus all prior issuances of the savings bank, by any nontax-qualified employee stock benefit plan of the savings bank or any insider of the savings bank and his or her associates (exclusive of any stock acquired by said plan or insider and his or her associates in the secondary market) shall not exceed ten percent of the stockholders' equity of the savings bank held by persons other than the MHC parent at the close of the proposed issuance.

(5) The aggregate amount of common stock acquired in the proposed issuance, plus all prior issuances of the savings bank, by any one or more tax-qualified employee stock benefit plans of the savings bank (exclusive of any stock acquired by such plans in the secondary market) shall not exceed ten percent of the outstanding shares of common stock of the savings bank held by persons other than the MHC parent at the close of the proposed issuance.

(6) The aggregate amount of stock, whether common or preferred, acquired in the proposed issuance, plus all prior issuances of the savings bank, by any one or more tax-qualified employee stock benefit plans of the savings bank (exclusive of any stock acquired by such plans in the secondary market) shall not exceed ten percent of the stockholders' equity of the savings bank held by persons other than the MHC parent at the close of the proposed issuance.

(7) The aggregate amount of common stock acquired in the proposed issuance, plus all prior issuances of the savings bank by all nontax-qualified employee stock benefit plans of the savings bank and insiders of the savings bank (exclusive of any stock acquired by said plans and by insiders in the secondary market) shall not exceed thirty-five percent of the outstanding shares of common stock of the savings bank held by persons other than the MHC parent at the close of the proposed issuance if the savings bank has less than fifty million dollars in total assets prior to the issuance or twenty-five percent of such outstanding shares if the savings bank has more than five hundred million dollars in total assets before the issuance. If the savings bank has between fifty

million dollars and five hundred million dollars in total assets before the issuance, the maximum percentage shall be equal to thirty-five percent minus one percent multiplied by the quotient of total assets less fifty million dollars divided by forty-five million dollars. In calculating the number of shares held by insiders and their associates, shares held by any tax-qualified or nontax-qualified employee stock benefit plan of the savings bank that are attributable to such persons shall not be counted.

(8) The aggregate amount of stock, whether common or preferred, acquired in the proposed issuance, plus all prior issuances of the savings bank, by all nontax-qualified employee stock benefit plans of the savings bank, insiders of the savings bank, and associates of insiders of the savings bank (exclusive of any stock acquired by said plans and by insiders in the secondary market) shall not exceed thirty-five percent of the stockholders' equity of the savings bank held by persons other than the association's mutual holding company parent at the close of the proposed issuance if the savings bank has less than fifty million dollars in total assets before the issuance or twenty-five percent of such stockholders' equity if the savings bank has more than five hundred million dollars in total assets prior to the issuance. If the savings bank has between fifty million dollars and five hundred million dollars in total assets before the proposed issuance, the maximum percentage shall be equal to thirty-five percent minus one percent multiplied by the quotient of total assets less fifty million dollars divided by forty-five million dollars.

(9) Shares of authorized but unissued stock of a stock savings bank subsidiary of a MHC may be reserved to satisfy and may be issued pursuant to any stock-based incentive plan for employees, directors, and others approved by the savings bank's board of directors and a majority of its stockholders.

(10) If, at the close of any stock issuance, the stock savings bank has holders of record of its outstanding voting securities that would require registration under the Securities Exchange Act of 1934, then such requirement shall be met.

(11) For a period of three years following the proposed issuance, no insider of the savings bank shall sell, without the supervisor's prior written approval, any stock of the savings bank purchased in connection with the reorganization except that the personal representative of such insider may sell shares in the event of the death of the insider.

AMENDATORY SECTION (Amending WSR 92-06-041, filed 2/28/92, effective 3/30/92)

WAC 50-14-110 Liquidation account. (1) The entire unconsolidated net worth of a ((mutual holding company)) MHC shall constitute a liquidation account for the benefit of the depositors of its subsidiary stock savings bank((s))s((s)) who continuously have been depositors since the reorganization or were depositors of any savings association subsequently acquired by a MHC at a time when the association was in mutual form and remained depositors of the stock savings bank ("eligible depositors"). The liquidation account shall not be a fixed amount but may increase (as to the entire account but not as to any individual eligible depositor) or decrease (as provided in RCW 32.32.190 through 32.32.205, except as application of those sections is inconsis-

tent with these rules) over time. The function of the liquidation account is to establish that upon the complete liquidation of the mutual holding company, the entire net worth of the mutual holding company will be distributed among those persons who are the eligible depositors of its subsidiary savings bank(s) as of the date of the liquidation. The designation of the mutual holding company's net worth as a liquidation account shall not operate to restrict the use or application of the mutual holding company's net worth accounts.

(2) In the event of a complete liquidation of a mutual holding company, the ~~((entire net worth))~~ remaining liquidation account of the mutual holding company shall be distributed ratably among all the eligible depositors of its subsidiary savings bank(s) as of the date of the liquidation.

(3) Upon the conversion to stock form of a mutual holding company, the ~~((net worth of the holding company shall no longer be designated a))~~ liquidation account of the holding company shall no longer be maintained. Instead, each subsidiary savings bank shall at that time establish a liquidation account, which liquidation accounts shall in the aggregate equal the mutual holding company's liquidation account as of its last periodic report of condition immediately preceding its conversion into a stock-form holding company. The liquidation account established by each subsidiary savings bank shall be in the same proportion to the mutual holding company's liquidation account ~~((that))~~ as the total ((deposits of that)) of the subaccount balances of the then eligible depositors of the subsidiary savings bank bears to the total ((deposits)) subaccount balances of the eligible depositors of all subsidiary savings banks of the mutual holding company. The liquidation account established by a subsidiary savings bank shall comply with the rules contained in RCW 32.32.185 through 32.32.205, to the extent not inconsistent with these rules.

AMENDATORY SECTION (Amending WSR 92-06-041, filed 2/28/92, effective 3/30/92)

**WAC 50-14-130 Conversion of mutual holding company into stock holding company.** (1) If approved by the supervisor, a ~~((mutual holding company))~~ MHC may convert to a stock form holding company ~~((in accordance with the provisions contained in these rules))~~.

(2) ~~((If approved by the supervisor, the mutual holding company))~~ The MHC shall adopt a plan of conversion ((subject to and)) which the supervisor finds to be in accordance with the provisions of chapter 32.32 RCW and these rules.

(3) ~~((A plan of))~~ The conversion must include ((a)) such provisions requiring the exchange of shares of the subsidiary savings bank(s) for shares of the resulting stock holding company ((in a proportion established by independent appraisals of the mutual holding company and)) as the supervisor finds to be fair to members of the MHC who possess subscription rights and to stockholders of the subsidiary ((savings)) bank((s))((s)).

~~((4))~~ The limitation contained in RCW 32.32.075 shall continue until three years after conversion into a stock holding company--))

**WSR 93-11-088**  
**PROPOSED RULES**  
**HIGHER EDUCATION**  
**COORDINATING BOARD**  
[Filed May 19, 1993, 10:52 a.m.]

Original Notice.

Title of Rule: State of Washington health professional loan repayment and scholarship program.

Purpose: Adoption of rules to amend WAC 250-25-060, 250-25-070, and 250-25-080.

Statutory Authority for Adoption: HB 1993 and E2SSB 5304, Laws of 1993.

Statute Being Implemented: HB 1993 and E2SSB 5304, Laws of 1993.

Summary: Amending the health professional loan repayment/scholarship program to establish a fixed interest rate and uncap the maximum award amount.

Reasons Supporting Proposal: To make the program competitive with the federal program and allow for declaration of interest rate.

Name of Agency Personnel Responsible for Drafting and Implementation: Kathy McVay and John Klacik, 917 Lakeridge Way, Olympia, 753-3571; Enforcement: Shirley Ort, 917 Lakeridge Way, Olympia, 753-3571.

Name of Proponent: Higher Education Coordinating Board, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: See Summary and Reasons Supporting Proposal above.

Proposal Changes the Following Existing Rules: Set fixed interest rate at 8% for first 4 years, 10% thereafter; uncap maximum award amount for health professionals.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: Third Floor Conference Room, Higher Education Coordinating Board, 917 Lakeridge Way, Olympia, WA 98504, on June 23, 1993, at 9:30 a.m.

Submit Written Comments by June 23, 1993.

Date of Intended Adoption: July 14, 1993.

May 19, 1993

Jim Sainsbury

Acting Executive Director

AMENDATORY SECTION (Amending WSR 92-03-002, filed 1/3/92, effective 2/3/92)

**WAC 250-25-060 Award amount.** The annual award amount for each credentialed health care profession shall be based upon an assessment by the board, in consultation with the advisory committee, of reasonable annual eligible expenses and loan indebtedness incurred in training and education for each credentialed health care profession. The annual award amount may be established at a level less than annual eligible expenses. ~~((The annual award amount shall not be more than fifteen thousand dollars per year.))~~ The awards may be renewed for eligible participants who continue to meet all renewal criteria but shall not be paid for more than a maximum of five years per individual.

**AMENDATORY SECTION** (Amending WSR 92-03-002, filed 1/3/92, effective 2/3/92)

**WAC 250-25-070 Award disbursement.** As part of the award procedure, each participant must sign an agreement with the board which serves as the legal document verifying the participant's understanding of the obligation to serve for no less than three years ((or)) and no more than five years in a shortage area or repay the program according to the terms of the signed agreement.

Loan repayment participants shall receive payment from the program for the purpose of repaying educational loans secured while attending a program of health professional training which led to credentialing as a health professional.

(1) Repayment shall be limited to loans covering eligible educational and living expenses as approved by the board and shall include principal and interest.

(2) Loans from both government and private sources may be repaid by the program. Participants shall agree to allow the board access to loan records and to acquire information from lenders necessary to verify eligibility and to determine payments. Loans may not be renegotiated with lenders to accelerate repayment. Financial debts or service obligations which do not qualify for payment include: Public Health and National Health Service Corps scholarship training program, National Health Service Corps scholarship program, and armed forces (Army, Navy, or Air Force).

(3) Participants will be required to submit appropriate documentation of service as required by the board verifying the terms of the agreement have been met for each payment period.

(4) Participants violating the nondiscrimination provisions described in the signed agreement shall be declared ineligible and terminated from the program.

Scholarship participants shall receive payment from the program for the purpose of paying educational costs incurred while enrolled in a program of health professional training which leads to a credential as a credentialed health professional in the state of Washington. In no case shall the award amount exceed the actual cost of attendance for the particular program. Scholarship awards are intended to meet the eligible expenses of participants.

**AMENDATORY SECTION** (Amending WSR 92-03-002, filed 1/3/92, effective 2/3/92)

**WAC 250-25-080 Repayment provisions.** (~~Loan repayment participants who serve less than the required service obligation shall be obligated to repay to the program an amount equal to twice the total amount paid by the program on their behalf in addition to any payments on the unsatisfied portion of the principal and interest. Should the participant discontinue service in a health professional shortage area payments against the loans of the participant shall cease to be effective on the date that the participant discontinues service. The board shall not be held responsible for any outstanding payments on principal and interest to any lenders once a participant's eligibility expires.~~

~~Scholarship participants incur an obligation to repay the scholarship, with interest, unless they serve the required service obligation in a health professional shortage area in the state of Washington. The entire principal and interest of each payment shall be forgiven for each payment period in~~

~~which the participant serves in a health professional shortage area until the entire repayment obligation is satisfied or the borrower ceases to so serve. The terms of the repayment, including deferral and rate of interest, shall be consistent with the terms of the federal guaranteed student loan program.)) Participants in the health professional loan repayment and scholarship program incur an obligation to serve for no less than three years and no more than five years in a shortage area in return for financial support in the form of loan repayments and/or scholarships to attend school.~~

Loan repayments will be made quarterly on a yearly basis for no less than three years and no more than five years not to exceed the maximum debt incurred by the participant.

Loan repayment participants who serve less than the required service obligation shall be obligated to repay to the program an amount equal to twice the total amount paid by the program on their behalf. In addition, loan repayments on behalf of the participant shall cease on the date that the participant discontinues service. Payments on the unsatisfied portion of the principal and interest remain the responsibility of the participant. The board shall not be held responsible for any outstanding payments on principal and interest to any lenders once a participant's eligibility expires.

For scholarship participants, the entire principal and interest of each payment shall be forgiven for each payment period in which the participant serves in a health professional shortage area until the entire repayment obligation is satisfied or the borrower ceases to so serve.

Scholarship participants who serve less than the required service obligation shall be obligated to pay the unsatisfied portion of the principal and interest. The interest rate shall be eight percent for the first four years of repayment and ten percent beginning with the fifth year of repayment. Provisions for deferral of payment shall be determined by the board. In addition, scholarship participants who fail to fulfill the required service obligation shall be obliged to repay to the program an amount equal to twice the total amount paid by the program. The period for repayment shall coincide with the required service obligation, with payments accruing quarterly commencing no later than nine months from the date the participant completes or discontinues the course of study or completes or discontinues the required residency.

On the request of the participant, the board may waive, in full or in part, the obligation for service or its rights to recover financial damages whenever the board determines that failure to do so was due to circumstances beyond the participant's control. Conditions that would be considered as a waiver from default provisions may include: Participant becomes physically impaired to the degree that he or she can no longer function in his or her assigned duties; participant becomes mentally impaired to the degree that he or she can no longer function in his or her assigned duties; or death.

The board shall exercise due diligence in such collection, maintaining all necessary records to ensure that the maximum amount of payment made on behalf of the participant is recovered. Collection under this section shall be pursued using the full extent of the law, including wage garnishment if necessary.

**WSR 93-11-089**  
**PROPOSED RULES**  
**HIGHER EDUCATION**  
**COORDINATING BOARD**  
 [Filed May 19, 1993, 10:54 a.m.]

Original Notice.

Title of Rule: Future teacher conditional scholarship program, WAC 250-65-030, 250-65-040, 250-65-050, and 250-65-060.

Purpose: To implement program change as enacted in HB 1993, Laws of 1993 and to correct WAC numbering scheme.

Statutory Authority for Adoption: Chapters 28B.80 and 28B.102 RCW.

Statute Being Implemented: HB 1993, Laws of 1993.

Summary: Amend program regulations to delete reference to federal guaranteed loan regulations and substitute current program interest rates and deferral conditions (RCW 28B.102.060).

Reasons Supporting Proposal: HB 1993, Laws of 1993.

Name of Agency Personnel Responsible for Drafting and Implementation: Barbara Theiss and John Klacik, 917 Lakeridge Way, Olympia, WA 98504, (206) 586-1405; and Enforcement: Shirley Ort, 917 Lakeridge Way, Olympia, WA 98504, (206) 753-3571.

Name of Proponent: Higher Education Coordinating Board, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: Conditional scholarship program provides forgivable teaching loans that must be repaid if teaching obligation is not met. Amendatory language deletes reference to federal guaranteed student loan payment terms and codifies current repayment terms and deferment provisions.

Proposal Changes the Following Existing Rules: [No information supplied by agency.]

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: Higher Education Coordinating Board, Third Floor Conference Room, 917 Lakeridge Way, P.O. Box 43430, Olympia, WA 98504-3430, on June 23, 1993, at 9:30 a.m.

Submit Written Comments to: Jim Sainsbury, Acting Director, by June 23, 1993.

Date of Intended Adoption: July 14, 1993.

May 19, 1993  
 Jim Sainsbury  
 Acting Executive Director

**AMENDATORY SECTION** (Amending Order 1/88, Resolution No. 87-81, filed 1/8/88)

**WAC 250-65-030 Eligibility criteria.** (1) Student eligibility. In order to be eligible for a conditional scholarship under this program the student must:

(a) Be registered for a minimum of ten credit hours or the equivalent, at the time of disbursement, during any term for which a scholarship disbursement is issued.

~~((4))~~ Calculation of equivalency. In recognition of the fact that participating institutions have different academic calendars and apply different full-time enrollment definitions, the ten credit hour equivalent standard is defined as follows: As ten credit hours is 5/6's (10/12) of the minimum twelve credit hours required for full-time undergraduate enrollment, a course load that by institutional standard is the equivalent of 5/6's of a minimum full-time course load satisfies the threshold course load requirement of the future teacher conditional scholarship program.

(b) Demonstrate achievement of at least a 3.30 cumulative grade point average for students entering an eligible institution of higher education directly from high school; or maintain at least a 3.00 grade point average or the equivalent for each academic year in an institution of higher education, calculated at the end of each academic year. In the case of extenuating circumstances, the board may waive the grade point average requirement, with cause.

(c) Be classified as a resident student of the state of Washington for tuition and fee purposes.

(d) Be capable, in the opinion of the institution, of maintaining good standing in a course of study while funded by the program, and demonstrate satisfactory progress toward degree or certificate completion.

(e) Have declared an intention to complete an approved preparation program as determined by the institution leading to initial teacher certification or required for earning an additional endorsement, or a college or university graduate who is registered for at least ten credit hours per term, or the equivalent, and is seeking an additional teaching endorsement or initial teaching certification.

(f) Not be pursuing a degree in theology.

(2) While evidence of documented financial need is not a prerequisite for program participation, the board may include need as an element of the criteria for the screening and selection of recipients for approximately half of the program's recipients.

(3) Criteria for institutional determination of financial need and the making of awards:

(a) Budgetary costs will be determined by the institution subject to approval by the higher education coordinating board.

(b) Total applicant resources shall be determined according to the ~~((uniform))~~ federal methodology system of need analysis. Institutional financial aid officers may make reasonable adjustments to the computed total applicant resources if individual circumstances warrant such adjustments. In addition, nonliquid assets in the form of equity in the primary residence and net worth of business or farm may be disregarded in the computation of total applicant resources.

(c) The conditional scholarship, when offered in conjunction with other forms of governmentally provided student financial assistance, shall be designed in such a manner that the sum total of financial aid awarded any one student will not exceed the difference between the total applicant's resources and the budgetary cost of education.

~~((2))~~ (4) Institutional eligibility criteria.

~~((a))~~ Each institution must have a policy relating to the continuance of aid for students who enroll in but do not complete the number of credit or clock hours required to maintain satisfactory progress toward completion of his or

her degree or program objective. The institution must submit its policy to the board annually for approval.

**AMENDATORY SECTION** (Amending Order 1/88, Resolution No. 87-81, filed 1/8/88)

**WAC 250-65-040 Screening and selection of recipients.** Whenever possible in selecting conditional scholarship recipients, the board will give preference to qualified candidates who wish to become future teachers who fulfill both purposes of the statute:

((+)) Recruitment of students who have distinguished themselves through outstanding academic achievement; and  
 ((2)) Students who can act as role models for children and youth including those from targeted ethnic minorities.

(1) Program advisory and screening committee. The board will annually appoint an advisory committee to advise the board on matters of program administration including, but not limited to, scholarship screening and selection criteria and procedures, fund raising, program publicity, and efforts to recruit minority students. The advisory committee shall also serve as a screening committee in assisting the board in selecting the students to receive conditional scholarships.

(2) Selection of recipients.

((+)) Assuming program eligibility criteria is met, the following additional selection criteria will be employed by the board in ranking candidates and awarding conditional scholarships:

((+)) (a) Superior scholastic achievement.

((+)) (b) Leadership ability.

((+)) (c) Community contributions.

((+)) (d) Ability to act as a role model for targeted ethnic minority students.

((+)) (e) Brief statement evidencing the student's commitment to teaching and evidence of promise as a future teacher.

((+)) (f) Financial need (may be considered for approximately half of the recipients).

((+)) (g) Eligibility for renewal of conditional scholarship.

(3) Renewal scholarships. As a priority in awarding conditional scholarships, the board may continue to make awards to an eligible recipient for a maximum of five academic years.

**AMENDATORY SECTION** (Amending Order 1/88, Resolution No. 87-81, filed 1/8/88)

**WAC 250-65-050 Administration.** ((+)) Administering agency. The higher education coordinating board shall administer the future teacher conditional scholarship program. The staff of the higher education coordinating board, under the direction of the executive director, will manage the administrative functions relative to the program. The board shall have the following administrative responsibilities, encompassed within the board's enumerated powers and duties:

((+)) (1) Enter into agreements with participating institutions, and billing and collection agencies as may be necessary.

((+)) (2) Select students to receive conditional scholarships, with the assistance of a screening committee com-

posed of teachers and leaders in government, business, and education.

((+)) (3) Adopt necessary rules and guidelines.

((+)) (4) Publicize the program.

((+)) (5) Collect and manage repayments from students who do not meet their teaching obligations.

((+)) (6) Solicit and accept grants and donations from public and private sources for the program.

**AMENDATORY SECTION** (Amending Order 1/88, Resolution No. 87-81, filed 1/8/88)

**WAC 250-65-060 Control of funds.** The higher education coordinating board may award conditional scholarships to eligible students from the funds appropriated to the board for this purpose, or from any private donations, or any funds given to the board for this program.

(1) Scholarship amounts:

((+)) The amount of the conditional scholarship awarded an individual shall not exceed three thousand dollars per academic year. Students are eligible to receive conditional scholarships for a maximum of five years. The total amount of such scholarships to an eligible student shall not exceed fifteen thousand dollars. The duration of service obligation does not vary with the value of the scholarship(s).

(2) The scholarship recipient shall enter into an agreement with the higher education coordinating board agreeing to comply with the rules, regulations, and guidelines of the conditional scholarship program. The agreement shall serve as the legal document verifying the recipient's understanding of the obligation to repay the conditional scholarship if teaching service is not fulfilled.

(3) Repayment terms:

(a) Participants in the conditional scholarship program incur an obligation to repay the conditional scholarship, with interest, unless they teach for ten years in the public schools of the state of Washington, under rules adopted by the board.

(b) ~~((+)) The terms of the repayment, including deferral of the interest, shall be consistent with the terms of the federal guaranteed loan program.~~ The interest rate shall be eight percent for the first four years of repayment and ten percent beginning with the fifth year of repayment.

(c) The period for repayment shall be ten years, with payments of principal and interest accruing quarterly commencing nine months from the date the participant completes or discontinues the course of study. Provisions for deferral of payment shall be determined by the board.

(d) The entire principal and interest of each payment shall be forgiven for each payment period in which the participant teaches in a public school until the entire repayment obligation is satisfied or the borrower ceases to teach at a public school in this state. Should the participant cease to teach at a public school in this state before the participant's repayment obligation is completed, payments on the unsatisfied portion of the principal and interest shall begin the next payment period and continue until the remainder of the participant's repayment obligation is satisfied.

((+)) (4) Collection of repayments:

(a) The board is responsible for collection of repayments made and shall exercise due diligence in such collection,

maintaining all necessary records to ensure that maximum repayments are made.

(b) The board is responsible to forgive all or parts of such repayments under the criteria established by the board and shall maintain all necessary records of forgiven payments.

~~((4))~~ (5) Receipts:

~~((a))~~ Receipts from the payment of the principal or interest or any other subsidies to which the board as administrator is entitled, which are paid by or on behalf of participants under this section, shall be deposited with the board and shall be used to cover the costs of granting the conditional scholarships, maintaining necessary records and making collections. The board shall maintain accurate records of these costs, and all receipts beyond those necessary to pay such costs shall be used to grant conditional scholarships to eligible students.

**WSR 93-11-090  
PROPOSED RULES  
HIGHER EDUCATION  
COORDINATING BOARD**

[Filed May 19, 1993, 10:55 a.m.]

Original Notice.

Title of Rule: Educational opportunity grant program—Placebound students, WAC 250-70-030.

Purpose: To implement program change as enacted in EHB 1748, Laws of 1993.

Statutory Authority for Adoption: Chapters 28B.80 and 28B.101 RCW.

Statute Being Implemented: EHB 1748, Laws of 1993.

Summary: Amend program regulations to stipulate that eligible institutions be either public 4-year institutions or private 4-year institutions which are members of the NW Association of Schools and Colleges. (RCW 28B.101.030).

Reasons Supporting Proposal: EHB 1748, Laws of 1993.

Name of Agency Personnel Responsible for Drafting and Implementation: Barbara Theiss and John Klacik, 917 Lakeridge Way, Olympia, WA 98504, (206) 586-1405; and Enforcement: Shirley Ort, 917 Lakeridge Way, Olympia, WA 98504, (206) 753-3571.

Name of Proponent: Higher Education Coordinating Board, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: The Educational Opportunity Grant program provides \$2500 grants to upper-division, financially needy placebound students. Currently, students may attend any 4-year baccalaureate institution operating in the state of Washington. The effect of the amendment is to clarify that, in addition to public institutions, students may use the grant to attend private baccalaureate institutions in Washington that are member institutions of the NW Association of Schools and Colleges, which is consistent with other financial assistance programs in the state of Washington.

Proposal Changes the Following Existing Rules: [No information supplied by agency.]

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: Higher Education Coordinating Board, Third Floor Conference Room, 917 Lakeridge Way, P.O. Box 43430, Olympia, WA 98504-3430, on June 23, 1993, at 9:30 a.m.

Submit Written Comments to: Jim Sainsbury, Acting Director, by June 23, 1993.

Date of Intended Adoption: July 14, 1993.

May 19, 1993

Jim Sainsbury

Acting Executive Director

AMENDATORY SECTION (Chapter 250-70 WAC, 1990 [Amending WSR 90-16-023, filed 7/20/90])

**WAC 250-70-030 Institutional eligibility.** To qualify as an eligible institution for purposes of this program an institution shall:

(1) Be a public university or four-year college operated by the state of Washington political subdivision thereof, or a private baccalaureate institution of higher education in the state of Washington (~~((which is accredited or otherwise licensed to do business in the state of Washington))~~) which is a member institution of the Northwest Association of Schools and Colleges. Any institution, branch, extension or facility operating within the state of Washington which is affiliated with an institution operating in another state must be a separately accredited member institution of the above named accrediting association, and

(2) Be certified by the higher education coordinating board as having existing unused capacity to accommodate educational opportunity grant recipients within existing educational programs and facilities, excluding any branch campus or education program established under chapter ~~((285.45))~~ 28B.45 RCW, and

(3) Complete an agreement to participate and acknowledge its responsibility to administer the educational opportunity grant program according to prescribed rules and regulations and guidelines, and otherwise give evidence of its eligibility, if necessary.

**Reviser's note:** The bracketed material preceding the section above was supplied by the code reviser's office.

**Reviser's note:** RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

**Reviser's note:** The typographical error in the above section occurred in the copy filed by the agency and appears in the Register pursuant to the requirements of RCW 34.08.040.

**Reviser's note:** The spelling error in the above section occurred in the copy filed by the agency and appears in the Register pursuant to the requirements of RCW 34.08.040.

**WSR 93-11-091**  
**PROPOSED RULES**  
**HIGHER EDUCATION**  
**COORDINATING BOARD**  
 [Filed May 19, 1993, 10:57 a.m.]

Original Notice.

Title of Rule: American Indian endowed scholarship program, WAC 250-76-020 and 250-76-070.

Purpose: Implement program change as enacted HB 2048, Laws of 1993.

Statutory Authority for Adoption: Chapters 28B.80 and 28B.108 RCW.

Statute Being Implemented: Chapter 28B.108 RCW as amended by HB 2048, Laws of 1993.

Summary: Amend program regulations to allow acceptance of conditional gifts of private moneys (RCW 28B.108.060 and 28B.108.070).

Reasons Supporting Proposal: HB 2048, Laws of 1993.

Name of Agency Personnel Responsible for Drafting and Implementation: John Klacik, 917 Lakeridge Way, Olympia, WA 98504, (206) 586-1405; and Endorsement: Shirley Ort, 917 Lakeridge Way, Olympia, WA 98504, (206) 753-3571.

Name of Proponent: Higher Education Coordinating Board, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: Provides ability to accept conditional gift dollars to match state dollars to establish on-going endowment for scholarships to American Indian students, and authority to return conditional gifts in the event the conditions of the gift are not met.

Proposal Changes the Following Existing Rules: Under the regulations currently in place, conditional gift dollars are not allowed.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: Higher Education Coordinating Board, Third Floor Conference Room, 917 Lakeridge Way, P.O. Box 43430, Olympia, WA 98504-3430, on June 23, 1993, at 9:30 a.m.

Submit Written Comments to: Jim Sainsbury, Acting Executive Director, by June 23, 1993.

Date of Intended Adoption: July 14, 1993.

May 18, 1993

Jim Sainsbury

Acting Executive Director

**AMENDATORY SECTION** (Amending WSR 92-04-018, filed 1/27/92, effective 2/27/92)

**WAC 250-76-020 Program definitions.** (1) "Institution of higher education" or "institution" shall mean any public university, college, community college, or technical college operated by the state of Washington or any political subdivision thereof, or any other university, college, school, or institute in the state of Washington offering instruction beyond the high school level which is a member institution of the Northwest Association of Schools and Colleges, providing such institution agrees to participate in the program in accordance with all applicable rules and regula-

tions. Any institution, branch, extension or facility operating within the state of Washington which is affiliated with an institution operating in another state must be a separately accredited member institution of the above named accrediting association.

(2) "Board" means the higher education coordinating board. When a duty or responsibility of the board is referenced in these regulations, the authority needed to discharge that responsibility lies with the executive director or his or her designee.

(3) "Eligible student" or "student" means an American Indian student who meets the eligibility criteria as defined in WAC 250-76-030(1).

(4) "Full-time undergraduate student" is defined as a student who is enrolled for twelve quarter credits or the equivalent.

(5) "Full-time graduate student" is defined as one who is enrolled in at least the minimum credit course load required by the institution for disbursing financial aid to full-time graduate students.

(6) "Private cash donation," "private donation," or "donation" means moneys from non-state sources that include, but are not limited to, federal moneys, tribal moneys, and assessments by commodity commissions authorized to conduct research activities, including but not limited to, research studies authorized under RCW 15.66.030 and 15.65.040.

(7) "Conditional gift" means a private cash donation received as a gift and subject to conditions by the contributor.

**AMENDATORY SECTION** (Amending WSR 92-04-018, filed 1/27/92, effective 2/27/92)

**WAC 250-76-070 Management of funds.** (1) American Indian endowed scholarship trust fund. Funds appropriated by the legislature for the American Indian endowed scholarship trust fund shall be deposited into the fund and invested by the state treasurer.

(a) As the higher education coordinating board can match \$50,000 of state funds with an equal amount of private cash donations, the board may request that the state treasurer deposit \$50,000 of state matching funds and any earned interest from the trust fund into the American Indian scholarship endowment fund.

(2) American Indian scholarship endowment fund. The American Indian scholarship endowment fund shall be administered by the state treasurer. Moneys received from the higher education coordinating board, private donations, state matching moneys, and funds received from any other source may be deposited into the endowment fund. All moneys deposited in the endowment fund shall be invested by the state treasurer.

(a) ~~(Donated moneys)~~ With the exception of conditional gifts, donated moneys may not be refunded, or otherwise returned, to the contributor after they have been deposited to the endowment fund.

Conditional gift moneys may be refunded, or otherwise returned, according to the terms of the conditional gift if the condition attached to the gift has failed. Moneys returned in this manner shall not constitute an invasion of corpus.

(b) A donation may not be accepted if such acceptance conditions the awarding of scholarships (~~from the endowment~~) in a manner contrary to chapter 28B.108 RCW, or contrary to the guidance of the program's advisory committee.

(3) Scholarships shall be disbursed from the investment earnings of the trust fund and the endowment fund, with the exception of the portion of earnings reinvested in the fund according to the terms of a conditional gift. The principal of the trust and endowment funds shall not be invaded. No scholarships shall be awarded until sufficient earnings from the combined trust and endowment funds have accumulated.

(4) As sufficient earnings from the combined trust and endowment funds have accumulated, the higher education coordinating board may request that the state treasurer release earnings from the endowment fund to the board for scholarships.

(5) The higher education coordinating board may award scholarships to eligible students from the moneys earned by the American Indian endowed trust fund and the American Indian scholarship endowment fund as administered by the state treasurer, or from funds appropriated to the board for this purpose, or from any private donations, or from any other funds given to the board for this program.

**WSR 93-11-092**  
**PROPOSED RULES**  
**HIGHER EDUCATION**  
**COORDINATING BOARD**  
 [Filed May 19, 1993, 10:59 a.m.]

Original Notice.

Title of Rule: Washington award for excellence in education academic grant, WAC 250-78-050 and 250-78-060.

Purpose: Develops procedure for determining amount of reimbursement for payment of academic grant for tuition reimbursement for educational coursework through Washington private colleges and universities; develops procedure for payment of grant and stipend benefits in the event of funding shortfall.

Statutory Authority for Adoption: Chapters 28B.80 and 28A.625 RCW.

Statute Being Implemented: Chapter 28A.625 RCW, RCW 28B.80.255 and 28B.80.265.

Summary: Sets maximum reimbursement formula for payment of educational expenses through Washington private colleges and universities; prioritizes payment of reimbursements and develops procedure for payment of grant and stipend benefits in event of funding shortfall.

Reasons Supporting Proposal: Formalizes current procedure for identifying amount of state match paid to reimburse eligible private school educational expenses under the academic grant; respond to advice of agency's attorney general to set procedure for payment of grant and stipend benefits in event of funding shortfall.

Name of Agency Personnel Responsible for Drafting and Implementation: Ann McLendon and John Klacik, 917 Lakeridge Way, Olympia, WA 98504, (206) 586-5505; and

Enforcement: Shirley Ort, 917 Lakeridge Way, Olympia, WA 98504, (206) 753-3571.

Name of Proponent: Higher Education Coordinating Board, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: Formally recognizes procedure used to calculate state share of grant match of eligible educational costs for coursework through participating Washington private colleges and universities; develops procedures to provide reimbursement of eligible educational costs under the academic grant and/or stipend benefit in the event of a funding shortfall.

Proposal Changes the Following Existing Rules: See above.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: Higher Education Coordinating Board, Third Floor Conference Room, 917 Lakeridge Way, P.O. Box 43430, Olympia, WA 98504, on June 23, 1993, at 9:30 a.m.

Submit Written Comments to: Jim Sainsbury, Acting Executive Director, by June 23, 1993.

Date of Intended Adoption: July 14, 1993.

May 18, 1993  
 Jim Sainsbury  
 Acting Executive Director

AMENDATORY SECTION (Amending WSR 92-16-037, filed 7/30/92, effective 7/30/92)

**WAC 250-78-050 Award amount.** (1) The academic grant shall be used to reimburse recipients for actual costs of tuition and fees up to a maximum of forty-five quarter or thirty semester credit hours. The rate of reimbursement per credit hour shall not exceed the resident, graduate, part-time cost per credit hour at the University of Washington in the year the recipient takes the credit.

(2) Recipients who were awarded the tuition/fee waiver benefit for forty-five quarter or thirty semester credits prior to May 17, 1991 shall receive the remaining value of the tuition/fee waiver in the form of the academic grant. Conversion of the tuition/fee waiver to the value of individual recipient academic grants shall be calculated as a ratio of available (unused) credits remaining in the tuition/fee waiver benefit to the total credits originally awarded.

(3) Consistent with terms of prior law, recipients who received notification of their award by the office of the superintendent of public instruction prior to May 17, 1991 may be eligible to receive a stipend not to exceed one thousand dollars for costs incurred in taking courses covered by the academic grant.

(4) Recipients who received notification of their award by the office of the superintendent of public instruction after May 17, 1991 may be eligible to receive a stipend not to exceed one thousand dollars for costs incurred in taking courses covered by the academic grant only if funds are specially appropriated for stipends under this program.

(5) Washington private colleges and universities may elect to participate in the program.

(a) Award recipients attending Washington private colleges and universities may receive an academic grant, provided the following additional criteria are met;

(i) The institution elects to participate in the program; and

(ii) The institution matches the amount of the academic grant received by the recipient from the state on at least a dollar-for-dollar basis, either with actual money or by waiver of fees. If the institution chooses to match the academic grant with actual cash rather than by waiver of tuition/fees, the institutional match shall consist of dollars derived from institutional gift aid funds.

(b) The maximum reimbursement payable per credit by the state to a recipient attending a Washington private institution under the academic grant shall be calculated as the lesser of one of the following amounts:

(i) One-half of the recipient's cost of tuition/fees for that academic term; or

(ii) The resident, graduate, part-time cost per credit hour for tuition/fees at the University of Washington for an equivalent number of allowable credits in the year the recipient takes the credit; and

(iii) Not to exceed the maximum value of credits remaining in the recipient's academic grant award; and

(iv) Not to exceed the dollar value provided by the institution to match the state portion of the academic grant.

(c) Any recipient who received notification of his or her award by the office of the superintendent of public instruction prior to May 17, 1991 has a vested right to the one thousand dollar stipend, including those recipients who elect to attend a private institution. Award recipients named by the office of the superintendent of public instruction after May 17, 1991 shall be entitled to receive payment of the stipend only if funds are specifically appropriated for stipends under this program. However, private institutions are not required to match the amount of the stipend.

(6) Award recipients who elect to use the academic grant for courses at a public or private higher education institution in another state or country may receive an academic grant, provided the following additional criteria are met:

(a) The institution has an exchange program with a public or private higher education institution in Washington and the exchange program is approved or recognized by the higher education coordinating board; or

(b) The institution is approved or recognized by the higher education coordinating board; and

(c) The recipient of the Washington award for excellence in education (Christa McAuliffe) academic grant has submitted in writing to the higher education coordinating board an explanation of why the preferred course or courses are not available at a public or private institution in Washington.

**AMENDATORY SECTION** (Amending WSR 92-16-037, filed 7/30/92, effective 7/30/92)

**WAC 250-78-060 Management of funds.** (1) Disbursements of all grant and stipend funds are contingent upon appropriations ~~((and)).~~ In the event that funds are insufficient ~~((disbursements will be issued term by term))~~ to

pay all eligible reimbursement claims submitted, disbursements will be issued to recipients on the following basis:

(a) Claims for reimbursement of eligible educational costs shall be paid, in order of receipt by the board, up to the value remaining in the recipient's academic grant or stipend benefit, and to the extent of available funds.

(b) Claims for reimbursement of eligible educational costs which have not been paid in full shall become first priority for payment, in order of receipt by the board, up to the value remaining in the recipient's academic grant or stipend benefit, as funds become available to the program through:

(i) Supplemental moneys appropriated to the program for the current fiscal year; or

(ii) Funds appropriated to the program for the next fiscal year; or

(iii) Funds appropriated to the program for subsequent biennia.

(2) At the option of the board, the academic grant may be disbursed as a lump sum award or in incremental amounts on a term by term basis.

(3) Recipients who have not fully utilized their award benefit within the four year eligibility period shall forfeit the remaining value of their academic grant award.

**WSR 93-11-093**  
**PROPOSED RULES**  
**HIGHER EDUCATION**  
**COORDINATING BOARD**  
[Filed May 19, 1993, 11:01 a.m.]

Original Notice.

Title of Rule: State work study program.

Purpose: Update rules to reflect current policy.

Statutory Authority for Adoption: RCW 28B.12.020 through 28B.12.070.

Statute Being Implemented: RCW 28B.12.020 through 28B.12.070.

Summary: The proposed rules explain how the state work study program will be administered based on current state policy and selected federal provisions used in the program.

Reasons Supporting Proposal: The changes are submitted to update and clarify public understanding of program administration.

Name of Agency Personnel Responsible for Drafting and Implementation: Betty Gebhardt, 917 Lakeridge Way, Olympia, WA, 753-4592; and Enforcement: Shirley A. Ort, 917 Lakeridge Way, Olympia, WA 753-4592.

Name of Proponent: Higher Education Coordinating Board, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: This set of rule changes come from the following sources, the board's 1993 student aid policy study; the federal 1992 Reauthorization of the Higher Education Act; the updated principles of funds distribution; and the staff's work to update rules on more general items.

Proposal Changes the Following Existing Rules: Updates terminology, deletes outdated reference, inserts

applicable federal changes and replaces language on principles of funds distribution.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: Tacoma Room, WestCoast Sea-Tac Hotel, 18220 Pacific Highway South, Seattle, WA, on June 24, 1993, at 9:00 a.m. - 12:00 p.m.

Submit Written Comments to: Betty Gebhardt, Higher Education Coordinating Board, 917 Lakeridge Way, P.O. Box 43430, Olympia, WA 98504-3430, by June 24, 1993.

Date of Intended Adoption: July 14, 1993.

May 19, 1993

James C. Sainsbury

Acting Executive Director

AMENDATORY SECTION (Amending Order 3/88, Resolution No. 88-11, filed 4/21/88)

**WAC 250-40-030 Definitions.** (1) "Financial need" shall be the difference between the budgetary cost to the student attending an institution of postsecondary education and the total ~~((applicant resources))~~ family contribution which the institutional financial aid ~~((officer))~~ administrator determines can reasonably be expected to be available to the student for meeting such costs.

(2) "Budgetary cost" of attending an institution shall consist of ~~((that amount required to support the individual and may include the costs of his or her dependents during the period in which that individual is enrolled as a student))~~ those costs required to support the individual and other costs in accordance with federal costs of attendance calculations during the period of enrollment. Budgets will reflect the ~~((latest recognized))~~ applicable years' cost levels for tuition, room and board, transportation, books, supplies, personal expenses, and any other cost factors deemed necessary for consideration, consistent with WAC 250-40-040 (2)(a).

(3) "Total ~~((applicant))~~ family contribution and resources" ~~((for the dependent student shall mean the sum of the amounts which reasonably may be expected from the student and his or her spouse inclusive of expected summer savings to meet the student's cost of education, and the amount which reasonably may be expected to be made available to the student by his or her parents for such purpose. For the self-supporting student total applicant resources shall mean the amount which reasonably may be expected from the student and his or her spouse inclusive of expected summer savings to meet the student's cost of education))~~ shall be consistent with amounts recognized by federal need analysis criteria, unless otherwise modified in accordance with these rules and program guidelines.

(4) "Washington resident" shall be defined as an individual who satisfies the requirements of RCW 28B.15.011 - 28B.15.013 and board-adopted rules and regulations pertaining to the determination of residency.

(5) "Eligible institution of postsecondary education" shall mean any postsecondary educational institution in the state of Washington accredited by the Northwest Association of ~~((Secondary and Higher))~~ Schools and colleges, or any public ((vocational technical institute)) technical colleges in the state of Washington.

(6) "Eligible employer" shall be defined as any eligible public institution of postsecondary education, any other

nonprofit organization which is nonsectarian, or any profit-making nonsectarian employer producing a good or providing a service for sale or resale to others, can and agrees to provide employment of a demonstrable benefit related to the student's postsecondary educational pursuits and which conducts business within the state of Washington, or any other employer approved by the higher education coordinating board. In approving an employer as eligible, the board or an institution acting as its agent will consider at the minimum ~~((+;+;+))~~:

(a) The relationship of the jobs to the students' educational objectives;

(b) The potential for displacement of regular employees;

(c) The rate of pay as compared to salaries and wages provided other employees engaged in similar work;

(d) The employer's compliance with appropriate federal and state civil rights laws.

(7) "Dependent student" shall mean any post-high school student attending an eligible institution of postsecondary education who does not qualify as ~~((a self-supporting))~~ an independent student in accordance with subsection (8) of this section.

~~((("Self-supporting student" shall be one who has established a bona fide independent relationship and who demonstrates compliance with criteria for determining self-supporting status as contained in the program guidelines.))~~ "Independent student" shall mean any student who qualifies as an independent student for federal student aid.

(9) "Half-time student" means any student enrolled in ~~((exactly))~~ at least one-half the credit hour or clock hour load defined by the institution as constituting expected full time progress toward the particular degree or certificate.

AMENDATORY SECTION (Amending Order 3/88, Resolution No. 88-11, filed 4/21/88)

**WAC 250-40-040 Student eligibility and selection.**

(1) Eligibility criteria. In order to be eligible for employment under this program the student must:

(a) Demonstrate financial need.

(b) Be enrolled or accepted for enrollment as at least a half-time undergraduate, graduate or professional student or be a student under an established program designed to qualify him or her for enrollment as at least a half-time student at an eligible institution of postsecondary education.

(c) Be capable, in the opinion of the institution, of maintaining good standing in a course of study while employed under the program, and demonstrate satisfactory progress toward degree or certificate completion.

(d) Not be pursuing a degree in theology.

(e) Not owe a refund or repayment on a state or federal financial aid grant program and is not in default on a loan made, insured, or guaranteed under federal and state financial aid loan programs.

(2) Criteria for institutional determination of financial need and the making of awards.

(a) Standard budgetary costs will be determined by the institution subject to approval by the higher education coordinating board. ~~((The advisory committee authorized by WAC 250-40-070(4) of these regulations will review each budget for reasonableness and make recommendations to the board for approval or disapproval.))~~

(b) Total applicant resources shall be determined according to the ~~((congressional))~~ federal methodology system of need analysis. Institutional financial aid officers may make reasonable adjustments to the computed total applicant resources if individual circumstances warrant such adjustments. ~~((In addition, nonliquid assets in the form of equity in the primary [residence] [resident] and net worth of business or farm may be disregarded in the computation of total applicant resources.))~~

Any adjustments must be documented and placed in the student's financial aid ~~((file))~~ records.

(c) The work-study award shall be designed in such a manner that the sum total of financial aid awarded any one student will not exceed the difference between the total applicant's resources and the budgetary cost of education. ~~((In the case of students attending participating private institutions, the sum of the state share of the state work-study wages and a state need grant, if awarded, may not exceed the non-tuition and required fee portion of the student's budgetary cost.))~~

(d) Each institution must have a policy relating to the continuance of aid for students who enroll in but do not complete the number of credit or clock hours required to maintain satisfactory progress toward completion of his or her degree or program objective. The institution must submit its policy to the board annually for approval. ~~((The advisory committee authorized by WAC 250-40-070(4) will make recommendations to the board for approval or disapproval of each institution's policy.))~~

(3) Priorities in placing students.

(a) The institution must, wherever possible, place students in positions which are related to their educational goals or career interests. At the time of job placement, the student who is able to obtain course- or career objective-related employment shall be awarded in favor of one who is not able to obtain such employment.

(b) At the time of job placement, and after consideration of (a) above, no eligible Washington resident shall be excluded in favor of a nonresident.

(c) It is the intent of the work study program to assist those students from moderate income family backgrounds whose total applicant resources are insufficient to cover the total budgetary costs of education; and who, but for this program, would normally be forced to rely heavily on loans.

**AMENDATORY SECTION** (Amending Order 3/88, Resolution No. 88-11, filed 4/21/88)

**WAC 250-40-050 Restrictions on student placement and compensation.** (1) Displacement of employees. Employment of state work-study students may not result in displacement of employed workers or impair existing contracts for services.

(a) State work-study students employed by public institutions of postsecondary education may not fill positions currently or formerly occupied by classified employees.

(b) In cases of governmental employment, state work-study students may fill positions which have been previously occupied but were vacated as a result of implementing previously adopted reduction in force policies in response to employment limitations imposed by federal, state or local governments.

(c) In all other cases, state work-study students may not fill positions which have been occupied by regular employees during the current or prior calendar or fiscal year.

(2) Rate of compensation. All work-study positions shall receive compensation equal to the entry level salary of comparable positions.

Students employed by public postsecondary educational institutions who are filling positions which are comparable to higher education personnel board classified positions must be paid entry level higher education personnel board wages for the position.

Determination of comparability must be made in accordance with state work-study program operational guidelines.

Documentation must be on file at the institution for each position filled by a state work-study student which is deemed by the institution as not comparable to a higher education personnel board position.

(3) Maximum total compensation. Earnings beyond the student's state work-study eligibility must be reported to the financial aid officer, and resulting adjustments made in the financial aid package in accordance with ~~((congressional))~~ federal methodology. In the event that a student earns more money from state work-study employment than the institution anticipated when it awarded student financial aid, the excess is to be treated in accordance with the method specified in the state work-study operational guidelines.

(4) State share of student compensation~~((;-))~~ with the exception of board-approved off campus community service placements, the state share of compensation paid students shall not exceed 80 percent of the student's gross compensation. In the following cases the state share may be established at 80 percent: (a) When employed by state supported institutions of postsecondary education at which they are enrolled~~((;-))~~; (b) when employed as tutors by the state's common school districts ~~((which have entered into a special agreement with the higher education coordinating board for placement of students in an authorized program providing tutorial assistance, and)); and~~ (c) when employed in tutorial or other support staff positions by nonprofit adult literacy service providers in the state of Washington who meet guideline criteria for participation ~~((in the 1985-87 adult literacy pilot program))~~. The state share of compensation paid students employed by all other employers shall not exceed 65 percent of the student's gross compensation.

(5) Employer share of student compensation. The employer shall pay a minimum of 20 percent or 35 percent of the student's gross compensation as specified in subsection (4) above, plus the costs of any employee benefits including all payments due as an employer's contribution under the state workman's compensation laws, federal Social Security laws, and other applicable laws. The ~~((federally-funded college))~~ federal work-study program cannot be used to provide employer share of student compensation except when used for placement of students in tutorial or other support staff positions with adult literacy service providers in the state of Washington who meet guideline criteria for participation ~~((in the 1985-87 adult literacy pilot program))~~.

(6) Academic credit for state work-study employment. Students may receive academic credit for experience gained through state work-study employment.

(7) Maximum hours (~~worked~~) reimbursed. Employment of a student in excess of an average of 19 hours per week over the period of enrollment for which the student has received an award or maximum of 40 hours per week during vacation periods will not be eligible for reimbursement from state funds.

A student may not be concurrently employed in the same position by the state work-study program and the federal (~~college~~) work-study program and exceed the 19 hours per week average.

Further, the student cannot accept other on-campus employment which results in a waiver of the nonresident tuition and fees differential under RCW 28B.15.014.

(8) Types of work prohibited. Work performed by a student under the state work-study program shall not be sectarian related and shall not involve any partisan or nonpartisan political activity.

(9) Relationship to formula staffing percentage. Placement of state work-study students in on-campus positions at public postsecondary educational institutions may not result in a level of employment in any budget program in excess of a formula staffing percentage specifically mandated by the legislature.

AMENDATORY SECTION (Amending Order 1-87, Resolution No. 87-59, filed 7/29/87)

**WAC 250-40-060 Institutional application and allotment procedures.** (1) ~~((The convening of a review committee. The board staff will convene its advisory committee in accordance with WAC 250-40-070(6) to act as a review committee for the purpose of recommending the allotment of funds to students by institution. Beginning with 1975-76 awards, institutions will be notified of funds available for their students by May 1 of the year prior to the academic year in which awards will be given, or whenever the legislative appropriation becomes known, whichever is later.~~

~~(2) Information to be used in review process. In its deliberations, the panel will make use of information available from the institution's application for federal funds, supplemented by any other relevant information made available to the board.~~

~~(3)) Application. Institutions shall annually apply for and document campus need for student employment funds.~~

(2) Institutional reserve of funds. The board shall annually develop a reserve of funds for the body of students at each eligible participating institution. Institutions will be notified of funds available for their students by May 1 of the year prior to the academic year in which awards will be given, or within a reasonable period after the legislative appropriation becomes known, whichever is later. The following steps shall govern the determination and allotment of institutional reserves:

(a) A base funding level, or "conditional guarantee," shall be adopted for each institution currently participating in the program. In years of level program funding, the initial allotment of funds to any one institution shall equal its "conditional guarantee." The conditional guarantee will equal the amount of funds initially reserved to the institution in the prior fiscal year.

(b) Eligible institutions currently not participating in the program shall be continually encouraged to enter the program and will be funded at a reasonable level.

(c) Each institution shall share proportionally in the event of budget reductions.

(d) Institutions displaying a pattern of fund underutilization shall have their allocations reevaluated and reduced if necessary.

(e) Funding increases shall be distributed on an objective basis among institutions in a manner which, when combined with Federal Work Study allocations, furthers a parity of work opportunity among students state-wide.

(f) No institution will be awarded funds which, in the institution's judgment or judgment reasonably exercised by the board, will exceed what the institution can adequately administer.

(3) The convening of an advisory committee. The board staff will convene its advisory committee annually in accordance with WAC 250-40-070(5) to review program policies and procedures.

(4) Reallotments. If it is determined that an institution is unable to award all of the funds allotted it the board will reduce its allotment accordingly and will redistribute unutilized funds to other eligible institutions. Reallotments however, shall not increase or decrease an institution's "conditional guarantee."

AMENDATORY SECTION (Amending Order 1-87, Resolution No. 87-59, filed 7/29/87)

**WAC 250-40-070 Administration.** ~~((1) [Administering agency] [The convening of a review committee].))~~ The higher education coordinating board shall administer the work-study program. The staff of the higher education coordinating board under the direction of the executive director will manage the administrative functions relative to the program and shall be authorized to enter into agreement with:

(a) Eligible public institutions for the placement of students and the reimbursement of employers for the state share of the student's compensation.

(b) Eligible private institutions for the placement of students.

(c) Employers of students attending eligible private institutions for the reimbursement of the state share of the student's compensation. Such agreements shall be written to ensure employer compliance with the rules and regulations governing the work-study program.

(2) Responsibility of eligible public institutions. The institution will:

(a) Assist the board in contracting with eligible employers or, enter into contract with eligible organizations for employment of students under the work-study program. Such agreements shall be written to ensure employer compliance with the rules and regulations governing the work-study program.

(b) Determine student eligibility and arrange for placement.

(c) Arrange for payment of the state share of the student's compensation.

(3) Responsibility of eligible private institutions. The institution will:

(a) Assist the board in contracting with eligible employers.

(b) Determine student eligibility, arrange for placement with employers, and notify the board of such placement.

(c) Submit student time sheets to the board in the prescribed manner and time frame outlined in guidelines.

(4) Employer responsibilities:

(a) Before it may participate in the program, an eligible employer must enter into agreement with the higher education coordinating board or a public institution acting as its agent, thereby certifying its eligibility to participate and its willingness to comply with all program requirements.

(b) Certification of payment to students by the eligible organization shall be made under oath in accordance with RCW ~~((9A.71.085 [9A.72.085]))~~ 9A.72.085.

(c) Submit student time sheets to the institution in a timely manner.

(5) Advisory committee. The board will appoint an advisory committee composed of representatives of eligible institutions, employee organizations having membership in the classified service of the state's institutions of postsecondary education, a student and persons as may be necessary to advise the board staff on matters pertaining to the administration of the work-study program. In addition, representatives from postsecondary educational advisory and governing bodies will be invited to participate in advisory committee meetings when annual institutional allocations are being determined.

(6) Institutional administrative allowance. Contingent upon funds being made available to the higher education coordinating board for the operation of the work-study program, the public institutions will be provided an administrative expense allowance. In order to qualify for the allowance, the institution must demonstrate that financial support for student financial aid administration, exclusive of the administrative allowance, is at least equal to the level of support provided during the previous fiscal year.

(7) Institutional maintenance of effort. State funds provided under this program are not to be used to replace institutional funds which would otherwise be used to support student employment.

(8) Reports. The higher education coordinating board will obtain periodic reports on the balance of each institution's work-study funds to ensure a proper distribution of funds among institutions. In addition, information will be gathered subsequent to the end of the academic year, describing the population served and the modes of packaging used.

(9) Agreement to participate. ~~((As a precedent to participating in the state work study program, each institution must acknowledge its responsibility to administer the program according to prescribed rules and regulations and guidelines.))~~ In order to participate in the program, each institution must file an agreement to participate indicating agreement to abide by all program rules, regulations, and guidelines and to maintain and provide all pertinent information, records, and reports requested by the board.

(10) Appeals. If the board is notified of any possible violations of these rules and regulations, satisfactory resolution shall be attempted by board staff. If satisfactory resolution cannot be achieved by board staff, the advisory committee authorized by WAC 250-40-070(5) shall review

the appeal and make a recommendation to board staff. If satisfactory resolution still cannot be achieved, the person or institution initiating the appeal may request a hearing with the board, which shall take action on the appeal.

(11) Program reviews. The higher education coordinating board will review institutional administrative practices to determine institutional compliance with rules and regulations and program guidelines. If such a review determines that an institution has failed to comply with program rules and regulations and guidelines the ~~((institution will))~~ board may suspend, terminate, or place conditions upon the institution's participation in the program and require the institution to reimburse the students affected or the program in the appropriate amount.

**WSR 93-11-094**  
**PROPOSED RULES**  
**HIGHER EDUCATION**  
**COORDINATING BOARD**

[Filed May 19, 1993, 11:02 a.m.]

Original Notice.

Title of Rule: Washington state scholars program, WAC 250-66-020.

Purpose: Defines the type of moneys which may be used by Washington independent institutions to provide the matching dollars to the state grant provided to Washington scholars attending such schools; amends the program to extend mandatory tuition waivers to scholars who are selected prior to June 30, 1994.

Statutory Authority for Adoption: Chapter 28B.80 RCW.

Statute Being Implemented: RCW 28A.600.100 - [28A.600.]150, 28B.15.543, 28B.80.245 - [28B.80.]246 as amended by 2ESSB 5982, Laws of 1993.

Summary: Provides that participating Washington independent colleges and universities choosing to match the state grant with cash rather than tuition waiver shall use institutional gift aid funds to provide the match; extends mandatory waivers at Washington public institutions to scholars who are selected prior to June 30, 1994, (formerly June 30, 1992).

Reasons Supporting Proposal: 2ESSB 5982, Laws of 1993; consistency with statutory purpose of program to ". . . encourage and facilitate privately funded scholarship awards among them . . ."

Name of Agency Personnel Responsible for Drafting and Implementation: Ann McLendon and John Klacik, 917 Lakeridge Way, Olympia, 98504, (206) 586-5505; Enforcement: Shirley Ort, 917 Lakeridge Way, Olympia, WA 98504, (206) 753-3571.

Name of Proponent: Higher Education Coordinating Board, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: See Purpose and Summary above.

Proposal Changes the Following Existing Rules: See Purpose and Summary above.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: Higher Education Coordinating Board, Third Floor Conference Room, 917 Lakeridge Way, P.O. Box 43430, Olympia, WA 98504-3430, on June 23, 1993, at 9:30 a.m.

Submit Written Comments to: Jim Sainsbury, Acting Executive Director, by June 23, 1993.

Date of Intended Adoption: July 14, 1993.

May 18, 1993

Jim Sainsbury

Acting Executive Director

AMENDATORY SECTION (Amending WSR 92-16-038, filed 7/30/92, effective 8/30/92)

**WAC 250-66-020 Program definitions.** (1) "Public institution of higher education" or "state-supported institution of higher education" shall mean all Washington state-operated, public, four-year universities, The Evergreen State College, community colleges, and technical colleges.

(2) "Independent college or university" shall mean any private, nonprofit educational institution, the main campus of which is permanently situated in the state, open to residents of the state, providing programs of education beyond the high school level leading at least to the baccalaureate degree, and accredited by the northwest association of schools and colleges and other institutions as may be developed that are approved by the higher education coordinating board as meeting equivalent standards as those institutions accredited by the northwest association of schools and colleges.

(3) "State-funded research universities" shall mean the university of Washington and Washington state university.

(4) "Board" means the higher education coordinating board. When a duty or responsibility of the board is referenced in these regulations, the authority needed to discharge that responsibility lies with the executive director or his or her designee.

(5) "Washington resident" shall mean any individual who (~~((satisfies) [satisfied])~~) satisfied the requirements of WAC 250-18-020 through 250-18-060 and any board-adopted rules and regulations pertaining to the determination of residency.

(6) "Waiver of tuition and service and activities fees."

(a) Students who received their Washington state scholars awards prior to June 30, (~~(1992))~~ 1994, and who choose to attend a public institution of higher education, as defined in subsection (1) of this section, and who meet all other eligibility requirements, shall be eligible for a full waiver of tuition and (~~((service) [services])~~) services and activities fees at any Washington public institution of higher education.

(b) Students who received their Washington state scholars awards after June 30, (~~(1992))~~ 1994, and who choose to attend a public institution of higher education, as defined in subsection (1) of this section, and who meet all other eligibility requirements, may be eligible for a full or partial waiver of tuition and services and activities fees at any Washington public institution of higher education.

(7) "Grant(s)." Students selected as Washington state scholars choosing to attend an independent college or university, as defined in subsection (2) of this section, and who meet all other eligibility requirements, shall be eligible to receive grants from the state of Washington, if funds are

available for this purpose. Grants shall not exceed, on an annual basis, the yearly, full-time, resident undergraduate tuition and service and activities fees in effect at the state-funded research universities. These grants shall also be contingent upon the independent college or university matching, on at least a dollar-for-dollar basis, either with actual institutional monies or a waiver of tuition and fees, the amount the student receives from the state.

If the institution chooses to match the grant with actual cash rather than by waiver of tuition/fees, the institutional match shall consist of dollars derived from institutional gift aid funds.

**WSR 93-11-095**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**LABOR AND INDUSTRIES**  
[Filed May 19, 1993, 11:04 a.m.]

Original Notice.

Title of Rule: Proposed amendments to chapters 296-20, 296-21, 296-23 and 296-23A WAC, regarding the rules and reimbursement (fee schedules) if [of] health care providers; and repealing chapters 296-21A and 296-22 WAC.

Purpose: To clarify and simplify methodologies used to reimburse health care providers.

Statutory Authority for Adoption: RCW 51.04.020, 51.04.030, and SSB 1352.

Statute Being Implemented: RCW 51.04.020, 51.04.030, and SSB 1352.

Summary: To clarify and simplify methodologies used to reimburse health care providers.

Reasons Supporting Proposal: Allows discretionary and timely updating of reimbursement codes, rules and fee schedules for health care services.

Name of Agency Personnel Responsible for Drafting: Bill Stoner, 956-6807; Implementation and Enforcement: Mark Brown, 956-4200.

Name of Proponent: Health Services Analysis, Department of Labor and Industries, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: Rule amendments to chapters 296-20, 296-21, 296-23, and 296-23A WAC and the repealing of chapters 296-21A and 296-22 WAC will allow for more timely revisions of the medical fee schedules, codes, and rules for reimbursement of health care services.

Proposal Changes the Following Existing Rules: Allows updates to the codes and reimbursement levels used to pay for physician and other professional services to occur independently from the WAC modification process.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

The department has considered whether this rule is subject to the Regulatory Fairness Act and has determined that it is not due to the lack of impact on small business.

In response to the proposed revisions to chapters 296-20, 296-21, 296-23, and 296-23A and the repealing of chapters 296-21A and 296-22 WAC, the department believes that these revisions do not require preparation of a small

business economic impact statement for the reasons listed below:

Chapter 296-20 WAC, no economic impact; the amendments to this chapter involve general informational changes and billing procedure changes that simplify and clarify current rules.

Chapters 296-21 and 296-23 WAC, minor or negligible economic impact; the changes to these chapters include updating department reimbursement policies for health care services of which the annual cost of compliance does not create an economic burden on the health care community.

Chapter 296-23A WAC, no economic impact; hospitals are not small businesses.

Chapter 296-21A and 296-22 WAC, minor or negligible economic impact as these two chapters are repealed.

RCW 51.36.080 requires that the department purchase health care services in a prudent, cost effective manner.

The department has evaluated all options for mitigating adverse impacts and has determined that there are no viable alternatives to the proposed rule changes that will yield as many positive benefits. The proposed changes may, in fact, have a beneficial economic impact to those small businesses for whom the state fund purchases health care services. Numerous small businesses which treat participants of the workers' compensation system have requested that the department adopt the 1993 CPT codes, the department currently utilizes the 1992 CPT codes. Consequently, providers must maintain two sets of coding scales; one for the department and one for other payors. The amendments will eliminate redundancy in record-keeping, streamline paperwork and the billing process thereby reducing costs to all small-business-health-services providers who choose to treat workers in the state of Washington.

Hearing Location: General Administration Building, 210 11th Street, Olympia, WA 98504, on June 24, 1993, at 1:00 p.m.

Submit Written Comments to: Bill Stoner, P.O. Box 44322, Olympia, WA 98504-4322, by June 24, 1993, 5:00 p.m.

Date of Intended Adoption: August 1, 1993.

May 19, 1993  
Mark O. Brown  
Director

#### REPEALER

The following chapter of the Washington Administrative Code is repealed:

WAC 296-22-010	General information and instructions.
WAC 296-22-016	Footnotes.
WAC 296-22-017	Unlisted service or procedure.
WAC 296-22-01701	Special report.
WAC 296-22-020	Skin, subcutaneous and areolar tissues.
WAC 296-22-021	Excision—Debridement.
WAC 296-22-022	Introduction.
WAC 296-22-023	Repair.
WAC 296-22-024	Repair—Complex.
WAC 296-22-025	Free skin grafts.
WAC 296-22-026	Burns, local treatment.

WAC 296-22-027	Destruction.
WAC 296-22-030	Breast.
WAC 296-22-031	Breast.
WAC 296-22-035	Musculoskeletal system.
WAC 296-22-036	General.
WAC 296-22-037	Excision.
WAC 296-22-038	Introduction or removal.
WAC 296-22-039	Reimplantation.
WAC 296-22-040	Grafts (or implants).
WAC 296-22-042	Head.
WAC 296-22-051	Neck (soft tissues) and thorax.
WAC 296-22-052	Back and flank.
WAC 296-22-053	Spine (vertebral column).
WAC 296-22-061	Abdomen.
WAC 296-22-063	Shoulder.
WAC 296-22-067	Humerus (upper arm) and elbow.
WAC 296-22-071	Forearm and wrist.
WAC 296-22-073	Hand and fingers.
WAC 296-22-079	Pelvis and hip joint.
WAC 296-22-082	Femur (thigh region) and knee joint.
WAC 296-22-087	Leg (tibia and fibula) and ankle joint.
WAC 296-22-091	Foot.
WAC 296-22-095	Application of casts and strapping.
WAC 296-22-097	Arthroscopy.
WAC 296-22-100	Respiratory system.
WAC 296-22-105	Accessory sinuses.
WAC 296-22-110	Larynx.
WAC 296-22-115	Trachea and bronchi.
WAC 296-22-116	Lungs and pleura.
WAC 296-22-120	Heart and pericardium.
WAC 296-22-125	Arteries and veins.
WAC 296-22-130	Spleen.
WAC 296-22-132	Bone marrow transplantation services.
WAC 296-22-135	Lymph nodes and lymphatic channels.
WAC 296-22-140	Mediastinum.
WAC 296-22-141	Diaphragm.
WAC 296-22-145	Mouth.
WAC 296-22-146	Lips.
WAC 296-22-147	Vestibule of mouth.
WAC 296-22-150	Tongue, floor of mouth.
WAC 296-22-155	Teeth and gums.
WAC 296-22-160	Palate, uvula.
WAC 296-22-165	Salivary glands and ducts.
WAC 296-22-170	Pharynx, adenoids and tonsils.
WAC 296-22-180	Esophagus.
WAC 296-22-190	Stomach.
WAC 296-22-195	Intestines (except rectum).
WAC 296-22-200	Meckel's diverticulum and the mesentery.
WAC 296-22-205	Appendix.
WAC 296-22-210	Rectum.
WAC 296-22-215	Anus.
WAC 296-22-220	Liver.
WAC 296-22-225	Biliary tract.
WAC 296-22-230	Pancreas.

- WAC 296-22-235 Abdomen, peritoneum and omentum.
- WAC 296-22-245 Kidney.
- WAC 296-22-250 Ureter.
- WAC 296-22-255 Bladder.
- WAC 296-22-260 Urethra.
- WAC 296-22-265 Penis.
- WAC 296-22-270 Testis.
- WAC 296-22-275 Epididymis.
- WAC 296-22-280 Tunica vaginalis.
- WAC 296-22-285 Scrotum.
- WAC 296-22-290 Vas deferens.
- WAC 296-22-295 Spermatic cord.
- WAC 296-22-300 Seminal vesicles.
- WAC 296-22-305 Prostate.
- WAC 296-22-306 Intersex surgery.
- WAC 296-22-307 Perineum.
- WAC 296-22-310 Vulva and introitus.
- WAC 296-22-315 Vagina.
- WAC 296-22-325 Cervix uteri.
- WAC 296-22-330 Corpus uteri.
- WAC 296-22-333 Oviduct.
- WAC 296-22-337 Ovary.
- WAC 296-22-340 Maternity care and delivery.
- WAC 296-22-350 Thyroid gland.
- WAC 296-22-355 Parathyroid, thymus, adrenal glands and carotid body.
- WAC 296-22-365 Skull, meninges, and brain.
- WAC 296-22-370 Spine and spinal cord.
- WAC 296-22-375 Extracranial nerves, peripheral nerves and autonomic nervous system.
- WAC 296-22-405 Eyeball.
- WAC 296-22-410 Anterior segment—Cornea.
- WAC 296-22-413 Anterior segment—Anterior chamber.
- WAC 296-22-415 Anterior segment—Anterior sclera.
- WAC 296-22-420 Anterior segment—Iris, ciliary body.
- WAC 296-22-425 Anterior segment—Lens.
- WAC 296-22-427 Posterior segment—Vitreous.
- WAC 296-22-430 Posterior segment—Retinal detachment.
- WAC 296-22-435 Ocular adnexa—Extraocular muscles.
- WAC 296-22-440 Ocular adnexa—Orbit.
- WAC 296-22-445 Ocular adnexa—Eyelids.
- WAC 296-22-450 Ocular adnexa—Conjunctiva.
- WAC 296-22-455 Ocular adnexa—Lacrimal system.
- WAC 296-22-465 External ear.
- WAC 296-22-470 Middle ear.
- WAC 296-22-475 Inner ear.

- WAC 296-21A-011
- WAC 296-21A-013
- WAC 296-21A-014
- WAC 296-21A-01401
- WAC 296-21A-035
- WAC 296-21A-037
- WAC 296-21A-040
- WAC 296-21A-045
- WAC 296-21A-046
- WAC 296-21A-047
- WAC 296-21A-050
- WAC 296-21A-0501
- WAC 296-21A-0502
- WAC 296-21A-057
- WAC 296-21A-062
- WAC 296-21A-064
- WAC 296-21A-066
- WAC 296-21A-070
- WAC 296-21A-075
- WAC 296-21A-080
- WAC 296-21A-086
- WAC 296-21A-090
- WAC 296-21A-095
- WAC 296-21A-125
- WAC 296-21A-128
- WAC 296-21A-130

- Footnotes.
- Special services and reports.
- Unlisted service or procedure.
- Special report.
- Independent medical examinations.
- Examination reports.
- Independent medical examinations examiner.
- Independent medical examinations two or more examiners.
- Immunization injections.
- Therapeutic or diagnostic injections.
- Psychiatric services.
- Biofeedback rules.
- Biofeedback.
- Monitoring services.
- Eye.
- Ear.
- Cardiovascular.
- Pulmonary.
- Allergy and clinical immunology.
- Neurology and neuromuscular.
- Chemotherapy administration.
- Special dermatological procedures.
- Physical medicine.
- Anesthesia.
- Special services and billing procedures—Anesthesia.
- Calculation of total anesthesia values.

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

**WAC 296-23A-100 General information.** Hospital services will be paid when necessary for treatment of the accepted industrial illness or injury. General information and rules pertaining to the care of ((injured)) workers are explained in ((the section beginning WAC 296-20-010 through 296-20-17003)) chapter 296-20 WAC.

To avoid a delay in paying hospital bills be sure the claim number is listed in the space provided on the bill form. If the department's accident report form is completed at the hospital, then a preassigned claim number will be on the form. In other circumstances, the hospital may not be able to obtain the claim number from the injured worker or the attending physician prior to hospitalization and/or outpatient services. When this occurs, contact the local service location or call the department's provider toll-free line in Olympia. Self-insurers may be contacted directly to obtain claim numbers on self-insured claims. ((See Appendix B in the medical aid rules and maximum fee schedules for a list of self insured employers.))

REPEALER

The following chapter of the Washington Administrative Code is repealed:

- WAC 296-21A-010 General information and instructions.

Do not substitute the date of injury with either the date of admission or the date of service.

We urge you to submit bills to the department or self-insurer on a monthly basis.

The department or self-insurer will pay hospital inpatient charges for bed rest, physical therapy and/or administration of injectable drugs only under the conditions specified in WAC 296-20-075.

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

**WAC 296-23A-110 Hospital outpatient fee schedule information.** ~~((The hospital outpatient fee schedule contains procedure codes and fee maximums for radiology, pathology and laboratory, and physical therapy services performed in a hospital outpatient setting by practitioners who are approved by the department (see WAC 296-20-015). The fee schedule is based on the Physicians' Current Procedural Terminology (CPT) manual of procedure codes with modifications to accommodate ease of billing and department rules. (Note: Do not use the CPT manual as a billing reference.)) The maximum allowable fees for hospital outpatient radiology, pathology, laboratory, and physical therapy services are listed in the fee schedule. Only those providers who are approved by the department will be reimbursed for services rendered. Refer to chapter 296-20 WAC for additional information.~~

AMENDATORY SECTION (Amending WSR 91-02-063, filed 12/28/90, effective 1/28/91)

**WAC 296-23A-115 Hospital outpatient services conversion factors.**

<del>((Radiology (codes 70000 through 79999) ———</del>	<del>————— \$6.22</del>
<del>Pathology and laboratory (codes 80000 through 89999) ———</del>	<del>————— \$0.59</del>
<del>Physical therapy (codes beginning with 9) ———</del>	<del>————— \$1.35</del>

~~((The conversion factor multiplied by the unit value equals the fee maximum for a procedure code in this chapter.)) Refer to WAC 296-20-132 and 296-20-135 for information on the conversion factor to be used with hospital outpatient services.~~

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

**WAC 296-23A-130 Treatment of unrelated illness or injury.** Treatment or surgery for an unrelated illness or injury, while the ~~((injured))~~ worker is hospitalized or receiving hospital outpatient services, is not usually allowed. When such unrelated treatment is permitted by the department or self-insurer, the requesting physician must identify which services are needed due to the industrial illness or injury and which are needed due to the unrelated condition(s). Diagnostic tests and/or treatment for unrelated conditions directly affecting recovery from the industrial illness or injury may be given consideration as stated under ~~((WAC 296-20-055))~~ chapter 296-20 WAC.

Diagnostic tests and studies ordered by the attending physician as a part of the initial care and diagnosis of an industrial injury will be allowed.

AMENDATORY SECTION (Amending WSR 90-04-057, filed 2/2/90, effective 3/5/90)

**WAC 296-23A-150 Billing procedures.** Bills for hospital services must be submitted on ~~((UB-82 bill forms, transmitted electronically on department provided software, or transmitted))~~ the current National Uniform Billing Form (billing form) or submitted electronically using department file format specifications. Providers using the ~~((UB-82 bill))~~ billing form must follow the billing instructions provided by the Washington State Hospital Association. Providers using any of the electronic transfer options must follow department instructions for electronic billing in addition to instructions provided by the Washington State Hospital Association. Self-insurers may accept other bill forms.

(1) The following information must appear on the ~~((UB-82))~~ billing form for hospital inpatient services:

- ~~((a) Provider name;~~
- ~~((b) Patient control number;~~
- ~~((c) Type of bill;~~
- ~~((d) Department of labor and industries provider number;~~
- ~~((e) Patient name;~~
- ~~((f) Patient address;~~
- ~~((g) Birth date;~~
- ~~((h) Sex;~~
- ~~((i) Admission date;~~
- ~~((j) Patient status;~~
- ~~((k) Statement covers period;~~
- ~~((l) Date of injury;~~
- ~~((m) Description (include daily rate with room accommodation revenue code);~~
- ~~((n) Revenue code;~~
- ~~((o) Units;~~
- ~~((p) Total charges;~~
- ~~((q) Payer;~~
- ~~((r) Social Security number;~~
- ~~((s) Claim number;~~
- ~~((t) Employer name;~~
- ~~((u) Narrative of principal and other diagnoses;~~
- ~~((v) Principal and other ICD diagnosis code(s) when applicable;~~
- ~~((w) Narrative of principal and other procedure(s);~~
- ~~((x) Principal and other ICD procedure code(s) when applicable;~~
- ~~((y) Procedure date(s) for ICD procedure code(s) when applicable; and~~
- ~~((z) Treatment authorization number.~~

(2) The following information must appear on the ~~UB-82~~ for hospital outpatient services:

- ~~((a) Provider name;~~
- ~~((b) Patient control number;~~
- ~~((c) Type of bill;~~
- ~~((d) Department of labor and industries provider number;~~
- ~~((e) Patient name;~~
- ~~((f) Patient address;~~
- ~~((g) Birth date;~~
- ~~((h) Sex;~~
- ~~((i) Statement covers period;~~
- ~~((j) Date of injury;~~
- ~~((k) Description;~~
- ~~((l) Revenue code when applicable;~~

~~(m) Department of labor and industries procedure codes for radiology, pathology and laboratory, and physical therapy services;~~

~~(n) Units;~~

~~(o) Total charges;~~

~~(p) Payer;~~

~~(q) Social Security number;~~

~~(r) Claim number;~~

~~(s) Employer name;~~

~~(t) Narrative of principal and other diagnoses with side of body; and~~

~~(u) Principal and other ICD diagnosis code(s) when applicable.~~

Summarize inpatient charges by revenue codes as specified in the UB-82 instructions:)) (a) Provider name, address, and telephone number;

(b) Patient control number;

(c) Type of bill;

(d) Federal tax number;

(e) Patient name;

(f) Birth date;

(g) Sex;

(h) Admission date;

(i) Admission hour;

(j) Type of admission;

(k) Source of admission;

(l) Condition code, when applicable;

(m) Patient status;

(n) Statement covers period;

(o) Date of injury;

(p) Revenue code;

(q) Revenue code description;

(r) Daily rate;

(s) Units;

(t) Total charges;

(u) Noncovered charges;

(v) Payer;

(w) Department provider number;

(x) Prior payments;

(y) Patient's Social Security number;

(z) Claim number;

(aa) Treatment authorization number;

(bb) Employer name;

(cc) Principle and other International Classification of Diseases (ICD) diagnosis codes when applicable (indicate side of body: R = right, L = left, and B = both sides of body);

(dd) Admitting diagnosis;

(ee) E code;

(ff) Principle and other ICD procedure codes when applicable;

(gg) Attending physician; and

(hh) Date billed.

Summarize inpatient charges by revenue codes as specified in the billing instructions.

(2) The following information must appear on the billing form for hospital outpatient services:

(a) Provider name, address, and telephone number;

(b) Patient control number;

(c) Type of bill;

(d) Federal tax number;

(e) Patient name;

(f) Birth date;

(g) Sex;

(h) Statement covers period;

(i) Date of injury;

(j) Revenue code;

(k) Revenue code description;

(l) Health Care Financing Administration Common Procedure Coding System (HCPCS) Level I codes, or other codes, as adopted by the department, for radiology, pathology and laboratory and physical therapy services;

(m) Units;

(n) Total charges;

(o) Noncovered charges;

(p) Payer;

(q) Department provider number;

(r) Prior payments;

(s) Patient's Social Security number;

(t) Claim number;

(u) Treatment authorization number, when applicable;

(v) Employer name;

(w) Principle and other ICD diagnosis codes when applicable (indicate side of body: R = right, L = left, and B = both sides of body);

(x) E code;

(y) Principle and other ICD procedure codes, when applicable;

(z) Attending physician; and

(aa) Date billed.

(3) Supporting documentation for inpatient and outpatient services must be sent to the department or self-insurer. When sending supporting documentation to the department, it should not be submitted along with the bill for services. Hospitals should instead send the supporting documentation to:

Department of Labor and Industries

Claims Section

PO Box 44291

Olympia, WA 98504-4291

Place the claim number on the upper right hand corner of each attachment. The information to be sent includes, but is not limited to the following:

(a) Admission history and physical examination;

(b) Discharge summary for stays over forty-eight hours;

(c) Emergency room reports; and

(d) Operative reports.

Providers using any of the electronic transfer options provided by the department must send the department the required documentation normally associated with a bill, within thirty calendar days of the date billing information was sent to the department on electronic mediums. Providers must comply with electronic billing instructions supplied by the department regarding the submission of hospital bill documentation. Place the claim number on the upper right hand corner of each supporting document submitted.

(4) For a bill to be considered for payment, it should be received by the department or self-insurer within ~~(ninety days)~~ one year from the date of service. Refer to chapter 296-20 WAC and to department policy for additional information.

(5) The department or the self-insurer may reject bills for services rendered in violation of the medical aid rules and maximum fee schedules.

(6) Charges for ambulance services and for professional services provided by hospital staff physicians must be submitted on the Health Insurance Claim Form, HCFA-1500. Hospitals using any of the electronic transfer options must follow department instructions for electronic billing in addition to department instructions for completing the Health Insurance Claim Form, HCFA-1500. The emergency room will be considered the office for those physicians providing regular emergency room care to the hospital, and fees will be allowed on this basis.

(7) Call-back services between 6 p.m. and 8 a.m., of surgical staff not normally on duty during this period of time, should be billed using the appropriate revenue codes.

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

**WAC 296-23A-200 General information—Hospital outpatient radiology.** Rules and billing procedures pertaining to all practitioners rendering services to ~~((injured))~~ workers are presented in the general instructions section beginning with WAC 296-20-010 and in department billing instructions. Some of the similarities are repeated here for the convenience of those hospitals referring to the radiology section. ~~((Radiology fees for nonhospital providers are covered in chapter 296-23 WAC.~~

~~The following procedures and fee maximums apply only when these services are))~~ The procedure codes and maximum allowable fees for radiology services are listed in the fee schedules. Refer to WAC 296-20-132 and 296-20-135 regarding use of a conversion factor.

Radiology procedures and services must be performed by or under the supervision of a physician.

The department or self-insurer may deny payment for radiology procedures which are determined to be excessive or unnecessary for management of the accepted industrial illness or injury.

~~((The technical component represents the expenses of nonradiologist personnel, materials, facilities and space, used for diagnostic or therapeutic services rendered. It excludes the cost of radio isotopes.~~

~~The professional component represents the professional services supplied by physicians. See WAC 296-23-010 to 296-23-130 for billing the professional component.))~~

AMENDATORY SECTION (Amending WSR 91-17-038, filed 8/16/91, effective 9/30/91)

**WAC 296-23A-205 Billing procedures.** (1) Department billing instructions appear in ~~((WAC 296-20-125))~~ chapter 296-20 WAC and in department policy. Hospital billing information and instructions appear in WAC 296-23A-100, 296-23A-105, and 296-23A-150.

~~((2) (Fee maximums for radiology services are listed for the combined professional and technical components.~~

~~3)) Hospitals are reimbursed only for the technical component at rates, listed in the fee schedules, or as determined by department policy.~~

~~((4))~~ (3) Hospitals should bill their usual and customary rates for the technical component of outpatient radiology services.

~~((5))~~ (4) Radiology procedures performed by other than the billing hospital shall be billed at the value charged the hospital by the reference (outside) radiology department. When possible, the service should be billed under the same procedure code as billed by the reference radiology department.

~~((6))~~ (5) "BR" in the unit value column indicates that the value of this service is to be determined by report (BR) because the service is too unusual, variable, or new to be assigned a unit value. The report should provide an adequate definition or description of the services or procedures as discussed in WAC 296-23A-235. Whenever possible, list the nearest similar procedure code according to this schedule. The department or self-insurer may adjust BR procedures when such action is indicated.

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

**WAC 296-23A-230 Unlisted service or procedure.** A radiology service or procedure may be provided that is not listed in ~~((this section of))~~ the fee schedules. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as discussed in WAC 296-23A-235. ~~((The "unlisted procedures" and accompanying codes for the RADIOLOGY section are as follows:~~

- ~~76499 Unlisted diagnostic radiologic procedure~~
- ~~76999 Unlisted diagnostic ultrasound procedure~~
- ~~77299 Unlisted procedure, therapeutic radiology clinical treatment planning~~
- ~~77399 Unlisted procedure, medical radiation physics, dosimetry and treatment devices~~
- ~~77499 Unlisted procedure, therapeutic radiology clinical treatment management~~
- ~~77799 Unlisted procedure, clinical brachytherapy~~
- ~~78099 Unlisted endocrine procedure, diagnostic nuclear medicine~~
- ~~78199 Unlisted hematopoietic, R-E and lymphatic procedure, diagnostic nuclear medicine~~
- ~~78299 Unlisted gastrointestinal procedure, diagnostic nuclear medicine~~
- ~~78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine~~
- ~~78499 Unlisted cardiovascular procedure, diagnostic nuclear medicine~~
- ~~78599 Unlisted respiratory procedure, diagnostic nuclear medicine~~
- ~~78699 Unlisted nervous system procedure, diagnostic nuclear medicine~~
- ~~78799 Unlisted genitourinary procedure, diagnostic nuclear medicine~~
- ~~78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine~~
- ~~79999 Unlisted radionuclide therapeutic procedure.))~~

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

**WAC 296-23A-235 Special report.** A service that is rarely provided, unusual, variable, or new, may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service. Additional items which may be helpful include: Complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

Refer to chapter 296-20 WAC for additional information.

AMENDATORY SECTION (Amending Order 89-09, filed 8/10/89, effective 9/10/89)

**WAC 296-23A-300 General information—Hospital outpatient pathology and laboratory.** Rules and billing procedures pertaining to all practitioners rendering services to ~~((injured))~~ workers are presented in the general instructions section beginning with WAC 296-20-010 and in department policy. Some of the similarities are repeated here for the convenience of those hospitals referring to the pathology and laboratory section. ~~((Pathology and laboratory fees for nonhospital providers are covered in chapter 296-23 WAC.~~

~~The following procedures and fee maximums apply only when these services are))~~ The procedure codes and maximum allowable fees for pathology and laboratory services are listed in the fee schedules. Refer to WAC 296-20-132 and 296-20-135 regarding use of a conversion factor. Pathology and laboratory services must be performed by or under the supervision of a physician.

Unless otherwise specified, the fee maximums include the collection and handling of the specimens by the laboratory performing the procedure.

The department or self-insurer may deny payment for pathology or laboratory procedures which are determined to be excessive, unrelated, or unnecessary for management of the accepted industrial illness or injury.

~~((The technical component represents the expenses of the nonpathologist personnel, materials, facilities and space, used for diagnostic or therapeutic services rendered.~~

~~The professional component represents the professional services supplied by physicians. See WAC 296-23-200 to 296-23-232 for billing the professional component.))~~

By report: "BR" in the unit value column indicates that the value of the service is to be determined by report (BR) because the service is too unusual, variable, or new to be assigned a unit value. The report should provide an adequate definition or description of the services or procedure as discussed in WAC 296-23A-315. Whenever possible, list the nearest similar procedure code according to this schedule. The department or self-insurer may adjust BR procedures when such action is indicated.

It is appropriate to designate separate or multiple procedures that are rendered on the same date by separate entries.

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

**WAC 296-23A-310 Billing procedures.** (1) Department billing instructions appear in WAC 296-20-125 and in department policy. Hospital information and billing instructions appear in WAC 296-23A-100, 296-23A-105, and 296-23A-150.

~~((2) ((Some pathology and laboratory services contain a professional component. Fee maximums for these services are set for the combined professional and technical components, and the procedure codes for these services are marked with a "\*".~~

~~All other pathology and laboratory services do not have a professional component. Fee maximums for these services are for the total procedure.~~

~~((3)) Hospitals are reimbursed only for the technical component at ((a rate up to and including sixty percent of the fee maximum for the procedure codes with a "\*".~~ All other procedure codes are reimbursed at a rate up to and including one hundred percent of the fee maximum)) rates listed in the fee schedules, or as determined by department policy.

~~((4))~~ (3) Hospitals should bill their usual and customary rates for the technical component of outpatient pathology and laboratory services.

~~((5))~~ (4) Laboratory procedures performed by other than the billing hospital shall be billed at the value charged the hospital by the reference (outside) laboratory. When possible, the service should be billed under the same procedure code or panel procedure number listed under "PANEL OR PROFILE TESTS" used by the reference laboratory.

~~((6))~~ (5) Laboratory reports must be attached to the bills for laboratory services.

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

**WAC 296-23A-315 Unlisted service or procedure.** A pathology or laboratory service or procedure may be provided that is not listed in ~~((this section of))~~ the fee schedules. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as discussed in WAC ~~((296-23A-420))~~ 296-23A-320. ~~((The "unlisted procedures" and accompanying codes for the PATHOLOGY AND LABORATORY section are as follows:~~

- ~~80099 — Unlisted panel~~
- ~~81099 — Unlisted urinalysis procedure~~
- ~~84999 — Unlisted chemistry or toxicology procedure~~
- ~~85999 — Unlisted hematology procedure~~
- ~~86999 — Unlisted immunology procedure~~
- ~~87999 — Unlisted microbiology procedure~~
- ~~88099 — Unlisted necropsy (autopsy) procedure~~
- ~~88199 — Unlisted cytopathology procedure~~
- ~~88299 — Unlisted cytogenetic procedure~~
- ~~88399 — Unlisted surgical pathology procedure~~
- ~~89399 — Unlisted miscellaneous pathology test))~~

AMENDATORY SECTION (Amending Order 86-47, filed 1/8/87)

**WAC 296-23A-320 Special report.** A service that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort, and equipment necessary to provide the service. Additional items which may be helpful include: Complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

For additional information refer to chapter 296-20 WAC.

AMENDATORY SECTION (Amending Order 89-01, filed 3/23/89, effective 5/1/89)

**WAC 296-23A-400 Hospital outpatient physical therapy rules.** Hospitals should refer to (~~WAC 296-20-010 through 296-20-125~~) chapter 296-20 WAC for general information(~~(s)~~) and rules, and to department billing instructions pertaining to the care of (~~injured~~) workers and the billing of services.

The procedure codes and maximum allowable fees for physical therapy services are listed in the fee schedules. Also refer to WAC 296-20-132 and 296-20-135 regarding use of the conversion factor.

Physical therapy treatment will be reimbursed only when ordered by the (~~injured~~) worker's attending doctor and rendered by a licensed physical therapist or a physical therapist assistant serving under the direction of a licensed physical therapist.

The department or self-insurer will review the quality and medical necessity of physical therapy services. Practitioners should refer to WAC 296-20-01002 for the department's definition of medically necessary and to WAC 296-20-024 for the department's rules regarding utilization review and quality assurance.

The department or self-insurer will pay for a maximum of one physical therapy visit per day. When multiple treatments (different billing codes) are performed on one day, the department or self-insurer will pay either the sum of the individual fee maximums, the provider's usual and customary charge, or (~~48 relative value units~~) a flat dollar rate of \$60.05, whichever is less. These limits will not apply to physical therapy which is rendered as part of a physical capacities evaluation, work hardening program, or pain management program, provided a qualified representative of the department or self-insurer has authorized the service.

The department will publish specific billing instructions, utilization review guidelines, and reporting requirements for physical therapists who render care to (~~injured~~) workers.

Use of diapulse or similar machines on (~~injured~~) workers is not authorized. See WAC 296-20-03002 for further information.

No inpatient physical therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-075 and 296-23A-100 for further information.

Biofeedback treatment may be rendered on physician's orders only. The extent of biofeedback treatment is limited to those procedures allowed within the scope of practice of a licensed physical therapist. See (~~WAC 296-21-0501~~) chapter 296-21 WAC and department policy for rules pertaining to the authorized conditions and the reporting requirements. The department may discount maximum fees for treatment performed on a group basis in cases where the treatment provided consists of a nonindividualized course of therapy (e.g., pool therapy; group aerobics; and back classes).

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 296-23A-240	Head and neck.
WAC 296-23A-242	Chest.
WAC 296-23A-244	Spine and pelvis.
WAC 296-23A-246	Upper extremities.
WAC 296-23A-248	Lower extremities.
WAC 296-23A-250	Abdomen.
WAC 296-23A-252	Gastrointestinal tract.
WAC 296-23A-254	Urinary tract.
WAC 296-23A-256	Gynecological and obstetrical.
WAC 296-23A-258	Vascular system.
WAC 296-23A-260	Miscellaneous.
WAC 296-23A-262	Diagnostic ultrasound.
WAC 296-23A-264	Therapeutic radiology.
WAC 296-23A-266	Nuclear medicine.
WAC 296-23A-268	Therapeutic:
WAC 296-23A-325	Panel or profile tests.
WAC 296-23A-330	Urinalysis.
WAC 296-23A-335	Chemistry and toxicology.
WAC 296-23A-340	Hematology.
WAC 296-23A-345	Immunology.
WAC 296-23A-350	Microbiology.
WAC 296-23A-355	Cytopathology.
WAC 296-23A-360	Miscellaneous.
WAC 296-23A-410	Muscle testing.
WAC 296-23A-415	Modalities.
WAC 296-23A-420	Procedures.
WAC 296-23A-425	Tests and measurements.

**RADIOLOGY**NEW SECTION**WAC 296-23-135 General information—Radiology.**

(1) Rules and billing procedures pertaining to all practitioners rendering services to workers are presented in the general instruction section beginning with WAC 296-20-010.

(2) Billing codes, reimbursement levels, and supporting policies are listed in the fee schedules.

(3) Refer to WAC 296-20-132 and 296-20-135 for information regarding use of the conversion factors.

(4) Refer to chapter 296-21 WAC for information on use of coding modifiers.

(5) The values listed in the fee schedules only apply when these services are performed by or under the responsible supervision of a doctor.

NEW SECTION

**WAC 296-23-140 Custody of x-rays.** (1) Radiographs should not be sent to the department or self-insurer unless they are requested for comparison and interpretation in determining a permanent disability, administrative or legal decisions, and for cases in litigation. X-rays must be retained for a period of ten years by the radiologist or the attending doctor.

(2) X-rays must be made available upon request to consultants, to medical examiners, to the department, to self-insurers, and/or the board of industrial insurance appeals.

(3) In cases where the worker transfers from one doctor to another, the former attending doctor will immediately forward all films in his possession to the new attending doctor.

(4) When a doctor's office is closed because of death, retirement, or upon leaving the state, department approved custodial arrangements must be made to insure availability on request. If a radiological office is closed for any of the previously listed reasons or because the partnership or corporation is being dissolved, disposition of x-rays for industrial injuries will be handled in the same manner. In the event custodial arrangements are to be made, the department must approve the arrangements prior to transfer of x-rays to the custodian so as to assure their availability to the department or self-insurer upon request.

(5) Refer to chapter 296-20 WAC (including WAC 296-20-125) and to chapter 296-21 for additional information.

NEW SECTION

**WAC 296-23-145 Duplication of x-rays and extra views.** Every attempt should be made to minimize the number of x-rays taken for workers. The attending doctor or any other person or institution having possession of x-rays which pertain to the injury and are deemed to be needed for diagnostic or treatment purposes should make these x-rays available upon request.

The department or self-insurer will not authorize or pay for additional x-rays when recent x-rays are available except when presented with adequate information regarding the need to re-x-ray.

NEW SECTION

**WAC 296-23-150 Low osmolar contrast media.** Separate payment will not be made for contrast material, except in the case of low osmolar contrast media (LOCM) used in intrathecal, intravenous, and intraarterial injections for patients with one or more of the following conditions:

A history of previous adverse reaction to contrast material, with the exception of a sensation of heat, flushing, or a single episode of nausea or vomiting.

A history of asthma or allergy.

Significant cardiac dysfunction including recent imminent cardiac decompensation, services arrhythmias, unstable angina, pectoris, recent myocardial infraction, and pulmonary hypertension.

Generalized severe debilitation.

Sickle cell disease.

To bill for LOCM, use procedure HCPCS code A4648. The brand name of the LOCM and the dosage must be

documented in the patient's chart. HCPCS codes and reimbursement levels are listed in the fee schedules.

**PATHOLOGY**NEW SECTION

**WAC 296-23-155 Pathology general information and instructions.** (1) Rules and billing procedures pertaining to all practitioners rendering service to workers are presented in general information section beginning with WAC 296-20-010.

(2) Refer to WAC 296-20-132 and 296-20-135 for information regarding use of the conversion factors.

(3) Refer to chapter 296-21 WAC for information on use of coding modifiers.

(4) Billing codes, reimbursement levels, and supporting policies are listed in the fee schedules.

(5) The reimbursement levels listed in the fee schedules apply only when the services are performed by or under the responsible supervision of a physician. Unless otherwise specified, the listed values include the collection and handling of the specimens by the laboratory performing the procedure. **SERVICES IN PATHOLOGY AND LABORATORY** are provided by the pathologist or by technologists under responsible supervision of a physician.

(6) Laboratory procedures performed by other than the billing physician shall be billed at the value charged that physician by the reference (outside) laboratory under the individual procedure number or the panel procedure number listed under "PANEL OR PROFILE TESTS" (see modifier -90).

(7) The department or self-insurer may deny payment for lab procedures which are determined to be excessive or unnecessary for management of the injury or conditions.

(8) Separate or multiple procedures: It is appropriate to designate multiple procedures that are rendered on the same date by separate entries.

**DENTAL**NEW SECTION

**WAC 296-23-160 General information and instructions.** (1) The department or self-insurer is responsible only for repair or replacement of teeth injured or prosthodontics broken as a result of an industrial injury.

(2) Information pertaining to industrial claims is explained in WAC 296-20-010.

(3) Information pertaining to reports of accident is outlined in WAC 296-20-025.

(4) Information pertaining to the care of workers is explained in WAC 296-20-110.

(5) An estimate of cost is not needed prior to authorization of dental work unless indicated due to the extensive nature of the dental work. The department or self-insurer reserves the right to review all charges billed.

(6) Billing instructions are listed in WAC 296-20-125. Bills for services must be itemized, specifying tooth numbers and materials used. No services will be paid on rejected or closed claims except those rendered in conjunction with a reopening application.

(7) Billing codes, billing modifiers, reimbursement levels, and supporting policies are listed in the fee schedules.

**MISCELLANEOUS SERVICES AND APPLIANCES****NEW SECTION**

**WAC 296-23-165 Miscellaneous services and appliances.** (1) The department or self-insurer will reimburse for certain medically necessary miscellaneous services and items needed as a result of an industrial accident. Nursing care, attendant care, transportation, hearing aids, eyeglasses, orthotics and prosthetics, braces, medical supplies, oxygen systems, walking aids, and durable medical equipment are included in this classification.

(a) When a fee maximum has been established, the rate of reimbursement for miscellaneous services and items will be the supplier's usual and customary charge or the department's current fee maximum, whichever is less. In no case may a supplier or provider charge a worker the difference between the fee maximum and their usual and customary charge.

(b) When the department or self-insurer has established a purchasing contract with a qualified supplier through an open competitive request for proposal process, the department or self-insurer will require that workers obtain specific groups of items from the contractor. When items are obtained from a contractor, the contractor will be paid at the rates established in the contract. When a purchasing contract for a selected group of items exists, suppliers who are not named in the contract will be denied reimbursement if they provide a contracted item to a worker. The noncontracting supplier, not the worker, will be financially responsible for providing an item to a worker when it should have been supplied by a contractor. This rule may be waived by an authorized representative of the department or self-insurer in special cases where a worker's attending doctor recommends that an item be obtained from another source for medical reasons or reasons of availability. In such cases, the department may authorize reimbursement to a supplier who is not named in a contract. Items or services may be provided on an emergency basis without prior authorization, but will be reviewed for appropriateness to the accepted industrial condition and medical necessity on a retrospective basis.

(2) The department or self-insurer will inform providers and suppliers of the selected groups of items for which purchasing contracts have been established, including the beginning and ending dates of the contracts.

(3) Prior authorization by an authorized representative of the department or self-insurer will be required for reimbursement of selected items and services which are provided to workers. Payment will be denied for selected items or services supplied without prior authorization. The supplier, not the worker, will be financially responsible for providing selected items or services to workers without prior authorization. In cases where a worker's doctor recommends rental or purchase of a contracted item from a supplier who lacks a contract agreement, prior authorization will be required.

The decision to grant or deny prior authorization for reimbursement of selected services or items will be based on the following criteria:

(a) The worker is eligible for coverage.

(b) The service or item prescribed is appropriate and medically necessary for treatment of the worker's accepted industrial condition.

(4) The decision to rent or purchase an item will be made based on a comparison of the projected rental costs of the item with its purchase price. An authorized representative of the department or self-insurer will decide whether to rent or purchase certain items provided they are appropriate and medically necessary for treatment of the worker's accepted condition. Decisions to rent or purchase items will be based on the following information:

(a) Purchase price of the item.

(b) Monthly rental fee.

(c) The prescribing doctor's estimate of how long the item will be needed.

(5) The department will review the medical necessity, appropriateness, and quality of items and services provided to workers.

(6) The department's STATEMENT FOR MISCELLANEOUS SERVICES form or electronic transfer format specifications must be used for billing the department for miscellaneous services, equipment, supplies, appliances, and transportation. Bills must be itemized according to instructions in WAC 296-20-125 and the department or self-insurer's billing instructions. Bills for medical appliances and equipment must include the type of item, manufacturer name, model name and number, and serial number.

(7) All miscellaneous materials, supplies and services must be billed using the appropriate HCPCS Level II codes and billing modifiers. HCPCS codes are listed in the fee schedules.

**NEW SECTION**

**WAC 296-23-170 Nursing services and attendant care.** Refer to WAC 296-20-132 and 296-20-135 for information regarding use of the conversion factors.

See WAC 296-20-091 for qualifications.

The codes and fees for home nursing services and attendant care are listed in the fee schedules.

**NEW SECTION**

**WAC 296-23-175 Stimulators.** For qualifications regarding prior authorization and billing of stimulators refer to chapter 296-23 WAC (Miscellaneous services and appliances), 296-20-1102, and 296-20-125.

**NEW SECTION**

**WAC 296-23-180 Vehicle and home modification.** Requires prior approval from the assistant director for industrial insurance.

8914H Home modification

8915H Vehicle modification

**NEW SECTION**

**WAC 296-23-185 Drug and alcohol rehabilitation services.** Authorization requirements for these services may be found in WAC 296-20-03001 and 296-20-055.

0141M Intake evaluation

0142M Physical examination

- 0143M Individual therapy, routine visit
- 0144M Individual therapy, brief visit
- 0145M Group therapy
- 0146M Chemotherapy
- 0147M Medication adjustment
- 0149M Detoxification facility (room & board)

**CHIROPRACTIC**

NEW SECTION

**WAC 296-23-190 General instructions—Chiropractic.** (1) Refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to treatment of workers.

(2) Refer to WAC 296-20-132 and 296-20-135 for information regarding use of the conversion factors.

Use the radiology codes and conversion factors to bill radiology procedures.

(3) In addition to the rules found in WAC 296-20-010 through 296-20-125, the following rules apply when chiropractic treatment is being rendered:

(a) No more than one chiropractic adjustment per day will be authorized or paid, except on the initial and next two subsequent visits. The attending doctor must submit a detailed report regarding the need for the additional treatment.

(b) Treatment beyond the first twenty treatments or sixty days, whichever comes first, will not be authorized without submission of a consultation report or a comprehensive comparative exam report regarding need for further care. (See WAC 296-20-051 re: Consultation.)

(c) If needed, x-rays immediately prior to and immediately following the initial chiropractic treatment may be allowed without prior authorization.

(d) X-rays before and after subsequent chiropractic treatment will not be paid unless previously authorized. Prior authorization must be obtained for x-rays subsequent to the initial treatment.

(e) No payment will be made for excessive or unnecessary x-rays taken on initial or subsequent visits.

(f) No services or x-rays will be paid on rejected or closed claims except those rendered in conjunction with a reopening application.

(g) See chapter 296-23 WAC for custody requirements for x-rays.

(h) Treatment as a maintenance or supportive measure will not be authorized nor paid.

(4) Billing procedures itemized in WAC 296-20-125 must be followed.

NEW SECTION

**WAC 296-23-210 Chiropractic office visits and special services.**

DEFINITIONS:

Routine office visit: A level of service pertaining to the evaluation and treatment of a condition requiring only an abbreviated history and exam, i.e.:

- (1) Palpation, exam, and adjustment of one or more areas.
- (2) Brief exam and no adjustment.

Extended office visit: A level of service pertaining to an evaluation of patient with a new or existing problem requiring a detailed history, review of records, exam, and a formal conference with patient or family to evaluate and/or adjust therapeutic treatment management and progress.

Comprehensive office visit: A level of service pertaining to an in-depth evaluation of a patient with a new or existing problem, requiring development or complete reevaluation of treatment data; includes recording of chief complaints and present illness, family history, past treatment history, personal history, system review; and a complete exam to evaluate and determine appropriate therapeutic treatment management and progress.

REPORTING:

Reporting requirements are outlined in WAC 296-20-06101. The department or self-insurer will accept a brief narrative report of treatment received and the patient's progress as supporting documentation for billings in lieu of routine follow-up office notes.

CHIROPRACTIC MODIFIERS:

-22 UNUSUAL SERVICES: When treatment services provided are greater than that usually required for listed procedures. Use of this modifier must be based on the injured worker's need for extended or unusual care. A report is required; the modifier -22 should be added to the procedure number.

-52 REDUCED SERVICES: Under certain circumstances no treatment may be given, in these cases the procedure should be reduced and modifier -52 should be added to the procedure number.

MATERIAL SUPPLIED BY DOCTOR:

Department or self-insurer will reimburse the doctor for materials supplied, i.e., cervical collars, heel lifts, etc., at cost only. See RCW 19.68.010, professional license statutes.

Materials and supplies must be billed using the appropriate HCPCS Level II codes. Refer to chapter 296-21 WAC for additional information.

SPECIAL SERVICES:

The following services are generally part of the basic services listed in the maximum fee schedule but do involve additional expenses to the chiropractor for materials, for his time or that of his employees. These services are generally provided as an adjunct to common chiropractic services and should be used only when circumstances clearly warrant an additional charge over and above the usual charges for the basic services.

The codes and reimbursement levels for chiropractic services are listed in the fee schedules.

NEW SECTION

**WAC 296-23-195 Chiropractic consultations.** See WAC 296-20-035, 296-20-045, and 296-20-051 for rules pertaining to consultation.

Chiropractic consultation requires prior notification to the department or self-insurer. Consultants must be from an approved list of chiropractic consultants.

The codes and reimbursement levels for chiropractic consultations services are listed in the fee schedules.

## DRUGLESS THERAPEUTICS

### NEW SECTION

**WAC 296-23-205 General instructions—Drugless therapeutics.** (1) Refer to WAC 296-20-010 through 296-20-125 regarding general rules and billing procedures.

(2) Refer to WAC 296-20-132 and 296-20-135 regarding the use of conversion factors.

(3) In addition to general rules found in WAC 296-20-010 through 296-20-125, the following rules apply to drugless therapists:

(a) If the drugless therapist is dual licensed, all treatment rendered by the practitioner must be billed as "treatment of the day." Further, the practitioner must elect and notify the department or self-insurer, which type of treatment he is providing for the injured worker, and abide by rules pertaining to area of elected treatment.

(b) Drugless therapists utilizing hydro-; mechano-; and/or electro- therapy modalities cannot bill for those services in addition to office visit services. Office visit includes treatment of the day.

(c) No more than one office visit will be allowed per day, except on the initial and next two subsequent visits. The attending doctor must submit a detailed report regarding the need for the additional treatment.

(d) If necessary, x-rays may be taken immediately prior to and following the initial drugless therapeutic treatment without prior authorization.

(e) X-rays immediately prior to and following each subsequent drugless therapeutic treatment will be disallowed, unless previously authorized.

(f) Prior authorization must be obtained for x-rays subsequent to initial treatment.

(g) Payment will not be made for excessive or unnecessary x-rays. No payment will be made for x-rays taken on rejected or closed claims, except those taken in conjunction with a reopening application.

(h) See chapter 296-23 WAC for custody requirements for x-rays.

(4) Drugless therapy as a maintenance or supportive measure will not be authorized or paid.

(5) Treatment beyond the first twenty treatments or sixty days, whichever occurs first, will not be authorized without submission of a consultation report or a comprehensive comparative exam report regarding need for further care.

### NEW SECTION

**WAC 296-23-215 Office visits and special services—Drugless therapeutics.** Definitions:

**Routine office visit:** A level of service pertaining to the evaluation and treatment of a condition requiring only an abbreviated history and exam.

**Extended office visit:** A level of service pertaining to an evaluation of patient with a new or existing problem requiring a detailed history, review of records, exam, and a formal conference with patient or family to evaluate and/or adjust therapeutic treatment management and progress.

**Comprehensive office visit:** A level of service pertaining to an indepth evaluation of a patient with a new or existing problem, requiring development or complete reevaluation of treatment data; includes recording of chief complaints and present illness, family history, past treatment history, personal history, system review; and a complete exam to evaluate and determine appropriate therapeutic treatment management and progress.

**Reporting:**

Reporting requirements are outlined in WAC 296-20-06101. The department or self-insurer will accept a brief narrative report of treatment received and the patient's progress as supporting documentation for billings in lieu of routine follow-up office notes.

**Drugless therapeutic modifiers:**

-22 Unusual services: When treatment services provided are greater than that usually required for listed procedures. Use of this modifier must be based on the injured worker's need for extended or unusual care. A report is required. The modifier -22 should be added to the procedure number.

-52 Reduced services: Under certain circumstances no treatment may be given, in these cases the procedure should be reduced by ten units and modifier -52 should be added to the procedure number.

**Material supplied by doctor:**

Department or self-insurer will reimburse the doctor for materials supplied, i.e., cervical collars, heel lifts, etc., at cost only. See RCW 19.68.010, professional license statutes.

All supplies and materials must be billed using HCPCS Level II codes as listed in the fee schedules.

The codes and reimbursement levels are listed in the fee schedules.

## PHYSICAL THERAPY

### NEW SECTION

**WAC 296-23-220 Physical therapy rules.** Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of workers.

Refer to WAC 296-20-132 and 296-20-135 regarding the use of conversion factors.

All supplies and materials must be billed using HCPCS Level II codes. Refer to chapter 296-21 WAC for additional information. HCPCS codes are listed in the fee schedules.

Refer to chapter 296-20 WAC (WAC 296-20-125) and to the department's billing instructions for additional information.

Physical therapy treatment will be reimbursed only when ordered by the worker's attending doctor and rendered by a licensed physical therapist or a physical therapist assistant serving under the direction of a licensed physical therapist. Doctors rendering physical therapy should refer to WAC 296-21-095.

The department or self-insurer will review the quality and medical necessity of physical therapy services provided to workers. Practitioners should refer to WAC 296-20-01002 for the department's rules regarding medical necessity and to WAC 296-20-024 for the department's rules regarding utilization review and quality assurance.

The department or self-insurer will pay for a maximum of one physical therapy visit per day. When multiple treatments (different billing codes) are performed on one day, the department or self-insurer will pay either the sum of the individual fee maximums, the provider's usual and customary charge, or \$60.05, whichever is less. These limits will not apply to physical therapy that is rendered as part of a physical capacities evaluation, work hardening program, or pain management program, provided a qualified representative of the department or self-insurer has authorized the service.

The department will publish specific billing instructions, utilization review guidelines, and reporting requirements for physical therapists who render care to workers.

Use of diapulse or similar machines on workers is not authorized. See WAC 296-20-03002 for further information.

A physical therapy progress report must be submitted to the attending doctor and the department or the self-insurer following twelve treatment visits or one month, whichever occurs first. Physical therapy treatment beyond initial twelve treatments will be authorized only upon substantiation of improvement in the worker's condition. An outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

Physical therapy services rendered in the home and/or places other than the practitioner's usual and customary office, clinic, or business facilities will be allowed only upon prior authorization by the department or self-insurer.

No inpatient physical therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

The department may discount maximum fees for treatment performed on a group basis in cases where the treatment provided consists of a nonindividualized course of therapy (e.g., pool therapy; group aerobics; and back classes).

Biofeedback treatment may be rendered on doctor's orders only. The extent of biofeedback treatment is limited to those procedures allowed within the scope of practice of a licensed physical therapist. See chapter 296-21 WAC for rules pertaining to conditions authorized and report requirements.

Billing codes and reimbursement levels are listed in the fee schedules.

#### NEW SECTION

**WAC 296-23-225 Work hardening.** The department will publish billing instructions, reimbursement limits, quality assurance standards, utilization review guidelines, admission criteria, outcome criteria, measures of effectiveness, minimum staffing levels, certification requirements, special reporting requirements, and other criteria that will ensure workers receive good quality services at cost-effective payment levels. Providers will be required to meet the department's requirements in order to qualify as a work hardening provider. The department may also establish a competitive or other appropriate selection process for work hardening providers. Providers should refer to WAC 296-20-12050 regarding special programs.

Billing codes and reimbursement levels are listed in the fee schedules.

### OCCUPATIONAL THERAPY

#### NEW SECTION

**WAC 296-23-230 Occupational therapy rules.** Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of workers.

Refer to WAC 296-20-132 and 296-20-135 for information regarding the conversion factors.

All supplies and materials must be billed using HCPCS Level II codes, refer to the department's billing instructions for additional information.

Occupational therapy treatment will be reimbursed only when ordered by the worker's attending doctor and rendered by a licensed occupational therapist or an occupational therapist assistant serving under the direction of a licensed occupational therapist. Vocational counselors assigned to injured workers by the department or self-insurer may request an occupational therapy evaluation. However, occupational therapy treatment must be ordered by the worker's attending doctor.

An occupational therapy progress report must be submitted to the attending doctor and the department or self-insurer following twelve treatment visits or one month, whichever occurs first. Occupational therapy treatment beyond the initial twelve treatments will be authorized only upon substantiation of improvement in the worker's condition. An outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

The department or self-insurer will review the quality and medical necessity of occupational therapy services. Practitioners should refer to WAC 296-20-01002 for the department's definition of medically necessary and to WAC 296-20-024 for the department's rules regarding utilization review and quality assurance.

The department will pay for a maximum of one occupational therapy visit per day. When multiple treatments (different billing codes) are performed on one day, the department or self-insurer will pay either the sum of the individual fee maximums, the provider's usual and customary charge, or \$60.05 whichever is less. These limits will not apply to occupational therapy which is rendered as part of a physical capacities evaluation, work hardening program, or pain management program, provided a qualified representative of the department or self-insurer has authorized the service.

The department will publish specific billing instructions, utilization review guidelines, and reporting requirements for occupational therapists who render care to workers.

Occupational therapy services rendered in the worker's home and/or places other than the practitioner's usual and customary office, clinic, or business facility will be allowed only upon prior authorization by the department or self-insurer.

No inpatient occupational therapy treatment will be allowed when such treatment constitutes the only or major

treatment received by the worker. See WAC 296-20-030 for further information.

The department may discount maximum fees for treatment performed on a group basis in cases where the treatment provided consists of a nonindividualized course of therapy (e.g., pool therapy; group aerobics; and back classes).

Billing codes, reimbursement levels, and supporting policies for occupational therapy services are listed in the fee schedules.

#### NEW SECTION

**WAC 296-23-235 Work hardening.** The department will publish billing instructions, reimbursement limits, quality assurance standards, utilization review guidelines, admission criteria, outcome criteria, measures of effectiveness, minimum staffing levels, certification requirements, special reporting requirements, and other criteria that will ensure workers receive good quality services at cost-effective payment levels. Providers will be required to meet the department's requirements in order to qualify as a work hardening provider. The department may also establish a competitive or other appropriate selection process for work hardening providers. Providers should refer to WAC 296-20-12050 regarding special programs.

Billing codes, reimbursement levels, and supporting policies for work hardening services are listed in the fee schedules.

### NURSING

#### NEW SECTION

**WAC 296-23-240 Licensed nursing rules.** (1) Registered nurses and licensed practical nurses may perform private duty nursing care in industrial injury cases when the attending physician deems this care necessary. Registered nurses may be reimbursed for services as outlined by department policy. (See chapter 296-20 WAC for home nursing rules.)

(2) Advanced registered nurse practitioners (ARNPs) may perform advanced and specialized levels of nursing care on a fee for service basis in industrial injury cases within the limitations of this section. ARNPs may be reimbursed for services as outlined by department policy.

(3) In order to treat workers under the Industrial Insurance Act, the advanced registered nurse practitioner must be:

(a) Recognized by the Washington state board of nursing or other government agency as an advanced registered nurse practitioner (ARNP). For out-of-state nurses an equivalent title and training may be approved at the department's discretion.

(b) Capable of providing the department with evidence and documentation of a reliable and rapid system of obtaining physician consultations.

(4) Billing procedures outlined in the medical aid rules and fee schedules apply to all nurses.

(5) Advanced registered nurse practitioners cannot sign accident report forms or time loss cards.

#### NEW SECTION

**WAC 296-23-245 Licensed nursing billing instructions.** (1) Registered nurses may be required to obtain provider account numbers from the department as outlined by department policy.

(2) Advanced registered nurse practitioners must obtain provider account numbers from the department.

(3) Refer to WAC 296-20-132 and 296-20-135 for information regarding the conversion factors.

(4) Refer to the department's billing instructions for additional information.

(5) Services performed by advanced registered nurse practitioners must be billed using the appropriate procedure code number listed in the fee schedules preceded by a Type of Service Code "N." The rate of reimbursement for the services billed by advanced registered nurse practitioners will be ninety percent of the value listed in the fee schedules.

(6) Refer to chapter 296-20 WAC (home nursing care) and chapter 296-23 WAC (miscellaneous services) for rules regarding reimbursement for home attendant care.

#### NEW SECTION

**WAC 296-23-250 Massage therapy rules.** Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of workers. See WAC 296-20-125 for billing instructions.

Refer to WAC 296-20-132 and 296-20-135 for information regarding use of the conversion factors.

Massage therapy treatment will be permitted when given by a licensed massage practitioner only upon written orders from the worker's attending doctor.

A progress report must be submitted to the attending doctor and the department or the self-insurer following six treatment visits or one month, whichever comes first. Massage therapy treatment beyond the initial six treatments will be authorized only upon substantiation of improvement in the worker's condition in terms of functional modalities, i.e., range of motion; sitting and standing tolerance; reduction in medication; etc. In addition, an outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

Massage therapy in the home and/or places other than the practitioners usual and customary business facilities will be allowed only upon prior justification and authorization by the department or self-insurer.

No inpatient massage therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

Massage therapy treatments exceeding once per day must be justified by attending doctor.

Billing codes, reimbursement levels, and supporting policies for massage therapy services are listed in the fee schedules.

#### NEW SECTION

**WAC 296-23-255 Independent medical examinations.** (1) Purpose:

Independent medical examinations may be requested by the department, the self-insurer, or the attending physician; this is usually for one of the following purposes:

- (a) To establish a diagnosis. Prior diagnoses may be controversial or ill-defined;
- (b) To outline a program of rational treatment, where treatment or progress is controversial;
- (c) To establish medical data from which it may be determined whether the medical condition is industrially acquired, or unrelated to industrial work activities;
- (d) To determine the extent and duration of aggravation of a preexisting medical condition by an industrial injury or exposure;
- (e) To establish when the accepted medical condition has reached maximum benefit from treatment;
- (f) To establish a percentage rating of any permanent disability, based on the loss of body function or the category rating when maximum recovery is reached; or
- (g) To determine the medical indications for reopening of a claim for further treatment on the basis of aggravation of an accepted condition, based on objective findings.

(2) Workers who are scheduled for independent medical examinations are allowed to bring with them an accompanying person to be present during the physical examination. The accompanying person cannot be compensated in any manner, except that language interpreters may be necessary for the communication process and may be reimbursed for interpretative services.

The department may designate those conditions under which the accompanying person is allowed to be present during the independent medical examination process.

**NEW SECTION**

**WAC 296-23-260 Examination reports.** (1) It is the department's intention to purchase objective examinations to ensure that sure and certain determinations are made of all benefits to which the injured worker might be entitled.

The report of an independent medical examination must include the following items:

- (a) A detailed chronology of the injury or condition including mechanism of injury, diagnostic studies, and treatments attempted. The chronology must mention the results of treatments and diagnostic studies;
- (b) An opinion as to whether treatment actual or proposed is or will be curative or palliative in nature;
- (c) An assessment of whether the condition is industrially caused, on a more probable than not basis;
- (d) Specific diagnoses sorted into the following categories:
  - (i) The accepted condition;
  - (ii) Preexisting conditions, and a statement as to whether they are worsening on their own or are aggravated by the accepted industrially acquired condition; and
  - (iii) Conditions acquired after the industrial injury.
- (e) Answers to written questions posed by adjudicators, or a description of what would be needed to address the questions; and
- (f) Conclusions and a summary statement of the objective medical findings upon which the conclusions are based.

(2) Disability ratings are to be done as specified in WAC 296-20-210.

**NEW SECTION**

**WAC 296-23-265 Independent medical examinations examiner.** (1) Independent medical examinations must be performed in accordance with WAC 296-20-200 by examiners approved by the department and licensed to perform medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or dentistry except:

(a) Attending physicians licensed to perform medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or dentistry may perform an impairment rating examination for a worker under their care at the direction of the state fund or self-insurer.

(b) The independent medical examination may be performed by a board certified specialist licensed to perform medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or dentistry selected by the department or the self-insurer if the worker does not live in Washington, Oregon, or Idaho.

(c) The independent medical examination may be performed by a treating physician in a department approved chronic pain management program accredited by the commission on accreditation of rehabilitation facilities. The examiner must be licensed to perform medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or dentistry.

(2) All other examiners who wish to do independent medical examinations of workers under Title 51 RCW, whether purchased by the department or self-insurers, must:

(a) Submit a completed department application to the medical director at the department of labor and industries; and

(b) Receive the medical director's approval to be an "approved examiner."

(3) Approved examiners will be listed on the department's approved examiners list. Examiners may be suspended or removed from the approved examiners list by the medical director. Such examiners shall not receive worker referrals from the department or self-insurers.

(4) The factors the medical director may consider in approving or disapproving or suspending examiners include, but are not limited to, any one or a combination of the following:

- (a) Board certification;
- (b) Complaints from workers about the conduct of the examiner;
- (c) Disciplinary proceedings or actions;
- (d) Experience in direct patient care in the area of specialty;
- (e) Ability to effectively convey and substantiate medical opinions and conclusions concerning workers;
- (f) Quality and timeliness of reports; and
- (g) Geographical need of the department and self-insurer.

(5) Examiners must be available and willing to testify at the department fee schedule rate on behalf of the department, worker, or employer.

(6) Complaints from workers about examiner conduct during an independent medical examination must be prompt-

ly forwarded from self-insurer and department staff to the office of the medical director.

(7) The standards for independent medical examiners, the application for approved examiner status and maximum fee schedule for performing examinations are published in a medical examiners' handbook available from the Office of the Medical Director, Department of Labor and Industries, Olympia, WA 98504.

(8) Fees for independent medical examinations are determined by the dollar value published in the medical examiners' handbook.

**NEW SECTION**

**WAC 296-23-270 Independent medical examinations two or more examiners.** Providers who wish to offer independent medical examinations by two or more examiners must apply for a panel provider number and meet standards set by the medical director of the department. Examiners working through panels must be on the approved list.

**REPEALER**

The following sections of the Washington Administrative Code are repealed:

- WAC 296-23-010 General information—Radiology.
- WAC 296-23-01001 Injection procedures.
- WAC 296-23-01002 Custody of x-rays.
- WAC 296-23-01004 Billing procedures.
- WAC 296-23-01005 Duplication of x-rays and extra views.
- WAC 296-23-01006 Radiology, radiation therapy, nuclear medicine and modifiers.
- WAC 296-23-01007 Unlisted service or procedure.
- WAC 296-23-01008 Special report.
- WAC 296-23-015 Head and neck.
- WAC 296-23-020 Chest.
- WAC 296-23-025 Spine and pelvis.
- WAC 296-23-030 Upper extremities.
- WAC 296-23-035 Lower extremities.
- WAC 296-23-040 Abdomen.
- WAC 296-23-045 Gastrointestinal tract.
- WAC 296-23-050 Urinary tract.
- WAC 296-23-055 Female genital tract.
- WAC 296-23-065 Vascular system.
- WAC 296-23-079 Miscellaneous.
- WAC 296-23-07901 Diagnostic ultrasound.
- WAC 296-23-07902 Head and neck.
- WAC 296-23-07903 Heart and chest.
- WAC 296-23-07905 Abdomen and retroperitoneum.
- WAC 296-23-07906 Pelvis, genitalia, and extremities.
- WAC 296-23-07907 Vascular studies.
- WAC 296-23-07908 Miscellaneous.
- WAC 296-23-080 Therapeutic radiology—General information and instructions.
- WAC 296-23-120 Nuclear medicine—General information and instructions.
- WAC 296-23-125 Diagnostic.
- WAC 296-23-130 Therapeutic.

- WAC 296-23-200 Pathology general information and instruction.
- WAC 296-23-201 Unlisted service or procedure.
- WAC 296-23-20101 Special report.
- WAC 296-23-20102 Pathology modifier.
- WAC 296-23-204 Panel or profile tests.
- WAC 296-23-208 Urinalysis.
- WAC 296-23-212 Chemistry and toxicology.
- WAC 296-23-216 Hematology.
- WAC 296-23-221 Immunology.
- WAC 296-23-224 Microbiology.
- WAC 296-23-228 Anatomic pathology.
- WAC 296-23-231 Anatomic pathology.
- WAC 296-23-232 Miscellaneous.
- WAC 296-23-412 General information and instructions.
- WAC 296-23-421 Diagnostic services.
- WAC 296-23-430 Preventive services.
- WAC 296-23-440 Restorative services.
- WAC 296-23-450 Endodontics.
- WAC 296-23-460 Periodontics.
- WAC 296-23-470 Prosthodontics, removable—Including routine postdelivery care.
- WAC 296-23-480 Prosthodontics, fixed.
- WAC 296-23-485 Orthodontics.
- WAC 296-23-490 Oral surgery.
- WAC 296-23-495 Adjunctive general services, anesthesia and professional consultation.
- WAC 296-23-500 Miscellaneous services and appliances.
- WAC 296-23-50001 Nursing services and attendant care.
- WAC 296-23-50002 Transportation services.
- WAC 296-23-50003 Hearing aids and masking devices.
- WAC 296-23-50004 Eyeglasses and contact lenses.
- WAC 296-23-50005 Orthotics and prosthetics.
- WAC 296-23-50006 Medical supplies.
- WAC 296-23-50007 Pulmonary and respiratory services and supplies.
- WAC 296-23-50008 Hospital beds and accessories.
- WAC 296-23-50009 Traction equipment.
- WAC 296-23-50010 Canes.
- WAC 296-23-50011 Crutches.
- WAC 296-23-50012 Walkers.
- WAC 296-23-50013 Wheelchairs.
- WAC 296-23-50014 Stimulators.
- WAC 296-23-50015 Vehicle and home modification.
- WAC 296-23-50016 Drug and alcohol rehabilitation services.
- WAC 296-23-610 General instructions.
- WAC 296-23-615 Office visits and special services.
- WAC 296-23-620 Chiropractic consultations.
- WAC 296-23-710 Physical therapy rules.
- WAC 296-23-715 Modalities.
- WAC 296-23-720 Procedures.
- WAC 296-23-725 Tests and measurements.
- WAC 296-23-730 Work hardening.

WAC 296-23-810	General instructions.
WAC 296-23-811	Office visits and special services.
WAC 296-23-900	Licensed nursing rules.
WAC 296-23-910	Licensed nursing billing instructions.
WAC 296-23-950	Massage therapy rules.
WAC 296-23-960	Massage—Modalities.
WAC 296-23-970	Occupational therapy rules.
WAC 296-23-980	Occupational therapy services.
WAC 296-23-990	Work hardening.

**Chapter 296-21 WAC**

**((EVALUATION AND MANAGEMENT SERVICES))  
GENERAL REIMBURSEMENT POLICIES, BUNDLED CODES AND SERVICES, GLOBAL SURGERY POLICY, PSYCHIATRIC, BIOFEEDBACK, PHYSICAL MEDICINE, HCPCS CODES AND MODIFIERS, DEPARTMENT UNIQUE CODES, NONCOVERED PROVIDER TYPES, AND INDEPENDENT MEDICAL EXAMINATIONS**

**NEW SECTION**

**WAC 296-21-240 General instructions.** In addition to the policies outlined in this chapter, all providers must follow appropriate rules contained in the medical aid rules and fee schedules.

**Unlisted service or procedure**

A service or procedure may be provided that does not have a reimbursement level listed in the fee schedules. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report." When an "unlisted procedure" is rendered, a special report is required as supporting documentation. Refer to chapter 296-20 WAC (including the definition section), and fee schedules for additional information.

**After-hours, evening, and holiday services**

CPT codes 99050 (Medical Services After Office Hours), 99052 (services requested at night), and 99054 (Services requested on Sundays and holidays) are reimbursable only when services are provided outside the usual hours of operation and only where the medical record documents the medical necessity and urgency of the service. **Only one of these codes may be billed per patient per day.**

**Electrocardiograms**

Separate payment will be permitted for electrocardiograms (CPT codes 93000, 93010, 93040, and 93042) performed in conjunction with physician office services.

**Immunizations**

Immunization materials are reimbursed at the Estimated Acquisition Cost (EAC), plus an additional \$2.00 for supplies. (The supply charge is included in the reimbursement level published in the fee schedules.) The codes and reimbursement levels for immunizations are listed in the fee schedules.

Evaluation and management procedure code 99211 may be billed in addition to an immunization when the immunization is the only service performed.

**Therapeutic or diagnostic injections**

If an evaluation and management service (E/M) is billed for a medical evaluation, procedure codes 90783, 90784, and 90798 and the appropriate HCPCS J and Q codes maybe billed in combination.

If no other service is performed on the same day (including E/M services), intramuscular (90782) and intramuscular antibiotic (90788) can be billed and will be paid in addition to a J or Q procedure code.

Intraarterial and intravenous diagnostic and therapeutic injection services (90783 and 90784) and intravenous therapy for severe allergic disease (90798) will be separately reimbursed as long as they are not provided in conjunction with IV infusion therapy services (90780 and 90781).

If procedure code 90798 is provided in conjunction with 90780 or 90781, it is considered "bundled" into the payment for 90780 or 90781 and will not be separately reimbursed.

Drugs must be billed using the HCPCS J and Q codes and reimbursement will be made at cost. The name, strength, and dosage of the drug(s) must be documented and retained in the patient's chart for review.

**Supplies**

Services and supplies provided must be medically necessary and must be prescribed by an approved provider for the direct treatment of a covered condition.

CPT code 99070, which represents miscellaneous supplies provided by the physician, is not reimbursable. **Providers must bill a specific HCPCS Level II code for supplies and equipment provided in the office incident to an office visit or other office services.**

Procedure codes for supplies that do not have a fee listed will be reimbursed at cost. An invoice must be retained in the provider's files. An invoice must be submitted with the bill for supplies costing \$150.00 or more.

**NEW SECTION**

**WAC 296-21-250 Bundled services and supplies.**

**Bundled services:**

Under the fee schedules, some services are considered "bundled" into the cost of other procedures and will not be separately reimbursed. Refer to WAC 296-20-01002 (Definitions).

The fee schedules contain a listing of the bundled codes.

**Bundled supplies:**

Under the fee schedules, many supply items are considered "bundled" into the cost of other services (associated office visits or procedures) and will not be separately reimbursed. Refer to WAC 296-20-01002 (Definitions).

Separate payment will not be made for these items. The HCPCS codes for bundled supply items are listed in the fee schedules.

**Separate reimbursement for surgical trays used in the physician's office:**

Separate additional payment will be allowed for surgical trays only when they are used in conjunction with certain procedures performed in the physician's office. When one of these procedures is performed in the physician's office, the provider may report HCPCS Code A4550, Surgical Trays.

Procedures for which additional amount for supplies may be payable if performed in a physician's office are listed in the fee schedules.

#### NEW SECTION

**WAC 296-21-260 Global surgery policy.** Global surgery reimbursement **includes** the following services:

- The operation itself.
- Preoperative visits, in or out of the hospital, beginning on the day before the surgery.
- Services by the primary surgeon, in or out of the hospital, during a standard 90 day post-operative period (0 or 10 days for minor surgery).
- Dressing changes; local incisional care and removal of operative packs; removal of cutaneous sutures, staples, lines, wires, tubes, drains and splints; insertion, irrigation and removal of urinary catheters, routine peripheral IV lines, nasogastric and rectal tubes; and change and removal of tracheostomy tubes.
- All additional medical or surgical services required because of complications that do not require additional operating room procedures.

The department will allow separate payment when the preoperative or post-operative components of the surgery are performed by a physician other than the surgeon. The appropriate modifiers must be used.

Separate reimbursement will also be allowed for:

- The initial evaluation or consultation.
- The preoperative visits prior to the day before surgery.
- Post-operative visits for problems unrelated to the surgery.
- Post-operative visit for services that are not included in the normal course of treatment for the surgery.

When multiple surgeries are performed on the same patient on the same day, total payment equals the sum of: 100% of the global fee for the highest value procedure; 50% of the global fee for the second most expensive procedure; 25% of the global fee for the third through the fifth procedures.

Procedures in excess of five require submission of documentation and individual review to determine payment amount.

Multiple dermatological procedures:

When multiple **dermatological** procedures are performed, the policy distinguishes between multiple procedures grouped under one procedure code and individual procedures.

- For procedure codes that represent multiple surgical procedures, payment is made based on the fee schedule allowance associated with that code. Examples include:

- 11201- removal of **additional** benign skin lesions
- 17001- destruction of **additional** benign skin lesions

For other dermatological procedure codes that represent individual procedures, payment is made as follows:

- First procedure is paid at 100%;
  - Second and third procedures are paid at 50%.
- Procedures in excess of three require submission of documentation and individual review to determine payment amount.

Endoscopy procedures:

For endoscopic procedures and minor surgery, for which global surgical payment policy has not been generally used, payments are not allowed for a visit on the same day of the surgical or endoscopic procedure unless a documented, separately identifiable service is provided.

Multiple endoscopies and arthroscopies, that are related to the primary procedure, are paid as follows:

1. 100% payment for the endoscopy/arthroscopy with the highest relative value unit or dollar value.
2. For the next highest valued endoscopy/arthroscopy, payment will be based on the difference between this endoscopy and the base diagnostic endoscopy/arthroscopy.

Multiple endoscopies and arthroscopies, that are not-related (e.g., each is a separate and unrelated procedure) are paid as follows:

1. 100% for each unrelated procedure.

#### NEW SECTION

**WAC 296-21-270 Psychiatric services.** The following rules supplements information contained in the fee schedules regarding coverage and reimbursement for psychiatric services.

Treatment of mental conditions to workers is to be goal directed, time limited, intensive, and limited to conditions caused or aggravated by the industrial condition. Psychiatric services to workers are limited to those provided by psychiatrists and licensed psychologists, and according to department policy. For purposes of this rule, the term "psychiatric" refers to treatment by psychologists as well as psychiatrists.

Initial evaluation, and subsequent treatment must be authorized by department staff, as outlined by department policy. The report of initial evaluation, including test results, and treatment plan are to be sent to the worker's attending provider, as well as the department. A copy of sixty-day narrative reports to the department is also to be sent to the attending provider.

All providers are bound by the medical aid rules in chapter 296-20 WAC. Reporting requirements are defined in chapter 296-20 WAC. In addition, the following are required: Testing results with scores, scales, and profiles; report of raw data sufficient to allow reassessment by a panel or independent medical examiner. Use of the current Diagnostic and Statistical Manual of the American Psychiatric Association axis format in the initial evaluation and sixty-

day narrative reports, and explanation of the numerical scales are required.

A report to the department will contain, at least, the following elements:

Subjective complaints;

Objective observations;

Assessment of the worker's condition and goals accomplished; and

Plan of care.

The codes, reimbursement levels, and other policies for psychiatric services are listed in the fee schedules.

#### NEW SECTION

**WAC 296-21-280 Biofeedback rules.** Procedures listed in the fee schedules are for use by medical doctors, osteopathic physicians, licensed psychologists and other qualified providers as determined by department policy. All providers of biofeedback are bound by the medical aid rules and fee schedule for biofeedback services.

Administration of biofeedback treatment is limited to those practitioners who are certified by the Biofeedback Certification Institute of America or who meet the minimum education, experience, and training qualifications to be so certified. Those practitioners wishing to administer biofeedback treatment to workers, must submit a copy of their biofeedback certification or supply evidence of their qualifications to the department or self-insurer.

(1) The department will authorize biofeedback treatment for the following conditions when accepted under the industrial insurance claim:

- (a) Idiopathic Raynaud's disease;
- (b) Temporomandibular joint dysfunction;
- (c) Myofascial pain dysfunction syndrome (MPD);
- (d) Tension headaches;
- (e) Migraine headaches;
- (f) Tinnitus;
- (g) Torticollis;
- (h) Neuromuscular reeducation as result of neurological damage in CVA or spinal cord injury;

(i) Inflammatory and/or musculoskeletal disorders causally related to the accepted condition.

(2) Twelve biofeedback treatments in a ninety-day period will be authorized for the above conditions when the following is presented:

- (a) An evaluation report documenting:
  - (i) The basis for the claimant's condition;
  - (ii) The condition's relationship to the industrial injury;
  - (iii) An evaluation of the claimant's current functional measurable modalities (i.e., range of motion, up time, walking tolerance, medication intake, etc.);
  - (iv) An outline of the proposed treatment program;
  - (v) An outline of the expected restoration goals.
- (b) No further biofeedback treatments will be authorized or paid for without substantiation of evidence of improvement in measurable, functional modalities (i.e., range of motion, up time, walking tolerance, medication intake, etc.). Only one additional treatment block of twelve treatments per ninety days will be authorized. Requests for biofeedback treatment beyond twenty-four treatments or one hundred eighty days will be granted only after file review by and on the advice of the department's medical consultant.

(c) In addition to treatment, pretreatment and periodic evaluation will be authorized. Follow-up evaluation can be authorized at one, three, six, and twelve months posttreatment.

(d) At the department's option, a concurring opinion may be required regarding relationship of the condition to the industrial injury and/or need for biofeedback treatment.

The codes, reimbursement levels, and other policies for biofeedback services are listed in the fee schedules.

#### NEW SECTION

**WAC 296-21-290 Physical medicine.** The department or self-insurer will authorize and pay for physical medicine services only when the services are under the direct, continuous supervision of a physician who is "board qualified" in the field of physical medicine and rehabilitation, (except for subsections (1) and (2) of this section). The services must be carried out by the physician or registered physical therapist or a physical therapist assistant serving under the direction of a registered physical therapist, by whom he is employed.

The department or self-insurer will allow other licensed physicians to provide physical medicine modalities in the following situations:

(1) The primary attending physician may administer physical therapist modalities as listed under 97010 - 97039 and/or procedures as listed under 97110 - 97145 in the office. No more than six such visits will be authorized and paid to the attending physician. If the worker requires treatment beyond six visits, he/she must be referred to a registered physical therapist or a physiatrist for such treatment. The attending physician can bill an office visit in addition to the physical therapy visit for the same day if indicated. Refer to the department billing instructions regarding how to bill the physical therapy portion of the visit.

(2) In remote areas, where no registered physical therapist or physical therapist assistant is available, treatment by the attending physician with modalities listed under 97110 - 97145 may be billed under 1044M.

The codes, reimbursement levels, and other policies for physical medicine services are listed in the fee schedules.

#### NEW SECTION

**WAC 296-21-300 HCPCS codes.** The department's fee schedules are based on the Health Care Financing Administration's Common Procedure Coding System (HCPCS) Level I and II codes. The level I codes are also referred to as CPT codes.

The Level II codes, are referred to as HCPCS and consist of one alpha character, followed by four numbers. HCPCS are used to bill for miscellaneous services, supplies and materials.

The fee schedules contain the HCPCS Level I and II codes, code descriptions and modifiers as implemented by the department.

#### **Agency unique codes (Level III codes)**

Department unique codes and services, are referred to as Level III or "local" codes and consist of four numbers followed by one alpha character. For example, 1040M

should be used to code completion of the department's accident report form.

A listing of the department's local codes and reimbursement levels are located in the fee schedules.

#### NEW SECTION

**WAC 296-21-310 HCPCS billing modifiers.** The following modifiers and descriptions are based on the Health Care Financing Administration's Common Procedure Coding System (HCPCS) as listed in the fee schedules.

- **20 Microsurgery**  
Use of this modifier will not change payment levels. It is for informational use only.
- **21 Prolonged Evaluation and Management Service.**  
Use of this modifier will not change payment levels. It is for informational use only.
- **22 Unusual Services**  
Procedures with this modifier may be individually reviewed prior to payment. Supporting documentation is required for this review.
- **23 Unusual Anesthesia**  
Use of this modifier will not change payment levels. It is for informational use only.
- **24 Unrelated Evaluation and Management Services by the Same Physician During a Postoperative Period**  
This modifier is used to indicate that an evaluation and management service was performed during a postoperative period that is not related to the surgical procedure. **Supporting documentation must be submitted with the claim when this modifier is used.**  
Payment will be made at one hundred percent of the fee schedule level.
- **25 Significant, Separately Identifiable Evaluation and Management (E/M) Service by the Same Physician on the Day of a Procedure**  
This modifier is used to indicate that, on the day of a surgical procedure, a significant separately identifiable E/M service was required due to the patient's condition. This E/M service is performed by the same physician; however, it must be unrelated to the usual preoperative and postoperative care associated with the surgical procedure that was performed. **Supporting documentation must be submitted with the claim when this modifier is used.**  
Payment will be made at one hundred percent of the fee schedule level.
- **26 Professional Component**  
Certain procedures are a combination of the professional and technical components. This modifier should be used when only the professional component is reported. When a global service is ren-

dered, neither the -26 nor -TC modifier should be used.

- **TC Technical Component**  
Certain procedures are a combination of the professional and technical components. This modifier should be used when only the technical component is reported. When a global service is rendered, neither the -26 nor -TC modifier should be used.
- **30 Anesthesia**  
Add this modifier to the usual procedure number and use value listed in Anesthesia column for normal, uncomplicated anesthesia.
- **32 Mandated service**  
Use of this modifier will not change payment levels. It is for informational use only.
- **47 Anesthesia by Surgeon**  
When regional or general anesthesia is provided by the surgeon use the basic anesthesia value without the added value for time.
- **50 - Bilateral Surgery**  
The bilateral modifier identifies cases where a procedure typically performed on one side of the body is, in fact, performed on both sides of the body. For surgical procedures typically performed on one side of the body that are, in a specific case, performed bilaterally, payment is made at one hundred fifty percent of the global surgery fee for the procedure. Providers must bill using the single procedure code with modifier -50.
- **51 - Multiple Surgery:**  
For procedure codes that represent multiple surgical procedures, payment is made based on the fee schedule allowance associated with that code. Examples of these codes include:  
11201 - Removal of **additional** benign skin lesions  
17001 - Destruction of **additional** benign skin lesions  
Refer to the Global Surgery rules for additional information.
- **52 Reduced Services:**  
Payment will be made at the billed amount or the maximum allowable fee, whichever is less.
- **54, 55, and 56 - Providers Furnishing Less than the Global Surgical Package**  
These modifiers are designed to ensure that the sum of all allowances for all practitioners who furnished parts of the services included in a global surgery fee do not exceed the total amount of the payment that would have been paid to a single practitioner under the global fee for the procedure. Three modifiers are used:  
**54 - Surgical Care Only** - When one physician performs a surgical procedure and another provides preoperative and/or postoperative management

**55 - Postoperative Management Only -**

When one physician performs the postoperative management and another physician has performed the surgical procedure

**56 - Preoperative Management Only -**

When one physician performs the preoperative care and evaluation and another physician performs the surgical procedure

The payment policy pays each physician directly for the portion of the global surgery services furnished to the beneficiary.

● **62 - Two Surgeons**

For surgery requiring the skills of two surgeons (each with a different specialty), each surgeon is reimbursed at 62.5 percent of the global surgical fee. No payment is made for an assistant-at-surgery in these cases.

● **66 - Team Surgery**

This modifier is used when highly complex procedures are carried out by a surgical team, which may include the concomitant services of several physicians, often of different specialties; other highly skilled, specially trained personnel; and various types of complex equipment.

Procedures with this modifier are reviewed and priced on an individual basis. Supporting documentation is required for this review.

● **76 Repeat Procedure by Same Physician**

Use of this modifier will not change payment levels. It is for informational use only.

● **77 Repeat Procedure by Another Physician**

Use of this modifier will not change payment levels. It is for informational use only.

● **78 Return to the operating room for a Related Procedure During the Postoperative Period**

Payment will be made at one hundred percent of the fee schedule level.

● **79 Unrelated Procedure or Service by the Same Physician During the Postoperative Period**

Use of this modifier allows separate payment for procedures not associated with the original surgery. Payment will be made at one hundred percent of the fee schedule level.

● **80, 81, and 82 - Physicians Who Assist at Surgery**

Three modifiers may be used to identify procedures where a second physician assists another in the procedure. They are:

- 80 - Assistant Surgeon
- 81 - Minimum Assistant Surgeon
- 82 - Assistant Surgeon (when qualified resident surgeon not available)

Payment for procedures with these modifiers is made at the lower of the following:

- Actual charge
- Twenty percent of the global surgery amount for the procedure

● **90 Reference (Outside) Laboratory**

Use of this modifier will not change payment levels. It is for informational use only.

● **99 Multiple Modifiers**

Under certain circumstances, two or more modifiers may be necessary to completely delineate a service. The fee schedules allow two modifiers to be applied to a service, with payment made based on the payment approach associated with each modifier.

Under the fee schedules, this modifier must be used only when two or more modifiers affect pricing. The modifiers must be indicated on the appropriate billing form, (e.g., modifiers 26 and 50).

Modifier 99 should only be used when two or more of the following modifiers are used:

- 26 Professional Component
- 50 Bilateral surgery
- 51 Multiple surgery
- 54 Surgical Care only
- 55 Post operative care only
- 56 Preoperative care only
- 62 Two surgeons
- 66 Surgical Team
- 80 Assistant Surgeon
- 81 Minimum Assistant surgeon
- 82 Assistant surgeon (when qualified resident surgeon not available)
- TC Technical component

Other Modifiers

RR This HCPCS level II modifier should be used to indicate that the durable medical equipment is rented rather than purchased. Payment will be made at the rate listed in the fee schedules.

Physician Assistant services must be identified by the following modifiers when the physician bills for these services:

- AN For other than assistant at surgery (nonteam member).
- AS Assist at surgery team member (e.g., organ transplant team).
- AU For other than assist at surgery team member.

NEW SECTION

**WAC 296-21-320 Provider types and services not covered.** The department will not pay for services performed by the following practitioners:

- Acupuncturists
- Herbalists

- Christian Science practitioners or theological healers
- Homeopaths
- Noncertified physician assistants
- Operating room technicians
- Certified surgical technicians
- Certified surgical assistants
- Any other licensed or unlicensed practitioners not otherwise specifically provided for by the department.

Refer to the chapter 296-20 WAC for definitions of doctor, health services practitioner, physician (WAC 296-20-01002) and for the rules regarding who may treat (chapter 296-20 WAC).

#### REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 296-21-140	Guidelines.
WAC 296-21-150	Office or other outpatient services.
WAC 296-21-160	Hospital inpatient services.
WAC 296-21-170	Consultations.
WAC 296-21-180	Emergency department services.
WAC 296-21-190	Miscellaneous.
WAC 296-21-200	Critical care services.
WAC 296-21-210	Nursing facility services.
WAC 296-21-230	Case management services.

AMENDATORY SECTION (Amending WSR 92-24-066, filed 12/1/92, effective 1/1/93)

**WAC 296-20-010 General information.** (1) The following rules ~~((and fees are promulgated pursuant to RCW 51.04.020. This fee schedule is intended to cover all services for accepted industrial insurance claims. All fees listed are the maximum fees allowable. Practitioners shall bill their usual and customary fee for services. If a usual and customary fee for any particular service is lower to the general public than listed in the fee schedule, the practitioner shall bill the department or self-insurer at the lower rate. The department or self-insurer will pay the lesser of the billed charge or the fee schedule maximum allowable.~~

~~((2)))~~ are promulgated pursuant to RCW 51.04.020 and 51.04.030. The department or self-insurer may purchase necessary physician and other provider services according to the fee schedules. The fee schedules shall be established in consultation with interested persons and updated at times determined by the department in consultation with those interested persons. Prior to the establishment or amendment of the fee schedules, the department will give at least thirty calendar days notice by mail to interested persons who have made timely request for advance notice of the establishment or amendment of the fee schedules. To request advance notice of the establishment or amendment of the fee schedules, interested persons must contact the department at the following address:

Department of Labor and Industries  
Health Services Analysis  
Interested Person's Mailing List for the Fee Schedules  
P.O. Box 44322  
Olympia, WA 98504-4322

(2) The fee schedules are intended to cover all services for accepted industrial insurance claims. All fees listed are the maximum fees allowable. Practitioners shall bill their usual and customary fee for services. If a usual and customary fee for any particular service is lower to the general public than listed in the fee schedules, the practitioner shall bill the department or self-insurer at the lower rate. The department or self-insurer will pay the lesser of the billed charge or the fee schedules' maximum allowable.

(3) The rules contained in the introductory section pertain to all practitioners regardless of specialty area or limitation of practice. Additional rules pertaining to specialty areas will be found in the appropriate section of the medical aid rules.

~~((3)))~~ (4) The methodology for determining the maximum allowable fee for a procedure is ((determined by multiplying the unit value of a procedure by the appropriate conversion factor, per the conversion factor tables listed in WAC 296-20-135 to 296-20-155)) listed in WAC 296-20-132 and 296-20-135.

~~((4) Initial and follow-up visit charges by practitioners include routine examinations, physical modalities, injections, minor procedures, etc., not otherwise provided for in this schedule.)~~ (5) No fee is payable for missed appointments unless the appointment is for an examination arranged by the department or self-insurer.

~~((5)))~~ (6) When a claim has been accepted by the department or self-insurer, no provider or his/her representative may bill the worker for the difference between the allowable fee and the usual and customary charge. Nor can the worker be charged a fee, either for interest or completion of forms, related to services rendered for the industrial injury or condition. Refer to chapter 51.04 RCW.

~~((6)))~~ (7) Practitioners must maintain documentation in claimant medical or health care service records adequate to verify the level, type, and extent of services provided to claimants. A health care practitioner's bill for services, appointment book, accounting records, or other similar methodology do not qualify as appropriate documentation for services rendered. Refer to Chapter 296-20 WAC and department policy for reporting requirements.

~~((7)))~~ (8) Except as provided in WAC 296-20-055 (temporary treatment of unrelated conditions when retarding recovery), practitioners shall bill, and the department or self-insurer shall pay, only for proper and necessary medical care required for the diagnosis and curative or rehabilitative treatment of the accepted condition.

~~((8)))~~ (9) When ((an injured)) a worker is being treated concurrently for an unrelated condition the fee allowable for the service(s) rendered must be shared proportionally between the payors.

~~((9)))~~ (10) Correspondence: Correspondence pertaining to state fund and department of energy claims should be sent to: Department of Labor and Industries, Claims Administration, P.O. Box 44291, Olympia, Washington 98504-4291.

Accident reports should be sent to: Department of Labor and Industries, P.O. Box 44299, Olympia, Washington 98504-4299.

Send provider bills by type (UB-~~(82)~~92) to ~~((the))~~: Department of Labor and Industries, P.O. Box 44266, Olympia, Washington 98504-4266~~((,-))~~.

Adjustments, Home Nursing and Miscellaneous~~((s))~~ to ~~((the))~~: Department of Labor and Industries, P.O. Box 44267, Olympia, Washington 99504-44267~~((,-))~~Pharmacy~~((s))~~ to ~~((the))~~: Department of Labor and Industries, P.O. Box 44268, Olympia, Washington 99504-4268 ~~((and -))~~.

HFCA~~((s))~~ to ~~((the))~~: Department of Labor and Industries, P.O. Box 44269, Olympia, Washington 98504-4269.

State fund claims have six digit numbers preceded by a letter other than "S," "T," or "V."

Department of energy claims have seven digit numbers with no letter prefix.

All correspondence and billings pertaining to *crime victims* claims should be sent to Crime Victims Division, Department of Labor and Industries, P.O. Box 44520, Olympia, Washington 98504-4520.

Crime victim claims have six digit numbers preceded by a "V."

All correspondence and billings pertaining to self-insured claims should be sent directly to the employer or the service representative as the case may be.

Self-insured claims are six digit numbers preceded by a "S," or "T."

Communications to the department or self-insurer must show the patient's full name and claim number. If the claim number is unavailable, providers should contact the department or self-insurer for the number, indicating the patient's name, Social Security number, the date and the nature of the injury, and the employer's name. A communication should refer to one claim only. Correspondence must be legible and reproducible, as department records are microfilmed. Correspondence regarding specific claim matters should be sent directly to the department in Olympia or self-insurer in order to avoid rehandling by the service location.

~~((10))~~ (11) The department's various local service locations should be utilized by providers to obtain information, supplies, or assistance in dealing with matters pertaining to industrial injuries.

**AMENDATORY SECTION** (Amending WSR 92-24-066, filed 12/1/92, effective 1/1/93)

**WAC 296-20-01002 Definitions. Termination of treatment:** When treatment is no longer required and/or the industrial condition is stabilized, a report indicating the date of stabilization should be submitted to the department or self-insurer. This is necessary to initiate closure of the industrial claim. The patient may require continued treatment for conditions not related to the industrial condition; however, financial responsibility for such care must be the patient's.

**Unusual or unlisted procedure:** Value of unlisted services or procedures should be substantiated "by report" (BR).

**"By report":** BR (by report) in the value column of the fee schedules indicates that the value of this service is to be determined by report (BR) because the service is too

unusual, variable or new to be assigned a unit value. The report shall provide an adequate definition or description of the services or procedures that explain why the services or procedures (e.g., operative ~~((or narrative))~~, medical, radiological, laboratory, pathology, or other similar service report) are too unusual, variable, or complex to be assigned a relative value unit, using any of the following as indicated:

- (1) Diagnosis;
- (2) Size, location and number of lesion(s) or procedure(s) where appropriate;
- (3) ~~((Major))~~ Surgical procedure(s) and supplementary procedure(s);
- (4) Whenever possible, list the nearest similar procedure by number according to ~~((this schedule))~~ the fee schedules;
- (5) Estimated follow-up;
- (6) Operative time;
- (7) Describe in detail any service rendered and billed using an "unlisted" procedure code.

The department or self-insurer may adjust BR procedures when such action is indicated.

**"Independent or separate procedure":** Certain of the fee schedule's listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate charge. When such a procedure is carried out as a separate entity, not immediately related to other services, the indicated value for "independent procedure" is applicable.

~~((Sv. items: Sv (service) procedures are not essentially a single procedure, rather they are comprised of several other procedures. These "Sv" procedures although identified by a specific code number, can be described only in terms of the several services included. Therefore, unit values are not indicated for Sv procedures and total value is derived from the values of the individual services performed. These Sv procedures require "BR" (see above) information to substantiate billing.))~~

**Chart notes:** This type of documentation may also be referred to as "office" or "progress" notes. Providers must maintain charts and records in order to support and justify the services provided. "Chart" means a compendium of medical records on an individual patient. "Record" means dated reports supporting bills submitted to the department or self-insurer for medical services provided in an office, nursing facility, hospital, outpatient, emergency room, or other place of service. Records of service shall be entered in a chronological order by the practitioner who rendered the service. For reimbursement purposes, such records shall be legible, and shall include but are not limited to:

- (1) Date(s) of service;
- (2) Patient's name and date of birth;
- (3) Claim number;
- (4) Name and title of the person performing the service;
- (5) Chief complaint or reason for each visit;
- (6) Pertinent medical history;
- (7) Pertinent findings on examination;
- (8) Medications and/or equipment/supplies prescribed or provided;
- (9) Description of treatment (when applicable);
- (10) Recommendations for additional treatments, procedures, or consultations;
- (11) X-rays, tests, and results; and
- (12) Plan of treatment/care/outcome.

**Attending doctor report:** This type of report may also be referred to as a "60 day" or "special" report. The following information must be included in this type of report. Also, additional information may be requested by the department as needed.

(1) The condition(s) diagnosed including ICD-9-CM codes and the objective and subjective findings.

(2) Their relationship, if any, to the industrial injury or exposure.

(3) Outline of proposed treatment program, its length, components, and expected prognosis including an estimate of when treatment should be concluded and condition(s) stable. An estimated return to work date should be included. The probability, if any, of permanent partial disability resulting from industrial conditions should be noted.

(4) If the worker has not returned to work, the attending doctor should indicate whether a vocational assessment will be necessary to evaluate the worker's ability to return to work and why.

(5) If the worker has not returned to work, a doctor's estimate of physical capacities should be included with the report. If further information regarding physical capacities is needed or required, a performance-based physical capacities evaluation can be requested. Performance-based physical capacities evaluations should be conducted by a licensed occupational therapist or a licensed physical therapist. Performance-based physical capacities evaluations may also be conducted by other qualified professionals who provided performance-based physical capacities evaluations to the department prior to May 20, 1987, and who have received written approval to continue supplying this service based on formal department review of their qualifications.

**Consultation examination report:** The following information must be included in this type of report. Additional information may be requested by the department as needed.

(1) A detailed history to establish:

(a) The type and severity of the industrial injury or occupational disease.

(b) The patient's previous physical and mental health.

(c) Any social and emotional factors which may effect recovery.

(2) A comparison history between history provided by attending doctor and injured worker, must be provided with exam.

(3) A detailed physical examination concerning all systems affected by the industrial accident.

(4) A general physical examination sufficient to demonstrate any preexisting impairments of function or concurrent condition.

(5) A complete diagnosis of all pathological conditions including ICD-9-CM codes found to be listed:

(a) Due solely to injury.

(b) Preexisting condition aggravated by the injury and the extent of aggravation.

(c) Other medical conditions neither related to nor aggravated by the injury but which may retard recovery.

(d) Coexisting disease (arthritis, congenital deformities, heart disease, etc.).

(6) Conclusions must include:

(a) Type treatment recommended for each pathological condition and the probable duration of treatment.

(b) Expected degree of recovery from the industrial condition.

(c) Probability, if any, of permanent disability resulting from the industrial condition.

(d) Probability of returning to work.

(7) Reports of necessary, reasonable x-ray and laboratory studies to establish or confirm the diagnosis when indicated.

**Bundled codes:** When a bundled code is covered, payment for them is subsumed by the payment for the codes or services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient. This service is not separately payable because it is included in the payment for other services such as hospital visits.) Bundled codes and services are identified in the fee schedules.

**Fee schedules or maximum fee schedule(s):** The fee schedules consist of, but are not limited to the following:

(a) Health Care Financing Administration's Common Procedure Coding System Level I and II Codes, descriptions and modifiers that describe medical and other services, supplies and materials.

(b) Codes, descriptions and modifiers developed by the department.

(c) Relative value units (RVUs), calculated or assigned dollar values, percent-of-allowed-charges (POAC), or diagnostic related groups (DRGs), that set the maximum allowable fee for services rendered.

(d) Billing instructions or policies relating to the submission of bills by providers and the payment of bills by the department or self-insurer.

**Medical Aid Rules:** The Washington Administrative Codes (WACs) that contain the administrative rules for medical and other services rendered to workers.

**Modified work status:** The (~~injured~~) worker is not able to return to their previous work, but is physically capable of carrying out work of a lighter nature. (~~Injured~~) Workers should be urged to return to modified work as soon as reasonable as such work is frequently beneficial for body conditioning and regaining self confidence.

Under RCW 51.32.090, when the employer has modified work available for the worker, the employer must furnish the doctor and the worker with a statement describing the available work in terms that will enable the doctor to relate the physical activities of the job to the worker's physical limitations and capabilities. The doctor shall then determine whether the worker is physically able to perform the work described. The employer may not increase the physical requirements of the job without requesting the opinion of the doctor as to the worker's ability to perform such additional work. If after a trial period of reemployment the worker is unable to continue with such work, the worker's time loss compensation will be resumed upon certification by the attending doctor.

If the employer has no modified work available, the department should be notified immediately, so vocational assessment can be conducted to determine whether the worker will require assistance in returning to work.

**Regular work status:** The injured worker is physically capable of returning to his/her regular work. It is the duty of the attending doctor to notify the worker and the department or self-insurer, as the case may be, of the specific date

of release to return to regular work. Compensation will be terminated on the release date. Further treatment can be allowed as requested by the attending doctor if the condition is not stationary and such treatment is needed and otherwise in order.

**Total temporary disability:** Full-time loss compensation will be paid when the worker is unable to return to any type of reasonably continuous gainful employment as a direct result of an accepted industrial injury or exposure.

**Temporary partial disability:** Partial time loss compensation may be paid when the worker can return to work on a limited basis or return to lesser paying job is necessitated by the accepted injury or condition. The worker must have a reduction in wages of more than five percent before consideration of partial time loss can be made. No partial time loss compensation can be paid after the worker's condition is stationary.

**All time loss compensation must be certified by the attending doctor based on objective findings.**

**Permanent partial disability:** Any anatomic or functional abnormality or loss after maximum rehabilitation has been achieved, which is determined to be stable or nonprogressive at the time the evaluation is made. When the attending doctor has reason to believe a permanent impairment exists, the department or self-insurer should be notified. Specified disabilities (amputation or loss of function of extremities, loss of hearing or vision) are to be rated utilizing a nationally recognized impairment rating guide. Unspecified disabilities (internal injuries, spinal injuries, mental health, etc.) are to be rated utilizing the category system detailed under WAC 296-20-200 et al. for injuries occurring on or after October 1, 1974. **Under Washington law disability awards are based solely on physical or mental impairment due to the accepted injury or conditions without consideration of economic factors.**

**Total permanent disability:** Loss of both legs or arms, or one leg and one arm, total loss of eyesight, paralysis or other condition permanently incapacitating the worker from performing any work at any gainful employment. When the attending doctor feels a worker may be totally and permanently disabled, the attending doctor should communicate this information immediately to the department or self-insurer. A vocational evaluation and an independent rating of disability may be arranged by the department prior to a determination as to total permanent disability. Coverage for treatment does not usually continue after the date an injured worker is placed on pension.

**Fatal:** When the attending doctor has reason to believe a worker has died as a result of an industrial injury or exposure, the doctor should notify the nearest department service location or the self-insurer immediately. Often an autopsy is required by the department or self-insurer. If so, it will be authorized by the service location manager or the self-insurer. Benefits payable include burial stipend and monthly payments to the surviving spouse and/or dependents.

**Doctor:** For these rules, means a person licensed to practice one or more of the following professions: Medicine and surgery; osteopathic medicine and surgery; chiropractic; drugless therapeutics; podiatry; dentistry; optometry.

Only those persons so licensed may sign report of accident forms and time loss cards except as provided in ((WAC 296-20-100)) chapter 296-20 WAC.

**Health services provider or provider:** For these rules means any person, firm, corporation, partnership, association, agency, institution, or other legal entity providing any kind of services related to the treatment of an industrially injured worker. It includes, but is not limited to, hospitals, medical doctors, dentists, chiropractors, vocational rehabilitation counselors, osteopathic physicians, pharmacists, podiatrists, physical therapists, occupational therapists, massage therapists, psychologists, drugless therapeutics, and durable medical equipment dealers.

**Practitioner:** For these rules, means any person defined as a "doctor" under these rules, or licensed to practice one or more of the following professions: Audiology; physical therapy; occupational therapy; pharmacy; prosthetics; orthotics; psychology; nursing; physician or osteopathic assistant; and massage therapy.

**Physician:** For these rules, means any person licensed to perform one or more of the following professions: Medicine and surgery; or osteopathic medicine and surgery.

**Acceptance, accepted condition:** Determination by a qualified representative of the department or self-insurer that reimbursement for the diagnosis and curative or rehabilitative treatment of a claimant's medical condition is the responsibility of the department or self-insurer. The condition being accepted must be specified by one or more diagnosis codes from the current edition of the International Classification of Diseases, Clinically Modified (ICD-CM).

**Authorization:** Notification by a qualified representative of the department or self-insurer that specific medically necessary treatment, services, or equipment provided for the diagnosis and curative or rehabilitative treatment of an accepted condition will be reimbursed by the department or self-insurer.

**Medically necessary:** Those health services are medically necessary which, in the opinion of the director or his or her designee, are:

(a) Proper and necessary for the diagnosis and curative or rehabilitative treatment of an accepted condition; and

(b) Reflective of accepted standards of good practice within the scope of the provider's license or certification; and

(c) Not delivered primarily for the convenience of the claimant, the claimant's attending doctor, or any other provider; and

(d) Provided at the least cost and in the least intensive setting of care consistent with the other provisions of this definition.

In no case shall services which are inappropriate to the accepted condition or which present hazards in excess of the expected medical benefits be considered medically necessary. Services which are controversial, obsolete, experimental, or investigational are presumed not to be medically necessary, and shall be authorized only as provided in WAC 296-20-03002(6).

**Utilization review:** The assessment of a claimant's medical care to assure that it is medically necessary and of good quality. This assessment typically considers the appropriateness of the place of care, level of care, and the duration, frequency or quantity of services provided in relation to the accepted condition being treated.

**Emergent hospital admission:** Placement of the worker in an acute care hospital for treatment of a work

related medical condition of an unforeseen or rapidly progressing nature which if not treated in an inpatient setting, is likely to jeopardize the worker's health or treatment outcome.

**Nonemergent (elective) hospital admission:** Placement of the worker in an acute care hospital for medical treatment of an accepted condition which may be safely scheduled in advance without jeopardizing the worker's health or treatment outcome.

**Attendant care:** Those personal care services that assist a worker with dressing, feeding, and personal hygiene to facilitate self-care and are provided in order to maintain the worker in their place of temporary or permanent residence consistent with their needs, abilities, and safety. These services may be provided by but are not limited to, registered nurses, licensed practical nurses, registered nursing assistants, and other individuals such as family members.

**Home nursing:** Those nursing services that are medically necessary to maintain the worker in their place of temporary or permanent residence consistent with their needs, abilities, and safety. These services may be provided by but are not limited to, home health care, and hospice agencies on either an hourly or intermittent basis.

**AMENDATORY SECTION** (Amending WSR 90-04-057, filed 2/2/90, effective 3/5/90)

**WAC 296-20-015 Who may treat.** (1) In order to treat workers under the Industrial Insurance Act, a health care provider must qualify as an approved provider under the department's rules. The department must approve the health care provider through the issuance of a provider number before the health care provider is eligible for payment for services.

(2) Para-professionals, who are not independently licensed, must practice under the direct supervision of a licensed health care professional whose scope of practice and specialty training includes the service provided by the para-professional. The department may deny direct reimbursement to the para-professional for services rendered, and may instead directly reimburse the licensed and supervising health care professional for covered services. Payment rules for para-professionals may be determined by department policy.

(3) Procedures and evaluations requiring specialized skills and knowledge will be limited to board certified or board qualified physicians, or osteopathic physicians as specified by the American Medical Association or the American Osteopathic Association.

(4) The department as a trustee of the medical aid fund has a duty to supervise provision of proper and necessary medical care that is delivered promptly, efficiently, and economically. The department can deny, revoke, suspend, limit, or impose conditions on a health care provider's authorization to treat workers under the Industrial Insurance Act. Reasons for denying issuance of a provider number or imposing any of the above restrictions include, but are not limited to the following:

(a) Incompetence or negligence, which results in injury to a worker or which creates an unreasonable risk that a worker may be harmed.

(b) The possession, use, prescription for use, or distribution of controlled substances, legend drugs, or addictive,

habituating, or dependency-inducing substances in any way other than for therapeutic purposes.

(c) Any temporary or permanent probation, suspension, revocation, or type of limitation of a practitioner's license to practice by any court, board, or administrative agency.

(d) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the provider's profession. The act need not constitute a crime. If a conviction or finding of such an act is reached by a court or other tribunal pursuant to plea, hearing, or trial, a certified copy of the conviction or finding is conclusive evidence of the violation.

(e) The failure to comply with the department's orders, rules, or policies.

(f) The failure, neglect, or refusal to:

(i) Provide records requested by the department pursuant to a health care services review or an audit.

(ii) Submit complete, adequate, and detailed reports or additional reports requested or required by the department regarding the treatment and condition of a worker.

(g) The submission or collusion in the submission of false or misleading reports or bills to any government agency.

(h) Billing a worker for:

(i) Treatment of an industrial condition for which the department has accepted responsibility; or

(ii) The difference between the amount paid by the department under the maximum allowable fee set forth in these rules and any other charge.

(i) Repeated failure to notify the department immediately and prior to burial in any death, where the cause of the death is not definitely known and possibly related to an industrial injury or occupational disease.

(j) Repeated failure to recognize emotional and social factors impeding recovery of a worker who is being treated under the Industrial Insurance Act.

(k) Repeated unreasonable refusal to comply with the recommendations of board certified or qualified specialists who have examined a worker.

(l) Repeated use of:

(i) Treatment of controversial or experimental nature;

(ii) Contraindicated or hazardous treatment; or

(iii) Treatment past stabilization of the industrial condition or after maximum curative improvement has been obtained.

(m) Declaration of mental incompetency by a court or other tribunal.

(n) Failure to comply with the applicable code of professional conduct or ethics.

(o) Failure to inform the department of any disciplinary action issued by order or formal letter taken against the provider's license to practice.

(p) The finding of any peer group review body of reason to take action against the provider's practice privileges.

(q) Misrepresentation or omission of any material information in the application for authorization to treat workers. (Chapter 51.04 RCW.)

(5) If the department finds reason to take corrective action, the department may also order one or more of the following:

- (a) Recoupment of payments made to the provider, including interest; (Chapter 51.04 RCW.)
  - (b) Denial or reduction of payment;
  - (c) Assessment of penalties for each action that falls within the scope of subsection (4) (a) through (q) of this section; (Chapter 51.48 RCW.)
  - (d) Placement of the provider on a prepayment review status requiring the submission of supporting documents prior to payment;
  - (e) Requirement to satisfactorily complete remedial education courses and/or programs; and
  - (f) Imposition of other appropriate restrictions or conditions on the provider's privilege to be reimbursed for treating workers under the Industrial Insurance Act.
- (6) The department shall forward a copy of any corrective action taken against a provider to the applicable disciplinary authority.

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

**WAC 296-20-01501 Physician's assistant rules.** (1) Physicians' assistants may perform only those medical services in industrial injury cases, for which the physician's assistant is trained and licensed, under the control and supervision of a licensed physician. Such control and supervision shall not be construed to require the personal presence of the supervising physician.

(2) Physicians' assistants may perform those medical services which are within the scope of their physician's assistant license for industrial injury cases within the limitations of subsection (3) of this section.

(3) Advance approval must be obtained from the department to treat industrial injury cases. To be eligible to treat industrial injuries, the physician's assistant must:

- (a) Provide the department with a copy of his/her license.
- (b) Provide the name and address and specialty of the supervising physician.
- (c) Provide the department with the evidence of a reliable and rapid system of communication with the supervising physician.

(4) Physicians' assistants may prepare report of accident, time loss cards, and progress reports for the supervising physician's signature. Physicians' assistants cannot submit such information under his/her signature.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

**WAC 296-20-020 Acceptance of rules and fees.** The filing of an accident report or the rendering of treatment to ~~((an injured))~~ a worker who comes under the department's or self-insurer's jurisdiction, as the case may be, constitutes acceptance of the department's medical aid rules and compliance with its rules and fees.

In accordance with RCW 51.28.020 of the industrial insurance law, when a doctor renders treatment to ~~((an injured))~~ a worker entitled to benefits under the law, "it shall be the duty of the physician to inform the ~~((injured))~~ worker of his rights under this title and to lend all necessary assistance in making the application for compensation and such proof of other matters as required by the rules of the

department without charge to the worker," ~~((an injured))~~ a worker shall not be billed for treatment rendered for his accepted industrial injury or occupational disease.

The department or self-insurer must be notified immediately, when an unrelated condition is being treated concurrently with an industrial injury. See WAC 296-20-055 for specific information required.

When there is questionable eligibility, (i.e., service is not usually allowed for industrial injuries or investigation is pending, etc.) the provider may require the worker to pay for the treatment rendered.

In cases of questionable eligibility where the provider has billed the ~~((injured))~~ worker or other insurance, and the claim is subsequently allowed, the provider shall refund the ~~((injured))~~ worker or insurer in full and bill the department or self-insurer for services rendered ~~((at fee schedule rates))~~ using billing instructions ~~((outlined in WAC 296-20-125))~~, codes, and policies as listed in the medical aid rules and fee schedules.

Cases in which there is a question of medical ethics or quality of medical care, will be referred to the Washington state medical association's medical advisory and utilization review committee to the department of labor and industries for recommendations.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

**WAC 296-20-030 Treatment not requiring authorization for accepted conditions.** (1) A maximum of twenty office calls for the treatment of the industrial condition, during the first sixty days, following injury. Subsequent office calls must be authorized. Reports of treatment rendered must be filed at sixty day intervals to include number of office visits to date. See ~~((WAC 296-20-0300+))~~ chapter 296-20 WAC and department policies for report requirements and further information.

(2) Initial diagnostic x-rays necessary for evaluation and treatment of the industrial injury or condition. See WAC 296-20-121 for further information.

(3) The first twelve physical therapy treatments as provided by ~~((WAC 296-23-710 and 296-21-095))~~ chapters 296-21, 296-23, and 296-23A WAC, upon consultation by the attending doctor or under his direct supervision. Additional physical therapy treatment must be authorized and the request substantiated by evidence of improvement. In no case will the department or self-insurer pay for inpatient hospitalization of a claimant to receive physical therapy treatment only. USE OF DIAPULSE, THERMATIC (standard model only); SPECTROWAVE AND SUPERPULSE MACHINES AND IONTOPHORESIS IS NOT AUTHORIZED FOR WORKERS ENTITLED TO BENEFITS UNDER THE INDUSTRIAL INSURANCE ACT.

(4) Routine laboratory studies reasonably necessary for diagnosis and/or treatment of the industrial condition. Other special laboratory studies require authorization.

(5) Routine standard treatment measures rendered on an emergency basis or in connection with minor injuries not otherwise requiring authorization.

(6) Consultation with specialist when indicated. See WAC 296-20-051 for consultation guidelines.

(7) Nonscheduled drugs and medications during the acute phase of treatment for the industrial injury or condition.

(8) Scheduled drugs and other medications known to be addictive, habit forming or dependency inducing may be prescribed in quantities sufficient for treatment for a maximum of twenty-one days. If drug therapy extends beyond thirty days, see WAC 296-20-03003 regarding management.

(9) Injectable scheduled and other drugs known to be addictive, habit forming, or dependency inducing may be provided only on an in-patient basis. Hospital admission for administration of drugs for relief of chronic pain only will not be allowed.

(10) Diagnostic or therapeutic nerve blocks. See WAC 296-20-03001 for restrictions.

(11) Intra-articular injections. See WAC 296-20-03001 for restrictions.

(12) Myelogram if prior to emergency surgery.

**AMENDATORY SECTION** (Amending WSR 90-04-057, filed 2/2/90, effective 3/5/90)

**WAC 296-20-03001 Treatment requiring authorization.** Certain treatment procedures require authorization by the department or self-insurer. Requests for authorization must include a statement of: The condition(s) diagnosed; ICD-9-CM codes; their relationship, if any, to the industrial injury/exposure; an outline of the proposed treatment program, its length and components, procedure codes, and expected prognosis; and an estimate of when treatment would be concluded and condition stable.

(1) Office calls in excess of the first twenty visits or sixty days whichever occurs first.

(2) The department may designate those inpatient hospital admissions that require prior authorization.

(3) X-ray and radium therapy.

(4) Diagnostic studies other than routine x-ray and blood or urinalysis laboratory studies.

(5) Myelogram and discogram in nonemergent cases.

(6) Physical therapy treatment beyond initial twelve treatments as outlined in (~~WAC 296-21-095 and 296-23-740~~) chapters 296-21, 296-23, and 296-23A WAC.

(7) Diagnostic or therapeutic injection. Epidural or caudal injection of substances other than anesthetic or contrast solution will be authorized under the following conditions only:

(a) When the worker has experienced acute low back pain or acute exacerbation of chronic low back pain of no more than six months duration.

(b) The worker will receive no more than three injections in an initial thirty-day treatment period, followed by a thirty-day evaluation period. If significant pain relief is demonstrated one additional series of three injections will be authorized. No more than six injections will be authorized per acute episode.

(8) Home nursing or convalescent center care must be authorized per provision outlined in WAC 296-20-091.

(9) Provision of prosthetics, orthotics, surgical appliances, special equipment for home or transportation vehicle; custom made shoes for ankle/foot injuries resulting in permanent deformity or malfunction of a foot; TNS units;

masking devices; hearing aids; etc., must be authorized in advance as per WAC 296-20-1101 and 296-20-1102.

(10) Biofeedback program; pain clinic; weight loss program; psychotherapy; rehabilitation programs; and other programs designed to treat special problems must be authorized in advance. (~~See WAC 296-21-0501 and 296-21-0502~~) Refer to the department's medical aid rules and fee schedules for details.

(11) Prescription or injection of vitamins for specific therapeutic treatment of the industrial condition(s) when the attending doctor can demonstrate that published clinical studies indicate vitamin therapy is the treatment of choice for the condition. Authorization for this treatment will require presentation of facts to and review by department medical consultant.

(12) Injections of anesthetic and/or anti-inflammatory agents into the vertebral facet joints will be authorized to qualified specialists in orthopedics, neurology, and anesthesia, or other physicians who can demonstrate expertise in the procedure, AND who can provide certification their hospital privileges include the procedure requested under the following conditions:

(a) Rationale for procedure, treatment plan, and request for authorization must be presented in writing to the department or self-insurer.

(b) Procedure must be performed in an accredited hospital under radiographic control.

(c) Not more than four facet injection procedures will be authorized in any one patient.

(13) The long term prescription of medication under the specific conditions and circumstances in (a) and (b) are considered corrective therapy rather than palliative treatment and approval in advance must be obtained.

(a) Nonsteroidal anti-inflammatory agents for the treatment of degenerative joint conditions aggravated by occupational injury.

(b) Anticonvulsive agents for the treatment of seizure disorders caused by trauma.

(14) Intra-muscular and trigger point injections of steroids and other nonscheduled medications are limited to three injections per patient. The attending doctor must submit justification for an additional three injections if indicated with a maximum of six injections to be authorized for any one patient.

(15) The department may designate those diagnostic and surgical procedures which can be performed in other than a hospital inpatient setting. Where a worker has a medical condition which necessitates a hospital admission, prior approval of the department or self-insurer must be obtained.

**AMENDATORY SECTION** (Amending Order 87-09, filed 3/20/87)

**WAC 296-20-035 Treatment in cases that remain open beyond sixty days.** Conditions requiring treatment beyond sixty days are indicative of a major industrial condition or complication by other conditions. Except in cases of severe and extensive injuries, i.e., quadriplegia, paraplegia, multiple fractures, etc., when the (~~injured~~) worker requires treatment beyond sixty days following injury, a complete examination is necessary to determine and/or establish need for continued treatment and/or payment

of time loss compensation. This may be accomplished either by the attending doctor or a consultation exam. In either case, a detailed exam report must be provided to the department or self-insurer. ~~((The following information is required. Additional information may be included or requested.~~

~~(1) Attending doctor report.~~

~~(a) The condition(s) diagnosed including ICD-9-CM codes and the objective and subjective findings.~~

~~(b) Their relationship, if any, to the industrial injury or exposure.~~

~~(c) Outline of proposed treatment program, its length, components, and expected prognosis including an estimate of when treatment should be concluded and condition(s) stable. An estimated return to work date should be included. The probability, if any, of permanent partial disability resulting from industrial conditions should be noted.~~

~~(d) If the worker has not returned to work, the attending doctor should indicate whether he feels vocational assessment will be necessary to evaluate the worker's ability to return to work and why.~~

~~(e) If the claimant has not returned to work, a doctor's estimate of physical capacities should be included with the report. If further information regarding physical capacities is needed or required, a performance-based physical capacities evaluation can be requested. Performance-based physical capacities evaluations should be conducted by a licensed occupational therapist or a licensed physical therapist. Performance-based physical capacities evaluations may also be conducted by other qualified professionals who provided performance-based physical capacities evaluations to the department prior to May 20, 1987, and who have received written approval to continue supplying this service based on formal department review of their qualifications.~~

~~(2) Consultation exam.~~

~~(a) A detailed history to establish:~~

~~(i) The type and severity of the industrial injury or occupational disease.~~

~~(ii) The patient's previous physical and mental health.~~

~~(iii) Any social and emotional factors which may effect recovery.~~

~~(b) A comparison history between history provided by attending doctor and injured worker, must be provided with exam.~~

~~(c) A detailed physical examination concerning all systems affected by the industrial accident.~~

~~(d) A general physical examination sufficient to demonstrate any preexisting impairments of function or concurrent condition.~~

~~(e) A complete diagnosis of all pathological conditions including ICD-9-CM codes found to be listed:~~

~~(i) Due solely to injury.~~

~~(ii) Preexisting condition aggravated by the injury and the extent of aggravation.~~

~~(iii) Other medical conditions neither related to nor aggravated by the injury but which may retard recovery.~~

~~(iv) Coexisting disease (arthritis, congenital deformities, heart disease, etc.).~~

~~(f) Conclusions must include:~~

~~(i) Type treatment recommended for each pathological condition and the probable duration of treatment.~~

~~(ii) Expected degree of recovery from the industrial condition.~~

~~(iii) Probability, if any, of permanent disability resulting from the industrial condition.~~

~~(iv) Probability of returning to work.~~

~~(g) Reports of necessary, reasonable x-ray and laboratory studies to establish or confirm the diagnosis when indicated.)) Refer to chapter 296-20 WAC (including the definition section) and department policy for the type of information that must be included in these reports.~~

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

**WAC 296-20-051 Consultations.** In cases presenting diagnostic or therapeutic problems to the attending doctor, consultation with a specialist will be allowed without prior authorization. The consultant must submit his findings and recommendations immediately to the attending doctor and the department or self-insurer. ~~((See WAC 296-20-035 for report content))~~ Refer to chapter 296-20 WAC and department policy for reporting requirements.

Whenever possible, the referring doctor should make his x-rays and records available to the consultant to avoid unnecessary duplication. The department's consultation referral form may be used to convey information to the consultant. Consultants may proceed with indicated and reasonable x-rays or laboratory work and reasonable diagnostic studies as permitted within their scope of practice.

Consultations will be held with a specialist within a reasonable geographic area. Whenever possible, consultation should be made with a doctor outside the referring doctor's office or partnership.

The attending doctor will not arrange a consultation if he has received notification that a special or commission examination is being arranged by the department or self-insurer. If he has had recent consultation and is notified that the department or self-insurer is arranging an examination, he must immediately advise the department or self-insurer of the consultation.

The consultation fee will be paid only if a consultation report is complete and contains all pathological findings as well as all pertinent negative or normal findings. The report must be received in the department within fifteen days from the date of the consultation. No fee is paid to the consultant if the worker fails the appointment.

The consultant may not order, prescribe, or provide treatment without the approval of the attending doctor and the injured worker. No transfer will be made to the consultant without the prior approval of the attending doctor and the injured worker.

Consultation services will not be reimbursed for workers who are currently, or have been under the physician's care within the last three years. Such services should be billed as follow up visits, as listed in the fee schedules.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

**WAC 296-20-06101 Reporting requirements.** The department or self-insurer ~~((does))~~ requires several kinds of reports at various stages of the claim in order to authorize treatment, time loss compensation, and treatment bills. For

additional information refer to the medical aid rules and fee schedules.

**Initial report of accident:** The first report required is the report of accident. The report of accident qualifies as the office note or report of the initial visit for ~~((brief or limited))~~ Level 1 or 2 office calls. In addition to the office call charge, the doctor may bill ~~((code 90001))~~ for the filing of the accident report. Reimbursement of these services will be paid if the claim is allowed by the department or self-insurer. If the initial visit is a transfer case, a report is required. Billing for ~~((an extended or comprehensive))~~ a Level 3, 4, or 5 initial visit may require submission of additional reports as required by department policy.

**Office notes:** Legible copies of office or progress notes are required for all follow-up visits. Office notes are not acceptable in lieu of requested narrative reports.

**Sixty-day narrative reports:** When conservative treatment is to continue beyond sixty days, submission of a narrative report is required to substantiate the need for continued care. A narrative report must contain basic information contained in ~~((WAC 296-20-035))~~ chapter 296-20 WAC, or as determined by department policy. For this narrative report, the department or self-insurer will pay ~~((16.0 units))~~ at a rate determined by department policy for a routine report in addition to a routine office call if the call is needed to provide the information. If the doctor supplies additional comprehensive information in the report, payment of a charge submitted in excess of ~~((16.0 units))~~ the allowed fee will be considered. In most cases, payment for a narrative report in addition to ~~((an extended or comprehensive))~~ a Level 3, 4, or 5 office visit will not be considered as the fee for those services includes a comprehensive report. A narrative report should be ~~((billed under code 99080 and))~~ described as a "sixty-day report."

**Consultations reports:** Following one hundred twenty days of conservative care (nonsurgical cases), a consultation with the doctor of the attending doctor's choice is required to substantiate further treatment authorization. No prior authorization is required for such consultations. The department or self-insurer should be notified via a consultation referral form (LI-210-299). The consultant is responsible for submitting a copy of ~~((his))~~ the report as outlined in ~~((WAC 296-20-035 and 296-20-051 with his))~~ chapter 296-20 WAC, or as determined by department policy, along with the bill to the department or self-insurer.

**Follow-up reports:** Following the one-hundred twenty day consultation, narrative reports are required at sixty-day intervals as outlined in ~~((WAC 296-20-035))~~ chapter 296-20 WAC. The department or self-insurer will request additional consultations and/or special exams as warranted by the individual case.

**Hospital reports:** When ~~((injured))~~ workers are hospitalized it is the responsibility of the doctor to submit ~~((his))~~ the reports to the hospital for submission with the hospital billing. The doctor may bill for hospital visits without attaching copies of the reports. However, billing for operative procedures requires a copy of the operative report.

**Reopening application:** On claims closed over sixty days, the department or self-insurer will pay for completion of a reopening application ~~((Code 90097))~~, an office visit and diagnostic studies necessary to complete the application. (See ~~((WAC 296-20-097))~~ chapter 296-20 WAC.) **No other**

**benefits will be paid until the adjudication decision is rendered.**

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

**WAC 296-20-065 Transfer of doctors.** All transfers from one doctor to another must be approved by the department or self-insurer. Normally transfers will be allowed only after the worker has been under the care of the attending doctor for sufficient time for the doctor to: Complete necessary diagnostic studies, establish an appropriate treatment regimen, and evaluate the efficacy of the therapeutic program.

Under RCW 51.36.010 the ~~((injured))~~ worker is entitled to free choice of treating doctor. Except as provided under subsections (1) through (7) of this section, no reasonable request for transfer will be denied. The ~~((injured))~~ worker must be advised when and why a transfer is denied.

When a transfer is approved, the new attending doctor must be provided with a copy of the worker's treatment record by the previous attending doctor. X-rays in the possession of the previous attending doctor must be immediately forwarded to the new attending doctor for his or her retention as long as the worker remains under his or her care. Copies of x-rays and other records may be provided in lieu of originals. ~~((Code 99083 may be used to bill for reproducing records.))~~

The department or self-insurer reserves the right to require a worker to select another doctor or specialist for treatment, under the following conditions:

- (1) When more conveniently located doctors, qualified to provide the necessary treatment, are available.
- (2) When the attending doctor fails to cooperate in observance and compliance with the department rules.
- (3) In time loss cases where reasonable progress towards return to work is not shown.
- (4) Cases requiring specialized treatment, which the attending doctor is not qualified to render, or is outside the scope of the attending doctor's license to practice.
- (5) Where the department or self-insurer finds a transfer of doctor to be appropriate and has requested the worker to transfer in accordance with this rule, the department or self-insurer may select a new attending doctor if the worker unreasonably refuses or delays in selecting another attending doctor.

(6) In cases where the attending doctor is not qualified to treat each of several accepted conditions. This does not preclude concurrent care where indicated. See WAC 296-20-071.

(7) No transfer will be approved to a consultant or special examiner without the approval of the attending doctor and the worker.

Transfers will be authorized for the foregoing reasons or where the department or self-insurer in its discretion finds that a transfer is in the best interest of returning the ~~((injured))~~ worker to a productive role in society.

When a ~~((flat fee case))~~ worker's care is transferred to another doctor ~~((it is the responsibility of the two doctors involved to determine the proper apportionment of the total fee for the flat fee procedure. It shall be the responsibility of the operating doctor to advise the department or self-~~

~~insurer of the proportion of the postoperative care provided by each doctor and the fee distribution.)~~ each doctor must submit a separate bill to the department or self-insurer for (his) their portion of the care. (No payment will be made until this apportionment has been received by the department or self-insurer. If no agreement can be reached between the two doctors concerning the fee distribution, the matter will be referred to the Washington state medical association's medical advisory and utilization review committee to the department of labor and industries.) Payment will be made at rates determined by department policy.

**AMENDATORY SECTION** (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

**WAC 296-20-110 Dental.** Only dentists, oral surgeons or dental specialists licensed in the state in which they practice are eligible to treat ~~(injured)~~ workers entitled to benefits under the industrial insurance law.

If only a dental injury is involved, the doctor's portion of the report of accident must be completed by the dentist to whom the worker first reports. See WAC 296-20-025 for further information.

If the accident report has been submitted by another doctor, the dentist's report should be made by letter. In addition to the information required under WAC 296-20-025, the dentist should outline the extent of the dental injury and the treatment program necessary to repair damage due to the injury. Dental x-rays should be retained by the attending dentist for a period of not less than ten years. The department or self-insurer does not require submission of the actual films except upon specific request.

The department or self-insurer is responsible only for repair or replacement of teeth injured or dentures broken as a result of an industrial accident. Any dental work needed due to underlying conditions unrelated to the industrial injury is the responsibility of the worker. It is the responsibility of the dentist to advise the worker accordingly.

In cases presenting complication, controversy, or diagnostic or therapeutic problems, consultation by another dentist may be requested to support authorization for restorative repairs.

Bills covering the cost of dentures should be submitted for the denture only and should not include the cost for subsequent relining. If relining becomes necessary, authorization for relining must be obtained in advance from the department or self-insurer.

Bills must be submitted to the department or self-insurer within ~~(ninety days)~~ one year from the date the service is rendered. Bills must itemize the service rendered, including standard American Dental Association procedure codes, the materials used and the injured tooth number(s). See WAC 296-20-125 and department policy for further billing ~~(instructions)~~ rules.

**AMENDATORY SECTION** (Amending Order 87-22, filed 11/2/87)

**WAC 296-20-1102 Special equipment rental and purchase prosthetic and orthotics equipment.** The department or self-insurer will authorize and pay rental fee for equipment or devices if the need for the equipment will be for a short period of treatment during the acute phase of

condition. Rental extending beyond sixty days requires prior authorization. If the equipment will be needed on long term basis, the department or self-insurer will consider purchase of the equipment or device. The department's or self-insurer's decision to rent or purchase an item of medical equipment will be based on a comparison of the projected rental costs of the item with its purchase price. An authorized representative of the department or self-insurer will decide whether to rent or purchase certain items, provided they are appropriate and medically necessary for treatment of the ~~(claimant's)~~ worker's accepted industrial condition. Decisions to rent or purchase items will be based on the following information:

- (1) Purchase price of the item.
- (2) Monthly rental fee.
- (3) The prescribing doctor's estimate of how long the item will be needed.

The prescribing doctor must obtain prior authorization from the department or self-insurer, for rental or purchase of special equipment or devices. Also, all equipment (rentals and purchases), prosthetics, and orthotics must be billed using the appropriate codes, and billing forms, as determined by the medical aid rules and fee schedules.

The department or self-insurer will authorize and pay for prosthetics and orthotics as needed by ~~(claimant)~~ the worker and substantiated by attending doctor. If such items are furnished by the attending doctor, the department or self-insurer will reimburse the doctor his cost for the item. ~~(In addition, a handling fee, not to exceed five percent of the wholesale cost of the item, will be paid.)~~ See ~~(WAC 296-20-124)~~ chapter 296-20 WAC (including WAC 296-20-124) and the fee schedules for information regarding replacement of such items on closed claims.

The department or self-insurer will repair or replace originally provided damaged, broken, or worn-out prosthetics, orthotics, or special equipment devices upon documentation and substantiation from the attending doctor.

Provision of such equipment requires prior authorization.  
**THE GRAVITY GUIDING SYSTEM, GRAVITY LUMBAR REDUCTION DEVICE, BACKSWING AND OTHER INVERSION TRACTION EQUIPMENT MAY ONLY BE USED IN A SUPERVISED SETTING. RENTAL OR PURCHASE FOR HOME USE WILL NOT BE ALLOWED NOR PAID BY THE DEPARTMENT OR SELF-INSURER.**

**EQUIPMENT NOT REQUIRING PRIOR AUTHORIZATION INCLUDES CRUTCHES, CERVICAL COLLARS, LUMBAR AND RIB BELTS, AND OTHER COMMONLY USED ORTHOTICS OF MINIMAL COST.**

**PERSONAL APPLIANCES SUCH AS VIBRATORS, HEATING PADS, HOME FURNISHINGS, HOT TUBS, WATERBEDS, EXERCISE BIKES, EXERCISE EQUIPMENT, JACUZZIES, ~~(ETC.)~~ PILLOWS, CASSETTE TAPES, EDUCATIONAL MATERIALS OR BOOKS, AND OTHER SIMILAR ITEMS WILL NOT BE AUTHORIZED OR PAID.**

In no case will the department or self-insurer pay for rental fees once the purchase price of the rented item has been reached.

AMENDATORY SECTION (Amending WSR 91-12-010, filed 5/30/91, effective 7/1/91)

**WAC 296-20-1103 Travel expense.** The department or self-insurer will reimburse travel expense incurred by ~~((injured))~~ workers for the following reasons: (1) Examinations at department's or self-insurer's request; (2) vocational services at department's or self-insurer's request; (3) treatment at department rehabilitation center; (4) fitting of prosthetic device; and (5) upon *prior authorization* for treatment when ~~((injured))~~ worker must travel more than ten miles one-way from the worker's home to the nearest point of adequate treatment. Travel expense *is not* payable when adequate treatment is available within ten miles of injured worker's home, yet the injured worker prefers to report to an attending doctor outside the worker's home area.

Travel expenses will be reimbursed at the current department rate.

Receipts are required for all expenses except parking expenses under ten dollars.

Claims for reimbursement of travel expenses must be received by the department or self-insurer within ~~((ninety days))~~ one year after the date expenses are incurred. Refer to WAC 296-20-125 and to department policy for additional rules.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

**WAC 296-20-120 Procedures not listed in this schedule.** Procedures not specifically listed will be given values comparable to those of the listed procedures of closest similarity. ~~((Codes for unlisted procedures can be found in each section. See 'BR' instructions under WAC 296-20-010 for needed))~~ Refer to chapter 296-20 WAC (including the definition section) and the fee schedules for required billing documentation.

AMENDATORY SECTION (Amending Order 87-18, filed 7/23/87)

**WAC 296-20-125 Billing procedures.** All services rendered must be in accordance with the medical aid rules, fee schedules, and department policy. The department or self-insurer may reject bills for services rendered in violation of these rules. ~~((The injured))~~ Workers may not be billed for services rendered in violation of these rules.

(1) Bills must be itemized on department or self-insurer forms or other forms which have been approved by the department or self-insurer. Bills may also be transmitted electronically ~~((on department provided software, or transmitted electronically))~~ using department file format specifications. Providers using any of the electronic transfer options must follow department instructions for electronic billing. Physicians, osteopaths, advanced registered nurse practitioners, chiropractors, naturopaths, podiatrists, psychologists, and registered physical therapists use the national standard HCFA 1500 health insurance claim form with the bar code placed 2/10 of an inch from the top and 1 1/2 inches from the left side of the form. Hospitals use the ~~((UB-82))~~ UB-92 billing form for institution services and the national standard HCFA 1500 health insurance claim form with the bar code placed 2/10 of an inch from the top and 1 1/2 inches from

the left side of the form for professional services. Hospitals should refer to chapter 296-23A WAC for billing rules pertaining to institution, or facilities, charges. Pharmacies use the department's statement for pharmacy services ~~((F-245-100))~~. Dentists, equipment suppliers, transportation services, ~~((home health services,))~~ vocational services, and massage therapists use the department's statement for miscellaneous services ~~((F-245-72))~~. When billing the department for home health services, providers should use the "statement for home nursing services." Providers may obtain billing forms from the department's local service locations ~~((see Appendix C for listing))~~.

(2) Bills must specify the date and type of service, the appropriate procedure code, the condition treated, and the charges for each service.

(3) Bills submitted to the department must be completed to include the following:

- (a) Worker's name and address;
- (b) Worker's claim number;
- (c) Date of injury;
- (d) Referring doctor's name and L & I provider account number;
- (e) Area of body treated, including ICD-9-CM code(s), identification of right or left, as appropriate;
- (f) Dates of service;
- (g) Place of service;
- (h) Type of service;
- (i) Appropriate procedure code, hospital revenue code, or national drug code;
- (j) Description of service;
- (k) Charge;
- (l) Units of service;
- (m) Tooth number(s);
- (n) Total bill charge;
- (o) The name and address of the practitioner rendering the services and the provider account number assigned by the department;
- (p) Date of billing;
- (q) Submission of supporting documentation required under subsection (6) of this section.

(4) Responsibility for the completeness and accuracy of the description of services and charges billed rests with the practitioner rendering the service, regardless of who actually completes the bill form;

(5) Vendors are urged to bill on a monthly basis. Bills must be received within ~~((ninety days))~~ one year of the date of service to be considered for payment.

(6) The following supporting documentation is required when billing for services:

- (a) Laboratory and pathology reports;
- (b) X-ray findings;
- (c) Operative reports;
- (d) Office notes;
- (e) Consultation reports;
- (f) Special diagnostic study reports;
- (g) For BR procedures - see ~~((WAC 296-20-010))~~ chapter 296-20 WAC for requirements; and
- (h) Special or closing exam reports.

(7) The claim number must be placed on each bill and on each page of reports and other correspondence in the upper right-hand corner.

~~(8) ((Rebills. If you do not receive payment or notification from the department within ninety days, services may be rebilled. Rebills must be submitted for services denied if a claim is closed or rejected and subsequently reopened or allowed. Rebills should be identical to the original bill. Same charges, codes, and billing date. Please indicate rebill on the bill.~~

~~Any inquiries regarding adjustment of charges must be submitted within ninety days from the date of payment to be considered.))~~ The following considerations apply to rebills.

(a) If you do not receive payment or notification from the department within one hundred twenty days, services may be rebilled.

(b) Rebills must be submitted for services denied if a claim is closed or rejected and subsequently reopened or allowed. In these instances, the rebills must be received within one year of the date the final order is issued which subsequently reopens or allows the claim.

(c) Rebills should be identical to the original bill: Same charges, codes, and billing date.

(d) In cases where vendors rebill, please indicate "REBILL" on the bill.

(9) The department or self-insurer will adjust payment of charges when appropriate. The department or self-insurer must provide the health care provider or supplier with a written explanation as to why a billing or line item of a bill was adjusted at the time the adjustment is made. A written explanation is not required if the adjustment was made solely to conform with the maximum allowable fees as set by the department. Any inquiries regarding adjustment of charges must be received in the required format within ninety days from the date of payment to be considered. Refer to the medical aid rules for additional information.

AMENDATORY SECTION (Amending Order 79-18, filed 11/30/79, effective 1/1/80)

**WAC 296-20-12501 Physician assistant billing procedure.** Billing for physician assistant services can be made only by the supervising physician at ninety percent of the value listed in the fee schedules. Payment will be made directly to the supervising physician. All physician assistant services must be identified by using physician assistant modifiers, as listed in chapter 296-21 WAC and the fee schedules.

(1) Bills must be itemized on department or self-insurer forms, as the case may be, specifying: The date, type of service and the charges for each service.

(2) The bill form must be completed in detail to include the claim number. While the name of the physician's assistant rendering service must be included on the bill, all bills must be submitted under the supervising physician account number. Bills will be accepted when signed by other than the practitioner rendering services. When bills are prepared by someone else, the responsibility for the completeness and accuracy of the description of services and charges rests with the supervising physician.

(3) For a bill to be considered for payment, it must be received in the department or by the self-insurer within ~~((ninety days))~~ one year from the date each specific treatment and/or service was rendered or performed. Whenever possible, bills should be submitted monthly.

(4) Bills cannot be paid for services rendered while a claim is closed.

(5) The department or self-insurer may ~~((reject))~~ deny payment of bills for services rendered in violation of the medical aid rules or department policy. Workers may not be billed for services rendered in violation of these rules.

AMENDATORY SECTION (Amending Order 88-28, filed 12/1/88, effective 1/1/89)

**WAC 296-20-132 Determination of conversion factor adjustments.** Adjustments to the conversion factors for ~~((the specialty areas of medicine, surgery, anesthesiology, radiology, and pathology))~~ providers and services covered by the fee schedules and by department policy may occur ~~((on January 1st of each year))~~ annually following prior public hearings.

Such adjustments will be based on the estimated increase/decrease in the state's average wage for the current year and on other factors as determined by department policy. The following calendar year's estimate, of the average state wage will be adjusted to reflect the actual increase/decrease in the state's average wage for the preceding year.

The total percentage change for any one calendar year for ~~((all five))~~ the conversion factors may not exceed the total of the estimated increase/decrease in the current year, plus or minus the actual adjustment for the preceding calendar year. ~~((However, apportionment of the adjustments may be made between the various specialty areas to provide parity between the components of the fee schedule.))~~

Starting with services rendered on or after September 1, 1993, the department will adopt a new Washington State Resource Based Relative Value Scale. Due to the changes in reimbursement that will occur through implementation of this scale and supporting reimbursement policies, the department will transition its reimbursement levels over a few years. As a result, during this transition period, the fee schedules may list dollar values, instead of relative value units.

Payment for anesthesia services will continue to use base and time units. The fee schedules will not list dollar values for these services.

AMENDATORY SECTION (Amending WSR 91-02-063, filed 12/28/90, effective 1/28/91)

**WAC 296-20-135 Conversion factors.** (1) The following conversion factors are the base fees for determining the maximum amount paid by the department for procedures with specified unit values. ~~((To determine the maximum amount paid, the unit value for a specific procedure is multiplied by the appropriate conversion factor or base fee listed below.))~~ Except for anesthesia services, during the transition period for services rendered on or after September 1, 1993, reimbursement levels cannot be determined by multiplying the conversion factor and a relative value unit. However, the conversion factors upon which the transition fees for nonanesthesia services are based are listed below (for informational purposes only). Refer to WAC 296-20-132 for additional information.

(2) The conversion factor or base fee for medicine, surgery, radiology, pathology, laboratory, chiropractic,

physical therapy, drugless therapeutics and nurse practitioner procedure codes is ~~(((\$1.35))~~ \$34.51.

(3) The conversion factor or base fee for anesthesia is ~~(((\$20.14))~~ \$20.74.

~~(((\$4) The conversion factor or base fee for radiology is \$6.22.~~

~~(((\$5) The conversion factor or base fee for pathology is \$0.59.~~

~~(((\$6) The conversion factor or base fee for surgery is \$71.22.))~~

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

**WAC 296-20-170 Pharmacy—Acceptance of rules and fees.** Acceptance and filling of a prescription for ~~((an injured))~~ a worker entitled to benefits under the industrial insurance law, constitutes acceptance of the department's rules and fees. When there is questionable eligibility, (i.e., no claim number, prescription is for medication other than usually prescribed for industrial injury; or pharmacist has reason to believe claim is closed or rejected), the pharmacist may require the worker to pay for the prescription. In these cases, the pharmacist must furnish the worker with a signed receipt and a nonnegotiable copy of the prescription including national drug code and quantity or a completed department pharmacy bill form signed in the appropriate areas verifying worker has paid for the prescribed item(s) in order for the worker to bill the department or self-insurer for reimbursement. The worker may not be charged more than the amount allowable by the department or self-insurer. The worker must submit such reimbursement request within ~~((ninety days))~~ one year of the date of service.

AMENDATORY SECTION (Amending Order 86-19, filed 2/28/86, effective 4/1/86)

**WAC 296-20-17002 Billing.** In addition to the billing procedures described in WAC 296-20-125 and in department policy the current national drug code number for each prescribed drug, followed by the average wholesale price to the pharmacy must be entered on each prescription. The department's statement for pharmacy services must be used when billing the department for NDC medications and supplies. The department's statement for miscellaneous services must be used when billing the department for non-NDC medications and supplies. In addition, the claimant's name, claim number, date of injury, prescribing doctor's name and department of labor and industries provider number; and the assigned department provider number for the pharmacy must be on the bill. Bills for medication not containing this information will be returned to the pharmacy. Billing must be made within ~~((ninety days))~~ one year of the date of service. It is requested bills be presented on a monthly basis.

When billing the department for compound prescriptions, providers must use the "Statement for Compound Prescriptions."

## REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 296-20-12502 Physician assistant modifiers.  
WAC 296-20-115 Flat fees.

## **WSR 93-11-096**

### **PROPOSED RULES**

### **UTILITIES AND TRANSPORTATION**

### **COMMISSION**

[Filed May 19, 1993, 11:10 a.m.]

Original Notice.

Title of Rule: A proposal to amend WAC 480-30-030, 480-40-030, and 480-35-030 to eliminate the need for notarization of applications for certificates to operate as an auto transportation company or a limousine charter party carrier, respectively. The proposed amendatory sections are shown below as Appendix A, Docket No. T-921404.

Purpose: To eliminate the requirement that auto transportation carrier and limousine charter party carrier applications be sworn to before a notary public, reducing the effort required to file an application with the commission.

Statutory Authority for Adoption: RCW 80.01.040.

Summary: See Title of Rule above.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Paul Curl, Secretary, 1300 South Evergreen Park Drive S.W., Olympia, WA, (206) 753-6451.

Name of Proponent: Washington Utilities and Transportation Commission, governmental.

Agency Comments or Recommendations, if any, as to Statutory Language, Implementation, Enforcement, and Fiscal Matters: No comments or recommendations are submitted because the proposal is pursuant to legislative authorization in RCW 80.01.040.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: The proposal to eliminate the notarization requirement will reduce application costs and complexity. Certification of an application citing RCW 9A.72.085 serves the purpose of warranting truthfulness and is less expensive and easier for applicants than requiring notarization.

Proposal Changes the Following Existing Rules: See Explanation of Rule above.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

This proposal reduces the costs of compliance with regulations.

Hearing Location: Commission Hearing Room, Second Floor, Chandler Plaza Building, 1300 South Evergreen Park Drive S.W., Olympia, WA 98503, on July 7, 1993, at 9:00 a.m.

Submit Written Comments to: Paul Curl, Secretary, P.O. Box 47250, Olympia, WA 98503-7250, by June 18, 1993.

Date of Intended Adoption: July 7, 1993.

May 19, 1993  
Paul Curl  
Secretary

APPENDIX "A"

AMENDATORY SECTION (Amending Order R-329, Docket No. T-900076, filed 10/31/90, effective 12/1/90)

**WAC 480-30-030 Certificates—Auto transportation companies.** (1) No auto transportation company shall operate, establish, or begin operation of a line or route or any extension of any existing line or route for the purpose of transporting persons on the public highways of this state, without first having obtained from the commission a certificate declaring that public convenience and necessity requires, or will require, the establishment and operation of such line or route.

(2) No certificate will be issued to persons operating under a trade name, unless a certificate of said trade name is filed in accordance with the provisions of RCW 19.80.010, and a certified copy thereof filed with the commission.

(3) Certificates must be kept on file at the main office of the owner except when directed to be transmitted to the commission, and shall be subject at all times to inspection by the authorized representatives of the commission.

(4) Any certificate to operate a motor propelled vehicle for the transportation of persons for compensation obtained upon any application by any false affidavit or representation shall be subject to revocation and cancellation by the commission.

(5) Every auto transportation company shall submit, at the time of filing quarterly reports of gross operating revenue, as required by WAC 480-30-110(1), on forms to be prescribed and furnished by the commission, a list of all vehicles used under its certificate during the preceding quarter, or portion thereof.

(6) All auto transportation companies shall keep on file in their main offices, subject to inspection by the authorized representatives of the commission, a daily record of vehicles used, showing:

- (a) Description of each vehicle used;
- (b) Number of trips and to what points each of said vehicles was operated;
- (c) Drivers' time sheets for each day's employment;
- (d) Copies of all accident reports.

(7) No auto transportation company certificate shall be sold or transferred unless the purchaser thereof shall agree in writing to pay all lawful claims against the seller for loss of or damage to shipments, overcharges, or money collected on C.O.D. shipments that may be presented to him within sixty days after the date of the transfer. The agreement herein provided for must be included in the application to transfer.

(8) No certificate, nor any right thereunder, shall be sold, assigned, leased, transferred or mortgaged except upon authorization by the commission. Application for such sale, assignment, lease, transfer or mortgage must be made up in accordance with subsection (9) of this section, must be joined in by all parties interested and must be accompanied by the original certificate, the same to be held by the commission pending its decision in the matter.

(9) Applications for certificates, extension of service, line or route under certificates, shall be typewritten, on forms to be furnished by the commission, giving all information therein requested (~~((, sworn to before a notary))~~) and accompanied by the application fee named in subsection (11) of this section.

(10) Application for sale, lease, or transfer, or for authority to mortgage a certificate (~~((;))~~) or any interest therein shall be typewritten on forms to be furnished by the commission, giving all information (~~((therein))~~) requested (~~((, sworn to before a notary))~~) and accompanied by the application fee named in subsection (11) of this section.

(11) Miscellaneous fees:

Application for certificate . . . . .	\$150.00
Application for extension of service, line or route under a certificate . . . . .	150.00
Application for sale, transfer, lease, assignment or other encumbering of a certificate or any interest therein . . . . .	150.00
Application for authority to mortgage a certificate . . . . .	35.00
Application for issuance of a duplicate certificate . . . . .	3.00

EXCEPTION: The ~~((above fees of))~~ \$150.00 ~~((shall be))~~ fees named above are reduced to \$50.00 for applications ~~((pertaining to certificates))~~ for private, nonprofit transportation ~~((providers certified))~~ authority under WAC 480-30-035.

(12) All applications for ~~((the issuance of))~~ a duplicate ~~((certification))~~ certificate must be accompanied by affidavit of the holder ~~((thereof setting forth))~~ stating that the original certificate has been lost or destroyed.

(13) Whenever an order is entered by the commission revoking a previous order granting a certificate, or revoking a certificate already issued, and subsequently an application is made for reinstatement of such order or certificate, the party or parties applying for ~~((such))~~ reinstatement shall pay the fee required by the rules ~~((and regulations, as is provided in case of))~~ for an original application.

(14) Remittances shall be made by money order, bank draft or certified check, made payable to the Washington utilities and transportation commission.

AMENDATORY SECTION (Amending Order R-329, Docket No. T-900076, filed 10/31/90, effective 12/1/90)

**WAC 480-40-030 Certificates.** (1) No person may operate, establish, or engage in the business of a charter party carrier or excursion service carrier of persons over any public highway in this state, without first having obtained a certificate from the commission or having registered as an interstate carrier.

(2) No certificate will be issued to persons operating under a trade name, unless a certificate of said trade name is filed in accordance with the provisions of chapter 19.80 RCW, and a certified copy thereof filed with the commission.

(3) Certificates must be kept on file at the main office of the owner except when directed to be transmitted to the

commission, and shall be subject at all times to inspection by the authorized representatives of the commission.

(4) Any certificate to operate a motor propelled vehicle for the transportation of persons for compensation obtained upon any application by any false affidavit or representation shall be subject to revocation and cancellation by the commission.

(5)(a) No certificate nor any right thereunder may be leased, assigned, or otherwise transferred or encumbered unless authorized by the commission. Requests for such authority shall be on forms to be furnished by the commission, giving all information therein requested(~~(-sworn to before a notary)~~) and accompanied by filing fee named in subsection (7) of this section.

(b) No charter party or excursion service carrier certificate or right to conduct any of the service therein authorized shall be leased, assigned or otherwise transferred except in its entirety unless the portion thereof not to be leased, assigned, or otherwise transferred is to be immediately cancelled.

(6)(a) All applications for original certificates (including extensions of certificates), shall be on forms to be furnished by the commission, giving all information therein requested(~~(-sworn to before a notary)~~) and accompanied by application fee named in subsection (7) of this section.

(b) A certificate shall be issued to any qualified applicant authorizing, in whole or in part, the operations covered by the application if it is found that the applicant is fit, willing, and able to perform properly the service and to conform to the provisions of the laws governing charter party carriers or excursion service carriers of passengers and the rules and regulations of the commission.

(c) Before a certificate is issued, the commission shall require the applicant to meet certain safety requirements and show proof of minimum financial responsibility as set forth in this chapter.

(7) Miscellaneous fees:

Original application for certificate . . . . .	\$150.00
Application for extension of certificate . . . . .	150.00
Application to lease, assign, or otherwise transfer or encumber a certificate . . . . .	150.00
Application for issuance of duplicate certificate . . . .	5.00

(8) All applications for the issuance of a duplicate certificate must be accompanied by affidavit of the holder thereof setting forth that the original certificate has been lost or destroyed.

(9) The commission may cancel, revoke, or suspend any certificate issued under this chapter on any of the following grounds:

(a) The violation of any of the provisions of chapter 81.70 RCW;

(b) The violation of an order, decision, rule, regulation, or requirement established by the commission pursuant to the law governing charter party carriers or excursion service carriers of passengers;

(c) Failure of a charter party carrier or excursion service carrier of passengers to pay a fee imposed on the carrier within the time required by law;

(d) Failure of a charter party carrier or excursion service carrier to maintain required insurance coverage in full force and effect; or

(e) Failure of the certificate holder to operate and perform reasonable service.

(10) After the cancellation or revocation of a certificate or interstate registration, or during the period of its suspension, it is unlawful for a charter party carrier or excursion service carrier of passengers to conduct any operations as such a carrier.

(11) Whenever an order is entered by the commission cancelling or revoking a previous order granting a certificate or cancelling or revoking a certificate already issued, and subsequently an application is made, such application shall be filed in the manner required as for the original.

(12) Remittances shall be made by money order, bank draft, or check, made payable to the Washington utilities and transportation commission.

AMENDATORY SECTION (Amending Order R-312, Docket No. TL-2294, filed 11/13/89, effective 12/14/89)

**WAC 480-35-030 Certificates.** (1) No person may engage in the business of a limousine charter party carrier of persons over any public highway without first having obtained a certificate or registration from the commission to do so.

(2) A certificate shall be issued to any qualified applicant authorizing, in whole or in part, the operations covered by the application if it is found that the applicant is fit, willing, and able to perform properly the service and conform to the provisions of the laws governing commercial limousine operators and the rules and regulations of the commission.

(3) Before a certificate is issued, the commission shall require the applicant to meet certain safety requirements and show proof of minimum financial responsibility as set forth in this chapter.

(4) No certificate will be issued to persons operating under a trade name, unless a certificate of (~~said~~) the trade name is filed in accordance with the provisions of chapter 19.80 RCW, and a certified copy thereof filed with the commission.

(5) Certificates must be kept on file at the main office of the owner except when directed to be transmitted to the commission, and shall be subject at all times to inspection by the authorized representatives of the commission.

(6) Any certificate to operate a motor vehicle for the transportation of persons for compensation obtained upon any application by any false affidavit or representation shall be subject to revocation and cancellation by the commission.

(a) No certificate nor any right thereunder may be leased, assigned, or otherwise transferred or encumbered unless authorized by the commission. Requests for such authority shall be on forms to be furnished by the commission, giving all information therein requested(~~(-sworn to before a notary)~~) and accompanied by a filing fee named in WAC 480-35-040.

(b) No certificate or right to conduct any of the service therein authorized shall be leased, assigned, or otherwise transferred except in its entirety unless the portion thereof not to be leased, assigned, or otherwise transferred is to be immediately cancelled.

(7) The commission may cancel, revoke, or suspend any certificate or registration issued under this chapter on any of the following grounds:

(a) The violation of any of the provisions of chapter 283, Laws of 1989;

(b) The violation of an order, decision, rule, regulation, or requirement established by the commission pursuant to the law governing limousine charter party carriers;

(c) Failure of a limousine charter party carrier of passengers to pay a fee imposed on the carrier within the time required by law;

(d) Failure of a limousine charter party carrier to maintain required insurance coverage in full force and effect; or

(e) Failure of the certificate holder to operate and perform reasonable service.

(8) After the cancellation or revocation of a certificate or registration or during the period of its suspension, it is unlawful for a limousine charter party carrier of passengers to conduct any operations as such a carrier.

(9) Whenever an order is entered by the commission cancelling or revoking a previous order granting a certificate or cancelling or revoking a certificate already issued, and subsequently an application is made, such application shall be filed in the manner required as for the original.

**WSR 93-11-097  
PROPOSED RULES  
UTILITIES AND TRANSPORTATION  
COMMISSION**

[Filed May 19, 1993, 11:12 a.m.]

Original Notice.

Title of Rule: Amends WAC 480-12-150 relating to identification markings for motor vehicles. The amendatory section is shown below as Appendix A, Docket No. TV-920973.

Purpose: See Summary below.

Statutory Authority for Adoption: RCW 80.01.040.

Statute Being Implemented: RCW 81.80.305.

Summary: Amends WAC 480-12-150 relating to required identifications markings for common, contract, leased and private motor vehicles.

Reasons Supporting Proposal: Implements RCW 81.80.305.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Paul Curl, Secretary, 1300 South Evergreen Park Drive S.W., Olympia, WA, (206) 753-6451.

Name of Proponent: Washington Utilities and Transportation Commission, governmental.

Agency Comments or Recommendations, if any, as to Statutory Language, Implementation, Enforcement, and Fiscal Matters: No comments or recommendations are submitted because the proposal is pursuant to legislative authorization in RCW 80.01.040.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: The proposed amendment will modify requirements

for equipment identification, rendering identification more consistent, in a manner required by statute.

Proposal Changes the Following Existing Rules: Amends rule to conform with statute. Reorganizes rule for clarity.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

This rule does not establish a new requirement, but implements a statutory requirement. Compliance involves a one-time activity for specified vehicles that may be accomplished at minimal cost. Newly-acquired vehicles must be identified thereafter, but only once per vehicle. The cost of compliance is negligible and imposes no economic burden.

Hearing Location: Commission Hearing Room, Second Floor, Chandler Plaza Building, 1300 South Evergreen Park Drive S.W., Olympia, WA 98503, on July 7, 1993, at 9:00.

Submit Written Comments to: Paul Curl, Secretary, P.O. Box 47250, Olympia, WA 98503-7250, by June 18, 1993.

Date of Intended Adoption: July 7, 1993.

May 19, 1993

Paul Curl

Secretary

APPENDIX "A"

AMENDATORY SECTION (Amending Order R-276, Cause No. TV-2092, filed 9/17/87)

~~WAC 480-12-150 Equipment—((Name and permit number)) Identification. ((All common and contract carriers shall have painted in contrasting colors on both sides of their power units in letters at least three inches high, the name of the permittee, or business name, and the permit number. This rule will not apply to trucks and trailers under lease, except that such equipment shall bear a placard indicating the name and permit number of the operator of said equipment.~~

~~The commission in its discretion, may authorize the carrier to use initials, insignia, decals, et cetera, when in the opinion of the commission such device adequately identifies the carrier.~~

~~Common carriers holding both intrastate and interstate authority between points within the state and in addition possess interstate authority between points in the state and points outside the state may at their option use their ICC permit number in lieu of the Washington utilities and transportation commission permit number otherwise required by this rule upon authority of the commission so to do.)~~ (1) All motor vehicles, except those defined as exempt under RCW 81.80.040 and those operated by private carriers that singly or in combination are less than thirty-six thousand pounds gross vehicle weight, shall display a permanent marking identifying the carrier's name or number, or both, on each side of each power unit in the manner specified in this rule.

(2) Common carriers, contract carriers, private carriers, or leased carriers adding, modifying, or renewing identification markings after the effective date of this rule must display on the driver and passenger doors of power units identification markings as specified below. The markings must be clearly legible, with letters no less than three inches high, in a color that contrasts with the surrounding body

PROPOSED

panel. Leased vehicles may display either permanent markings or placards on the driver and passenger doors of the power unit.

(a) Motor vehicles operated by or under lease to a common or contract carrier must display the name of the permittee as registered with the commission and the permit number. Provided however, common or contract carriers holding both intrastate and interstate authority may display either the ICC certificate number, commission permit number, or both.

(b) Motor vehicles operated by or under lease to a private carrier must display the name and address of either the business operating the vehicle or the registered owner.

Date of Intended Adoption: July 7, 1993.

May 19, 1993  
Paul Curl  
Secretary

APPENDIX "A"

AMENDATORY SECTION (Amending Order R-276, Cause No. TV-2092, filed 9/17/87)

WAC 480-12-010 Rule book must be in main office—((Charge for replacement)) Rule book fee—Updates—Notification of pending and adopted rule changes—Compliance with rules. (1) All carriers operating under these rules ~~((are required to))~~ must keep a copy of ~~((same))~~ the rule book entitled "Laws and Rules Relating to Motor Carriers" on file in their main office at all times, and ~~((to regularly insert))~~ must maintain that rule book by inserting in it all revised pages issued by the commission ~~((so that the rule book contains all the current rules.~~

~~((2) The original book to noncarriers, replacement of lost books, or additional rule books will be charged for at seven dollars fifty cents, plus retail sales tax, for each copy.~~

~~((3) Failure to comply with subsection (1) of this section will subject permittee to penalty)).~~

(2) The commission shall by order establish a fee for the motor carrier rule book. The fee shall be set according to the estimated cost of compiling, printing, and distributing the rule book.

(a) The commission will give applicants for temporary or permanent permit authority who do not hold motor carrier authority issued by the commission one copy of the rule book at no charge at the time the application is filed with the commission.

(b) The commission will charge its established rule book fee to other persons and for replacement or additional copies.

(3) Rule books may be purchased at any commission office. All fees must be prepaid.

(4) The commission will send one annual update, containing rules becoming effective during the prior year, to each common and contract carrier without charge. The commission shall establish and collect a fee for updates for other persons or additional copies.

(5) Carriers must comply with all rules when they become effective, and rules become effective at various times throughout the year. The commission will notify carrier associations of potential and approved rule amendments, adoptions, and repeals. The commission will also provide that notification to every person who requests to be on its rule notification list for the topics desired. Proposed and adopted rules are also published in the Washington State Register, available at libraries throughout the state or by subscription from the Washington state code reviser, Olympia. The commission welcomes comments on proposed rules.

AMENDATORY SECTION (Amending Order R-294, Cause No. TV-2223, filed 1/31/89)

WAC 480-12-285 Tariffs, distribution and ~~((cost of))~~ fees. ~~((Tariffs, with description and cost thereof are as follows:~~

WSR 93-11-098  
PROPOSED RULES

UTILITIES AND TRANSPORTATION  
COMMISSION

[Filed May 19, 1993, 11:15 a.m.]

Original Notice.

Title of Rule: WAC 480-12-285 and 480-12-010 relating to the cost of rule books and Washington Utilities and Transportation Commission published tariffs. The amendatory sections are shown below as Appendix A, Docket No. TV-921164.

Purpose: See Explanation of Rule below.

Statutory Authority for Adoption: RCW 80.01.040.

Summary: See Purpose above.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Paul Curl, Secretary, 1300 South Evergreen Park Drive S.W., Olympia, WA, (206) 753-6451.

Name of Proponent: Washington Utilities and Transportation Commission, governmental.

Agency Comments or Recommendations, if any, as to Statutory Language, Implementation, Enforcement, and Fiscal Matters: No comments or recommendations are submitted because the proposal is pursuant to legislative authorization in RCW 80.01.040.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: The amendments would allow the commission to set the fee for rule books and tariffs by administrative decision and would edit the rules for clarity. The proposed amendment to WAC 480-12-285 would provide for partial refund of tariff fees and specify that entire expired or prior tariffs may not be available.

Proposal Changes the Following Existing Rules: See Explanation of Rule above.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

No additional cost are imposed by these amendments.

Hearing Location: Commission Hearing Room, Second Floor, Chandler Plaza Building, 1300 South Evergreen Park Drive S.W., Olympia, WA 98503, on July 7, 1993, at 9:00 a.m.

Submit Written Comments to: Paul Curl, Secretary, P.O. Box 47250, Olympia, WA 98503-7250, by June 18, 1993.

Tariff No.	Territory	Cost per tariff	
		*Initial Charge	*Annual Main-tenance
3-B	Spokane cartage	\$ 10.00	\$ 19.00
4-A	Special commodities (state wide)	17.50	40.00
5-A	General freight west of cascades	20.00	50.00
6-A	General freight east of Cascades and between east and west	20.00	50.00
7-B	Bulk petroleum products	12.50	40.00
9	General freight in King, Pierce, Snohomish & Thurston counties	20.00	50.00
10	Mileage circular	8.00	18.00
12	Local areas	12.50	20.00
13	Bulk commodities except petroleum	17.50	40.00
14	Mobile homes (towaway)	8.00	18.00
15	Household goods	8.00	22.00
16	Zip code (class rates)	15.00	25.00

\*Subject to Washington state retail sales tax.))

(1) The commission shall, by order, establish fees for purchase of original tariff copies, for annual maintenance of tariffs, and for replacement pages. For the purpose of this rule "maintenance" shall mean the compilation, printing, and distribution of amended tariff pages.

(2) The commission shall print a list of the tariffs it publishes, with a description of the motor carrier operations to which each tariff applies, the cost per copy of the tariff, the cost for replacement pages, the fee for annual maintenance, and applicable retail sales tax. Copies of the price list shall be available, upon request, from any commission office.

(3) During the calendar year in which the ((purchase of a)) tariff is ((made)) purchased, the annual maintenance fee shall be payable in advance on the following basis:

Month Purchased	Fee Payable
January, February, March	In full
April, May, June	Three-quarters
July, August, September	One-half
October, November, December	One-quarter

((Each subsequent year)) (4) The annual maintenance fee shall be payable on or before December 31 of the preceding year.

((One or more single pages in any tariff will be supplied at twenty five cents per page—minimum order two dollars.

All prices set out in this rule shall be subject to change without notice. All subsequent issues or reissues of commission))

(5) Upon written request, refunds of tariff maintenance fees will be made to those carriers whose permits are canceled, or to nonpermitted subscribers who cancel a tariff

subscription during a calendar year for which tariff maintenance fees have been prepaid. Refunds will be based on a prorated formula of one-twelfth of the amount of fee prepaid times the number of whole months remaining in the calendar year after the date on which the request is filed with the commission.

(6) Copies of current or expired single tariff pages will be supplied upon receipt of the established fees. Copies of entire expired tariffs or entire tariffs applicable on a specific date in the past are not generally available.

(7) Tariff copy, individual page and maintenance fees are subject to change by commission order. All tariffs shall be priced according to the cost of compilation, distribution, and maintenance and all fees shall be payable in advance ((as stated herein)) unless otherwise ((specifically)) ordered by the commission.

**WSR 93-11-099  
PROPOSED RULES  
UTILITIES AND TRANSPORTATION  
COMMISSION**

[Filed May 19, 1993, 11:17 a.m.]

Original Notice.

Title of Rule: WAC 480-12-083, 480-30-015, 480-40-015, and 480-70-055 relating material adopted by reference. The proposed amendatory sections are shown below as Appendix A, Docket No. T-921165.

Purpose: [No Information Supplied by Agency.]  
Statutory Authority for Adoption: RCW 80.01.040.  
Summary: See Purpose above.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Paul Curl, Secretary, 1300 South Evergreen Park Drive S.W., Olympia, WA, (206) 753-6451.

Name of Proponent: Washington Utilities and Transportation Commission, governmental.

Agency Comments or Recommendations, if any, as to Statutory Language, Implementation, Enforcement, and Fiscal Matters: No comments or recommendations are submitted because the proposal is pursuant to legislative authorization in RCW 80.01.040.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: The amendments identify the version of standards to be adopted and state where the documents may be viewed and obtained.

Proposal Changes the Following Existing Rules: See Explanation of Rule above.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: Commission Hearing Room, Second Floor, Chandler Plaza Building, 1300 South Evergreen Park Drive S.W., Olympia, WA 98503, on July 7, 1993, at 9:00 a.m.

Submit Written Comments to: Paul Curl, Secretary, P.O. Box 47250, Olympia, WA 98503-7250, by June 18, 1993.

Date of Intended Adoption: July 7, 1993.

May 19, 1993  
Paul Curl  
Secretary

## APPENDIX "A"

AMENDATORY SECTION (Amending Order R-355, Docket No. TV-900483, filed 12/18/91, effective 1/18/92)

**WAC 480-12-083 Adoption by reference defined.**

Where referred to in this chapter, the following definitions shall apply:

(1) "North American Uniform Out-of-Service Criteria" ~~((shall be that))~~ published by Commercial Vehicle Safety Alliance (CVSA) refers to the version in effect on February 15, ((1991)) 1993.

(2) "Title 49 Code of Federal Regulations" ~~((shall be the rules and)), cited as 49 CFR, includes the regulations ((as well as and including)) and all appendices and amendments in effect on May 1, ((1991)) 1993.~~

(3) The documents are available for public inspection at the commission branch of the Washington state library, located with the headquarters offices of the commission. A copy of either document may be obtained upon request from the commission secretary, subject to any pertinent charge. The Code of Federal Regulations is also available from the Government Printing Office, Seattle office.

AMENDATORY SECTION (Amending Order R-357, Docket No. TC-900481, filed 12/31/91, effective 1/31/92)

**WAC 480-30-015 Adoption by reference defined.**

Where referred to in this chapter, the following definitions shall apply:

(1) "North American Uniform Out-of-Service Criteria" ~~((shall be that))~~ published by Commercial Vehicle Safety Alliance (CVSA) refers to the version in effect on February 15, ((1991)) 1993.

(2) "Title 49 Code of Federal Regulations" ~~((shall be the rules and)), cited as 49 CFR, includes the regulations ((as well as)) and ((including)) all appendices and amendments in effect on May 1, ((1991)) 1993.~~

(3) The documents are available for public inspection at the commission branch of the Washington state library, located with the headquarters offices of the commission. A copy of either document may be obtained upon request from the commission secretary, subject to any pertinent charge. The Code of Federal Regulations is also available from the Government Printing Office, Seattle office.

AMENDATORY SECTION (Amending Order R-357, Docket No. TC-900481, filed 12/31/91, effective 1/31/92)

**WAC 480-40-015 Adoption by reference defined.**

Where referred to in this chapter, the following definitions shall apply:

(1) "North American Uniform Out-of-Service Criteria" ~~((shall be that))~~ published by Commercial Vehicle Safety Alliance (CVSA) refers to the version in effect on February 15, ((1991)) 1993.

(2) "Rules and regulations adopted by the United States Department of Transportation in Title 49 Code of Federal Regulations" ~~((shall be)), cited as 49 CFR, includes the ((rules and)) regulations ((as well as)) and ((including)) all~~

appendices and amendments in effect on May 1, ((1991)) 1993.

(3) The documents are available for public inspection at the commission branch of the Washington state library, located with the headquarters offices of the commission. A copy of either document may be obtained upon request from the commission secretary, subject to any pertinent charge. The Code of Federal Regulations is also available from the Government Printing Office, Seattle office.

AMENDATORY SECTION (Amending Order R-356, Docket No. TG-900482, filed 12/31/91, effective 1/31/92)

**WAC 480-70-055 Adoption by reference defined.**

Where referred to in this chapter, the following definitions shall apply:

(1) "North American Uniform Out-of-Service Criteria" ~~((shall be that))~~ published by Commercial Vehicle Safety Alliance (CVSA) refers to the version in effect on February 15, ((1991)) 1993.

(2) "Title 49 Code of Federal Regulations" ~~((or "C.F.R. 49" shall mean)), cited as 49 CFR, includes the ((rules and)) regulations ((as well as)) and ((including)) all appendices and amendments in effect on May 1, ((1991)) 1993.~~

(3) The documents are available for public inspection at the commission branch of the Washington state library, located with the headquarters offices of the commission. A copy of either document may be obtained upon request from the commission secretary, subject to any pertinent charge. The Code of Federal Regulations is also available from the Government Printing Office, Seattle office.

**WSR 93-11-101****PROPOSED RULES****HORSE RACING COMMISSION**

[Filed May 19, 1993, 11:49 a.m.]

Original Notice.

Title of Rule: WAC 260-48-328 Trifecta rules.

Purpose: Amend this rule to make it consistent with other exotic wagering rules.

Statutory Authority for Adoption: RCW 67.16.040.

Summary: By amending WAC 260-48-328, this rule will become consistent with the existing exotic wagering rules contained in this section.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Bruce Batson, Olympia, Washington, (206) 459-6462.

Name of Proponent: Washington Horse Racing Commission, governmental.

Rule is not necessitated by federal law, federal or state court decision.

Explanation of Rule, its Purpose, and Anticipated Effects: This amendment will make this rule consistent with other exotic wagering rules contained in this section.

Proposal Changes the Following Existing Rules: This will delete subsection (5) of WAC 260-48-328 and renumber the remaining subsections accordingly. Delete new subsection (7)(a)(i) through (vii) and add new subsection (7)(a)(i) through (iii).

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

The enactment above is not anticipated to affect more than 20 percent of all industries nor more than 10 percent of any one industry as defined by section 2(3), chapter, Laws of 1982. Therefore, a small business economic impact statement has not been prepared.

Hearing Location: Playfair Race Course, Main and Altamont, Spokane, Washington, on July 1, 1993, at 1:00 p.m.

Submit Written Comments to: Bruce Batson, Executive Secretary, Washington Horse Racing Commission, 3700 Martin Way, Suite 101, Olympia, WA 98506, by June 30, 1993.

Date of Intended Adoption: July 1, 1993.

May 19, 1993  
Bruce Batson  
Executive Secretary

AMENDATORY SECTION (Amending Order 81-08, filed 8/25/81)

**WAC 260-48-328 Trifecta rules.** (1) Trifecta means a betting transaction in which the purchaser of a ticket undertakes to select in the exact order of finish the first three horses to finish a race on which the feature is operated.

(2) No trifecta feature pool shall be operated on any race when there is an entry or mutuel field.

(3) No association shall offer to sell trifecta tickets on any race when there are less than eight horses scheduled to start.

(4) Each association shall include in its printed program these trifecta rules and/or post copies of these rules in conspicuous areas accessible to the betting public.

~~(5) Subject to these regulations, a trifecta ticket is void when the purchaser of such ticket fails to select the exact order of finish of the first three horses.~~

~~(6) (5)~~ The trifecta is not a parlay and has no connection with or relation to the win, place and show pools. All tickets on the trifecta will be calculated in an entirely separate pool.

~~(7) (6)~~ The pay-out price for a trifecta pool shall be calculated in the following manner:

(a) The legal percentages shall be deducted from the total amount bet in any such pool to determine a net pool;

(b) The net pool shall be divided by the value of tickets bet on the winning combination; and

(c) The quotient obtained pursuant to paragraph (b) of this subsection shall be multiplied by the purchase price of each ticket on the winning combination.

~~(8) (7)(a)~~ When there are no tickets sold in a trifecta feature pool coupling the horses finishing first, second, and third in the exact order of the official result, the trifecta pool shall be calculated in accordance with subsection ~~(7) (6)~~ of this section, except that the net pool shall be divided by the value of tickets sold in that pool on horses on which tickets have been sold, coupled in a combination finishing nearest the official order of finish.

(b) The following sequence based on the official order of finish shall be used to determine such combination:

- ~~(i) First, second, and fourth;~~
- ~~(ii) First, third, and fourth;~~

- ~~(iii) Second, third, and fourth;~~
- ~~(iv) First, second, and fifth;~~
- ~~(v) First, third, and fifth;~~
- ~~(vi) First, fourth, and fifth; and~~
- ~~(vii) Sequentially thereafter.~~

(i) As a single price pool to those whose combination finished in the correct sequence as the first three betting interest; but if there are no such wagers, then

(ii) As a single price pool to those whose combination included, in correct sequence, the first two betting interests; but if there are no such wagers, then

(iii) As a single price pool to those whose combination correctly selected the first-place betting interest only; but if there are no such wagers, then

(c) When only two horses finish in a race on which trifecta feature is operated, the pool shall be calculated in accordance with subsection ~~(7) (6)~~ of this section, except that the net pool shall be divided by the value of tickets sold in the pool on horses selected to finish first and second in the exact order of the official result, coupled with any other horse that starter in the race.

(d) When only one horse finishes in a race on which trifecta feature is operated, the pool shall be calculated in accordance with subsection ~~(7) (6)~~ of this section, except that the net pool shall be divided by the value of tickets sold in the trifecta pool selecting that horse to finish first, coupled with any two other horses started in the race.

~~(9) (8)~~ In the event of a dead heat, all trifecta tickets selecting the correct order of finish, counting a horse in a dead heat as finishing in either position dead heated, shall be winning tickets and distribution of the pool shall be made in accordance with established pari-mutuel practice relative to dead heats.

**Reviser's note:** RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

**Reviser's note:** The typographical errors in the above section occurred in the copy filed by the agency and appear in the Register pursuant to the requirements of RCW 34.08.040.

**WSR 93-11-102**  
**PROPOSED RULES**  
**HORSE RACING COMMISSION**  
[Filed May 19, 1993, 11:52 a.m.]

Original Notice.

Title of Rule: New section WAC 260-48-331 Twin trifecta rules.

Purpose: WAC 260-48-331, to define rules concerning the twin trifecta wager.

Statutory Authority for Adoption: RCW 67.16.040.

Summary: WAC 260-48-329 defines and allows for a twin trifecta wager for Class A and B licensees.

Name of Agency Personnel Responsible for Drafting, Implementation and Enforcement: Bruce Batson, Olympia, Washington, (206) 459-6462.

Name of Proponent: Washington Horse Racing Commission, governmental.

Rule is not necessitated by federal law, federal or state court decision.

**Explanation of Rule, its Purpose, and Anticipated Effects:** This rule will enable the bettor a new wager requiring the bettor to choose the first three finishers in exact order of two designated races which will initiate a pool, enabling the holder of a winning ticket to cash out that ticket at the completion of the first leg of the twin trifecta or exchange the ticket for a ticket in the second leg of the twin trifecta wager. The effect of this new wager is to bring more fans to the track enhancing attendance.

Proposal does not change existing rules.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

The enactment above is not anticipated to affect more than 20 percent of all industries nor more than 10 percent of any one industry as defined by section 2(3), chapter, Laws of 1982. Therefore, a small business economic impact statement has not been prepared.

**Hearing Location:** Playfair Race Course, Main and Altamont, Spokane, Washington, on July 1, 1993, at 1:00 p.m.

Submit Written Comments to: Bruce Batson, Executive Secretary, Washington Horse Racing Commission, 3700 Martin Way, Suite 101, Olympia, WA 98506, by June 30, 1993.

Date of Intended Adoption: July 1, 1993.

May 19, 1993  
Bruce Batson  
Executive Secretary

## NEW SECTION

**WAC 260-48-331 Twin trifecta rules.** (1) The twin trifecta requires selection of the first three finishers, in their exact order, in each of two designated races. Each winning ticket for the first twin trifecta race must be exchanged for a free ticket on the second twin trifecta race in order to remain eligible for the second-half twin trifecta pool. Such tickets may be exchanged only at specified ticket windows prior to the second twin trifecta race. Winning first-half wagers will receive both an exchange and a monetary payoff. Both of the designated twin trifecta races shall be included in only one twin trifecta pool.

(2) Twin Trifecta wagering may be conducted by Class A and B licensee's at the discretion of the commission upon written application by an association.

(3) After wagering closes for the first-half of the Twin Trifecta and commissions have been deducted from the pool, the net pool shall then divided into two equal pools: the first-half Twin Trifecta pool and the second-half Twin Trifecta pool.

(4) In the first Twin Trifecta race only, winning wagers shall be determined using the following precedence, based upon the official order of finish for the first Twin Trifecta race:

(a) As a single price pool to those whose combination finished in the correct sequence as the first three betting interest; but if there are no such wagers, then

(b) As a single price pool to those whose combination included, in correct sequence, the first two betting interests; but if there are no such wagers, then

(c) As a single price pool to those whose combination correctly selected the first-place betting interest only; but if there are no such wagers, then

(d) The entire Twin Trifecta pool shall be refunded on Twin Trifecta wagers for that contest and the second-half shall be cancelled.

(5) If no first-half Twin Trifecta ticket selects the first three finishers of that contest in exact order, winning ticket holders shall not receive any exchange tickets for the second-half Twin Trifecta pool. In such case, the second-half Twin Trifecta pool shall be retained and added to any existing Twin Trifecta carryover pool.

(6) Winning tickets from the first-half of the Twin Trifecta shall be exchanged for tickets selecting the first three finishers of the second-half of the Twin Trifecta. The second-half Twin Trifecta pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish for the second Twin Trifecta race:

(a) As a single price pool, including any existing carryover monies, to those whose combination finished in correct sequence as the first three betting interest; but if there are no such tickets, then

(b) The entire second-half Twin Trifecta pool for that contest shall be added to any existing carryover monies and retained for the corresponding second-half Twin Trifecta pool of the next consecutive race card.

(7) If a winning first-half Twin Trifecta ticket is not presented for cashing and exchange prior to the second-half Twin Trifecta Race, the ticket holder may still collect the monetary value associated with the first-half Twin Trifecta pool but forfeits all rights to any distribution of the second-half Twin Trifecta pool.

(8) Coupled entires and mutuel fields shall be prohibited in Twin Trifecta races.

(9) No association shall offer to sell Twin Trifecta tickets on any contest when there are less than eight horse scheduled to start.

(10) Should a betting interest in the first-half of the Twin Trifecta be scratched, those Twin Trifecta wagers including the scratched betting interest shall be refunded.

(11) Should a betting interest in the second-half of the Twin Trifecta be scratched, an announcement concerning the scratch shall be made and a reasonable amount of time shall be provided for exchange of tickets that include the scratched betting interest. If tickets have not been exchanged prior to the close of betting for the second Twin Trifecta race, the ticket holder forfeits all rights to the second-half Twin Trifecta pool.

(12) If there is a dead heat or multiple dead heats in either the first- or second-half of the Twin Trifecta, all Twin Trifecta wagers selecting the correct order of finish, counting a betting interest involved in a dead heat as finishing in any dead-heated position, shall be a winner.

In the case of dead heat occurring in:

(a) the first-half of the Twin Trifecta, the payoff shall be calculated as a profit split

(b) the second-half of the Twin Trifecta, the payoff shall be calculated as a single price pool.

(13) If either of the Twin Trifecta races are cancelled prior to the first Twin Trifecta race, or the first Twin Trifecta race is declared "no contest", the entire Twin

Trifecta pool shall be refunded on Twin Trifecta wagers for that race and the second-half shall be cancelled.

(14) If the second-half Twin Trifecta race is cancelled or declared "no contest", all exchange tickets and outstanding first-half winning Twin Trifecta tickets shall be entitled to the net Twin Trifecta pool for that race as a single price pool, but not the Twin Trifecta carryover. If there are no such tickets, the net Twin Trifecta pool shall be distributed as described in subsections (4) of the Twin Trifecta rules.

(15) A written request for permission to distribute the Twin Trifecta carryover on a specific race card may be submitted to the commission. The request must contain justification for the distribution, an explanation of the benefit to be derived, and the intended date of race card for the distribution.

(16) Contrary to subsection (5) of the Twin Trifecta rules, during a race card designated to distribute the Twin Trifecta carryover, exchange tickets will be issued for those combinations selecting the greatest number of betting interests in their correct order of finish for the first-half of the Twin Trifecta. If there are no wagers correctly selecting the first-, second-, and third-place finishers, in their exact order, then exchange tickets shall be issued for combinations as described in subsection (4) of the Twin Trifecta rules.

(17) Contrary to subsection (6) of the Twin Trifecta rules, during a race card designated to distribute the Twin Trifecta carryover, if there are no wagers correctly selecting the first-, second-, and third-place finishers, in their exact order, for the second-half of the Twin Trifecta, then the carryover pool will be evenly divided as a single price pool to holders of exchange tickets or outstanding winning tickets from the first-half race.

(18) The Twin Trifecta carryover shall be designated for distribution on a specified date and race card only under the following circumstances:

(a) Upon written approval from the commission as provided in subsection (16) of the Twin Trifecta rules.

(b) On the closing race card of the meet or split meet.

(19) If, for any reason, the Twin Trifecta carryover must be held over to the corresponding Twin Trifecta pool of the association's subsequent meet, the carryover shall be deposited in an interest-bearing-account approved by the commission. The Twin Trifecta carryover plus accrued interest shall then be added to the second-half Twin Trifecta pool of the association's following meet.

(20) If racing is cancelled prior to the first-half of the Twin Trifecta on the closing performance on the meet or split meet, the carryover will be held over in accordance with subsection (20) of the Twin Trifecta rules.

(21) IF racing is cancelled after the running of the first-half but before the running of the second-half on the closing race card of the meet of split meet, the carryover pool will be paid as a single price to holders of exchange tickets or outstanding winning tickets from the first-half.

(22) Providing information to any person regarding covered combinations, amounts wagered on specific combinations, number of tickets sold, or number of valid exchange tickets is prohibited. This shall not prohibit necessary communications between totalisator and pari-mutuel department employees for processing of pool data.

(23) The acceptance of a Twin Trifecta ticket by taking an issued ticket away from the window of the terminal from

which it was issued shall constitute an acknowledgment by the bettor that the ticket is correct. Exchange tickets may not be canceled and/or reissued except as provided by these rules. The association, totalisator company, and state may not be liable to any person for a Twin Trifecta ticket which is not:

(a) A winning ticket in accordance with the provisions of this rule; or

(b) Delivered for any reason, including but not limited to mechanical malfunction, electrical failure, machine locking, phone line failure, or other cause.

(24) An association may have the option to limit payoffs, at satellite locations, approved in accordance with Sec. 01. RCW 67.16.200, to \$10,000 in cash, with the balance delivered in the form of a check by the end of the next race day.

(25) For the second-half contest the association shall clearly identify and designate an adequate number of pari-mutuel windows to be used exclusively as "Twin Trifecta Exchange" windows.

(26) Twin Trifecta tickets shall be sold and exchanged only by the association through pari-mutuel machines.

**Reviser's note:** The typographical errors in the above section occurred in the copy filed by the agency and appear in the Register pursuant to the requirements of RCW 34.08.040.

**WSR 93-11-103**  
**PROPOSED RULES**  
**HIGHER EDUCATION**  
**PERSONNEL BOARD**  
[Filed May 19, 1993, 11:59 a.m.]

Original Notice.

Title of Rule: WAC 251-22-167 Disability leave; 251-22-195 Parental leave; 251-22-197 Serious health condition leave; and 251-22-200 Leave of absence without pay.

Purpose: WAC 251-22-167 grants an employee a minimum of twelve weeks of leave when precluded from performing the job because of a disability; WAC 251-22-195 grants an employee leave because of the birth, adoption, or foster care, of a child; WAC 251-22-197 grants a minimum of twelve weeks of leave to care for a spouse, child, or parent who has a serious health condition; and WAC 251-22-200 sets forth conditions in which an employee can take leave of absence without pay.

Statutory Authority for Adoption: RCW 28B.16.100.

Statute Being Implemented: Chapter 28B.16 RCW.

Summary: WAC 251-22-167, the revisions outline how much disability leave an employee is entitled to, notice requirements, medical certification requirements, and maintenance of health care coverage; WAC 251-22-195, the revisions outline the conditions under which parental leave can be taken, for how long leave can be taken, notice requirements, and maintenance of health care coverage; WAC 251-22-197, the proposal outlines who is entitled to take serious health care condition leave, for how long leave can be taken, medical certification requirements, and maintenance of health care coverage; and WAC 251-22-200, the revisions incorporate employees to take leave without

May 19, 1993  
John A. Spitz  
Director

pay pursuant to the federal Family and Medical Leave Act of 1993.

Reasons Supporting Proposal: WAC 251-22-167, this revision results from new requirements pursuant to the federal Family and Medical Leave Act of 1993; WAC 251-22-195, this revision results from new requirements pursuant to the federal Family and Medical Leave Act of 1993; WAC 251-22-197, this proposal reflects serious health condition leave which is granted in the federal Family and Medical Leave Act of 1993; and WAC 251-22-200, this revision allows leave of absence without pay to be taken for leave as outlined in the federal Family and Medical Leave Act of 1993.

Name of Agency Personnel Responsible for Drafting: Meredith Huff, 1202 Black Lake Boulevard, Olympia, WA 98504, 753-3706; Implementation and Enforcement: John Spitz, 1202 Black Lake Boulevard, Olympia, WA 98504, 753-3730.

Name of Proponent: Higher Education Personnel Board staff, governmental.

Rule is necessary because of federal law, Federal Family and Medical Leave Act of 1993.

Explanation of Rule, its Purpose, and Anticipated Effects: WAC 251-22-167, disability leave rule, allows people unable to perform the functions of his/her job to take disability leave. Revisions will bring existing language into compliance with the federal Family and Medical Leave Act of 1993; WAC 251-22-195, parental leave rule, allows parents or individuals acting as the parent to take parental leave for the birth, adoption, or foster care, of a child. Revisions will bring existing language into compliance with the federal Family and Medical Leave Act of 1993; WAC 251-22-197, serious health condition leave, allows eligible employees to take serious health care condition leave to care for a spouse, child or parent who has a serious health condition. This proposal is a direct result of the federal Family and Medical Leave Act of 1993; and WAC 251-22-200, leave of absence without pay, provides for employees to take leave of absence without pay for specific situations. Revisions provide for leave to be taken in accordance with the federal Family and Medical Leave Act of 1993.

Proposal Changes the Following Existing Rules: WAC 251-22-167, proposal changes existing rule on how much disability leave an employee is entitled to, notice requirements, medical certification requirements, and maintenance of health care coverage; WAC 251-22-195, proposal changes existing rule in the conditions under which parental leave can be taken, for how long leave can be taken, notice requirements, and maintenance of health care coverage; WAC 251-22-197, this is a new rule, no existing rule is affected by this leave; and WAC 251-22-200, proposal changes existing rule is allowing leave of absence without pay to be taken for leave as outlined in the federal Family and Medical Leave Act of 1993.

No small business economic impact statement is required for this proposal by chapter 19.85 RCW.

Hearing Location: Highline Community College, Des Moines, Washington 98198, on June 29, 1993, at 10:00 a.m.

Submit Written Comments to: 1202 Black Lake Boulevard, P.O. Box 40918, Olympia, WA 98504-0918, by June 28, 1993.

Date of Intended Adoption: June 29, 1993.

AMENDATORY SECTION (Amending Order 161, filed 9/30/87)

**WAC 251-22-167 Disability leave.** (1) Disability leave shall be granted for a reasonable period to a permanent employee who is precluded from performing his/her job duties because of a disability (including those related to pregnancy or childbirth). ~~((The disability and recovery period shall be as defined and certified by a licensed health care provider, subject to a second opinion at the employer's expense.~~

~~(2))~~ (a) An employee is entitled to a minimum of twelve workweeks total combination of leave per WAC 251-22-200(2);

(b) In any case in which the necessity for leave is foreseeable based on planned medical treatment, the employee shall provide not less than thirty days' notice, except that if the treatment requires leave to begin in less than thirty days, the employee shall provide such notice as is practicable.

(2) The disability and recovery period shall be as defined and certified by the employee's licensed health care provider. The employee shall provide, in a timely manner, a copy of such certification to the employer.

(3) Certification provided under this section shall be sufficient if it states:

(a) The date on which the serious health condition commenced;

(b) The probable duration of the condition;

(c) The appropriate medical facts within the knowledge of the health care provider regarding the condition;

(d) A statement that the employee is unable to perform the essential functions of his/her position.

(4) The employer may require, at its expense, that the employee obtain the opinion of a second health care provider designated or approved by the employer. The health care provider shall not be employed on a regular basis by the employer.

(5) In any case in which the second opinion differs from the original certification, the employer may require, at its expense, that the employee obtain the opinion of a third health care provider designated or approved jointly by the employer and the employee. The opinion of the third health care provider shall be final and binding.

(6) The employer may require that the employee obtain subsequent recertifications on a reasonable basis.

(7) Disability leave may be a combination of sick leave, vacation leave, personal holiday, compensatory time, and leave of absence without pay and shall be granted at the written request of the employee. ~~((Except as described in subsection (3) of this section;))~~ The combination and use of paid and unpaid leave during a disability leave shall be per the choice of the employee.

~~((3))~~ The employee shall be allowed to use eight hours of accrued paid leave per month for up to four months during a disability leave of absence without pay to provide for continuation of state employees insurance board benefits. The employer shall designate on which day of each month

~~the eight hours paid leave will be used.))~~ (8) The institution shall maintain health care coverage during the twelve weeks of leave, and any balance of leave thereafter if applicable, in accordance with the state employees benefits board. The institution may recover the premium for maintaining coverage during any period of unpaid leave if the employee fails to return to work as specified in the federal Family and Medical Leave Act of 1993.

AMENDATORY SECTION (Amending Order 161, filed 9/30/87)

WAC 251-22-195 Parental leave. (1) Parental leave ~~((may))~~ shall be granted to a permanent employee ~~((for the purpose of bonding with the employee's natural newborn or prekindergarten age adoptive child.~~

~~((2)))~~ because of the birth of a child of the employee and in order to provide care, or because of the placement of a child with the employee for adoption or foster care.

(2) An employee is entitled to a minimum of twelve workweeks total combination of leave per WAC 251-22-200(2).

(a) Parental leave shall not total more than four months, unless additional time is granted by the personnel officer.

(b) Requests for parental leave for more than twelve weeks and up to four months may be denied on the basis of operational necessity.

(c) Parental leave can be taken during the first year of the child's birth or placement.

(3) The employee shall submit a written request for parental leave to the employing official or designee and must receive the approval of both the employing official and the personnel officer. ~~((Requests may be denied only on the basis of operational necessity.))~~

(a) The employee shall provide not less than thirty days' notice, except that if the child's birth or placement requires leave to begin in less than thirty days, the employee shall provide notice as is practicable.

(b) Within ten working days of the receipt of the request, the institution shall provide the employee with a written response and, if the leave is denied, rationale supporting the operational necessity and the notice of the employee's right to appeal per WAC 251-12-076.

~~((3)))~~ (4) Parental leave may be a combination of vacation leave, personal holiday, compensatory time, and leave of absence without pay ~~((and must immediately follow disability leave if taken. Except as described in subsection (4) of this section.))~~. The combination and use of paid and unpaid leave during a parental leave shall be per choice of the employee. ~~((Parental leave shall not extend beyond four months after the child's birth or placement, unless additional time is granted by the personnel officer.~~

~~(4) The employee shall be allowed to use eight hours per month of the accrued paid leave identified in subsection (3) of this section for up to four months during a parental leave of absence without pay to provide for continuation of state employees insurance board benefits. The employer shall designate on which day of each month the eight hours paid leave will be used.))~~

(5) The institution shall maintain health care coverage during the twelve weeks of leave, and any balance of leave thereafter if applicable, in accordance with the state employ-

ees benefits board. The institution may recover the premium for maintaining coverage during any period of unpaid leave if the employee fails to return to work as specified in the federal Family and Medical Leave Act of 1993.

NEW SECTION

WAC 251-22-197 Serious health condition leave. (1) Serious health condition leave shall be granted to an eligible employee pursuant to the federal Family and Medical Leave Act of 1993 in order to care for his/her spouse, child or parent, if such person has a serious health condition.

(2) An employee is entitled to a minimum of twelve workweeks total combination of leave per WAC 251-22-200(2).

(3) For purposes of this section, an eligible employee is one who has worked for the state for at least twelve months, and for at least one thousand two hundred fifty hours during the previous twelve-month period.

(4) In any case in which the necessity for leave is foreseeable, based on planned medical treatment of the spouse, child, or parent, the employee shall provide not less than thirty days' notice, except that if the treatment requires leave to begin in less than thirty days, the employee shall provide such notice as is practicable.

(5) An employer may require that a request for such leave be supported by a certification issued by the health care provider of the spouse, child, or parent. The employee shall provide, in a timely manner, a copy of such certification to the employer.

(6) Certification provided under this section shall be sufficient if it states:

(a) The date on which the serious health condition commenced;

(b) The probable duration of the condition;

(c) The appropriate medical facts within the knowledge of the health care provider regarding the condition;

(d) A statement that the eligible employee is needed to care for the spouse, child, or parent and an estimate of the amount of time that such employee is needed to provide care.

(7) In any case in which the employer has reason to doubt the validity of the certification provided, the employer may require, at its expense, that the eligible employee obtain the opinion of a second health care provider designated or approved by the employer. The health care provider shall not be employed on a regular basis by the employer.

(8) In any case in which the second opinion differs from the original certification, the employer may require, at its expense, that the employee obtain the opinion of a third health care provider designated or approved jointly by the employer and the employee. The opinion of the third health care provider shall be final and binding.

(9) The employer may require that the employee obtain subsequent recertifications on a reasonable basis.

(10) The institution shall maintain health care coverage during the twelve weeks of leave, and any balance of leave thereafter if applicable, in accordance with the state employees benefits board. The institution may recover the premium for maintaining coverage during any period of unpaid leave if the employee fails to return to work as specified in the federal Family and Medical Leave Act of 1993.

AMENDATORY SECTION (Amending Order 161, filed 9/30/87)**WAC 251-22-200 Leave of absence without pay. (1)**

Leave of absence without pay may be allowed for any of the following reasons:

- (a) Conditions applicable for leave with pay;
- (b) ~~((Disability leave;~~
- ~~(e))~~ Educational leave;
- ~~((d))~~ (c) Leave for government service in the public interest;

~~((e))~~ Parental leave;

~~(f))~~ (d) Child care emergencies;

~~((g))~~ (e) To accommodate annual work schedules of employees occupying cyclic year positions as specified in WAC 251-19-130.

(2) Pursuant to the federal Family and Medical Leave Act of 1993, eligible employees shall be entitled to a total of twelve workweeks of leave during any twelve-month period for one or more of the following:

(a) Disability leave;

(b) Parental leave;

(c) Serious health condition leave.

(3) Requests for leave of absence without pay must be submitted in writing to the employing official or designee and must receive the approval of both the employing official and the personnel officer.

~~((3))~~ (4) Leave of absence without pay extends from the time an employee's leave commences until he/she is scheduled to return to continuous service, unless at the employee's request the employing official and the personnel officer agree to an earlier date.

~~((4))~~ (5) Vacation leave and sick leave credits will not accrue during a leave of absence without pay which exceeds ten working days in any calendar month.

~~((5))~~ (6) A classified employee taking an appointment to an exempt position shall be granted a leave of absence without pay, with the right to return to his/her regular position, or to a like position at the conclusion of the exempt appointment; provided application for return to classified status must be made not more than thirty calendar days following the conclusion of the exempt appointment.



**WSR 93-11-001**  
**PERMANENT RULES**  
**OFFICE OF**  
**MARINE SAFETY**

[Filed May 5, 1993, 12:50 p.m.]

Date of Adoption: April 13, 1993.

Purpose: To provide guidelines for protecting information in an oil spill contingency plan from public disclosure.

Citation of Existing Rules Affected by this Order: Amending WAC 317-10-060.

Statutory Authority for Adoption: Chapter 88.46 RCW. Pursuant to notice filed as WSR 93-06-089 on March 3, 1993.

Effective Date of Rule: Thirty-one days after filing.

May 4, 1993  
 Barbara Herman  
 Administrator

**AMENDATORY SECTION** (Amending WSR 91-22-086, filed 11/5/91, effective 1/1/92)

**WAC 317-10-060 Plan submittal.** (1)(a) Plans for tank vessels of three thousand gross tons or more shall be submitted to the office within six months after adoption of this chapter.

(b) All other covered vessels shall submit plans to the office within eighteen months after adoption of this chapter.

(2)(a) Any covered vessel that first begins operating after the adoption of this chapter shall submit a plan to the office at least sixty-five calendar days prior to the beginning of operations in Washington waters, with the exception of covered vessels which fall under the jurisdiction of the Washington maritime commission pursuant to chapter 88.44 RCW, as amended by sections 901 through 907, chapter 200, Laws of 1991.

(b) Covered vessels which fall under the jurisdiction of the Washington maritime commission pursuant to chapter 88.44 RCW, as amended by sections 901 through 907, chapter 200, Laws of 1991, shall be incorporated into the maritime commission contingency plan pursuant to WAC 317-10-080.

(3) Three copies of the plan and appendices shall be delivered to:

Contingency Plan Review  
 Washington Office of Marine Safety  
 P.O. Box 42407  
 Olympia, WA 98504-2407

(4)(a) Tank vessel plans may be submitted by:

(i) The tank vessel owner or operator;

(ii) The owner or operator of a facility where the tank vessel unloads cargo, in conformance with requirements under WAC 317-10-050(1); or

(iii) A primary response contractor approved by the office pursuant to WAC 317-10-090, in conformance with requirements under WAC 317-10-050(1).

(b) Cargo and passenger vessel plans may be submitted by:

(i) The vessel owner or operator;

(ii) The agent for the vessel, in conformance with requirements under WAC 317-10-050(1); or

(iii) A response contractor approved by the office pursuant to WAC 317-10-090, in conformance with requirements under WAC 317-10-050(1).

(c) Plans for covered vessels which fall under the jurisdiction of the Washington maritime commission pursuant to chapter 88.44 RCW, as amended by sections 901 through 907, chapter 200, Laws of 1991, may be submitted by the Washington maritime commission, in conformance with requirements under WAC 317-10-050(1).

(5) A single plan may be submitted for multiple vessels of the same vessel type, provided that the plan contents meet the requirements in this chapter for each vessel listed.

~~(6) ((The plan submitter may request that proprietary information be kept confidential under RCW 43.21B.160.))~~  
An owner, operator, or plan submitter may request information contained in an oil spill contingency plan be protected from public disclosure. The request must be made in a letter to the administrator and signed by the owner, operator, or plan submitter making the request. The information to be protected must be identified clearly by plan section, page number, paragraph, and, if possible, sentence. In addition to identifying the information to be protected, the request must also identify the legal basis justifying that request.

(7) The owner, operator, or plan submitter is solely responsible for all costs incurred, including reasonable attorney fees, in defending any action for public disclosure brought under chapter 42.17 RCW. In addition, the owner, operator, or plan submitter may bring an injunctive action pursuant to RCW 42.17.350.

(8) If the office receives a request for public disclosure of information that an owner, operator, or plan submitter has requested protection, the office will:

(a) Notify the owner, operator, or plan submitter when a request is made;

(b) Notify the owner, operator, or plan submitter of any proceedings initiated to compel disclosure; and

(c) Withhold the information until released by the owner, operator, or plan submitter or until a court order requires disclosure.

**WSR 93-11-002**  
**PERMANENT RULES**  
**OFFICE OF**  
**MARINE SAFETY**

[Filed May 5, 1993, 12:54 p.m.]

Date of Adoption: April 13, 1993.

Purpose: To establish guidelines for the regional marine safety committees.

Statutory Authority for Adoption: RCW 88.46.110.

Pursuant to notice filed as WSR 93-06-088 on March 3, 1993.

Changes Other than Editing from Proposed to Adopted Version: WAC 317-03-030 was deleted as being repetitive of WAC 317-03-020.

Effective Date of Rule: Thirty-one days after filing.

May 4, 1993  
 Barbara Herman  
 Administrator

**Chapter 317-03 WAC  
REGIONAL MARINE SAFETY COMMITTEES**

**NEW SECTION**

**WAC 317-03-010 Regional marine safety committees.** (1) There are hereby established four regional marine safety committees:

(a) Strait of Juan de Fuca/northern Puget Sound which includes all waters north of Tatoosh Island located at 48 degrees 23' north, and all waters in the Strait of Juan de Fuca from Tatoosh Island easterly to Pt. Partridge located at the entrance to Admiralty Inlet including Sequim Bay and Discovery Bay, and southerly through Admiralty Inlet to a line bearing due west true from Double Bluff Light to Olele Pt., and all Washington state waters to the north of Pt. Partridge including the eastern part of the Strait of Juan de Fuca and all state waters of the San Juan Islands including Haro Straits, Boundary Pass, Rosario Straits, Fidalgo Bay, Padilla Bay, Samish Bay, Bellingham Bay, Hale Pass, and Lummi Bay along with Washington state waters in the Straits of Georgia up to the International Border line between Canada and the United States at 49 degrees north latitude including Birch Bay, Semiahmoo Bay, and Drayton Harbor.

(b) Southern Puget Sound which includes all state waters south of a line drawn due west true from Double Bluff Light to Olele Pt., and all state waters inside of the entrance to Deception Pass located on the northwest tip of Whidbey Island at latitude 48 degrees 24' north longitude 122 degrees 40' west including Similk Bay and from the North entrance of the Swinomish Channel at the Highway Bridge south through Skagit Bay including Crescent Harbor and Penn Cove down through Saratoga Passage into Possession Sound to Possession Pt. including Port Susan and Everett Harbor.

(c) Grays Harbor/Pacific Coast which includes all coastal waters including all bays, harbors, and rivers navigable by seagoing vessels west of the northern extremity of Tatoosh Island at latitude 48 degrees 23' north and running southeasterly to the southern extremity of Cape Disappointment at latitude 46 degrees 16' north.

(d) Columbia River which includes all state navigable waters east of the Columbia River Demarcation Line. The Demarcation Line is a line drawn from the seaward extremity of the Columbia River North Jetty (above water) 155 true to the seaward extremity of the Columbia River South Jetty (above water). The eastern boundary shall extend upstream on the main tributary of the Columbia to the cities of Pasco, Kennewick, and Richland located in Washington, including the Port of Benton port facilities, inclusive of the north and south contiguous banks of Washington and Oregon respectively of the Columbia River (bank to bank). This boundary is inclusive of the Willamette River from the mouth of the Oregon City Falls but exclusive of the Snake River. This is a joint committee with the state of Oregon.

(2) Each committee shall be comprised of six persons appointed by the administrator for a term of three years. The Columbia River committee will be appointed jointly with the state of Oregon.

(3) Each committee shall be responsible for planning for the safe navigation and operation of tankers, barges, and other vessels within each region.

(4) The administrator or his or her designee shall chair each of the regional committees.

**NEW SECTION**

**WAC 317-03-020 Regional marine safety plans.** (1) Each committee shall prepare a regional marine safety plan encompassing all vessel traffic within the region. The plans shall consider:

(a) Requirements for tug escorts and speed limits for tankers and other commercial vessels;

(b) A review and evaluation of the adequacy of and any change in:

(i) Anchorage designations and sounding checks;

(ii) Communications systems;

(iii) Commercial and recreational fishing, recreational boaters, and other small vessel congestion in shipping lanes; and

(iv) Placement and effectiveness of navigational aids, channel design plans, and traffic routings from port construction and dredging projects;

(c) Procedures for routing vessels during emergencies that impact navigation;

(d) Management requirements for vessel control bridges;

(e) Special protection for environmentally sensitive areas;

(f) Suggested mechanisms to ensure that the provisions of the plan are fully and regularly enforced; and

(g) A recommendation as to whether establishing or expanding vessel traffic safety systems within the regions is desirable.

(2) Each regional marine safety plan shall be submitted to the office for approval within one year after the regional marine safety committee is established.

(3) The office shall review the plans for consistency with the rules and guidelines and shall approve the plans or give reasons for their disapproval.

(4) Upon approval of a plan, the office shall implement those elements of the plan over which the state has authority. If federal authority or action is required, the office shall petition the appropriate agency or congress.

(5) The Coast Guard, the Federal Environmental Protection Agency, the Army Corps of Engineers, and the Navy shall be invited to attend the meetings of each regional marine safety committee.

(6) Each committee shall establish subcommittees to involve all interested parties in the development of the plans.

(7) The plan of each committee, when submitted to the administrator, shall include a summary of public comments as well as any minority reports and recommendations.

(8) Not later than July 1st of each even-numbered year, each regional marine safety committee shall report its findings and recommendations to both the marine oversight board established in RCW 90.56.450 and the office concerning vessel traffic safety in its region and any recommendations for improving tanker, barge, and other vessel safety in the region by amending the regional marine safety plan. The regional committees shall also provide technical assistance to the marine oversight board.

(9) The regional safety committees shall recommend to the office the need for, and the structure and design of, an emergency response system for the Strait of Juan de Fuca and the Pacific Coast.

(10) The regional marine safety committees shall study federal requirements for tow equipment for barges carrying oil in bulk. The committees shall review standards for: Wire rope specifications, catenary, the design of related on-board equipment, number of cables, back-up or barge retrieval systems in case of cable break, and the operation, maintenance, and inspection of cables and other tow equipment. The committees shall submit their report to the office within one year after the committees are established.

**WSR 93-11-003**  
**PERMANENT RULES**  
**OFFICE OF**  
**MARINE SAFETY**

[Filed May 5, 1993, 12:56 p.m.]

Date of Adoption: April 13, 1993.

Purpose: To ensure compliance by the Office of Marine Safety with the provisions of RCW 42.17.250 - 42.17.340.

Statutory Authority for Adoption: RCW 42.17.250 - [42.17].340.

Pursuant to notice filed as WSR 93-06-087 on March 3, 1993.

Effective Date of Rule: Thirty-one days after filing.

May 4, 1993  
Barbara Herman  
Administrator

**Chapter 317-02 WAC**  
**PUBLIC ACCESS TO INFORMATION AND RE-**  
**CORDS**

NEW SECTION

**WAC 317-02-010 Public records.** The purpose of this chapter shall be to ensure compliance by the office of marine safety with the provisions of RCW 42.17.250 through 42.17.340 dealing with public records.

NEW SECTION

**WAC 317-02-020 Definitions.** (1) "Public record" includes any writing containing information relating to the conduct of government or the performance of any governmental or proprietary function prepared, owned, used, or retained by any state or local agency regardless of fiscal form or characteristic.

(2) "Writing" means handwriting, typewriting, printing, photostating, photographing, and every other means of recording sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films, magnetic punchcards, discs, drums, and other documents.

(3) "Office" means the office of marine safety.

NEW SECTION

**WAC 317-02-030 Public records available.** All records of the office of marine safety as defined in WAC 317-02-020 are deemed available for public inspection and copying pursuant to these rules, except as provided in WAC 317-02-080.

NEW SECTION

**WAC 317-02-040 Public records officer.** The office of marine safety shall designate a public records officer. The person so designated shall be officed in the Marina View Building, 711 State Avenue NE, 2nd Floor, Olympia, Washington. The public records officer shall be responsible for implementation of the office's rules and regulations regarding release of public records, coordinating staff efforts of the office in this regard and generally ensuring compliance of the staff with the public records disclosure requirements of chapter 1, Laws of 1973.

NEW SECTION

**WAC 317-02-050 Requests for public records.** Subject to the provisions of subsection (3) of this section, public records are obtainable by members of the public when those members of the public comply with the following procedures.

(1) A written request shall be addressed to the public records officer. Such request shall include the following:

(a) The name of the person requesting the record.

(b) The time of day and calendar date on which the request was made.

(c) If the matter requested is referenced within the current index maintained by the office, a reference to the requested record as it is described in such current index.

(d) If the requested matter is not identifiable by reference to the office's current index, a statement that identifies the specific record requested.

(e) A verification that the records requested shall not be used to compile a commercial sales list.

(2) The public records officer shall inform the member of the public making the written request whether the requested record is available for inspection and copying at Olympia, Washington.

(3) When it appears that a request for records is made by or on behalf of a party to a lawsuit or a controversy to which the office is also a party (or when such a request is made by or on behalf of an attorney for such a party) the request shall be referred to the assistant attorney general assigned to the office for appropriate response.

NEW SECTION

**WAC 317-02-060 Availability for public inspection and copying of public records—Office hours.** Public records shall be available for inspection and copying during the normal business hours of the office of marine safety. For the purposes of this chapter, the normal office hours shall be from 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal holidays.

NEW SECTION

**WAC 317-02-070 Inspection and copying cost.** (1) No fee shall be charged for inspection of public records.

(2) The office of marine safety shall impose a reasonable charge for providing copies of public records and for the use by any person of office equipment to copy records; such charges shall not exceed the amount necessary to reimburse the office for its actual costs incident to such copying. Actual costs shall include the labor costs of staff, machine cost, and paper cost necessary to provide copies of requested records.

(3) Copying of public documents will normally be done by the office of marine safety personnel.

(4) No document shall be physically removed by a member of the public from the area designated by the office of marine safety for the public inspection of documents for any reason whatsoever.

(5) When a member of the public requests to examine an entire file or group of documents, as distinguished from a request to examine certain individual documents which can be identified and supplied by themselves, the office of marine safety shall be allowed a reasonable time to inspect the file to determine whether information protected from disclosure by section 31, chapter 1, Laws of 1973, as amended, is contained therein, and the office shall not be deemed in violation of its obligation to reply promptly to requests for public documents by reason of causing such an inspection to be performed.

NEW SECTION

**WAC 317-02-080 Exempted records.** In accordance with RCW 42.17.310, the following personal and other records shall be exempt from public inspection and copying:

(1) Personal information in any files maintained for students in public schools, patients or clients of public institutions or public health agencies, welfare recipients, prisoners, probationers, or parolees.

(2) Personal information in files maintained for employees, appointees, or elected officials of any public agency to the extent that disclosure would violate their right to privacy.

(3) Information required of any taxpayer in connection with the assessment or collection of any tax if the disclosure of the information to other persons would violate the taxpayer's right to privacy or would result in unfair competitive disadvantage to such taxpayer.

(4) Specific intelligence information and specific investigative records compiled by investigative, law enforcement, and penology agencies, and state agencies vested with the responsibility to discipline members of any profession, the nondisclosure of which is essential to effective law enforcement or for the protection of any person's right to privacy.

(5) Information revealing the identity of persons who file complaints with investigative law enforcement or penology agencies, except as the complainant may authorize.

(6) Test questions, scoring keys, and other examination data used to administer a license, employment, or academic examination.

(7) Except as provided by chapter 8.26 RCW, the contents of real estate appraisals, made for or by any agency relative to the acquisition or sale of property, until the

project or prospective sale is abandoned or until such time as all of the property has been acquired or the property to which the sale appraisal relates is sold, but in no event shall disclosure be denied for more than three years after the appraisal.

(8) Valuable formulae, designs, drawings, and research data obtained by any agency within five years of the request for disclosure when disclosure would produce private gain and public loss.

(9) Preliminary drafts, notes, recommendations, and intra-office memorandums in which opinions are expressed or policies formulated or recommended except that a specific record shall not be exempt when publicly cited by an agency in connection with any agency action.

(10) Records which are relevant to a controversy to which an agency is a party but which records would not be available to another party under the rules of pretrial discovery for causes pending in the superior courts.

(11) All applications for public employment, including the names of applicants, resumes, and other related materials submitted with respect to an applicant.

(12) The residential addresses and residential telephone numbers of the employees or volunteers of a public agency which are held by the office in personnel records, employment or volunteer rosters, or mailing lists of employees or volunteers.

(13) Records, maps, or other information identifying the location of archaeological sites in order to avoid the looting or depredation of such sites.

(14) Any library record, the primary purpose of which is to maintain control of library materials, or to gain access to information, which discloses or could be used to disclose the identity of a library user.

(15) Financial information supplied by or on behalf of a person, firm, or corporation for the purpose of qualifying to submit a bid or proposal for:

(a) A ferry system construction or repair contract as required by RCW 47.60.680 through 47.60.750; or

(b) Highway construction or improvement as required by RCW 47.28.070.

(16) The exemptions of this section shall be inapplicable to the extent that information, the disclosure of which would violate personal privacy or vital governmental interests, can be deleted from the specific records sought. No exemption shall be construed to permit the nondisclosure of statistical information not descriptive of any readily unidentifiable person or persons.

NEW SECTION

**WAC 317-02-090 Denial of request.** Each denial of a request for a public record shall be accompanied by a written statement to the person requesting the record clearly specifying the reasons for denial, including a statement of the specific exemption authorizing the withholding of the record and a brief explanation of how the exemption applies to the record withheld. Such statement shall be sufficiently clear and complete to permit the director or his or her designee to review the denial in accordance with WAC 317-01-100.

NEW SECTION

**WAC 317-02-100 Review of denials of public record requests.** (1) Any person who objects to the denial of a request for a public record may petition the public records officer for prompt review of such decision by tendering a written request for review. The written request shall specifically refer to the written statement by the public records officer or other staff member which constituted or accompanied the denial.

(2) After receiving a written request for review of a decision denying a public record, if the public records officer determines to affirm the denial, then the written request shall immediately be referred to the assistant attorney general assigned to the office. The assistant attorney general shall promptly consider the matter and either affirm or reverse such denial.

(3) Administrative remedies shall not be considered exhausted until the public records officer has returned the petition with a decision or until the close of the second business day following denial of inspection, whichever first occurs.

NEW SECTION

**WAC 317-02-110 Records index.** (1) The office shall make available to all persons at its offices in Olympia, a current index which provides identifying information as to the following records issued, adopted, or promulgated by the office:

(a) Those statements of policy and interpretations of policy, statute, and the constitution which have been adopted by the office;

(b) Administrative staff manuals and instructions to staff that affect a member of the public;

(c) Planning policies and goals, and interim and final planning decisions;

(d) Factual staff reports and studies, factual consultant's reports and studies, scientific reports and studies, and any other factual information derived from tests, studies, reports, or surveys, whether conducted by public employees or others.

(2) A system of indexing for identification and location of the following records is hereby established by the office:

(a) Final orders entered after June 30, 1990, issued in adjudicative proceedings as defined in RCW 34.05.010(1) that contain an analysis or decision of substantial importance to the office in carrying out its duties.

(b) Declaratory orders entered after June 10, 1990, that contain an analysis or decision of substantial importance to the office in carrying out its duties.

(c) Interpretive statements as defined in RCW 34.05.010(8).

(d) Policy statements entered after June 30, 1990, as defined in RCW 34.05.010(14).

(3) A system of indexing shall be as follows:

(a) The indexing system will be administered by the office's rules coordinator and located in the Marina View Building, Olympia, Washington.

(b) Copies of all indexes shall be available for public inspection and copying in the manner provided for the inspection and copying of public records.

(c) The rules coordinator shall establish and maintain a separate index for each item contained in subsection (2)(a) through (d) of this section as follows:

(i) The index shall list all final orders and declaratory orders selected by the office that contain decisions of substantial importance to the office which orders shall be listed alphabetically by the titles of the hearing or controversy and shall contain a phrase describing the issue or issues and relevant citations of law.

(ii) Interpretive statements and policy statements shall be indexed by the applicable program administered by the office.

(d) The rules coordinator shall update all indexes at least once a year and shall revise such indexes when deemed necessary by the office.

NEW SECTION

**WAC 317-02-120 Availability.** The current index promulgated by the office shall be available to all persons under the same rules and on the same conditions as are applied to public records available for inspection.

**WSR 93-11-004****PERMANENT RULES****OFFICE OF****MARINE SAFETY**

[Filed May 5, 1993, 12:59 p.m.]

Date of Adoption: April 13, 1993.

Purpose: To define general information about the Office of Marine Safety.

Statutory Authority for Adoption: Chapter 88.46 RCW.

Pursuant to notice filed as WSR 93-06-086 on March 3, 1993.

Effective Date of Rule: Thirty-one days after filing.

May 4, 1993  
Barbara Herman  
Administrator

**Chapter 317-01 WAC  
GENERAL INFORMATION**NEW SECTION

**WAC 317-01-010 Description.** The office of marine safety was established by the legislature in 1991 to promote marine safety and to protect this state's natural resources.

NEW SECTION

**WAC 317-01-020 Address of office.** Persons wishing to obtain information or to make submissions or requests of any kind shall address their correspondence to:

Office of Marine Safety  
P.O. Box 42407  
Olympia, WA 98504-2407

NEW SECTION

**WAC 317-01-030 Location of office.** Persons wishing to come to the office may come to:

Office of Marine Safety  
Marina View Building  
711 State Avenue NE, 2nd Floor  
Olympia, WA 98506

**WSR 93-11-007****PERMANENT RULES****DEPARTMENT OF HEALTH**

[Order 361B—Filed May 5, 1993, 3:52 p.m.]

Date of Adoption: April 16, 1993.

Purpose: To allow the board to maintain contact with licensees and to proceed with administrative action when unable to locate the licensee.

Statutory Authority for Adoption: RCW 18.88.080 and 18.88.086.

Pursuant to notice filed as WSR 93-06-091 on March 3, 1993.

Effective Date of Rule: Thirty-one days after filing.

April 26, 1993

Patricia O. Brown, RN, MSN

Executive Secretary

NEW SECTION

**WAC 246-839-115 Responsibility for maintaining mailing address on file with the board.** It is the responsibility of each licensee to maintain a current mailing address on file with the board. The mailing address on file with the board shall be used for mailing of all official matters from the board to the licensee. If charges against the licensee are mailed by certified mail to the address on file with the board and returned unclaimed or are unable to be delivered for any reason, then the board shall proceed against the licensee by default under RCW 34.05.440.

**WSR 93-11-008****PERMANENT RULES****DEPARTMENT OF HEALTH**

(Board of Medical Examiners)

[Order 360B—Filed May 5, 1993, 3:55 p.m.]

Date of Adoption: April 2, 1993.

Purpose: Deletes restrictive language in WAC 246-917-121. WAC 246-918-260 requires physician assistant-surgical assistants to properly identify themselves at all times and in all written documentation and clarifies duties by referring to WAC 246-918-250.

Statutory Authority for Adoption: RCW 18.130.250.

Pursuant to notice filed as WSR 93-05-047 on February 17, 1993.

Changes Other than Editing from Proposed to Adopted Version: The name physician assistant-surgical assistant is consistent with prior rules and the established title. Therefore, throughout the entire WAC 246-918-260 the title has been corrected to physician assistant-surgical assistant. "And

other communication modalities" has been added because of the vast varieties of communication methods.

Effective Date of Rule: Thirty-one days after filing.

April 29, 1993

Beverly A. Gifford

Program Manager

AMENDATORY SECTION (Amending Order 203B, filed 10/2/91, effective 11/2/91)

**WAC 246-917-121 Special purpose examination.** (1) The board of medical examiners (~~(upon review of an application for licensure by endorsement)~~) may require an applicant to pass the special purpose examination (SPEX) or any other examination deemed appropriate. An applicant may be required to take an examination when the board has concerns with the applicant's ability to practice competently for reasons which may include but are not limited to the following:

- (a) Resolved or pending malpractice suits;
- (b) Pending action by another state licensing authority;
- (c) Actions pertaining to privileges at any institution; or
- (d) Not having practiced for an interval of time.

(2) The minimum passing score on the SPEX examination shall be seventy-five. The passing score for any other examination under this rule shall be determined by the board.

AMENDATORY SECTION (Amending Order 278B, filed 6/3/92, effective 7/4/92)

**WAC 246-918-260 Physician assistant-surgical assistant—Utilization and supervision.** (1) Utilization plan. The transfer or dual application for licensure as a physician assistant-surgical assistant must include a detailed plan describing the manner in which the physician assistant-surgical assistant will be utilized. Such utilization plan shall specify which physician assistant-surgical assistant tasks set forth in WAC 246-918-250 will be performed by the physician assistant-surgical assistant.

(2) Limitations, geographic. No physician assistant-surgical assistant shall be utilized in a place geographically separated from the institution in which the assistant and the supervising physician are authorized to practice.

(3) Responsibility of supervising physician(s). Each physician assistant-surgical assistant shall perform those tasks he or she is authorized to perform only under the supervision and control of the supervising physician(s), but such supervision and control shall not be construed to necessarily require the personal presence of the supervising physician at the place where the services are rendered. It shall be the responsibility of the supervising physician(s) to insure that:

(a) The operating surgeon in each case directly supervises and reviews the work of the physician assistant-surgical assistant. Such supervision and review shall include remaining in the surgical suite until the surgical procedure is complete;

(b) The physician assistant-surgical assistant (~~(at all times when meeting with patients)~~) shall wear a badge identifying him or her as a "physician assistant-surgical assistant (~~(physician assistant)~~)" or "P.A.S.A." In all written documents and other communication modalities pertaining to his or her professional activities as a physician

assistant-surgical assistant, the physician assistant-surgical assistant shall clearly denominate his or her profession as a "physician assistant-surgical assistant" or "P.A.S.A.";

(c) The physician assistant-surgical assistant is not presented in any manner which would tend to mislead the public as to his or her title.

(4) Responsibility of physician assistant-surgical assistant. The physician assistant-surgical assistant is responsible for performing only those tasks authorized by the supervising physician(s) and within the scope of physician assistant-surgical assistant practice described in WAC 246-918-250. The physician assistant-surgical assistant is responsible for ensuring his or her compliance with the rules regulating physician assistant-surgical assistant practice and failure to comply may constitute grounds for disciplinary action.

**WSR 93-11-011**  
**PERMANENT RULES**  
**WILDLIFE COMMISSION**

[Order 608—Filed May 6, 1993, 8:20 a.m.]

Date of Adoption: April 17, 1993.

Purpose: To adopt WAC 232-28-238 1993-94 Special closures and firearm restriction areas.

Citation of Existing Rules Affected by this Order:

Repealing WAC 232-28-233.

Statutory Authority for Adoption: RCW 77.12.040.

Pursuant to notice filed as WSR 93-06-062 on March 1, 1993.

Changes Other than Editing from Proposed to Adopted Version: The adopted version of WAC 232-28-238 1993-94 Special closures and firearm restriction areas, differs from the proposed version filed with the code reviser in the following specifics. "Hunting Prohibited Areas" listed as 7, 8, 9, and 10 were deleted. Hunting Prohibited Area 11 was renumbered to 7; under "Big Game Closures," number 5, Colockum elk hunting restriction dates were changed from Oct. 25-27 to Oct. 24-26. Closed to entry starting Oct. 27 instead of Oct. 28; under "Horse Restrictions," dates for the restriction were changed from Oct. 25-Nov. 3 to Oct. 24-Nov. 2; and under "Hunting Firearm Restriction Areas" the second restricted area in Grays Harbor County was expanded to include residential areas.

Effective Date of Rule: Thirty-one days after filing.

May 5, 1993

Dean A. Lydig  
Chair

NEW SECTION

**WAC 232-28-238 1993-94 Special closures and firearm restriction areas**

**SPECIAL CLOSURES**

**HUNTING PROHIBITED AREAS**

IT IS UNLAWFUL TO HUNT WILD ANIMALS OR WILD BIRDS IN THE FOLLOWING AREAS:

1. Little Pend Oreille Wildlife Area: The southern part of the Little Pend Oreille Wildlife Area in Stevens County is closed to hunting and discharge of firearms except during the period of Oct. 1-Dec. 31, 1993. This closure is south of a boundary beginning at the west project boundary in Section 3, Township 34 N, R 40 EWM, then easterly along Road 1.0 to the intersection with Road 2.0 in Section 2, then easterly along Road 2.0 to the easterly boundary in Section 8, Township 34 N, R 42 EWM.

The Little Pend Oreille Wildlife Area north of the preceding boundary is open to all legally established hunting seasons during September and October.

2. Parker Lake: All lands south of Ruby Creek Road (USFS Road 2489), north of Tacoma Creek Road (USFS Road 2389) and west of Bonneville Power Administration power lines are designated as "CLOSED AREA" to the hunting of wild animals and wild birds EXCEPT during the period Aug. 1-Sept. 30, 1993. The above closures were established to provide a protected area for the Air Force Military Survival Training Program.
3. Columbia River and all the islands in the river, and the Benton County shoreline below the high water mark, and any peninsula originating on the Benton County shoreline, between Vernita Bridge (Highway 24) downstream to the old Hanford townsite powerline crossing (wooden towers) in Section 24, T 13 N, R 27 E, is designated as a "CLOSED AREA" to the hunting of wild animals and wild birds.
4. Green River (GMU 485): Except for special permit hunts, all lands within GMU 485 are designated as a "CLOSED AREA" to the hunting of big game by Department of Wildlife regulated hunters throughout the year. During the general westside elk season and general and late deer seasons, all lands within GMU 485 are also designated as a "CLOSED AREA" to the hunting of all wild animals and wild birds. The City of Tacoma enforces trespass within GMU 485 on lands owned or controlled by the City during all times of the year.
5. McNeil Island: McNeil Island (part of GMU 480) is closed to the hunting of all wild animals and wild birds year around.
6. As posted on Bailey Youth Ranch, Franklin County, hunting is closed on Mondays, Tuesdays, Thursdays, and Fridays.
7. As posted, hunting is closed on Department owned land on the Sunnyside Wildlife Area in Yakima County.

**BIG GAME CLOSURES**

1. Cathlamet: Those lands between State Highway 4 and the Columbia River between Cathlamet and Skamokawa, and all of Puget Island in Wahkiakum County; closed to all big game hunting. This closure is

PERMANENT

established to protect the endangered Columbian Whitetail Deer.

2. Clark, Cowlitz, Pacific, and Wahkiakum counties are closed to Columbian Whitetail Deer hunting.
3. Willapa National Wildlife Refuge: Except for Bow Area No. 802 (Long Island), Willapa National Wildlife Refuge is closed to all big game hunting.
4. Walla Walla Mill Creek Watershed (GMU 157): All lands in the Mill Creek Watershed are designated as a "CLOSED AREA" to the hunting of all wild animals and wild birds except for holders of special elk permits during the established open season. This area is closed to motorized vehicles.
5. Colockum elk hunting restrictions: No entry in GMU 330 (West Bar) except permit holders, Oct. 24-26, 1993. Closed to entry (no trespassing) Oct. 27-Nov. 8, 1993.
6. Westport: Closed to hunting of all big game animals on that part of Westport Peninsula lying north of State Highway 105 from the west end of the Elk River Bridge and the Schafer Island Road to the ocean beach.
7. Baleville: Closed to hunting of all big game animals on those lands between State Highway 105 and the Willapa River west of Raymond.

**UPLAND BIRD CLOSURES**

It is unlawful to hunt game birds on the Columbia River or from any island in the Columbia River in the following areas:

1. From the mouth of Glade Creek (River Marker 57) to the old townsite of Paterson (River Marker 67) in Benton County, except the hunting of game birds is permitted from the main shoreline of the Columbia River in this area. (Check with Umatilla National Wildlife Refuge for other federal regulations for this area.)
2. Between the public boat launch at Sunland Estates in Grant County (Wanapum Pool) and a point perpendicular in Kittitas County; upstream to the posted marker 200 yards north of Quilomene Bay and a point perpendicular in Grant County, including islands.

**HORSE RESTRICTIONS**

Colockum horse restrictions: GMU 330 (West Bar)—It is unlawful to ride horses, mules, or other livestock during any open elk season in GMU 330 *Provided*, however, that livestock may be used for transporting camp gear and elk carcasses. GMU 329 (Quilomene)—It is unlawful to allow a horse to enter the Brushy and Cape Horn agricultural fields prior to 9 a.m. from Oct. 24-Nov. 2, 1993.

**HUNTING FIREARM RESTRICTION AREAS**

In firearm restriction areas, hand guns, centerfire and rimfire rifles are not legal for hunting during any time of the year. Hunters may hunt only during the season allowed by their tag. Archery tag holders may hunt during archery seasons with archery equipment. Muzzleloaders may hunt during muzzleloader seasons with muzzleloader equipment except in the GMU 484 restriction area outlined for King County.

Modern firearm tag holders may hunt during modern firearm seasons with bows and arrows, muzzleloader or shotguns firing slugs or legal buckshot. Shotguns are not legal for hunting elk.

<u>County</u>	<u>Area</u>
Clallam	That portion of GMU 624 (Coyle) located within Clallam County
Clark	GMU 564 (Battleground)
Cowlitz	GMU 554 (Yale) GMU 504 (Stella)
Franklin,	Those portions of GMU 281 (Ringold) and GMU 278
Grant, Adams	(Wahluke) known as the Wahluke Slope Wildlife Area.
Grays Harbor	That portion of GMU 658 (North River) beginning at Bay City; then west along Highway 105 to Twin Harbors State Park; then south along Highway 105 to Grayland Grocery; then east on Cranberry Road to Turkey Road; then east and north on Turkey Road to Bayview Logging Road; then north and east along Bayview Logging Road to Mallard Slough; then east and south along the Bayview Road to Andrews Creek; then north along main channel of Andrews Creek to Grays Harbor; then north and west along the main navigation channel to Bay City and point of beginning.
	That portion of GMU 660 (Minot Peak) as follows: beginning at Highway 12 and Wakefield Road Junction (South Elma), south of Wakefield Road, across the Chehalis River to the South Bank Road, then southeast on South Bank Road to the Delezene Road, then south on the Delezene Road to the L Line logging road, then south on the L Line to the L-100, then south on the L-100 to a junction with the A-Line, then south on the A-Line to the T-Line, then south on the T-Line to the Oakville-Brooklyn Road, then east on the Oakville-Brooklyn Road to Oakville and Highway 12, then northwest on Highway 12 to Wakefield Road to Elma and the point of beginning.
Island	That portion of GMU 410 (Island) located on Camano and Whidbey islands
Jefferson	Indian and Marrowstone islands
King	The area west of Highway 203 (Monroe-Fall City-Preston) to Interstate 90 (I-90), I-90 to Highway 18, Highway 18 to Interstate 5 (I-5), I-5 to the Pierce-King County line; Vashon and Maury Islands

The following portion of GMU 484 (Puyallup): Beginning at the intersection of State Highway 410 and the southeast Mud Mountain Dam Road near the King/Pierce County line north of Buckley; then east along the southeast Mud Mountain Road to 284th Avenue southeast; then north along 284th Avenue southeast to State Highway 410; then west along Highway 410 to the point of the beginning. (This restriction includes high power rifles and muzzleloaders.)

- Kitsap East of State Highway 16 originating at the Tacoma Narrows Bridge to Gorst, and east of Highway 3 to North Lake Way, north of North Lake Way and the Bremerton-Seabeck Highway to Big Beef Creek bridge; all of Bainbridge Island, and Bangor Military Reservation.
- Kittitas GMU 334 (Ellensburg)  
Closed to high power rifles during deer and elk seasons.
- Mason GMU 633 (Mason Lake) south of Hammersley Inlet; and all of Hartstene Island
- Pacific GMU 684 (Long Beach) west of Sand Ridge Road
- Pierce GMU 480 (Anderson and Ketron Islands) limited to archery, shotgun, and muzzleloader shotgun. McNeil Island closed to hunting.  
  
See GMU 484 restriction area outline for King County.  
  
GMU 627 (Kitsap) south of Highway 302 on the Longbranch Peninsula is a firearm restriction area.
- Snohomish West of Highway 9
- Skagit Guemes Island and March Point north of State Highway 20
- Thurston GMU 666 (Deschutes) north of U.S. Highway 101 and Interstate 5 between Oyster Bay and the mouth of the Nisqually River
- Whatcom Area west of I-5 and north of Bellingham city limits including Point Roberts

**REPEALER**

The following section of the Washington Administrative Code is repealed:

- WAC 232-28-233 1992-93 Special closures and firearm restriction areas

**WSR 93-11-012  
PERMANENT RULES  
WILDLIFE COMMISSION**

[Order 607—Filed May 6, 1993, 8:24 a.m.]

Date of Adoption: April 17, 1993.

Purpose: To adopt WAC 232-28-237 1993-94 Deer and elk permit hunting seasons.

Citation of Existing Rules Affected by this Order: Repealing WAC 232-28-234.

Statutory Authority for Adoption: RCW 77.12.040.

Pursuant to notice filed as WSR 93-06-063 on March 1, 1993.

Changes Other than Editing from Proposed to Adopted Version: The adopted version of WAC 232-28-237 1993-94 Deer and elk permit hunting seasons, differs from the proposed version filed with the code reviser in the following specifics. The opportunity to purchase two special deer permits for special deer permit holders was deleted; the application deadline for deer and elk was changed from July 22 to July 23; the hunting season dates for Hunts 1001 through 1012 were changed from Oct. 13-24 to Oct. 9-15; the hunting season dates for Hunts 1027 and 1028 were changed from Nov. 10-24 to Nov. 10-23; special permits for Hunt 1042 (Moses Coulee A) was reduced from 200 to 100; special permits for the following areas were deleted:

<u>Hunt No.</u>	<u>Hunt Name</u>
1059	Wind River
1060	White Salmon
1061	Goodnoe
1062	Grayback;

the season dates for Hunt 1091 (Northeast) were changed from Oct. 16-21 to Oct. 16-Nov. 21; the name of Hunt 1094 (Lincoln) was changed to Hunt 1094 (Cheney/Roosevelt) and the dates for the hunt are Oct. 16-24; special permits for Hunt 1095 (Big Bend B) were reduced from 100 to 75; under the Wilson Creek "Private Lands Wildlife Management Permit Opportunities," the permit quota for Wilson buck permits was increased from 30 to 40 with an Oct. 9-31 season; buck only youth permits (Hunt 1100) were increased from 2 to 3 on the Wilson Creek area; the number of permits for Hunt 1105 (Kapsowsin Central) was increased from 50 to 150; the boundary description for GMU 401 was relabeled PLWMA 401; the number of permits for Hunt 2010 (Touchet, Eckler, Marengo) was increased from 25 to 50; Hunt 2014 (Mountain View A) was deleted; the number of permits for Hunt 2015 (Mountain View B) was dropped from 50 to 25; Colockum Muzzleloader hunters were added to Colockum late modern firearm hunters as being eligible to apply for permits in Hunt 2026 (Peshastin B); the number of permits for Hunt 2069 (Boistfort A) was increased from 25 to 50; the number of permits for Hunt 2078 (Centralia Mine A) was increased from 7 to 11; the number of permits for Hunt 2079 (Centralia Mine B) was increased from 7 to 11; the number of permits from [for] Hunt 2080 (Centralia Mine C) was increased from 6 to 8; the number of permits for Hunt 2088 (Toledo) was increased from 50 to 150; animals legally taken in Hunt 2093 (Minot Peak) are antlerless only instead of either sex and the dates of the hunt were changed from Oct. 8-14 to Oct. 9-14; and the

PERMANENT

Kapowsin Tree Farm in Hunts 2098, 2099, and 2100 are designated PLWMA 401 instead of GMU 401.

Effective Date of Rule: Thirty-one days after filing.

May 5, 1993

Dean A. Lydig  
Chair

## NEW SECTION

### **WAC 232-28-237 1993-94 Deer and elk permit hunting seasons**

#### Application Instructions

NOTE: Hunt numbers and GMU numbers are not the same.

A permit gives a hunter additional opportunity but it does not give him/her an extra deer or elk.

To apply for Special Deer Permit: You must have a valid 1993 Washington hunting license and a modern firearm or muzzleloader deer tag. Only those hunters with a Washington Disabled Hunter Permit or Washington Blind or Visually Handicapped Hunter Permit may apply for Special Hunts for Disabled, Blind or Visually Handicapped. You may submit one (only one) special deer permit application for 1993.

To apply for Special Elk Permit: You must have a valid 1993 Washington hunting license and a valid late modern firearm, muzzleloader, or archery elk tag; EXCEPT Western Washington archery tag holders may apply for branched antler permits in GMU 472. Blue Mountain archery tag holders and early Blue Mountain modern firearm tag holders may apply for branched antler permits in the Blue Mountains. Only those hunters with a Washington Disabled Hunter Permit or Washington Blind or Visually Handicapped Hunter Permit may apply for the Special Hunts for Disabled, Blind or Visually Handicapped. You may submit one (only one) special permit application for elk. You may not submit an elk permit application if you were drawn for any elk permit during 1991 or 1992. Permit hunters may hunt only with a weapon in compliance with their tag.

Application Deadline: To qualify for the drawing all applications must be postmarked no later than July 23, 1993 or received no later than 5:00 p.m. on July 23, 1993 at the Department of Wildlife headquarters in Olympia or at any of the regional Department of Wildlife offices.

- Permits will be drawn by random computer selection.
- There are no refunds or exchanges for deer or elk tags for persons applying for special permits.

#### Special Hunting Season Permits

You MUST have a valid hunting license and tag to apply for any special hunting season set by the Wildlife Commission. (Special hunting seasons do not include hunts open to all hunters.)

#### **SPECIAL DEER PERMIT HUNTING SEASONS (Open to Permit Holders Only)**

Hunters must purchase a hunting license and deer tag prior to purchase of a permit application. Only modern firearm deer tag holders and muzzleloader deer tag holders may apply for the following permit hunts.

Use the FOUR DIGIT HUNT NUMBER on your application.

Hunt No.	Hunt Name	No. Permits	Open Season	Special Restrictions	Boundary Description
1001	Curlew A	300	Oct. 9-15	Whitetail, Antlerless Only	GMU 100
1002	Boulder	250	Oct. 9-15	Whitetail, Antlerless Only	GMU 103
1003	Kelly Hill	400	Oct. 9-15	Whitetail, Antlerless Only	GMU 105
1004	Douglas	900	Oct. 9-15	Whitetail, Antlerless Only	GMU 108
1005	Aladdin	300	Oct. 9-15	Whitetail, Antlerless Only	GMU 111
1006	Selkirk	200	Oct. 9-15	Whitetail, Antlerless Only	GMU 113
1007	Chewelah	450	Oct. 9-15	Whitetail, Antlerless Only	GMU 118
1008	Boyer	600	Oct. 9-15	Whitetail, Antlerless Only	GMU 119
1009	Huckleberry	2,000	Oct. 9-15	Whitetail, Antlerless Only	GMU 121
1010	Mt. Spokane	1,000	Oct. 9-15	Whitetail, Antlerless Only	GMU 124
1011	Cheney	100	Oct. 9-15	Whitetail, Antlerless Only	GMU 130
1012	Roosevelt	500	Oct. 9-15	Antlerless Only	GMU 133
1013	Harrington	150	Nov. 10-21	Antlerless Only	GMU 136
1014	Steptoe	300	Nov. 10-21	Antlerless Only	GMU 139
1015	Almota	400	Nov. 10-21	Antlerless Only	GMU 142
1016	Mayview A	300	Oct. 16-24	Antlerless Only	GMU 145
1017	Mayview B	100	Oct. 16-24	Whitetail, Antlerless Only	GMU 145
1018	Starbuck	200	Nov. 10-21	Antlerless Only	GMU 148
1019	Blue Creek	150	Nov. 10-21	Whitetail, Antlerless Only	GMU 154
1020	Touchet	75	Nov. 10-21	Whitetail, Antlerless Only	GMU 160
1021	Eckler	75	Nov. 10-21	Whitetail, Antlerless Only	GMU 161
1022	Marengo A	125	Nov. 10-21	Whitetail, Antlerless Only	GMU 163
1023	Marengo B	175	Nov. 10-21	Antlerless Only	GMU 163
1024	Peola	200	Nov. 10-21	Antlerless Only	GMU 178
1025	Couse A	100	Oct. 16-24	Whitetail, Antlerless Only	GMU 181
1026	Couse B	100	Nov. 10-21	Whitetail, Antlerless Only	GMU 181
1027	Blue Mtn. Foothills A	70	Nov. 10-23	Whitetail, Antlerless or 3-Pt. Min.	GMUs 148, 154, 160, 161, 163, 166
1028	Blue Mtn. Foothills B	70	Nov. 10-23	Whitetail, Antlerless or 3-Pt. Min.	GMUs 145, 172, 175, 178, 181
1029	East Okanogan	50	Dec. 8-14	Whitetail, Either Sex	GMUs 200, 206
1030	West Okanogan	50	Dec. 8-14	Whitetail, Either Sex	GMUs 209, 215, 218, 224, 231, 233
1031	Wannacut	100	Nov. 1-7	Antlerless Only	GMU 209
1032	Sinlahekin	100	Nov. 1-7	Antlerless Only	GMU 215
1033	Chewuch	300	Nov. 1-7	Antlerless Only	GMU 218
1034	Pearygin	700	Nov. 1-7	Antlerless Only	GMU 224
1035	Gardner	200	Nov. 1-7	Antlerless Only	GMU 231
1036	Pogue	500	Nov. 1-7	Antlerless Only	GMU 233
1037	Big Bend A	150	Oct. 18-24	Antlerless Only	GMU 248
1038	Saint Andrews	75	Oct. 18-24	Antlerless Only	GMU 254
1039	Foster Creek	200	Oct. 18-24	Antlerless Only	GMU 260
1040	Withrow	50	Oct. 18-24	Antlerless Only	GMU 262
1041	Badger	100	Oct. 18-24	Antlerless Only	GMU 266
1042	Moses Coulee A	100	Oct. 18-24	Antlerless Only	GMU 269
1043	Beezley	200	Oct. 23-31	Antlerless Only	GMU 272
1044	Kahlotus	150	Oct. 23-31	Antlerless Only	GMU 284
1045	Wenatchee	200	Nov. 13-Dec. 31	Antlerless Only	Portion of GMU 314
1046	Paterson	50	Dec. 1-12	Antlerless Only	Deer Area 031
1047	Green River A	40	Oct. 23-29	Either Sex	GMU 485
1048	Green River B	35	Oct. 23-29	Antlerless Only	GMU 485
1049	Lincoln	100	Oct. 23-31	Either Sex	GMU 501
1050	Mossyrock	100	Oct. 23-31	Either Sex	GMU 505
1051	Willapa Hills	75	Oct. 23-31	Either Sex	GMU 506
1052	Stormking	50	Oct. 23-31	Either Sex	GMU 510
1053	Sawtooth	50	Oct. 23-31	Either Sex	GMU 512
1054	Packwood	30	Oct. 23-31	Either Sex	GMU 516
1055	Ryderwood	50	Oct. 23-31	Either Sex	GMU 530
1056	Coweeman	60	Oct. 23-31	Either Sex	GMU 550
1057	Lewis River	50	Oct. 23-31	Either Sex	GMU 560
1058	Siouxon	50	Oct. 23-31	Either Sex	GMU 572
1059	Hoko	50	Oct. 23-31	Either Sex	GMU 601
1060	Pysht	100	Oct. 23-31	Either Sex	GMU 603
1061	Soleduck	20	Oct. 23-31	Either Sex	GMU 607
1062	Goodman	50	Oct. 23-31	Either Sex	GMU 612
1063	Clearwater	50	Oct. 23-31	Either Sex	GMU 615
1064	Olympic	150	Oct. 23-31	Either Sex	GMU 621
1065	Coyle	125	Oct. 23-31	Either Sex	GMU 624
1066	Mason Lake	50	Oct. 23-31	Either Sex	GMU 633
1067	Skokomish	100	Oct. 23-31	Antlerless or 2-Pt. Min.	GMU 636

PERMANENT

1068	Wynoochee	75	Oct. 23-31	Either Sex	GMU 648
1069	North River	25	Oct. 23-31	Either Sex	GMU 658
1070	Capitol Peak	30	Oct. 23-31	Either Sex	GMU 663
1071	Deschutes	75	Oct. 23-31	Either Sex	GMU 666
1072	Skookumchuck	250	Oct. 23-31	Either Sex	GMU 667
1073	Palix	50	Oct. 23-31	Either Sex	GMU 669
1074	Fall River	75	Oct. 23-31	Either Sex	GMU 672
1075	Nemah	25	Oct. 23-31	Either Sex	GMU 678
1076	Marrowstone Island	20	Oct. 23-31	Either Sex	Deer Area 061
1077	Minot Peak	75	Oct. 23-31	Either Sex	GMU 660

DEER MUZZLELOADER ONLY

Hunters must purchase a hunting license and muzzleloader deer tag prior to submitting an application for a muzzleloader permit hunt.

Hunt No.	Hunt Name	No. Permits	Open Season	Special Restrictions	Boundary Description
1078	Blue Creek B	50	Nov. 24- Dec. 5	Whitetail, Antlerless or 3-Pt. Min.	GMU 154
1079	Wannacut B	100	Nov. 13-21	Mule Deer, Antlerless Only	GMU 209
1080	Chiliwist	200	Nov. 13-21	Whitetail, Either Sex	GMU 239
1081	Alta	300	Nov. 13-21	Mule Deer, Antlerless Only	GMU 242
1082	Moses Coulee B	25	Nov. 27- Dec. 19	Whitetail, Either Sex	GMU 269
1083	Chiwawa	200	Nov. 13-21	Antlerless Only	GMU 304
1084	Manson	200	Nov. 13-21	Antlerless Only	GMU 300
1085	Stillaguamish A	100	Dec. 4-12	Antlerless Only	GMU 448
1086	Yale	50	Nov. 24- Dec. 14	Antlerless Only	GMU 554

YOUNG HUNTER OPPORTUNITY

Applicants must be 16 years old or younger and must be accompanied by an adult.

1087	Northeast	250	Oct. 16 Nov. 21	Either Sex	GMUs 105-124
1088	Blue Mtn. Foothills C	60	Oct. 16-24	Either Sex	GMUs 148, 154, 160, 161, 163, 166
1089	Blue Mtn. Foothills D	60	Oct. 16-24	Either Sex	GMUs 145, 172, 175, 178, 181
1090	Cheney/ Roosevelt	100	Oct. 16-24	Either Sex	GMUs 130, 133
1091	Big Bend B	75	Oct. 18-24	Antlerless Only	GMU 248

ADVANCED HUNTER EDUCATION (AHE) PROGRAM

Only hunters who have successfully completed the Department of Wildlife's Advanced Hunter Education (AHE) Program will be eligible to hunt deer in these seasons. A certification card will be issued to all AHE graduates and must be in possession while hunting during these seasons.

Hunt No.	Hunt Name	No. Permits	Open Season	Special Restrictions	Boundary Description
1092	Curlew B	25	Dec. 4-12	Whitetail, Either Sex	GMU 100

In addition, other AHE permits are available on Private Land Management hunts.

SPECIAL HUNT FOR DISABLED, BLIND OR VISUALLY HANDICAPPED

Hunters must purchase a hunting license and modern firearm or muzzleloader deer tag prior to purchase of a special hunting season permit application. Only those hunters with a Washington Disabled Hunter Permit or Washington Blind or Visually Handicapped Hunter Permit may apply for these permits.

Hunt No.	Hunt Name	No. Permits	Open Season	Special Restrictions	Boundary Description
1093	Big Bend C	25	Oct. 20-25	Antlerless Only	GMU 248
1094	Stillaguamish B	25	Nov. 27-28	Antlerless Only	GMU 448

In addition, special hunts for disabled, blind or visually handicapped are available on Private Land Management hunts.

PERMANENT

PERMANENT

DEER PRIVATE LANDS MANAGEMENT PERMIT OPPORTUNITIES

Wilson Creek Area

There will be up to forty hunters authorized to participate in a special hunt for which an access fee will be charged. The hunter must have a valid hunting license, transport tag, and written authorization from the landowner to participate in this hunt. All other hunting regulations apply.

Hunt No.	Hunt Name	No. Permits	Open Season	Special Restrictions	Boundary Description
1095	Wilson A	40	Oct. 9-31	Buck Only	PLWMA 201
	Wilson B	3	Oct. 9-31	Buck Only, Young Hunters Only*	PLWMA 201
1096	Wilson C	70	Oct. 1- Dec. 31	Antlerless Only, Young Hunters Only*	PLWMA 201
1097	Wilson D	20	Oct. 1- Dec. 31	Antlerless Only, Disabled Only	PLWMA 201
1098	Wilson E	10	Oct. 1- Dec. 31	Antlerless Only, AHE Only	PLWMA 201

\*Applicants must be 16 years old or younger and must be accompanied by an adult during the hunt.

Champion's Kapowsin Tree Farm

Hunt No.	Hunt Name	No. Permits	Open Season	Special Restrictions	Boundary Description
1099	Kapowsin North	50	Dec. 10-14	Antlerless Only, Senior Hunters (Age 65+)	PLWMA 401 North
1100	Kapowsin Central	150	Dec. 10-14	Antlerless Only	PLWMA 401 Central
1101	Kapowsin South	100	Dec. 11, 12, 18, 19	Antlerless Only, Young and Disabled	PLWMA 401 South

Special Elk Hunting Seasons  
(Open to Permit Holders Only)

Hunters must purchase a hunting license and elk tag prior to purchase of a permit application. Permit hunters may hunt only with a weapon in compliance with their tag. Applicants must have purchased the proper area tag for these hunts (see Elk Tag Prefix required to apply for each hunt). Hunters drawing a permit for a hunt after the first of the year can use their 1993 license and tag during the hunt. Only hunters who purchase an Early Blue Mountain elk tag (BE) may apply for special Blue Mountain bull permits. Blue Mountain hunters must have the appropriate elk tag prefix for the hunt they are applying for.

Use the **FOUR DIGIT HUNT NUMBER** on your application.

Hunt No.	Hunt Name	No. Permits	Open Season	Special Restrictions	Elk Tag Prefix	Boundary Description
2001	Aladdin	30	Oct. 30- Nov. 7	Either Sex	BL or BM	GMU 111
<u>2002</u>	<u>Selkirk</u>	<u>50</u>	<u>Oct. 30- Nov. 7</u>	<u>Either Sex</u>	<u>BL or BM</u>	<u>GMU 113</u>
2003	Mt. Spokane	30	Oct. 30- Nov. 7	Antlerless Only	BL or BM	GMU 124
2004	Mica, Cheney	150	Oct. 30- Nov. 7	Either Sex	BL or BM	GMU 127, 130
2005	Blue Creek A	50	Oct. 30- Nov. 7	Spike Bull or Antlerless	BL or BM	GMU 154
2006	Blue Creek B	15	Oct. 27- Nov. 7	Any Bull	BE	GMU 154
2007	Watershed	100	Oct. 30- Nov. 7	Antlerless or 3-Pt. Min.	BL or BM	GMU 157
2008	Touchet	15	Oct. 27- Nov. 7	Any Bull	BE	GMU 160
2009	Eckler	15	Oct. 27- Nov. 7	Any Bull	BE	GMU 161
2010	Touchet, Eckler, Marengo	50	Dec. 15- Jan. 15, 1994	Antlerless Only	BL or BM	GMUs 160*, 161*, 163*
2011	Tucannon	20	Oct. 27- Nov. 7	Any Bull	BE	GMU 166
2012	Wenaha A	5	Oct. 1-7	Any Bull	BE	GMU 169
2013	Wenaha B	15	Oct. 27- Nov. 7	Any Bull	BE	GMU 169

2014	Mountain View A	25	Dec. 15-Jan. 15, 1994	Antlerless Only	BL or BM	GMU 172
2015	Mountain View B	15	Oct. 27-Nov. 7	Any Bull	BE	GMU 172
2016	Lick Creek	25	Oct. 30-Nov. 7	Spike Bull or Antlerless	BL or BM	GMU 175
2017	Peola	5	Oct. 27-Nov. 7	Any Bull	BE	GMU 178
2018	Couse A	75	Oct. 30-Nov. 7	Spike Bull or Antlerless	BL or BM	GMU 181
2019	Couse B	3	Oct. 27-Nov. 7	Any Bull	BE	GMU 181
2020	Joseph/Black Butte	1	Oct. 27-Nov. 7	Any Bull	BE	GMUs 184-185
2021	Naneum	100	Oct. 24-26	Antlerless Only	CL or CM	GMU 328
2022	Malaga A	150	Sept. 1-Oct. 7	Antlerless Only	CL or CM	Elk Area 032
2023	Malaga B	150	Nov. 4-Dec. 31	Either Sex	CL or CM	Elk Area 032
2024	Peshastin A	150	Sept. 1-Oct. 7	Antlerless Only	CL or CM	Elk Area 033
2025	Peshastin B	150	Nov. 4-Dec. 31	Antlerless Only	CL or CM	Elk Area 033
2026	Quilomene	150	Oct. 24-26	Antlerless Only	CL or CM	GMU 329
2027	West Bar A	25	Oct. 24	Antlerless Only	CL or CM	GMU 330
2028	West Bar B	25	Oct. 25	Antlerless Only	CL or CM	GMU 330
2029	West Bar C	25	Oct. 26	Antlerless Only	CL or CM	GMU 330
2030	Parke Creek	25	Nov. 24-Dec. 15	Antlerless Only	CL or CM	Elk Area 034
2031	Taneum	300	Nov. 1-4	Antlerless Only	YL or YM	GMU 336
2032	Manastash	300	Nov. 1-4	Antlerless Only	YL or YM	GMU 340
2033	Umtanum	300	Nov. 1-4	Antlerless Only	YL or YM	GMU 342
2034	Naches A	300	Nov. 1-4	Antlerless Only	YL or YM	GMU 346
2035	Naches B	25	Oct. 2-15	3-Pt. Min.	YL or YM	GMU 346
2036	Nile	100	Nov. 1-4	Antlerless Only	YL or YM	GMU 352
2037	Bumping	450	Nov. 1-4	Antlerless Only	YL or YM	GMU 356
2038	Bethel	100	Nov. 1-4	Antlerless Only	YL or YM	GMU 360
2039	Rimrock	300	Nov. 1-4	Antlerless Only	YL or YM	GMU 364
2040	Cowiche	150	Nov. 1-4	Antlerless Only	YL or YM	GMU 368
2041	White River A	25	Nov. 3-14	Any Bull	WE or WM	GMU 472
2042	Green River Cow A	25	Nov. 13-17	Antlerless Only	WL or WM	GMU 485
2043	Green River Bull	15	Nov. 13-17	Antlerless or 3-Pt. Min.	WL or WM	GMU 485
2044	Green River Spike	5	Nov. 13-17	Spike or Antlerless Only	WL or WM	GMU 485
2045	Lincoln	25	Nov. 16-21	Antlerless Only	WL or WM	GMU 501
2046	Willapa Hills	50	Nov. 16-21	Antlerless Only	WL or WM	GMU 506
2047	Packwood	75	Nov. 16-21	Antlerless Only	WL or WM	GMU 516
2048	Margaret Cow	30	Nov. 16-21	Antlerless Only	WL or WM	GMU 524
2049	Margaret Bull	30	Nov. 3-14	3-Pt. Min.	WL or WM	GMU 524
2050	Ryderwood	50	Nov. 16-21	Antlerless Only	WL or WM	GMU 530
2051	Toutle Cow	75	Nov. 16-21	Antlerless Only	WL or WM	GMU 556
2052	Toutle Bull	200	Nov. 3-14	3-Pt. Min.	WL or WM	GMU 556
2053	Marble	60	Nov. 16-21	Antlerless Only	WL or WM	GMU 558
2054	Lewis River	125	Nov. 16-21	Antlerless Only	WL or WM	GMU 560
2055	Siouxon	50	Nov. 16-21	Antlerless Only	WL or WM	GMU 572
2056	Dickey Bull A	10	Oct. 3-14	3-Pt. Min.	WL or WM	GMU 602
2057	Dickey Bull B	75	Oct. 30-Nov. 10	3-Pt. Min.	WL or WM	GMU 602
2058	Soleduck	30	Nov. 16-21	Antlerless Only	WL or WM	GMU 607
2059	Goodman	50	Nov. 16-21	Antlerless Only	WL or WM	GMU 612
2060	Matheny	50	Nov. 16-21	Antlerless Only	WL or WM	GMU 618
2061	Quinault Ridge	5	Oct. 3-14	3-Pt. Min.	WL or WM	GMU 638
2062	Humptulips	15	Nov. 16-21	Antlerless Only	WL or WM	GMU 639
2063	Wynoochee	50	Nov. 16-21	Antlerless Only	WL or WM	GMU 648
2064	Palix	40	Nov. 16-21	Antlerless Only	WL or WM	GMU 669
2065	Nemah	50	Nov. 16-21	Antlerless Only	WL or WM	GMU 678
2066	Backbone	55	Nov. 24-Dec. 14	Either Sex	WL or WM	Elk Area 025
2067	Curtis	50	Dec. 20-31	Antlerless Only	WL or WM	Elk Area 050
2068	Boistfort A	50	Jan. 1-16, 1994	Antlerless Only	WL or WM	Elk Area 054
2069	East Valley	25	Jan. 4-16	Antlerless Only	WL or WM	Elk Area 055
2070	Carlton	5	Oct. 3-14	3-Pt. Min.	WL or WM	Elk Area 057

2071	West Goat Rocks	5	Oct. 3-14	3-Pt. Min.	WL or WM	Elk Area 058
2072	Mt. Adams	5	Oct. 3-14	3-Pt. Min.	WL or WM	Elk Area 059
2073	Mt. Tebo	5	Oct. 3-14	3-Pt. Min.	WL or WM	Elk Area 061
2074	South Willapa	10	Jan. 1- 15, 1994	Antlerless Only	WL or WM	Elk Area 067

\*Outside of Umatilla National Forest.

SPECIAL HUNT FOR DISABLED, BLIND OR VISUALLY HANDICAPPED

Hunters must purchase a hunting license and modern firearm or muzzleloader elk tag prior to purchase of a special hunting season permit application. Note elk tag required. Only those hunters with a Washington Disabled Hunter Permit or Washington Blind or Visually Handicapped Hunter Permit may apply.

Hunt No.	Hunt Name	No. Permits	Open Season	Special Restrictions	Elk Tag Prefix	Boundary Description
2075	Naches D	10	Oct. 2-15	Either Sex	YL or YM	GMU 346
2076	Green River Cow B	5	Nov. 13-17	Antlerless Only	WL or WM	GMU 485
2077	Centralia Mine A	11	Nov. 20-21	Antlerless Only	WL or WM	Portion of GMU 667*
2078	Centralia Mine B	11	Nov. 27-28	Antlerless Only	WL or WM	Portion of GMU 667*
2079	Centralia Mine C	8	Dec. 4-5	Either Sex	WL or WM	Portion of GMU 667*

\*Successful applicants will be mailed a map of the hunt boundary.

MUZZLELOADER ONLY

Hunters must purchase a hunting license and muzzleloader elk tag prior to purchase of a special hunting season permit application. Note the elk tag required for each hunt.

Hunt No.	Hunt Name	No. Permits	Open Season	Special Restrictions	Elk Tag Prefix	Boundary Description
2080	Blue Creek C	50	Dec. 1- Jan. 31, 1994	Antlerless Only	BM	GMU 154
2081	Mountain View C	50	Oct. 8-14	Spike Bull or Antlerless	BM	GMU 172
2082	Mountain View D	6	Oct. 8-14	Any Bull	BM	GMU 172
2083	Coal Creek	10	Nov. 9- Dec. 9	Antlerless Only	WM	ML Area 940
2084	Stella	50	Nov. 24- Dec. 14	Either Sex	WM	GMU 504
2085	Boistfort B	50	Jan. 16-31	Either Sex	WM	Elk Area 054
2086	Yale	75	Nov. 24- Dec. 14	Either Sex	WM	GMU 554
2087	Toledo	150	Jan. 3-17	Antlerless Only	WM	Elk Area 029
2088	Hoko River A	15	Jan. 1- 15, 1994	Antlerless Only	WM	ML Area 961
2089	Hoko River B	15	Jan. 16- Feb. 15, 1994	Antlerless Only	WM	ML Area 961
2090	Chinook	10	Jan. 16- Feb. 15, 1994	Antlerless Only	WM	Elk Area 069
2091	North River	30	Nov. 20- Dec. 8	Antlerless Only	WM	GMU 658
2092	Minot Peak	30	Oct. 9-14	Antlerless Only	WM	GMU 660
2093	Elwha A	5	Dec. 15- Jan. 15, 1994	Antlerless Only	WM	ML Area 962

ARCHERY ONLY

Hunters must purchase a hunting license and the appropriate archery elk tag prior to purchase of a special hunting season permit application.

Hunt No.	Hunt Name	No. Permits	Open Season	Special Restrictions	Elk Tag Prefix	Boundary Description
2094	Blue Mountains West	11	Oct. 1-14	Either Sex	BA	GMUs 154, 160 161, 166, 169
2095	Blue Mountains East	5	Oct. 1-14	Either Sex	BA	GMUs 178, 181 184, 185
2096	White River	5	Oct. 1-14	Either Sex	WA	GMU 472

PERMANENT

Private Lands Management Permit Opportunities

Champion's Kapowsin Tree Farm

Muzzleloader Elk Permits

Hunt No.	Hunt Name	No. Permits	Open Season	Special Restrictions	Boundary Description
2097	Kapowsin North	60	Nov. 24- Dec. 5	Antlerless Only or Spike Bull	PLWMA 401 North
2098	Kapowsin Central	25	Nov. 24- Dec. 5	Antlerless Only or Spike Elk	PLWMA 401 Central
2099	Kapowsin South	25	Nov. 24- Dec. 5	Antlerless Only or Spike Elk	PLWMA 401 South

**Reviser's note:** The typographical error in the above section occurred in the copy filed by the agency and appears in the Register pursuant to the requirements of RCW 34.08.040.

REPEALER

The following section of the Washington Administrative Code is repealed.

WAC 232-28-234 1992-93 Deer and elk permit hunting seasons

**WSR 93-11-013**  
**PERMANENT RULES**  
**WILDLIFE COMMISSION**  
 [Order 606—Filed May 6, 1993, 8:26 a.m.]

Date of Adoption: April 17, 1993.

Purpose: To adopt WAC 232-28-236 1993-94 Special species hunting seasons and regulations.

Citation of Existing Rules Affected by this Order: Repealing WAC 232-28-235.

Statutory Authority for Adoption: RCW 77.12.040.

Pursuant to notice filed as WSR 93-06-060 on March 1, 1993.

Changes Other than Editing from Proposed to Adopted Version: The adopted version of WAC 232-28-236 1993-94 Special species hunting seasons, differs from the proposed version filed with the code reviser in the following specifics. Mountain sheep permits in Sheep Unit 1 (Okanogan) were reduced from 3 to 1; mountain sheep permits in Sheep Unit 10 (Mt. Hull) were reduced from 2 to 1; Mountain Goat Unit 653 (Hamma Hamma River) was renumbered 6-3; cougar permits in Cougar Unit 7 (Wenatchee) were increased from 25 to 30; and cougar permits in Cougar Unit 9 (Skagit) were increased from 5 to 10.

Effective Date of Rule: Thirty-one days after filing.  
 May 5, 1993  
 Dean A. Lydig  
 Chair

NEW SECTION

**WAC 232-28-236 1993-94 Special species hunting seasons and regulations**

PERMIT APPLICATION INSTRUCTIONS

You must have a valid 1993 Washington hunting license to apply for any special hunting season permit.

**Application Deadline:** Applications must be postmarked no later than July 1, 1993, or received not later than 5:00 p.m., July 1, 1993, at the Washington Department of Wildlife, 600 Capitol Way North, Olympia, WA 98501-1091, or any Department of Wildlife regional office.

**Computer Drawing:** Drawings for goat, bighorn sheep, moose, and cougar will be done by computer selection. All applicants will be notified by August 10, 1993.

**Disqualification:** Anyone who submits more than one application for each species will be disqualified for drawings for that species.

**Incomplete Applications:** To be eligible for the permit drawing, applications must contain unit number and unit name, date of birth, and hunting license number. Applicant's complete name and address including zip code must be included.

**Permit Hunting Report:** A hunter questionnaire report will be sent to each permittee. This questionnaire must be returned to the Department of Wildlife within ten days after the close of the hunting season.

MOOSE

**Permit Season:** Oct. 1 to Nov. 30, 1993, both dates inclusive.

**Who may apply:** Anyone with a valid 1993 Washington hunting license. Only one moose permit will be issued during an individual's lifetime.

**Bag Limit:** One moose of either sex.

Moose Unit 1  
 GMU 113  
 5 Special Moose Permits will be issued.

Moose Unit 2  
 GMU 124  
 3 Special Moose Permits will be issued.

Moose Unit 3  
 GMU 118  
 2 Special Moose permits will be issued.

Moose Unit 4  
 GMU 119  
 2 Special Moose Permits will be issued.  
 MOUNTAIN SHEEP (BIGHORN)

PERMANENT

Permit Seasons: Separate seasons are indicated for each bighorn sheep unit.

Who may apply: Anyone with a valid 1993 Washington hunting license; EXCEPT those who drew a bighorn permit during 1988, 1989, 1990, 1991, or 1992, or have been successful in taking a bighorn in Washington State.

Bag Limit for Permit Holders: One bighorn ram.

Any Legal Weapon

Sheep Unit 1

Okanogan:

Permit Season: Sept. 4-26, 1993, both dates inclusive.

1 Special Permit will be issued.

Sheep Unit 2

Vulcan Mountain Area:

Permit Season: Sept. 25-Oct. 10, 1993, both dates inclusive.

4 Special Permits will be issued.

Sheep Unit 3

Tucannon River Area:

Permit Season: Sept. 4-26, 1993, both dates inclusive.

1 Special Permit will be issued.

Sheep Unit 5

Umtanum Area:

Permit Season: Sept. 25-Oct. 10, 1993, both dates inclusive.

3 Special Permits will be issued.

Sheep Unit 8

Mountainview

Permit Season: Sept. 4-26, 1993, both dates inclusive

1 Special Permit will be issued.

Sheep Unit 9

Blackbutte:

Permit Season: Sept. 1-18, 1993, both dates inclusive.

2 Special Permits will be issued.

Sheep Unit 10

Mt. Hull:

Permit Season: Sept. 4-26, 1993, both dates inclusive.

1 Special Permit will be issued.

Sheep Unit 11

Wenaha Wilderness:

Permit Season: Sept. 4-26, 1993, both dates inclusive.

3 Special Permits will be issued.

#### MOUNTAIN GOAT

Permit Season: Sept. 18-Oct. 31, 1993, both dates inclusive, in all goat units.

Who may apply: Anyone with a valid 1993 Washington hunting license; EXCEPT those who drew goat permits in 1988, 1989, 1990, 1991, or 1992.

Bag Limit: One (1) adult goat of either sex with horns four (4) inches or longer. The Department of Wildlife urges hunters to refrain from shooting nannies with kids.

Any Legal Weapon

Goat Unit 2-1

Mount Chopaka Area:

2 Special Permits will be issued.

Goat Unit 2-2

Methow Area:

8 Special Permits will be issued.

Goat Unit 3-2

North Wenatchee Mountains Area:

1 Special Permit will be issued.

Goat Unit 3-4

Snoqualmie:

2 Special Permits will be issued.

Goat Unit 3-6

Naches Pass Area:

10 Special Permits will be issued.

Goat Unit 3-7

Bumping River Area:

3 Special Permits will be issued.

Goat Unit 3-9

Tieton River Area:

5 Special Permits will be issued.

Goat Unit 4-1

Ruth Creek Area:

10 Special Permits will be issued.

Goat Unit 4-3

Chowder Ridge Area:

2 Special Permits will be issued.

Goat Unit 4-4

Lincoln Peak Area:

2 Special Permits will be issued.

Goat Unit 4-6

Dillard Creek Area:

5 Special Permits will be issued.

Goat Unit 4-7

Avalanche Gorge Area:

5 Special Permits will be issued.

Goat Unit 4-8

East Ross Lake Area:

10 Special Permits will be issued.

Goat Unit 4-9

Jack Mountain Area:

2 Special Permits will be issued.

Goat Unit 4-16

Glacier Peak Area:

5 Special Permits will be issued.

Goat Unit 4-32

Foss River Area:

10 Special Permits will be issued.

Goat Unit 4-34

Pratt River Area:

10 Special Permits will be issued.

Goat Unit 5-2

Tatoosh Area:

5 Special Permits will be issued.

Goat Unit 5-4

Goat Rocks Area:

10 Special Permits will be issued.

Muzzleloading Goat Hunts

Goat Unit 3-5

Cle Elum:

2 Special Permits will be issued.

Goat Unit 3-8

Bumping River Area:

3 Special Permits will be issued.

Goat Unit 4-24

Sloan Peak Area:

3 Special Permits will be issued.

Archery Goat Hunts

Goat Unit 3-3

Goat and Davis Mountains Area:

5 Special Permits will be issued.

Goat Unit 4-18

Sauk River Area:

4 Special Permits will be issued.

Goat Unit 4-21

Liberty Mountain Area:

4 Special Permits will be issued.

Goat Unit 4-23

Twin Peaks Area:

4 Special Permits will be issued.

Goat Unit 4-38

Corral Pass Area:

4 Special Permits will be issued.

Goat Unit 5-3

Smith Creek Area:

3 Special Permits will be issued.

Goat Unit 6-2

Quilcene River Area:

25 Special Permits will be issued.

Goat Unit 6-3

Hamma Hamma River Area:

10 Special Permits will be issued.

NATIVE CATS

A valid hunting license is required to hunt (including pursuit seasons) native cats. A hound stamp is required for all hunters if dogs are used to hunt any native cats.

COUGAR

Pursuit-Only Season (Cougar may not be killed or injured.): Sept. 1-30 and Nov. 24, 1993-Jan. 31, 1994 in the cat units listed below, EXCEPT closed to hound hunting in Walla Walla and Columbia counties outside of Umatilla National Forest Sept. 1-Oct. 15, 1993.

Early Permit Season (Permit required. Permit holders may not kill cougar with the use of hounds during the early cougar permit season.): Oct. 16-Nov. 23.

General Permit Season (Permit required. Cougar may be killed by permit holders only.): Nov. 24, 1993-Jan. 31, 1994.

Who May Apply: Anyone with a valid 1993 Washington hunting license may submit one special permit application for cougar during the 1993-94 season. Successful cougar applicants must purchase a cougar tag by October 1, 1993. Special permits assigned to those hunters failing to purchase a cougar tag by the deadline will be voided and cougar permits will be issued to other applicants. Cougar permit hunters failing to return their cougar hunting questionnaire by February 15, 1994, will be ineligible to apply for a permit the following season.

Bag Limit: One (1) cougar during the 1993-94 hunting season except that it is unlawful to kill or possess spotted cougar kittens or adult cougar accompanied by spotted kittens.

Unit	Description	Permits
1	Pend Oreille	35
2	Colville	40
3	Republic	30
4	Spokane	20
5	Blue Mountains	50
6	Okanogan	30
7	Wenatchee	30
8	Nooksack	10
9	Skagit	10
10	Snoqualmie	8
11	Olympic Peninsula	30
12	Rainier	10
13	Skamania	2
14	Cowlitz	2

LYNX

Season closed statewide.

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 232-28-235 1992-93 Special species hunting seasons and regulations

**WSR 93-11-014**  
**PERMANENT RULES**  
**WILDLIFE COMMISSION**  
 [Order 605—Filed May 6, 1993, 8:28 a.m.]

Date of Adoption: April 16, 1993.

Purpose: To amend WAC 232-28-228 1991-92, 1992-93, 1993-94 Official hunting hours and small game seasons.

Citation of Existing Rules Affected by this Order: Amending WAC 232-28-228.

Statutory Authority for Adoption: RCW 77.12.040.

Pursuant to notice filed as WSR 93-06-058 on March 1, 1993.

Changes Other than Editing from Proposed to Adopted Version: The adopted version of WAC 232-28-228 1991-92, 1992-93, 1993-94 Official hunting hours and small game seasons, differs from the proposed version filed with the code reviser in the following specifics. Under "Forest

PERMANENT

Grouse (Blue, Ruffed, and Spruce)," the firearm restrictions were deleted because it is covered in another WAC; under "Western Washington Ring Necked Pheasant" special restrictions, the steelshot requirement was dropped at Lake Terrell, Tennant Lake, and Snoqualmie Wildlife Areas; and under "Canada Goose September Season," the dates were changed from Sept. 1-10 to Sept. 1-12.

Effective Date of Rule: Thirty-one days after filing.  
 May 5, 1993  
 Dean A. Lydig  
 Chair

**AMENDATORY SECTION** (Amending Order 549, filed 6/1/92)

**WAC 232-28-228 1991-92, 1992-93, and 1993-94**  
**Official hunting hours and small game seasons**

**1991-92 OFFICIAL HUNTING HOURS\***  
 September 1, 1991 to January 31, 1992

Dates (Inclusive)	Western Washington		Eastern Washington	
	A.M. to	P.M.	A.M. to	P.M.
Daylight Savings Time				
Sun. Sept. 1 -				
Sun. Sept. 8	6:00	7:45	5:45	7:30
Mon. Sept. 9 -				
Sun. Sept. 15	6:10	7:30	6:00	7:15
Mon. Sept. 16 -				
Sun. Sept. 22	6:20	7:15	6:10	7:00
Mon. Sept. 23 -				
Sun. Sept. 29	6:30	7:00	6:20	6:45
Mon. Sept. 30 -				
Sun. Oct. 6	6:40	6:45	6:30	6:35
Mon. Oct. 7 -				
Fri. Oct. 11	6:50	6:30	6:40	6:20
Opening** Weekend				
Sat. Oct. 12	7:00	6:20	6:50	6:05
Sun. Oct. 13	7:00	6:20	6:50	6:05
Mon. Oct. 14 -				
Sun. Oct. 20	7:00	6:20	6:50	6:05
Mon. Oct. 21 -				
Sat. Oct. 26	7:10	6:05	7:00	5:55
Pacific Standard Time				
Sun. Oct. 27	6:10	5:05	6:00	4:55
Mon. Oct. 28 -				
Sun. Nov. 3	6:20	4:55	6:10	4:50
Mon. Nov. 4 -				
Sun. Nov. 10	6:30	4:45	6:20	4:30
Mon. Nov. 11 -				
Sun. Nov. 17	6:40	4:35	6:30	4:20
Mon. Nov. 18 -				
Sun. Nov. 24	6:50	4:25	6:40	4:15
Mon. Nov. 25 -				
Sun. Dec. 1	7:00	4:20	6:50	4:10
Mon. Dec. 2 -				
Sun. Dec. 8	7:10	4:20	7:00	4:10
Mon. Dec. 9 -				
Sun. Dec. 15	7:15	4:20	7:05	4:10
Mon. Dec. 16 -				
Sun. Dec. 22	7:20	4:20	7:10	4:10
Mon. Dec. 23 -				
Sun. Dec. 29	7:25	4:25	7:10	4:15
Mon. Dec. 30 -				
Sun. Jan. 5	7:25	4:30	7:15	4:15
Mon. Jan. 6 -				
Sun. Jan. 12	7:25	4:35	7:15	4:25
Mon. Jan. 13 -				
Sun. Jan. 19	7:20	4:45	7:10	4:35

Mon. Jan. 20 -				
Sun. Jan. 26	7:15	4:55	7:05	4:45
Mon. Jan. 27 -				
Fri. Jan. 31	7:10	5:00	7:00	4:50

\* These are lawful hunting hours for all game animals and game birds during established seasons.  
 \*\* Opening Day - In Eastern Washington, upland bird and waterfowl seasons open at noon. In Western Washington, upland bird and waterfowl seasons open at 8:00 a.m.

- Exceptions:
- 1) Western Washington - Pheasant and quail hunting hours are 8:00 a.m. to 4:00 p.m. on designated pheasant release sites.
  - 2) Western Washington - Cottontail and snowshoe hare (Washington hare) hunting hours are 8:00 a.m. to 4:00 p.m. during the pheasant hunting season on designated pheasant release sites.
  - 3) Before September 1 and after January 31, the lawful hunting hours for all game animals and game birds during their respective hunting seasons are one-half hour before sunrise to sunset.
  - 4) Bobcat and raccoon are exempt from hunting hour restrictions during established bobcat and raccoon seasons except when that area is open to modern firearm hunting of deer or elk, hunting hours shall be one-half hour before sunrise to sunset.
  - 5) Hunting hours for falconry seasons are exempt from these hunting hours except on designated pheasant release sites.

**1992-93 OFFICIAL HUNTING HOURS\***  
 September 1, 1992 to January 31, 1993

Dates (Inclusive)	Western Washington		Eastern Washington	
	A.M. to	P.M.	A.M. to	P.M.
Daylight Savings Time				
Tue. Sept. 1 -				
Sun. Sept. 6	6:00	7:45	5:50	7:35
Mon. Sept. 7 -				
Sun. Sept. 13	6:10	7:35	6:00	7:20
Mon. Sept. 14 -				
Sun. Sept. 20	6:20	7:20	6:05	7:05
Mon. Sept. 21 -				
Sun. Sept. 27	6:30	7:05	6:15	6:50
Mon. Sept. 28 -				
Sun. Oct. 4	6:40	6:50	6:25	6:35
Mon. Oct. 5 -				
Sun. Oct. 11	6:45	6:35	6:25	6:25
Mon. Oct. 12 -				
Fri. Oct. 16	6:55	6:20	6:45	6:10
Opening** Weekend				
Sat. Oct. 17	6:55	6:20	6:35	6:25
Sun. Oct. 18	6:55	6:20	6:35	6:25
Mon. Oct. 19 -				
Sat. Oct. 24	7:05	6:10	6:55	6:00
Pacific Standard Time				
Sun. Oct. 25	6:10	5:00	6:00	4:50
Mon. Oct. 26 -				
Sun. Nov. 1	6:20	4:55	6:05	4:45
Mon. Nov. 2 -				
Sun. Nov. 8	6:30	4:45	6:15	4:35
Mon. Nov. 9 -				
Sun. Nov. 15	6:40	4:35	6:30	4:25
Mon. Nov. 16 -				
Sun. Nov. 22	6:50	4:30	6:40	4:15
Mon. Nov. 23 -				
Sun. Nov. 29	7:00	4:25	6:50	4:10
Mon. Nov. 30 -				
Sun. Dec. 6	7:10	4:20	6:55	4:10
Mon. Dec. 7 -				
Sun. Dec. 13	7:15	4:20	7:05	4:05
Mon. Dec. 14 -				
Sun. Dec. 20	7:20	4:20	7:10	4:10

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Mon. Dec. 21 -				
Sun. Dec. 27	7:25	4:20	7:15	4:10
Mon. Dec. 28 -				
Sun. Jan. 3	7:25	4:30	7:15	4:15
Mon. Jan. 4 -				
Sun. Jan. 10	7:25	4:35	7:15	4:25
Mon. Jan. 11 -				
Sun. Jan. 17	7:25	4:45	7:10	4:30
Mon. Jan. 18 -				
Sun. Jan. 24	7:20	4:55	7:05	4:40
Mon. Jan. 25 -				
Sun. Jan. 31	7:10	5:00	7:00	4:50

\* These are lawful hunting hours for all game animals and game birds during established seasons.

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Exceptions:

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- 2) Western Washington - Cottontail and snowshoe hare (Washington hare) hunting hours are 8:00 a.m. to 4:00 p.m. during the pheasant hunting season on designated pheasant release sites.
- 3) Before September 1 and after January 31, the lawful hunting hours for all game animals and game birds during their respective hunting seasons are one-half hour before sunrise to sunset.
- 4) Bobcat and raccoon are exempt from hunting hour restrictions during established bobcat and raccoon seasons except when that area is open to modern firearm hunting of deer or elk, hunting hours shall be one-half hour before sunrise to sunset.
- 5) Hunting hours for falconry seasons are exempt from these hunting hours except on designated pheasant release sites.

1993-94 OFFICIAL HUNTING HOURS\*  
September 1, 1993 to January 31, 1994

Dates (Inclusive)	Western Washington		Eastern Washington	
	A.M.	P.M.	A.M.	P.M.
Daylight Savings Time				
Wed. Sept. 1 -				
Sun. Sept. 5	6:00	7:45	5:45	7:35
Mon. Sept. 6 -				
Sun. Sept. 12	6:05	7:35	5:50	7:20
Mon. Sept. 13 -				
Sun. Sept. 19	6:15	7:20	6:05	7:10
Mon. Sept. 20 -				
Sun. Sept. 26	6:25	7:10	6:15	6:50
Mon. Sept. 27 -				
Sun. Oct. 3	6:35	6:50	6:25	6:40
Mon. Oct. 4 -				
Sun. Oct. 10	6:45	6:40	6:35	6:25
Mon. Oct. 11 -				
Fri. Oct. 15	6:50	6:25	6:45	6:15
Opening** Weekend				
Sat. Oct. 16	6:50	6:25	6:45	6:15
Sun. Oct. 17	6:50	6:25	6:45	6:15
Mon. Oct. 18 -				
Sun. Oct. 24	7:05	6:15	6:55	6:00
Mon. Oct. 25 -				
Sat. Oct. 30	7:15	6:00	7:05	5:45
Pacific Standard Time				
Sun. Oct. 31 -				
Sun. Nov. 7	6:25	4:45	6:15	4:35
Mon. Nov. 8 -				
Sun. Nov. 14	6:35	4:40	6:25	4:25
Mon. Nov. 15 -				
Sun. Nov. 21	6:50	4:30	6:35	4:20
Mon. Nov. 22 -				
Sun. Nov. 28	7:00	4:25	6:45	4:10

Mon. Nov. 29 -				
Sun. Dec. 5	7:05	4:20	6:50	4:10
Mon. Dec. 6 -				
Sun. Dec. 12	7:10	4:20	7:00	4:05
Mon. Dec. 13 -				
Sun. Dec. 19	7:20	4:20	7:05	4:05
Mon. Dec. 20 -				
Sun. Dec. 26	7:25	4:25	7:10	4:10
Mon. Dec. 27 -				
Sun. Jan. 2	7:30	4:25	7:15	4:15
Mon. Jan. 3 -				
Sun. Jan. 9	7:30	4:35	7:15	4:20
Mon. Jan. 10 -				
Sun. Jan. 16	7:25	4:40	7:10	4:30
Mon. Jan. 17 -				
Sun. Jan. 23	7:20	4:50	7:05	4:45
Mon. Jan. 24 -				
Mon. Jan. 31	7:15	5:00	7:00	4:50

\* These are lawful hunting hours for all game animals and game birds during established seasons.

\*\* Opening Day - In Eastern Washington, upland bird and waterfowl seasons open at noon. In Western Washington, upland bird and waterfowl seasons open at 8:00 a.m.

Exceptions:

- 1) Western Washington - Pheasant and quail hunting hours are 8:00 a.m. to 4:00 p.m. on designated pheasant release sites.
- 2) Western Washington - Cottontail and snowshoe hare (Washington hare) hunting hours are 8:00 a.m. to 4:00 p.m. during the pheasant hunting season on designated pheasant release sites.
- 3) Before September 1 and after January 31, the lawful hunting hours for all game animals and game birds during their respective hunting seasons are one-half hour before sunrise to sunset.
- 4) Bobcat and raccoon are exempt from hunting hour restrictions during established bobcat and raccoon seasons except when that area is open to modern firearm hunting of deer or elk, hunting hours shall be one-half hour before sunrise to sunset.
- 5) Hunting hours for falconry seasons are exempt from these hunting hours except on designated pheasant release sites.

Bobcat

Bag and Possession Limits: No limit.

Bobcat may be killed during archery deer or elk seasons with archery equipment if valid license and tags are in possession for deer or elk seasons, respectively. Archers may not kill bobcat with use of hounds during early archery seasons.

Bobcat may be killed during muzzleloader deer or elk seasons with muzzleloader equipment if valid license and tags are in possession for deer or elk seasons, respectively. Muzzleloaders may not kill bobcat with use of hounds during early muzzleloader seasons.

Eastern Washington

PURSUIT-ONLY SEASON

(Bobcat may not be killed or injured.)

Sept. 1-30, Nov. 20-Dec. 14, 1991 and Jan. 16-31, 1992; Sept. 1-30, Nov. 25-Dec. 14, 1992 and Jan. 16-31, 1993; Sept. 1-30, Nov. 24-Dec. 14, 1993 and Jan. 16-31, 1994; except closed to hound hunting in Walla Walla and Columbia counties outside of Umatilla National Forest Sept. 1-Oct. 11, 1991; Sept. 1-Oct. 16, 1992; and Sept. 1-Oct. 15, 1993.

OPEN SEASON

(Bobcat may be killed)

Oct. 12-31, 1991 and Dec. 15, 1991-Jan. 15, 1992; Oct. 17-31, 1992 and Dec. 15, 1992-Jan. 15, 1993; Oct. 16-31, 1993 and Dec. 15, 1993-Jan. 15, 1994.

PERMANENT

Western Washington

PURSUIT-ONLY SEASON

(Bobcat may not be killed or injured.)

Aug. 1-Oct. 11, 1991; Aug. 1-Oct. 16, 1992; Aug. 1-Oct. 15, 1993; except CLOSED in GMU 522.

OPEN SEASON

(Bobcat may be killed.)

Oct. 12, 1991-Mar. 15, 1992; Oct. 17, 1992-March 15, 1993; Oct. 16, 1993-March 15, 1994; except CLOSED in GMU 522.

Hound Hunting During Deer and Elk Hunting Seasons

It is unlawful to hunt any wildlife at night or game animals with dogs (hounds) during the months of September, October, or November in any area open to a center-fire rifle deer or elk season EXCEPT for the following areas and dates. (This does not permit the hunting of deer or elk with the use of hounds.)

Eastern Washington

	<u>1991</u>	<u>1992</u>	<u>1993</u>
GMUs 100-124.	Oct. 2-9	Oct. 7-14	Oct. 6-13
GMUs 127-185.	Nov. 14-21	Nov. 12-19	Nov. 11-18
Yakima County within two (2) miles of the Yakima River below Union Gap.	Oct. 12-29	Oct. 17-Nov. 3	Oct. 16-Nov. 2
Whitman and Lincoln counties.	Oct. 26-Nov. 10	Oct. 31-Nov. 15	Oct. 30-Nov. 14

Western Washington

Oct. 12-Nov. 24, 1991; Oct. 17-Nov. 22, 1992; Oct. 16-Nov. 21, 1993; in GMU 405 (west of Highway 9), GMUs 454, 627, 633, and the Columbia River Floodplain of Clark and Cowlitz counties with boundaries described as follows: beginning at the Longview/Columbia River Bridge, then north and west on Oregon Way (Highway 432) to Tennant Way (Highway 432) to Interstate Highway 5, then south on I-5 to State Highway 14 to the Skamania County line, then south on county line to the Columbia River on state line to the Longview Bridge and point of beginning.

RACCOON

Bag and Possession Limits: No Limit.

Raccoon may be killed during archery deer or elk seasons with archery equipment if valid license and tags are in possession for deer or elk seasons, respectively. Archers may not kill raccoon with use of hounds during early archery seasons.

Raccoon may be killed during muzzleloader deer or elk seasons with muzzleloader equipment if valid license and tags are in possession for deer or elk seasons, respectively. Muzzleloaders may not kill raccoon with use of hounds during early muzzleloader seasons.

Eastern Washington

PURSUIT-ONLY SEASON

(Raccoon may not be killed or injured).

Sept. 1-Oct. 11, 1991; Sept. 1-Oct. 16, 1992; Sept. 1-Oct. 15, 1993; except CLOSED to hound hunting in Walla Walla and Columbia counties outside of Umatilla National Forest.

Feb. 1-29, 1992; Feb. 1-28, 1993; and Feb. 1-28, 1994; in GMUs 111, 121, 148, and 154.

OPEN SEASON

(Raccoon may be killed)

Oct. 12, 1991-Jan. 15, 1992; Oct. 17, 1992-Jan. 15, 1993; Oct. 16, 1993-Jan. 15, 1994.

Western Washington

PURSUIT-ONLY SEASON

(Raccoon may not be killed or injured).

Aug. 1-Oct. 11, 1991; Aug. 1-Oct. 16, 1992; Aug. 1-Oct. 15, 1993; except CLOSED on Long Island within Willapa National Wildlife Refuge and GMU 522.

OPEN SEASON

(Raccoon may be killed).

Oct. 12, 1991-Mar. 15, 1992; Oct. 17, 1992-Mar. 15, 1993; Oct. 16, 1993-Mar. 15, 1994; except CLOSED on Long Island within Willapa National Wildlife Refuge and GMU 522.

FOX

Bag and Possession Limits: No limits.

Statewide: Oct. 12, 1991-Mar. 15, 1992; Oct. 17, 1992-Mar. 15, 1993; Oct. 16, 1993-Mar. 15, 1994, except CLOSED within the exterior boundaries of the Mount Baker/Snoqualmie, Okanogan, Wenatchee, and Gifford Pinchot National Forests and GMUs 405, 410, and 522.

COYOTE

Coyotes are unclassified wildlife and, as such, may be taken year-round EXCEPT from September 15 to November 30 in the following closed areas: Pasayten Wilderness, GMUs 426 and 450, and those portions of GMUs 218, 304, and 448 within external boundaries of the Mount Baker-Snoqualmie, Okanogan and Wenatchee national forests.

FOREST GROUSE (BLUE, RUFFED, AND SPRUCE)

~~((Forest grouse may not be killed with centerfire rifles or centerfire pistols EXCEPT during modern firearm deer or elk seasons.))~~

Bag and Possession Limits: Three (3) grouse per day, with a total of nine (9) grouse in possession at any time; straight or mixed bag.

Statewide: Sept. 1-Dec. 31 during 1991, 1992, and 1993; except CLOSED in GMU 522.

UPLAND BIRDS

Eastern Washington

Ring-necked Pheasant

Bag and Possession Limits: Three (3) cock pheasants per day, with a total of fifteen (15) cock pheasants in possession at any time.

Noon Oct. 12-Dec. 31, 1991; Noon Oct. 17-Dec. 31, 1992; Noon Oct. 16-Dec. 31, 1993.

Chukar and Gray (Hungarian) Partridge

Bag and Possession Limits: Six (6) chukar or gray partridges per day, with a total of eighteen (18) chukar or gray partridges in possession at any time; straight or mixed bag.

Early season in Asotin and Garfield counties; in that part of Whitman County south of the Washtucna - Colfax - Moscow Highway; in that part of Columbia County that is north and east of the Tucannon River: Sept. 21-Oct. 11, 1991; Sept. 26-Oct. 16, 1992; Sept. 25-Oct. 15, 1993.

Regular Season: Noon Oct. 12, 1991 - Jan. 12, 1992; Noon Oct. 17, 1992 - Jan. 10, 1993; Noon Oct. 16, 1993 - Jan. 9, 1994.

#### Quail

Bag and Possession Limits: Ten (10) quail per day, with a total of thirty (30) quail in possession at any time.

Noon Oct. 12, 1991 - Jan. 12, 1992; Noon Oct. 17, 1992 - Jan. 10, 1993; Noon Oct. 16, 1993 - Jan. 9, 1994.

#### Western Washington

##### Ring-necked Pheasant

Bag and Possession Limits: Two (2) pheasants of either sex per day on designated release sites, EXCEPT two (2) cock pheasants per day on other than designated release sites, with a total of fifteen (15) pheasants in possession at any time.

Sept. 28-Nov. 30, 1991; Oct. 3-Nov. 30, 1992; and Oct. 2-Nov. 30, 1993; 8 a.m. to 4 p.m.; except Voice of America site (Clallam County) starting Oct. 12, 1991; Oct. 17, 1992; Oct. 16, 1993; except CLOSED in GMU 522.

During the 1992 hunting season, three season options are available for hunters:

- (1) Season Long Option - Oct. 3-Nov. 30, 1992
- (2) Early Season Option - Oct. 3-Oct. 25, 1992
- (3) Late Season Option - Oct. 26-Nov. 30, 1992

An Upland Game Bird Punch Card is required to hunt pheasant and quail in western Washington, in addition to a current hunting license. Pheasant kills only must be recorded. Upon taking a pheasant, the holder of an Upland Game Bird Punch Card must immediately enter on the corresponding space the date and location of kill.

There are three punch card options available for the 1993 hunting season:

- (1) Full Season Option: Oct. 2 - Nov. 30, 1993; allows the harvest of ten (10) pheasants.
- (2) Juvenile (under 15): Oct. 2 - Nov. 30, 1993; allows the harvest of six (6) pheasants.
- (3) 2-Day Option: allows the harvest of four (4) pheasants during two consecutive days from Oct. 2 - Nov. 30, 1993.

Every person possessing an Upland Game Bird Punch Card must by December 31, 1993, return the punch card to the Department of Wildlife. The number of punch cards purchased per person is not limited.

A hunter may select one or more options at the time they purchase their western Washington upland bird permit.

Special Restriction: Steelshot must be used in a shotgun to hunt pheasant on the release site at Skagit Wildlife Area. Hunting is restricted on weekend mornings at Lake Terrell, Tennant Lake, Snoqualmie (including Stillwater, Cherry

Valley, and Two Rivers segments) and Skagit (including headquarters and Smith Farm segments) wildlife areas. Only hunters with western Washington upland bird licenses marked "odd" may hunt these sites from 8:00 a.m. until 12:00 noon on odd numbered weekend days. Only hunters with western Washington upland bird licenses marked "even" may hunt these sites from 8:00 a.m. until 12:00 noon on even numbered weekend days. Hunters 14 years of age or younger may hunt during either weekend day morning provided they are accompanied by an adult with appropriately marked upland bird license.

#### Quail

Bag and Possession Limits: Two (2) quail per day, with a total of thirty (30) quail in possession at any time.

Oct. 12-Nov. 30, 1991; Oct. 17-Nov. 30, 1992; Oct. 16-Nov. 30, 1993; except CLOSED in GMU 522.

#### TURKEY

##### Spring Season

Gobblers and Turkeys with Visible Beards Only.

Statewide: April 15-May 10, 1992; April 14-May 9, 1993; April 20-May 16, 1994.

##### Fall Season

##### Either Sex

Klickitat and Skamania counties: Nov. 22-26, 1991; Nov. 20-24, 1992; Nov. 19-23, 1993.

Asotin, Columbia, Garfield, and Walla Walla counties: Nov. 20-24, 1992; Nov. 19-23, 1993. Only hunters that successfully complete the Department of Wildlife's Advanced Hunter Education (AHE) program will be eligible to hunt turkeys during this season. A certification card will be issued to all AHE graduates and must be in possession in addition to a valid hunting license and turkey transport tag while hunting in this area.

#### OFFICIAL HUNTING HOURS/BAG LIMITS:

Bag and Possession Limit: One turkey per calendar year.

Hunting Hours: One-half hour before sunrise to sunset during spring seasons and as noted under Official Hunting Hours during fall seasons.

#### SPECIAL REGULATIONS:

1. Turkey season is open for shotgun and bow-and-arrow hunting only.
2. A turkey transport tag is required for hunting turkey.
3. Each successful hunter must complete and return a game harvest report card to the Department of Wildlife within ten days after taking a turkey.
4. It is unlawful to use dogs to hunt turkeys.

BIRD DOG TRAINING SEASON Aug. 1, 1991-Mar. 15, 1992; Aug. 1, 1992-Mar. 15, 1993; and Aug. 1, 1993-Mar. 15, 1994, except from Sept. 28-Nov. 30, 1991, Oct. 3-Nov. 30, 1992, and Oct. 2-Nov. 31, 1993, dog training is prohibited except from 8:00 a.m. to 4:00 p.m. on designated western

Washington pheasant release sites. Game birds may be taken only during established bird hunting seasons.

#### CANADA GOOSE SEPTEMBER SEASON

Early September Canada Goose season for portions of Clark, Cowlitz, Pacific, and Wahkiakum counties.

Bag and Possession Limits: ~~((Two (2)))~~ Three (3) Canada geese per day with a total of ~~((four (4)))~~ six (6) in possession at any time.

Sept. 1-10, 1991; Sept. 1-10, 1992; Sept. 1-~~((40))~~ 12, 1993.

Open Area: Those portions of Clark, Cowlitz, Pacific, and Wahkiakum counties within the following boundary: Beginning at the Washington-Oregon border on the Interstate 5 bridge near Vancouver, Washington, north on Interstate 5 to Kelso, west on Highway 4 from Kelso to Highway 401, south and west on Highway 401 to ~~((the Washington-Oregon border on the Astoria-Megler bridge, upstream along the Washington-Oregon border to the point of origin))~~ Highway 101 at the Astoria/Megler Bridge, then west on SR 101 to the city of Ilwaco, then west on Gray Drive to Canby Road, then southwest on Canby Road to the north jetty, then southwest on the north jetty to its end, then southeast to the Washington-Oregon state line in a straight line to the tip of the Columbia River south jetty.

~~((Permit Requirement: All hunters participating in this season are required to obtain written authorization from the Department of Wildlife. Application forms are available from Department offices and must be delivered to a Department office no later than 5:00 p.m. or postmarked on or before August 1 of the hunt year. With the authorization, hunters will receive a hunter activity and harvest report form. Return of the harvest report form is mandatory. Those hunters not returning the harvest report form to the Department of Wildlife by October 15 of the hunt year will be ineligible to participate in the following year September Canada goose season.))~~

Steel Shot Requirement: It is unlawful to possess while hunting for or to take geese with shotshells or a muzzleloader shotgun loaded with any metal other than steel in the open area of the September Canada goose season.

#### BAND-TAILED PIGEON

Bag and possession limits: Two (2) band-tailed pigeons per day and in possession at any time.

Western Washington: ~~((Sept. 21-29, 1991;))~~ Closed Season Statewide, 1991, 1992, 1993. ~~((; Sept. 18-26, 1993, except CLOSED in GMU 522.))~~

WRITTEN AUTHORIZATION REQUIRED: All hunters participating in this season are required to obtain written authorization from the Department of Wildlife. Application forms are available from Department offices and must be delivered to a Department office no later than 5:00 p.m. or postmarked on or before August 1, of the hunt year. With the authorization, hunters will receive a hunter activity and harvest report form. Return of the harvest report form is mandatory. Those hunters not returning the harvest report form to the Department of Wildlife by October 31 of the hunt year will be ineligible to participate in the following year band-tailed pigeon season.

#### MOURNING DOVE

Bag and possession limits: Ten (10) mourning doves per day with a total of twenty (20) mourning doves in possession at any time.

Statewide: Sept. 1-15 during 1991, 1992, and 1993; except CLOSED in GMU 522.

#### RABBIT AND HARE

Cottontail, Snowshoe Hare (or Washington Hare), and White-tailed Jackrabbit.

Bag and Possession Limits: Ten (10) rabbits or hares per day, with a total of thirty (30) in possession at any time; straight or mixed bag.

Statewide: Sept. 1, 1991-March 15, 1992; Sept. 1, 1992-March 15, 1993; Sept. 1, 1993-March 15, 1994 except CLOSED in GMU 522.

#### Black-tailed Jackrabbit

Bag and Possession Limits: Ten (10) black-tailed jackrabbits per day, with a total of thirty (30) in possession at any time.

Statewide: Year-around.

#### FALCONRY SEASONS

##### Upland Game Bird - Falconry

Daily bag: Two (2) pheasants (either sex), six (6) partridge, five (5) quail, and three (3) forest grouse (blue, ruffed, spruce) per day.

Statewide: Sept. 1, 1991-March 15, 1992; Sept. 1, 1992-March 15, 1993; Sept. 1, 1993-March 15, 1994.

##### Mourning Dove - Falconry

Daily Bag: Three (3) mourning doves per day straight bag or mixed bag with snipe, coots, and waterfowl during established seasons.

Statewide: Sept. 1-Oct. 11, 1991; Sept. 1-Oct. 16, 1992; Sept. 1-Oct. 15, 1993; and the month of December each year.

##### Rabbit and Hare - Falconry

Daily bag: Ten (10) rabbits or hares per day: straight or mixed bag.

Statewide: Aug. 1, 1991-March 15, 1992; Aug. 1, 1992-March 15, 1993; Aug. 1, 1993-March 15, 1994, for cottontail, snowshoe hare (or Washington hare), white-tailed and black-tailed jackrabbits.

**Reviser's note:** The typographical error in the above section occurred in the copy filed by the agency and appears in the Register pursuant to the requirements of RCW 34.08.040.

**Reviser's note:** RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

**WSR 93-11-015  
PERMANENT RULES  
WILDLIFE COMMISSION**

[Order 604—Filed May 6, 1993, 8:30 a.m.]

Date of Adoption: April 17, 1993.

Purpose: To amend WAC 232-28-227 1991-92, 1992-93, 1993-94 Elk hunting seasons and regulations.

Citation of Existing Rules Affected by this Order: Amending WAC 232-28-227.

Statutory Authority for Adoption: RCW 77.12.040.

Pursuant to notice filed as WSR 93-06-059 on March 1, 1993.

Changes Other than Editing from Proposed to Adopted Version: The adopted version of WAC 232-28-227 1991-92, 1992-93, 1993-94 Elk hunting seasons and regulations, differs from the proposed version filed with the code reviser in the following specifics. The "Written Authorization" recommended for elk hunting in GMU 418 (Nooksack) was deleted; GMUs 417 (Bald Mountain) and 621 (Olympic) are closed to all elk hunting as a Conservation Closure instead of an all citizen closure; GMU 580 was deleted from the "Early Archery Elk Season"; also under the "Early Archery Elk Season" GMU 640 was corrected to GMU 460 as antlerless or 3-pt. min.; GMU 621 (Olympic) was deleted from the "Early Archery Elk Season"; the "Early Archery Elk Season" in GMU 660 (Minot Peak) was changed from Oct. 1-14 to Oct. 1-8; the dates for the "Late Archery Elk Season" in Bow Areas 806 and 807 was changed from Nov. 23-Dec. 8 to Nov.24-Dec. 8; GMU 139 was added to the "Late Muzzleloader Elk Season," Nov. 24-Dec. 15, either sex elk; under "Special Elk Hunts Open to Specified Tag Holders" the hunts in GMU 200-284 for 1991 and 1992 are reinstated; and under Private Land Management Opportunities on Kapowsin Tree Farm, the muzzleloader hunt was changed from "Antlerless or Spike Bull" to "Spike Bull Only." Also the Kapowsin Tree Farm is PLWMA 401 instead of GMU 401.

Effective Date of Rule: Thirty-one days after filing,  
May 5, 1993  
Dean A. Lydig  
Chair

**AMENDATORY SECTION** (Amending Order 562, filed 8/21/92)

**WAC 232-28-227 1991-92, 1992-93, 1993-94 Elk hunting seasons and regulations**

**ELK SEASONS**

Bag Limit: One (1) elk per hunter during the annual (July 1-March 31) hunting season.

Hunting Method: Elk hunters must select one of the hunting methods (modern firearm, archery, muzzleloader).

Tag Required: Elk hunters must choose one of the four elk hunting areas (Blue Mountains, Yakima, Colockum or Western Washington) to hunt in and buy the appropriate tag for that area. (Archery elk hunters may hunt in any tag area in late seasons.)

Bull Elk Seasons: Open only to the taking of male elk with visible antlers (bull calves are illegal).

Definition: Visible Antler is defined as a horn-like growth projecting above the hairline.

Spike Bull Restriction GMUs: Bull elk taken in these GMUs must have at least one antler that is a spike above the ears (does not branch above ears). An animal with branch antlers on both sides is illegal but an animal with a spike on one side is legal in spike only units.

Spike Only GMUs: 145-185 and 472.

Branched Antler Restriction GMUs: Bull elk taken in these GMUs must meet minimum antler point requirements. Minimum antler point requirements are antler points on one side only: Antler points include eye guards but all antler points must be at least one inch long. Antler restrictions apply to all hunters during any open season.

3 Point GMUs: 418, 460, 466, 478, 490, 506, 524, 530, 556, 558, 572, 601, 602, 607, 621, 636, 638, 639, 681; and GMUs 157 and 485 by permit only.

Special Permits: Modern firearm late season elk tag holders along with muzzleloader tag holders may apply to be drawn in special elk permit seasons. Blue Mountain archery, muzzleloader, and early modern firearm tag holders may apply for bull permits in the Blue Mountains. Western Washington archery, muzzleloader, and early modern firearm tag holders may apply for bull permits in GMU 472 (White River). Hunters drawn for a special permit may hunt only with a weapon in compliance with their tag and during the dates listed for the hunt.

**Modern Firearm Elk Information**

Modern firearm elk hunters have early and late hunts in all elk areas. Those who choose the early tag have the first opportunity to hunt bulls, but only those who choose the late tag are able to apply for special elk permits except as outlined above for the Blue Mountains bull permits.

Tag Required: Elk hunter must have a current, valid, unaltered, unnotched modern firearm elk tag as listed below on his/her person.

Hunting Method: May use rifle, bow and arrow, or muzzleloader, but only during modern firearm seasons.

**Modern Firearm Elk Seasons**

Legal Elk: Male elk with visible antlers are legal throughout the state except in GMUs 145-185 and 472 only spike bull restrictions apply and in branched-antler areas branched antler restrictions apply.

Blue Mountains - Open Area: 100 series GMUs; GMUs 127, 130, and 157 limited to permit hunters only. GMUs 145-185 are spike bull only, except by permit.

- BE - Blue Mountain Early Tag
- BL - Blue Mountain Late Tag
- BA - Blue Mountain Archery Tag
- BM - Blue Mountain Muzzleloader Tag

Colockum - Open Area: Chelan County portion of GMU 302 and GMUs 300, 301, 304, 306, 308, 314, 316, 328, 329, 330 (permit only in GMU 330), and the portion of GMU 334 north of I-90 (modern firearm restrictions in GMU 334).

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- CE - Colockum Early Tag
- CL - Colockum Late Tag
- CA - Colockum Archery Tag
- CM - Colockum Muzzleloader Tag

Yakima - Open Area: Kittitas County portion of GMU 302 and GMUs 335, 336, 340, 342, 346, 352, 356, 360, 364, 366, 368, 370, and that portion of GMU 334 South of I-90 (modern firearm restrictions in GMU 334).

- YE - Yakima Early Tag
- YL - Yakima Late Tag
- YA - Yakima Archery Tag
- YM - Yakima Muzzleloader Tag

Western Washington - Open Area: All 400, 500, and 600 GMUs except closed in GMU 417, 522 and 621. GMUs 417 (Bald Mountain) and 621 (Olympic) are closed to all elk hunting as a Conservation Closure. Permit only in GMUs 485, 524, 554, 556, and 602. GMU 472 is spike bull only, except by permit.

- WE - Western Washington Early Tag
- WL - Western Washington Late Tag
- WA - Western Washington Archery Tag
- WM - Western Washington Muzzleloader Tag

	Year		
	1991	1992	1993
<u>Blue Mountains</u>			
BE - Blue Mountains Early Elk Tag	Oct. 30-Nov. 10	Oct. 28-Nov. 8	Oct. 27-Nov. 7
BL - Blue Mountains Late Elk Tag	Nov. 2-10	Oct. 31-Nov. 8	Oct. 30-Nov. 7
<u>Colockum</u>			
CE - Colockum Early Elk Tag	Oct. 23-29	Oct. 28-Nov. 3	Oct. 27-Nov. 2
CL - Colockum Late Elk Tag	Oct. 26-29	Oct. 31-Nov. 3	Oct. 30-Nov. 2
<u>Yakima</u>			
YE - Yakima Early Elk Tag	Nov. 5-13	Nov. 5-13	Nov. 5-13
YL - Yakima Late Elk Tag	Nov. 8-13	Nov. 8-13	Nov. 8-13
<u>Western Washington</u>			
WE - Western Washington Early Elk Tag	Nov. 6-17	Nov. 4-15	Nov. 3-14
WL - Western Washington Late Elk Tag	Nov. 9-17	Nov. 7-15	Nov. 6-14

Archery Elk Seasons.

Tag Required: Elk hunter must have a current, valid, unaltered, unnotched archery elk tag on his/her person.

Hunting Method: Bow and arrow only.

Special Notes: Archery tag holders can only hunt during archery seasons. Only Blue Mountain archers may apply for Blue Mountains bull archery permits. Only Western Washington archers may apply for GMU 472 bull archery permits. If drawn, archers must hunt with archery equipment and only during the permit archery season.

Early Archery Elk Seasons

Tag Required: Elk hunter must have a current, valid, unaltered, unnotched archery elk tag on his/her person for the area hunted: Blue Mountain (BA), Colockum (CA), Yakima (YA), or Western Washington (WA).

GMUs	Elk Tag	Dates			Legal Elk
		1991	1992	1993	
100-118, 121-142, 178	BA	Sept. 28-Oct. 11	Oct. 1-14	Oct. 1-14	Either sex
145-154, 160-169, 175, 181-185	BA	Sept. 28-Oct. 11	Oct. 1-14	Oct. 1-14	Antlerless or spike only
300, 306, 308, 316	CA	Sept. 28-Oct. 11	Oct. 1-14	Oct. 1-14	Either sex
328, 329, 330	CA		Oct. 5-14	Oct. 4-14	Either sex
335, 336-340, 352-356, 364, 370	YA	Sept. 28-Oct. 11	Oct. 1-14	Oct. 1-14	Either sex
405-410, 426-466, 472, 478, 490, 504, 505, 510, 512, 514, 516, 520, 530, 550, 554, 558, 560, 568, 572, 574, 576, ((580)), 586, 588-601, 607, 615, 618, 638-((663)) 658, 663, 667, 669, 678, 681	WA	Sept. 28-Oct. 11	Oct. 1-14	Oct. 1-14	Either sex except antlerless or 3-pt. min. in GMUs ((640)) 460, 466, 478, 490, 530, 558, 572, 601, 607, 638, 639 and 681; antlerless or spike only in 472.

484	WA	Sept. 28-Oct. 4	Oct. 1-7	Oct. 1-7	Either sex
418((7-624))	WA	Sept. 28-Oct. 11	Oct. 1-14	Oct. 1-14	3-pt. min.
660				Oct. 1-8	Either sex
Bow Area 802	WA	Sept. 28-Oct. 11	Oct. 1-14	Oct. 1-14	Either sex

Late Archery Elk Seasons

Tag Required: Elk hunter must have a current, valid, unaltered, unnotched archery elk tag on his/her person for any area.

GMUs	Dates			Legal Elk
	1991	1992	1993	
118, 121, 124, 127, 178	Nov. 27-Dec. 15	Nov. 25-Dec. 15	Nov. 24-Dec. 15	Either sex
166	Nov. 27-Dec. 15	Nov. 25-Dec. 15	Nov. 24-Dec. 15	Antlerless only

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328, 336, 346, 352	Nov. 27- Dec. 8	Nov. 25- Dec. 8	Nov. 24- Dec. 8	Either sex
405, 433, 454, 484, 505, 520, 564, 588, 603, 612, 615, 648, 672	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Either sex
506, 530, 638, 681*	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Antlerless or 3-pt. min.
636	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	3- Pt. min.
* Except closed between U.S. Highway 101 and the Columbia River from Astoria-Megler toll bridge to the Wallicut River.				
Bow Areas				
802	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Either sex
806, 807	Nov. 27- Dec. 8	Nov. 25- Dec. 8	Nov. ((23)) 24-Dec. 8	Either sex
831	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	3-pt. min.

**Muzzleloader Elk Seasons**

Tag Required: Elk hunter must have a current, valid, unaltered, unnotched muzzleloader elk tag as listed below on his/her person.

Hunting Method: Muzzleloader only.

Special Notes: Muzzleloader tag holders can only hunt during the muzzleloader seasons and must hunt with muzzleloader equipment. Hunters selecting the muzzleloader elk tag may apply for special hunt permit seasons, if eligible.

**Early Muzzleloader Elk Seasons**

Tag Required: Elk hunter must have a current, valid, unaltered, unnotched muzzleloader elk tag as designated below on his/her person.

GMUs	Elk Tag	Dates			Legal Elk
		1991	1992	1993	
172	BM	Oct. 5-11	Oct. 8-14	Oct. 8-14	Spike bull only
302	CM, YM	Oct. 5-11	Oct. 8-14	Oct. 8-14	Bull only
314*	CM	Oct. 5-11	Oct. 8-14	Oct. 8-14	Bull only
342	YM		Oct. 8-14	Oct. 8-14	Antlerless only
368	YM	Oct. 5-11	Oct. 8-14	Oct. 8-14	Bull only
603, 612	WM	Oct. 5-11	Oct. 8-14	Oct. 8-14	Bull only
460, 506, 636	WM	Oct. 5-11	Oct. 8-14	Oct. 8-14	3-Pt. min.
484, 501, 564, 684	WM	Oct. 5-11	Oct. 8-14	Oct. 8-14	Either sex
Muzzleloader Area 910	YM	Oct. 5-11	Oct. 5-14	Oct. 4-14	Either sex

\* The portion of GMU 314 bounded by the Colockum Pass Road (Road 10), Naneum Ridge Road (Road 9), and Ingersol Road (Road 1) is closed.

**Late Muzzleloader Elk Seasons**

Tag Required: Elk hunter must have a current, valid, unaltered, unnotched muzzleloader elk tag as designated below on his/her person.

GMUs	Elk Tag	Dates			Legal Elk
		1991	1992	1993	
130, 133, 136, 139	BM	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Either sex
184	BM	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Antlerless only
346	YM		Nov. 17-20	Nov. 16-19	Antlerless only
484	WM	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Either sex
501, 568, 574, 576, ((580,)) 586	WM	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Either sex
505	WM	Nov. 19-24	Nov. 17-22	Nov. 16-21	Either sex
504, 550	WM	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Bull only
601	WM	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	3-Pt. bull min.
684	WM	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Either sex

**Muzzleloader Areas**

910	YM	Nov. 17- Dec. 8	Nov. 17- Dec. 8	Nov. 17- Dec. 8	Antlerless only
944	YM	Nov. 17-20	Nov. 17-20	Nov. 16-19	Either sex

**Special Elk Hunts Open to Specified Tag Holders**

Tag Required: Proper elk tags are listed with each GMU below.

Hunting Method: Hunters must use method listed on their tag, except in Firearm Restriction Areas, where some types of weapons are banned from use. See elk tag required, dates, and legal elk in table below.

**Antlerless or Either Sex Elk Hunts**

GMUs	Elk Tag	Dates			Legal Elk
		1991	1992	1993	
100, 103, 105, 108, 121, 124 west of SR 395, 133, 136, 139	BE, BL	Nov. 2-10	Oct. 31- Nov. 8	Oct. 30- Nov. 7	Either sex
178	BE, BL	Nov. 9-10	Nov. 7-8	Nov. 6-7	Either Sex
200- 284	Any Elk Tag	Oct. 24- Nov. 15	Oct. 24- Nov. 15	((Oct. 24- Nov. 15))	Either sex
370	CM, YE, YL, YM	Nov. 1-30	Nov. 1-30	Nov. ((1-30)) 5-13	Either sex
564*	WA, WM, WE, WL	Nov. 6-17	Nov. 4-15	Nov. 3-14	Either sex
501, 568, 574, 576, 586, 588	WE, WL	Nov. 6-17	Nov. 4-15	Nov. 3-14	Either sex

GMUs 300, 304, 306, 308, and 316 east of Highway 2.

CE, CL, Dec. 7-22 Dec. 5-20 Dec. 4-19 Antlerless CM

Elk Area 001 Any Elk Tag Nov. 1-15 Either Sex

\* Archery or Muzzleloader Equipment Only. Modern Firearm elk tag holders may hunt but must use primitive weapons.

Private Land Management Opportunities

Kapowsin Tree Farm (PLWMA 401 - Champion)

Table with 3 columns: Hunting Method, Open Season, Special Restrictions. Rows include Archery, Modern Firearm, and Muzzleloader.

Report cards

Each successful hunter must fill out and return a Game Harvest Report Card to the department of wildlife within 10 days after taking an elk.

Reviser's note: The typographical error in the above section occurred in the copy filed by the agency and appears in the Register pursuant to the requirements of RCW 34.08.040.

WSR 93-11-016 PERMANENT RULES WILDLIFE COMMISSION

[Order 603—Filed May 6, 1993, 8:32 a.m.]

Date of Adoption: April 17, 1993.

Purpose: To amend WAC 232-28-226 1991-92, 1992-93, 1993-94 Deer and bear hunting seasons and regulations.

Citation of Existing Rules Affected by this Order: Amending WAC 232-28-226.

Statutory Authority for Adoption: RCW 77.12.040.

Pursuant to notice filed as WSR 93-06-064 on March 1, 1993.

Changes Other than Editing from Proposed to Adopted Version: The adopted version of WAC 232-28-226 1991-92, 1992-93, 1993-94 Deer and bear hunting seasons and regulations, differs from the proposed version filed with the code reviser in the following specifics.

Effective Date of Rule: Thirty-one days after filing.

May 5, 1993 Dean A. Lydig Chair

AMENDATORY SECTION (Amending Order 547, filed 6/1/92)

WAC 232-28-226 1991-92, 1992-93, 1993-94 Deer and bear hunting seasons and regulations.

DEER

Bag Limit: One (1) deer per hunter during an annual (July 1-March 31) hunting season. (Except modern firearm or muzzleloader special permit hunters and archers in select GMUs may be allowed two (2) deer.)

Hunting Method: Hunters must select one of the hunting methods (modern firearm, archery, muzzleloader).

Buck Deer Seasons: Open only to the taking of male deer with visible antlers (buck fawns illegal).

Definition: Visible antler is a horn-like growth projecting above the hairline.

Branched Antler Restriction GMUs: APPLIES TO ALL HUNTERS DURING ANY OPEN SEASON! Buck deer taken in these GMUs must meet minimum antler point requirements.

2 Point GMUs: 433, 478, 558, 574, 576, 584, 586, 588, 636, 681, and GMU 485 (by permit only).

3 Point GMUs: 103, 127, 130, 133, 136, 139, 142, 145, 148, 151, 154, 160, 161, 163, 166, 169, 172, 175, 178, 181, 184, 185, 203, 231, 306, and 450.

Modern Firearm Deer Seasons

Tag Required: Deer hunter must have a current, valid, unaltered, unnotched modern firearm deer tag on his/her person.

Hunting Method: Modern firearm deer tag hunters may use rifle, handgun, shotgun, bow or muzzleloader, but only during modern firearm seasons.

High Buck Hunt

Tag Required: Deer hunter must have a current, valid, unaltered, unnotched modern firearm deer tag on his/her person.

Table with 5 columns: GMUs, Dates (1991, 1992, 1993), Legal Deer. Rows include GMUs 203, 301, 302, 450 and Deer Areas 010, 040, 060.

General Modern Firearm Deer Seasons

Tag Required: Deer hunter must have a current, valid, unaltered, unnotched modern firearm deer tag on his/her person.

PERMANENT

PERMANENT

GMUs	Dates			Legal Deer
	1991	1992	1993	
Northeastern 100	Oct. 12-27	Oct. 17-Nov. 1	Oct. 16-31	Buck only
103	Oct. 12-27	Oct. 17-Nov. 1	Oct. 16-31	3 Pt. min.
105-124	Oct. 12-Nov. 24	Oct. 17-Nov. 22	Oct. 16-Nov. 21	Buck only
Southeastern 127-185 Except closed in 157	Oct. 12-20	Oct. 17-25	Oct. 16-24	3-Pt. min.
Okanogan 200-242	Oct. 12-Nov. 1	Oct. 17-Nov. 6	Oct. 16- <del>((Nov-5))</del> <u>31</u>	Buck only except 3 pt. min. in GMUs 203 and 231.
Columbia Basin 248-278, 284, 281	Oct. 12-20	Oct. 17-25	Oct. 16- <del>((24))</del> <u>22</u>	Buck only
Chelan 300-316	Oct. 12-Nov. 8	Oct. 17-Nov. 10	Oct. 16-31 <del>((Nov-10))</del>	Buck only except 3 pt. min. in GMU 306.
Colockum and Central 328-334, 336,340, 335, 342-370	Oct. 12-22	Oct. 17-27	Oct. 16-26	Buck only
Western 405-572, 580, 600-684 Closed in GMU 522. Permit only in GMU 485.	Oct. 12-27	Oct. 17-Nov. 1	Oct. 16-31	Buck only except either sex in GMUs 410, 480, and 564; and 2 pt. min. in GMUs 433, 478, 558, 636, and 681; and 3 pt. min. in GMU 450.
574, 576, 584, 586, 588	Oct. 12-Nov. 10	Oct. 17-Nov. 15	Oct. 16-Nov. <del>((14))</del> <u>8</u>	2-Pt. min.

Late Buck Season

Tag Required: Deer hunter must have a current, valid, unaltered, unnotched modern firearm deer tag on his/her person.

GMUs	Dates			Legal Deer
	1991	1992	1993	
All 400, 500, & 600 Except closed in: GMUs 480, 485, 522, 574, 576, 580, 584, 586, 588.	Nov. 21-24	Nov. 19-22	Nov. 18-21	Buck only except 2 pt. min. in GMUs 433, 478, 558, 636, and 681 and 3 pt. min. in GMU 450 and either sex in GMU 410 and 564.

Archery Deer Seasons

Tag Required: Deer hunter must have a current valid, unaltered, unnotched archery deer tag on his/her person.

Special Notes: Archery tag holders can only hunt with archery equipment during archery seasons.

((Archery Two Deer Hunts

~~Archery hunters will be eligible to purchase a second deer tag for game management units 105-118, 121, 124. To take advantage of this opportunity, archers must mail their original deer transport tag and a check or money order for \$18.00 (resident) or (\$60.00) nonresident to the Department of Wildlife, 600 Capitol Way N., Olympia, WA 98501-1091 and be postmarked no later than September 15, 1992. When these items are received, the original deer transport tag will be stamped "WHITETAIL ANTLERLESS ONLY - VALID ONLY IN GMUS 105-118, 121, 124," a second deer transport tag will be issued and stamped "WHITETAIL ANTLERLESS ONLY - VALID ONLY IN GMUS 105-118, 121, 124," and returned to the archer. These validated deer transport tags will only be valid for use within the specified game management units.))~~

Early Archery

GMUs	Dates			Legal Deer
	1991	1992	1993	
100-118, 121-154, 160-169, 175-200, 206, 215-239, 248-300, 306, 308,	Sept. 11-Oct. 8	Sept. 16-Oct. 13	Sept. 15-Oct. 12	Either sex except 3 pt. or antlerless in GMUs 103, 127-
<del>((100-118, 121-154, 160-169, 175-200, 206, ((215-239)), 218-231, 239, 248-((300))</del> 284, 306, 308,	Sept. 11-Oct. 8	Sept. 16-Oct. 13	Sept. 15-Oct. 12	Either sex except 3 pt. or antlerless in GMUs <del>((103,))</del> <del>((127))</del> <u>136</u> 185, 231, and 306, and 2 pt. or antler-
<del>((316-340))</del> 328-340, 352-356, 364, 370, 405-442, 454-478, 490, 504, 505, 510, 512,				

514, 516, 520, 524,  
530, 550, 554-560,  
568-588, 601, 602,  
607, 615, 618, 621,  
627-633, 638, 639,  
642-((663)) 658, 667-669,  
678, 681

less in  
GMUs  
433, 478,  
558, 574,  
576, 584,  
586, 588,  
and 681.

417, 418,  
426,  
Nov. 27-  
Dec. 15  
440, 448, 450, 460,  
466, 480, 510, 512,  
514, 516, 520, 524,  
530, 556, 560, 572,  
601, 607, 612, 615,  
618, 638, 639, 648,  
666, 669, 678

Nov. 25-  
Dec. 15  
Nov. 24-  
Dec. 15

Either  
sex;  
except 3  
pt. min.  
in GMU  
450

203, Sept. 15- Sept. 15- Sept. 15- 3 Pt. min.  
301, 450 Oct. 8 Oct. 13 Oct. 12 or  
antlerless

302 Sept. 15-24 Sept. 15-29 Sept. 15-28 3 Pt. min.  
or  
antlerless

119, Sept. 11-24 Sept. 16-29 Sept. 15-28 Either sex  
172, 242, 304, except 2  
360, 448, 484, pt. or  
564, 603, 612, antlerless  
624, 636, 666, in GMU  
672, 684 636 and 3  
pt. min.  
or  
antlerless  
in GMU  
172.

501, Sept. 11- Sept. 16- Sept. 15- Either sex  
506 Oct. 1 Oct. 6 Oct. 5

480 Sept. 27- Sept. 25- Oct. 1-12 Either sex  
Oct. 8 Oct. 6

Bow Area  
802 Sept. 11- Sept. 16- Sept. 15- Either sex  
Oct. 8 Oct. 13 Oct. 12

Late Archery

GMUs	Dates			Legal Deer
	1991	1992	1993	

103 Nov. 13- Dec. 8 Nov. 11- Dec. 8 Nov. 10- Dec. 8 Whitetail  
only  
antlerless  
or 3-pt.  
min.

118, Nov. 27- Nov. 25- Nov. 24- Whitetail  
121, 124 Dec. 15 Dec. 15 Dec. 15 only;  
either sex

127, Nov. 27- Nov. 25- Nov. 24- Antlerless  
166, 178 Dec. 15 Dec. 15 Dec. 15 or 3 pt.  
min.

209, Nov. 27- Nov. 25- Nov. 24- Either sex  
215, Dec. 8 Dec. 8 Dec. 8  
233, 242, 272,  
300, 304, 316,  
346, 352, 364

558, 584, Nov. 27- Nov. 25- Nov. 24- Antlerless  
588, Dec. 15 Dec. 15 Dec. 15 or 2-pt.  
636, 681 min. in  
GMUs  
558, 584,  
588, 636,  
and 681

Bow Areas Dates Legal Deer

	Dates			Legal Deer
	1991	1992	1993	
802	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Either sex
806, 807	Nov. 27- Dec. 8	Nov. 25- Dec. 8	Nov. 24- Dec. 8	Either sex
820	Dec. 21- Jan. 5, 1992	Dec. 26- Jan. 10, 1993	Dec. 25- Jan. 9, 1994	Either sex

Extended Late Archery

GMUs	Dates			Legal Deer
	1991	1992	1993	

405, Nov. 27- Nov. 25- Nov. 24- Either sex  
410, Dec. 31 Dec. 31 Dec. 31 except  
433, 442, 454, 484, antlerless  
505, 506, 564, or 2 pt.  
568, 603, 624, min. in  
627\*, 642, 660, GMU  
663, 667, 672, 433.  
and deer areas  
041 and 042

\* Submarine Base Bangor within GMU 627 is antlerless only.

Muzzleloader Deer Seasons

Tag Required: Deer hunter must have a current, valid, unaltered, unnotched muzzleloader deer tag on his/her person.

Hunting Method: Muzzleloader only.

Special Notes: Muzzleloader tag holders can only hunt during muzzleloader seasons and must hunt with muzzleloader equipment. Muzzleloader deer tag holders may apply for all either sex, antlerless only, and branched antler deer special hunting permits.

High Buck Hunt

GMUs	Dates			Legal Deer
	1991	1992	1993	

203, Sept. 15-25 Sept. 15-25 Sept. 15-25 3-Pt. min.  
301, 302, 450

Deer Areas  
010, Sept. 15-25 Sept. 15-25 Sept. 15-25 3-Pt. min.  
040, 060

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**Early Muzzleloader**

GMUs	Dates			Legal Deer
	1991	1992	1993	
119, 209, 242, 302, 304, 360, 368, 564, 666	Sept. 25- Oct. 8	Sept. 30- Oct. 13	Sept. 29- Oct. 12	Either sex
506	Oct. 5-11	Oct. 8-14	Oct. 8-14	Buck only
484, 603, 612, 624, 672	Sept. 25- Oct. 8	Sept. 30- Oct. 13	Sept. 29- Oct. 12	Buck only

**Late Muzzleloader**

GMUs	Dates			Legal Deer
	1991	1992	1993	
113	Nov. 27- Dec. 8	Nov. 25- Dec. 8	Nov. 24- Dec. 8	Whitetail only either sex
<u>130, 133, 136, 139, 181</u>	Nov. 27- Dec. 8	Nov. 25- Dec. 8	Nov. 24- Dec. 8	Antlerless or 3 pt. min.
304	Nov. 9-17	Nov. 14-22	Nov. 13- <del>((24))</del> 19	Buck only
410	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Either sex
478	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Antlerless or 2-pt. min.
501, 504, 550	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Either sex
580	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Buck only
576, 586	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	2-Pt. min.
602, 633, 651, <u>666</u> , 684	Nov. 27- Dec. 15	Nov. 25- Dec. 15	Nov. 24- Dec. 15	Either sex
Muzzleloader Area 925	Dec. 1-31	Dec. 1-31	Dec. 1-31	Antlerless only
<u>926</u>			<u>Nov. 24- Dec. 15</u>	<u>Either Sex</u>

**Firearm Restricted Deer Hunts Open To All Deer Hunters**

Tag Required: Deer hunter must have a current, valid, unaltered, unnotched modern firearm, archery or muzzleloader deer tag on his/her person.

Hunting Method: Must use weapon in compliance with tag. Firearm restrictions apply in some GMUs.

GMUs	Weapon Permitted	Dates			Legal Deer
		1991	1992	1993	
410	Archery, Shotgun, Muzzleloader	Oct. 12-27	Oct. 17- Nov. 1	Oct. 16-31	Either sex
480	Archery, Shotgun, Muzzleloader	Oct. 12-27	Oct. 17- Nov. 1	Oct. 16-31	Either sex
564	Archery, Shotgun, Muzzleloader	Nov. 21- Dec. 15	Nov. 19- Dec. 15	Nov. 18- Dec. <del>((15))</del> 31	Either sex
625	Archery	Sept. 11- Dec. 15	Sept. 16- Dec. 15	Sept. 15- <del>((Dec-15))</del> Oct. 31	Either sex

**Private Land Management Opportunities**

**Kapowsin Tree Farm (GMU 401 - Champion)**

Hunting Method	Open Season	Special Restrictions
Archery	Sept. 15-Oct. 12	Antlerless or 2 pt. min.
Modern Firearm:		
General	Oct. 16-31	2 pt. min.
Late Buck	Nov. 18-21	2 pt. min.
Muzzleloader	Nov. 24-Dec. 5	Antlerless or 2 pt. min.

**BLACK BEAR**

Bag Limit: Fall general - One (1) black bear.

Tag Sale Deadline: Bear tags must be purchased by midnight of the day, preceding modern firearm deer season opener. Actual dates are: Oct. 11, 1991; Oct. 16, 1992; Oct. 15, 1993.

**PURSUIT ONLY SEASON**

It is lawful to pursue or tree black bears during established pursuit-only seasons, provided any bear pursued or treed is NOT killed or injured.

Aug. 1-31, 1991, 1992, and 1993, in GMUs 100-111, GMU 113 outside of Selkirk Grizzly Bear Recovery Zone\*, 118-124 and GMUs 200 and 206.

**OPEN SEASON**

(Bear may be killed.)

Eastern Washington\*

Sept. 1-Oct. 25, 1991, 1992, and 1993, except restrictive season below in Walla Walla and Columbia counties outside of Umatilla National Forest and CLOSED to hunting with hounds Sept. 1-5 in GMUs 203, 218, 224, 231, 239, and 242.

Oct. 12-25, 1991; Oct. 17-25, 1992; Oct. 16-25, 1993; in Columbia and Walla Walla counties outside Umatilla National Forest.

\* Use of hounds and bait to hunt black bear prohibited in that part of GMU 113 within the Selkirk Grizzly Bear Recovery Zone\*.

\* Selkirk Grizzly Bear Recovery Zone: (Pend Oreille County): Beginning at the junction of the Canadian-Washington border and State Route 31 by Boundary Lake; then east along the Canadian border to the Idaho border; then south along the Idaho-Washington border to the ridge top between Bath Creek and Lamb Creek at Section 1, Township 35 North, Range 45 East; then west along said ridge top to USFS Road 310; then west along USFS Road 310 to the peak of Gleason Mountain; then west along USFS Trail

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162 to Hungry Mountain; then south and west along the ridge top between Fourth of July Creek and Middle Creek to the mouth of LeClerc Creek; then north along the ridge top between the Pend Oreille River and the West Branch LeClerc Creek (Dry Canyon Ridge) to Sullivan Lake Road; then north and east along Sullivan Lake Road to Sullivan Lake; then north along the east shoreline of Sullivan Lake to Sullivan Lake Road; then north and west along Sullivan Lake Road to the city limits of Metaline Falls; then north along the city limits of Metaline Falls to State Route 31; then north along State Route 31 to the point of beginning. (See Washington Atlas & Gazetteer or Colville National Forest map.)

**Western Washington**

Aug. 1-Oct. 27, 1991; Aug. 1-Nov. 1, 1992; Aug. 1-Oct. 31, 1993, EXCEPT Sept. 1-Oct. 27, 1991; Sept. 1-Nov. 1, 1992; Sept. 1-Oct. 31, 1993; in GMUs 669, 678, and 681 and Sept. 11-Oct. 27, 1991; Sept. 16-Nov. 1, 1992; and Sept. 15-Oct. 31, 1993, in Bow Area 802. CLOSED in GMUs 485 and 522.

**HOUND HUNTING CLOSURES**

Use of hounds is prohibited in GMU 684, and Bow Area 802.

**TOOTH SUBMITTAL**

**Bear:** Each hunter who takes a bear must submit the small premolar tooth behind the canine tooth of upper and lower jaw for age determination. Tooth envelopes are available from Department of Wildlife regional offices.

**REPORT CARDS**

Each successful hunter must fill out and return a Game Harvest Report Card to the Department of Wildlife within ten days after taking a deer or bear.

**Reviser's note:** RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

**Reviser's note:** The typographical error in the above section occurred in the copy filed by the agency and appears in the Register pursuant to the requirements of RCW 34.08.040.

**WSR 93-11-017**  
**PERMANENT RULES**  
**WASHINGTON STATE PATROL**  
 [Filed May 6, 1993, 8:44 a.m.]

Date of Adoption: April 30, 1993.

Purpose: Amend WAC 204-44-040 to clarify how trailers are to be secured while being hauled on log trucks.

Citation of Existing Rules Affected by this Order: Amending WAC 204-44-040.

Statutory Authority for Adoption: RCW 46.37.005.

Pursuant to notice filed as WSR 93-05-028 on February 12, 1993.

Changes Other than Editing from Proposed to Adopted Version: An additional method of attaching an empty pole trailer to a truck-tractor while in transit has been included. This additional method will allow a chain to be securely fastened from either axle of the pole trailer to a point directly below the truck-tractor frame or crossmember.

Effective Date of Rule: Thirty-one days after filing.

April 30, 1993  
 Roger W. Bruett  
 Chief

**NEW SECTION**

**WAC 204-44-040 Securing pole trailers while in transit.** Any empty pole trailer loaded upon any truck-tractor (except pole trailers that straddle the truck-tractor bunks) shall be fastened to the truck-tractor by not less than one 5/16" grade seven or better chain and one tensioning or locking device in such a manner as to prevent it from falling or shifting while in transit. The chain shall be securely fastened between the forward point on the reach tunnel and a point on the truck-tractor frame or from either axle of the pole trailer to a point directly below the truck-tractor frame or crossmember.

**WSR 93-11-018**  
**PERMANENT RULES**  
**WASHINGTON STATE PATROL**  
 [Filed May 6, 1993, 8:46 a.m.]

Date of Adoption: April 30, 1993.

Purpose: Adoption of SAE J1849 for emergency vehicle sirens will ensure the requirements for these devices are current standards as they are developed.

Citation of Existing Rules Affected by this Order: Repealing chapter 204-84 WAC; and amending WAC 204-10-120.

Statutory Authority for Adoption: RCW 46.37.005.

Pursuant to notice filed as WSR 93-05-029 on February 12, 1993.

Effective Date of Rule: Thirty-one days after filing.

April 30, 1993  
 Roger W. Bruett  
 Chief

**REPEALER**

The following chapter of the Washington Administrative Code is repealed:

- |                |                                    |
|----------------|------------------------------------|
| WAC 204-84-010 | Promulgation.                      |
| WAC 204-84-020 | Scope.                             |
| WAC 204-84-030 | Definitions.                       |
| WAC 204-84-040 | Identification markings.           |
| WAC 204-84-050 | Instrumentation for testing.       |
| WAC 204-84-060 | Testing sites.                     |
| WAC 204-84-070 | Microphone and personnel stations. |
| WAC 204-84-080 | Siren test procedures.             |
| WAC 204-84-090 | Siren requirements.                |
| WAC 204-84-100 | Mounting requirements.             |

**AMENDATORY SECTION** (Amending Order 81-08-02, filed 8/21/81)

**WAC 204-10-120 Sirens.** (~~Standards for sirens shall be as set forth in chapter 204-84 WAC.~~) Society of Automotive Engineers (SAE) J1849 is hereby adopted by reference as the standard for emergency vehicle sirens.

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**WSR 93-11-025  
PERMANENT RULES  
DEPARTMENT OF LICENSING**

[Filed May 7, 1993, 12:04 p.m., effective July 1, 1993]

Date of Adoption: April 27, 1993.

Purpose: Fee change.

Citation of Existing Rules Affected by this Order:  
Amending WAC 308-18-150.

Statutory Authority for Adoption: RCW 18.170(1)  
[18.170.180(1)].

Pursuant to notice filed as WSR 93-07-098 on March  
23, 1993.

Effective Date of Rule: Effective date with those  
licenses expiring on or after July 1, 1993.

May 6, 1993

Jon Clark

Acting Assistant Director  
Professional Licensing Services

**AMENDATORY SECTION** (Amending WSR 91-22-112,  
filed 11/6/91, effective 12/7/91)

**WAC 308-18-150 Private security guard company,  
private security guard, and armed private security guard  
fees.** The following fees for a one-year period shall be  
charged by professional licensing services of the department  
of licensing:

Title of Fee	Fee
Private security guard company:	
Application/examination	\$250.00
Reexamination	25.00
License renewal	250.00
Late renewal with penalty	350.00
Certification	25.00
Private security guard:	
Original license	<del>((25.00))</del> <u>35.00</u>
Certified trainer examination/ reexamination	25.00
License renewal	<del>((20.00))</del> <u>25.00</u>
Late renewal with penalty	<del>((25.00))</del> <u>30.00</u>
Certification	25.00
Armed private security guard:	
Original license	15.00
Certified trainer examination/ reexamination	25.00
License renewal	<del>((20.00))</del> <u>25.00</u>
Late renewal with penalty	<del>((25.00))</del> <u>30.00</u>
Certification	25.00

**WSR 93-11-026  
PERMANENT RULES  
UTILITIES AND TRANSPORTATION  
COMMISSION**

[Order R-387, Docket No. UT-930036—Filed May 7, 1993, 4:30 p.m.]

In the matter of adopting WAC 480-120-350 allowing  
reverse searches of the E-911 location database.

The Washington Utilities and Transportation Commis-  
sion brings this proceeding pursuant to RCW 80.01.040.  
The commission takes this action under Notice No. WSR 93-  
05-013, filed with the code reviser on February 9, 1993.

This proceeding complies with the Open Public Meet-  
ings Act (chapter 42.30 RCW), the Administrative Procedure  
Act (chapter 34.05 RCW), the State Register Act (chapter  
34.08 RCW), the State Environmental Policy Act of 1971  
(chapter 34.21C RCW), and the Regulatory Fairness Act  
(chapter 19.85 RCW).

The commission scheduled this matter for oral comment  
and adoption under Notice No. WSR 93-05-013, for 9:00  
a.m., Wednesday, April 7, 1993, in the Commission's  
Hearing Room, Second Floor, Chandler Plaza Building, 1300  
South Evergreen Park Drive S.W., Olympia, WA. The  
notice provided interested persons the opportunity to submit  
written comments to the commission until March 15, 1993.

Written comments were presented by King County E-  
911 Program Office, Pierce County, United Telephone  
Company, and by the commission staff.

The rule change proposal was considered for adoption  
at the commission's regularly scheduled open public meeting  
on April 7, 1993, before Chairman Sharon L. Nelson,  
Commissioner Richard D. Casad and Commissioner A. J.  
Pardini. Oral comments were made by Thomas Spinks of  
the commission staff and Rex Knowles of United Telephone.  
The commission continued the matter on the record for  
adoption on April 14 at the same time and place as specified  
in the notice. At that time and place, the commission further  
continued the matter until April 21 at the same time and  
place. Then and there, after considering the prior written  
and oral comments and the further comments of Mr. Spinks  
of the commission staff, the commission adopted the rule.  
The rule permits telephone companies to allow reverse  
searches of an automatic location identification data base by  
a public safety answering point, or 911 agency. That allows  
speedy and economic reference to accurate location identifi-  
cation for the provision of emergency information. To  
protect privacy interests, the rule forbids investigatory use of  
reverse searches and requires that independent records of  
reverse searches be retained by both the PSAP and the local  
exchange company.

In adopting the rule, the commission adopted two  
revisions recommended by the commission staff. The first  
is an editorial change, making a complete sentence of the  
phrase "independent of the PSAP and accessible to the  
LEC," referring to records of reverse searches, for clarity.  
The second revision is to add a provision clarifying that the  
record of reverse searches need not, although it may, be  
acquired by the LEC at the time the reverse search is made.  
The LEC may withdraw records daily if the record of  
reverse searches is secure from alteration and deletion. The  
latter change makes it clear that the rule allows flexibility  
in maintaining a data base when dual records of reverse

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searches are made and maintained in a manner protecting privacy interests.

The rule does not have an economic impact on more than 20% of all industries nor on more than 10% of any one three-digit standard industrial classification. No small business economic impact statement is required.

In reviewing the entire record, the commission determines that WAC 480-120-350 should be adopted to read as set forth in Appendix A, as a rule of the Washington Utilities and Transportation Commission, to take effect pursuant to RCW 34.05.080(2).

ORDER

THE COMMISSION ORDERS That WAC 480-120-350 is adopted to read as set forth in Appendix A, as a rule of the Washington Utilities and Transportation Commission, to take effect pursuant to RCW 34.05.080(2).

THE COMMISSION FURTHER ORDERS That this order and the attached rule, after being recorded in the order register of the Washington Utilities and Transportation Commission, shall be forwarded to the code reviser for filing pursuant to chapter 34.05 RCW and chapter 1-21 WAC.

DATED at Olympia, Washington, this 7th day of May, 1993.

Washington Utilities and Transportation Commission  
Sharon L. Nelson, Chairman  
Richard D. Casad, Commissioner  
A. J. Pardini, Commissioner

APPENDIX "A"

NEW SECTION

**WAC 480-120-350 Reverse search by E-911 PSAP of ALI/DMS data base—When permitted.** (1) A public safety answering point (PSAP) may make a reverse search of information in the automatic location identification (ALI/DMS) data base when, in the judgment of the representative of the public safety answering point, an immediate response to the location of the caller or to the location of another telephone number reported by the caller is necessary because of an apparent emergency.

(2) A record shall be created by the telecommunications local exchange company (LEC) or in the data base that is searched, at the time of the reverse search, showing the date and time, the number searched, the PSAP and, if feasible, the PSAP agent position from which the reverse search is initiated. The records shall be retained for at least three years following the search. The record shall be independent of the PSAP and accessible to the LEC. Records may be created in a PSAP data base and retrieved no less frequently than once each normal workday by the LEC if the collection and storage of the data are reasonably secure from alteration or deletion.

(3) No reverse search may be made unless the public safety answering point makes a record of the search and the circumstances requiring the search. The PSAP shall retain its records of each reverse search for at least three years following the search.

(4) The PSAP and the LEC shall each disclose, upon inquiry by a customer, whether the customer's line information in the ALI/DMS has been searched within the three

years prior to the inquiry. If the line has been searched, the PSAP and the LEC shall disclose to the customer the information about the search in its respective possession.

(5) Reverse search shall not be used for criminal or legal investigations or other nonemergency purposes.

**WSR 93-11-028**  
**PERMANENT RULES**  
**LIQUOR CONTROL BOARD**  
[Filed May 10, 1993, 10:50 a.m.]

Date of Adoption: May 5, 1993.

Purpose: The purpose of WAC 314-70-050 is to specifically define and outline the procedures which shall be used whenever an agent of the board destroys liquor; WAC 314-52-080 is to simplify and clarify existing language; WAC 314-40-030 is to delete unnecessary language pertaining to documents which are currently required from private club licensees; WAC 314-20-015 is to bring the rule into compliance with law passed during the 1992 session; WAC 314-24-160 is to bring rule into compliance with law passed during the 1992 session; and WAC 314-24-095 is to bring rule into compliance with 1991 session law.

Citation of Existing Rules Affected by this Order: Amending WAC 314-52-080, 314-40-030, 314-20-015, 314-24-160, and 314-24-095.

Statutory Authority for Adoption: RCW 66.08.030.

Pursuant to notice filed as WSR 93-07-109 on March 23, 1993.

Effective Date of Rule: Thirty-one days after filing.

May 10, 1993  
Paula O'Connor  
Chairman

NEW SECTION

**WAC 314-70-050 Destruction of liquor by liquor enforcement officers.** (1) Pursuant to RCW 66.08.030, liquor enforcement officers are authorized to seize, confiscate, and destroy any liquor manufactured, sold, or offered for sale within the state that does not conform in all respects to the standards prescribed by Title 66 RCW and board regulations.

(2) Destruction shall be carried out under competent supervision and a record of the type, brand, and amount of liquor shall be maintained on a form prescribed by the board. Records made pursuant to this regulation shall be maintained for a period not less than one year.

(3) Liquor may be destroyed only after:

(a) The board's charges of a violation of Title 66 RCW or board regulations have been sustained after an administrative proceeding pursuant to chapter 314-04 or 314-08 WAC in which the liquor to be destroyed has been the subject of, or evidence in, that administrative proceeding; or

(b) The board's charges of a violation of Title 66 RCW or board regulations have been admitted or are not contested by the person from whom the liquor was seized and the liquor seized was the subject of the charged violation; or

(c) Liquor was seized pursuant to lawful arrest and that liquor was held as evidence in a criminal proceeding where a final disposition has been reached; or

(d) When no administrative or judicial proceedings are held, all parties who claim a right, title, or interest in the seized liquor have been given notice and opportunity for a hearing to determine his or her right, title, or interest in the subject liquor. Claims of right, title, or interest in seized liquor must be made to the board, in writing, within thirty days of the date of seizure.

**AMENDATORY SECTION** (Amending Order 108, Resolution No. 117, filed 8/11/82)

**WAC 314-52-080 Novelty advertising.** (1) Novelty advertising items shall include, but shall not be limited to, trays, lighters, blotters, post cards, pencils, coasters, menu cards, meal checks, napkins, clocks, wearing apparel, mugs, glasses, knives, lamp shades, or similar items on which the logo, liquor brand name or name of a manufacturer of an alcoholic beverage has been imprinted.

(2) No liquor manufacturer, wholesaler, or importer, or employee thereof, shall provide without charge, directly or indirectly, any novelty advertising items to any retail licensee; nor shall any retail licensee, or employee thereof, accept without charge any liquor novelty advertising items directly or indirectly, from any manufacturer, wholesaler, or importer, or employee thereof.

(3) A manufacturer, wholesaler, or importer, or employee thereof, may sell, and a retail licensee may purchase, for use, resale, or distribution on the licensed premises any novelty advertising items. The price thereof shall be ~~((in conformity with the open market price in the locality where sold))~~ not less than the manufacturer's, importer's, or wholesaler's cost of acquisition. In no event shall credit be extended to any retail licensee. The purchase by retail licensees of such items shall be supported by invoices or signed vouchers which shall be preserved for two years on premises available for immediate inspection by board enforcement officers.

(4) A manufacturer, importer, or wholesaler who sells novelty advertising items to retail licensees shall keep on file the originals or copies of all sales slips, invoices, and other memoranda covering all purchases of novelty advertising items from the supplier or manufacturer of such items and shall also keep on file a copy of all invoices, sales slips, or memoranda reflecting the sales to licensees or other disbursement of all novelty advertising items. Such records shall be maintained in a manner satisfactory to the board and must be preserved in the office of the manufacturer, importer, or wholesaler for a period of at least two years after each purchase or sale. Any manufacturer which does not maintain a principal office within the state shall, when requested, furnish the above required records at a designated location within the state for review by the board.

**AMENDATORY SECTION** (Amending Order 19, filed 8/10/72)

**WAC 314-40-030 Constitution—Bylaws—House rules.** (1) No license shall be issued to any organization or club unless its constitution, bylaws, and house rules are submitted to the board as evidence that the applicant

qualifies as a bona fide club under provisions of state liquor laws and regulations. ~~((Two copies of such constitution, bylaws, and house rules and any amendments thereto shall be kept on file with the board at all times. No amendments to the same which will in any way affect the operation under such license can become operative until after the same have been submitted to the board.))~~

(2) The constitution, bylaws and/or house rules shall provide, among other things:

(a) That all classifications of members must be admitted only on written application and only after investigation and ballot. Such admissions must be duly recorded in the official minutes of a regular meeting;

(b) Standards of eligibility for members;

(c) Limitation on the number of members consistent with the nature of the organization or club;

(d) That not more than twelve honorary members be admitted in any one calendar year, and that nonresident and associate members be restricted to numbers consistent with the nature of the organization or club;

(e) Reasonable initiation fees and dues consistent with the nature and purpose of the organization or club;

(f) The period for which dues shall be paid and the date upon which this period shall expire;

(g) Reasonable regulations for the dropping of members for the nonpayment of dues;

(h) Strict regulations for the government of organization or club rooms and quarters generally consistent with its nature and character;

(i) That organization or club rooms and quarters must be under the supervision of a manager and house committee, which committee shall be appointed by the governing body of the organization or club;

(j) Provisions for visitors and for the issuance and use of guest and courtesy cards in accordance with WAC 314-40-040.

**AMENDATORY SECTION** (Amending Order 85, Resolution No. 94, filed 10/28/81)

**WAC 314-20-015 Licensed brewers—Retail sales of beer on brewery premises—Beer served without charge on premises—Class H restaurant operation.** (1) A licensed brewer holding a proper retail license, pursuant to chapter 66.24 RCW, may sell beer of its own production at retail on the brewery premises: *Provided*, That beer so sold at retail shall be subject to the tax and penalty for late payment, if any, as imposed by RCW 66.24.290, and to reporting and bonding requirements as prescribed in RCW 66.28.010 and WAC 314-20-010.

(2) In selling beer at retail, as provided in subsection (1) of this regulation, a brewer shall conduct such operation in conformity with the statutes and regulations applicable to holders of such beer retailers' licenses. The brewer shall maintain records of such retail operation separate from other brewery records.

(3) Upon written authorization of the board, pursuant to RCW 66.04.011, beer of a licensed brewer's own production may be consumed in designated parks and picnic areas adjacent to and held by the same ownership as the licensed brewer.

(4) A licensed brewer or a lessee of a licensed brewer operating a Class H restaurant, licensed pursuant to RCW 66.28.010, shall conduct such operation in conformity with the statutes and regulations which apply to holders of such Class H licenses.

(5) A brewer may serve its own beer and beer not of its own production without charge on the brewery premises, as authorized by RCW 66.28.040. Such beer served without charge as provided herein is not subject to the tax imposed by RCW 66.24.290.

(6) No retail license or fee is required for the holder of a brewer's license to serve beer without charge on the brewery premises as set forth in subsection (5) of this regulation. Before exercising this privilege, however, such brewer shall obtain approval of the proposed service area and facilities from the board. Such brewer shall maintain a separate record of all beer so served.

(7) A brewery is required to obtain the appropriate retail license to sell beer, wine, or spirits on the brewery premises that is not of its own production.

**AMENDATORY SECTION** (Amending Order 190, Resolution No. 199, filed 5/28/86)

**WAC 314-24-160 Domestic wineries—Retail sales of wine on winery premises—Wine served without charge on premises—Class H restaurant operation.** (1) A domestic winery holding a proper retail license, pursuant to chapter 66.24 RCW, may sell wine of its own production at retail on the winery premises: *Provided*, That wine so sold at retail shall be subject to the tax imposed by RCW 66.24.210, and to reporting and bonding requirements as prescribed by RCW 66.28.010 and WAC 314-24-110 (Rule 69).

(2) In selling wine of its own production at retail on its premises as provided in subsection (1) of this regulation, a domestic winery shall conduct such operation in conformity with the statutes and regulations which apply to holders of such wine retailers' licenses. The winery shall maintain records of its retail operation separate from other winery operation records.

(3) Upon written authorization of the board, pursuant to RCW 66.04.011, wine of a domestic winery's own production and/or liquor products other than wine of a licensee's own production may be consumed in designated parks and picnic areas adjacent to and held by the same ownership as the domestic winery.

(4) A domestic winery or a lessee of a licensed domestic winery operating a Class H restaurant, licensed pursuant to RCW 66.28.010, shall conduct such operation in conformity with the statutes and regulations which apply to holders of such Class H licenses.

(5) A domestic winery may serve its own wine and wine not of its own production without charge on the winery premises as authorized by RCW 66.28.040. Such wine served without charge as provided herein is not subject to the tax imposed by RCW 66.24.210.

(6) No retail license or fee is required for the holder of a domestic winery license to serve wine without charge on the winery premises as set forth in subsection (5) of this regulation. Before exercising this privilege, however, such winery shall obtain approval of the proposed service area

and facilities. Such winery shall maintain a separate record of all wine so served.

(7) A winery is required to obtain the appropriate retail license to sell beer, wine, or spirits on the winery premises that is not of its own production.

**AMENDATORY SECTION** (Amending Order 224, Resolution No. 233, filed 7/7/87)

**WAC 314-24-095 Fortified wine—Exception to definition when affidavit on file.** (1) All wines which have an alcohol content (~~(equal to or)~~) greater than fourteen percent of alcohol by volume shall be considered to be "fortified wine" as defined in RCW 66.04.010(34) until an affidavit of exception, on a form prescribed by the board, has been filed with the board certifying that said wine qualifies under one or more of the statutory exclusions from that definition.

(2) The affidavit may be filed by either the manufacturer, importer or wholesaler of the wine, and whichever licensee files the affidavit is responsible for the information contained therein. Any affidavit which the board finds to contain false information shall result in suspension of label and product approval for the wine which is the subject of the affidavit for a period of not less than one year.

#### WSR 93-11-032

##### PERMANENT RULES

#### DEPARTMENT OF AGRICULTURE

[Order 4020—Filed May 10, 1993, 3:37 p.m.]

Date of Adoption: May 10, 1993.

Purpose: To amend rule recognizing two distinct subdistricts within rapeseed production district 6 to clarify production and nonproduction areas and specifying dominant types of rapeseed production in Washington state.

Citation of Existing Rules Affected by this Order: Amending chapter 16-570 WAC, Rapeseed production and establishment of districts.

Statutory Authority for Adoption: Chapters 15.65 and 15.66 RCW.

Pursuant to notice filed as WSR 93-07-085 on March 18, 1993.

Effective Date of Rule: Thirty-one days after filing.

May 10, 1993

Peter J. Goldmark

Director

**AMENDATORY SECTION** (Amending Order 2029, filed 3/13/90, effective 4/13/90)

**WAC 16-570-040 Rules of rapeseed production districts.** (1) Established production districts. Duly established rapeseed production districts within the state of Washington, under procedures outlined in WAC 16-570-020, include Districts 3, 4, 5, 6, 8, 9, 10, 11, and 12. Districts 1, 2, and 7 are not currently organized, and production of rapeseed is prohibited in accordance with WAC 16-570-020(1).

(2) Dominant type rapeseed. The dominant type of rapeseed for duly established production Districts 3, 4, 5, 6

subdistrict B, 8, 9, 10, 11, and 12 shall be canola, low erucic acid rapeseed - low glucosinolates (lear-1g): *Provided*, That off-type rapeseed production may be allowed if conditions outlined in WAC 16-570-030 (1)(f) are met. Production of rapeseed in Districts 1, 2, and 7 by any person for any purpose is prohibited as per WAC 16-570-020.

(3) District 6 shall be divided into two subdistricts. Subdistrict A shall consist of all lands within Kittitas County, and production of all types of rapeseed shall be prohibited. Subdistrict B shall consist of all the remaining lands within District 6 within the defined areas of Yakima County and Benton County as defined in WAC 16-570-020(2), District 6. Production of all types of rapeseed shall be authorized in accordance with subsection (2) of this section.

**WSR 93-11-036**  
**PERMANENT RULES**  
**SPOKANE COUNTY AIR**  
**POLLUTION CONTROL AUTHORITY**  
 [Filed May 11, 1993, 8:18 a.m.]

Date of Adoption: May 6, 1993.

Purpose: To establish procedures for transfer of base acreage for rights to burn turf and field and forage grasses.

Citation of Existing Rules Affected by this Order: Amending Regulation I, Article VI, Section 6.10 F of SCAPCA.

Statutory Authority for Adoption: RCW 70.94.141(1).

Pursuant to notice filed as WSR 93-07-088 on March 19, 1993.

Effective Date of Rule: Thirty-one days after filing.

May 6, 1993  
 Eric P. Skelton  
 Director

**SECTION 6.10 GRASS FIELD BURNING**

**AMENDATORY SECTION**

**REGULATION 1 SECTION 6.10 F**

**F. Base Acreage Determination**

(1) Base acreage establishes permit history and is defined as the greatest number of acres that a person or entity has burned, under permit issued by the Authority, in any single year from 1985 to 1989 inclusive, except that if more than one applicant has received a permit in the same period to burn the same field(s), then only the last person or entity to burn the field(s) may use the field(s) in determining the base acreage total.

(2) Each applicant shall identify with specificity the year and number of acres burned, including the location, whereupon the Director shall cause a record to be made of the determination for each applicant, and the Director shall mail notice to each applicant of the base acreage determination for that applicant. No person or entity, possessing base acreage, may apply for or be granted a permit to burn grass field(s) unless the grass field(s) are under the applicant's direct control, either by ownership or lease.

(3) No ~~(Each)~~ Person or entity may apply~~(ing)~~ for or be granted a permit to burn grass field(s) unless the person

or entity ~~((after the effective date of this section shall))~~ establishes ~~((an acreage))~~ base acreage ~~((for))~~ which ~~((the applicant may apply for permits))~~ equals or exceeds the number of acres specified in the application. After November 6, 1993, no person or entity may possess base acreage unless the person or entity has a valid conservation plan which has been approved by the Spokane County Conservation District or the Soil Conservation Service of the United States Department of Agriculture. Such plan shall specify present or future intent to maintain perennial grasses in rotation as part of a conservation system. All persons or entities possessing base acreage on May 6, 1993, and intending to retain base acreage, shall submit to the Authority evidence of approval of such plan no later than November 6, 1993. All base acreage for which such evidence of a valid conservation plan has not been established by November 6, 1993, shall be transferred to the Base Acreage Account of the Authority. Within 90 days of amendment of a conservation plan, the affected person or entity shall submit evidence of such amended plan to the Authority. ~~((The acreage shall be determined as the greatest number of acres the applicant has burned, under permit issued by the Authority, since 1985, provided, if more than one applicant has received a permit since 1985 to burn the same field(s), then only the last person to burn the field may use that field in his or her base acreage total.~~

The Director shall require each applicant to identify with specificity the year and number of acres burned, including the location, whereupon the Director shall cause a record to be made of the determination for each applicant, and the Director shall mail notice to each applicant of the base acreage determination for that applicant.)

(4) Any ~~((applicant)),~~ person or entity alleging permit history pursuant to Chapter 173-430 WAC, and aggrieved by the determination of the Director ~~((shall))~~ may ~~((, within 30 days,))~~ give notice thereof in writing, ~~((and shall))~~ stat(e)ing ~~((in writing))~~ all reason(s) ~~((the applicant may have))~~ for being aggrieved. Upon receipt of written notice, the Director shall ~~((re))~~ determine if the base acreage entitlement ~~((of the applicant))~~ shall be modified and give ~~((the applicant))~~ notice of the ~~((re))~~ determination. If ~~((the applicant is))~~ still aggrieved, then ~~((within 30 days,))~~ the ~~((applicant shall))~~ person or entity may request a hearing before the Board of Directors of the Authority, and upon hearing the Board of Directors shall ~~((re))~~ determine if the base acreage ~~((of the applicant))~~ entitlement shall be modified. Such request for hearing by an aggrieved person or entity, in order to be considered, must be received by the Authority within 30 days of the Director's determination. The decision of the Board of Directors shall be final, except for any further appeal as may be allowed by law to the Pollution Control Hearings Board or the courts.

(5) Any hearing, as may be provided for herein, may be conducted by a hearings official appointed by the Board of Directors. If the Board of Directors chooses to appoint a hearings official to conduct the hearing, ~~((and))~~ the decision of such hearings official shall be the final decision of the Board of Directors.

~~((The base acreage determination hereby required shall be used to determine prorata reductions if the same are hereafter imposed.~~

PERMANENT

~~(6) No permit to burn any grass field shall issue after the effective date hereof in excess of the greatest number of acres burned under permit since 1985. For the year 1990 p))~~ Permits when properly applied for may issue for 100% of ~~all~~ an applicant's entitlement reflected in the base acreage determination, unless prorata reductions are imposed, as provided in Section 6.10.I. In the event that prorata reductions are imposed, the base acreage in the Base Acreage Account of the Authority shall be reduced at the same time by the same percentage.

(7) If upon any determination of a ~~(an applicant's)~~ person's or entity's base acreage, it shall appear that the ~~((applicant))~~ person or entity is entitled to count ~~((a field))~~ acreage formerly ~~((already))~~ included in another applicant's base acreage, then the Director shall reduce the prior applicant's base acreage determination, credit the new person or entity accordingly, and give notice thereof to ~~((that applicant))~~ both parties. Appeal may be had from any such determination ~~((as hereinbefore stated))~~ to the Board of Directors of the Authority as provided in Section 6.10.F.(4).

(8) Base acreage shall apply to a person or entity and not to specific parcels of land. Base acreage is transferable at the option of the person or entity, at the time an equivalent number of acres of land is transferred, by sale, lease, expiration of lease, or inheritance, to a spouse, son, daughter, or other successor to the land, or by operation of law, and becomes the possession of the successor to the land, except as provided in Section 6.10.F.(9). The person or entity possessing base acreage may retain all or part of base acreage upon transfer of land or loss of interest in the land, provided the retained base acreage does not exceed the total area of land, intended for agricultural use, which remains under control of the person or entity, either by ownership or lease, and provided the lease or sublease does not constitute a temporary transfer agreement as described in Section 6.10.F.(9). Any person or entity with base acreage exceeding the total area of land, intended for agricultural use, remaining under their control as a result of such land transfer or loss of interest in the land may petition the Director for retention of excess base acreage for up to 24 months from the date of transfer or loss of interest in the land. Such petition shall be made in writing within 90 days of land transfer or loss of interest in the land. The Director shall grant the retention of excess base acreage if the person or entity demonstrates to the satisfaction of the Director that every reasonable effort is being made to secure additional acreage of land for intended agricultural use which equals or exceeds the base acreage excess and which complies with Section 6.10.F.(3). The Director may grant an extension of time for up to 24 additional months, if the person or entity demonstrates to the satisfaction of the Director that specific parcels of land will be secured by a specified date and the requirements of Section 6.10.F.(3) will be met. Otherwise, any excess base acreage resulting from such land transfer or loss of interest in the land, is transferred to the Base Acreage Account of the Authority. Nothing in Section 6.10.F.(8) shall be construed as limiting the rights of aggrieved persons or entities to appeal, pursuant to the provisions of Section 6.10.F.(4).

(9) Any person or entity, possessing base acreage and having title to or leasehold interest in equivalent acreage of land, may enter into an agreement with a lessee or sublessee

of the land to temporarily transfer base acreage for the term of the lease or sublease, provided the person or entity possessing the base acreage notifies the Authority in writing within 90 days of the transfer. At a minimum, notification shall include the effective date of the lease or sublease, the expiration date of the lease or sublease, the number of acres of land transferred or leased and the number of base acres transferred. Upon expiration of the lease or sublease, the base acreage shall revert to the person or entity who transferred the base acreage.

(10) Except as provided in Section 6.10.F.(9), any person or entity, possessing base acreage, may voluntarily relinquish all or a portion of said base acreage to the Base Acreage Account of the Authority. No person or entity, possessing base acreage, may transfer base acreage directly to another person or entity, except as provided in Sections 6.10.F.(8)&(9).

(11) Any person or entity intending to engage in the business of growing turf grass or field and forage grass for seed may apply to the Authority for base acreage from the Base Acreage Account. The Director may require proof of ownership or lease, proof of intent to own or lease equivalent acres of agricultural lands, and/or proof of compliance with Section 6.10.F.(3) before an application is approved.

(12) Any person or entity which transfers base acreage to the Base Acreage Account of the Authority shall specify to the Authority a minimum bid price per acre to be paid as compensation by a person or entity which purchases base acreage. The transferring person or entity shall place the specified minimum bid price inside a sealed envelope, with the name of the person or entity and the amount of base acreage specified on the outside of the envelope, and deliver it to the Authority. The envelope shall be clearly marked on the outside with the word, "transferred". Base acreage shall be disbursed from the Account, in order of priority, beginning with the lowest and proceeding to the highest specified minimum bid price per acre (as specified by the seller), except that any base acreage with a specified minimum bid price exceeding the highest bid, shall not be disbursed from the account. In the case of a required transfer of base acreage to the Base Acreage Account, if the person or entity fails to specify a minimum bid price per acre, the Authority shall establish the bid price as the average of all the specified minimum bid prices of base acreage in the Base Acreage Account for which there are apparent successful matches between seller and bidder at the time the bids are opened. In the case of two or more specified minimum bid prices being the same, the base acreage shall be disbursed from the account on the basis of equal percentage from each affected transferring person or entity. Transfer of base acreage to the Base Acreage Account constitutes consent to sell the base acreage in total or in increments as determined by the successful bids.

(13) Base acreage shall be disbursed from the Base Acreage Account to persons or entities, as described in Section 6.10.F.(11), by a sealed, competitive bid process. The bidder shall place the actual bid price inside a sealed envelope, with the name of the bidder, and the number of base acres desired on the outside of the envelope, and deliver it to the Authority. The envelope shall be clearly marked on the outside with the word, "bid". The bidder shall also specify on the outside of the envelope the mini-

minimum number of base acres the bidder will commit to purchase in the event that the full base acreage request cannot be met. If the number of base acres available to the bidder is less than the bidder's minimum commitment to purchase, then the bid shall be deemed unsuccessful. Base acreage shall be awarded, in order of priority, beginning with the highest bidder and proceeding to the lowest bidder. In the case of two or more bid prices being the same, the base acreage shall be awarded on the basis of equal percentage of request to each bidder. The successful bidder shall pay to the transferring person or entity, the minimum bid price per acre, specified by the transferring person or entity, plus one-half of the difference between the specified minimum bid price and the actual bid price, for each acre purchased. Payment shall be made within 5 days of bid opening by delivery by the successful bidder to the Authority of a cashier check, certified check, or money order in the amount of the purchase price and payable to the transferring persons or entities. Within 5 days of receipt of all such payments for the completed competitive bid process, the Director shall transmit the payments directly to the transferring persons or entities.

(14) The person or entity awarded base acreage from the Base Acreage Account shall, in addition, pay one dollar (\$1) per base acre disbursed, to the Authority. The Director shall transmit the one dollar (\$) per acre fee to the Grass Seed Burning Research Account in the General Fund of the State of Washington. For every base acre disbursed from the Base Acreage Account, the person or entity shall be credited by the Authority with 0.9 base acres, after showing proof of payment. Any base acreage remaining in the Base Acreage Account for six (6) years or more shall no longer be eligible for disbursement.

(15) Disbursement of base acreage by sealed, competitive bid shall occur twice each year, between April 1, and April 15, and between October 1, and October 15, on dates established by the Director, provided there is base acreage in the Account. In addition, a special one-time disbursement of base acreage shall occur within 30 days of the effective date of the amendments to Section 6.10.F., provided there is base acreage in the Account. On each specified date, the Director or his designated representative shall open all envelopes of the sellers and bidders and match the transferred base acreage with the bids as described in Sections 6.10.F.(12)&(13). Any person or entity which specified a minimum bid price per acre, as provided in Section 6.10.F.(12), may modify the specified minimum by presenting the Director with a substitute sealed envelope. Such substitution must be received by the Authority no later than 5 days prior to the established dates of bid opening. All transferring persons or entities which participate in the competitive bid process and fail to sell all or part of their base acreage shall submit a new sealed envelope, as described in Section 6.10.F.(12), no later than 5 days prior to the next established date of bid opening. No base acreage which has been transferred to the Base Acreage Account may be removed, retrieved, or disbursed from the Account except as provided in Sections 6.10.F.(13)&(15).

(16) If the entity is a corporation or partnership, upon dissolution, liquidation, consolidation, or reorganization, the base acreage shall be divided equally among the shareholders, partners, or tenants in proportion to their ownership.

Any use of a business entity, such as a partnership, corporation or otherwise, for the purpose of avoiding the restrictions, conditions, or limitations on the transfer of base acreage as required by Section 6.10.F. shall constitute a violation of this regulation and have no force or effect.

(17) No person or entity may retain, receive, or transfer base acreage through willful misrepresentation or failure to fully disclose all relevant facts. If it is determined that a person or entity has retained, received, or transferred base acreage through such misrepresentation or failure of disclosure, in addition to being subject to the penalties provided in Article II of Regulation I, such retention, receipt, or transfer shall be rendered null and void.

(18) Section 6.10.F. does not create nor is it intended to create any vested or compensable right in any base acreage by an owner, lessor, lessee, purchaser, permit holder, applicant, or other person.

**Reviser's note:** The typographical errors in the above section occurred in the copy filed by the agency and appear in the Register pursuant to the requirements of RCW 34.08.040.

**WSR 93-11-039**  
**PERMANENT RULES**  
**DEPARTMENT OF**  
**COMMUNITY DEVELOPMENT**  
[Order 93-04—Filed May 11, 1993, 4:12 p.m.]

Date of Adoption: May 11, 1993.

Purpose: To specify by rule the purposes for which moneys may be expended from the Enhanced 911 account established in the state treasury.

Statutory Authority for Adoption: RCW 38.52.540.

Pursuant to notice filed as WSR 93-07-112 on March 23, 1993.

Changes Other than Editing from Proposed to Adopted Version: The discretionary provision of state E911 funds to pay local employee salaries is limited to counties providing consolidated or regional E911 services.

Effective Date of Rule: Thirty-one days after filing.

May 11, 1993  
Barbara B. Gooding  
Director

**Chapter 365-300 WAC**  
**ENHANCED 9-1-1 FUNDING**

NEW SECTION

**WAC 365-300-010 Authority.** This chapter is promulgated pursuant to the authority granted in RCW 38.52.540.

NEW SECTION

**WAC 365-300-020 Purpose.** RCW 38.52.540 establishes the enhanced 9-1-1 account in the state treasury and specifies that moneys in the account shall be used only to help implement and operate enhanced 9-1-1 state-wide. The purpose of this chapter is to specify by rule the purposes for which moneys may be expended from the enhanced 9-1-1 account.

NEW SECTION

**WAC 365-300-030 Definitions.** (1) "9-1-1 voice network" means all switches and circuits which provide the connection between the caller's central office and the public safety answering point.

(2) "Address" means an identification of a unique physical location by street name, number, and postal community. If applicable it also includes the identification of separately-occupied subunits, such as apartment or suite numbers, and where appropriate, other information such as building name or floor number which defines a unique physical location.

(3) "Advisory committee" means the E9-1-1 advisory committee established by RCW 38.52.530.

(4) "ALI/DMS (data management system)" means a system of manual procedures and computer programs used to create, store, and update the data required for ALI (automatic location identification) in support of enhanced 9-1-1.

(5) "Alternate routing" means a method by which 9-1-1 calls are routed to a designated alternate location if all E9-1-1 lines to a PSAP are busy.

(6) "Automatic location identification (ALI)" means a feature by which the name and address associated with the calling party's telephone number (identified by ANI feature) is forwarded to the PSAP for display.

(7) "Automatic number identification (ANI)" means a feature that allows for the automatic display of the seven-digit number used to place a 9-1-1 call.

(8) "Central office" means a telephone company facility that houses the switching and trunking equipment serving telephones in a defined area.

(9) "Central office enabling" means the technology that allows the public network telephone switch(s) to recognize and accept the digits 9-1-1.

(10) "Department" means the department of community development.

(11) "Diversity" means a method of assuring continuity of service by using multiple transmission routes to deliver a particular service between two points on a network.

(12) "Master street address guide (MSAG)" means a data base of street names and address ranges within their associated postal communities defining emergency service zones for 9-1-1 purposes.

(13) "Network performance level monitoring" means steps taken by a telephone company to determine that the network is operating properly.

(14) "Night service" means a feature that automatically forwards all 9-1-1 calls to a PSAP to an alternate directory number assigned for that PSAP. The alternate directory number may be associated with a secondary PSAP or another alternate destination.

(15) "Public safety answering point (PSAP)" means an answering location for 9-1-1 calls originating in a given area. PSAPs are designated as primary or secondary, which refers to the order in which calls are directed for answering.

(16) "Reverse ALI search capability" means the ability to query the ALI data base to electronically obtain the ALI data associated with a known telephone number for purposes of handling an emergency.

(17) "Selective routing" means a feature that permits a 9-1-1 call to be routed to a predesignated public safety answering point (PSAP) based upon the identified telephone number of the calling party and an address associated with that telephone number.

(18) "TDD (telecommunications device for the deaf)" means a telecommunications device that permits typed telephone conversations with or between deaf, hard of hearing, or speech impaired people with a machine at their location.

(19) "Telephone system management information system (TSMIS)" means the equipment that records call volume and usage data that is helpful to a PSAP in their staffing and coverage decisions.

(20) "Traffic studies" means studies performed by a telephone company or others that measure the volume of calls made over the 9-1-1 network.

(21) "Uninterruptible power supply (UPS)" means a system designed to provide power, without delay or transients, during a period when the normal power supply is incapable of performing acceptably. UPS must allow operation for at least thirty minutes after loss of commercial power.

NEW SECTION

**WAC 365-300-040 Eligible jurisdictions.** The counties of the state of Washington shall be eligible to receive funds from the enhanced 9-1-1 account.

NEW SECTION

**WAC 365-300-050 Fundable items.** Enhanced 9-1-1 systems are made up of four main components: Network, data base, customer premise equipment (CPE), and operational items. Both the implementation and maintenance costs of these components will be eligible for funding. The following subcomponents within each of these major components will be eligible for funding from the enhanced 9-1-1 account.

(1) **NETWORK:**

(a) Central office enabling;

(b) Automatic number identification (ANI) provisioning;

(c) Selective routing (hardware, software, data base);

(d) 9-1-1 voice network (B.01/P.01 service level required);

(e) Automatic location identification (ALI) data link;

(f) Noncompatible central office switch upgrades;

(g) Diversity;

(h) Network performance level monitoring;

(i) Traffic studies;

(j) Alternate routing or night service.

(2) **DATA BASE:**

(a) County or regional provided:

(i) Addressing (house number, street, postal community) exclusive of house numbering and street signs;

(ii) MSAG development and maintenance.

(b) Telephone company provided:

(i) ALI data base:

MSAG development and maintenance;

Subscriber record purification.

(ii) ALI DMS equipment (for the storage and retrieval of ALI) may be provided by several vendors but the equip-

ment must conform to the interfacing telephone companies standards.

(3) **CUSTOMER PREMISE EQUIPMENT:**

(a) ANI/ALI display equipment for both primary and secondary PSAPs;

(b) Telephone system if existing is incompatible with enhanced 9-1-1;

(c) ALI controller;

(d) ANI controller;

(e) ALI/DMS equipment (must conform to interfacing telephone company's standards);

(f) Call detail interface and printer;

(g) Telephone system management information system;

(h) Radio communications equipment (if necessary as part of a regional or consolidated E9-1-1 system);

(i) Uninterruptible power supply (UPS) for telephone system and 9-1-1 equipment;

(j) Auxiliary generator to support 9-1-1 emergency telephone service for backup;

(k) TDD if existing is incompatible with enhanced 9-1-1;

(l) Recording equipment if existing is incompatible with enhanced 9-1-1;

(m) Reverse ALI search capability.

(4) **OPERATIONAL ITEMS:**

(a) Funding necessary to develop the detailed E9-1-1 implementation and budget plan required by the state E9-1-1 office;

(b) Call receiver training.

(5) **ADDITIONAL ITEMS:**

Additional equipment and local requirements will be considered for funding if they are an element in a regional or consolidated E9-1-1 system, including increased PSAP staffing needs directly attributable and documentable as being required for E9-1-1 implementation.

NEW SECTION

**WAC 365-300-060 Local plan requirements.** Prior to the allocation of funds to a local jurisdiction, other than the allocation of funds to develop local implementation plans and budgets, the local jurisdiction must develop an approved implementation plan and budget. The plans shall detail how each jurisdiction(s) will implement enhanced 9-1-1 in the most efficient and effective manner and shall include a proposed implementation schedule and estimate of required state and local resources. Such documents shall be submitted on forms developed by the department and shall be subject to review and approval by the state enhanced 9-1-1 coordinator with the advice of the advisory committee.

NEW SECTION

**WAC 365-300-070 Funding priorities.** Within available revenues, funds will be allocated in the manner best calculated, at the discretion of the state enhanced 9-1-1 coordinator, with the advice and assistance of the state enhanced 9-1-1 advisory committee, to facilitate the state-wide implementation and operation of enhanced 9-1-1. This discretion shall be guided by the following factors:

(1) The nature of existing and planned services in the local jurisdiction. Funds will generally be allocated first to those counties without 9-1-1, then to those counties which

have some 9-1-1 capability, and then to counties which have fully enhanced 9-1-1;

(2) Priority will be given to those counties proposing to develop consolidated or regional enhanced 9-1-1 systems;

(3) The difference between locally generated revenue and revenue needed to fund services in accordance with the approved local plan and budget;

(4) Funding required in a particular time period for planning purposes;

(5) The differential impacts on local jurisdictions due to the costs and services of enhanced 9-1-1 as provided in tariffs approved by the Washington utilities and transportation commission; and

(6) Such additional factors directly related to implementation and operation of enhanced 9-1-1 state-wide as may be identified within the local jurisdiction's application for funding and are otherwise consistent with these rules.

NEW SECTION

**WAC 365-300-081 Application procedures.** The department shall develop an application format and applications shall be made in accordance with this format. The department shall further establish a schedule of annual application dates. Funding awards will be made by the department with the advice and assistance of the advisory committee.

NEW SECTION

**WAC 365-300-090 Other rules.** Through other state agencies, including the Washington utilities and transportation commission, rules have and will be adopted which will direct the state-wide implementation and operation of enhanced 9-1-1. By this reference, this rule is intended to be consistent with and complementary to these other rules.

**WSR 93-11-041  
PERMANENT RULES  
DEPARTMENT OF  
SOCIAL AND HEALTH SERVICES  
(Public Assistance)**

[Order 3551—Filed May 12, 1993, 2:26 p.m., effective July 1, 1993]

Date of Adoption: May 12, 1993.

Purpose: Modifies definitions "eligible food" and "group living arrangement" to reflect expanded definition of eligible group home person with a disability. Allows recipients of disability-related medical assistance under Title XIX of Social Security Act and some other disabled people, who live in state-certified group homes, to apply for food stamps.

Citation of Existing Rules Affected by this Order: Amending WAC 388-49-202.

Statutory Authority for Adoption: RCW 74.04.510.

Other Authority: 7 CFR 271.2.

Pursuant to notice filed as WSR 93-08-038 on April 2, 1993.

Effective Date of Rule: July 1, 1993.

May 12, 1993  
Rosemary Carr  
Acting Director  
Administrative Services

**AMENDATORY SECTION** (Amending Order 3390, filed 5/19/92, effective 6/19/92)

**WAC 388-49-020 Definitions.** (1) "Administrative disqualification hearing" means a formal hearing to determine whether or not a person committed an intentional program violation.

(2) "Administrative error overissuance" means any overissuance caused solely by:

(a) Department action or failure to act when the household properly and accurately reported all the household's circumstances to the department; or

(b) For households determined categorically eligible under WAC 388-49-180(1), department action or failure to act which resulted in the household's improper eligibility for public assistance, provided a claim can be calculated based on a change in net food stamp income and/or household size.

(3) "Administrative law judge" means an employee of the office of administrative hearings empowered to preside over adjudicative proceedings.

(4) "Aid to families with dependent children (AFDC) program" means the federally funded public assistance program for dependent children and their families authorized under Title IV-A of the Social Security Act.

(5) "Allotment" means the total value of coupons a household is certified to receive during a calendar month.

(6) "Application process" means the filing and completion of an application form, interview or interviews, and verification of certain information.

(7) "Authorized representative" means an adult nonhousehold member sufficiently aware of household circumstances designated, in writing, by the head of the household, spouse, or other responsible household member to act on behalf of the household.

(8) "Beginning months" means the first month the household is eligible for benefits, and the month thereafter. The first beginning month cannot follow a month in which a household was certified eligible to receive benefits.

(9) "Benefit level" means the total value of food stamps a household is entitled to receive based on household income and circumstances.

(10) "Boarder" means an individual residing with the household, except a person described under WAC 388-49-190 (2)(a), (b), (c), or (d)(~~g~~) who is a:

(a) Person paying reasonable compensation to the household for lodging and meals; or

(b) Foster child.

(11) "Budget month" means the first month of the monthly reporting cycle; the month for which the household reports their circumstances.

(12) "Certification period" means definite period of time within which the household has been determined eligible to receive food stamps.

(13) "Child" means someone seventeen years of age or younger, and under parental control.

(14) "Collateral contact" means oral contact in person or by telephone with someone outside of the household to confirm the household's circumstances.

(15) "Commercial boarding home" means an enterprise offering meals and lodging for compensation with the intent of making a profit.

(16) "Department" means the department of social and health services.

(17) "Dependent care deduction" means costs incurred by a household member for care provided by a nonhousehold member when the care is necessary for a household member to seek, accept, or continue employment, or attend training or education preparatory to employment.

(18) "Destitute household" means a household with a migrant or seasonal farmworker with little or no income at the time of application and in need of immediate food assistance.

(19) "Disabled person" means a person who meets one of the following criteria:

(a) Receives Supplemental Security Income (SSI) under Title XVI of the Social Security Act;

(b) Receives disability or blindness payments under Titles I, II, XIV, or XVI of the Social Security Act;

(c) Is a veteran:

(i) With service-connected or nonservice-connected disability rated or paid as total under Title 38 of the United States Code (USC); or

(ii) Considered in need of regular aid and attendance, or permanently housebound under Title 38 of the USC.

(d) Is a surviving:

(i) Spouse of a veteran and considered in need of aid and attendance, or permanently housebound; or (~~a surviving~~)

(ii) Child of a veteran and considered permanently incapable of self-support under Title 38 of the USC;

(e) A surviving spouse or child of a veteran and:

(i) Entitled to compensation for service-connected death or pension benefits for a nonservice-connected death under Title 38 of the USC; and

(ii) Has a disability considered permanent under section 221(i) of the Social Security Act(~~(g)~~);

(f) Receives disability retirement benefits from a federal, state, or local government agency(~~(g)~~) because of a disability considered permanent under section 221(i) of the Social Security Act;

(g) Receives an annuity payment as part of the Railroad Retirement Act of 1974 under:

(i) Section 2 (a)(1)(iv) and is determined eligible to receive Medicare by the Railroad Retirement Board; or

(ii) Section 2 (a)(1)(v) and is determined disabled based on the criteria under Title XVI of the Social Security Act.

(h) Is a recipient of disability-related medical assistance under Title XIX of the Social Security Act.

(20) "Documentary evidence" means written confirmation of a household's circumstances.

(21) "Documentation" means the process of recording the source, date, and content of verifying information.

(22) "Elderly person" means a person sixty years of age or older.

(23) "Eligible food" means(~~(g)~~);

(a) For a homeless food stamp household, meals prepared (~~for~~) and served by an authorized homeless meal provider; or

(b) For a blind or a disabled resident, meals prepared and served by a group living arrangement facility.

(24) "Entitlement" means the food stamp benefit a household received including a disqualified household member.

(25) "Equity value" means fair market value less encumbrances.

(26) "Expedited services" means providing food stamps within five calendar days to an eligible household which:

(a) Has liquid resources of one hundred dollars or less; and

(b) Has gross monthly income under one hundred fifty dollars; or

(c) Has combined gross monthly income and liquid resources which are less than the household's current monthly rent or mortgage and either the:

(i) Standard utility allowance as set forth in WAC 388-49-505; or

(ii) Actual utility costs, whichever is higher; or

(d) Includes all members who are homeless individuals; or

(e) Includes a destitute migrant or seasonal farmworker.

(27) "Fair hearing" means an adjudicative proceeding in which the department hears and decides an applicant/recipient's appeal from the department's action or decision.

(28) "Fair market value" means the value at which a prudent person might sell the property if the person was not forced to sell.

(29) "Food coupon" means food stamps and the two terms are interchangeable.

(30) "Food coupon authorization (FCA) card" means the document issued by the local or state office to authorize the allotment the household is eligible to receive.

(31) "Food stamp monthly reporting cycle" means the three-month reporting cycle consisting of the budget month, the process month, and the payment month.

(32) "Gross income eligibility standard" means one hundred thirty percent of the federal poverty level for the forty-eight contiguous states.

(33) "Group living arrangement" means a public or private nonprofit residential setting (~~(serving)~~) which:

(a) Serves no more than sixteen blind or disabled residents as defined under WAC 388-49-020(19); and

(b) Is certified by the appropriate state agency under section 1616(e) of the Social Security Act.

(34) "Head of household" means:

(a) The person designated by the household to be named on the case file, identification card, and FCA card;

(b) For employment services or the voluntary quit provision, the household member who is the principal wage earner with the greatest source of earned income in the two months prior to the month of violation, including members not required to register, provided:

(i) The employment involves at least twenty hours per week; and

(ii) The person is not living with a parent or a person fulfilling that role who is:

(A) Registered for work,

(B) Exempt from work registration because of registration in a Title IV-A or IV-C work program of the Social Security Act, as amended, or the receipt of unemployment compensation, or

(C) Employed or self-employed and working a minimum of thirty hours per week, or receiving weekly earnings equal to the federal minimum wage multiplied by thirty hours.

(35) "Home visit" means a personal contact at the person's residence by a department employee. The home visit shall be scheduled in advance with the household.

(36) "Homeless individual" means a person lacking a fixed and regular nighttime residence or a person whose primary nighttime residence is a:

(a) Supervised shelter designed to provide temporary accommodations;

(b) Halfway house or similar institution providing temporary residence for persons needing institutionalization;

(c) Temporary accommodation in the residence of another person; or

(d) Place not designed for, or ordinarily used as, a regular sleeping accommodation for humans.

(37) "Homeless meal provider" means a public or private nonprofit establishment (~~((e.g.))~~) for example, soup kitchen, temporary shelter, mission, or other charitable organizations) feeding homeless persons, approved by the division of income assistance (DIA) and authorized by food and nutrition service (FNS).

(38) "Household" means the basic client unit in the food stamp program.

(39) "Household disaster" means when food coupons, food purchased with food coupons, or food coupon authorization cards are destroyed by a natural disaster, such as flood, fire, etc.

(40) "Identification card" means the document identifying the bearer as eligible to receive and use food stamps.

(41) "Inadvertent household error overissuance" means any overissuance caused by either:

(a) Misunderstanding or unintended error by a household:

(i) Not determined categorically eligible under WAC 388-49-180(1); or

(ii) Determined categorically eligible under WAC 388-49-180(1) if a claim can be calculated based on a change in net food stamp income and/or household size; or

(b) Social Security Administration action or failure to take action which resulted in the household's categorical eligibility, if a claim can be calculated based on a change in net food stamp income and/or household size.

(42) "Ineligible household member" means the member excluded from the food stamp household because of:

(a) Disqualification for intentional program violation;

(b) Failure to apply for or provide a Social Security number;

(c) Failure to comply with work requirements as described under WAC 388-49-360;

(d) Status as an ineligible alien;

(e) Status as an ineligible student; or

(f) Failure to sign the application attesting to the member's citizenship or alien status.

(43) "Institution" means any place of residence (private or public) providing maintenance and meals for two or more persons.

(44) "Institution of higher education" means any institution normally requiring a high school diploma or equivalency certificate for enrollment. This includes any two-year or four-year college. Also included is any course in a trade or vocational school that normally requires a high school diploma or equivalency for admittance to the course.

(45) "Intentional program violation," after August 8, 1983, means intentionally:

- (a) Making a false or misleading statement;
- (b) Misrepresenting, concealing, or withholding facts; or
- (c) Committing any act constituting a violation of the Food Stamp Act, the food stamp program regulations, or any state statute relating to the use, presentation, transfer, acquisition, receipt, or possession of food stamp coupons or FCAs.

Intentional program violation which ended before August 8, 1983, consists of any action by a person or persons to knowingly, willfully, and with deceitful intent:

- (a) Make a false statement to the department, either orally or in writing, to obtain benefits to which the household is not entitled;
- (b) Conceal information to obtain benefits to which the household is not entitled;
- (c) Alter authorization cards or coupons to obtain benefits to which the household is not entitled;
- (d) Use coupons to buy expensive or conspicuous nonfood items;
- (e) Use or possess improperly obtained coupons or authorization cards; and
- (f) Trade or sell coupons or authorization cards.

(46) "Intentional program violation overissuance" means any overissuance caused by an intentional program violation.

(47) "Live-in attendant" means a person residing with a household to provide medical, housekeeping, child care, or other similar personal services.

(48) "Lump sum" means money received in the form of a nonrecurring payment including, but not limited to:

- (a) Income tax refunds,
- (b) Rebates,
- (c) Retroactive payments, and
- (d) Insurance settlements.

(49) "Mandatory fees" means those fees charged to all students within a certain curriculum. Transportation, supplies, and textbook expenses are not uniformly charged to all students and are not considered as mandatory fees.

(50) "Migrant farmworker" means a person working in seasonal agricultural employment who is required to be absent overnight from the person's permanent residence.

(51) "Net income eligibility standard" means the federal income poverty level for the forty-eight contiguous states.

(52) "Nonhousehold member" means a person who is not considered a member of the food stamp household such as a:

- (a) Roomer;
  - (b) Live-in attendant; or
  - (c) Person who does not purchase and prepare meals with the food stamp household.
- (53) "Nonstriker" means any person:

(a) Exempt from work registration the day before the strike for reasons other than their employment;

(b) Unable to work as a result of other striking employees, e.g., truck driver not working because striking newspaper pressmen not printing output;

(c) Not part of the bargaining unit on strike but not wanting to cross picket line due to fear of personal injury or death; or

(d) Unable to work because workplace is closed to employees by employer in order to resist demands of employees, e.g., a lockout.

(54) "Offset" means reduce restored benefits by any overissue (claim) owed by the household to the department.

(55) "Overissuance" means the amount of coupons issued to a household in excess of the amount eligible to receive.

(56) "Overpayment" means the same as "overissuance" and shall be the preferred term used in procedures.

(57) "Payment month" means the third month of the budget cycle; the month in which the food stamp allotment is affected by information reported on the monthly report for the budget month.

(58) "Period of intended use" means the period for which an FCA or food coupon is intended to be used.

(59) "Post secondary education" means a school not requiring a high school diploma or equivalency for enrollment. This includes trade school, vocational schools, business colleges, beauty schools, barber schools, etc.

(60) "Process month" means the second month of the monthly reporting cycle; the month in which the monthly report is to be returned by the household to the local office.

(61) "Project area" means the county or similar political subdivision designated by the state as the administrative unit for program operations.

(62) "Prospective budgeting" means the computation of a household's income based on income received or anticipated income the household and department are reasonably certain will be received during the month of issuance.

(63) "Prospective eligibility" means the determination of eligibility based on prospective budgeting rules and other household circumstances anticipated during the month of issuance.

(64) "Quality control review" means a review of a statistically valid sample of cases to determine the accuracy of budgeting, issuance, denial, withdrawal, and termination actions taken by the department.

(65) "Quality control review period" means the twelve-month period from October 1 of each calendar year through September 30 of the following calendar year.

(66) "Recent work history" means receipt of earned income in one of the two months prior to the payment month.

(67) "Recertification" means approval of continuing benefits based on an application submitted prior to the end of the current certification period.

(68) "Resident of an institution" means a person residing in an institution that provides the person with the majority of meals as part of the institution's normal service.

(69) "Retrospective budgeting" means the computation of a household's income for a payment month based on actual income received in the corresponding budget month of the monthly reporting cycle.

(70) "Retrospective eligibility" means the determination of eligibility based on retrospective budgeting rules and other circumstances existing in the budget month.

(71) "Roomer" means a person to whom a household furnishes lodging, but not meals, for compensation.

(72) "Seasonal farmworker" means a person working in seasonal agricultural employment who is not required to be absent overnight from the person's permanent residence.

(73) "Shelter costs" means:

(a) Rent or mortgage payments plus taxes on a dwelling and property;

(b) Insurance on the structure only, unless the costs for insuring the structure and its contents cannot be separated;

(c) Assessments;

(d) Utility costs such as heat and cooking fuel, cooling and electricity, water, garbage, and sewage disposal;

(e) Standard basic telephone allowance;

(f) Initial installation fees for utility services; and

(g) Continuing charges leading to shelter ownership such as loan repayments for the purchase of a mobile home including interest on such payments.

(74) "Shelter for battered women and children" means a public or private nonprofit residential facility serving battered women and children.

(75) "Sibling" means a natural((~~or~~)) or an adopted brother, sister, half brother, half sister, or stepbrother or (~~natural, adopted, half sister or~~) stepsister.

(76) "Sponsor" means a person who executed an affidavit of support or similar agreement on behalf of an alien as a condition of the alien's admission into the United States as a permanent resident.

(77) "Sponsored alien" means an alien lawfully admitted for permanent residence who has an affidavit of support or similar agreement executed by a person on behalf of the alien as a condition of the alien's admission into the United States as a permanent resident.

(78) "Spouse" means:

(a) Married under applicable state law; or

(b) Living with another person and holding themselves out to the community as husband and wife by representing themselves as such to relatives, friends, neighbors, or trades people.

(79) "Striker" means any person:

(a) Involved in a strike or concerted stoppage of work by employees including stoppage due to expiration of a collective bargaining agreement; or

(b) Involved in any concerted slowdown or other concerted interruption of operations by employees.

(80) "Student" means any person:

(a) At least eighteen but less than fifty years of age;

(b) Physically and mentally fit for employment; and

(c) Enrolled at least half time in an institution of higher education.

(81) "Systematic alien verification for entitlements (SAVE)" means the immigration and naturalization service (INS) program whereby the department may verify the validity of documents provided by aliens applying for food stamp benefits by obtaining information from a central data file.

(82) "Temporary disability" means a nonpermanent physical illness or injury that incapacitates beyond the initial issuance month.

(83) "Thrifty food plan" means the diet required to feed a family of four as determined by the United States Department of Agriculture. The cost of the diet is the basis for all allotments, taking into account the household size adjustments based on a scale.

(84) "Under parental control" means living with the parent or any adult other than the parent. A person is not under parental control when that person is:

(a) Receiving an AFDC grant as the person's own payee;

(b) Receiving, as the person's own payee, gross income equal to, or exceeding, the AFDC grant payment standard as described under WAC 388-29-100 (3)(b); or

(c) Married.

(85) "Vehicle" means any device for carrying or conveying persons and objects, including travel by land, water, or air.

(86) "Vendor payment" means money payments not owed or payable directly to a household, but paid to a third party for a household expense, such as:

(a) A payment made in money on behalf of a household whenever another person or organization makes a direct payment to either the household's creditors or a person or organization providing a service to the household; or

(b) Rent or mortgage payments, made to landlords or mortgagees by the department of housing and urban development or by state or local housing authorities.

(87) "Verification" means the use of documentation or third-party information to establish the accuracy of statements on the application. Sources of verification shall be documentary evidence, collateral contacts, or a home visit.

**WSR 93-11-042**  
**PERMANENT RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
(Public Assistance)

[Order 3550—Filed May 12, 1993, 2:29 p.m., effective July 1, 1993]

Date of Adoption: May 12, 1993.

Purpose: Expands categories of a group home person with a disability who may be eligible for food stamps. Allows recipients of disability-related medical assistance under Title XIX of the Social Security Act and some other disabled persons who live in state-certified group homes to apply for food stamps.

Citation of Existing Rules Affected by this Order:  
Amending WAC 388-49-200 Residents of institutions.

Statutory Authority for Adoption: RCW 74.04.510.

Other Authority: 7 CFR 273.1(e).

Pursuant to notice filed as WSR 93-08-039 on April 2, 1993.

Effective Date of Rule: July 1, 1993.

May 12, 1993  
Rosemary Carr  
Acting Director  
Administrative Services

PERMANENT

AMENDATORY SECTION (Amending Order 2575, filed 12/31/87)

**WAC 388-49-200 Residents of institutions.** Residents of institutions are not eligible for participation in the food stamp program unless they are:

- (1) Residents of federally subsidized housing for the elderly built under section 202 of the Housing Act of 1959 or section 236 of the National Housing Act((:));
- (2) Residents in a drug or alcohol treatment and rehabilitation program((:));
- (3) Residents of group living arrangements who are blind or disabled ~~((and receiving benefits under Title II or Title XVI of the Social Security Act,))~~ as defined under WAC 388-49-020(19);
- (4) Women and children residing in a shelter for battered women and children((:)); or
- (5) Residents of public or private nonprofit shelters for homeless persons.

**WSR 93-11-043**  
**PERMANENT RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
 (Public Assistance)

[Order 3549—Filed May 12, 1993, 2:30 p.m., effective July 1, 1993]

Date of Adoption: May 12, 1993.

Purpose: Expands the definition of a group home person with a disability who may be eligible for food stamps. Would allow recipients of disability-related medical assistance under Title XIX of the Social Security Act and some other disabled persons who live in state-certified group homes to apply for food stamps.

Citation of Existing Rules Affected by this Order:

Amending WAC 388-49-220 Group living arrangements.

Statutory Authority for Adoption: RCW 74.04.510.

Other Authority: 7 CFR 273.1 (e)(1)(iii).

Pursuant to notice filed as WSR 93-08-040 on April 2, 1993.

Effective Date of Rule: July 1, 1993.

May 12, 1993  
 Rosemary Carr  
 Acting Director  
 Administrative Services

(b) On ~~((his or her))~~ the resident's own behalf and be certified according to the number of people in the person's household.

(3) An authorized representative shall:

- (a) Be aware of the resident's circumstances;
  - (b) Receive and use the food coupon allotment for meals served to the resident; and
  - (c) Notify the department of changes in income, resources, or circumstances within ten days of the change.
- (4) When the treatment facility acts as the authorized representative, the facility shall:
- (a) Be responsible for any misrepresentation or intentional program violation((:));
  - (b) Assume total liability for food coupons held on behalf of the resident((:)); and
  - (c) Send a monthly list of participating residents signed by an official to the CSO.

**WSR 93-11-044**  
**PERMANENT RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
 (Public Assistance)

[Order 3547—Filed May 12, 1993, 2:31 p.m.]

Date of Adoption: May 12, 1993.

Purpose: Clarifies that both clients receiving SSI and those eligible for SSI under Section 1619(b) of the Social Security Act, but not receiving a cash grant, are not required to participate in the cost of care for COPEs, CAP, OBRA, or CASA.

Citation of Existing Rules Affected by this Order:

Amending WAC 388-83-200 Community options program entry system (COPEs), 388-83-210 Community alternatives program (CAP) and Outward bound residential alternatives (OBRA) program, and 388-83-220 Coordinated community AIDS service alternatives (CASA) program.

Statutory Authority for Adoption: RCW 74.08.090.

Pursuant to notice filed as WSR 93-07-123 on March 24, 1993.

Effective Date of Rule: Thirty-one days after filing.

May 12, 1993  
 Rosemary Carr  
 Acting Director  
 Administrative Services

AMENDATORY SECTION (Amending Order 2575, filed 12/31/87)

**WAC 388-49-220 Group living arrangements.** (1) A resident of a group living arrangement may apply for food stamps provided:

(a) The resident is ~~((receiving benefits from Social Security or supplemental security income,))~~ blind or disabled as defined under WAC 388-49-020(19); and

(b) The group living arrangement is administered by a nonprofit organization certified by a state agency.

(2) A resident may apply:

(a) Through an authorized representative of the group home and be certified as a one-person household((:)); or

AMENDATORY SECTION (Amending Order 3481, filed 11/25/92, effective 12/26/92)

**WAC 388-83-200 Community options program entry system (COPEs).** (1) ~~((An eligible))~~ The department shall determine a person eligible for COPEs ((is)) when a person is eighteen years of age or over ((who)) and:

- (a) Meets the ~~((Title XIX))~~ categorically needy eligibility requirements for an SSI-related institutionalized person. For the purposes of COPEs, a person is considered institutionalized as of the date all eligibility criteria, except institutionalized status, is met;
- (b) Requires the level of care provided in a nursing facility;

(c) Has a department-approved plan of care that meets the eligibility requirements for COPES personal care as described under WAC 388-15-610 (1)(f);

(d) Is able and chooses to reside at home with community support services, in a congregate care facility, or in a licensed adult family home; and

(e) Effective October 31, 1992, has received COPES services on or after April 1, 1992 or applied for COPES services between April 1, 1992 and October 31, 1992 under WAC 388-15-610(3).

(2) The department shall not require ~~((an SSI-eligible))~~ participation in the cost of COPES ((client to participate in the cost of)) care by a person:

(a) Receiving SSI; or

(b) Remaining eligible for SSI under section 1619(b) of the Social Security Act, but not receiving a cash grant.

(3) The department shall allocate available income of the SSI-related ~~((nongrant-eligible))~~ COPES client as described under WAC 388-95-360 (1), (2), ~~(3), (4)~~(c), (d), (e), (f), and ~~(g)((-3), (-4),))~~ ~~((5))~~ (6). The client shall retain an amount equal to the medically needy income level (MNIL) for one person for the client's maintenance needs.

(4) The SSI-related ~~((nongrant-eligible))~~ client residing in an adult family home or congregate care facility shall:

(a) Retain from a maintenance needs amount a specified personal needs allowance as described under WAC 388-29-130 and 388-29-280; and

(b) Pay the lessor of the remaining maintenance needs amount or the facility room and board rate to the facility for the cost of board and room.

(5) The department shall include the remaining income after allocations as the participation amount for COPES services as described under WAC 388-15-620.

**AMENDATORY SECTION** (Amending Order 3481, filed 11/25/92, effective 12/26/92)

**WAC 388-83-210 Community alternatives program (CAP) and outward bound residential alternatives (OBRA) program.** (1) The department shall determine an eligible person for CAP is a person:

(a) Meeting the requirements and eligible for services of the division of developmental disabilities and disabled according to SSI rules;

(b) Meeting the ~~((Title XIX))~~ categorically needy eligibility requirements for an SSI-related institutionalized person. For the purposes of CAP and OBRA, a person is considered institutionalized as of the date all eligibility criteria, except institutionalized status, is met;

(c) The department assesses as requiring the level of care provided in an intermediate care facility for the mentally retarded (IMR);

(d) For whom the department approves an individual plan of care describing the provided community support services; and

(e) Able and choosing to reside in the community with community support services according to the plan of care.

(2) The department shall determine an eligible person for the OBRA home and community-based services program is a person:

(a) Meeting the CAP eligibility standards in WAC 388-83-210(1) of this section; and

(b) Residing in a ~~((Title XIX))~~ medicaid nursing facility at the time of application for OBRA services.

(3) The department shall not require ~~((the SSI-eligible))~~ participation in the cost of CAP or OBRA ((client to participate in the cost of CAP/OBRA)) services by a person:

(a) Receiving SSI; or

(b) Remaining eligible for SSI under section 1619(b) of the Social Security Act, but not receiving a cash grant.

(4) The department shall allocate available total income, including amounts disregarded in determining eligibility, of a SSI-related ~~((nongrant-eligible))~~ CAP or OBRA client as follows:

(a) For a client residing in the client's residence, including a client receiving intensive tenant support services, an amount equal to a maximum of three hundred percent of the SSI federal benefit rate for one person shall be protected for the client's maintenance needs;

(b) For a client residing in a state-contracted or state-operated group home, adult family home, or congregate care facility, the following amounts shall be protected for the client's maintenance needs:

(i) A specified personal needs allowance, as described under WAC 388-29-130 and 388-29-280;

(ii) An amount equal to the monthly room and board cost for the facility where the client resides;

(iii) The first twenty dollars per month of earned or unearned income; and

(iv) The first sixty-five dollars plus one-half of the remaining earned income not previously excluded.

(c) For a client described in subsection (3)(b) of this section, the maximum amount allowed for any client's individual maintenance needs shall not exceed three hundred percent of the SSI federal benefit rate. A client shall not be allowed an individual maintenance needs deduction of less than the SSI payment standard;

(d) For a client with a spouse at home who is not receiving CAP or OBRA services, an amount is protected for the spouse's maintenance needs as computed in WAC 388-95-360 ~~((2))~~ (4)(d);

(e) For a client with a dependent relative residing with the spouse not receiving CAP or OBRA services, an amount is protected for the relative's maintenance needs as computed in WAC 388-95-360 ~~((2))~~ (4)(e);

(f) Amounts for incurred medical expenses not subject to third-party payment shall be protected, including:

(i) Medicare and other health insurance premiums, deductibles, or coinsurance charges; and

(ii) Necessary medical care recognized under state law but not covered under Medicaid.

(g) Income remaining after deductions in subsection (4)(a), (b), (c), (d), (e), and (f) of this section will be the participation amount for CAP or OBRA services.

**AMENDATORY SECTION** (Amending Order 3481, filed 11/25/92, effective 12/26/92)

**WAC 388-83-220 Coordinated community AIDS service alternatives (CASA) program.** (1) The department shall determine an eligible person for CASA ((shall be)) is a person:

(a) Meeting the ~~((Title XIX))~~ categorically needy eligibility requirements for an SSI-related institutionalized

person. For the purposes of CASA, the department shall consider a person institutionalized the date the person meets other eligibility criteria, except institutional status;

(b) Having a diagnosis of acquired immune deficiency syndrome or disabling class IV human immunodeficiency virus disease or P2 HIV/AIDS diagnosis, if fourteen years of age or under, as defined by the centers for disease control or Washington state department of health;

(c) Determined medically at risk of need for the level of hospital-provided care;

(d) Certified by the person's physician or nurse practitioner as in the terminal stage of life;

(e) Agreeing to receive services in the person's own home, a licensed congregate care facility, or adult family home; and

(f) Having a department-approved and department of health approved plan of care.

(2) The department shall not require ~~((the SSI-eligible client to participate))~~ participation in the cost of CASA services ~~((regardless of income))~~ by a person:

(a) Receiving SSI; or

(b) Remaining eligible for SSI under section 1619(b) of the Social Security Act, but not receiving a cash grant.

(3) The department shall allocate available total income, including amounts disregarded in determining eligibility of a SSI-related ~~((nongrant-eligible))~~ CASA client residing at home, as follows:

(a) The client retains as maintenance needs an amount equal to the medically needy income level (MNIL) for one person; and

(b) As described under WAC 388-95-360 (1), (2), (3), (4)(c), (d), (e), ~~((and))~~ (f), ~~((3), (4)),~~ and (g), (5), and (6).

(4) The department shall allocate available total income, including amounts disregarded in determining eligibility of a SSI-related ~~((nongrant-eligible))~~ CASA client residing in an adult family home or congregate care facility as follows:

(a) The client shall retain a specified personal needs allowance as described under WAC 388-29-130 or 388-29-280;

(b) As described under WAC 388-95-360 (1), (2), (3), (4)(c), (d), (e), (f), and (g), ~~((and (3), (4), and))~~ (5), and (6); and

(c) Pay remaining income up to the MNIL to the facility for the cost of board and room.

(5) The SSI-related ~~((nongrant-eligible))~~ CASA client's income remaining after deductions in subsection ~~((2) or (3))~~ (3) or (4) of this section shall be the participation amount for CASA services.

~~((5))~~ (6) When the department has determined that the client has financial participation under subsection ~~((4))~~ (5) of this section, the department shall require the client ~~((must))~~ to meet the participation obligation to remain eligible.

**WSR 93-11-045**  
**PERMANENT RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**

(Public Assistance)

[Order 3546—Filed May 12, 1993, 2:35 p.m.]

Date of Adoption: May 12, 1993.

Purpose: WAC 388-83-046 clarifies relative financial responsibility requirements for clients not related to SSI. Information concerning institutionalized clients is deleted from WAC 388-92-025 as it exists in chapter 388-95 WAC. WAC 388-92-027 clarifies intent of income deemed to SSI-related spouses and children.

Citation of Existing Rules Affected by this Order: Amending WAC 388-92-025 Relative financial responsibility for SSI-Related clients.

Statutory Authority for Adoption: RCW 74.08.090.

Pursuant to notice filed as WSR 93-07-122 on March 24, 1993.

Effective Date of Rule: Thirty-one days after filing.

May 12, 1993

Rosemary Carr

Acting Director

Administrative Services

NEW SECTION

**WAC 388-83-046 Relative financial responsibility for SSI-nonrelated clients.** (1) When determining program eligibility for medical care programs, the department shall consider:

(a) The family unit living in the same household as including all family members when determining program relationship; and

(b) A relative to be financially responsible only as follows:

(i) The natural or adoptive stepparent or parent to a child under age nineteen living in the same household; and

(ii) Spouse to spouse living in the same household.

(2) The department shall consider income and resources jointly for spouses and the spouses' children living in the same household when none are SSI-related, with the following exceptions:

(a) Pregnant minor as described under WAC 388-83-130; or

(b) Excluded child as described under WAC 388-83-130.

AMENDATORY SECTION (Amending Order 3411, filed 6/25/92, effective 7/26/92)

**WAC 388-92-025 Relative financial responsibility ~~((of relatives))~~ for SSI-related clients.** (1) ~~((In determining SSI-related eligibility, the department shall consider income and resources jointly for:~~

~~(a) Spouses who reside in the same household; and~~

~~(b) The blind or disabled child or children who reside with their parent or parents.~~

~~(2) When computing available income the department shall limit relative responsibility to one spouse for the other spouse and the parent or parents for the minor child or children.~~

PERMANENT

~~(3) The department shall consider the financial responsibility of spouses as follows:~~

~~(a) When a spouse in the same household of an SSI-related applicant is ineligible or does not apply, the department shall apply the exclusions under WAC 388-92-036 (1) and (3) to the spouse's income in determining the amount to be deemed to the applicant. When the remaining income of the ineligible spouse exceeds the monthly categorically needy income level (CNIL), the department shall deem the remaining income to the applicant;~~

~~(b) When both spouses apply or are eligible as aged, blind, or disabled and cease to reside in the same household, the department shall consider the spouses' income and resources available to each other through the month in which they cease to reside in the same household;~~

~~(c) When spouses cease to reside in the same household because of the institutionalization of one spouse or for any other reason, the department shall consider:~~

~~(i) The institutionalized spouse's income and resources under chapter 388-95 WAC; and~~

~~(ii) The community spouse's income and resources as available to each other through the month in which they cease to reside in the same household. The department shall consider the income and resources of each spouse as separate beginning the first of the month after the spouses separate.~~

~~(d) If the mutual consideration of both spouses' income and resources causes the spouses to lose eligibility as a couple, the department shall determine if either spouse is eligible in accordance with subsection (3)(c) of this section;~~

~~(e) The department shall consider only the income and resources the ineligible spouse contributes to the eligible spouse beginning the month after the spouses separate;~~

~~(f) When both spouses are eligible and institutionalized, the department shall consider income and resources separately even if the spouses share the same room; and~~

~~(g) When only one spouse is eligible and both are institutionalized, the department shall consider only the income and resources the ineligible spouse contributes to the eligible spouse, even if they share the same room))~~ When determining program eligibility for medical care, the department shall limit relative financial responsibility from:

(a) The natural or adoptive stepparent or parent to a child under age eighteen living in the same household; and

(b) Spouse to spouse living in the same household;

(2) The department shall consider income and resources jointly for spouses when both spouses are SSI-related and live in the same household.

(3) The department shall consider income and resources separately for an institutionalized:

(a) Child as described under WAC 388-95-320(5); or

(b) Spouse as described under WAC 388-95-340.

(4) The department shall consider the income and resources of spouses as available to each other through the month in which they stop living together.

(5) The department shall follow WAC 388-83-200, 388-83-210, or 388-83-220 when one or both spouses are receiving community options program entry system (COPES), community alternatives program (CAP), outward bound residential alternatives (OBRA), or coordinated community aids service alternatives (CASA) waived service program.

(6) The department shall allow a community spouse applying for medically needy a spousal deduction equal to the one-person medically needy income level (MNIL) less the spouse's income when:

(a) The community spouse is living in the same household as the spouse; and

(b) The spouse is receiving home and community based services.

(7) The department shall consider income and resources separately as of the first day of the month following the month of separation when spouses stop living together because of placement into a congregate care facility (CCF), adult family home (AFH), adult residential rehabilitation center/adult residential treatment facility (ARRC/ARTF), or division of developmental disability-group home (DDD-GH) facility when:

(a) Only one spouse enters the facility;

(b) Both spouses enter the same facility but have separate rooms; or

(c) Both spouses enter separate facilities.

(8) The department shall consider income and resources jointly when spouses are placed in a CCF, AFH, ARRC/ARTF, or DDD-GH facility and share a room.

#### NEW SECTION

#### **WAC 388-92-027 SSI-related income deeming.** (1)

At the client's option, the department shall consider an SSI-related person, living with a spouse or parent who is ineligible for SSI, as a separate medical assistance unit. The department shall deem income from a financially responsible spouse or parent to the SSI-related person as follows when determining:

(a) Categorically needy or medically needy eligibility for an SSI-related child, the department shall consider the income of the parents available to the SSI-related child except for:

(i) Income exemptions under WAC 388-92-036 including the twenty-dollar deduction and the sixty-five dollar plus one-half of the balance earned income deduction; and

(ii) A child's allowance for each SSI-ineligible child equal to one-half of the Federal Benefit Rate (FBR) minus any income of that child; and

(iii) A parent's allowance equal to:

(A) One-person FBR for a single parent; or

(B) Two-person FBR for two parents.

(b) Categorically needy Medicaid for an SSI-related spouse, the department shall:

(i) Allow the financially responsible spouse the income exemptions under WAC 388-92-036 except the:

(A) Twenty-dollar deduction; and

(B) Sixty-five dollar plus one-half earned income deduction.

(ii) Deduct from the financially responsible spouse's income, a child's allowance for each SSI-ineligible child equal to one-half of the FBR minus any income of that child;

(iii) Deem from the financially responsible spouse:

(A) Zero income when the financially responsible spouse's income equals or is less than one-half of the FBR after allowing the income deductions in subsection (1)(b)(i) and (ii) of this section;

(B) All the financially responsible spouse's income when the income exceeds one-half of the FBR after allowing the income deductions in subsection (1)(b)(i) and (ii) of this section.

(c) Medically needy Medicaid for an SSI-related spouse, the department shall:

(i) Allow the financially responsible spouse the income deductions as in subsection (1)(b)(i) and (ii) of this section;

(ii) Deem from the financially responsible spouse:

(A) Zero income when the financially responsible spouse's income equals or is less than the one-person medically needy income level (MNIL) after allowing the income deductions in subsection (1)(b)(i) and (ii) of this section;

(B) The financially responsible spouse's income above the MNIL after allowing the income deductions in subsection (1)(b)(i) and (ii) of this section.

(iii) From the SSI-related spouse's income, allow an amount needed to bring the financially responsible spouse's income up to the MNIL.

(2) The department shall consider a person eligible for Medicaid when the person is denied SSI cash assistance solely because of income or resources deemed available from an alien sponsor.

#### WSR 93-11-046

#### PERMANENT RULES

#### DEPARTMENT OF

#### SOCIAL AND HEALTH SERVICES

(Public Assistance)

[Order 3545—Filed May 12, 1993, 2:37 p.m.]

Date of Adoption: May 12, 1993.

Purpose: Amended to add to current list a licensed person to practice occupational, speech, or respiratory therapy. Adds intermediate care facility for mental diseases. Expanded to add Washington state school district or educational service district; licensed birthing centers; and licensed and Medicare certified ambulatory surgical centers.

Citation of Existing Rules Affected by this Order: Amending WAC 388-87-005 Payment—Eligible providers defined.

Statutory Authority for Adoption: RCW 74.08.090.

Pursuant to notice filed as WSR 93-08-021 on March 29, 1993.

Changes Other than Editing from Proposed to Adopted Version: Under WAC 388-87-005 (1)(s), the wording "licensed and" has been removed and the sentence now reads: "A Medicare certified ambulatory surgical center."

Effective Date of Rule: Thirty-one days after filing.

May 12, 1993

Rosemary Carr

Acting Director

Administrative Services

**AMENDATORY SECTION** (Amending Order 3064, filed 9/5/90, effective 10/6/90)

**WAC 388-87-005 Payment—Eligible providers defined.** (1) The following providers shall be eligible for

enrollment to provide medical ~~((services))~~ care to eligible clients:

(a) Persons currently licensed by the state of Washington to practice medicine, osteopathy, dentistry, optometry, podiatry, midwifery, nursing, dental hygiene, chiropractic, or physical, occupational, speech, or respiratory therapy;

(b) A hospital currently licensed by the department of health;

(c) A ~~((nursing home))~~ facility currently licensed and classified by the department as a ~~((skilled))~~ nursing facility or an intermediate care facility for the mentally retarded (ICF-MR);

(d) A licensed pharmacy;

(e) A home health services agency licensed under chapter 70.127 RCW;

(f) A hospice care agency licensed under chapter 70.127 RCW;

(g) An independent (outside) laboratory certified to participate under Title XVIII or determined currently to meet the Medicare requirements for such participation;

(h) A company or ~~((individual))~~ person, not excluded in subsection (3) of this section, supplying items vital to the provision of medical services such as ambulance service, oxygen, eyeglasses, other appliances, or approved services, not otherwise covered under this section;

(i) A provider of screening services having a signed agreement with the department to provide such services to eligible ~~((individuals))~~ persons in the early and periodic screening and diagnosis and treatment (EPSDT) program;

(j) A qualified and approved center for the detoxification of acute alcohol or other drug intoxication conditions;

(k) A qualified and approved outpatient community mental health center, an approved inpatient psychiatric facility, ~~((drug))~~ a qualified and approved chemical dependency treatment ~~((center))~~ facility, or Indian health service clinic;

(l) A Medicare-certified rural health clinic;

(m) A federally qualified health care center;

(n) Licensed or certified agencies or persons having a signed agreement with the department to provide Coordinated Community AIDS Service Alternatives Program services:

(i) Home care agency personal care providers or self-employed independent contractors providing hourly attendant or respite care;

(ii) Facilities or agencies providing therapeutic home-delivered meals;

(iii) Dietitians or nutritionists; and

(iv) Social workers, mental health counselors, or psychologists who are self-employed independent contractors or employed by various licensed or certified agencies.

(o) Approved prepaid health maintenance, prepaid health plans, or health insuring organizations; ~~((and))~~

(p) An out-of-state provider of services listed under subsection (1)(a) through (m) ~~((under))~~ of this section subject to conditions specified under WAC 388-87-105;

(q) A Washington state school district or educational service district;

(r) A licensed birthing center; and

(s) A Medicare-certified ambulatory surgical center.

(2) The department shall not pay for services performed by the following practitioners:

(a) Acupuncturists;

May 12, 1993  
 Rosemary Carr  
 Acting Director  
 Administrative Services

- (b) Sanipractors;
- (c) Naturopaths;
- (d) Homeopaths;
- (e) Herbalists;
- (f) Masseurs or manipulators;
- (g) Christian Science practitioners or theological healers;

and

(h) Any other licensed or unlicensed practitioners not otherwise specifically provided for ~~((in these))~~ under the rules of this chapter.

(3) Conditions of ~~((eligibility))~~ provider enrollment.

(a) Nothing in this section shall bind the department to enroll all eligible providers capable of delivering covered services. The department shall demonstrate the department's plan for service delivery creates adequate access to covered services.

(b) When a provider has a restricted professional license or has been terminated, excluded, or suspended from the Medicare/Medicaid programs, the department shall not ~~((authorize))~~ enroll the provider ~~((eligibility))~~ unless the department ~~((has determined))~~ determines the violations leading to the sanction or license restriction are not likely to be repeated. In ~~((its))~~ the department's determination, the department shall consider whether the provider has been convicted of offenses related to the delivery of professional or other medical services not considered during the development of the previous sanction.

(c) The department shall not reinstate in the medical assistance program, a provider suspended from Medicare or suspended by the United States Department of Health and Human Services (DHHS) until DHHS notifies the department that the provider may be reinstated.

(d) Nothing in this subsection shall preclude the department from denying provider enrollment if, in the opinion of the medical director, ~~((division of))~~ medical assistance administration, the provider constitutes a danger to the health and safety of ~~((recipients))~~ clients.

**WSR 93-11-047**  
**PERMANENT RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**

(Public Assistance)

[Order 3544—Filed May 12, 1993, 2:40 p.m.]

Date of Adoption: May 12, 1993.

Purpose: WAC 388-81-100 states medical assistance administration policy relative to client overutilization. Adds that under certain circumstances, the department may assign a client who overutilizes services to a provider and pharmacy. Adds criteria for a person to be assigned to the program. Repealing WAC 388-86-008. WAC 388-81-100 is new.

Citation of Existing Rules Affected by this Order:  
 Repealing WAC 388-86-008 Recipient overutilization.

Statutory Authority for Adoption: RCW 74.08.090.

Pursuant to notice filed as WSR 93-07-124 on March 24, 1993.

Effective Date of Rule: Thirty-one days after filing.

NEW SECTION

**WAC 388-81-100 Patient requiring regulation (PRR).** (1) The department shall operate a patient requiring regulation (PRR) program to identify clients overutilizing, unnecessarily, or inappropriately obtaining medical care under the federal and state-funded medical programs. The department may restrict such clients to primary care provider and pharmacy for medical care.

(2) The purpose of the PRR program shall be to:

- (a) Protect the client's health and safety;
- (b) Provide continuity of medical care;
- (c) Avoid duplication of services by providers; and
- (d) Avoid excessive, contraindicated, or potentially harmful use of prescription medications.

(3) For the purposes of this section, "primary care provider (PCP)" means a physician specializing in internal or general medicine or a physician or an advanced registered nurse practitioner specializing in adult health care or family practice, who agrees to provide, manage and coordinate an eligible client's medical care.

(4) The department shall designate staff to determine the client's overuse, inappropriate, or unnecessary usage of medical care by reviewing medical assistance administration (MAA) payment records and other medical information.

(5) Nurse advisors, physicians and pharmacy consultants, and the drug utilization and education (DUE) council shall establish the medical review guidelines and references sources that the department uses for such determinations.

(6) The department established the following levels of utilization during a three-month period as medical review guidelines for the PRR program:

- (a) Services from four different physicians;
- (b) Prescriptions from four different pharmacies;
- (c) Ten prescriptions received;
- (d) Two emergency room visits; or
- (e) Four prescribers.

(7) MAA shall notify the client in writing that the client is assigned to PRR, when the information indicates the client overuses medical services, or uses a medical services inappropriately or unnecessarily as determined by the department's review of the:

(a) Records which indicate a client's use of medical services exceed the guidelines under subsection (6) of this section; and

(b) Client's diagnoses, the history of services provided or other medical information supplied by the health care provider.

(8) The department shall notify the client of the right to:

(a) A fair hearing as required under chapter 388-08 WAC; and

(b) Continue not restricted when a fair hearing is timely requested.

(9) A client shall respond to the department's notice within twenty calendar days, by:

- (a) Selecting a PCP and pharmacy;

(b) Requesting assistance in selecting a PCP and pharmacy; or

(c) Submitting additional medical information.

(10) The department shall assign a PCP and pharmacy for any client who fails to select a PCP and pharmacy within twenty calendar days, unless the client requests a fair hearing. The selected or assigned PCP and pharmacy shall be located in the client's local geographic area or be reasonable accessible to the client.

(11) The client shall not change a selected PCP or pharmacy for six months, except when the:

(a) Client moves to a new residence outside the designated geographic area of the providers;

(b) PCP or pharmacy moves from the client's geographical area;

(c) PCP or pharmacy refuses to continue as the designated provider; or

(d) Client selects a PCP or pharmacy other than the department assigned PCP or pharmacy under subsection (9) of this section.

(12) The department shall assign a client to the program for a period of twenty-four months and shall review the client's utilization at the end of the twenty-four month period. The client shall remain restricted if the client continues to meet the over utilization criteria in subsection (6) of this section and shall be reviewed at least twenty-four months thereafter.

(13) When department designates a PCP and pharmacy for the client, the department shall issue a medical identification card identifying the client as a patient requiring regulation.

(14) When an emergency occurs as defined under WAC 388-80-005, a provider other than the selected PCP may see the client.

(15) The PCP may refer the client to a specialist(s).

(16) The department shall pay only for MAA covered services authorized by the PCP, referred specialist, or selected pharmacy. The department shall apply billing limitations as described under WAC 388-87-010 and 388-87-015.

(17) The client shall be responsible for payment of covered services not authorized by the PCP, referred specialists or selected pharmacist.

**REPEALER**

The following section of the Washington Administration Code is repealed:

WAC 388-86-008 Recipient overutilization.

**WSR 93-11-048**  
**PERMANENT RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
 (Public Assistance)

[Order 3543—Filed May 12, 1993, 2:41 p.m., effective June 1, 1993]

Date of Adoption: May 12, 1993.

Purpose: Cast-based partial denture is replaced by acrylic partials; "recipient" changed to "client"; time period for replacements is ten years and relining is changed to five

years. These changes conform to utilization requirements and industry recommended practices.

Citation of Existing Rules Affected by this Order: Amending WAC 388-86-021 Dentures.

Statutory Authority for Adoption: RCW 74.08.090.

Pursuant to notice filed as WSR 93-08-006 on March 24, 1993.

Other Findings Required by Other Provisions of Law as Precondition to Adoption or Effectiveness of Rule: All providers and the public were notified this amendment will be in effect June 1, 1993. A 92-12 Numbered Memo and the Washington State Dental Association's December 31, 1992, letter requests an amendment to provider services to increase access for clients, and to preserve the public health and welfare of WA state clients. RCW 74.09.530 sets extent of assistance available

Effective Date of Rule: June 1, 1993.

May 12, 1993  
 Rosemary Carr  
 Acting Director  
 Administrative Services

**AMENDATORY SECTION** (Amending Order 2988, filed 5/31/90, effective 7/1/90)

**WAC 388-86-021 Dentures.** (1) The department shall provide complete and all-acrylic partial dentures and modification, repair, and adjustment of dentures to ~~((recipients))~~ clients of medical ((assistance and the limited casualty)) care programs with the following limitations:

(a) Prior approval is needed for:

(i) Replacement dentures or partial dentures less than ~~((five))~~ ten years old; and

(ii) Rebases on dentures and partial dentures ~~((and~~

~~((iii) Cast base partial dentures)).~~

(b) The department shall approve only one:

(i) Rebasings of dentures or partial dentures:

(A) In a five-year period; and

(B) The rebased dentures or partial dentures must be at least three years of age or older.

(ii) Relining of dentures or partial dentures:

(A) In a ~~((two))~~ five-year period; and

(B) The relined dentures or partial dentures must be six months of age or older.

(2) Exceptions to the limitations under subsection (1)(b) of this section shall be granted when medical necessity is documented.

**WSR 93-11-049**  
**PERMANENT RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
 (Public Assistance)

[Order 3548—Filed May 12, 1993, 2:44 p.m.]

Date of Adoption: May 12, 1993.

Purpose: To update the references to the federal poverty level (FPL) to the April 1, 1993, standards as published by the Secretary of Health and Human Services. The increase in the FPL occurs annually and is built into the budget estimates.

Citation of Existing Rules Affected by this Order: Amending WAC 388-82-140 Qualified Medicare beneficiaries eligible for Medicare cost sharing, 388-82-150 Special low-income Medicare beneficiaries (SLMB) eligible for medicare cost sharing, 388-82-160 Hospital premium insurance enrollment for the working disabled, 388-83-032 Pregnant women, 388-83-033 Children—Eligible to nineteen years of age, and 388-95-360 Allocation of income and resources—Institutionalized client.

Statutory Authority for Adoption: RCW 74.08.090.

Other Authority: Federal Register Volume 58, Number 28.

Pursuant to notice filed as WSR 93-08-022 on March 29, 1993.

Changes Other than Editing from Proposed to Adopted Version: The word "verifiably" is now added to WAC 388-83-032(1). WAC 388-95-360 (4)(a) has added (i) and (ii).

Effective Date of Rule: Thirty-one days after filing, May 12, 1993  
 Rosemary Carr  
 Acting Director  
 Administrative Services

**AMENDATORY SECTION** (Amending Order 3389, filed 5/19/92, effective 6/19/92)

**WAC 388-82-140 Qualified Medicare beneficiaries eligible for Medicare cost sharing.** (1) The department shall provide Medicare cost sharing under WAC 388-81-060(2) for ~~((an individual))~~ a person:

- (a) Meeting the general nonfinancial requirements under chapter 388-83 WAC;
- (b) Entitled to Medicare hospital insurance benefits, Part A, under Title XVIII of the Social Security Act;
- (c) Having resources, as determined under chapter 388-92 WAC, not exceeding twice the maximum supplemental security income (SSI) resource limits; and
- (d) Having a total countable income, as determined under chapter 388-92 WAC, except as specified in subsection (2) of this section, not exceeding one((-)) hundred percent of the federal poverty ~~((income guidelines as published and updated by the secretary of health and human services))~~ level (FPL). ~~((Effective April 1, 1992;))~~ One((-) hundred percent of the current ((federal poverty income guidelines)) FPL is:

	Family Size	Monthly
(i)	One	\$ <del>((568))</del> <u>581</u>
(ii)	Two	<del>((766))</del> <u>786</u>

(2) ~~((Effective January 1, 1991, for applicants and recipients;))~~ The department shall not consider a person's Social Security cost of living allowance increase until April 1, of each year.

**AMENDATORY SECTION** (Amending Order 3502, filed 1/27/93, effective 2/27/93)

**WAC 388-82-150 Special low-income Medicare beneficiaries (SLMB) eligible for Medicare cost sharing.** (1) ~~((Effective January 1, 1993;))~~ The department shall

provide Medicare cost sharing under WAC 388-81-060(4) for a person:

- (a) Meeting the general nonfinancial requirements under chapter 388-83-WAC;
- (b) Entitled to Medicare hospital insurance benefits, Part A, under Title XVIII of the Social Security Act;
- (c) Having resources, as determined under chapter 388-92 WAC, not exceeding twice the maximum supplemental security income (SSI) resource limits; and
- (d) Having a total countable income, as determined under chapter 388-92 WAC, over one hundred percent of the federal poverty level (FPL) but not exceeding one hundred ten percent of the FPL ~~((as published and updated by the secretary of health and human services))~~. One hundred ten percent of the current FPL is:

	Family Size	Monthly Income
(i)	One	\$ <del>((625.00))</del> <u>639</u>
(ii)	Two	<del>((843.00))</del> <u>864</u>

(2) Effective January 1, 1995, the department shall find a person eligible, under subsection (1)(d) of this section, whose total countable income does not exceed one((-)) hundred twenty percent of the FPL.

**AMENDATORY SECTION** (Amending Order 3389, filed 5/19/92, effective 6/19/92)

**WAC 388-82-160 Hospital premium insurance enrollment for the working disabled.** The department shall pay premiums for Medicare Part A for ~~((an individual))~~ a person:

- (1) Who is not otherwise entitled for medical assistance;
- (2) Entitled to enroll for Medicare hospital insurance benefits, Part A, under section 1818A of the Social Security Act;
- (3) Having resources, as determined under chapter 388-92 WAC, not exceeding twice the maximum supplemental security income (SSI) resource limits ~~((under chapter 388-92 WAC for an individual or a couple (individual with a spouse)))~~; and
- (4) Having a total countable family income, as determined under chapter 388-92 WAC, not exceeding two hundred percent of the current federal poverty ~~((income guidelines as published and updated by the secretary of health and human services))~~ level (FPL). Two hundred percent of the current ~~((poverty income guidelines))~~ FPL is:

	Family Size	Monthly
(a)	One	\$ <del>((1,135.00))</del> <u>1,162</u>
(b)	Two	<del>((1,532.00))</del> <u>1,572</u>

**AMENDATORY SECTION** (Amending Order 3389, filed 5/19/92, effective 6/19/92)

**WAC 388-83-032 Pregnant women.** (1) The department shall find a verifiably pregnant woman eligible for Medicaid as categorically needy, if the pregnant woman meets:

- (a) The income requirements of this section; and
- (b) Citizenship, Social Security number, and residence requirements under chapter 388-83 WAC.

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(2) ~~((f))~~ When a pregnant woman applies on or before the last day of pregnancy, the department shall find her eligible for continued Medicaid coverage through the end of the month containing the sixtieth day from the day pregnancy ends.

(3) Income eligibility:

(a) Total family income shall not exceed one hundred eighty-five percent of the federal poverty ~~((income guidelines as published and updated by the secretary of health and human services. Effective April 1, 1992,))~~ level (FPL). One hundred eighty-five percent of the current ~~((federal poverty income guidelines))~~ FPL is:

Family Size	Monthly
(i) One	\$ <del>((1,050))</del> <u>1,075</u>
(ii) Two	<del>((1,417))</del> <u>1,454</u>
(iii) Three	<del>((1,784))</del> <u>1,833</u>
(iv) Four	<del>((2,151))</del> <u>2,212</u>
(v) Five	<del>((2,518))</del> <u>2,592</u>
(vi) Six	<del>((2,885))</del> <u>2,971</u>
(vii) Seven	<del>((3,252))</del> <u>3,350</u>
(viii) Eight	<del>((3,619))</del> <u>3,729</u>

(ix) For family units with nine members or more, add \$~~((367))~~ 379 to the monthly income for each additional member.

(b) The department shall determine family income:

(i) According to AFDC methodology, except the department shall:

(A) Exclude the income of the unmarried father of the unborn or unborns unless the income is actually contributed; and

(B) Determine eligibility as if the unborn or unborns are born.

(ii) By applying the special situations as required under WAC 388-83-130.

(c) The department shall consider the provisions of WAC 388-83-130(1) in determining countable income for a pregnant minor.

(4) The department shall not consider resources in determining the pregnant woman's eligibility.

(5) Changes in family income shall not affect eligibility for medical assistance for the pregnant woman during pregnancy and when eligible under subsection (2) of this section through the end of the month that contains the sixtieth day from the last day of pregnancy:

(a) Once the department determines a pregnant woman eligible under this section; or

(b) If, at any time while eligible for and receiving medical assistance, a pregnant woman meets the eligibility requirements of this section.

**AMENDATORY SECTION** (Amending Order 3516, filed 2/24/93, effective 3/27/93)

**WAC 388-83-033 Children—Eligible to nineteen years of age.** (1) The department shall find a child who has not yet attained nineteen years of age eligible for Medicaid when the child meets citizenship, residence, and Social Security Number requirements under this chapter and the income requirement corresponding to the age levels under the following subsections:

(a) A child under nineteen years of age ~~((;))~~ shall be eligible as categorically needy when the family income is equal to or less than one hundred percent of the federal poverty level (FPL). One hundred percent of the current FPL is:

Family Size	Monthly
(i) One	\$ <del>((568))</del> <u>581</u>
(ii) Two	<del>((766))</del> <u>786</u>
(iii) Three	<del>((965))</del> <u>991</u>
(iv) Four	<del>((1,163))</del> <u>1,196</u>
(v) Five	<del>((1,361))</del> <u>1,401</u>
(vi) Six	<del>((1,560))</del> <u>1,606</u>
(vii) Seven	<del>((1,758))</del> <u>1,811</u>
(viii) Eight	<del>((1,956))</del> <u>2,016</u>

(ix) For family units with more than eight members, add \$~~((199))~~ 205 to the monthly income for each additional member.

(b) A child one year of age, but under six years of age, shall be eligible as categorically needy when the total family countable income does not exceed one hundred thirty-three percent of the FPL ~~((as published and updated by the secretary of health and human services))~~. One hundred thirty-three percent of the current FPL is:

Family Size	Monthly
(i) One	\$ <del>((755))</del> <u>773</u>
(ii) Two	<del>((1,019))</del> <u>1,045</u>
(iii) Three	<del>((1,283))</del> <u>1,318</u>
(iv) Four	<del>((1,547))</del> <u>1,590</u>
(v) Five	<del>((1,810))</del> <u>1,863</u>
(vi) Six	<del>((2,074))</del> <u>2,136</u>
(vii) Seven	<del>((2,338))</del> <u>2,408</u>
(viii) Eight	<del>((2,602))</del> <u>2,681</u>

(ix) For family units with more than eight members, add \$~~((264))~~ 273 to the monthly income for each additional member.

(c) An infant under one year of age shall be eligible as categorically needy when the infant is a member of a family whose total family countable income does not exceed one hundred eighty-five percent of the current FPL. See income guidelines as described under WAC 388-83-032 (3)(a).

(2) The department shall:

(a) Find an infant under one year of age eligible as categorically needy when the infant:

(i) Is born to a woman eligible for and receiving medical assistance on the date of the infant's birth; and

(ii) Remains a member of the mother's household.

(b) Not consider citizenship ~~((;))~~; application for, or possession of, a Social Security Number ~~((;))~~; income ~~((;))~~; or resource requirements for infants under this subsection.

(3) ~~((Effective January 1, 1991,))~~ Regardless of citizenship; or application for, or possession of a Social Security Number, the department shall determine a child from birth to eighteen years of age, eligible for state-funded medical services with the same medical coverage as categorically needy, if the:

(a) Child is not eligible for any federally-funded Medicaid program; and

(b) Child's total family countable income does not exceed one hundred percent of the current FPL. See income guidelines as described under subsection (1)(a) of this section.

(4) The department shall determine family income according to AFDC methodology, and apply the special situations as required under WAC 388-83-130.

(5) The department shall not consider resources in determining eligibility of a child under this section.

(6) A child shall remain eligible under this section until the later of the end of the month:

(a) Of the child's birthday that exceeds the age requirement; or

(b) In which the child receives inpatient services if:

(i) The child is receiving inpatient services on the last day of the month of the child's birthday that exceeds the age requirement; and

(ii) The child's stay for inpatient services continues into the following month or months; and

(iii) Except for the age requirement, the child would be eligible for assistance under this section.

(7) A child eligible under subsection (3) of this section if pregnant, shall remain eligible:

(a) Regardless of the changes in family income; and

(b) Through the end of the month including the sixtieth day from the day the pregnancy ends.

**AMENDATORY SECTION** (Amending Order 3517, filed 2/24/93, effective 3/27/93)

**WAC 388-95-360 Allocation of income and resources—Institutionalized client.** (1) In reducing payment to the institution, the department shall consider the institutionalized client's:

(a) Income under WAC 388-95-335 (3)(a), (b), (c), and (d); and

(b) Resources under WAC 388-95-380 and 388-95-395.

(2) In reducing payment to the institution, the department shall consider the eligible institutional client's excess resources available to meet cost of care after the following allocations:

(a) Health insurance and Medicare premiums, deductions, and co-insurance not paid by a third party; and

(b) Noncovered medical bills which are the liability of the client and not paid by a third party.

(3) The department shall not use allocations used to reduce excess resources under WAC 388-95-360(2) to reduce income under WAC 388-95-360(4).

(4) The department shall deduct the following amounts, in the following order, from the institutionalized client's total income, including amounts excluded in determining eligibility:

(a) Specified personal needs allowance(±) as follows:

(i) \$41.62 for a client in an institution; or

(ii) \$90.00 for a single veteran receiving an improved veteran's pension.

(b) An amount an SSI, AFDC, or FIP-related client in a medical facility receives as a cash assistance payment sufficient to bring the client's income up to the personal needs allowance;

(c) The current personal needs allowance plus wages the SSI-related client receives for work approved by the depart-

ment as part of a training or rehabilitative program designed to prepare the person for a less-restrictive placement when the total wages received plus the personal needs allowance do not exceed the one-person medically needy income level. When determining this deduction, the department shall:

(i) Not allow a deduction (~~((is not allowed))~~) for employment expenses; and

(ii) Apply the excess wages (~~((shall apply))~~) to the cost of care when the total wages received plus the initial personal needs allowance exceeds the one-person medically needy income level.

(d) A monthly needs allowance for the community spouse not to exceed one thousand seven hundred sixty-nine dollars, unless specified in subsection (6) of this section. The monthly needs allowance shall be:

(i) An amount added to the community spouse's income to provide a total community spouse's income of one thousand two hundred fifty-eight dollars; and

(ii) Excess shelter expenses as specified in subsection (5) of this section.

(e) An amount for the maintenance needs of each dependent family member residing with the community spouse (~~((Child support received from an absent parent is the child's income))~~):

(i) An amount equal to one-third of the amount one thousand one hundred (~~((forty))~~) seventy-nine dollars exceeds the family member's income. Child support received from an absent parent is the child's income.

(ii) A family member is a:

(A) Dependent or minor child;

(B) Dependent parent; or

(C) Dependent sibling of the institutionalized or community spouse.

(f) If an institutional client does not have a community spouse, an amount for the maintenance needs of family members residing in the client's home is equal to the medically needy income level for the number of legal dependents in the home less the income of the dependents;

(g) Amounts for incurred medical expenses not subject to third-party payment including, but not limited to:

(i) Health insurance premiums, co-insurance, or deductible charges; and

(ii) Necessary medical care recognized under state law, but not covered under Medicaid.

(h) Maintenance of the home of a single person or couple:

(i) Up to one hundred eighty dollars per month; and

(ii) Limited to a six-month period; and

(iii) A physician has certified that either of the persons is likely to return to the home within that period; and

(iv) Social service staff shall document initial need for the income exemption and review the person's circumstances after ninety days.

(5) For the purposes of this section, excess shelter expenses:

(a) Means the actual required maintenance expenses for the community spouse's principal residence for:

(i) Rent;

(ii) Mortgage;

(iii) Taxes and insurance;

(iv) Any maintenance care for a condominium or cooperative; and

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(v) A food stamp standard allowance for utilities, provided the utilities are not included in the maintenance charges for a condominium or cooperative.

(b) Shall not exceed three hundred ~~((five))~~ fifty-three dollars and seventy cents, effective April 1, ~~((1992, and~~

~~(c) Shall not exceed three hundred forty four dollars and seventy cents, effective July 1, 1992))~~ 1993.

(6) The amount ~~((allocated from))~~ the institutional spouse allocates to the community spouse may be greater than the amount in subsection (4)(d)(i) of this section only when:

(a) A court enters an order against the institutional client for the community spouse support; or

(b) A hearings officer determines a greater amount is needed because of exceptional circumstances resulting in extreme financial duress.

(7) The client shall use the income remaining after allocations specified in subsection (4) of this section, toward payment of the ~~((recipient's))~~ client's cost of care at the department rate.

(8)(a) ~~((Effective July 1, 1988,))~~ SSI-related clients shall continue to receive total payment under 1611 (b)(1) of the Social Security Act (SSA) for the first three full calendar months of institutionalization in a public or Medicaid-approved medical institution or facility ~~((if))~~ when the:

(i) Stay in the institution or facility is not expected to exceed three months; and

(ii) SSI-related clients plan to return to ~~((their))~~ former living arrangements.

(b) The department shall not consider the SSI payment when computing the client's participation amount.

(9) The department shall not consider income from reparation payments made by the Federal Republic of Germany when computing the client's participation amount.

appears in each of the seven play spots under the latex covering on the front of the ticket.

(2) Captions: The small printed characters appearing below each play symbol which verify and correspond with that play symbol. The caption is a spelling out, in full or abbreviated form of the play symbol. One and only one of these captions appears under each play symbol. For Instant Game Number 98, the captions which correspond with and verify the play symbols are:

<u>PLAY SYMBOL</u>	<u>CAPTION</u>
ACE	ACE
K	KNG
Q	QUE
J	JAC
10	TEN
9	NIN
8	EGT
7	SVN
NO	NO

(3) Validation number: The unique nine-digit number on the front of the ticket. The number is covered by latex covering.

(4) Pack-ticket number: The eleven-digit number of the form 09800001-000 printed on the front of the ticket. The first eight digits of the pack-ticket number for Instant Game Number 98 constitute the "pack number" which starts at 09800001; the last three digits constitute the "ticket number" which starts at 000 and continues through 399 within each pack of tickets.

(5) Retailer verification codes: Codes consisting of small letters found under the removable latex covering on the front of the ticket which the lottery retailer uses to verify instant winners of \$25 and less. For Instant Game Number 98, the retailer verification codes are three-letter codes, with each letter appearing in a varying three of six locations among the play symbols on the front of the ticket. The retailer verification codes are:

<u>VERIFICATION CODE</u>	<u>PRIZE</u>
ONE	\$ 1.00
TWO	\$ 2.00
SIX	\$ 6.00
TLV	\$12.00

(6) Pack: A set of four hundred fanfolded instant game tickets separated by perforations and packaged in plastic shrinkwrapping.

**WSR 93-11-056**  
**PERMANENT RULES**  
**LOTTERY COMMISSION**  
 [Filed May 12, 1993, 3:15 p.m.]

Date of Adoption: May 7, 1993.

Purpose: To establish the game play rules and criteria for determining winners of Instant Game Nos. 98 ("Ace in the Hole"), 99 ("Megamoney"), and 100 ("Top Banana"); and to amend WAC 315-06-125.

Citation of Existing Rules Affected by this Order: Amending WAC 315-06-125.

Statutory Authority for Adoption: RCW 67.70.040.

Pursuant to notice filed as WSR 93-07-121 on March 24, 1993.

Effective Date of Rule: Thirty-one days after filing.

May 12, 1993  
 Evelyn P. Yenson  
 Director

NEW SECTION

**WAC 315-11-980 Definitions for Instant Game Number 98 ("Ace in the Hole").** (1) Play symbols: The following are the "play symbols": "ACE," "K," "Q," "J," "10," "9," "8," "7," and "NO." One of these play symbols

NEW SECTION

**WAC 315-11-981 Criteria for Instant Game Number 98.** (1) The price of each instant game ticket shall be \$1.00. (2) Determination of prize winning tickets: An instant prize winner is determined in the following manner:

The bearer of a ticket having the following play symbols in any of the seven spots beneath the removable covering on the front of the ticket shall win the following prize:

Three	7's	- Win	\$	1.00
Three	7's and one ACE	- Win	\$	2.00
Three	8's	- Win	\$	2.00

Three 9's and one ACE	- Win	\$ 6.00
Three 10's	- Win	\$ 6.00
Three 10's and one ACE	- Win	\$ 12.00
Three J's	- Win	\$ 12.00
Three Q's	- Win	\$ 50.00
Three Q's and one ACE	- Win	\$ 100.00
Three K's	- Win	\$ 10,000

(3) No portion of the display printing nor any extraneous matter whatever shall be usable or playable as a part of the instant game.

(4) The determination of prize winners shall be subject to the general ticket validation requirements of the lottery as set forth in WAC 315-10-070, to the particular ticket validation requirements for Instant Game Number 98 set forth in WAC 315-11-982, to the confidential validation requirements established by the director, and to the requirements stated on the back of each ticket.

(5) Notwithstanding any other provisions of these rules, the director may:

(a) Vary the length of Instant Game Number 98; and/or

(b) Vary the number of tickets sold in Instant Game Number 98 in a manner that will maintain the estimated average odds of purchasing a winning ticket.

**NEW SECTION**

**WAC 315-11-982 Ticket validation requirements for Instant Game Number 98.** (1) In addition to meeting all other requirements in these rules and regulations, to be a valid instant game ticket for Instant Game Number 98 all of the following validation requirements apply.

(a) Exactly one play symbol must appear in each of the seven play spots under the latex covering on the front of the ticket.

(b) Each of the seven play symbols must have a caption underneath, and each must agree with its caption.

(c) The display printing and the printed numbers, letters, and symbols on the ticket must be regular in every respect and correspond precisely with the artwork on file with the director. The numbers, letters, and symbols shall be printed as follows:

Play Symbols	Play Symbol Font
Captions	Caption Font
Pack-Ticket Number	Validation Font
Validation Number	Validation Font
Retail Verification Code	Validation Font

(d) Each of the play symbols and its caption, the validation number, pack-ticket number and retailer verification code must be printed in black ink.

(e) Each of the play symbols must be exactly one of those described in WAC 315-11-980(1) and each of the captions must be exactly one of those described in WAC 315-11-980(2).

(2) Any ticket not passing all the validation requirements in WAC 315-10-070 and subsection (1) of this section is invalid and ineligible for any prize.

**NEW SECTION**

**WAC 315-11-990 Definitions for Instant Game Number 99 ("Megamoney").** (1) Play symbols: The following are the "play symbols": "\$2.00"; "\$3.00"; "\$6.00"; "\$10.00"; "\$20.00"; "\$40.00"; "\$500.00"; and "\$10,000." One of these play symbols appears in each of the nine play spots under the latex covering on the front of the ticket.

(2) Play symbol captions: The small printed characters appearing below each play symbol which verify and correspond with that play symbol. The caption is a spelling out, in full or abbreviated form of the play symbol. One and only one of these captions appears under each play symbol. For Instant Game Number 99, the captions which correspond with and verify the play symbols are:

<u>PLAY SYMBOL</u>	<u>CAPTION</u>
\$ 2.00	TWO DOL
\$ 3.00	THR DOL
\$ 6.00	SIX DOL
\$ 10.00	TEN DOL
\$ 20.00	TWY DOL
\$ 40.00	\$FORTY\$
\$ 500.00	FIVHUND
\$ 10,000	TENTHOU

(3) Validation number: The unique nine-digit number on the front of the ticket. The number is covered by latex covering.

(4) Pack-ticket number: The eleven-digit number of the form 09900001-000 printed on the front of the ticket. The first three digits are the game identifier. The first eight digits of the pack-ticket number for Instant Game Number 99 constitute the "pack number" which starts at 09900001; the last three digits constitute the "ticket number" which starts at 000 and continues through 399 within each pack of tickets.

(5) Retailer verification codes: Codes consisting of small letters found under the removable latex covering on the front of the ticket which the lottery retailer uses to verify instant winners of \$25.00 or less. For Instant Game Number 99, the retailer verification codes are three-letter codes, with each letter appearing in a varying three of six locations among the play symbols on the front of the ticket. The retailer verification codes are:

<u>VERIFICATION CODE</u>	<u>PRIZE</u>
TWO	\$ 2.00
THR	\$ 3.00
SIX	\$ 6.00
TEN	\$ 10.00
TWY	\$ 20.00

(6) Pack: A set of two hundred fanfolded instant game tickets separated by perforations and packaged in plastic shrinkwrapping.

**NEW SECTION**

**WAC 315-11-991 Criteria for Instant Game Number 99.** (1) The price of each instant game ticket shall be \$2.00.

(2) Determination of prize winning tickets: An instant prize winner is determined in the following manner:

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The bearer of a ticket having the following play symbols in any three of the nine spots beneath the removable covering on the front of the ticket shall win the following prize:

Three \$ 2.00	play symbols	- Win \$ 2.00
Three \$ 3.00	play symbols	- Win \$ 3.00
Three \$ 6.00	play symbols	- Win \$ 6.00
Three \$ 10.00	play symbols	- Win \$ 10.00
Three \$ 20.00	play symbols	- Win \$ 20.00
Three \$ 40.00	play symbols	- Win \$ 40.00
Three \$ 500.00	play symbols	- Win \$ 500.00
Three \$ 10,000	play symbols	- Win \$ 10,000

(3) No portion of the display printing nor any extraneous matter whatever shall be usable or playable as a part of the instant game.

(4) The determination of prize winners shall be subject to the general ticket validation requirements of the lottery as set forth in WAC 315-10-070, to the particular ticket validation requirements for Instant Game Number 99 set forth in WAC 315-11-992, to the confidential validation requirements established by the director, and to the requirements stated on the back of each ticket.

(5) Notwithstanding any other provisions of these rules, the director may:

(a) Vary the length of Instant Game Number 99; and/or

(b) Vary the number of tickets sold in Instant Game Number 99 in a manner that will maintain the estimated average odds of purchasing a winning ticket.

**NEW SECTION**

**WAC 315-11-992 Ticket validation requirements for Instant Game Number 99.** (1) A valid instant game ticket for Instant Game Number 99 shall meet all of the following validation requirements as well as all other requirements in these rules and regulations.

(a) Exactly one play symbol must appear in each of the nine play spots under the removable latex covering on the front of the ticket.

(b) Each of the nine play symbols must have a caption below it, and each must agree with its caption.

(c) The display printing and the printed numbers, letters, and symbols on the ticket must be regular in every respect and correspond precisely with the artwork on file with the director. The numbers, letters, and symbols shall be printed as follows:

Play Symbols	Play Symbol Font
Captions	Caption Font
Pack-Ticket Number	Validation Font
Validation Number	Validation Font
Retail Verification Code	Validation Font

(d) Each of the play symbols and its caption, the validation number, pack-ticket number, and retailer verification code must be printed in black ink.

(e) Each of the play symbols must be exactly one of those described in WAC 315-11-990(1) and each of the captions must be exactly one of those described in WAC 315-11-990(2).

(2) Any ticket not passing all the validation requirements in WAC 315-10-070 and subsection (1) of this section is invalid and ineligible for any prize.

**Chapter 315-11A WAC  
INSTANT GAME RULES—GAMES COMMENCING  
AT 100**

**NEW SECTION**

**WAC 315-11A-100 Instant Game Number 100 ("Top Banana").** (1) **Definitions for Instant Game Number 100.**

(a) **Play symbols:** The following are the "play symbols": "1," "2," "3," "4," "5," "6," and "9." One of these play symbols appears in each of the five play spots under the latex covering on the front of the ticket. The latex covered area shall be known as the playfield. One of the five play spots shall be labeled "winning number."

(b) **Play symbol captions:** The small printed characters appearing below each play symbol which correspond with and verify that play symbol. The caption is a spelling out, in full or abbreviated form of the play symbol. One and only one of these captions appears under each play symbol. The three-digit ticket number shall appear before each play symbol caption. For Instant Game Number 100, the captions which correspond with and verify the play symbols are:

<u>PLAY SYMBOL</u>	<u>CAPTION</u>
1	ONE
2	TWO
3	THR
4	FOR
5	FIV
6	SIX
9	NIN

(c) **Prize symbols:** The following are the "prize symbols": "\$1.00," "\$2.00," "\$4.00," "\$8.00," "\$50.00," and "\$5,000." One of these prize symbols appears below each of the play symbol captions, except for the caption of the play symbol labeled "winning number."

(d) **Prize symbol captions:** The small printed characters which appear below the prize symbol and verify and correspond with that prize symbol. The prize symbol caption is a spelling out, in full or abbreviated form, of the prize symbol. For Instant Game Number 100, the prize symbol captions which correspond with and verify the prize symbols are:

<u>PRIZE SYMBOL</u>	<u>CAPTION</u>
\$ 1.00	ONE DOL
\$ 2.00	TWO DOL
\$ 4.00	FOR DOL
\$ 8.00	EGT DOL
\$ 50.00	\$FIFTY\$
\$ 5,000	FIVTHOU

(e) **Validation number:** The unique nine-digit number on the front of the ticket. The number is covered by latex.

(f) **Pack-ticket number:** The eleven-digit number of the form 10000001-000 printed on the front of the ticket. The first three digits are the game identifier. The first eight

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digits of the pack-ticket number for Instant Game Number 100 constitute the "pack number" which starts at 10000001; the last three digits constitute the "ticket number" which starts at 000 and continues through 399 within each pack of tickets.

(g) Retailer verification codes: Codes consisting of small letters found under the removable covering on the front of the ticket which the lottery retailer uses to verify instant winners of \$25.00 or less. For Instant Game Number 100, the retailer verification code is a three-letter code, with each letter appearing in a varying three of six locations beneath the removable covering and among the play symbols on the front of the ticket. The retailer verification codes are:

VERIFICATION CODE	PRIZE
ONE	\$ 1.00 (\$1)
TWO	\$ 2.00 (\$1 AND \$1)
THR	\$ 3.00 (\$1, \$1 AND \$1)
EGT	\$ 8.00 (\$2, \$2, \$2 AND \$2; \$8)
SXT	\$ 16.00 (\$4, \$4, \$4 AND \$4; \$8, \$4 AND \$4)

(h) Pack: A set of four hundred fanfolded instant game tickets separated by perforations and packaged in plastic shrinkwrapping.

**(2) Criteria for Instant Game Number 100.**

(a) The price of each instant game ticket shall be \$1.00.

(b) Determination of prize winning tickets: An instant prize winner is determined in the following manner:

(i) When any of the four play symbols matches exactly the play symbol labeled "winning number," the matching play symbol shall be a winning play symbol, and the bearer of the ticket shall win the prize below the winning play symbol.

(ii) The bearer of a ticket which has more than one winning play symbol shall win the total of the prizes below each winning play symbol.

(c) No portion of the display printing nor any extraneous matter whatever shall be usable or playable as a part of the instant game.

(d) The determination of prize winners shall be subject to the general ticket validation requirements of the lottery as set forth in WAC 315-10-070, to the particular ticket validation requirements for Instant Game Number 100 set forth in subsection (3) of this section, to the confidential validation requirements established by the director, and to the requirements stated on the back of each ticket.

(e) Notwithstanding any other provisions of these rules, the director may:

(i) Vary the length of Instant Game Number 100; and/or

(ii) Vary the number of tickets sold in Instant Game Number 100 in a manner that will maintain the estimated average odds of purchasing a winning ticket.

**(3) Ticket validation requirements for Instant Game Number 100.**

(a) In addition to meeting all other requirements in these rules and regulations, to be a valid instant game ticket for Instant Game Number 100 all of the following validation requirements apply:

(i) Exactly one play symbol must appear in each of the five play spots in the playfield on the front of the ticket.

(ii) Each play symbol must have a play symbol caption below it and each must agree with its caption.

(iii) Each of the play symbol captions, except for the "winning number" play symbol caption, shall have a prize symbol below it. Each of the prize symbols shall also have a prize symbol caption below it.

(iv) The display printing and the printed numbers, letters, and symbols on the ticket must be regular in every respect and correspond precisely with the artwork on file with the director. The numbers, letters, and symbols shall be printed as follows:

Play Symbols	Play Symbol Font
Prize Symbols	Prize Symbol Font
Captions	Caption Font
Pack-Ticket Number	Validation Font
Validation Number	Validation Font
Retailer Verification Code	Validation Font

(v) Each of the play symbols and its caption, the validation number, pack-ticket number, and retailer verification code must be printed in black ink.

(vi) Each of the play symbols must be exactly one of those described in subsection (1)(a) of this section and each of the play symbol captions must be exactly one of those described in subsection (1)(b) of this section.

(vii) Each of the prize symbols must be exactly one of those described in subsection (1)(c) of this section and each of the prize symbol captions must be exactly one of those described in subsection (1)(d) of this section.

(b) Any ticket not passing all the validation requirements in WAC 315-10-070 and (a) of this subsection is invalid and ineligible for any prize.

**AMENDATORY SECTION** (Amending WSR 93-04-004, filed 1/21/93, effective 2/21/93)

**WAC 315-06-125 Debts owed the state.** (1) The terms used in RCW 67.70.255 and these regulations are defined as follows:

(a) Creditor - Any state agency or political subdivision of this state that maintains records of debts owed to the state or political subdivision, or that the state is authorized to enforce or collect.

(b) Debt - A judgment rendered by a court of competent jurisdiction or obligations established pursuant to RCW 50.20.190, 51.32.240, 51.48.140, 74.04.300, 74.20A.040, and 74.20A.055 or administrative orders as defined in RCW 50.24.110, 51.32.240, 51.48.150, and 74.20A.020(6).

(c) State - The state of Washington.

(d) Two working days - Two days not to include Saturdays, Sundays, and holidays as defined in RCW 1.16.050 commencing the day following the date the claim was validated by the lottery.

(e) Verification - A facsimile or photo copy of a judgment or final order received by the lottery during the requisite two working day period.

(f) Individual - A natural person.

(2) Any creditor may submit, to the lottery, in a format specified by the director, data processing tapes containing debt information specified by the director. Tapes which do not contain the required information or are not in the proper format will be returned to the creditor. The creditor submit-

PERMANENT

**WSR 93-11-062**  
**PERMANENT RULES**  
**DEPARTMENT OF ECOLOGY**  
 [Filed May 13, 1993, 3:06 p.m.]

Date of Adoption: May 12, 1993.

Purpose: Nonsubstantial housekeeping corrections to Title 222 WAC are necessary to maintain consistency and to maintain linkage to current water quality standards.

Citation of Existing Rules Affected by this Order: Amending WAC 173-202-020.

Statutory Authority for Adoption: RCW 90.48.420 and 76.09.040.

Pursuant to notice filed as WSR 93-05-042 on February 17, 1993.

Effective Date of Rule: Thirty-one days after filing.  
 May 12, 1993  
 Mary Riveland  
 Director

**AMENDATORY SECTION** (Amending Order 92-51, filed 12/16/92, effective 1/16/93)

**WAC 173-202-020 Certain WAC sections adopted by reference.** The following sections of the Washington Administrative Code existing on (~~December 15, 1992~~) May 12, 1993, are hereby adopted by reference as part of this chapter in all respects as though the sections were set forth herein in full:

- WAC 222-08-035—Continuing review of forest practices regulations.
- WAC 222-12-010—Authority.
- WAC 222-12-040—Alternate plans.
- WAC 222-12-045—Adaptive management.
- WAC 222-12-046—Cumulative Effect
- WAC 222-12-070—Enforcement policy.
- WAC 222-16-010—General definitions.
- WAC 222-16-030—Water typing system.
- WAC 222-16-035—Wetland typing system.
- WAC 222-16-050 (1)(a), (1)(e), (1)(h), (1)(i), (3)(b), (3)(c), (3)(d), (3)(e), (3)(f), (3)(n), (3)(o), (3)(p), (4)(c), (4)(d), (4)(e), (5)(b), (5)(c), (5)(d), (5)(e), (5)(f), (5)(h), (5)(n)—Classes of forest practices.
- WAC 222-16-070—Pesticide uses with the potential for a substantial impact on the environment.
- WAC 222-22-010—Policy.
- WAC 222-22-020—Watershed administrative units.
- WAC 222-22-030—Qualification of watershed resource analysts, specialists, and field managers.
- WAC 222-22-040—Watershed prioritization.
- WAC 222-22-050—Level 1 watershed resource assessment.
- WAC 222-22-060—Level 2 watershed resource assessment.
- WAC 222-22-070—Prescription recommendation.
- WAC 222-22-080—Approval of watershed analysis.
- WAC 222-22-090—Use and review of watershed analysis.
- WAC 222-22-100—Application review prior to watershed analysis.
- WAC 222-24-010—Policy.
- WAC 222-24-020 (2), (3), (4), (6)—Road location.

ting debt information tapes shall provide replacement tapes on a regular basis at intervals not to exceed one month or less than one week. The creditor shall be solely responsible for the accuracy of the information contained therein.

(3) Creditors submitting data processing tapes to the lottery shall also submit the name or names of designated contact persons.

(4) The lottery shall include the debt information submitted by the creditor in its validation and prize payment process. The lottery shall delay payment of a prize, exceeding six hundred dollars, for a period not to exceed two working days, to any individual prize winner or to any other prize winner which has an individual holding a direct or indirect interest in the prize winner, and who owes a debt to a creditor pursuant to the information submitted in subsection (2) of this section. The lottery shall make a reasonable attempt to contact the creditor's designated contact person(s) by phone, followed by written correspondence, to verify the debt. Three phone calls, excluding busy signals, shall constitute a reasonable attempt. The prize (~~or individual's portion thereof~~) shall be paid to the (~~individual~~) prize winner if the debt is not verified by the submitting creditor within two working days. If the debt is verified, the prize shall be disbursed pursuant to subsection (9) of this section.

(5) It shall be the obligation of the prize winner to provide the lottery with the names, Social Security numbers, and percentage interests of the individuals who collectively hold one hundred percent of the interest in the prize.

(6) Where an individual holds an interest in a prize claimed by another individual, the lottery must be informed of that interest, its percentage and the Social Security number (SSN) of the nonclaimant individual who holds the interest, prior to the validation and prize payment process described herein; otherwise, the Social Security number of the claimant individual and the full net amount of the prize will be used in completing the processing required under this section.

(7) Where the right to payment to an individual who holds an interest in a prize winner is discretionary with a third party or is contingent, the tax ID number of the prize winner shall be used in completing the processing required under this section, rather than the Social Security number of said individual.

(8) A creditor shall verify the debt by submitting to the lottery at lottery headquarters in Olympia, Washington within the requisite two working day period, a facsimile or photocopy of a judgment or final order which is the basis for the debt.

(9) Prior to disbursement, any verified debts owed to a creditor by the individual winner of any lottery prize exceeding six hundred dollars or by an individual holding more than a six hundred dollar interest in a prize winner shall be set off against the prize owing to the individual or against the proportionate interest of the individual in the prize winner. In the event a prize winner or an individual holding more than a six hundred dollar interest in a prize winner owes debts to more than one creditor, and the total prize to that winner or individual is insufficient to pay all debts, the set off shall be paid to the creditors on a pro rata basis based on the amount of debt owed to each creditor unless priority is established by statute.

- WAC 222-24-025 (2), (5), (6), (7), (8), (9), (10)—Road design.
- WAC 222-24-030 (2), (4), (5), (6), (7), (8), (9)—Road construction.
- WAC 222-24-035 (1), (2)(c), (2)(d), (2)(e), (2)(f)—Landing location and construction.
- WAC 222-24-040 (1), (2), (3), (4)—Water crossing structures.
- WAC 222-24-050—Road maintenance.
- WAC 222-24-060 (1), (2), (3), (6)—Rock quarries, gravel pits, borrow pits, and spoil disposal areas.
- WAC 222-30-010—Policy—Timber harvesting.
- WAC 222-30-020 (2), (3), (4), (5), (7)(a), (7)(e), (7)(f), (8)(c)—Harvest unit planning and design.
- WAC 222-30-025—Green-up: Even-aged harvest size and timing.
- WAC 222-30-030—Stream bank integrity.
- WAC 222-30-040—Shade requirements to maintain stream temperature.
- WAC 222-30-050 (1), (2), (3)—Felling and bucking.
- WAC 222-30-060 (1), (2), (3), (5)(c)—Cable yarding.
- WAC 222-30-070 (1), (2), (3), (4), (5), (7), (8), (9)—Tractor and wheeled skidding systems.
- WAC 222-30-080 (1), (2)—Landing cleanup.
- WAC 222-30-100 (1)(a), (1)(c), (4), (5)—Slash disposal.
- WAC 222-34-040—Site preparation and rehabilitation.
- WAC 222-38-010—Policy—Forest chemicals.
- WAC 222-38-020—Handling, storage, and application of pesticides.
- WAC 222-38-030—Handling, storage, and application of fertilizers.
- WAC 222-38-040—Handling, storage, and application of other forest chemicals.

**WSR 93-11-064**  
**PERMANENT RULES**  
**DEPARTMENT OF**  
**LABOR AND INDUSTRIES**

[Filed May 14, 1993, 9:18 a.m.]

Date of Adoption: May 14, 1993.

Purpose: To clarify definitions and terminology used by the department, to more accurately determine surety levels, to adjust newly certified firms' administrative assessment rates and to clarify the insolvency trust board's authority.

Citation of Existing Rules Affected by this Order: Amending WAC 296-15-022, 296-15-023, 296-15-030, 296-15-060, and 296-15-065.

Statutory Authority for Adoption: RCW 51.04.020.

Pursuant to notice filed as WSR 93-07-115 on March 24, 1993.

Effective Date of Rule: Thirty-one days after filing.

May 14, 1993  
 Mark O. Brown  
 Director

AMENDATORY SECTION (Amending Order 88-07, filed 6/1/88)

**WAC 296-15-022 Corporate guarantee.** If ~~((the))~~ an applicant ~~((employer))~~ for self-insurance certification is a subsidiary, the parent firm ~~((with))~~ shall furnish the department with its guarantee to assume and be responsible for the workers' compensation liabilities of the subsidiary in the event the subsidiary firm is unable or unwilling to cover these liabilities. If a self-insurer is purchased by another firm, which becomes its parent, the parent ~~((must))~~ shall provide the department with its most recent audited financial statement and its guarantee. This guarantee is to be on a form ~~((prescribed))~~ provided by the department. For the purposes of this rule, a parent firm is defined as one which owns fifty percent, and/or has a controlling interest in, another firm which shall be considered to be a subsidiary. Failure by a parent to provide a guarantee for its self-insured subsidiary will result in the surety requirement of the subsidiary being established at one hundred twenty-five percent of what would otherwise be required as specified in WAC 296-15-030. Surety at the level of one hundred twenty-five percent of the normal requirement will continue to be required as long as no parental guarantee has been provided.

AMENDATORY SECTION (Amending Order 88-07, filed 6/1/88)

**WAC 296-15-023 Entities included in certification.** (1) The certification of a firm will include all of its subsidiaries or divisions doing business in the state of Washington. A subsidiary is defined, for the purpose of this rule, as an entity which is fifty percent owned and/or has its interest controlled by another single firm.

(2) One certificate will be issued to an approved self-insurer, including all subsidiaries or divisions. The entities will be considered as one employer for all purposes of Title 51 RCW.

AMENDATORY SECTION (Amending WSR 90-24-039, filed 11/30/90, effective 12/31/90)

**WAC 296-15-030 Surety requirement.** Subsections ~~((+))~~ (2) through ~~((6))~~ (7) and ~~((9))~~ (10) through ~~((+))~~ (12) of this section shall apply only to individual self-insurers ~~((except))~~ and joint ventures and shall not apply to counties, cities, school districts, municipal corporations, and individual accounts participating in group self-insurance programs. Subsection ~~((8))~~ (9) of this section shall apply only to counties, cities, municipal corporations, and school districts not participating in group self-insurance programs. Group self-insurance programs are subject to subsection ~~((7))~~ (8) of this section and reserve requirements set forth in WAC 296-15-02601(3) and 296-15-02605. Subsections ~~((+))~~ (1) and (13) of this section ~~((applies))~~ apply to all self-insurers.

(1) For the purposes of this section, the following definitions apply:

(a) "Developed reserves" means an estimate of the total remaining cost of the claims of an accident year made by use of development factors.

(b) "Development factor" means an actuarially determined factor which expresses the changes in either incurred or paid liability from one year to the next.

(c) "Incurred liability" means the total cumulative amount paid plus the total amount reserved for future payments on all claims of an accident year.

(d) "Loss development" means the historical change in the incurred or paid liability of an accident year due to the additional payment of benefits or the revaluation of claim reserves as a result of changes in the claimant's condition, the reopening of claims, or the opening of claims incurred but not previously reported.

(e) "Loss development analysis" means the actuarial projection of ultimate claim liability which a self-insured employer may expect to pay for all claims reported to the department each year as of December 31 based on the historical development of liability.

(f) "Paid liability" means the total cumulative amount paid on the claims of an accident year.

(g) "Reported reserves" means the estimated dollar amount adequate to cover claim costs through closure.

(2) Upon approval of an application for certification to self-insure, the director shall review the matter and notify the employer of the amount of surety which must be provided to secure the payment of compensation and assessments, pursuant to RCW 51.14.020 as now or hereafter amended. This amount as so established may be satisfied by the employer's supplying of cash, corporate or governmental securities approved by the director, or a bond, written by a company admitted to transact surety business in this state, in favor of the department. A self-insurer with a net worth of not less than five hundred million dollars may also provide surety in the form of an irrevocable standby letter of credit issued by a federally or state chartered commercial bank authorized to conduct business in this state. Cash and securities of a self-insurer shall be deposited with an escrow agent approved by the director and administered pursuant to a written agreement between the department, the self-insurer and the escrow agent. Cash and securities shall be registered in the name of the escrow agent on behalf of the self-insurer. The originals of all surety documents submitted by self-insurers after acceptance by the director will be kept on file in the department.

~~((2))~~ (3) The minimum amount of surety required for initial certification as a self-insurer shall be the projected average current cost of a permanent total disability claim including medical, time-loss, pension reserve, and any other miscellaneous claim costs paid prior to award of the pension. This average cost shall be calculated by the department on an annual basis.

The surety required for initial certification as a self-insurer may be greater than the minimum amount described above. In establishing such surety requirements, the department shall estimate the following amounts:

(a) The estimated amount of accident and medical aid fund premium that the self-insurer would have paid to the state fund during the first year of self-insurance, if it had remained in the state fund.

(b) The estimated amount of incurred benefits for the first year of self-insurance, based on past experience with the state fund, adjusted for intervening changes in benefit schedules and exposure.

If either or both of the above amounts exceed the minimum surety requirement described in this section, the department will require the larger of (a) or (b) of this subsection as the surety requirement for initial certification as a self-insurer.

(c) Provided that, the initial surety requirement for a self-insurer may be based on an estimate of the expected average annual incurred losses, made by an independent qualified actuary.

(d) The surety required in accordance with the above procedures may be adjusted by the department if there are other known conditions which may alter the self-insurer's potential claim costs and/or its ability to pay them.

~~((3))~~ (4) The surety requirement for each self-insurer will be subject to review and increased or decreased at such times as the director deems necessary to maintain the adequacy of these requirements. To facilitate this review a self-insurer's annual report (SIF #7) shall be required in the form prescribed by the director and supplied to all self-insurers.

Surety requirements shall not be increased unless and until one or more of the following conditions are met:

(a) An estimate of the self-insurer's outstanding claim liabilities, made by either the self-insured employer or the department, exceeds the amount of surety in force; or

(b) The projected average current cost of a permanent total pension claim including medical, time-loss, pension reserve, and any other miscellaneous claim costs paid prior to award of the pension, exceeds the surety in force for the employer by twenty-five thousand dollars or more.

~~((4))~~ (5) In determining the surety requirement after the initial three years of certification, the department will make an analysis of the self-insurer's ~~((history of))~~ loss development using both incurred and paid methods. The analysis will ~~((provide average))~~ result in factors for each period of loss development ~~((by measuring historical changes in incurred losses. These factors will be applied to reported incurred liabilities for each accident year to arrive at the expected total incurred liability. The estimated remaining incurred liability, at a given calendar year end, will be the result of subtraction of claims payments made to date)).~~

(a) These factors will be used to estimate the developed reserves within each method, as follows:

(i) The reported incurred liability for each accident year will be multiplied by its development factor resulting in the developed incurred liability after any appropriate subtraction of amounts for secured pensions and anticipated recoveries from excess insurance.

(ii) The reported paid liability for each accident year, without these subtractions, will be multiplied by its development factor resulting in the developed paid liability.

(iii) The developed reserve estimates made by the incurred and paid methods will be the result of subtracting the amount of benefits paid to date from the developed liability estimated by the respective methods.

(b) The surety required to secure the self-insurance reserves reported at the end of each calendar year will be determined by the percent of difference between the developed reserves estimated by the incurred method and the developed reserves estimated by the paid method. Whether the paid estimate is higher or lower than the incurred estimate, the paid estimate will be subtracted from the

incurred estimate. The resulting difference will be divided by the incurred estimate to determine the percent of difference. The surety requirement will then be established as follows:

(i) In cases where the difference between the estimates is less than twenty-five percent, the surety will be established at the level of the incurred estimate.

(ii) In cases where the difference between the estimates is twenty-five percent or more but less than forty percent, the surety will be established at the average of the two estimates.

(iii) In cases where the difference between the estimates is forty percent or more, the department will make such adjustments to its procedure for estimating developed reserves as necessary. The surety will be established at the resulting estimate.

(iv) The surety required of a self-insurer will not be less than the current minimum surety requirement, with the exception that surety will not be required to increase to the minimum level unless the conditions indicated in subsection (4) of this section are met.

(c) The following special considerations shall apply in adjusting surety requirements for a self-insurer:

(i) Pension claims - Reserve amounts attributable to death or permanent total disability claims independently secured by means of a bond or assignment of account, and which are included in estimates of outstanding claim liabilities as shown on the self-insurer's annual report (SIF #7), shall be deducted from estimates of outstanding claim liabilities made in accordance with other provisions of this section.

(ii) Reinsurance - Anticipated recoveries under reinsurance policies held by a self-insurer must be documented by the self-insurer and reported to the department to qualify for consideration in establishing surety requirements. Such anticipated recoveries shall be applied to either the self-insurer's estimate of outstanding claim liabilities as shown on the most current self-insurer's annual report (SIF #7) or the department's estimate of the self-insurer's outstanding liabilities made in accordance with this rule, whichever is greater. If the resulting estimate of claim liabilities net of reinsurance recoveries is less than the surety requirement imposed by this rule without adjustment for reinsurance, the surety requirement shall be reduced accordingly; provided, that surety requirement imposed upon initial certification of a self-insurer or the minimum surety requirement may be retained by the department regardless of other estimates of claim liabilities for the self-insurer.

(iii) Strict application of loss development factors based upon the loss development analysis presumes a consistency of reserving methodology and results for the self-insurer. If the department determines that an employer has changed its reserving methodology in such a way as to invalidate loss development factors based upon past experience, then the department shall make such adjustments to the procedure as it may deem appropriate under the circumstances.

(iv) The department will give due consideration to any estimate of the self-insured employer's outstanding claim liabilities made by an independent qualified actuary. Such independent actuarial estimates are optional and not required by this rule.

(v) The department may allow a cap to the surety required of a self-insurer for each policy period in which there has been aggregate excess workers' compensation insurance. The cap will be equal to the dollar amount resulting by subtraction of the total benefits paid for the period from the policy retention amount.

(A) This cap shall be allowed only if the following criteria have been met prior to the annual determination of the surety requirement:

(I) The excess insurance company shall specify in writing that it will reimburse the department for any claims costs the department may incur if the self-insurer defaults and the department has paid the benefits.

(II) The self-insurer shall provide, in addition to its regular annual report (SIF-7), a report showing the claims costs and reserves by policy period for the time there is aggregate excess insurance.

(III) Any change in the retention amount for a policy period shall be communicated in writing to the department by the excess insurance company.

(B) The department will compare its estimate of the self-insurer's developed reserves for each policy period to the policy retention amount for that period less the benefits paid to date. The cap will be allowed if the developed reserves are greater. A reduction in a self-insurer's surety requirement will not be allowed for an anticipated recovery from specific excess insurance if a cap is allowed for aggregate excess insurance. The self-insurer shall provide surety for the amount of developed reserves exceeding any limit of the excess insurance coverage for a policy period.

~~((b))~~ (d) Any changes to the existing surety required by the department based on the loss development analysis shall be due by July 1 of each year, or an authorized extension date, and such changes shall provide adequate surety for all self-insured workers' compensation liabilities of the employer, regardless of when those liabilities were incurred.

~~((5))~~ (6) Surety must be submitted on a department-approved form. This form requires coverage of all past, present, and future liabilities. The only exceptions which would allow coverage from the effective date forward are the self-insurer's initial surety or surety which continues coverage provided by other cancelled surety. If a bond is provided in an amount equal to the self-insurer's current surety requirement, on a department-approved form covering all liabilities, all other surety will be released. The department will have sole authority to determine in which order surety is used in the event of a default.

~~((6))~~ (7) When an employer surrenders its certificate to self-insure, it must continue to provide surety at the level determined by the department. The Annual Report of Self-Insured Business (SIF #7) must continue to be filed as long as quarterly reporting is required. A bond existing at the time of surrender of certificate may be cancelled, but it continues to provide surety for claims occurring prior to its cancellation. Any increase in surety required must be in the form of cash or securities deposited into an escrow account if a bond or letter of credit cannot be provided. All surety will be held until there is no further possibility of benefit payments.

~~((7))~~ (8) A self-insurer's annual report (SIF #7) shall be required of group self-insurance programs on the form supplied by the department.

~~((8))~~ (9) The surety requirement for counties, cities, school districts, and municipal corporations shall provide for sufficient revenues to satisfy one hundred percent of the estimated claims for the succeeding fiscal period. The minimum security requirement shall be one hundred thousand dollars. In addition, a cumulative reserve of not less than twenty-five percent of the surety requirement must also be established. This cumulative reserve may be in the form of a bond, cash or securities in an escrow account, or any acceptable legal source of funding.

By July 1 of each year, each county, city, school district, or municipal corporation shall certify, on a form supplied by the department, its estimated claims liability and the revenues to meet those obligations. Documentation must be provided showing the estimated claims liabilities, the source(s) of revenues, and detailing accounts identified for the self-insurance obligations. Documentation of the cumulative reserve must specify the type of funding and reflect the account balance. Surety requirements for governmental units shall be subject to a periodic review by the department.

~~((9))~~ (10) An employer meeting the financial requirements specified in RCW 51.14.020(2) may provide the department with an irrevocable standby letter of credit to satisfy the surety requirement specified for its self-insurance obligations. An employer using a letter of credit must provide the department with a memorandum of understanding, on a form supplied by the department, agreeing to the following conditions:

(a) The letter of credit providing surety for the self-insurer's workers' compensation claims liability will cover all past, present, and future liability of the self-insurer regardless of any date of injury.

(b) Unless the department is notified otherwise, by registered mail at least sixty days prior to its expiration date, the letter of credit will be automatically extended without amendment for an additional one-year period.

(c) The self-insurer may substitute a bond and/or cash or securities deposited into an escrow account, in an amount designated by the department, as replacement for the letter of credit.

(d) If the department is notified that the letter of credit will not be renewed and no acceptable replacement surety is provided within thirty days of receipt of such notice, the department will draw the full value of the letter of credit. All proceeds of the letter of credit will be deposited with the accident fund under a subsidiary ledger account. Accrued interest in excess of the self-insurer's surety requirement will be returned semiannually. If the self-insurer provides acceptable replacement surety at a later date, the proceeds will be returned.

(e) If, in addition to not providing replacement surety for a nonrenewed letter of credit, the self-insurer then defaults on payment of its workers' compensation liabilities, the proceeds of the letter of credit previously deposited with the accident fund and the accrued interest will be used to provide for payment of the self-insurer's workers' compensation liabilities.

(f) If the self-insurer's letter of credit remains in force and the self-insurer defaults on the payment of its workers' compensation liabilities, the department will draw the full value of the letter of credit. The proceeds will be deposited and accounted for as indicated in (d) of this subsection and, with the accrued interest, used to provide for payment of the self-insurer's workers' compensation liabilities.

(g) Legal proceedings initiated by any party with respect to the letter of credit shall be subject to the courts and laws of the state of Washington.

~~((10))~~ (11) Letters of credit provided by self-insurers as surety are subject to acceptance by the department. Acceptance will include, but not be limited to, approval of the financial condition of the banking institution issuing the letter of credit.

(a) A bank must provide to the department an audited financial statement or call report made to the banking regulatory agencies for the most recent fiscal year. The financial information from such banks must be provided with the first letter of credit issued and annually during the period that any letter of credit is in effect.

(b) A letter of credit will not be accepted if the amount of the credit exceeds the legal limit allowed to the bank.

(c) A letter of credit will not be accepted unless the issuing bank is able to accept presentation of drawings on the credit at an office in this state.

~~((11))~~ (12) Letters of credit and any amendments to letters of credit must be on forms supplied by the department. The department's interest in a letter of credit will be released if the self-insurer provides a bond or acceptable cash or securities deposited into an escrow account in the amount required by the department.

~~((12))~~ (13) Failure to provide active surety in the amount required by the department will result in the withdrawal of certification.

AMENDATORY SECTION (Amending Order 86-25, filed 7/1/86)

**WAC 296-15-060 Administrative cost assessment.**

(1) Assessments levied by the department against each self-insurer shall be based on the self-insured employer's proportionate share of the administrative costs determined to be attributable to self-insurers, including expenses of the safety division, the industrial insurance division, the University of Washington environmental research facility, the board of industrial insurance appeals, appeals expenses and other general administrative expenses.

(2) The ~~((director shall determine the))~~ administrative assessment rate shall be determined on a fiscal year basis ~~((prescribing the self-insured employer's share of the attributable costs determined pursuant to the provisions of))~~ as prescribed in subsection (1) of this section. ~~((For employers who have been covered under the Workers' Compensation Act for a period of less than two full calendar years, the assessment rate shall be a percentage of the premium which would have been collected at manual rates had the self-insurer been covered by the state fund. For employers who have been subject to the provisions of the Workers' Compensation Act in excess of two calendar years;))~~ Employers certified to self-insure after the fiscal period for which costs were used to determine the assessment rate shall be assessed

at a rate which does not include adjustments made for prior periods. The administrative assessment (~~rate~~) shall be (~~a percentage of~~) based on the payments made on all claims involving the self-insured employer: *Provided*, That in any event a self-insured employer shall be subject to the payment of a minimum quarterly assessment of twenty-five dollars.

(3) Administrative cost assessments shall be payable for each quarter, by the thirtieth day following the receipt of a quarterly report form supplied by the department (SIF #6). This quarterly report form shall also provide for payment of the supplemental pension fund assessment.

(4) A self-insured employer who has, or shall hereafter, voluntarily, or involuntarily, surrender his certification as a self-insurer shall pay an adjusted administrative assessment. The amount of this adjusted administrative assessment will be determined annually and shall represent such self-insurer's portion of the administrative assessment which can be attributed directly to the operational costs of the self-insurance section. This adjusted administrative assessment shall continue until such time as all liabilities and all responsibilities of such employer have been terminated. The amount of this adjusted administrative assessment shall in no case be less than \$25.00 per calendar quarter.

When such an employer has had no self-insured claim activity, excluding activity in cases of total permanent disability or death, for a period of one year, a request may be made to the department for a review to determine if there is a need to continue the adjusted administrative assessment, in which circumstances, the minimum assessment will not apply.

AMENDATORY SECTION (Amending Order 88-07, filed 6/1/88)

**WAC 296-15-065 Self-insurers' insolvency trust.** (1) For the purpose of interpretation of this section, the term "insolvent self-insurer" means a self-insurer who has defaulted upon any obligation under Title 51 RCW, and with respect to which default the director has taken action authorized by RCW 51.14.060.

(2) A self-insurance insolvency fund shall be established in the office of the state treasurer. The purpose of this fund shall be to pay, to the injured workers of insolvent self-insured employers under Title 51 RCW, any unsecured benefits to which such injured workers had become entitled, and to pay for the department's associated administrative costs, including attorneys' fees.

(3) This fund shall be financed by assessment, as follows: (a) Assessments shall be levied on a post-insolvency basis against all self-insurers, including any of which have surrendered certification at any time during the thirty-six months prior to the close of a quarter for which assessments to the insolvency fund are payable: *Provided, however*, That school districts, cities and counties are exempt from assessment(s) to finance such self-insurers' insolvency fund: *Provided, further*, That school districts, cities and counties shall not have their obligations discharged, in full or in part, with moneys from said self-insurers' insolvency fund; (b) each assessment shall be a percentage of the payments made on all claims involving the self-insured employer; (c) assessments shall be levied on a quarterly basis as prescribed by the (~~board of trustees established in~~

~~this section~~) department; (d) assessments shall be payable each quarter, by the thirtieth day following the notice of assessment.

(4) The administration of an insolvent self-insurer's claims shall be the responsibility of the department until the security deposit as required by RCW 51.14.020 and/or the recovery from any court action concerning the self-insurer's workers' compensation liabilities have been exhausted.

(5) Establishing self-insurance insolvency fund assessment rates and administering the claims of insolvent self-insurers upon depletion of remedies for reimbursement of workers' compensation expenditures made by the department as specified under subsection (4) of this section shall be the responsibility of the director, or the director's designee, after due consideration of the recommendations of a five-member insolvency trust advisory board (~~of trustees, under the general supervision of the department's self-insurance~~) established in this section.

(6) Assessments for the self-insurers' insolvency fund shall be in amounts deemed adequate to reimburse the accident, medical aid and/or pension reserve funds for benefits paid from these funds to injured workers of insolvent self-insurers, and for associated administrative costs, including attorneys' fees. Any and all interest earned on assessments levied and collected by the (~~board of trustees~~) department shall become a part of the self-insurers' insolvency fund, and be distributed only for the purposes for which the fund was established.

(7) The insolvency trust advisory board (~~of trustees~~) shall be comprised of the director or the director's designee, three representatives of self-insured employers, and one representative of workers. Initially and thereafter, the director shall appoint the self-insurer representatives from a list of names submitted by state-wide organizations of self-insurers and others. Initially and thereafter, the director shall appoint the worker representative from a list of names submitted by an organization, state-wide in scope, which through its affiliates embraces a cross section and a majority of the organized labor of the state. Initial appointments shall be made within thirty days of the effective date of this section. Two of the initial appointees shall serve three-year terms, and two shall serve two-year terms. Thereafter, appointed representatives shall serve two-year terms. Each representative on the insolvency trust advisory board (~~of trustees~~) shall have one vote. The board shall act in an advisory capacity; all final decisions regarding the insolvency trust shall be made by the director or the director's designee.

(8) No later than March 31 of each year, the board (~~of trustees~~) shall report in writing to the workers' compensation advisory committee regarding the status of the insolvency fund as of the previous December 31, and summarize any events or transactions of interest or importance to the ongoing operation of the insolvency fund.

**WSR 93-11-068**  
**PERMANENT RULES**  
**GROWTH PLANNING**  
**HEARINGS BOARDS**

[Filed May 17, 1993, 11:30 a.m.]

Date of Adoption: May 12, 1993.

Purpose: The purpose of this amendment is to delete the last phrase in WAC 242-02-220(3) which required potential petitioners to file a petition for review within sixty days of a local jurisdiction failing to perform a specific Growth Management Act requirement.

Citation of Existing Rules Affected by this Order:  
 Amending WAC 242-02-220(3).

Statutory Authority for Adoption: RCW 36.70A.270(6).

Pursuant to notice filed as WSR 93-08-032 on April 21 [March 31], 1993.

Effective Date of Rule: Thirty-one days after filing.

May 12, 1993  
 M. Peter Philley  
 Board Member

**AMENDATORY SECTION** (Amending WSR 92-21-034, filed 10/15/92)

**WAC 242-02-220 Petition for review—Time for filing.** (1) A petition relating to whether or not an adopted comprehensive plan, development regulation, or subsequent amendments, is in compliance with the goals and requirements of the act shall be filed with a board within sixty days from the date of publication by the legislative body of the county or city as specified by RCW 36.70A.290(2).

(2) A petition relating to an adopted county-wide planning policy shall be filed within sixty days of its adoption.

(3) For all other matters, a petition must be filed with a board within sixty days of the final written decision, order, determination, publication, or action being entered (~~or within sixty days from the failure to act by a specific deadline~~).

**WSR 93-11-071**  
**PERMANENT RULES**  
**PUGET SOUND AIR**  
**POLLUTION CONTROL AGENCY**

[Filed May 17, 1993, 2:07 p.m.]

Date of Adoption: May 13, 1993.

Purpose: Technical amendments to bring the Puget Sound Air Pollution Control Agency regulations into conformance with WAC 173-425-060.

Citation of Existing Rules Affected by this Order:  
 Repealing PSAPCA Regulation I - Addenda; and amending PSAPCA Regulation I - Sections 8.02 and 8.03.

Statutory Authority for Adoption: Chapter 70.94 RCW.  
 Pursuant to notice filed as WSR 93-08-020 on March 29, 1993.

Effective Date of Rule: Thirty-one days after filing.

May 14, 1993  
 Stacey L. Wilson  
 Woodsmoke Specialist

**AMENDATORY SECTION**

**REGULATION I SECTION 8.02 OUTDOOR FIRES - PROHIBITED TYPES**

It shall be unlawful for any person to cause or allow any outdoor fire:

(a) During any stage of an air pollution episode or period of impaired air quality; or

(b) Containing garbage, dead animals, asphalt, petroleum products, paints, rubber products, plastics or any substance other than natural vegetation which normally emits dense smoke or obnoxious odors; or

(c) Other than the following types:

(1) Fires for instruction in the method of fighting fires (except forest fires), provided prior written approval has been issued by the Control Officer;

(2) Fires associated with agricultural activities for controlling diseases, insects, weed abatement or development of physiological conditions conducive to increased crop yield, provided written confirmation has been furnished by a designated county extension agent or agricultural specialist designated by the Cooperative Extension Service that burning is the best management practice, and prior written approval has been issued by the Control Officer;

(3) Fires for abating a forest fire hazard, to prevent a hazard, for instruction of public officials in methods of forest fire fighting, any silvicultural operation to improve forest lands, and silvicultural burning used to improve or maintain fire dependent ecosystems for rare plants or animals within state, federal, and private natural area preserves, natural resource conservation areas, parks, and other wildlife areas, provided prior written approval has been issued by the Washington Department of Natural Resources;

(4) Fires no larger than four feet in diameter and three feet in height consisting of leaves, clippings, prunings, and other yard and gardening refuse originating on lands immediately adjacent and in close proximity to a human dwelling and burned on such lands by the property owner or his or her designee, provided a permit has been issued by a fire protection agency, county, or conservation district;

(5) Fires consisting of residue of a natural character such as trees, stumps, shrubbery or other natural vegetation arising from land clearing projects, provided a permit has been issued by a fire protection agency, county, or conservation district;

(6) Fires consisting solely of charcoal, propane, natural gas, or wood used solely for the preparation of food;

(7) Fires no larger than four feet in diameter and three feet in height for campfires at designated federal, state, county or city parks and recreation areas;

(8) Fires for Indian ceremonies or for the sending of smoke signals if part of a religious ritual;((-))

(9) Fires for abating a fire hazard, provided a fire protection agency or county has determined that no reasonable alternative is available to abate the hazard and prior written approval has been issued to the fire protection agency or county by the Control Officer.

AMENDATORY SECTION**REGULATION I SECTION 8.03 OUTDOOR FIRES - PROHIBITED AREAS**

~~((a) Until September 1, 1992 it shall be unlawful for any person to cause or allow any outdoor fire described in Section 8.02 (c)(4) or (5) in any area where the Board has prohibited burning as set forth in the addenda to Regulation I in Article 8-))~~

~~(a) ((b) Beginning September 1, 1992 it))~~ It shall be unlawful for any person to cause or allow any outdoor fire described in Section 8.02 (c)(4) or (5):

(1) Within Snohomish County Fire District #11 or King County Fire District((s)) #25 ~~((, 34, or 37))~~;

(2) In any area where federal or state ambient air quality standards are exceeded for pollutants emitted by outdoor burning, including but not limited to carbon monoxide and particulates (PM<sub>10</sub>);

(3) In any area in which the applicable ~~((fire district,))~~ fire protection agency, ~~((city, town,))~~ county, or conservation district has determined not to issue burning permits for outdoor ~~((burning))~~ fires pursuant to RCW 70.94.745, RCW 70.94.750, RCW 70.94.775, and/or RCW 70.94.780;

(4) In any area in which the applicable ~~((fire district,))~~ fire protection agency, ~~((city, town,))~~ county, or conservation district has determined that selected types of outdoor ~~((burning))~~ fires are prohibited under a valid burning permit program established pursuant to RCW 70.94.745, RCW 70.94.750, RCW 70.94.775, and/or RCW 70.94.780.

~~(b) ((e))~~ It shall be unlawful for any person to cause or allow any outdoor fire described in Section 8.02 (c)(4) or (5) within the Urban Growth Areas of Snohomish, King, and Pierce Counties ~~((after September 1, 1992 or such time as an Urban Growth Area is adopted by the county, whichever is later))~~.

~~(c) ((d))~~ It shall be unlawful for any person to cause or allow any outdoor fire described in Section 8.02 (c)(5) in Kitsap County Township 24N, Range 1E, Sections 1, 2, 10-15, and 22-24.

REPEALER

## ADDENDA TO REGULATION I:

- I. DELINEATION OF NO-BURN ZONES PER SECTION 8.03(a)
- II. DELINEATION OF NO-BURN ZONES PER SECTION 8.03

**WSR 93-11-077**  
**PERMANENT RULES**  
**DEPARTMENT OF**  
**RETIREMENT SYSTEMS**  
 [Filed May 18, 1993, 2:25 p.m.]

Date of Adoption: May 18, 1993.

Purpose: To clarify departmental interpretation of RCW 41.04.010 (4)(a), which grants PERS employer status to unions under certain conditions.

Citation of Existing Rules Affected by this Order:  
 Repealing WAC 415-108-100, 415-108-110, 415-108-120,

415-108-130, 414-108-150, and 415-108-160; and amending WAC 415-108-010.

Statutory Authority for Adoption: RCW 41.50.050(5) and 41.40.010 (4)(a).

Pursuant to notice filed as WSR 93-08-052 on April 2, 1993.

Effective Date of Rule: Thirty-one days after filing.

May 18, 1993

Paul Neal

Rules Coordinator

**UNIONS AS EMPLOYERS UNDER PUBLIC  
 EMPLOYEES' RETIREMENT SYSTEM PLAN I**

AMENDATORY SECTION (Amending Order IV, filed 2/15/78)

**WAC 415-108-010 Definitions.** (1) All definitions in RCW 41.40.010 apply to terms used in this chapter, unless a different meaning is plainly required by the context.

(2) As used in this chapter, unless a different meaning is plainly required by the context:

~~((1))~~ "Director" means the director of the department of retirement systems as provided in chapter 41.50 RCW as now existing or hereafter amended;

~~(2)~~ "Department" means the department of retirement systems established pursuant to chapter 41.50 RCW as now existing or hereafter amended;

~~(3)~~ "Public employees' retirement board" means the Washington public employees' retirement board established by chapter 41.40 RCW;

~~(4)~~ "Legal adviser" means the attorney general of the state of Washington or a designated member of his staff assigned to the department.) "Level of union organization" means a union or a lodge or division of a union;

"Union" means a labor guild, labor association, and/or labor organization;

"Union employer" means a union or a union lodge or other division of the union which has verified that it meets the definition of a Plan I employer in RCW 41.40.010.

NEW SECTION

**WAC 415-108-620 Requirements for a union to be a PERS I union employer.** (1) In order to establish or maintain status as a PERS I union employer, a union must satisfy the following requirements:

(a) Verify that at least forty percent of the members of the level of union organization are employees of an employer: *Provided however*, That employees of the union organization are not to be considered in the forty percent determination; and

(b) Beginning on the effective date of this rule, annually complete and submit the verification form set forth in WAC 415-108-660 to the department.

(2) Unions which have reported members prior to the effective date of this rule shall be deemed to have met the requirements of this rule with respect to those members.

NEW SECTION

**WAC 415-108-630 Calculation and verification of PERS membership requirement.** (1) Calculation - Unions applying for union employer status must provide the department with the information specified in WAC 415-108-660.

Each union employer is required to submit to the department the form provided in WAC 415-108-660 in verifying compliance with WAC 415-108-620 on or after November 1 and no later than December 31 of each year.

(2) Union employer status will lapse on January 1 if a union does not submit verification by December 31 of the preceding year. The union may regain union employer status by subsequently submitting verification of compliance with WAC 415-108-620 (1)(a). The union shall be responsible for applicable retroactive employer contributions plus interest for any period of lapsed employer status.

(3) Unions submitting timely verification of qualifications for union employer status are considered Plan I union employers for the succeeding calendar year (January 1 to December 31).

NEW SECTION

**WAC 415-108-640 Effect of meeting verification requirements.** (1) Plan I union employer status applies only to the level of union organization that meets the requirements of WAC 415-108-620(1). Therefore, if only a single union lodge of a union with multiple lodges has been verified to meet the requirements of WAC 415-108-620(1), only that union lodge is a Plan I union employer.

(2) Plan I union employers employing persons who have previously established Plan I membership must report those persons for participation in the retirement system if those persons opt into membership under RCW 41.40.023.

(3) Plan I members who are employed by union employers shall have an irrevocable election to reenter membership. If this option is not exercised when the employee first enters an eligible position with the union employer, it is waived. The union employer has the duty to notify new employees of the option to enter Plan I. Failure of the union employer to provide notification shall not obviate a person's waiver of the right to participate in Plan I under this section. Union employers and their Plan I employees who opt into membership will be subject to the same statutory and regulatory requirements as other Plan I nonstate agency employers and employees.

(4) Union employers shall elicit on a written form from all new employees whether the employee has ever been a Plan I member.

(5) A union employer may not report employees for participation in Plan II.

(6)(a) Upon first establishing union employer status the union must pay the prior service liability as determined by the department under RCW 41.40.363 or 41.40.045, as applicable for union elective officials and employees who opt into membership under RCW 41.40.023 and are eligible for Plan I.

(b) If employer and employee contributions have been erroneously submitted and the union subsequently establishes retroactive union employer status for the period in question, the contributions on deposit with the retirement system will be considered ratified to the extent that the periods of

erroneous contributions coincide with periods for which the union has established union employer status.

(7) Notwithstanding any provisions of WAC 415-108-620 Plan I retirees who enter into employment with a union employer in an eligible position are subject to the provisions of RCW 41.40.150 (5)(a).

NEW SECTION

**WAC 415-108-650 Effect on unions seeking to maintain union employer status if verification requirement is not met.** (1) A union employer which does not verify that it meets the criteria for union employer status shall not report any employee hired during that succeeding calendar year for retirement system participation. A union employee who previously terminated retirement system membership under RCW 41.40.150 cannot reestablish retirement system membership during a year the hiring union failed to maintain union employer status.

(2) The failure of a union employer to meet the requirements of WAC 415-108-620 and 415-108-630 will not terminate the retirement system participation of employees already employed in an eligible position with the union employer as of December 31 of the preceding year.

NEW SECTION

**WAC 415-108-660 Plan I union employer verification form.** Unions must use the following form to verify compliance with the requirements of WAC 415-108-620.

I certify under the penalty of perjury under the laws of the state of Washington that the following is true and correct:

\_\_\_\_\_, verifies that on the date of \_\_\_\_\_,

Name of Union	the _____
(Must be a Date in November or December)	Identify Level of Union Organization (i.e. lodge) (hereinafter referred to as "organization")

possessed the following membership characteristics:

- A. Total number of organization members \_\_\_\_\_
- B. Total number of organization members who are employees of a public employee retirement system (PERS) employer other than this union \_\_\_\_\_
- C. Percentage of organization members who are employees of a public employee retirement system employer other than this union  
(B ÷ A x 100) \_\_\_\_\_ %
- D. The percentage identified in "C" is equal to or greater than 40% \_\_\_\_\_ yes  
\_\_\_\_\_ no

If the answer to "D" is yes, then the organization is eligible to participate in PERS with regard to PERS Plan I union employees employed in an eligible position during the succeeding calendar year. Such employees shall remain eligible for participation while employed with the organization regardless of whether the organization continues to meet the requirements of WAC 415-108-620 and 415-108-630.

If the answer to "D" is no then the level of union organization identified above is not eligible to participate in

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the public employees' retirement system with regard to union employees employed in an eligible position during the succeeding calendar years.

Signature of Local/Division President or Person Designated in Writing by President as Having Authority to Verify

REPEALER

The following sections of the Washington Administrative Code are repealed:

- WAC 415-108-100 Members.
WAC 415-108-110 Administration—Officers.
WAC 415-108-120 Function.
WAC 415-108-130 Location.
WAC 415-108-150 Meetings.
WAC 415-108-160 Office of chairman.

WSR 93-11-078
PERMANENT RULES
DEPARTMENT OF
RETIREMENT SYSTEMS
[Filed May 18, 1993, 2:26 p.m.]

Date of Adoption: May 18, 1993.

Purpose: Clarify procedure for preserving LEOFF Plan 1 participation while member is holding an elective public office.

Citation of Existing Rules Affected by this Order: Amending chapter 415-104 WAC.

Statutory Authority for Adoption: RCW 41.50.050(5).

Other Authority: RCW 41.04.120.

Pursuant to notice filed as WSR 93-08-053 on April 2, 1993.

Effective Date of Rule: Thirty-one days after filing.
May 18, 1993

Paul Neal
Rules Coordinator

Chapter 415-104 WAC
PRESERVATION OF LEOFF PLAN I RETIREMENT
RIGHTS WHILE IN ELECTIVE PUBLIC OFFICE

NEW SECTION

WAC 415-104-011 Definitions. (1) The definitions listed in RCW 41.26.030 shall apply to terms used in this chapter.

(2) As used in this chapter, unless a different meaning is required by context:

(a) "LEOFF" means the law enforcement officers' and fire fighters' retirement system created in chapter 41.26 RCW.

(b) "LEOFF plan I elected official" means a LEOFF plan I member who is a civil service employee on leave of absence by reason of having been elected or appointed to an elective public office and who chooses to preserve retirement

rights as an active LEOFF member under the procedure described in this chapter.

(c) "Elective employer" means the employer of the LEOFF plan I elected official during the member's leave of absence from the LEOFF employer for the purpose of serving in elective office.

(d) "LEOFF employer" means the employer, as defined in RCW 41.26.030 (2)(a), who employs the member as a law enforcement officer or fire fighter.

NEW SECTION

WAC 415-104-782 Option to preserve LEOFF I retirement rights. The following rules describe the process by which a LEOFF plan I member whose retirement rights are protected by RCW 41.04.120 may preserve retirement rights as an active LEOFF member while serving in an elective public office.

A LEOFF plan I member who is elected or appointed to elective office shall have the option to:

- (1) Preserve his or her retirement rights as an active member of LEOFF plan I; or
(2) Be considered to be on normal leave of absence from the LEOFF I employer.

NEW SECTION

WAC 415-104-783 Verification of eligibility for preservation of LEOFF plan I membership. A LEOFF plan I elected official must provide the department with written verification of a leave of absence from the LEOFF employer for the express purpose of serving in the elective public office. The verification must state a beginning date and an ending date for the leave.

NEW SECTION

WAC 415-104-784 Member contributions for LEOFF plan I elected officials. A LEOFF plan I elected official must pay member contributions directly to the department. Such member contributions will be calculated on the salary for the rank the member held at the time of taking the leave of absence. The department will bill the LEOFF I elected official on a monthly basis. Payment of each month's bill is due to the department by the 15th day of the next month. Failure to pay contributions for two consecutive billing months will result in suspension of LEOFF I elected official status. Such status can be reinstated if overdue contributions are paid within ninety days after notice of suspension.

NEW SECTION

WAC 415-104-785 Employer contributions for LEOFF plan I elected officials. The elective employer shall pay employer contributions for the LEOFF plan I elected official. Such employer contributions will be calculated on the annual salary paid to the LEOFF I elected official for employment in the elective office. The elective employer will be directly billed by the department for employer contributions for a LEOFF I elected official. The elective employer shall pay employer contributions for LEOFF I elected officials in a timely manner as provided under chapter 415-114 WAC.

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**WSR 93-11-079**  
**PERMANENT RULES**  
**DEPARTMENT OF**  
**RETIREMENT SYSTEMS**

[Filed May 18, 1993, 2:29 p.m.]

Date of Adoption: May 18, 1993.

Purpose: To adopt the model rules in chapter 10-08 WAC governing procedure for adjudicative hearings and amend other rules regarding procedure for petitions and appeals of departmental decisions.

Citation of Existing Rules Affected by this Order: Amending chapters 415-04 and 415-08 WAC.

Statutory Authority for Adoption: RCW 41.50.050(5).

Other Authority: RCW 34.05.250

Pursuant to notice filed as WSR 93-08-054 on April 2, 1993.

Effective Date of Rule: Thirty-one days after filing.

May 18, 1993

Paul Neal

Rules Coordinator

AMENDATORY SECTION (Amending Order 4, filed 7/27/77)

**WAC 415-08-010 Scope.** This chapter governs the procedure for adjudicative proceedings as defined in RCW 34.05.010. The department adopts the model rules of procedure contained in chapter 10-08 WAC to the extent that those provisions are not contrary to the provisions of this chapter. These rules shall govern all hearings before the ~~((retirement boards (where those boards' rules so provide) created by chapters 2.10, 41.26, 41.32, 41.40, 43.43 RCW and before the))~~ director of retirement systems. These rules shall also govern requests for ~~((declaratory rulings pursuant to RCW 34.04.080 and requests for))~~ the promulgation, amendment or repeal of any rule of ~~((such boards or))~~ the director. Where the context requires, reference to a board shall be construed to include the director of retirement systems.

AMENDATORY SECTION (Amending Order 4, filed 7/27/77)

**WAC 415-08-020 Filing appeals.** (1) Any person aggrieved by ~~((any final decision of the board or the director))~~ a decision rendered pursuant to chapter 415-04 WAC must, before he or she appeals to the superior court, invoke the jurisdiction of the ~~((board or))~~ director by filing with the director personally or by mail, within sixty days from the date such decision was communicated to such person, a notice of appeal before the board or director. The notice of appeal must contain:

~~((1))~~ (a) The name and mailing address of the member ~~((of))~~ or beneficiary, and the employer of the member;

~~((2))~~ (b) The name and legal residence of the appealing party, together with the mailing address of his or her representative, if any;

~~((3))~~ (c) In the case of disability claims:

(i) The date and nature of the accident, injury or disease, the place it occurred and location of the employer, in the case of disability claims; and

~~((4))~~ (ii) If the injury or disease did not occur in the county where the member or beneficiary resides, the name of the county in which the appealing party desires to have the hearing held and a city or town most convenient within the county where hearing is to be held;

~~((5))~~ (d) A statement identifying the decision or award appealed from and that portion of the decision or award considered to be unjust or unlawful;

~~((6))~~ (e) A clear and concise statement of facts in support of the grounds stated including, where applicable, a description of the physical facts constituting the claimant's present disability and how it is manifested;

~~((7))~~ (f) The type of relief sought, including specific dates at which time the appealing party believes the benefit accrued; and

~~((8))~~ (g) A statement that the appealing party has read the notice of appeal and believes the contents to be true, followed by his or her signature and the signature of his or her representative, if any~~((s))~~.

~~((9))~~ (2) The appealing parties shall file with the ~~((clerk))~~ department by mail or otherwise, the original and two copies of the notice of appeal and the ~~((clerk shall forthwith))~~ department will acknowledge receipt of the copies filed ~~((with him and his))~~. The department's stamp placed upon such copies shall be prima facie evidence of the date of receipt. The ~~((board))~~ department may thereafter require additional copies to be filed if necessary.

NEW SECTION

**WAC 415-08-025 Reviewing officer.** (1) Either the director or an employee of the department designated by the director, will serve as reviewing officer and render the department's final decision on the appeal. If the director designates a department employee to render a decision, such employee shall be a different person than director's designee under chapter 415-04 WAC.

(2) In general, an administrative law judge will be appointed to serve as presiding officer and to render a proposed order. The director, or the employee designated by the director, will serve as the reviewing officer. If the parties agree to stipulate to a record, a hearing before and initial decision by an administrative law judge may be waived by agreement of all parties. In the event of such a waiver, the reviewing officer will render the department's final decision on the stipulated record.

AMENDATORY SECTION (Amending Order 4, filed 7/27/77)

**WAC 415-08-030 Parties.** The parties to an appeal shall be the appealing party, the ~~((board or director))~~ department, all persons who have filed a notice of appearance ~~((after the receipt of a copy of the notice of appeal under WAC 415-08-020, and all persons who have otherwise filed a notice of appearance))~~ and made a proper showing of interest in the appeal. The ~~((board or))~~ director may exclude from the appeal any party who has unreasonably delayed the filing of a notice of appearance. Upon determination that a person has made a proper showing of interest the ~~((director or clerk))~~ department will forthwith mail him or her a copy of the notice of appeal. There ~~((shall be))~~ is no obligation to serve notices, pleadings or correspondence upon any

person who has not entered an appearance as provided herein. Service upon the representative of a party shall constitute service upon such party.

AMENDATORY SECTION (Amending Order 4, filed 7/27/77)

**WAC 415-08-040 Appearance and practice before the ((board)) department—Who may appear.** No person may appear in a representative capacity before the ((board or director or his)) department or its designated hearings examiner other than the following:

(1) Attorneys at law duly qualified and entitled to practice before the supreme court of the state of Washington.

(2) Attorneys at law duly qualified and entitled to practice before the highest court of record of any other state, if the attorneys at law of the state of Washington are permitted to appear in a representative capacity before administrative agencies of such other state, and if not otherwise prohibited by our state law.

(3) A legal intern authorized to practice law pursuant to Admission to Practice Rule (APR) 9 of the state supreme court and subject to the limitations contained in said rule. A legal intern shall not appear before the ((board)) department or its designated examiner without the presence of the supervising attorney except in *ex parte* matters and noncontested cases.

(4) A bona fide officer, partner, or full-time employee of an individual firm, association, partnership, or corporation who appears for such individual firm, association, partnership, or corporation.

AMENDATORY SECTION (Amending Order 4, filed 7/27/77)

**WAC 415-08-080 Appearance and practice before the ((board)) department—Withdrawal or substitution of representatives.** An attorney or other representative withdrawing from a case shall immediately so notify the ((clerk of the board)) department and all parties of record in writing, or shall state such withdrawal for the record at a conference or hearing. Any substitution of an attorney or representative shall be accomplished by written notification to the ((clerk of the board)) department and to all parties of record ((, together with the written consent of the prior attorney or representative, and if such consent cannot be obtained, a written statement of the reason therefor shall be supplied)).

AMENDATORY SECTION (Amending Order 4, filed 7/27/77)

**WAC 415-08-090 Appearance and practice before the ((board)) department—Conduct.** All persons appearing in a representative capacity in proceedings before the ((board)) department or its designated examiner shall conform to the standards of ethical conduct required of attorneys before the courts of Washington. If any such person does not conform to such standards, the examiner may, in his/her discretion and depending on all the circumstances, admonish or reprimand such person, or exclude such person from further participation in the proceedings and adjourn the same, or report the matter to the ((board which

~~may, in its discretion, after notice and hearing, take appropriate disciplinary action including, but not limited to, a letter of reprimand, and refusal to permit such person to appear in a representative capacity in any proceeding before the board)) department.~~

AMENDATORY SECTION (Amending Order 4, filed 7/27/77)

**WAC 415-08-100 Appearance and practice before the ((board)) department—Appearance by former employee of agency or former member of attorney general’s staff.** No former employee of the ((board,)) department or system or former member of the attorney general’s staff may at any time after severing his/her employment with the ((board)) department or the attorney general appear, except with the written permission of the ((board)) department in compliance with RCW 42.22.040, in a representative capacity on behalf of other parties in a formal proceeding wherein he or she previously took an active part as a representative of the ((board)) department. No such former employee shall appear where to do would violate RCW ((42.18.220)) 42.18.221.

NEW SECTION

**WAC 415-08-105 Prehearing and posthearing memoranda.** A presiding officer shall grant all timely requests to submit prehearing and posthearing memoranda, and shall set a reasonable time for the submission of memoranda. In the event that posthearing briefs are filed, the department reserves the right to file a brief in response to any posthearing brief submitted by another party.

AMENDATORY SECTION (Amending Order 4, filed 7/27/77)

**WAC 415-08-280 ((Computation of time—))Discovery.** ((Except as may be otherwise provided,)) Any party may obtain discovery in the manners specified in Superior Court Civil Rule 26(a). The attendance of witnesses may be compelled by the use of a subpoena. Such discovery shall be governed generally by the procedures established by Superior Court Civil Rules 26-37, inclusive.

AMENDATORY SECTION (Amending Order 4, filed 7/27/77)

**WAC 415-08-420 Expert or opinion testimony number and qualifications of witnesses—Procedures at hearings.** (1) ((Presiding officer. All hearings shall be conducted by a presiding officer who shall conduct the hearing in an orderly manner and rule on all procedural matters, objections and motions.

(2)) **Order of presentation of evidence.** The presiding officer shall determine the proper order of presentation of evidence. As a general rule, the appealing party shall initially introduce all evidence in his/her case-in-chief. The adverse parties may then introduce the evidence necessary to their cases-in-chief. Rebuttal evidence will then be received.

Witnesses may be called out of turn in contravention of this rule only by agreement of all parties.

((3)) **Opening statements.** Unless the presiding officer rules otherwise, all parties shall present an oral opening

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statement setting out briefly a statement of the basic facts, disputes, and issues of the case.

~~(4) **Written statement of qualifications of expert witnesses.** Any party who plans to introduce the testimony of any expert witness at the hearing shall submit to the board and all parties at the outset of the hearing a written statement of the qualifications, experience, and expertise of each such expert witness.~~

~~(5) **Former employee as an expert witness.** No former employee of the department or the board or the attorney general shall, at any time after severing his/her employment with the department, appear, except when permitted by RCW 42.18.220, as an expert witness on behalf of other parties in a formal proceeding wherein he/she previously took an active part in the investigation as a representative of the department or board.~~

~~(6) **Objections and motion to strike.** Objections to the admission or exclusion of evidence shall be in short form, stating the legal grounds of objection relied upon, and the transcript shall not include extended argument or debate.~~

~~(7) **Rulings.** The presiding officer on objection or on his own motion, shall exclude all irrelevant or unduly repetitious evidence and all rulings upon objections to the admissibility of evidence shall be made in accordance with the rules of evidence established by these rules.~~

~~(8)) (2) Person appealing or requesting a hearings shall have the burden of proof in the matter.~~

REPEALER

The following sections of the Washington Administrative Code are repealed:

- WAC 415-08-060 Appearance and practice before the board—Solicitation of business unethical.
- WAC 415-08-110 Appearance and practice before the board—Examiner duties and powers.
- WAC 415-08-120 Informal conference—Purpose.
- WAC 415-08-130 Informal conference—When held.
- WAC 415-08-140 Informal conference—Agreements at informal conferences.
- WAC 415-08-150 Prehearing conference—Purpose.
- WAC 415-08-160 Prehearing conference—When held.
- WAC 415-08-170 Computation of time.
- WAC 415-08-180 Computation of time—Notice of hearing.
- WAC 415-08-190 Computation of time—Upon whom served.
- WAC 415-08-200 Computation of time—Service upon parties.
- WAC 415-08-210 Computation of time—Method of service.
- WAC 415-08-220 Computation of time—When service complete.
- WAC 415-08-230 Computation of time—Filing with board.
- WAC 415-08-240 Computation of time—Fees.

- WAC 415-08-250 Computation of time—Proof of service.
- WAC 415-08-260 Computation of time—Quashing.
- WAC 415-08-270 Computation of time—Enforcement.
- WAC 415-08-290 Computation of time—Documentary evidence.
- WAC 415-08-300 Computation of time—Excerpts from documents.
- WAC 415-08-310 Computation of time—Failure to supply prehearing information.
- WAC 415-08-320 Computation of time—Agreements at prehearing conference.
- WAC 415-08-330 Rules of evidence—Admissibility criteria.
- WAC 415-08-340 Rules of evidence—Official notice—Matters of law.
- WAC 415-08-350 Rules of evidence—Official notice—Material facts.
- WAC 415-08-360 Rules of evidence—Tentative admission—Exclusion—Discontinuance—Objections. Presumptions.
- WAC 415-08-370 Presumptions—Additional evidence by presiding officer.
- WAC 415-08-380 Stipulations and admissions of record.
- WAC 415-08-390 Expert or opinion testimony number and qualifications of witnesses.
- WAC 415-08-400 Expert or opinion testimony number and qualifications of witnesses—Written sworn statements.
- WAC 415-08-410 Petitions for rule making, amendment or repeal—Who may petition.
- WAC 415-08-430 Petitions for rule making, amendment or repeal—Requirements.
- WAC 415-08-440 Petitions for rule making, amendment or repeal—Agency must consider.
- WAC 415-08-450 Petitions for rule making, amendment or repeal—Notice of disposition.
- WAC 415-08-460 Declaratory rulings.
- WAC 415-08-470 Declaratory rulings—Forms.
- WAC 415-08-480

AMENDATORY SECTION (Amending Order 4, filed 7/27/77)

**WAC 415-04-010 Petition—Procedure.** All petitions concerning: Applications for service credits, service retirement benefits, membership and membership credits in the retirement systems, disability benefits except as otherwise provided by law, survivor benefits, and for decisions relating to benefit increases provided by RCW 41.16.145 or 41.18.104 shall follow the procedure established in this chapter.

PERMANENT

AMENDATORY SECTION (Amending WSR 91-19-064, filed 9/16/91, effective 10/17/91)

**WAC 415-04-020 Petition—Response—Decision—Appeal.** (1) A person aggrieved by a decision of an administrator may petition to the director's designee for redress. The initial application or petition shall contain the following:

((1)) (a) A complete and detailed statement of the factual situation underlying the application or petition; which may include all relevant documents and sworn statements deemed appropriate by the petitioner((-));

((2)) (b) A concise but detailed statement of the constitutional, statutory or common law provisions or precedents relied upon by the petitioner in support of his or her petition((-);

((3)) (c) An identification and signature of the individual or individuals filing the petition, as well as an identification of legal counsel if such persons are represented by the same((-); and

((4)) (d) The address to which the petitioner wishes further correspondence from the department to be sent.

((5)) (2) Upon receipt of the petition, the director will assign the same to the ~~((special assistant to the director))~~ director's designee. The ~~((special assistant to the))~~ director's designee will, within seven days, ~~((notify))~~ give notice of the filing of the petition to either the employer(s) if the petitioner is a member(s) or the affected member(s) if the applicant or petitioner is an employer(s). Said notification shall request the employer(s) or member(s) to submit any written response to the petition no later than 20 days from the date of receipt of the notice, except upon an extension being granted by the ~~((special assistant to the))~~ director's designee upon good cause shown. The response shall generally take the form of and contain information required of the original petition as described in this section. If at any time the director's designee in his or her role as fact finder determines that additional information is necessary to decide the petition, he or she may request such additional information. The person from whom the information is requested will respond no later than within twenty days from the receipt of such request except upon an extension being granted by the director's designee upon good cause shown.

((6)) (3) Upon receipt of the response, the ~~((special assistant to the))~~ director's designee shall forward a copy of the response to the original petitioner who shall have ten days in which to reply to the same.

((7)) (4) Within ~~((20))~~ thirty days of the expiration of the ~~((10))~~ ten-day period for reply following the director's designee's final request for information, the ~~((special assistant to the))~~ director's designee shall enter a written decision containing such findings of fact and conclusions of law as he or she deems necessary to dispose of the matter. The decision will be sent to petitioner via certified mail.

((8)) (5) The decision of the ~~((special assistant to the director))~~ director's designee may be appealed to the director. An appeal must be filed with the director no later than sixty days after petitioner's receipt of the decision in accordance of the procedures established by chapter 415-08 WAC ((415-08-010 through 415-08-480)). An appeal to the director of the ~~((special assistant's))~~ director's designee's decision ~~((to the director shall be))~~ is a necessary prerequi-

site to appeal to the superior court of the state of Washington.

**WSR 93-11-086**  
**PERMANENT RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
 (Public Assistance)

[Order 3536—Filed May 19, 1993, 10:47 a.m.]

Date of Adoption: May 19, 1993.

Purpose: Establish services not covered under the medical care programs. This is a new section named WAC 388-86-200 Limits on scope of medical program services.

Statutory Authority for Adoption: RCW 74.08.090.

Pursuant to notice filed as WSR 93-11-009 on May 5, 1993.

Changes Other than Editing from Proposed to Adopted Version: Subsection (1), the word "only" is added: pay only for. . . This change reinforces the intent of this section. Effective Date of Rule: Thirty-one days after filing.

May 19, 1993  
 Dewey Brock  
 for Rosemary Carr  
 Acting Director  
 Administrative Services

NEW SECTION

**WAC 388-86-200 Limits on scope of medical program services.** (1) The medical assistance administration (MAA) shall pay only for equipment, supplies, and services that are listed as covered in MAA published issuances, including Washington Administrative Code (WAC), billing instructions, numbered memoranda, and bulletins, and when the items or services are:

(a) Within the scope of an eligible client's medical care program;

(b) Medically necessary;

(c) Within accepted medical, dental, or psychiatric practice standards and are:

(i) Consistent with a diagnosis; and

(ii) Reasonable in amount and duration of care, treatment, or service.

(d) Not listed under subsection (2) of this section; and

(e) Billed according to the conditions of payment under WAC 388-87-010.

(2) Unless required under EPSDT/healthy kids program; included as part of a managed care plan service package; included in a waived program; or part of one of the Medicare programs for the qualified Medicare beneficiaries, the MAA shall specifically exclude from the scope of covered services:

(a) Nonmedical equipment, supplies, personal or comfort items and/or services, including, but not limited to:

(i) Air conditioners or air cleaner devices, dehumidifiers, other environmental control devices, heating pads;

(ii) Enuresis (bed wetting) training equipment;

(iii) Recliner and/or geri-chairs;

(iv) Exercise equipment;

(v) Whirlpool baths;

- (vi) Telephones, radio, television;
  - (vii) Any services connected to the telephone, television, or radio;
  - (viii) Homemaker services;
  - (ix) Utility bills; or
  - (x) Meals delivered to the home.
- (b) Services, procedures, treatment, devices, drugs, or application of associated services which the department or HCFA consider investigative or experimental on the date the services are provided;
- (c) Physical examinations or routine checkups;
  - (d) Cosmetic treatment or surgery, except for medically necessary reconstructive surgery to correct defects attributable to an accident, birth defect, or illness;
  - (e) Routine foot care that includes, but not limited to:
    - (i) Medically unnecessary treatment of mycotic disease;
    - (ii) Removal of warts, corns, or calluses;
    - (iii) Trimming of nails and other hygiene care; or
    - (iv) Treatment of asymptomatic flat feet.
  - (f) More costly services when less costly equally effective services as determined by the department are available;
  - (g) Procedures, treatment, prosthetics, or supplies related to intersex surgery;
  - (h) Care, testing, or treatment of infertility, frigidity, or impotency. This includes procedures for sterilization reversals and donor ovum, sperm, or womb;
  - (i) Acupuncture, massage, or massage therapy;
  - (j) Orthoptic eye training therapy;
  - (k) Weight reduction and control services not provided in conjunction with a MAA medically approved program. This includes food supplements and educational products;
  - (l) Parts of the body, including organs tissues, bones, and blood;
  - (m) Blood and eye bank charges;
  - (n) Domiciliary or custodial care, excluding nursing facility care;
  - (o) Hair pieces, wigs, or hair transplantation;
  - (p) Biofeedback or other self-help care;
  - (q) Home births;
  - (r) Marital counseling or sex therapy; and
  - (s) Any service specifically excluded by statute.
- (3) Clients shall be responsible for payment as described under WAC 388-87-010 for services not covered under the client's medical care program.



**WSR 93-11-010**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**

[Order 93-34—Filed May 5, 1993, 5:55 p.m., effective May 6, 1993, 12:01 a.m.]

Date of Adoption: May 5, 1993.

Purpose: Commercial fishing regulations.

Citation of Existing Rules Affected by this Order:  
 Amending WAC 220-44-040.

Statutory Authority for Adoption: RCW 75.08.080.

Pursuant to RCW 34.05.350 the agency for good cause finds that immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.

Reasons for this Finding: This regulation is necessary to maintain consistency between state and federal regulations as whiting processing vessels have achieved their quota which was established by the Pacific Fishery Management Council.

Effective Date of Rule: May 6, 1993, 12:01 a.m.

May 5, 1993  
 Judith Merchant  
 Deputy  
 for Robert Turner  
 Director

**NEW SECTION**

**WAC 220-44-04000D Coastal bottomfish seasons.**

Notwithstanding the provisions of WAC 220-44-040, effective 12:01 a.m. May 6, 1993 until further notice:

(1) It is unlawful to deliver Pacific whiting to an at-sea processing vessel in state or offshore waters.

(2) It is unlawful for a catcher/processor to take, fish for, or process any Pacific whiting taken from state or offshore waters and it is unlawful to possess whiting taken after 12:00 noon May 5, 1993.

**WSR 93-11-027**  
**EMERGENCY RULES**  
**LIQUOR CONTROL BOARD**

[Filed May 10, 1993, 10:47 a.m.]

Date of Adoption: May 5, 1993.

Purpose: To set forth the manner in which breweries may be exempted from paying increased taxes on the first 60,000 barrels of beer sold within the state in order to assist in the funding of E2SSB 5304 (Health Care).

Statutory Authority for Adoption: RCW 66.08.030.

Pursuant to RCW 34.05.350 the agency for good cause finds that immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.

Reasons for this Finding: The new law goes into effect July 1, 1993, thereby making it impossible to adhere to

normal rule-making schedule. In order to obtain the necessary forms to permit exemptions in accordance with the law, the board needs to formulate rule[s] prescribing the procedure which shall be followed.

Effective Date of Rule: Immediately.

May 4, 1993  
 Paula O'Connor  
 Chairman

**NEW SECTION**

**WAC 314-20-180 Partial beer tax exemption. (1)**

The additional beer taxes imposed under RCW 66.24.290 (4)(a) shall not apply to the sale of the first sixty thousand barrels of beer in Washington each fiscal year beginning July 1, 1993, for beer produced in the United States if the producing brewery meets the qualifications of 26 U.S.C. Sec. 5051 (a)(2).

(2) In order to qualify for the exemption provided for in subsection (1), it shall be the responsibility of the licensed Washington brewer and/or the out-of-state beer certificate of approval holder to provide the board with a copy of a Bureau of Alcohol, Tobacco and Firearms (BATF) acknowledged copy of their filing "Notice of Brewer to Pay Reduced Rate of Tax" for the calendar year as required under 27 C.F.R. Sec. 25.167.

(3) The BATF acknowledged copy of the "Notice of Brewer to Pay Reduced Rate of Tax" must be on file with the board prior to June 1 in order to qualify for the tax exemption beginning on July 1 of each year. If proof of eligibility is not received prior to June 1, the tax exemption will not apply until the first day of the second month following the month notice is received.

**WSR 93-11-029**  
**EMERGENCY RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
 (Public Assistance)

[Order 3542—Filed May 10, 1993, 1:15 p.m., effective May 11, 1993, 12:01 a.m.]

Date of Adoption: May 10, 1993.

Purpose: Clarifies the definition of coupons used for investigative purposes as coupons issued under the food stamp program. By agreement with food and nutrition services, will establish program control of food stamps issued to law enforcement agencies for investigative purposes.

Citation of Existing Rules Affected by this Order:  
 Amending WAC 388-49-015 General provisions.

Statutory Authority for Adoption: RCW 74.04.510.

Other Authority: State of Washington vs. Sunchal Park - King County 92-1-03967-9.

Pursuant to RCW 34.05.350 the agency for good cause finds that state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

Reasons for this Finding: Brings the issuance and control of food coupons for investigative purposes under the

food stamp program, and defines the redemption and use of food stamps.

Effective Date of Rule: May 11, 1993, 12:01 a.m.

May 10, 1993

Rosemary Carr

Acting Director

Administrative Services

**AMENDATORY SECTION** (Amending Order 2866, filed 9/1/89, effective 10/2/89)

**WAC 388-49-015 General provisions.** (1) The rules in this chapter are for the purpose of administrating the food stamp program. Rules and definitions in other chapters of Title 388 of the Washington Administrative Code do not apply to provisions of this chapter unless specifically identified.

(2) The department of social and health services shall administer the food stamp program in accordance with an approved plan with the food and nutrition service (FNS) of the United States Department of Agriculture.

(3) The department shall comply with all FNS directives to reduce, suspend, or terminate all or any portion of the food stamp program.

(4) During a presidential or FNS-declared disaster, the department shall certify affected households in accordance with FNS instructions.

(5) The department shall retain:

(a) Food stamp case records for three years from the month of closure of each record; and

(b) Fiscal and accountable documents for three years from the date of fiscal or administrative closure.

(6) The department shall not discriminate against any applicant or participant in any aspect of program administration for reason of:

(a) Age((?));

(b) Race((?));

(c) Color((?));

(d) Sex((?));

(e) Handicap((?));

(f) Religious creed((?));

(g) Political beliefs((?)); or

(h) National origin.

(7) The department shall display nondiscrimination posters provided by FNS in all offices administrating the food stamp program.

(8) The department shall fully translate into the primary language of the limited English proficient applicants and recipients:

(a) Written notices of denial, termination, or reduction of benefits; and

(b) Written requests for additional information.

(9) ~~((An individual))~~ A person believing ~~((he or she))~~ the person has been subject to discrimination may file a written complaint with the:

(a) Food and nutrition service; or

(b) State office for equal opportunity.

(10) The department shall restrict use or disclosure of information obtained from applying or participating households to:

(a) ~~((Individuals))~~ A person directly connected with the administration or enforcement of the provisions of:

(i) The Food Stamp Act or regulations;

(ii) Other federal assistance programs; or

(iii) Federally assisted state programs providing assistance on a means-tested basis to a low-income ~~((individuals))~~ person.

(b) ~~((Individuals))~~ A person directly connected with the verification of immigration status of aliens applying for food stamp benefits, through the systematic alien verification for entitlements (SAVE) program, to the extent the information is necessary to identify the ~~((individual))~~ person for verification purposes;

(c) An employee((s)) of the Comptroller General's Office of the United States for audit examination authorized by any other provision of law; and

(d) A local, state, or federal law enforcement official((s)), upon ~~((their))~~ written request, for the purpose of investigating an alleged violation of the Food Stamp Act or regulations. The written request shall include the:

(i) Identity of the ~~((individual))~~ person requesting the information;

(ii) Authority of the ~~((individual))~~ person to make the request;

(iii) Violation being investigated; and

(iv) Identity of the person about whom the information is requested.

(11) The department shall use information obtained through the systematic alien verification for entitlements (SAVE) program only for the purposes of:

(a) Verifying the validity of documentation of alien status presented by an applicant;

(b) Verifying ~~((an individual's))~~ a person's eligibility for benefits;

(c) Investigating whether a participating household((s)) received benefits to which ~~((they were))~~ the household was not entitled, if ~~((an individual))~~ a person was previously certified to receive benefits on the basis of eligible alien status; and

(d) Assisting in or conducting administrative disqualification hearings, or criminal or civil prosecutions based on receipt of food stamp benefits to which a participating household~~((s were))~~ was not entitled.

(12) The department shall make the household's case file available to the household or household's representative for inspection during regular office hours as provided in chapter 388-320 WAC.

(13) The department shall make the following program information available to the public upon request during regular office hours:

(a) Federal regulations, federal procedures in FNS notices and policy memos, and the state plan of operation at the state office; and

(b) Washington Administrative Code and the *Food Stamp Procedures Manual* at the local office.

(14) The coupon allotment provided any eligible household shall not be considered income or resources for any purpose under any federal, state, or local laws.

(15) The department shall not permit a volunteer((s)) or other person((s)) not an employee((s)) of the department to conduct a certification interview((s)) or certify a food stamp applicant((s)) except:

(a) During a presidential or FNS-declared disaster; or

(b) A Social Security Administration (SSA) employ- ee((s)) for a Supplemental Security Income (SSI) house- hold((s)) as provided in WAC 388-49-040.

(16) The office of special investigation of the depart- ment, designated as the state law enforcement bureau, shall enter into an agreement with FNS to issue food stamps to state and local law enforcement agencies for the purpose of law enforcement and investigative activities.

(17) Redemption of food stamps shall be in accordance with 7 United States Code (USC) 2024 and 7 Code of Federal Regulations (CFR) 278.

(18) Misuse of food stamps issued under WAC 388-49- 015(16) shall be a violation of RCW 9.91.140.

(19) The provisions of Title 18 of the United States Code, "Crimes and Criminal Procedures," relative to counter- feiting, misuse, and alteration of obligations of the United States are applicable to food coupons.

**WSR 93-11-040**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**  
[Order 93-35—Filed May 12, 1993, 9:05 a.m.]

Date of Adoption: May 11, 1993.

Purpose: Commercial fishing regulations.

Citation of Existing Rules Affected by this Order:  
Amending WAC 220-20-025.

Statutory Authority for Adoption: RCW 75.08.080.

Pursuant to RCW 34.05.350 the agency for good cause finds that immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.

Reasons for this Finding: Recreational fishing is prohibited within these waters except when fishing from the fishing piers. Prohibiting commercial fishing is consistent with this goal and will reduce conflict between recreational and commercial fishers.

Effective Date of Rule: Immediately.

May 11, 1993  
Judith Freeman  
Deputy  
for Robert Turner  
Director

**NEW SECTION**

**WAC 220-20-02500A Shellfish—Lawful and unlaw- ful acts.** Notwithstanding the provisions of WAC 220-20-025, effective immediately until further notice it is unlawful to fish for or possess shellfish taken for commercial propos- es from the following waters:

(1) The Edmonds Underwater Marine Park as defined in WAC 220-56-130.

(2) The Elliott Bay Public Fishing Pier Underwater Artificial Reef Area as defined in WAC 220-56-131.

(3) The Les Davis Public Fishing Pier Underwater Artificial Reef Area as defined in WAC 220-56-132.

(4) Within 100 yards of the Des Moines public fishing pier.

**WSR 93-11-050**  
**EMERGENCY RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
(General Provisions)

[Order 3552—Filed May 12, 1993, 2:45 p.m., effective July 1, 1993, 12:01 a.m.]

Date of Adoption: May 12, 1993.

Purpose: The new chapter 440-25 WAC repeals chapter 275-25 WAC. These new rules describe how the Division of Alcohol and Substance Abuse operates in its planning and contractual relationship with the counties of Washington. The process in contracting for services reflects current process agreements from negotiating with counties.

Statutory Authority for Adoption: RCW 70.96A.020, 70.96A.040, 70.96A.080, 70.96A.090, 70.96A.180, 70.96A.300, 70.96A.310, 70.96A.320, and chapter 34.05 RCW.

Pursuant to RCW 34.05.350 the agency for good cause finds that state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

Reasons for this Finding: Emergency adoption of new chapter 440-25 WAC to support new Title XIX (Medicaid) program changes effective July 1, 1993.

Effective Date of Rule: July 1, 1993, 12:01 a.m.

May 12, 1993  
Rosemary Carr  
Acting Director  
Administrative Services

**Chapter 440-25 WAC**  
**ADMINISTRATION OF CHEMICAL DEPENDENCY**  
**SERVICES**

**NEW SECTION**

**WAC 440-25-005 Purpose.** Rules relating to planning, contracting, and provision of chemical dependency services through counties adopted under the authority and purposes of chapter 70.96A RCW, the comprehensive law on Treat- ment for Alcoholism, Intoxication and Drug Addiction.

**NEW SECTION**

**WAC 440-25-010 Definitions.** (1) "Act" means chapter 70.96A RCW as now and hereafter amended.

(2) "Chemical dependency" means alcoholism or drug addiction, or dependence on alcohol and one or more other psychoactive chemicals.

(3) "County" means each county or two or more counties acting jointly.

(4) "County alcoholism and other drug addiction program coordinator" means a person appointed by the county legislative authority as the chief executive officer responsible for carrying out the duties under chapter 70.96A RCW.

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(5) "Department" means the department of social and health services.

(6) "Designated chemical dependency specialist" means a person designated by the county alcoholism and other drug addiction program coordinator to perform the involuntary commitment duties under chapter 70.96A RCW.

(7) "Plan" means the document describing a coordinated continuum of prevention and treatment services a county submits to the department for review and approval under the act; or revision of an existing plan.

#### NEW SECTION

#### **WAC 440-25-020 County alcohol and other drug addiction program coordinator—Qualification standards.**

(1) The chief executive officer of the county alcoholism and other drug addiction program shall be the county alcoholism and other drug addiction program coordinator. A person appointed to the position of county alcohol and other drug addiction program coordinator shall possess the following minimum qualifications:

(a) Minimum B.A. degree in public administration, social sciences, human services, or a related field. Equivalent experience may be substituted for post-secondary education on a year-for-year basis;

(b) Minimum four years of professional level experience in the administration of social and/or human services programs;

(c) Demonstrated knowledge of chemical dependency; and

(d) Demonstrated knowledge of prevention strategies and treatment approaches used in combating chemical dependency.

(2) Each county shall maintain a current job description for the county alcohol and other drug addiction program coordinator on file.

(3) Grandparenting. The department shall consider a person appointed and employed as county alcohol and other drug addiction program coordinator before January 1, 1994, as having met all requirements listed under this chapter and qualified as the coordinator.

#### NEW SECTION

**WAC 440-25-030 County alcohol and other drug addiction program coordinator—Duties.** The county alcoholism and other drug addiction program coordinator shall:

(1) Provide general supervision over the county alcoholism and other drug addiction program;

(2) Prepare plans and applications for funds to support the alcoholism and other drug addiction program in consultation with the county alcoholism and other drug addiction board;

(3) Monitor the delivery of services to assure conformance with plans and contracts and, at the discretion of the board, but at least annually, report to the alcoholism and other drug addiction board the results of the monitoring;

(4) Provide staff support to the county alcoholism and other drug addiction board;

(5) Designate the county designated chemical dependency specialist to perform the commitment duties under RCW 70.96A.140;

(6) Keep record of who has been designated; and

(7) Advise the department, county courts, law enforcement agencies, hospitals, chemical dependency programs, and other local health care and service agencies in the county as to who has been designated to provide involuntary commitment duties.

#### NEW SECTION

**WAC 440-25-040 County-designated chemical dependency specialist—Duties.** (1) A person designated as a county-designated chemical dependency specialist shall meet the following minimum standards:

(a) Two years of full-time paid experience as a chemical dependency counselor and qualified as such under WAC 275-19-145, as now or hereafter amended;

(b) Demonstrated knowledge of the laws regarding the involuntary commitment of chemically dependent adolescents and adults;

(c) Demonstrated knowledge and skills in crisis response and chemical dependency intervention counseling for adolescents and adults;

(d) Demonstrated ability to assess the extent and severity of chemical dependency in adults and adolescents;

(e) Demonstrated knowledge and skills in differential assessment of the mentally ill and chemically addicted clients; and

(f) Demonstrated knowledge of the resources available for the emergency custody and treatment of civilly detained and committed adolescents and adults.

(2) Grandparenting. The department shall consider a person designated and employed as the county designated chemical dependency specialist before January 1, 1994, as having met all of the requirements listed under this chapter and qualified as a specialist.

#### NEW SECTION

#### **WAC 440-25-050 Plan development and submission.**

(1) Before July 1, in the odd year of each biennium, the department shall negotiate with and submit to counties the biennial strategic plan guidelines.

(2) In the odd year of each biennium, the department shall submit to counties by:

(a) July 1, needs assessment data; and

(b) December 1, updated needs assessment data.

(3) Before April 1, of the even year of each biennium, each county shall submit to the department a written strategic plan for chemical dependency prevention and treatment services. The county's strategic plan shall be in the form and manner prescribed by the department in the written guidelines. Each county's plan shall include:

(a) An evaluation of progress in meeting the work statement in the current contract;

(b) A prioritized description of service needs; and

(c) Such other information as the department may require in the written guidelines.

(4) Within sixty days of receipt of the county's written plan, the department shall acknowledge receipt, review the plan, and notify the county of any errors and omissions in meeting minimum plan requirements.

(5) Within thirty days after receipt, each county shall submit a response to the department's review when errors and omissions have been identified by the department.

(6) Before December 15 of the even year of each biennium, the department shall announce the amount of funds included in the department's biennial budget request to each county. The department shall announce the actual amount of funds appropriated and available to each county as soon as possible after final passage of the Biennial Appropriations Act.

(7) Each county shall submit to the department a tactical plan and contract proposal within sixty days of the announcement by the department of the actual amount of funds appropriated and available for the new biennium. The county shall submit the tactical plan and contract proposal in the form and manner prescribed by the department in written guidelines. Each county's proposal shall include:

(a) A listing of a planned, coordinated continuum of prevention and treatment program services, anticipated service volumes, and other activities undertaken during the period covered by the proposed contract;

(b) The methods for administering the various program components and services, including how subcontractors are selected, if any;

(c) The methods for assuring service quality control; and

(d) Such other information as the department may require in the written guidelines.

(8) The department shall review the county's tactical plan within thirty days of receipt and notify the county of any errors or omissions in meeting the tactical plan requirements.

(9) The department shall notify the county of final acceptance of the tactical plan upon receipt of any corrections or additions required by its initial review.

(10) The department may modify deadlines for submission of county plans, contract proposals and responses to reviews of plans and contract proposals when, in the department's judgment, the modification enables the county to improve the program or planning process.

(11) The department may authorize the county to:

(a) Continue providing services according to the previous county plan and contract; and

(b) Reimburse at the average level of the previous contract, in order to continue services until the department executes the new contract.

#### NEW SECTION

**WAC 440-25-060 Service priority.** The county strategic and tactical plans and subsequent contracted services for the provision of county chemical dependency prevention and treatment services shall give priority to populations according to department mandated priorities. The department shall advise the county of mandated priorities in plan guidelines.

#### NEW SECTION

**WAC 440-25-070 WAC funding formula.** (1) For the purposes of this section, "county" means the legal subdivision of the state, regardless of any agreement between two counties.

(2) Of the state funds appropriated by the legislature for chemical dependency services, the department may allocate funds for state-wide services, special projects, and emergency needs. The department may not allocate more than nine percent of these funds for department administration.

(3) The department shall allocate the remainder of funds to the counties through funding formulas jointly developed with representatives of the counties, that carry out the intent of the federal and state legislated appropriations including any budget provisos.

(4) Of the funds allocated to the counties for chemical dependency prevention, treatment, and support services, the county may use not more than ten percent for county administration.

#### NEW SECTION

**WAC 440-25-080 Contracting.** (1) The department and each county shall negotiate and execute a county contract before the department provides reimbursement for services provided by the county, except as provided under WAC 440-25-050(11).

(2) The department shall not execute a county contract until the department receives the county's tactical plan and the department accepts the plan as described under WAC 440-25-050(9).

#### NEW SECTION

**WAC 440-25-090 Subcontracting.** (1) A county may subcontract with service providers for the performance of any of the services specified in the tactical plan and contract.

(2) In selecting a subcontractor, the county shall consider, at a minimum:

(a) The quality of service delivery performance provided in the past by the provider;

(b) The cost of services proposed by the provider;

(c) The accessibility to the provider's services; and

(d) The appropriateness of the services to be provided to the diversity of recipients.

(3) Each county's subcontract shall include:

(a) A precise and definitive work statement including a description of the services provided;

(b) Specific agreement by the subcontractor to abide by relevant laws and regulations;

(c) Specific authority for the department and the state auditor to inspect all records and other material the department deems pertinent to the subcontract; and

(d) Agreement by the subcontractor that such records will be made available for inspection;

(e) Specific authority for the county and the department to make periodic inspection of the subcontractor's program or premises in order to evaluate performance under the contract between the department and the county; and

(f) Specific agreement by the subcontractor to provide such program and fiscal data as the county and department may reasonably require.

(2) The department may withhold all or part of subsequent monthly disbursement to the county if the department receives evidence a county or subcontractor performing under the contract is:

(a) Not in compliance with chapters 70.96A and 74.50 RCW, and chapters 275-19 and 388-40 WAC; or

(b) Not in substantial compliance with the contract; or  
 (c) Unable or unwilling to provide such records or data as the department may reasonably require. The department may withhold disbursements until such time as satisfactory evidence of corrective action is forthcoming. Such withholding or denial of funds shall be subject to appeal under the Administrative Procedure Act (chapter 34.05 RCW).

#### NEW SECTION

**WAC 440-25-100 Payments.** (1) A county and a subcontractor receiving state and federal funds shall comply with all applicable laws or regulations governing the department's approval of payment of funds for the programs.

(2) The department shall not pay a county for costs of treatment services provided by the county or other person or organization who or which was not licensed, certified, or approved as described under chapter 70.96A RCW.

(3) The department shall make payments to a county on the basis of vouchers submitted to the department for costs incurred under the contract. The department shall specify the form and content of the vouchers.

(4) The department may make advance payments to a county, where such payments would facilitate sound program management. The department shall withhold advance payments from a county failing to meet WAC 440-25-050 requirements until such requirements are met. Any county failing to meet WAC 440-25-050 requirements after advance payments have been made shall repay said advance payment within thirty days of notice by the department that the county is not in compliance.

(5) The department may withhold all or part of subsequent monthly disbursement to the county until such time as satisfactory evidence of corrective action is forthcoming when the department receives evidence a county or subcontractor performing under the contract is not:

- (a) In compliance with applicable state law or rule; or
- (b) In substantial compliance with the contract; or
- (c) Able or not willing to provide such records or data as the department may require. The department's withholding or denial of funds shall be subject to appeal under the Administrative Procedure Act (chapter 34.05 RCW).

(6) The department may impose to the county such fiscal and program reporting requirements as deemed necessary for effective program management.

(7) Failure to comply with any of these rules shall be cause for the department to refuse to provide the county and any subcontractors funds under the contract.

#### NEW SECTION

**WAC 440-25-110 Appeal procedure.** (1) The provider may appeal for a hearing according to appeal procedures established by the county governing body when making application to participate in a county program operated under authority of chapter 70.96A RCW, when the provider is dissatisfied with the disposition of its application.

(2) A county governing body or the county's designee shall review the appeal and notify the provider of its disposition within thirty days after the county receives the appeal.

(3) A county dissatisfied with the department's disposition of the county plan may request an administrative review.

(4) A county's request for administrative review shall:  
 (a) Be in writing to the appropriate program office within the department;

(b) Specify the date of the appealed decision;

(c) Clearly specify the issue to be resolved by the review;

(d) Be signed by, and include the address of, the county or the county's representative; and

(e) Be made within thirty days of notification of the decision.

(5) The department shall provide a county an administrative review and redetermination within thirty days of the submission of the request for review, with written confirmation of the findings and the reasons for the findings forwarded to the county.

(6) A county dissatisfied with the finding of an administrative review may initiate proceedings under the Administrative Procedure Act (chapter 34.05 RCW).

#### NEW SECTION

**WAC 440-25-120 Exemptions.** (1) The department may grant an exemption to a specific rule in this chapter provided the department's assessment of the exemption request:

(a) Ensures the exemption shall not undermine the legislative intent of chapter 70.96A RCW; and

(b) Shows granting the exemption shall not adversely affect the quality of the services, supervision, health, and safety of department-served persons.

(2) The county coordinator shall retain a copy of each department-approved exemption.

**WSR 93-11-051  
 EMERGENCY RULES  
 DEPARTMENT OF  
 SOCIAL AND HEALTH SERVICES  
 (Institutions)**

[Order 3553—Filed May 12, 1993, 2:46 p.m., effective July 1, 1993,  
 12:01 a.m.]

Date of Adoption: May 12, 1993.

Purpose: Amends the definition "act" and corrects a reference citation. The remainder of this proposal is to repeal sections pertaining to alcoholism and substance abuse. The repealed sections are updated and placed into new chapter 440-25 WAC. The process in contracting for services reflects current process agreements from negotiating with counties.

Citation of Existing Rules Affected by this Order: Repealing WAC 275-25-300, 275-25-310, 275-25-330, 275-25-340, 275-25-810, and 275-25-840; and amending WAC 275-25-010 Definitions and 275-25-040 Appeal procedure.

Statutory Authority for Adoption: Chapters 70.96A and 34.05 RCW.

Other Authority: P.L. 102-234.

Pursuant to RCW 34.05.350 the agency for good cause finds that immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon

adoption of a permanent rule would be contrary to the public interest.

Reasons for this Finding: Removes specific alcohol and drug abuse rules from the institutions chapter 275-25 WAC as described under Citation of Existing Rules Affected by this Order above. The amendments to WAC 275-25-010 and 275-25-040 support the new Title XIX (Medicaid) program changes effective July 1, 1993.

Effective Date of Rule: July 1, 1993, 12:01 a.m.

May 12, 1993  
Rosemary Carr  
Acting Director  
Administrative Services

### Chapter 275-25 WAC

## COUNTY PLAN FOR MENTAL HEALTH, ((~~DRUG ABUSE~~)) DEVELOPMENTAL DISABILITIES((~~ALCOHOLISM~~))

AMENDATORY SECTION (Amending Order 3230, filed 8/9/91, effective 9/9/91)

**WAC 275-25-010 Definitions.** (1) All terms used in this chapter not defined herein shall have the same meaning as indicated in the act.

(2) "Act" means((~~+~~

~~(a) The Alcoholism Act (chapter 70.96 and 70.96A RCW) as now existing or hereafter amended; or~~

~~(b)) local funds for community services chapter 71.20 RCW, State services chapter 71A.12 RCW, and Local services chapter 71A.14 RCW as now existing or hereafter amended((~~+ or~~~~

~~(c) Drug and alcohol rehabilitation, education programs—drug treatment centers (chapter 69.54 RCW) as now existing or hereafter amended)).~~

(3) "County" means each county or two or more counties acting jointly.

(4) "Department" means the department of social and health services.

(5) "Exemption" means the department's approval of a written request for an exception to a rule in this chapter.

(6) "Indian" shall mean any:

(a) Person enrolled in or eligible for enrollment in a recognized Indian tribe; any person determined to be or eligible to be found to be an Indian by the secretary of the interior; and any Eskimo, Aleut or other Alaskan native;

(b) Canadian Indian person who is a member of a treaty tribe, Metis community, or other nonstatus Indian community from Canada;

(c) Unenrolled Indian person considered an Indian by a federally or nonfederally recognized Indian tribe or by an urban Indian/Alaska community organization.

(7) "Plan" means the application a county submits to the secretary for review and approval under the act(s); or revision of an existing plan.

(8) "Population" means the most recent estimate of the aggregate number of persons located in the designated county as computed by the office of financial management.

(9) "Secretary" means the secretary of the department or such employee or such unit of the department as the secretary may designate.

AMENDATORY SECTION (Amending Order 1142, filed 8/12/76)

**WAC 275-25-040 Appeal procedure.** (1) Any agency making application to participate in a county program operated under authority of the act(s), which is dissatisfied with the disposition of its application, or the community board(s) as defined in the act(s) or the community social services board, which is dissatisfied with any aspect of the plan, may appeal for a hearing before the county governing body. The county governing body shall review the appeal and notify the agency or board of its disposition within thirty days after the appeal has been received.

(2) A county which is dissatisfied with the department's disposition of its plan may request an administrative review.

(3) All requests for administrative reviews shall:

(a) Be made in writing to the appropriate program office within the department;

(b) Specify the date of the decision being appealed;

(c) Specify clearly the issue to be resolved by the review;

(d) Be signed by, and include the address of the county or its representative;

(e) Be made within thirty days of notification of the decision which is being appealed.

(4) An administrative review and redetermination shall be provided by the department within thirty days of the submission of the request for review, with written confirmation of the findings and the reasons for the findings to be forwarded to the county as soon as possible.

(5) Any county dissatisfied with the finding of an administrative review or who chooses not to request an administrative review may initiate proceedings pursuant to the Administrative Procedure Act (chapter ((34.04)) 34.05 RCW).

### REPEALER

The following sections of the Washington Administrative Code are repealed:

- 275-25-300 Alcoholism program—WAC section numbers.
- 275-25-310 Approved treatment facilities.
- 275-25-330 Service priority.
- 275-25-340 Funding formula—Alcoholism.
- 275-25-810 Drug abuse services.
- 275-25-840 Funding formulae.

**WSR 93-11-057**

**EMERGENCY RULES**

**DEPARTMENT OF FISHERIES**

[Order 93-37—Filed May 12, 1993, 4:00 p.m.]

Date of Adoption: May 12, 1993.

Purpose: Commercial and personal use rules.

Citation of Existing Rules Affected by this Order:  
Amending WAC 220-52-051 and 220-56-325.

Statutory Authority for Adoption: RCW 75.08.080.

Pursuant to RCW 34.05.350 the agency for good cause finds that immediate adoption, amendment, or repeal of a

EMERGENCY

rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.

Reasons for this Finding: The spot shrimp resource in Shrimp District One is extremely depressed and requires protection. Release of spot shrimp caught in this area will facilitate recovery.

Effective Date of Rule: Immediately.

May 12, 1993  
Judith Freeman  
Deputy  
for Robert Turner  
Director

#### NEW SECTION

**WAC 220-52-05100P Shrimp fishery—Puget Sound.** Notwithstanding the provisions of WAC 220-52-051, effective immediately until further notice, it is unlawful to retain spot shrimp taken from the waters of Shrimp District One. Shrimp pots in Shrimp District One waters may not be lifted while fishers have spot shrimp aboard that were taken elsewhere.

#### NEW SECTION

**WAC 220-56-32500W Shrimp areas and seasons.** Notwithstanding the provisions of WAC 220-56-325, effective immediately until further notice it is unlawful to retain spot shrimp taken for personal use in those waters of Shrimp District One. Shrimp pots in District One waters may not be lifted while fishers have spot shrimp aboard that were taken elsewhere.

**WSR 93-11-063  
EMERGENCY RULES  
DEPARTMENT OF FISHERIES**

[Order 93-38—Filed May 13, 1993, 4:45 p.m., effective May 15, 1993,  
9:00 a.m.]

Date of Adoption: May 13, 1993.

Purpose: Personal use rules.

Citation of Existing Rules Affected by this Order:  
Amending WAC 220-56-325.

Statutory Authority for Adoption: RCW 75.08.080.

Pursuant to RCW 34.05.350 the agency for good cause finds that immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.

Reasons for this Finding: A harvestable shrimp population exists. This rule will reduce the harvest rate in order to provide greater recreational opportunity, and ensure an orderly fishery.

Effective Date of Rule: May 15, 1993, 9:00 a.m.

May 13, 1993  
Judith Freeman  
Deputy  
for Robert Turner  
Director

#### NEW SECTION

**WAC 220-56-32500X Shrimp and crab—Hood canal.** Notwithstanding the provisions of WAC 220-56-310, 220-56-315, 220-56-320, 220-56-325 and 220-56-330, effective May 15, 1993, until further notice it is unlawful to fish for or possess shrimp or crab taken from those waters of Hood Canal south of the Hood Canal floating bridge except as provided for in this section:

(1) Fishing for shrimp and crab is allowed 9:00 a.m. to 2:00 p.m. on the following dates:

May 15, 16, 17 and 18;

May 22, 23, 24 and 25.

This subsection does not pertain to harvest of crab taken by hand while wading from shore; such harvest is permitted at any time.

(2) Each shrimp fisher must have their own shrimp pot, and no shrimp fisher may use more than one shrimp pot, which shrimp pot must conform to the Hood Canal shrimp pot gear requirements set forth in WAC 220-56-320(4). Fishers may leave their gear in the water from 9:00 May 15 through 2:00 p.m. May 18 and 9:00 a.m. May 22 through 2:00 p.m. May 25, but no shrimp gear may remain in the water between 2:00 p.m. May 18 and 9:00 a.m. May 22, or after 2:00 p.m. May 25.

(3) All unattended shrimp gear must be buoyed, and the buoy must conform with the requirements and be marked as provided for in WAC 220-56-320(1). It is lawful to have more than one shrimp pot attached on a single line to the surface, but in such case there must be a separate buoy for each pot, and all fishers whose pots are so attached must be present when the gear is retrieved.

(4) The daily shrimp bag limit is seven pounds of whole shrimp per fisher.

(5) Crab pot gear is prohibited. No crab fisher may use more than one ring net or one star trap. Fishers may leave their gear in the water from 9:00 May 15 through 2:00 p.m. May 18 and 9:00 a.m. May 22 through 2:00 p.m. May 25, but all crab gear must be removed from the water between 2:00 p.m. May 18 and 9:00 a.m. May 22, and after 2:00 p.m. May 25.

(6) All unattended crab gear must be buoyed, and the buoy must conform with the requirements and be marked as provided for in WAC 220-56-320(1).

(7) The daily crab bag limit is six male crab not less than 6 inches in width, as measured at the widest part of the shell immediately in front of the points (tips).

**WSR 93-11-083  
EMERGENCY RULES  
DEPARTMENT OF  
SOCIAL AND HEALTH SERVICES  
(Public Assistance)**

[Order 3554—Filed May 19, 1993, 10:42 a.m., effective July 1, 1993,  
12:01 a.m.]

Date of Adoption: May 19, 1993.

Purpose: Eliminate the funeral and interment assistance program effective July 1, 1993, as provided in SB 5968, Laws of 1993.

Citation of Existing Rules Affected by this Order:  
Repealing chapter 388-42 WAC, Funeral expense.

Statutory Authority for Adoption: RCW 74.08.090 and SB 5968, Laws of 1993.

Pursuant to RCW 34.05.350 the agency for good cause finds that state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

Reasons for this Finding: As part of the biennial budget, i.e., SB 5968, Laws of 1993, the legislature eliminated the funeral and interment assistance program effective July 1, 1993.

Effective Date of Rule: July 1, 1993, 12:01 a.m.

May 19, 1993

Rosemary Carr

Acting Director

Administrative Services

REPEALER

The following chapter of the Washington Administrative Code is repealed:

Chapter 388-42 WAC Funeral expense.

EMERGENCY



**WSR 93-11-019**  
**NOTICE OF PUBLIC MEETINGS**  
**BELLINGHAM TECHNICAL COLLEGE**  
 [Memorandum—May 6, 1993]

The regularly scheduled meeting of the board of trustees of Bellingham Technical College will be held on Thursday, May 20, 1993, 9-11 a.m., in the Bellingham Technical College Building G Conference Center A.

**WSR 93-11-020**  
**PROPOSED RULES**  
**COLUMBIA RIVER**  
**GORGE COMMISSION**  
 [Filed May 6, 1993, 10:31 a.m.]

Notice of hearing and proposed adoption of rule 350-70.

In the matter of adopting administrative rules relating to appeals from decisions under gorge commission ordinances.

The Columbia River Gorge Commission proposes to adopt rules relating to appeals from decisions under gorge commission ordinances, 350-70, at its regularly scheduled meeting on July 27, 1993, 10:00 a.m., Skamania Lodge, Rock Creek Drive, Stevenson, Washington.

The chair of the commission will preside over and conduct the hearing.

Adoption: Rule 350-70, the commission is the proponent of these proposed rules.

No prior notice given.

Summary of Rules: The rules set forth the process in which an affected party may appeal to the Columbia River Gorge Commission a decision made by the executive director implementing the Columbia River Gorge National Scenic Area Management Plan through gorge commission land use ordinances.

Statement of Need: The National Scenic Area Act contemplates the gorge commission shall act in an appellate role once land use ordinances have been adopted by counties in the gorge or, when the gorge commission has adopted such ordinances to implement the act; and the public needs a detailed process for appeals to the Columbia River Gorge Commission.

Statutory Authority: Authority to adopt the rules as proposed derives from the Scenic Area Act (16 U.S.C. § 544 et seq. and the Columbia River Compact, Article I, Section a(4)(g), at ORS 196.150 and RCW 43.97.015. The proposed rule is necessary as a result of federal law, 16 U.S.C. § 544 et seq. as well as state law.

Documents Relied Upon: The proposed rule is based on the Columbia River Gorge National Scenic Area Management Plan and the National Scenic Area Act (16 U.S.C. § 544 et seq). Copies of these documents are available at the Columbia River Gorge Commission office.

Statement of Anticipated Effects: The proposed rule provides an appeal process from decisions made by the executive director in implementing the Management Plan for the Columbia River Gorge National Scenic Area Act through a land use ordinances as required by the National Scenic Area Act.

Fiscal Impact Statement: The proposed rule will not have an adverse fiscal impact on the public or local govern-

ment. The rule provides a process for appeals from decisions of the executive director which will ensure an efficient review process consistent with the act.

Availability of Rule: The proposed rule is available on request from Jan Brending, Rules Coordinator, Columbia River Gorge Commission, 288 East Jewett Boulevard, P.O. Box 730, White Salmon, WA 98672, (509) 493-3323.

Public Comment: Interested persons may comment orally or in writing at the hearing. Written comment received at the commission's office by July 23, 1993, will also be considered. Comment may be made to Jan Brending, Rules Coordinator, Columbia River Gorge Commission, 288 East Jewett Boulevard, P.O. Box 730, White Salmon, WA 98672, (509) 493-3323.

**Reviser's note:** The material contained in this filing will appear in the 93-12 issue of the Register as it was received after the applicable closing date for the issue for agency-typed material exceeding the volume limitations of WAC 1-21-040.

**WSR 93-11-021**  
**EMERGENCY RULES**  
**COLUMBIA RIVER**  
**GORGE COMMISSION**  
 [Filed May 6, 1993, 10:35 a.m.]

**CERTIFICATE AND ORDER FOR FILING**  
**TEMPORARY ADMINISTRATIVE RULES WITH THE**  
**OFFICE OF THE CODE REVISER**

I HEREBY CERTIFY that the copy shown below is a true, full and correct copy of temporary rule(s) adopted on April 13, 1993, by the Columbia River Gorge Commission to become effective June 1, 1993, through October 31, 1993.

The within matter having come before the Columbia River Gorge Commission after all procedures having been in the required form and conducted in accordance with applicable statutes and rules and being fully advised in the premises.

NOW THEREFORE, IT IS HEREBY ORDERED that the following action be taken: Adopting 350-70 as administrative rules of the Columbia River Gorge Commission

DATED this 28th day of April, 1993.

Jonathan Doherty  
 Executive Director

Statutory Authority: RCW 43.97.015, chapter 499, Laws of 1987.

For Further Information Contact: Jan Brending, Rules Coordinator, (509) 493-3323.

**FINDINGS FOR EMERGENCY RULE ADOPTION OF**  
**COMMISSION RULE 350-70**

Summary of Rules: The rules set forth the process in which an effected party may appeal to the Columbia River Gorge Commission a decision made by the executive director implementing the Columbia River Gorge National Scenic Area Management Plan through gorge commission land use ordinances.

**Statement of Need:** The National Scenic Area Act contemplates the gorge commission shall act in an appellate role once land use ordinances have been adopted by counties in the gorge or, when the gorge commission has adopted such ordinances to implement the act; and the public needs a detailed process for appeals to the Columbia River Gorge Commission

**Statutory Authority:** Authority to adopt the rules derives from the Scenic Area Act (16 U.S.C. § 544 et seq. and the Columbia River Compact, Article I, Section a(4)(g), at ORS 196.150 and RCW 43.97.015. The temporary rule is necessary as a result of federal law, 16 U.S.C. § 544 et seq. as well as state law.

**Documents Relied Upon:** The rule is based on the Columbia River Gorge National Scenic Area Management Plan and the National Scenic Area Act (16 U.S.C. § 544 et seq.). Copies of these documents are available at the Columbia River Gorge Commission office.

**Statement of Anticipated Effects:** The rule provides an appeal process from decisions made by the executive director in implementing the Management Plan for the Columbia River Gorge National Scenic Area Act through a land use ordinance as required by the National Scenic Area Act.

**Fiscal Impact Statement:** The rule will not have an adverse fiscal impact on the public or local government. The rule provides a process for appeals from decisions of the executive director which will ensure an efficient review process consistent with the act.

**Reviser's note:** The material contained in this filing will appear in the 93-12 issue of the Register as it was received after the applicable closing date for the issue for agency-typed material exceeding the volume limitations of WAC 1-21-040.

**WSR 93-11-022**  
**PROPOSED RULES**  
**COLUMBIA RIVER**  
**GORGE COMMISSION**  
 [Filed May 6, 1993, 10:45 a.m.]

Notice of hearing and proposed adoption of rule 350-80, 350-90, 350-100, and 350-110.

In the matter of adopting administrative rules relating to land use ordinances for Klickitat, Clark, Hood River, and Wasco counties.

The Columbia River Gorge Commission proposes to adopt rules relating to land use ordinances for Klickitat County, 350-80; Clark County, 350-90; Hood River County, 350-100; and Wasco County, 350-110, at its regularly scheduled meeting on July 27, 1993, 11:00 a.m., Skamania Lodge, Rock Creek Drive, Stevenson, Washington.

The chair of the commission will preside over and conduct the hearing.

**Adoption:** Rule 350-80, Rule 350-90, Rule 350-100, and Rule 350-110. The commission is the proponent of these proposed rules.

No prior notice given.

**Summary of Rules:** The rules set forth land use ordinances to implement the Columbia River Gorge National Scenic Area Management Plan in Klickitat County and Clark

County, Washington and Wasco County and Hood River County, Oregon.

**Statement of Need:** The National Scenic Area Act requires the commission to adopt land use ordinances in gorge counties that have not met the act's requirement and schedule for adopting county land use ordinances; and the public needs a detailed process for proceeding with land use applications under the Columbia River Gorge National Scenic Area Management Plan.

**Statutory Authority:** Authority to adopt the rules as proposed derives from the Scenic Area Act (16 U.S.C. § 544 et seq.) and the Columbia River Compact, Article I, Section a(4)(g), at ORS 196-150 and RCW 43.97.015. The proposed rules are necessary as a result of federal law, 16 U.S.C. § 544 et seq. as well as state law.

**Documents Relied Upon:** The Columbia River Gorge National Scenic Area Management Plan and the National Scenic Area Act. The documents are available at the commission office.

**Statement of Anticipated Effects:** This rule will implement the Management Plan for the Columbia River Gorge National Scenic Area Act through a land use ordinance as required by the National Scenic Area Act. The rule is derived directly from the Management Plan. It includes guidelines for allowable land uses, provisions for protecting scenic, natural, cultural and recreational resources, and procedural requirements for making land use applications. These rules will have the effect of governing land uses within the "general management area" and "special management areas" of the Columbia River Gorge National Scenic Area. Any proposed development project on lands within these areas will be subject to the rule when making a land use application.

**Fiscal Impact:**

**I. Background**

Commission Rule 350-16-004 requires that the commission prepare: "A statement of fiscal impact identifying the state agencies, units of local government, and the public which may be economically affected by the adoption, amendment, or repeal of [a] rule and an estimate of that economic impact on state agencies, units or local government, and the public. In considering the economic effect of the proposed action on the public, the [commission] shall utilize available information to project any significant economic effect of that action on businesses which shall include a cost of compliance on small businesses affected."

The proposed rule implements the Management Plan for the Columbia River Gorge National Scenic Area which was adopted by the Columbia River Gorge Commission in October 1991 and concurred with by the Secretary of Agriculture in February 1992. The Management Plan was written pursuant to the Columbia River Gorge National Scenic Area Act 16 U.S.R. [U.S.C.] § 544 et seq. (Public Law 99-663).

The act further requires that the gorge commission adopt land use ordinances for those counties which do not adopt their own. These proposed rules will implement the Management Plan in four of the six gorge counties; the other two counties have adopted their own land use ordinances which will implement the Management Plan.

The act identifies two purposes: To establish a National Scenic Area to protect and provide for the enhancement of

the scenic, cultural, recreation, and natural resources of the Columbia River Gorge; and to protect and support the economy of the Columbia Gorge area by encouraging growth to occur in existing Urban Areas and by allowing future economic development in a manner that is consistent with paragraph 1.

The regulations of the act apply to only 90% of the land area in the Scenic Area (the General Management Areas and Special Management Areas). Urban Areas, which make up the remaining 10% of the land area, are exempt from the regulations of the act. Urban areas are the cities, towns, and communities where there is significant residential, commercial, or industrial development and extensive supporting infrastructure; the majority of the population and economic activity in the Scenic Area is found in Urban Areas. Thus the proposed rules will affect only a small portion of the residents and businesses in the Scenic Area.

## II. Enhancement of the Overall Economy

Implementing the management plan will protect and enhance the overall economy of the Scenic Area in many ways:

Utilizing the over \$32 million in federal funding which was authorized in the Scenic Act for recreation and economic development.

Increasing tourism by protecting the scenic, natural, and cultural resources, and enhancing recreational opportunities.

Protecting agricultural and forest land for continued agriculture and forest management, two of the regions principal industries.

Enhancing the economic viability of gorge communities by encouraging economic growth in Urban Areas and Rural Centers.

**Economic Development Monies.** Congress authorized over \$32 million in federal monies for recreation and economic development. The authorizations are as follows:

\$10 million for recreation development

\$5 million for an Oregon interpretive center

\$5 million for a Washington conference center

\$2.8 million to restore the Historic Columbia River Highway

\$5 million each to Oregon and Washington for the purpose of making economic development loans and grants

**Increasing Tourism.** In 1987, approximately 3.8 million nonresident visitors traveled through and/or participated in recreation activities in the Scenic Area. Total 1987 nonresident visitor expenditures were estimated to be approximately \$61.8 million. (Economics Research Associates, 1988)

Grant funds will be given over several years to promote the Scenic Area and a number of major developments are currently underway or being planned. These include the new Skamania Lodge in Stevenson, Washington, and the proposed Discovery Center near The Dalles, Oregon. Constructing and operating these new facilities provides many new jobs for Scenic Area residents.

For example, over a ten year period, Skamania Lodge is expected to generate approximately 235 jobs with an annual payroll over \$3.9 million. In related services, the lodge is expected to generate 460 jobs and annual expenditures of \$25 million.

Additional recreation development is allowed on virtually all land in the Scenic Area. Expanding recreational

opportunities was recommended in Economic Opportunities Study for the Columbia River Gorge (Economics Research Associates, 1988).

**Protecting Resource Land.** The gorge has a long history of land-based industries. Extensive agriculture and forest management operations remain in the Scenic Area. Approximately 140,000 acres (nearly one-half) of the Scenic Area is designated either agriculture or forest land. In 1987, the total forest industry employment was over 4,000 with a total payroll of approximately \$100 million. (Economics Research Associates from industry, 1988)

By limiting further fragmentation of this resource land for residential uses, the Management Plan encourages the retention of these resource-based jobs and supports an existing strong industry. Protecting resource land was recommended in Economic Opportunities Study for the Columbia River Gorge (Economics Research Associates, 1988).

**Enhancing the economic viability of gorge communities.** The Management Plan encourages growth to occur in Urban Areas and rural centers. By limiting commercial and other urban-related activities in more rural areas, the need to expand infrastructure to remote locations is reduced, and existing infrastructure is used more efficiently. As communities spend less money extending urban services, they will be better able to support business development and expansion in areas where urban services already exist. Some commercial development which is less reliant on urban services is allowed outside of Urban Areas. Limiting major infrastructure investment was recommended in Economic Opportunities Study for the Columbia River Gorge (Economics Research Associates, 1988).

## III. Effects on State Agencies and Local Government

The Scenic Act envisions a partnership between federal, state, and local agencies and the gorge commission. Together the expertise of each agency will achieve the purposes of the act. The planning process used to develop the Management Plan allowed each agency to clarify its own role. While it is not possible to quantify to [the] economic effects to each agency, below is a discussion of possible effects.

**State Agencies.** A number of state agencies, such as Fish and Wildlife, Archaeology and Historic Preservation, and Transportation have important roles in the proposed rules. These agencies are given an opportunity to comment on proposed development projects. In most cases, comments from these agencies will not be required.

These agencies have already transferred enough information to the gorge commission so that the commission staff may evaluate potential impacts. Thus the commission is already doing much of the work that these agencies might do themselves.

It is not expected that the roles of these agencies will differ from their current roles. Currently, these agencies are given an opportunity to comment on proposed development projects, and additional information is often sent.

**County Governments.** There are six counties in the Scenic Area; however, the proposed rules will apply to only four of the six counties. Possible economic effects on these counties is not expected to differ from the current situation. Although the gorge commission will continue to make land use permitting decisions, counties will continue to be an

important part of the land use decision process. This has some economic effects.

The burden of administering the proposed rule, including staff time and mailing costs, will still lie with the gorge commission. And counties will not [be] liable for any costs related to implementing the land use decisions made by the gorge commission. A potential benefit to counties is the opportunity to adopt the ordinances written by the gorge commission. This will help defray the costs of writing ordinances themselves.

The only additional economic cost to counties will be not having access to the federal recreation and economic development monies. Only when these counties adopt their own land use ordinances, and those ordinances are found to be consistent with the Management Plan, are these counties and the Urban Areas within the counties become eligible for the federal economic and recreation development funds authorized in the act.

**Columbia River Gorge Commission.** The gorge commission will continue to make land use decisions on proposed development projects in these four counties. The decision-making process is expected to remain much the same as the current process, except that additional time will be necessary to collect all the necessary information to make a full decision. The gorge commission will be assisted by many other agencies such as state natural resource and archaeological agencies, the U.S. Forest Service, and Native American Tribal Governments.

Administration of the land use ordinances by the gorge commission will also limit the time that the gorge commission can spend on implementing recreation and economic development projects and lobbying for additional funds.

**Native American Tribal Governments.** Native American Tribal Governments will be consulted under the proposed rules and will have the opportunity to review and comment on proposed new uses on lands or in waters where cultural resources exist and where tribal members exercise treaty or other rights. The tribal governments have a similar role now and would have the same role even if the counties adopted their own ordinances.

#### IV. Effects on the Public and Small Businesses

**Landowners and the public.** Implementing the Management Plan will immediately institute uniformity in regulations, predictability in decision-making, and simplification of the decision process. These are positive effects of the proposed rules. Landowners will have a much better understanding of the value of their land without the uncertainty of the development guidelines currently in effect. Many landowners or potential buyers have submitted land use development applications just to find out what they could potentially build on the land. The proposed rules will eliminate many of the current costly delays and unanticipated decisions.

Additional information prior to submittal of a land use application will be required. This however, follows the "Go slow to go fast" adage. Currently, most of the land use approvals require the applicant to return to the commission with color samples, refined site plans, and other information before construction begins. The new rules require this information up-front, thus when an approval is issued, in most cases, the applicant may proceed without further approvals from the gorge commission.

In addition, the proposed rules bring many resource protection laws under the same umbrella. The rules defer to some existing laws and mimics provisions of others. Completing the development review process in the new rules will assist landowners in meeting the needs of other natural resource agencies.

Potential economic costs to landowners include a somewhat longer decision-making process under the proposed rules, and some additional information requirements for major development projects. The proposed rule will increase the development review time from six weeks to ten weeks, and require more detail before an application will be accepted.

The gorge commission, in preparing the development guidelines for the General Management Area, was careful to ensure that a viable economic use was left on each individual parcel. In the Special Management Area, where some commercial-scale forest land was designated as open space, the forest service will buy the land within three years, or the land will revert to a nonrestrictive General Management Area designation. In the general management, forest practices are exempt from the regulations of the Management Plan, and thus exempt from these proposed rules.

Because the procedural and substantive development guidelines are given in the Management Plan, these economic effects are not unique to these proposed rules; they will be the same when the counties adopt their own land use ordinances.

**Small Businesses.** As mentioned above, the majority of the commercial and industrial activity in the Scenic Area occurs in the Urban Areas which are exempt from the regulations of the Management Plan and thus the proposed rules as well. The proposed rules will not change the current or future operation of these activities.

The proposed rules will not have an economic effect on small businesses. Existing businesses are grandfathered and will not require new use permits. The most significant economic effect will come when the counties adopt their own land use ordinances, thus making the federal monies available for grants and loans.

#### V. Conclusion

While it is not possible to quantify the economic effects of the proposed rules, the greatest economic effect will be when benefits the counties receive when they adopt their own land use ordinances. Any new administrative costs will be generally absorbed by the gorge commission and not other agencies or the public.

**Availability of Rule:** The proposed rule is available on request from Jan Brending, Rules Coordinator, Columbia River Gorge Commission, 288 East Jewett Boulevard, P.O. Box 730, White Salmon, WA 98672, (509) 493-3323.

**Public Comment:** Interested persons may comment orally or in writing at the hearing. Written comment received at the commission's office by July 23, 1993, will also be considered. Comment may be made to Jan Brending, Rules Coordinator, Columbia River Gorge Commission, 288 East Jewett Boulevard, P.O. Box 730, White Salmon, WA 98672, (509) 493-3323.

**Reviser's note:** The material contained in this filing will appear in the 93-13 issue of the Register as it was received after the applicable

closing date for the issue for agency-typed material exceeding the volume limitations of WAC 1-21-040.

**WSR 93-11-023**  
**EMERGENCY RULES**  
**COLUMBIA RIVER**  
**GORGE COMMISSION**  
 [Filed May 6, 1993, 10:55 a.m.]

**CERTIFICATE AND ORDER FOR FILING**  
**TEMPORARY ADMINISTRATIVE RULES WITH THE**  
**OFFICE OF THE CODE REVISER**

I HEREBY CERTIFY that the copies shown below are a true, full and correct copy of temporary rule(s) adopted on April 13, 1993, by the Columbia River Gorge Commission to become effective June 1, 1993, through October 31, 1993.

The within matter having come before the Columbia River Gorge Commission after all procedures having been in the required form and conducted in accordance with applicable statutes and rules and being fully advised in the premises.

NOW THEREFORE, IT IS HEREBY ORDERED that the following action be taken: Adopting 350-110, 350-100, 350-90, and 350-80 as administrative rules of the Columbia River Gorge Commission.

DATED this 28th day of April, 1993.

Jonathan Doherty  
 Executive Director

Statutory Authority: RCW 43.97.015, chapter 499, Laws of 1987.

For Further Information Contact: Jan Brending, Rules Coordinator, (509) 493-3323.

**FINDINGS FOR EMERGENCY RULE ADOPTION OF**  
**GORGE COMMISSION ORDINANCES - 350-80, 350-**  
**90, 350-100, AND 350-110**

**Summary of Rules:** The rules set forth land use ordinances to implement the Columbia River Gorge National Scenic Area Management Plan in Klickitat County and Clark County, Washington and Wasco County and Hood River County, Oregon.

**Statement of Need:** The National Scenic Area Act requires the commission to adopt land use ordinances in gorge counties that have not met the act's requirement and schedule for adopting county land use ordinances; the public needs a detailed process for proceeding with land use applications under the Columbia River Gorge National Scenic Area Management Plan; and emergency adoption is necessary because it is inconsistent with the public interest to defer action to implement the act with land use ordinances and, further notice and an opportunity to comment will take place as the traditional rulemaking process continues at the same time. This action balances the necessity for implementing the act and allowing for further public comment.

Immediate adoption of this rule is necessary for the preservation of the public health, safety, and general welfare, and observing the time requirements of notice and opportuni-

ty to comment upon adoption of a permanent rule would be contrary to the public interest.

**Statutory Authority:** Authority to adopt the rules as proposed drives from the Scenic Area Act (16 U.S.C. § 544 et seq.) and the Columbia River Compact, Article I, Section a(4)(g), at ORS 196.150 and RCW 43.97.015. The proposed rules are necessary as a result of federal law, 16 U.S.C. § 544 et seq. as well as state law.

**Documents Relied Upon:** The Columbia River Gorge National Scenic Area Management Plan and the National Scenic Area Act. The documents are available at the commission office.

**Statement of Anticipated Effects:** This rule will implement the Management Plan for the Columbia River Gorge National Scenic Area Act through a land use ordinance as required by the National Scenic Area Act. The rule is derived directly from the Management Plan. It includes guidelines for allowable land uses, provisions for protecting scenic, natural, cultural and recreational resources, and procedural requirements for making land use applications. These rules will have the effect of governing land uses within the "general management area" and "special management areas" of the Columbia River Gorge National Scenic Area. Any proposed development project on lands within these areas will be subject to the rule when making a land use application.

**Fiscal Impact:**

**I. Background**

Commission Rule 350-16-004 requires that the commission prepare: "A statement of fiscal impact identifying the state agencies, units of local government, and the public which may be economically affected by the adoption, amendment, or repeal of [a] rule and an estimate of that economic impact on state agencies, units or local government, and the public. In considering the economic effect of the proposed action on the public, the [commission] shall utilize available information to project any significant economic effect of that action on businesses which shall include a cost of compliance on small businesses affected."

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The act further requires that the gorge commission adopt land use ordinances for those counties which do not adopt their own. These proposed rules will implement the Management Plan in four of the six gorge counties; the other two counties have adopted their own land use ordinances which will implement the Management Plan.

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opportunity to adopt the ordinances written by the gorge commission. This will help defray the costs of writing ordinances themselves.

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Administration of the land use ordinances by the gorge commission will also limit the time that the gorge commission can spend on implementing recreation and economic development projects and lobbying for additional funds.

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**V. Conclusion**

While it is not possible to quantify the economic effects of the proposed rules, the greatest economic effect will be when benefits the counties receive when they adopt their own land use ordinances. Any new administrative costs will be generally absorbed by the gorge commission and not other agencies or the public.

**Reviser's note:** The material contained in this filing will appear in the 93-13 issue of the Register as it was received after the applicable closing date for the issue for agency-typed material exceeding the volume limitations of WAC 1-21-040.

**WSR 93-11-031**  
**NOTICE OF PUBLIC MEETINGS**  
**SOUTH PUGET SOUND**  
**COMMUNITY COLLEGE**  
[Memorandum—May 6, 1993]  
Regular Meeting Schedule  
1993-94

<u>DATE</u>	<u>TIME</u>
July - No Meeting	
Thursday, August 26, 1993	3:00 p.m.
September - No Meeting	
Thursday, October 7, 1993	3:00 p.m.
Thursday, November 4, 1993	3:00 p.m.

Thursday, December 9, 1993 3:00 p.m.  
 Thursday, January 6, 1994 3:00 p.m.  
 Thursday, February 3, 1994 3:00 p.m.  
 Thursday, March 3, 1994 3:00 p.m.  
 Thursday, April 7, 1994 3:00 p.m.  
 Thursday, May 5, 1994 3:00 p.m.  
 Thursday, June 2, 1994 3:00 p.m.

September 15, 1994  
 November 17, 1994

The meetings held during the legislative session (those dates with an \*) will be held on Saturdays in SeaTac. If the legislature is not in session in March, the meeting will be held on the 17th. All other CERB meetings will be held on the third Thursday, every other month in SeaTac.

In accordance with Executive Order 79-03, the meeting site has been selected to be barrier free to the greatest extent feasible. Braille or taped agenda items for the visually impaired and interpreters for those with hearing impairments will be provided if requested at least ten working days in advance.

Any questions regarding the CERB meetings should be sent to: CERB Administrator, Community Economic Revitalization Board, c/o Department of Trade and Economic Development, 2001 6th Avenue, Suite 2700, Seattle, WA 98121, (206) 464-6282.

**WSR 93-11-035**  
**NOTICE OF PUBLIC MEETINGS**  
**TRANSPORTATION IMPROVEMENT BOARD**

[Memorandum—May 7, 1993]

MEETING NOTICE FOR MAY 1993  
 TRANSPORTATION IMPROVEMENT BOARD  
 OLYMPIA, WASHINGTON 98504-0901

Field Trip, 1:00 p.m., Thursday, May 27, 1993, in Clarkston at the Clarkston Quality Inn, 700 Port Drive.

Increase Subcommittee, 5:00 p.m., Thursday, May 27, 1993, in Clarkston at the Clarkston Quality Inn.

Work Session, 7:00 p.m., Thursday, May 27, 1993, in Clarkston at the Clarkston Quality Inn.

Board Meeting, 9:00 a.m., Friday, May 28, 1993, in Clarkston at the Clarkston Quality Inn.

There is no TIB meeting in June. The next scheduled meeting is July 23, 1993, in Yakima.

**WSR 93-11-037**  
**NOTICE OF PUBLIC MEETINGS**  
**SOUTH PUGET SOUND**  
**COMMUNITY COLLEGE**

[Memorandum—May 10, 1993]

At their May 6, 1993, regular meeting, the board of trustees of South Puget Sound Community College District 24 agreed to add an additional regular meeting to their June 1993 schedule. On June 18, 1993, at 10:00 a.m., the board will hold a regular meeting to consider the college's operating budget for 1993-94. The board will meet in the Boardroom of the Student and Administrative Services Building 25 on the college campus.

**WSR 93-11-054**  
**NOTICE OF PUBLIC MEETINGS**  
**COMMUNITY ECONOMIC**  
**REVITALIZATION BOARD**

[Memorandum—May 10, 1993]

The following schedule of the 1994 regular meetings of the Community Economic Revitalization Board (CERB) is hereby submitted for publication in the Washington State Register:

January 22\*, 1994  
 March 19\*, 1994  
 May 19, 1994  
 July 21, 1994

**WSR 93-11-055**  
**NOTICE OF PUBLIC MEETINGS**  
**WASHINGTON STATE LIBRARY**

[Memorandum—May 11, 1993]

Thursday, June 10, 1993, 6:30 p.m., the Washington State Library Commission will meet for a staff briefing in the Window's of Seasons Restaurant, Cavannaugh's Inn at the Park, Spokane, Washington.

Friday, June 11, 1993, 10:00 a.m., the Washington State Library Commission will hold its regular business meeting in Ballroom A, Cavannaugh's Inn at the Park, West 303 North River Drive, Spokane, WA.

**WSR 93-11-058**  
**NOTICE OF PUBLIC MEETINGS**  
**HARDWOODS COMMISSION**

[Memorandum—May 12, 1993]

The Washington Hardwoods Commission will be having their next meeting on Thursday, May 27, 1993, at 8:30 a.m. at 919 Lakeridge Way, Olympia, WA.

**WSR 93-11-059**  
**NOTICE OF PUBLIC MEETINGS**  
**COUNCIL ON VOCATIONAL EDUCATION**

[Memorandum—May 13, 1993]

May 20, 1993

Staff Conference Room - 2nd Floor  
 Aerospace Machinists Industrial District Lodge 751  
 9125 15th Place South  
 Seattle, WA  
 (206) 754-0340  
 (9:00 a.m. - 3:15 p.m.)

MISCELLANEOUS

**WSR 93-11-065**  
**NOTICE OF PUBLIC MEETINGS**  
**HUMAN RIGHTS COMMISSION**

[Memorandum—May 14, 1993]

The Washington State Human Rights Commission will hold its June regular commission meeting in Bellingham, Washington on June 23 and 24, 1993. The meeting on June 23, will be held at the Pacific First Federal Bank, Basement Community Room, 1336 Cornwall, Bellingham, and will be a planning and training session beginning at 7:00 p.m. The regular business meeting on June 24, will be held at the Bellingham Public Library, Lower Level Lecture Room, 210 Central Avenue, Bellingham, beginning at 9:00 a.m.

**WSR 93-11-066**  
**NOTICE OF PUBLIC MEETINGS**  
**CONVENTION AND TRADE CENTER**

[Memorandum—May 12, 1993]

A regular meeting of the board of directors of the Washington State Convention and Trade Center will be held on Wednesday, May 19, at 1:30 p.m. The meeting will be held in Conference Room 2DE at the Port of Seattle offices, Pier 69, Seattle.

The Marketing Committee of Convention Center will meet on Thursday, May 27, at 9:00 a.m. in the 5th Floor Board Room of the Convention Center, 800 Convention Place, Seattle.

If you have any questions regarding these meetings, please call 447-5000.

**WSR 93-11-070**  
**NOTICE OF PUBLIC MEETINGS**  
**OFFICE OF MARINE SAFETY**

[Memorandum—May 17, 1993]

The regularly scheduled meetings of the Strait of Juan de Fuca/Northern Puget Sound Regional Marine Safety Committee scheduled for June, July, and August have been cancelled. The next meeting will be held Wednesday September 8, 1993. Location to be announced at a later date. For more information, contact Geri Nelson, (206) 664-9128.

**WSR 93-11-080**  
**NOTICE OF PUBLIC MEETINGS**  
**WASHINGTON STATE UNIVERSITY**

[Memorandum—May 14, 1993]

Washington State University hereby gives notice of location for the regular meeting of the board of regents currently set for June 25, 1993. The June meeting of the regents will begin at 9:00 a.m. at the WSU Mount Vernon Research and Extension Unit, 1468 Memorial Highway, Mt. Vernon.

**WSR 93-11-082**  
**NOTICE OF PUBLIC MEETINGS**  
**FOREST PRACTICES BOARD**

[Memorandum—May 19, 1993]

The Forest Practices Board committee meetings are open to the public. These are working meetings in which the committees develop and review rule concepts and language for proposed forest practice rules. Public comments are usually taken at the end of the meeting only.

**Meeting Information:**

Wildlife Committee

June 11 9:00 a.m. - 4:30 p.m.  
 June 25 8:30 a.m. - 12:30 p.m.

Location: Department of Trade and Economic Development  
 Westin Building  
 2001 6th Avenue  
 Suite 2600  
 Seattle, WA 98121

Cumulative Effects Committee

June 18 9 a.m. - Cafeteria Conference Room  
 July 27 9 a.m. - Room 175

Location: Natural Resources Building  
 1111 Washington Street S.E.  
 Olympia, WA 98501

Additional information may be obtained from: Department of Natural Resources, Forest Practices Division, P.O. Box 47012, Olympia, WA 98504-7012, phone (206) 902-1412.

**WSR 93-11-100**  
**RULES COORDINATOR**  
**DEPARTMENT OF AGRICULTURE**  
 [Filed May 19, 1993, 11:40 a.m.]

In accordance with RCW 34.05.310, the rules coordinator for the Washington State Department of Agriculture is Dannie M. McQueen, 2nd Floor Natural Resources Building, 1111 Washington Street S.E., P.O. Box 42562, Olympia, WA 98504-2562, phone (206) 902-1809.

John King  
 Acting Deputy Director

MISCELLANEOUS



## Table of WAC Sections Affected

### KEY TO TABLE

This table covers the current calendar year through this issue of the Register and should be used to locate rules amended, adopted, or repealed subsequent to the publication date of the latest WAC or Supplement.

**Symbols:**

- AMD = Amendment of existing section
- A/R = Amending and recodifying a section
- DECOD = Decodification of an existing section
- NEW = New section not previously codified
- OBJEC = Notice of objection by Joint Administrative Rules Review Committee
- PREP = Preproposal comments
- RE-AD = Readoption of existing section
- RECOD = Recodification of previously codified section
- REP = Repeal of existing section
- RESCIND = Rescind previous emergency rule
- REVIEW = Review of previously adopted rule

**Suffixes:**

- P = Proposed action
- C = Continuance of previous proposal
- E = Emergency action
- S = Supplemental notice
- W = Withdrawal of proposed action
- No suffix means permanent action

WAC # shows the section number under which an agency rule is or will be codified in the Washington Administrative Code.

WSR # shows the issue of the Washington State Register where the document may be found; the last three digits identify the document within the issue.

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4-24-021	REP-P	93-08-089	16-08-141	AMD	93-10-059
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4-24-040	REP-P	93-08-089	16-08-151	AMD-E	93-07-022
4-24-041	REP-P	93-08-089	16-08-151	AMD	93-10-059
4-24-050	REP-P	93-08-089	16-10-010	NEW-P	93-04-113
4-24-060	REP-P	93-08-089	16-10-010	NEW-W	93-06-008
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132G-116-050	REP	93-02-063	132J-120-100	REP	93-04-022	173-19-2521	AMD-P	93-05-043
132G-116-055	NEW	93-02-063	132J-120-110	REP	93-04-022	173-19-350	AMD	93-02-048
132G-116-060	REP	93-02-063	132J-120-120	REP	93-04-022	173-19-3503	AMD-C	93-04-064
132G-116-080	AMD	93-02-063	132J-120-130	REP	93-04-022	173-19-3503	AMD	93-08-026
132G-116-090	AMD	93-02-063	132J-125-010	NEW	93-04-022	173-19-3903	AMD-P	93-03-091
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132G-116-100	REP	93-02-063	132J-125-030	NEW	93-04-022	173-19-410	AMD-C	93-04-065
132G-116-105	NEW	93-02-063	132J-125-055	NEW	93-04-022	173-19-410	AMD-C	93-07-091
132G-116-110	REP	93-02-063	132J-125-060	NEW	93-04-022	173-19-410	AMD-W	93-11-074
132G-116-115	NEW	93-02-063	132J-125-065	NEW	93-04-022	173-19-4203	AMD-P	93-06-050
132G-116-120	REP	93-02-063	132J-125-070	NEW	93-04-022	173-19-4203	AMD-C	93-11-061
132G-116-125	NEW	93-02-063	132J-125-075	NEW	93-04-022	173-19-450	AMD	93-04-063
132G-116-130	REP	93-02-063	132J-125-080	NEW	93-04-022	173-164-010	REP-P	93-09-064
132G-116-135	NEW	93-02-063	132J-125-085	NEW	93-04-022	173-164-020	REP-P	93-09-064
132G-116-140	REP	93-02-063	132J-125-090	NEW	93-04-022	173-164-030	REP-P	93-09-064
132G-116-145	NEW	93-02-063	132J-125-095	NEW	93-04-022	173-164-040	REP-P	93-09-064
132G-116-150	REP	93-02-063	132J-125-100	NEW	93-04-022	173-164-050	REP-P	93-09-064
132G-116-155	NEW	93-02-063	132J-125-105	NEW	93-04-022	173-164-060	REP-P	93-09-064
132G-116-160	REP	93-02-063	132J-125-110	NEW	93-04-022	173-164-070	REP-P	93-09-064
132G-116-170	REP	93-02-063	132J-125-115	NEW	93-04-022	173-164-080	RÉP-P	93-09-064
132G-116-175	NEW	93-02-063	132J-125-120	NEW	93-04-022	173-202-020	AMD-P	93-05-042
132G-116-180	REP	93-02-063	132J-125-125	NEW	93-04-022	173-202-020	AMD-E	93-07-090
132G-116-185	NEW	93-02-063	132J-125-130	NEW	93-04-022	173-202-020	AMD	93-11-062
132G-116-190	REP	93-02-063	132J-125-135	NEW	93-04-022	173-205-010	NEW-P	93-08-085
132G-116-195	NEW	93-02-063	132J-125-140	NEW	93-04-022	173-205-020	NEW-P	93-08-085
132G-116-200	REP	93-02-063	132J-125-145	NEW	93-04-022	173-205-030	NEW-P	93-08-085
132G-116-205	NEW	93-02-063	132J-125-150	NEW	93-04-022	173-205-040	NEW-P	93-08-085
132G-116-210	REP	93-02-063	132J-125-155	NEW	93-04-022	173-205-050	NEW-P	93-08-085
132G-116-215	NEW	93-02-063	132J-125-160	NEW	93-04-022	173-205-060	NEW-P	93-08-085
132G-116-220	REP	93-02-063	132J-125-165	NEW	93-04-022	173-205-070	NEW-P	93-08-085
132G-116-225	NEW	93-02-063	132J-125-170	NEW	93-04-022	173-205-080	NEW-P	93-08-085
132G-116-230	REP	93-02-063	132J-125-180	NEW	93-04-022	173-205-090	NEW-P	93-08-085
132G-116-235	NEW	93-02-063	132J-125-190	NEW	93-04-022	173-205-100	NEW-P	93-08-085
132G-116-240	REP	93-02-063	132J-125-200	NEW	93-04-022	173-205-110	NEW-P	93-08-085
132G-116-245	NEW	93-02-063	132J-125-210	NEW	93-04-022	173-205-120	NEW-P	93-08-085
132G-116-250	REP	93-02-063	132J-125-220	NEW	93-04-022	173-205-130	NEW-P	93-08-085
132G-116-255	NEW	93-02-063	132J-125-230	NEW	93-04-022	173-216-010	AMD-P	93-03-066
132G-116-260	REP	93-02-063	132J-125-240	NEW	93-04-022	173-216-010	AMD-E	93-03-067
132G-116-265	NEW	93-02-063	132J-125-250	NEW	93-04-022	173-216-010	AMD	93-10-099
132G-116-270	AMD	93-02-063	132J-125-260	NEW	93-04-022	173-216-030	AMD-P	93-03-066
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132G-116-305	NEW	93-02-063	132V-300-010	NEW	93-03-078	173-216-050	AMD-E	93-03-067
132G-116-310	REP	93-02-063	132V-300-020	NEW	93-03-078	173-216-050	AMD	93-10-099
132G-116-315	NEW	93-02-063	132V-300-030	NEW	93-03-078	173-216-070	AMD-P	93-03-066
132G-116-320	REP	93-02-063	136-320-010	AMD-P	93-07-045	173-216-070	AMD-E	93-03-067
132G-116-330	REP	93-02-063	136-320-020	AMD-P	93-07-045	173-216-070	AMD	93-10-099
132G-116-340	AMD	93-02-063	136-320-030	AMD-P	93-07-045	173-216-130	AMD-P	93-03-066
132G-116-350	REP	93-02-063	136-320-040	AMD-P	93-07-045	173-216-130	AMD-E	93-03-067
132H-116-315	AMD-P	93-08-067	136-320-050	AMD-P	93-07-045	173-216-130	AMD	93-10-099
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132H-120-200	AMD-P	93-08-068	136-320-070	AMD-P	93-07-045	173-216-140	AMD-E	93-03-067
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173-220-040	AMD-E	93-03-067	173-226-160	NEW	93-10-099	173-401-510	NEW-P	93-07-062
173-220-040	AMD	93-10-099	173-226-170	NEW-P	93-03-066	173-401-520	NEW-P	93-07-062
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173-220-045	REP-E	93-03-067	173-226-170	NEW	93-10-099	173-401-605	NEW-P	93-07-062
173-220-045	REP	93-10-099	173-226-180	NEW-P	93-03-066	173-401-610	NEW-P	93-07-062
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173-220-050	AMD	93-10-099	173-226-190	NEW-P	93-03-066	173-401-625	NEW-P	93-07-062
173-220-060	AMD-P	93-03-066	173-226-190	NEW-E	93-03-067	173-401-630	NEW-P	93-07-062
173-220-060	AMD-E	93-03-067	173-226-190	NEW	93-10-099	173-401-635	NEW-P	93-07-062
173-220-060	AMD	93-10-099	173-226-200	NEW-P	93-03-066	173-401-640	NEW-P	93-07-062
173-220-070	AMD-P	93-03-066	173-226-200	NEW-E	93-03-067	173-401-645	NEW-P	93-07-062
173-220-070	AMD-E	93-03-067	173-226-200	NEW	93-10-099	173-401-650	NEW-P	93-07-062
173-220-070	AMD	93-10-099	173-226-210	NEW-P	93-03-066	173-401-700	NEW-P	93-07-062
173-220-090	AMD-P	93-03-066	173-226-210	NEW-E	93-03-067	173-401-705	NEW-P	93-07-062
173-220-090	AMD-E	93-03-067	173-226-210	NEW	93-10-099	173-401-710	NEW-P	93-07-062
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173-220-100	AMD-P	93-03-066	173-226-220	NEW-E	93-03-067	173-401-722	NEW-P	93-07-062
173-220-100	AMD-E	93-03-067	173-226-220	NEW	93-10-099	173-401-725	NEW-P	93-07-062
173-220-100	AMD	93-10-099	173-226-230	NEW-P	93-03-066	173-401-730	NEW-P	93-07-062
173-220-110	AMD-P	93-03-066	173-226-230	NEW-E	93-03-067	173-401-735	NEW-P	93-07-062
173-220-110	AMD-E	93-03-067	173-226-230	NEW	93-10-099	173-401-750	NEW-P	93-07-062
173-220-110	AMD	93-10-099	173-226-240	NEW-P	93-03-066	173-401-800	NEW-P	93-07-062
173-220-225	AMD-P	93-03-066	173-226-240	NEW-E	93-03-067	173-401-805	NEW-P	93-07-062
173-220-225	AMD-E	93-03-067	173-226-240	NEW	93-10-099	173-401-810	NEW-P	93-07-062
173-220-225	AMD	93-10-099	173-226-250	NEW-P	93-03-066	173-401-820	NEW-P	93-07-062
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173-226-010	NEW-E	93-03-067	173-226-250	NEW	93-10-099	173-420-020	NEW	93-04-006
173-226-010	NEW	93-10-099	173-250-010	REP-P	93-09-064	173-420-030	NEW	93-04-006
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173-226-020	NEW-E	93-03-067	173-250-030	REP-P	93-09-064	173-420-050	NEW	93-04-006
173-226-020	NEW	93-10-099	173-250-040	REP-P	93-09-064	173-420-060	NEW	93-04-006
173-226-030	NEW-P	93-03-066	173-303-070	AMD-E	93-02-049	173-420-070	NEW	93-04-006
173-226-030	NEW-E	93-03-067	173-303-070	AMD	93-02-050	173-420-080	NEW	93-04-006
173-226-030	NEW	93-10-099	173-303-120	AMD-E	93-02-049	173-420-090	NEW	93-04-006
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173-226-040	NEW-E	93-03-067	173-303-506	NEW-E	93-02-049	173-420-110	NEW	93-04-006
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173-226-050	NEW	93-10-099	173-328-030	NEW	93-09-065	173-422-020	AMD	93-10-062
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173-226-060	NEW	93-10-099	173-328-060	NEW	93-09-065	173-422-035	AMD-P	93-03-092
173-226-070	NEW-P	93-03-066	173-328-070	NEW	93-09-065	173-422-035	AMD	93-10-062
173-226-070	NEW-E	93-03-067	173-400	AMD-C	93-03-065	173-422-040	AMD-P	93-03-092
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173-226-080	NEW-P	93-03-066	173-400-040	AMD-S	93-05-048	173-422-050	AMD-P	93-03-092
173-226-080	NEW-E	93-03-067	173-400-070	AMD-W	93-07-042	173-422-050	AMD	93-10-062
173-226-080	NEW	93-10-099	173-400-075	AMD	93-05-044	173-422-060	AMD-P	93-03-092
173-226-090	NEW-P	93-03-066	173-400-080	NEW-S	93-05-048	173-422-060	AMD	93-10-062
173-226-090	NEW-E	93-03-067	173-400-100	AMD-S	93-05-048	173-422-065	NEW-P	93-03-092
173-226-090	NEW	93-10-099	173-400-105	AMD-S	93-05-048	173-422-065	NEW	93-10-062
173-226-100	NEW-P	93-03-066	173-400-107	NEW-S	93-05-048	173-422-070	AMD-P	93-03-092
173-226-100	NEW-E	93-03-067	173-400-110	AMD-S	93-05-048	173-422-070	AMD	93-10-062
173-226-100	NEW	93-10-099	173-400-112	NEW-S	93-05-048	173-422-075	NEW-P	93-03-092
173-226-110	NEW-P	93-03-066	173-400-113	NEW-S	93-05-048	173-422-075	NEW	93-10-062
173-226-110	NEW-E	93-03-067	173-400-114	NEW-S	93-05-048	173-422-080	REP-P	93-03-092
173-226-110	NEW	93-10-099	173-400-115	AMD	93-05-044	173-422-080	REP	93-10-062
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173-226-120	NEW	93-10-099	173-400-131	AMD-S	93-05-048	173-422-095	NEW-P	93-03-092
173-226-130	NEW-P	93-03-066	173-400-136	AMD-S	93-05-048	173-422-095	NEW	93-10-062
173-226-130	NEW-E	93-03-067	173-400-141	AMD-S	93-05-048	173-422-100	AMD-P	93-03-092
173-226-130	NEW	93-10-099	173-400-171	AMD-S	93-05-048	173-422-100	AMD	93-10-062
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173-226-140	NEW-E	93-03-067	173-400-230	AMD	93-05-044	173-422-110	REP	93-10-062
173-226-140	NEW	93-10-099	173-400-250	AMD-S	93-05-048	173-422-120	AMD-P	93-03-092
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173-226-150	NEW-E	93-03-067	173-401-200	NEW-P	93-07-062	173-422-130	AMD-P	93-03-092
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173-422-150	REP-P	93-03-092	180-20-105	REP-P	93-04-117	204-44-040	NEW	93-11-017
173-422-150	REP	93-10-062	180-20-105	REP	93-08-007	204-82A-070	AMD-P	93-10-002
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173-422-160	AMD	93-10-062	180-20-106	REP	93-08-007	204-84-010	REP	93-11-018
173-422-170	AMD-P	93-03-092	180-20-111	NEW-P	93-04-117	204-84-020	REP-P	93-05-029
173-422-170	AMD	93-10-062	180-20-111	NEW	93-08-007	204-84-020	REP	93-11-018
173-422-180	REP-P	93-03-092	180-20-115	NEW-P	93-04-117	204-84-030	REP-P	93-05-029
173-422-180	REP	93-10-062	180-20-115	NEW	93-08-007	204-84-030	REP	93-11-018
173-430	AMD-P	93-03-090	180-20-120	NEW-P	93-04-117	204-84-040	REP-P	93-05-029
173-430	AMD-E	93-04-002	180-20-120	NEW	93-08-007	204-84-040	REP	93-11-018
173-430	AMD-C	93-09-063	180-20-123	NEW-P	93-04-117	204-84-050	REP-P	93-05-029
173-430-010	AMD-P	93-03-090	180-20-123	NEW	93-08-007	204-84-050	REP	93-11-018
173-430-010	AMD-E	93-04-002	180-20-125	NEW-P	93-04-117	204-84-060	REP-P	93-05-029
173-430-020	AMD-P	93-03-090	180-20-125	NEW	93-08-007	204-84-060	REP	93-11-018
173-430-020	AMD-E	93-04-002	180-20-130	NEW-P	93-04-117	204-84-070	REP-P	93-05-029
173-430-030	AMD-P	93-03-090	180-20-130	NEW	93-08-007	204-84-070	REP	93-11-018
173-430-030	AMD-E	93-04-002	180-20-135	NEW-P	93-04-117	204-84-080	REP-P	93-05-029
173-430-040	AMD-P	93-03-090	180-20-135	NEW	93-08-007	204-84-080	REP	93-11-018
173-430-040	AMD-E	93-04-002	180-20-140	NEW-P	93-04-117	204-84-090	REP-P	93-05-029
173-430-050	AMD-P	93-03-090	180-20-140	NEW	93-08-007	204-84-090	REP	93-11-018
173-430-050	AMD-E	93-04-002	180-20-145	NEW-P	93-04-117	204-84-100	REP-P	93-05-029
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173-430-070	AMD-P	93-03-090	180-20-150	NEW	93-08-007	212-12-001	NEW-E	93-04-061
173-430-070	AMD-E	93-04-002	180-20-155	NEW-P	93-04-117	212-12-001	NEW	93-05-032
173-430-080	AMD-P	93-03-090	180-20-155	NEW	93-08-007	212-12-005	NEW-E	93-04-061
173-430-080	AMD-E	93-04-002	180-20-160	NEW-P	93-04-117	212-12-005	NEW	93-05-032
173-433-100	AMD	93-04-105	180-20-160	NEW	93-08-007	212-12-011	NEW-E	93-04-061
173-433-110	AMD	93-04-105	180-20-200	REP-P	93-04-117	212-12-011	NEW	93-05-032
173-433-170	AMD	93-04-105	180-20-200	REP	93-08-007	212-12-015	NEW-E	93-04-061
173-491-020	AMD-P	93-04-108	180-20-205	REP-P	93-04-117	212-12-015	NEW	93-05-032
173-491-040	AMD-P	93-04-108	180-20-205	REP	93-08-007	212-12-020	NEW-E	93-04-061
173-491-050	AMD	93-03-089	180-20-210	REP-P	93-04-117	212-12-020	NEW	93-05-032
173-491-050	AMD-P	93-04-108	180-20-210	REP	93-08-007	212-12-025	NEW-E	93-04-061
180-16-222	AMD-P	93-04-116	180-20-215	REP-P	93-04-117	212-12-025	NEW	93-05-032
180-16-222	AMD	93-07-102	180-20-215	REP	93-08-007	212-12-030	NEW-E	93-04-061
180-16-223	AMD-P	93-04-116	180-20-220	REP-P	93-04-117	212-12-030	NEW	93-05-032
180-16-223	AMD	93-07-102	180-20-220	REP	93-08-007	212-12-035	NEW-E	93-04-061
180-20-005	NEW-P	93-04-117	180-20-225	REP-P	93-04-117	212-12-035	NEW	93-05-032
180-20-005	NEW	93-08-007	180-20-225	REP	93-08-007	212-12-040	NEW-E	93-04-061
180-20-030	NEW-P	93-04-117	180-20-230	REP-P	93-04-117	212-12-040	NEW	93-05-032
180-20-030	NEW	93-08-007	180-20-230	REP	93-08-007	212-12-044	NEW-E	93-04-061
180-20-031	NEW-P	93-04-117	180-26-020	AMD-P	93-04-118	212-12-044	NEW	93-05-032
180-20-031	NEW	93-08-007	180-26-020	AMD	93-07-104	212-14-001	REP-E	93-04-061
180-20-034	NEW-P	93-04-117	180-26-025	AMD-P	93-04-119	212-14-001	REP	93-05-032
180-20-034	NEW	93-08-007	180-26-025	AMD-W	93-07-100	212-14-005	REP-E	93-04-061
180-20-035	NEW-P	93-04-117	180-27-070	AMD-P	93-08-041	212-14-005	REP	93-05-032
180-20-035	NEW	93-08-007	180-27-505	AMD	93-04-019	212-14-010	REP-E	93-04-061
180-20-040	NEW-P	93-04-117	180-51-005	AMD	93-04-115	212-14-010	REP	93-05-032
180-20-040	NEW	93-08-007	180-51-025	AMD	93-04-115	212-14-015	REP-E	93-04-061
180-20-045	NEW-P	93-04-117	180-51-030	AMD	93-04-115	212-14-015	REP	93-05-032
180-20-045	NEW	93-08-007	180-51-055	AMD	93-04-115	212-14-020	REP-E	93-04-061
180-20-050	NEW-P	93-04-117	180-51-100	AMD	93-04-115	212-14-020	REP	93-05-032
180-20-055	NEW-P	93-04-117	180-78-010	AMD-P	93-04-120	212-14-025	REP-E	93-04-061
180-20-055	NEW	93-08-007	180-78-010	AMD	93-07-101	212-14-025	REP	93-05-032
180-20-060	NEW-P	93-04-117	180-79-010	AMD-P	93-04-120	212-14-030	REP-E	93-04-061
180-20-060	NEW	93-08-007	180-79-010	AMD	93-07-101	212-14-030	REP	93-05-032
180-20-065	NEW-P	93-04-117	180-79-236	AMD	93-05-007	212-14-035	REP-E	93-04-061
180-20-065	NEW	93-08-007	192-12-141	AMD-P	93-07-086	212-14-035	REP	93-05-032
180-20-070	NEW-P	93-04-117	192-12-141	AMD	93-10-025	212-14-040	REP-E	93-04-061
180-20-070	NEW	93-08-007	194-10-030	AMD	93-02-033	212-14-040	REP	93-05-032
180-20-075	NEW-P	93-04-117	194-10-100	AMD	93-02-033	212-14-045	REP-E	93-04-061
180-20-075	NEW	93-08-007	194-10-110	AMD	93-02-033	212-14-045	REP	93-05-032
180-20-080	NEW-P	93-04-117	194-10-130	AMD	93-02-033	212-14-050	REP-E	93-04-061
180-20-080	NEW	93-08-007	194-10-140	AMD	93-02-033	212-14-050	REP	93-05-032
180-20-090	NEW-P	93-04-117	196-24-041	NEW-P	93-09-024	212-14-055	REP-E	93-04-061
180-20-090	NEW	93-08-007	196-24-097	NEW-P	93-09-022	212-14-055	REP	93-05-032
180-20-095	NEW-P	93-04-117	196-24-098	NEW-P	93-09-023	212-14-060	REP-E	93-04-061
180-20-095	NEW	93-08-007	196-26-020	AMD-P	93-07-111	212-14-060	REP	93-05-032
180-20-100	REP-P	93-04-117	196-26-020	AMD	93-10-057	212-14-070	REP-E	93-04-061
180-20-100	REP	93-08-007	204-10-120	AMD-P	93-05-029	212-14-070	REP	93-05-032





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WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
212-52-037	REP-E	93-04-061	212-56A-080	REP	93-05-032	212-65-015	REP-E	93-04-061
212-52-037	REP	93-05-032	212-56A-085	REP-E	93-04-061	212-65-015	REP	93-05-032
212-52-041	REP-E	93-04-061	212-56A-085	REP	93-05-032	212-65-020	REP-E	93-04-061
212-52-041	REP	93-05-032	212-56A-090	REP-E	93-04-061	212-65-020	REP	93-05-032
212-52-045	REP-E	93-04-061	212-56A-090	REP	93-05-032	212-65-025	REP-E	93-04-061
212-52-045	REP	93-05-032	212-56A-095	REP-E	93-04-061	212-65-025	REP	93-05-032
212-52-050	REP-E	93-04-061	212-56A-095	REP	93-05-032	212-65-030	REP-E	93-04-061
212-52-050	REP	93-05-032	212-56A-100	REP-E	93-04-061	212-65-030	REP	93-05-032
212-52-055	REP-E	93-04-061	212-56A-100	REP	93-05-032	212-65-035	REP-E	93-04-061
212-52-055	REP	93-05-032	212-56A-105	REP-E	93-04-061	212-65-035	REP	93-05-032
212-52-060	REP-E	93-04-061	212-56A-105	REP	93-05-032	212-65-040	REP-E	93-04-061
212-52-060	REP	93-05-032	212-56A-110	REP-E	93-04-061	212-65-040	REP	93-05-032
212-52-070	REP-E	93-04-061	212-56A-110	REP	93-05-032	212-65-045	REP-E	93-04-061
212-52-070	REP	93-05-032	212-56A-115	REP-E	93-04-061	212-65-045	REP	93-05-032
212-52-075	REP-E	93-04-061	212-56A-115	REP	93-05-032	212-65-050	REP-E	93-04-061
212-52-075	REP	93-05-032	212-56A-120	REP-E	93-04-061	212-65-050	REP	93-05-032
212-52-080	REP-E	93-04-061	212-56A-120	REP	93-05-032	212-65-055	REP-E	93-04-061
212-52-080	REP	93-05-032	212-56A-125	REP-E	93-04-061	212-65-055	REP	93-05-032
212-52-085	REP-E	93-04-061	212-56A-125	REP	93-05-032	212-65-060	REP-E	93-04-061
212-52-085	REP	93-05-032	212-56A-130	REP-E	93-04-061	212-65-060	REP	93-05-032
212-52-090	REP-E	93-04-061	212-56A-130	REP	93-05-032	212-65-065	REP-E	93-04-061
212-52-090	REP	93-05-032	212-56A-135	REP-E	93-04-061	212-65-065	REP	93-05-032
212-52-095	REP-E	93-04-061	212-56A-135	REP	93-05-032	212-65-070	REP-E	93-04-061
212-52-095	REP	93-05-032	212-56A-140	REP-E	93-04-061	212-65-070	REP	93-05-032
212-52-100	REP-E	93-04-061	212-56A-140	REP	93-05-032	212-65-075	REP-E	93-04-061
212-52-100	REP	93-05-032	212-64-001	REP-E	93-04-061	212-65-075	REP	93-05-032
212-52-105	REP-E	93-04-061	212-64-001	REP	93-05-032	212-65-080	REP-E	93-04-061
212-52-105	REP	93-05-032	212-64-005	REP-E	93-04-061	212-65-080	REP	93-05-032
212-52-110	REP-E	93-04-061	212-64-005	REP	93-05-032	212-65-085	REP-E	93-04-061
212-52-110	REP	93-05-032	212-64-015	REP-E	93-04-061	212-65-085	REP	93-05-032
212-52-112	REP-E	93-04-061	212-64-015	REP	93-05-032	212-65-090	REP-E	93-04-061
212-52-112	REP	93-05-032	212-64-020	REP-E	93-04-061	212-65-090	REP	93-05-032
212-52-115	REP-E	93-04-061	212-64-020	REP	93-05-032	212-65-095	REP-E	93-04-061
212-52-115	REP	93-05-032	212-64-025	REP-E	93-04-061	212-65-095	REP	93-05-032
212-52-120	REP-E	93-04-061	212-64-025	REP	93-05-032	212-65-100	REP-E	93-04-061
212-52-120	REP	93-05-032	212-64-030	REP-E	93-04-061	212-65-100	REP	93-05-032
212-52-125	REP-E	93-04-061	212-64-030	REP	93-05-032	212-70-010	REP-E	93-04-061
212-52-125	REP	93-05-032	212-64-033	REP-E	93-04-061	212-70-010	REP	93-05-032
212-52-99001	REP-E	93-04-061	212-64-033	REP	93-05-032	212-70-020	REP-E	93-04-061
212-52-99001	REP	93-05-032	212-64-035	REP-E	93-04-061	212-70-020	REP	93-05-032
212-52-99002	REP-E	93-04-061	212-64-035	REP	93-05-032	212-70-030	REP-E	93-04-061
212-52-99002	REP	93-05-032	212-64-037	REP-E	93-04-061	212-70-030	REP	93-05-032
212-56A-001	REP-E	93-04-061	212-64-037	REP	93-05-032	212-70-040	REP-E	93-04-061
212-56A-001	REP	93-05-032	212-64-039	REP-E	93-04-061	212-70-040	REP	93-05-032
212-56A-005	REP-E	93-04-061	212-64-039	REP	93-05-032	212-70-050	REP-E	93-04-061
212-56A-005	REP	93-05-032	212-64-040	REP-E	93-04-061	212-70-050	REP	93-05-032
212-56A-010	REP-E	93-04-061	212-64-040	REP	93-05-032	212-70-060	REP-E	93-04-061
212-56A-010	REP	93-05-032	212-64-043	REP-E	93-04-061	212-70-060	REP	93-05-032
212-56A-015	REP-E	93-04-061	212-64-043	REP	93-05-032	212-70-070	REP-E	93-04-061
212-56A-015	REP	93-05-032	212-64-045	REP-E	93-04-061	212-70-070	REP	93-05-032
212-56A-020	REP-E	93-04-061	212-64-045	REP	93-05-032	212-70-080	REP-E	93-04-061
212-56A-020	REP	93-05-032	212-64-050	REP-E	93-04-061	212-70-080	REP	93-05-032
212-56A-030	REP-E	93-04-061	212-64-050	REP	93-05-032	212-70-090	REP-E	93-04-061
212-56A-030	REP	93-05-032	212-64-055	REP-E	93-04-061	212-70-090	REP	93-05-032
212-56A-035	REP-E	93-04-061	212-64-055	REP	93-05-032	212-70-100	REP-E	93-04-061
212-56A-035	REP	93-05-032	212-64-060	REP-E	93-04-061	212-70-100	REP	93-05-032
212-56A-040	REP-E	93-04-061	212-64-060	REP	93-05-032	212-70-110	REP-E	93-04-061
212-56A-040	REP	93-05-032	212-64-065	REP-E	93-04-061	212-70-110	REP	93-05-032
212-56A-045	REP-E	93-04-061	212-64-065	REP	93-05-032	212-70-120	REP-E	93-04-061
212-56A-045	REP	93-05-032	212-64-067	REP-E	93-04-061	212-70-120	REP	93-05-032
212-56A-050	REP-E	93-04-061	212-64-067	REP	93-05-032	212-70-130	REP-E	93-04-061
212-56A-050	REP	93-05-032	212-64-068	REP-E	93-04-061	212-70-130	REP	93-05-032
212-56A-055	REP-E	93-04-061	212-64-068	REP	93-05-032	212-70-140	REP-E	93-04-061
212-56A-055	REP	93-05-032	212-64-069	REP-E	93-04-061	212-70-140	REP	93-05-032
212-56A-060	REP-E	93-04-061	212-64-069	REP	93-05-032	212-70-150	REP-E	93-04-061
212-56A-060	REP	93-05-032	212-64-070	REP-E	93-04-061	212-70-150	REP	93-05-032
212-56A-065	REP-E	93-04-061	212-64-070	REP	93-05-032	212-70-160	REP-E	93-04-061
212-56A-065	REP	93-05-032	212-65-001	REP-E	93-04-061	212-70-160	REP	93-05-032
212-56A-070	REP-E	93-04-061	212-65-001	REP	93-05-032	212-70-170	REP-E	93-04-061
212-56A-070	REP	93-05-032	212-65-005	REP-E	93-04-061	212-70-170	REP	93-05-032
212-56A-075	REP-E	93-04-061	212-65-005	REP	93-05-032	212-70-180	REP-E	93-04-061
212-56A-075	REP	93-05-032	212-65-010	REP-E	93-04-061	212-70-180	REP	93-05-032
212-56A-080	REP-E	93-04-061	212-65-010	REP	93-05-032	212-70-190	REP-E	93-04-061

TABLE

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WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
212-70-190	REP	93-05-032	220-56-132	AMD-P	93-04-096	220-57-235	AMD-P	93-04-096
212-70-200	REP-E	93-04-061	220-56-132	AMD	93-08-034	220-57-235	AMD	93-08-034
212-70-200	REP	93-05-032	220-56-180	AMD-P	93-04-096	220-57-255	AMD-P	93-04-096
212-70-210	REP-E	93-04-061	220-56-180	AMD	93-08-034	220-57-255	AMD	93-08-034
212-70-210	REP	93-05-032	220-56-190	AMD-P	93-04-096	220-57-270	AMD-P	93-04-096
212-70-220	REP-E	93-04-061	220-56-190	AMD-C	93-08-033	220-57-29000N	NEW-E	93-08-016
212-70-220	REP	93-05-032	220-56-19000P	NEW-E	93-10-045	220-57-310	AMD-P	93-04-096
212-70-230	REP-E	93-04-061	220-56-191	NEW-P	93-04-096	220-57-310	AMD	93-08-034
212-70-230	REP	93-05-032	220-56-191	NEW-C	93-08-033	220-57-315	AMD-P	93-04-096
212-70-240	REP-E	93-04-061	220-56-195	AMD-P	93-04-096	220-57-315	AMD	93-08-034
212-70-240	REP	93-05-032	220-56-195	AMD-C	93-08-033	220-57-31500W	NEW-E	93-08-016
212-70-250	REP-E	93-04-061	220-56-220	AMD-P	93-04-096	220-57-319	AMD-P	93-04-096
212-70-250	REP	93-05-032	220-56-235	AMD-P	93-04-096	220-57-319	AMD	93-08-034
212-70-260	REP-E	93-04-061	220-56-235	AMD	93-08-034	220-57-350	AMD-P	93-04-096
212-70-260	REP	93-05-032	220-56-240	AMD-P	93-04-096	220-57-350	AMD	93-08-034
220-16-460	NEW-P	93-04-096	220-56-240	AMD	93-08-034	220-57-370	AMD-P	93-10-095
220-20-020	AMD-P	93-09-074	220-56-240	AMD-P	93-10-095	220-57-380	AMD-P	93-04-096
220-20-02500A	NEW-E	93-11-040	220-56-24000A	NEW-E	93-09-026	220-57-380	AMD	93-08-034
220-24-02000T	NEW-E	93-10-043	220-56-245	AMD-P	93-04-096	220-57-400	AMD-P	93-04-096
220-32-05100T	REP-E	93-04-073	220-56-245	AMD	93-08-034	220-57-425	AMD-P	93-04-096
220-32-05100U	NEW-E	93-04-073	220-56-255	AMD-P	93-04-096	220-57-425	AMD-C	93-08-033
220-32-05100U	REP-E	93-06-015	220-56-255	AMD	93-08-034	220-57-430	AMD-P	93-04-096
220-32-05100V	NEW-E	93-06-015	220-56-255	AMD-P	93-10-095	220-57-430	AMD-C	93-08-033
220-32-05100V	REP-E	93-06-069	220-56-270	AMD-P	93-04-096	220-57-445	AMD-P	93-04-096
220-32-05100W	NEW-E	93-06-069	220-56-270	AMD	93-08-034	220-57-445	AMD	93-08-034
220-32-05500C	NEW-E	93-10-061	220-56-285	AMD-P	93-04-096	220-57-460	AMD-P	93-04-096
220-33-01000M	REP-E	93-05-017	220-56-285	AMD	93-08-034	220-57-460	AMD	93-08-034
220-33-01000N	NEW-E	93-05-017	220-56-28500A	NEW-E	93-09-026	220-57-465	AMD-P	93-04-096
220-33-01000N	REP-E	93-06-014	220-56-307	AMD-P	93-04-096	220-57-465	AMD	93-08-034
220-33-01000P	NEW-E	93-06-070	220-56-307	AMD	93-08-034	220-57-495	AMD-P	93-04-096
220-33-01000P	REP-E	93-07-001	220-56-310	AMD-P	93-04-096	220-57-495	AMD	93-08-034
220-33-01000Q	NEW-E	93-07-001	220-56-310	AMD	93-08-034	220-57-49700	NEW-E	93-08-016
220-36-023	AMD-P	93-09-074	220-56-315	AMD-P	93-04-096	220-57-50500U	NEW-E	93-08-016
220-40-027	AMD-P	93-09-074	220-56-315	AMD	93-08-034	220-57-51500I	NEW-E	93-08-016
220-44-04000D	NEW-E	93-11-010	220-56-320	AMD-P	93-04-096	220-57A-183	AMD-P	93-04-096
220-44-050	AMD-P	93-04-095	220-56-320	AMD	93-08-034	220-57A-183	AMD	93-08-034
220-44-050	AMD	93-07-093	220-56-325	AMD-P	93-04-096	222-08-040	AMD-P	93-05-010
220-44-05000B	REP-E	93-09-067	220-56-325	AMD	93-08-034	222-10-110	AMD-P	93-05-010
220-44-05000C	NEW-E	93-09-067	220-56-32500W	NEW-E	93-11-057	222-12-020	AMD-P	93-05-010
220-44-05000C	REP-E	93-10-094	220-56-32500X	NEW-E	93-11-063	222-12-050	AMD-P	93-05-010
220-44-05000D	NEW-E	93-10-094	220-56-330	AMD-P	93-04-096	222-16-010	AMD-P	93-05-010
220-44-09000B	NEW-E	93-10-094	220-56-330	AMD	93-08-034	222-16-010	AMD-E	93-07-060
220-47-302	AMD-P	93-09-073	220-56-335	AMD-P	93-04-096	222-16-050	AMD-P	93-05-010
220-47-304	AMD-P	93-09-073	220-56-335	AMD	93-08-034	222-16-070	AMD-P	93-05-010
220-47-307	AMD-P	93-09-073	220-56-350	AMD-P	93-04-096	222-16-080	AMD-P	93-05-010
220-47-311	AMD-P	93-09-073	220-56-350	AMD	93-08-034	222-16-080	AMD-E	93-07-060
220-47-401	AMD-P	93-09-073	220-56-350	AMD-P	93-10-095	222-20-010	AMD-P	93-05-010
220-47-411	AMD-P	93-09-073	220-56-35000R	NEW-E	93-08-059	222-24-050	AMD-P	93-05-010
220-49-02000E	NEW-E	93-06-044	220-56-35000S	NEW-E	93-09-025	222-30-020	AMD-P	93-05-010
220-52-05100N	NEW-E	93-09-028	220-56-36000C	NEW-E	93-07-092	222-30-040	AMD-P	93-05-010
220-52-05100P	NEW-E	93-11-057	220-56-36000C	REP-E	93-08-017	222-30-040	AMD-E	93-10-015
220-52-06900A	NEW-E	93-07-043	220-56-36000D	NEW-E	93-08-017	222-34-040	AMD-P	93-05-010
220-52-07100K	NEW-E	93-09-028	220-56-36000D	REP-E	93-10-096	222-38-020	AMD-P	93-05-010
220-52-07100K	REP-E	93-10-044	220-56-36000E	NEW-E	93-10-096	222-38-030	AMD-P	93-05-010
220-52-07100L	NEW-E	93-10-044	220-56-380	AMD-P	93-04-096	222-46-020	AMD-P	93-05-010
220-52-07300M	REP-E	93-05-006	220-56-380	AMD	93-08-034	222-50-020	AMD-P	93-05-010
220-52-07300N	NEW-E	93-05-006	220-56-38000L	NEW-E	93-09-027	222-50-020	AMD-E	93-07-060
220-52-07300N	REP-E	93-07-006	220-56-382	AMD-P	93-04-096	230-02-035	AMD	93-06-011
220-55-010	AMD-P	93-04-096	220-56-382	AMD	93-08-034	230-02-270	AMD-P	93-07-081
220-55-010	AMD	93-08-034	220-56-390	AMD-P	93-04-096	230-04-040	AMD-P	93-10-042
220-56-100	AMD-P	93-04-096	220-56-390	AMD	93-08-034	230-04-400	AMD-P	93-07-082
220-56-105	AMD-P	93-04-096	220-57-137	AMD-P	93-04-096	230-08-010	AMD-P	93-08-066
220-56-105	AMD	93-08-034	220-57-137	AMD	93-08-034	230-08-090	AMD-P	93-06-036
220-56-10500B	NEW-E	93-08-016	220-57-160	AMD-P	93-04-096	230-08-090	AMD	93-10-005
220-56-116	AMD-P	93-04-096	220-57-160	AMD	93-08-034	230-08-095	AMD-P	93-10-042
220-56-124	NEW-P	93-04-096	220-57-16000Q	NEW-E	93-04-043	230-20-010	AMD-P	93-10-042
220-56-124	NEW	93-08-034	220-57-16000R	NEW-E	93-06-013	230-20-064	AMD-P	93-10-042
220-56-126	AMD-P	93-04-096	220-57-16000R	REP-E	93-06-068	230-20-111	NEW-E	93-07-080
220-56-126	AMD	93-08-034	220-57-16000S	NEW-E	93-08-018	230-20-111	NEW-P	93-07-083
220-56-128	AMD-P	93-04-096	220-57-175	AMD-P	93-04-096	230-20-242	NEW-P	93-10-042
220-56-128	AMD	93-08-034	220-57-175	AMD	93-08-034	230-20-246	AMD-P	93-10-042
220-56-131	AMD-P	93-04-096	220-57-210	AMD-P	93-04-096	230-20-670	AMD-P	93-07-082
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230-30-060	AMD-P	93-07-081	236-14-100	NEW-W	93-05-041	246-08-170	REP-P	93-08-071
230-30-072	AMD-P	93-08-066	236-14-100	NEW-P	93-09-068	246-08-180	REP-P	93-08-071
230-30-075	AMD	93-04-007	236-14-100	NEW-W	93-10-090	246-08-190	REP-P	93-08-071
230-30-080	AMD-P	93-07-083	236-14-200	NEW-W	93-05-041	246-08-200	REP-P	93-08-071
230-30-095	REP-P	93-07-083	236-14-200	NEW-P	93-09-068	246-08-210	REP-P	93-08-071
230-30-097	NEW-P	93-07-087	236-14-200	NEW-W	93-10-090	246-08-320	REP-P	93-08-071
230-30-100	AMD-P	93-07-083	236-14-300	NEW-W	93-05-041	246-08-330	REP-P	93-08-071
230-30-106	AMD-P	93-06-036	236-14-300	NEW-P	93-09-068	246-08-340	REP-P	93-08-071
230-30-106	AMD	93-10-005	236-14-300	NEW-W	93-10-090	246-08-350	REP-P	93-08-071
230-30-300	AMD-P	93-06-036	236-14-900	NEW-W	93-05-041	246-08-360	REP-P	93-08-071
230-30-300	AMD	93-10-005	236-14-900	NEW-P	93-09-068	246-08-370	REP-P	93-08-071
230-40-055	AMD-P	93-07-082	236-14-900	NEW-W	93-10-090	246-08-380	REP-P	93-08-071
230-40-120	AMD-P	93-04-044	236-22-010	AMD-P	93-09-030	246-08-420	NEW	93-08-004
230-40-125	AMD-P	93-10-042	236-22-020	NEW-P	93-09-030	246-08-440	NEW	93-08-004
232-12-017	AMD	93-04-039	236-22-030	NEW-P	93-09-030	246-08-450	NEW	93-08-004
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232-12-045	NEW-E	93-04-083	236-22-036	NEW-P	93-09-030	246-10-104	NEW-P	93-08-071
232-12-064	AMD	93-04-038	236-22-037	NEW-P	93-09-030	246-10-105	NEW-P	93-08-071
232-12-074	REP	93-04-075	236-22-038	NEW-P	93-09-030	246-10-106	NEW-P	93-08-071
232-12-166	NEW-P	93-06-018	236-22-040	NEW-P	93-09-030	246-10-107	NEW-P	93-08-071
232-12-166	NEW	93-10-013	236-22-050	NEW-P	93-09-030	246-10-108	NEW-P	93-08-071
232-12-242	NEW	93-04-074	236-22-060	NEW-P	93-09-030	246-10-109	NEW-P	93-08-071
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232-12-619	AMD	93-10-054	236-22-080	NEW-P	93-09-030	246-10-111	NEW-P	93-08-071
232-28-022	AMD-P	93-06-074	236-22-100	AMD-P	93-09-030	246-10-112	NEW-P	93-08-071
232-28-226	AMD-P	93-06-064	236-22-200	NEW-P	93-09-030	246-10-113	NEW-P	93-08-071
232-28-226	AMD	93-11-016	236-22-210	NEW-P	93-09-030	246-10-114	NEW-P	93-08-071
232-28-227	AMD-P	93-06-059	242-02-220	AMD-P	93-08-032	246-10-115	NEW-P	93-08-071
232-28-227	AMD	93-11-015	242-02-220	AMD	93-11-068	246-10-116	NEW-P	93-08-071
232-28-228	AMD-P	93-06-058	242-02-562	NEW-W	93-06-045	246-10-117	NEW-P	93-08-071
232-28-228	AMD	93-11-014	244-12-060	AMD-P	93-07-038	246-10-118	NEW-P	93-08-071
232-28-233	REP-P	93-06-062	244-12-060	AMD-W	93-09-049	246-10-119	NEW-P	93-08-071
232-28-233	REP	93-11-011	244-12-060	AMD-P	93-09-053	246-10-120	NEW-P	93-08-071
232-28-234	REP-P	93-06-063	244-12-100	NEW-P	93-07-038	246-10-121	NEW-P	93-08-071
232-28-234	REP	93-11-012	244-12-100	NEW-W	93-09-049	246-10-122	NEW-P	93-08-071
232-28-235	REP-P	93-06-060	244-12-100	NEW-P	93-09-053	246-10-123	NEW-P	93-08-071
232-28-235	REP	93-11-013	246-01-001	NEW	93-08-004	246-10-124	NEW-P	93-08-071
232-28-236	NEW-P	93-06-060	246-01-010	NEW	93-08-004	246-10-201	NEW-P	93-08-071
232-28-236	NEW	93-11-013	246-01-020	NEW	93-08-004	246-10-202	NEW-P	93-08-071
232-28-237	NEW-P	93-06-063	246-01-030	NEW	93-08-004	246-10-203	NEW-P	93-08-071
232-28-237	NEW	93-11-012	246-01-040	NEW	93-08-004	246-10-204	NEW-P	93-08-071
232-28-238	NEW-P	93-06-062	246-01-050	NEW	93-08-004	246-10-205	NEW-P	93-08-071
232-28-238	NEW	93-11-011	246-01-060	NEW	93-08-004	246-10-301	NEW-P	93-08-071
232-28-61914	NEW-W	93-03-015	246-01-070	NEW	93-08-004	246-10-302	NEW-P	93-08-071
232-28-61923	NEW	93-04-046	246-01-080	NEW	93-08-004	246-10-303	NEW-P	93-08-071
232-28-61924	NEW	93-04-047	246-01-090	NEW	93-08-004	246-10-304	NEW-P	93-08-071
232-28-61925	NEW	93-04-049	246-01-100	NEW	93-08-004	246-10-305	NEW-P	93-08-071
232-28-61926	NEW	93-04-050	246-08-001	REP-P	93-08-071	246-10-306	NEW-P	93-08-071
232-28-61927	NEW	93-04-051	246-08-020	REP-P	93-08-071	246-10-401	NEW-P	93-08-071
232-28-61928	NEW	93-04-048	246-08-030	REP-P	93-08-071	246-10-402	NEW-P	93-08-071
232-28-61929	NEW	93-04-052	246-08-040	REP-P	93-08-071	246-10-403	NEW-P	93-08-071
232-28-61930	NEW	93-04-053	246-08-050	REP-P	93-08-071	246-10-404	NEW-P	93-08-071
232-28-61931	NEW-E	93-03-039	246-08-060	REP-P	93-08-071	246-10-405	NEW-P	93-08-071
232-28-61932	NEW-P	93-06-021	246-08-070	REP-P	93-08-071	246-10-501	NEW-P	93-08-071
232-28-61932	NEW	93-10-055	246-08-080	REP-P	93-08-071	246-10-502	NEW-P	93-08-071
232-28-61933	NEW-P	93-06-022	246-08-090	REP-P	93-08-071	246-10-503	NEW-P	93-08-071
232-28-61933	NEW	93-10-053	246-08-100	REP-P	93-08-071	246-10-504	NEW-P	93-08-071
232-28-61934	NEW-E	93-06-061	246-08-101	NEW-P	93-08-071	246-10-505	NEW-P	93-08-071
232-28-61935	NEW-P	93-06-057	246-08-102	NEW-P	93-08-071	246-10-601	NEW-P	93-08-071
232-28-61935	NEW	93-10-056	246-08-103	NEW-P	93-08-071	246-10-602	NEW-P	93-08-071
236-14-010	NEW-W	93-05-041	246-08-104	NEW-P	93-08-071	246-10-603	NEW-P	93-08-071
236-14-010	NEW-P	93-09-068	246-08-105	NEW-P	93-08-071	246-10-604	NEW-P	93-08-071
236-14-010	NEW-W	93-10-090	246-08-106	NEW-P	93-08-071	246-10-605	NEW-P	93-08-071
236-14-015	NEW-W	93-05-041	246-08-110	REP-P	93-08-071	246-10-606	NEW-P	93-08-071
236-14-015	NEW-P	93-09-068	246-08-120	REP-P	93-08-071	246-10-607	NEW-P	93-08-071
236-14-015	NEW-W	93-10-090	246-08-130	REP-P	93-08-071	246-10-608	NEW-P	93-08-071
236-14-050	NEW-W	93-05-041	246-08-140	REP-P	93-08-071	246-10-701	NEW-P	93-08-071
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246-290-638	NEW-P	93-04-122	246-318-530	AMD	93-07-011	246-358-155	AMD	93-03-032
246-290-638	NEW	93-08-011	246-318-540	AMD	93-07-011	246-358-165	AMD	93-03-032
246-290-639	NEW-P	93-04-122	246-318-550	AMD	93-07-011	246-358-175	AMD	93-03-032
246-290-640	NEW	93-08-011	246-318-560	AMD	93-07-011	246-358-990	AMD	93-03-031
246-290-640	NEW-P	93-04-122	246-318-570	AMD	93-07-011	246-360-005	NEW-W	93-11-075
246-290-640	NEW	93-08-011	246-318-580	AMD	93-07-011	246-374-005	NEW-W	93-11-075
246-290-650	NEW-P	93-04-122	246-318-590	AMD	93-07-011	246-376-005	NEW-W	93-11-075
246-290-650	NEW	93-08-011	246-318-600	AMD	93-07-011	246-378-005	NEW-W	93-11-075
246-290-652	NEW-P	93-04-122	246-318-610	AMD	93-07-011	246-388-070	AMD-W	93-04-091
246-290-652	NEW	93-08-011	246-318-620	AMD	93-07-011	246-388-070	AMD-P	93-08-078
246-290-654	NEW-P	93-04-122	246-318-630	AMD	93-07-011	246-388-072	NEW-W	93-04-091
246-290-654	NEW	93-08-011	246-318-640	AMD	93-07-011	246-388-072	NEW-P	93-08-078
246-290-660	NEW-P	93-04-122	246-318-650	AMD	93-07-011	246-420-005	NEW-W	93-11-075
246-290-660	NEW	93-08-011	246-318-660	AMD	93-07-011	246-491-005	NEW-W	93-11-075
246-290-662	NEW-P	93-04-122	246-318-670	AMD	93-07-011	246-520-005	NEW-W	93-11-075
246-290-662	NEW	93-08-011	246-318-680	AMD	93-07-011	246-610-005	NEW-W	93-11-075
246-290-664	NEW-P	93-04-122	246-318-690	AMD	93-07-011	246-650-005	NEW-W	93-11-075
246-290-664	NEW	93-08-011	246-318-700	AMD	93-07-011	246-680-005	NEW-W	93-11-075
246-290-666	NEW-P	93-04-122	246-318-710	AMD	93-07-011	246-760-005	NEW-W	93-11-075
246-290-666	NEW	93-08-011	246-318-720	AMD	93-07-011	246-762-005	NEW-W	93-11-075
246-290-668	NEW-P	93-04-122	246-318-730	AMD	93-07-011	246-806-090	AMD-P	93-06-090
246-290-668	NEW	93-08-011	246-318-740	AMD	93-07-011	246-806-090	AMD-W	93-09-054
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246-290-670	NEW	93-08-011	246-318-760	AMD	93-07-011	246-806-100	AMD	93-09-055
246-290-672	NEW-P	93-04-122	246-318-770	AMD	93-07-011	246-806-110	AMD-P	93-06-090
246-290-672	NEW	93-08-011	246-318-780	AMD	93-07-011	246-806-110	AMD	93-09-055
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246-290-674	NEW	93-08-011	246-318-799	REP	93-07-011	246-806-130	AMD	93-09-055
246-290-676	NEW-P	93-04-122	246-318-800	AMD	93-07-011	246-806-140	AMD-P	93-06-090
246-290-676	NEW	93-08-011	246-318-810	AMD	93-07-011	246-806-140	AMD	93-09-055
246-290-678	NEW-P	93-04-122	246-318-820	AMD	93-07-011	246-806-150	REP-P	93-06-090
246-290-678	NEW	93-08-011	246-318-830	AMD	93-07-011	246-806-150	REP	93-09-055
246-290-680	NEW-P	93-04-122	246-318-840	AMD	93-07-011	246-806-160	AMD-P	93-06-090
246-290-680	NEW	93-08-011	246-318-850	AMD	93-07-011	246-806-160	AMD	93-09-055
246-290-686	NEW-P	93-04-122	246-318-860	AMD	93-07-011	246-806-190	AMD-P	93-06-090
246-290-686	NEW	93-08-011	246-318-870	AMD	93-07-011	246-806-190	AMD	93-09-055
246-290-690	NEW-P	93-04-122	246-318-99902	AMD	93-07-011	246-807-395	NEW-E	93-10-006
246-290-690	NEW	93-08-011	246-321-018	NEW-W	93-04-091	246-807-396	NEW-E	93-10-006
246-290-692	NEW-P	93-04-122	246-321-018	NEW-P	93-08-078	246-810-020	AMD-P	93-10-071
246-290-692	NEW	93-08-011	246-323-022	NEW-W	93-04-091	246-810-990	AMD-P	93-10-071
246-290-694	NEW-P	93-04-122	246-323-022	NEW-P	93-08-078	246-815-100	AMD	93-06-042A
246-290-694	NEW	93-08-011	246-325-022	NEW-W	93-04-091	246-816-220	AMD-P	93-08-106
246-290-696	NEW-P	93-04-122	246-325-022	NEW-P	93-08-078	246-816-225	NEW-P	93-08-106
246-290-696	NEW	93-08-011	246-327-090	NEW-W	93-04-091	246-818-120	AMD	93-07-108
246-293-440	REP-P	93-08-071	246-327-090	NEW-P	93-08-078	246-818-130	AMD-S	93-07-107
246-294-001	NEW	93-03-047	246-329-035	NEW-W	93-04-091	246-818-140	AMD	93-07-108
246-294-010	NEW	93-03-047	246-329-035	NEW-P	93-08-078	246-824-040	AMD-P	93-10-040
246-294-020	NEW	93-03-047	246-331-100	NEW-W	93-04-091	246-824-071	NEW-P	93-10-040
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246-294-040	NEW	93-03-047	246-336-100	NEW-W	93-04-091	246-824-073	NEW-P	93-10-040
246-294-050	NEW	93-03-047	246-336-100	NEW-P	93-08-078	246-824-200	NEW-P	93-02-066
246-294-060	NEW	93-03-047	246-340-085	NEW-W	93-04-091	246-824-210	NEW-P	93-02-066
246-294-070	NEW	93-03-047	246-340-085	NEW-P	93-08-078	246-824-220	NEW-P	93-02-066
246-294-080	NEW	93-03-047	246-358-001	AMD	93-03-032	246-824-230	NEW-P	93-02-066
246-294-090	NEW	93-03-047	246-358-001	AMD-E	93-07-052	246-824-240	NEW-P	93-02-066
246-294-100	NEW	93-03-047	246-358-001	AMD-P	93-07-106	246-824-990	AMD-P	93-10-071
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246-316-020	AMD-P	93-08-078	246-358-025	AMD	93-03-031	246-828-400	NEW	93-07-008
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246-316-040	AMD-P	93-08-078	246-358-035	REP	93-03-032	246-828-420	NEW	93-07-008
246-316-045	NEW-W	93-04-091	246-358-045	AMD	93-03-032	246-828-430	NEW	93-07-008
246-316-045	NEW-P	93-08-078	246-358-055	AMD	93-03-032	246-838-500	NEW	93-07-007
246-316-050	AMD-W	93-04-091	246-358-065	AMD	93-03-032	246-828-510	NEW	93-07-007
246-316-050	AMD-P	93-08-078	246-358-075	AMD	93-03-032	246-828-520	NEW	93-07-007
246-318-010	AMD	93-07-011	246-358-085	AMD	93-03-032	246-828-530	NEW	93-07-007
246-318-040	AMD-W	93-04-091	246-358-095	AMD	93-03-032	246-828-540	NEW	93-07-007
246-318-040	AMD-P	93-08-078	246-358-105	AMD	93-03-032	246-828-550	NEW	93-07-007
246-318-042	NEW-W	93-04-091	246-358-115	AMD	93-03-032	246-828-560	NEW	93-07-007
246-318-042	NEW-P	93-08-078	246-358-125	AMD	93-03-032	246-828-990	AMD-P	93-10-071
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246-839-990	AMD-P	93-08-080	246-857-300	REP	93-04-017	246-924-364	NEW	93-07-036
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246-843-010	AMD-P	93-08-105	246-857-320	REP	93-04-017	246-924-365	NEW	93-07-036
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246-843-990	AMD-P	93-10-071	246-863-050	AMD	93-10-007	246-924-367	NEW	93-07-036
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246-849-220	NEW	93-10-008	246-915-140	AMD-W	93-04-082	246-924-450	REP-P	93-02-067
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246-849-250	NEW	93-10-008	246-918-260	AMD	93-11-008	246-933-180	NEW-P	93-04-079
246-849-260	NEW-P	93-03-046	246-922-035	NEW-P	93-08-082	246-933-180	NEW	93-08-029
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246-857-060	REP	93-04-017	246-924-351	NEW	93-07-036	250-20-015	AMD	93-08-010
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246-857-210	REP	93-04-017	246-924-359	NEW-P	93-02-067	250-25-080	AMD-P	93-11-088
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296-23A-268	REP-P	93-11-095	296-62-07425	NEW-P	93-02-057	296-62-14547	NEW-P	93-10-101
296-23A-300	AMD-P	93-11-095	296-62-07425	NEW	93-07-044	296-62-14549	NEW-P	93-10-101
296-23A-310	AMD-P	93-11-095	296-62-07427	NEW-P	93-02-057	296-62-14551	NEW-P	93-10-101
296-23A-315	AMD-P	93-11-095	296-62-07427	NEW	93-07-044	296-62-14553	NEW-P	93-10-101
296-23A-320	AMD-P	93-11-095	296-62-07429	NEW-P	93-02-057	296-104-010	AMD-P	93-08-073
296-23A-325	REP-P	93-11-095	296-62-07429	NEW	93-07-044	296-104-055	AMD-P	93-08-073
296-23A-330	REP-P	93-11-095	296-62-07431	NEW-P	93-02-057	296-104-200	AMD-P	93-08-073
296-23A-335	REP-P	93-11-095	296-62-07431	NEW	93-07-044	296-104-500	AMD-P	93-08-073
296-23A-340	REP-P	93-11-095	296-62-07433	NEW-P	93-02-057	296-104-501	AMD-P	93-08-073
296-23A-345	REP-P	93-11-095	296-62-07433	NEW	93-07-044	296-104-700	AMD-P	93-08-073
296-23A-350	REP-P	93-11-095	296-62-07441	NEW-P	93-02-057	296-116-082	AMD-E	93-06-012
296-23A-355	REP-P	93-11-095	296-62-07441	NEW	93-07-044	296-116-082	AMD-P	93-06-052
296-23A-360	REP-P	93-11-095	296-62-07443	NEW-P	93-02-057	296-116-082	AMD	93-09-016
296-23A-400	AMD-P	93-11-095	296-62-07443	NEW	93-07-044	296-116-110	AMD-P	93-04-109
296-23A-410	REP-P	93-11-095	296-62-07445	NEW-P	93-02-057	296-116-110	AMD	93-07-076
296-23A-415	REP-P	93-11-095	296-62-07445	NEW	93-07-044	296-116-185	AMD-C	93-03-001
296-23A-420	REP-P	93-11-095	296-62-07447	NEW-P	93-02-057	296-116-185	AMD	93-03-080
296-23A-425	REP-P	93-11-095	296-62-07447	NEW	93-07-044	296-116-185	AMD-P	93-10-102
296-24-11003	AMD-P	93-10-101	296-62-07449	NEW-P	93-02-057	296-116-300	AMD-P	93-08-027
296-24-70007	AMD-P	93-10-101	296-62-07449	NEW	93-07-044	296-116-360	AMD-P	93-04-110
296-46-090	AMD	93-06-072	296-62-07451	NEW	93-02-057	296-116-360	AMD	93-07-077
296-46-140	AMD	93-06-072	296-62-07451	NEW	93-07-044	296-125-070	NEW	93-04-112
296-46-150	AMD	93-06-072	296-62-076	NEW	93-04-111	296-155-012	AMD-P	93-10-101
296-46-21008	AMD	93-06-072	296-62-07601	NEW	93-04-111	296-155-173	NEW	93-04-111
296-46-21052	AMD	93-06-072	296-62-07603	NEW	93-04-111	296-155-17301	NEW	93-04-111
296-46-220	AMD	93-06-072	296-62-07605	NEW	93-04-111	296-155-17303	NEW	93-04-111
296-46-225	NEW	93-06-072	296-62-07607	NEW	93-04-111	296-155-17305	NEW	93-04-111
296-46-23040	AMD	93-06-072	296-62-07609	NEW	93-04-111	296-155-17307	NEW	93-04-111
296-46-23062	AMD	93-06-072	296-62-07611	NEW	93-04-111	296-155-17309	NEW	93-04-111
296-46-316	AMD	93-06-072	296-62-07613	NEW	93-04-111	296-155-17311	NEW	93-04-111
296-46-360	AMD	93-06-072	296-62-07615	NEW	93-04-111	296-155-17313	NEW	93-04-111
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296-46-422	AMD	93-06-072	296-62-07619	NEW	93-04-111	296-155-17317	NEW	93-04-111
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296-46-514	AMD	93-06-072	296-62-07623	NEW	93-04-111	296-155-17321	NEW	93-04-111
296-46-517	REP	93-06-072	296-62-07625	NEW	93-04-111	296-155-17323	NEW	93-04-111
296-46-55001	REP	93-06-072	296-62-07627	NEW	93-04-111	296-155-17325	NEW	93-04-111
296-46-680	AMD	93-06-072	296-62-07629	NEW	93-04-111	296-155-17327	NEW	93-04-111
296-46-700	AMD	93-06-072	296-62-07631	NEW	93-04-111	296-155-17329	NEW	93-04-111
296-46-702	NEW	93-06-072	296-62-07633	NEW	93-04-111	296-155-17331	NEW	93-04-111
296-46-710	NEW	93-06-072	296-62-07635	NEW	93-04-111	296-155-17333	NEW	93-04-111
296-46-935	NEW	93-03-048	296-62-07637	NEW	93-04-111	296-155-17335	NEW	93-04-111
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296-56-60001	AMD	93-07-044	296-62-07654	NEW	93-04-111	296-155-17339	NEW	93-04-111
296-56-60005	AMD-P	93-10-101	296-62-07656	NEW	93-04-111	296-155-17341	NEW	93-04-111
296-56-60235	AMD-P	93-10-101	296-62-07658	NEW	93-04-111	296-155-17343	NEW	93-04-111
296-62-07105	AMD-P	93-10-101	296-62-07660	NEW	93-04-111	296-155-17345	NEW	93-04-111
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296-62-074	NEW	93-07-044	296-62-07664	NEW	93-04-111	296-155-17349	NEW	93-04-111
296-62-07401	NEW-P	93-02-057	296-62-07666	NEW	93-04-111	296-155-17351	NEW	93-04-111
296-62-07401	NEW	93-07-044	296-62-07668	NEW	93-04-111	296-155-17353	NEW	93-04-111
296-62-07403	NEW-P	93-02-057	296-62-07670	NEW	93-04-111	296-155-17355	NEW	93-04-111
296-62-07403	NEW	93-07-044	296-62-07672	NEW	93-04-111	296-155-17357	NEW	93-04-111
296-62-07405	NEW-P	93-02-057	296-62-07711	AMD-P	93-10-101	296-155-17359	NEW	93-04-111
296-62-07405	NEW	93-07-044	296-62-3090	AMD-P	93-10-101	296-155-174	NEW-P	93-02-057
296-62-07407	NEW-P	93-02-057	296-62-14501	AMD-P	93-10-101	296-155-174	NEW	93-07-044
296-62-07407	NEW	93-07-044	296-62-14503	AMD-P	93-10-101	296-155-203	AMD-P	93-10-101
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296-62-07413	NEW-P	93-02-057	296-62-14513	AMD-P	93-10-101	296-155-305	AMD-P	93-10-101
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296-155-447	AMD-P	93-10-101	296-306-14503	NEW-W	93-10-041
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296-306-06109	NEW-W	93-10-041	308-30-010	AMD	93-05-009
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296-306-06119	NEW-W	93-10-041	308-30-060	AMD	93-05-009
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296-306-063	NEW-W	93-10-041	308-30-080	AMD	93-05-009
296-306-064	NEW-W	93-10-041	308-30-090	AMD	93-05-009
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296-306-06405	NEW-W	93-10-041	308-30-130	NEW	93-05-009
296-306-06407	NEW-W	93-10-041	308-30-140	NEW	93-05-009
296-306-06409	NEW-W	93-10-041	308-30-150	NEW	93-05-009
296-306-06411	NEW-W	93-10-041	308-30-155	NEW	93-05-009
296-306-06413	NEW-W	93-10-041	308-30-160	NEW	93-05-009
296-306-06415	NEW-W	93-10-041	308-30-170	NEW-W	93-08-083
296-306-06417	NEW-W	93-10-041	308-30-180	NEW-W	93-08-083
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296-306-06703	NEW-W	93-10-041	308-56A-125	AMD-P	93-10-073
296-306-06705	NEW-W	93-10-041	308-56A-140	AMD-P	93-10-073
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296-306-06709	NEW-W	93-10-041	308-56A-420	AMD-P	93-10-073
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296-306-06801	NEW-W	93-10-041	308-61-010	REP	93-08-076
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314-20-070	AMD	93-10-092	317-02-030	NEW	93-11-003	317-20-160	NEW-P	93-02-055
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314-24-095	AMD	93-11-028	317-02-050	NEW-P	93-06-087	317-20-165	NEW	93-07-005
314-24-160	AMD-P	93-07-109	317-02-050	NEW	93-11-003	317-20-170	NEW-P	93-02-055
314-24-160	AMD	93-11-028	317-02-060	NEW-P	93-06-087	317-20-170	NEW	93-07-005
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314-52-080	AMD	93-11-028	317-02-080	NEW-P	93-06-087	317-20-190	NEW	93-07-005
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314-70-050	NEW	93-11-028	317-02-090	NEW-P	93-06-087	317-20-200	NEW	93-07-005
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315-11-932	NEW	93-03-008	317-05-010	NEW	93-07-004	317-30-020	NEW	93-07-003
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315-11-942	NEW	93-03-008	317-05-030	NEW-P	93-02-053	317-30-040	NEW-P	93-02-054
315-11-950	NEW-P	93-03-094	317-05-030	NEW	93-07-004	317-30-040	NEW	93-07-003
315-11-950	NEW	93-07-016	317-10-035	AMD-P	93-09-069	317-30-050	NEW-P	93-02-054
315-11-951	NEW-P	93-03-094	317-10-060	AMD-P	93-06-089	317-30-050	NEW	93-07-003
315-11-951	NEW	93-07-016	317-10-060	AMD	93-11-001	317-30-060	NEW-P	93-02-054
315-11-952	NEW-P	93-03-094	317-20	NEW-P	93-02-055	317-30-060	NEW	93-07-003
315-11-952	NEW	93-07-016	317-20	NEW	93-07-005	317-30-070	NEW-P	93-02-054
315-11-960	NEW-P	93-03-094	317-20-010	NEW-P	93-02-055	317-30-070	NEW	93-07-003
315-11-960	NEW	93-07-016	317-20-010	NEW	93-07-005	317-30-080	NEW-P	93-02-054
315-11-961	NEW-P	93-03-094	317-20-020	NEW-P	93-02-055	317-30-080	NEW	93-07-003
315-11-961	NEW	93-07-016	317-20-020	NEW	93-07-005	317-30-090	NEW-P	93-02-054
315-11-962	NEW-P	93-03-094	317-20-025	NEW	93-07-005	317-30-090	NEW	93-07-003
315-11-962	NEW	93-07-016	317-20-030	NEW-P	93-02-055	317-30-100	NEW-P	93-02-054
315-11-970	NEW-P	93-03-094	317-20-030	NEW	93-07-005	317-30-100	NEW	93-07-003
315-11-970	NEW	93-07-016	317-20-040	NEW-P	93-02-055	317-30-110	NEW-P	93-02-054
315-11-971	NEW-P	93-03-094	317-20-040	NEW	93-07-005	317-30-110	NEW	93-07-003
315-11-971	NEW	93-07-016	317-20-050	NEW-P	93-02-055	317-30-120	NEW-P	93-02-054
315-11-972	NEW-P	93-03-094	317-20-050	NEW	93-07-005	317-30-120	NEW	93-07-003
315-11-972	NEW	93-07-016	317-20-055	NEW-P	93-02-055	317-30-130	NEW-P	93-02-054
315-11-980	NEW-P	93-07-121	317-20-055	NEW	93-07-005	317-30-130	NEW	93-07-003
315-11-980	NEW	93-11-056	317-20-060	NEW-P	93-02-055	317-30-140	NEW-P	93-02-054
315-11-981	NEW-P	93-07-121	317-20-060	NEW	93-07-005	317-30-140	NEW	93-07-003
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315-11-982	NEW-P	93-07-121	317-20-065	NEW	93-07-005	317-30-150	NEW	93-07-003
315-11-982	NEW	93-11-056	317-20-066	NEW-P	93-02-055	317-30-900	NEW-P	93-02-054
315-11-990	NEW-P	93-07-121	317-20-066	NEW	93-07-005	317-30-900	NEW	93-07-003
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315-11-991	NEW-P	93-07-121	317-20-070	NEW	93-07-005	317-100-020	NEW-P	93-09-070
315-11-991	NEW	93-11-056	317-20-080	NEW-P	93-02-055	317-100-030	NEW-P	93-09-070
315-11-992	NEW-P	93-07-121	317-20-080	NEW	93-07-005	317-100-040	NEW-P	93-09-070
315-11-992	NEW	93-11-056	317-20-090	NEW-P	93-02-055	317-100-050	NEW-P	93-09-070
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315-11A-100	NEW	93-11-056	317-20-100	NEW-P	93-02-055	317-100-070	NEW-P	93-09-070
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356-15-030	AMD-W	93-02-035	365-300-090	NEW-P	93-07-112	388-28-575	AMD	93-07-031
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356-30-260	AMD-C	93-09-058	388-15-203	NEW-C	93-04-023	388-34-055	REP-P	93-06-040
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356-30-330	AMD-W	93-09-060	388-15-205	NEW-C	93-04-023	388-34-095	REP-P	93-06-040
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388-37-300	REP-P	93-08-074	388-60-160	NEW-P	93-06-082	388-84-105	AMD-P	93-03-060
388-37-310	REP-P	93-08-074	388-60-160	NEW	93-10-024	388-84-105	AMD-E	93-03-061
388-37-320	REP-P	93-08-074	388-60-170	NEW-P	93-06-082	388-84-105	AMD	93-06-037
388-37-330	REP-P	93-08-074	388-60-170	NEW	93-10-024	388-86-008	REP-P	93-07-124
388-37-340	REP-P	93-08-074	388-60-180	NEW-P	93-06-082	388-86-008	REP	93-11-047
388-37-350	REP-P	93-08-074	388-60-180	NEW	93-10-024	388-86-012	AMD-P	93-03-034
388-37-360	REP-P	93-08-074	388-62-020	REP-P	93-08-075	388-86-012	AMD	93-06-039
388-37-370	REP-P	93-08-074	388-62-025	REP-P	93-08-075	388-86-021	AMD-P	93-08-006
388-37-380	REP-P	93-08-074	388-62-035	REP-P	93-08-075	388-86-021	AMD	93-11-048
388-42-020	AMD	93-05-021	388-62-070	REP-P	93-08-075	388-86-100	AMD-C	93-02-034
388-42-020	REP-E	93-11-083	388-62-075	REP-P	93-08-075	388-86-100	AMD-W	93-05-019
388-42-020	REP-P	93-11-084	388-62-080	REP-P	93-08-075	388-86-200	NEW-P	93-07-074
388-42-025	AMD	93-05-021	388-62-095	REP-P	93-08-075	388-86-200	NEW-C	93-10-017
388-42-025	REP-E	93-11-083	388-62-135	REP-P	93-08-075	388-86-200	NEW-C	93-11-009
388-42-025	REP-P	93-11-084	388-62-190	REP-P	93-08-075	388-86-200	NEW	93-11-086
388-42-030	REP-E	93-11-083	388-62-200	REP-P	93-08-075	388-87-005	AMD-P	93-08-021
388-42-030	REP-P	93-11-084	388-70-520	AMD-E	93-03-081	388-87-005	AMD-E	93-08-024
388-42-040	REP-E	93-11-083	388-70-520	AMD-P	93-03-082	388-87-005	AMD	93-11-046
388-42-040	REP-P	93-11-084	388-74-010	AMD	93-07-030	388-92-025	AMD-P	93-07-122
388-42-100	REP-E	93-11-083	388-74-010	NEW-P	93-09-018	388-92-025	AMD	93-11-045
388-42-100	REP-P	93-11-084	388-74-030	NEW-P	93-09-018	388-92-027	NEW-P	93-07-122

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Table of WAC Sections Affected

WAC #		WSR #	WAC #		WSR #	WAC #		WSR #
388-92-027	NEW	93-11-045	388-160-350	NEW-P	93-05-031	388-235-8200	NEW-P	93-08-074
388-92-036	AMD-E	93-06-053	388-160-360	NEW-P	93-05-031	388-235-9000	NEW-P	93-08-074
388-92-036	AMD-P	93-06-054	388-160-370	NEW-P	93-05-031	388-235-9100	NEW-P	93-08-074
388-92-036	AMD	93-08-112	388-160-380	NEW-P	93-05-031	388-235-9200	NEW-P	93-08-074
388-92-045	AMD-P	93-03-026	388-160-390	NEW-P	93-05-031	388-235-9300	NEW-P	93-08-074
388-92-045	AMD-E	93-03-028	388-160-400	NEW-P	93-05-031	388-235-9500	NEW-P	93-08-074
388-92-045	AMD	93-06-038	388-160-410	NEW-P	93-05-031	388-235-9520	NEW-P	93-08-074
388-95-310	NEW-P	93-06-040	388-160-420	NEW-P	93-05-031	388-235-9530	NEW-P	93-08-074
388-95-310	NEW-W	93-08-113	388-160-430	NEW-P	93-05-031	388-235-9540	NEW-P	93-08-074
388-95-337	AMD-E	93-04-031	388-160-440	NEW-P	93-05-031	388-235-9550	NEW-P	93-08-074
388-95-337	AMD-P	93-04-032	388-160-450	NEW-P	93-05-031	388-235-9560	NEW-P	93-08-074
388-95-337	AMD	93-07-029	388-160-460	NEW-P	93-05-031	388-235-9570	NEW-P	93-08-074
388-95-340	AMD-P	93-03-027	388-160-470	NEW-P	93-05-031	388-235-9580	NEW-P	93-08-074
388-95-340	AMD-E	93-03-029	388-160-480	NEW-P	93-05-031	388-235-9600	NEW-P	93-08-074
388-95-340	AMD	93-06-041	388-160-490	NEW-P	93-05-031	388-280-1010	NEW-P	93-08-075
388-95-360	AMD-P	93-03-027	388-160-500	NEW-P	93-05-031	388-280-1020	NEW-P	93-08-075
388-95-360	AMD-E	93-03-029	388-160-510	NEW-P	93-05-031	388-280-1030	NEW-P	93-08-075
388-95-360	AMD	93-06-041	388-160-520	NEW-P	93-05-031	388-280-1040	NEW-P	93-08-075
388-95-360	AMD-P	93-08-022	388-160-530	NEW-P	93-05-031	388-280-1050	NEW-P	93-08-075
388-95-360	AMD-E	93-08-023	388-160-540	NEW-P	93-05-031	388-280-1060	NEW-P	93-08-075
388-95-360	AMD	93-11-049	388-160-560	NEW-P	93-05-031	388-280-1070	NEW-P	93-08-075
388-96-026	AMD-P	93-08-065	388-230-0010	NEW-P	93-08-064	388-280-1080	NEW-P	93-08-075
388-96-113	AMD-P	93-08-065	388-230-0030	NEW-P	93-08-064	388-280-1090	NEW-P	93-08-075
388-96-572	AMD-P	93-08-065	388-230-0040	NEW-P	93-08-064	388-280-1100	NEW-P	93-08-075
388-96-585	AMD-P	93-08-065	388-230-0050	NEW-P	93-08-064	388-280-1110	NEW-P	93-08-075
388-96-709	NEW-P	93-08-065	388-230-0060	NEW-P	93-08-064	388-280-1120	NEW-P	93-08-075
388-96-710	AMD-P	93-08-065	388-230-0080	NEW-P	93-08-064	388-280-1130	NEW-P	93-08-075
388-96-754	AMD-P	93-08-065	388-230-0090	NEW-P	93-08-064	388-280-1140	NEW-P	93-08-075
388-96-774	AMD-P	93-08-065	388-230-0110	NEW-P	93-08-064	388-280-1150	NEW-P	93-08-075
388-99-010	AMD-P	93-03-060	388-230-0120	NEW-P	93-08-064	388-280-1160	NEW-P	93-08-075
388-99-010	AMD-E	93-03-061	388-230-0140	NEW-P	93-08-064	388-330-010	AMD-P	93-07-035
388-99-010	AMD	93-06-037	388-235-0010	NEW-P	93-08-074	388-330-010	AMD-C	93-10-018
388-99-020	AMD-E	93-04-087	388-235-0020	NEW-P	93-08-074	388-330-020	AMD-P	93-07-035
388-99-020	AMD-P	93-04-090	388-235-0030	NEW-P	93-08-074	388-330-020	AMD-C	93-10-018
388-99-020	AMD	93-07-028	388-235-0040	NEW-P	93-08-074	388-330-030	AMD-P	93-07-035
388-99-055	AMD-E	93-04-088	388-235-0050	NEW-P	93-08-074	388-330-030	AMD-C	93-10-018
388-99-055	AMD-P	93-04-089	388-235-0060	NEW-P	93-08-074	388-330-050	AMD-P	93-07-035
388-99-055	AMD	93-07-125	388-235-0070	NEW-P	93-08-074	388-330-050	AMD-C	93-10-018
388-160	NEW-C	93-08-009	388-235-0080	NEW-P	93-08-074	390-16-011	AMD-P	93-10-049
388-160	NEW-C	93-10-020	388-235-0090	NEW-P	93-08-074	390-16-011	AMD-E	93-10-051
388-160-010	NEW-P	93-05-031	388-235-0100	NEW-P	93-08-074	390-16-012	AMD-P	93-10-049
388-160-020	NEW-P	93-05-031	388-235-0110	NEW-P	93-08-074	390-16-012	AMD-E	93-10-051
388-160-030	NEW-P	93-05-031	388-235-1500	NEW-P	93-08-074	390-16-031	AMD-P	93-04-127
388-160-040	NEW-P	93-05-031	388-235-2000	NEW-P	93-08-074	390-16-031	AMD	93-09-002
388-160-050	NEW-P	93-05-031	388-235-3000	NEW-P	93-08-074	390-16-041	AMD-P	93-04-127
388-160-060	NEW-P	93-05-031	388-235-4000	NEW-P	93-08-074	390-16-041	AMD	93-09-002
388-160-070	NEW-P	93-05-031	388-235-5000	NEW-P	93-08-074	390-16-308	AMD	93-04-072
388-160-080	NEW-P	93-05-031	388-235-5040	NEW-P	93-08-074	390-18-050	NEW	93-04-072
388-160-090	NEW-P	93-05-031	388-235-5050	NEW-P	93-08-074	390-20-020	AMD	93-04-072
388-160-100	NEW-P	93-05-031	388-235-5070	NEW-P	93-08-074	390-20-110	AMD	93-04-072
388-160-110	NEW-P	93-05-031	388-235-5080	NEW-P	93-08-074	390-37-140	AMD-P	93-09-001
388-160-120	NEW-P	93-05-031	388-235-5090	NEW-P	93-08-074	390-37-140	AMD-C	93-10-050
388-160-130	NEW-P	93-05-031	388-235-5100	NEW-P	93-08-074	390-37-142	AMD-P	93-09-001
388-160-140	NEW-P	93-05-031	388-235-5200	NEW-P	93-08-074	390-37-142	AMD-C	93-10-050
388-160-150	NEW-P	93-05-031	388-235-5300	NEW-P	93-08-074	392-105-030	AMD-P	93-03-002
388-160-160	NEW-P	93-05-031	388-235-5400	NEW-P	93-08-074	392-105-030	AMD	93-07-039
388-160-170	NEW-P	93-05-031	388-235-5500	NEW-P	93-08-074	392-105-035	AMD-P	93-03-002
388-160-180	NEW-P	93-05-031	388-235-5600	NEW-P	93-08-074	392-105-035	AMD	93-07-039
388-160-190	NEW-P	93-05-031	388-235-5700	NEW-P	93-08-074	392-105-040	AMD-P	93-03-002
388-160-200	NEW-P	93-05-031	388-235-5800	NEW-P	93-08-074	392-105-040	AMD	93-07-039
388-160-210	NEW-P	93-05-031	388-235-5900	NEW-P	93-08-074	392-105-060	AMD-P	93-03-002
388-160-220	NEW-P	93-05-031	388-235-6000	NEW-P	93-08-074	392-105-060	AMD	93-07-039
388-160-230	NEW-P	93-05-031	388-235-7000	NEW-P	93-08-074	392-121-445	AMD	93-04-054
388-160-240	NEW-P	93-05-031	388-235-7100	NEW-P	93-08-074	392-122-400	NEW-P	93-07-046
388-160-250	NEW-P	93-05-031	388-235-7200	NEW-P	93-08-074	392-122-401	NEW-P	93-07-046
388-160-260	NEW-P	93-05-031	388-235-7300	NEW-P	93-08-074	392-122-405	NEW-P	93-07-046
388-160-270	NEW-P	93-05-031	388-235-7500	NEW-P	93-08-074	392-122-410	NEW-P	93-07-046
388-160-280	NEW-P	93-05-031	388-235-7600	NEW-P	93-08-074	392-122-415	NEW-P	93-07-046
388-160-290	NEW-P	93-05-031	388-235-8000	NEW-P	93-08-074	392-123-046	AMD-P	93-11-034
388-160-300	NEW-P	93-05-031	388-235-8100	NEW-P	93-08-074	392-123-054	AMD-P	93-11-034
388-160-310	NEW-P	93-05-031	388-235-8130	NEW-P	93-08-074	392-123-071	AMD-P	93-11-034
388-160-320	NEW-P	93-05-031	388-235-8140	NEW-P	93-08-074	392-123-072	AMD-P	93-11-034
388-160-340	NEW-P	93-05-031	388-235-8150	NEW-P	93-08-074	392-140-250	REP-P	93-07-047

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WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
392-140-252	REP-P	93-07-047	392-315-095	REP-P	93-11-033	415-08-210	REP-P	93-08-054
392-140-253	REP-P	93-07-047	392-315-100	REP-E	93-08-037	415-08-210	REP	93-11-079
392-140-254	REP-P	93-07-047	392-315-100	REP-P	93-11-033	415-08-220	REP-P	93-08-054
392-140-255	REP-P	93-07-047	392-315-105	REP-E	93-08-037	415-08-220	REP	93-11-079
392-140-256	REP-P	93-07-047	392-315-105	REP-P	93-11-033	415-08-230	REP-P	93-08-054
392-140-257	REP-P	93-07-047	392-315-110	REP-E	93-08-037	415-08-230	REP	93-11-079
392-140-258	REP-P	93-07-047	392-315-110	REP-P	93-11-033	415-08-240	REP-P	93-08-054
392-140-259	REP-P	93-07-047	392-315-115	REP-E	93-08-037	415-08-240	REP	93-11-079
392-140-265	REP-P	93-07-047	392-315-115	REP-P	93-11-033	415-08-250	REP-P	93-08-054
392-140-266	REP-P	93-07-047	392-315-120	REP-E	93-08-037	415-08-250	REP	93-11-079
392-140-267	REP-P	93-07-047	392-315-120	REP-P	93-11-033	415-08-260	REP-P	93-08-054
392-142-240	AMD-P	93-09-019	392-315-125	REP-E	93-08-037	415-08-260	REP	93-11-079
392-145-030	AMD	93-05-023	392-315-125	REP-P	93-11-033	415-08-270	REP-P	93-08-054
392-167A-005	NEW-P	93-07-048	392-315-130	REP-E	93-08-037	415-08-270	REP	93-11-079
392-167A-010	NEW-P	93-07-048	392-315-130	REP-P	93-11-033	415-08-280	AMD-P	93-08-054
392-167A-015	NEW-P	93-07-048	392-315-135	REP-E	93-08-037	415-08-280	AMD	93-11-079
392-167A-020	NEW-P	93-07-048	392-315-135	REP-P	93-11-033	415-08-290	REP-P	93-08-054
392-167A-025	NEW-P	93-07-048	392-315-140	REP-E	93-08-037	415-08-290	REP	93-11-079
392-167A-030	NEW-P	93-07-048	392-315-140	REP-P	93-11-033	415-08-300	REP-P	93-08-054
392-167A-035	NEW-P	93-07-048	392-315-145	REP-E	93-08-037	415-08-300	REP	93-11-079
392-167A-040	NEW-P	93-07-048	392-315-145	REP-P	93-11-033	415-08-310	REP-P	93-08-054
392-167A-045	NEW-P	93-07-048	392-315-150	REP-E	93-08-037	415-08-310	REP	93-11-079
392-167A-050	NEW-P	93-07-048	392-315-150	REP-P	93-11-033	415-08-320	REP-P	93-08-054
392-167A-055	NEW-P	93-07-048	392-315-155	REP-E	93-08-037	415-08-320	REP	93-11-079
392-167A-060	NEW-P	93-07-048	392-315-155	REP-P	93-11-033	415-08-330	REP-P	93-08-054
392-167A-065	NEW-P	93-07-048	392-315-160	REP-E	93-08-037	415-08-330	REP	93-11-079
392-167A-070	NEW-P	93-07-048	392-315-160	REP-P	93-11-033	415-08-340	REP-P	93-08-054
392-167A-075	NEW-P	93-07-048	392-315-165	REP-E	93-08-037	415-08-340	REP	93-11-079
392-167A-080	NEW-P	93-07-048	392-315-165	REP-P	93-11-033	415-08-350	REP-P	93-08-054
392-167A-085	NEW-P	93-07-048	415-04-010	AMD-P	93-08-054	415-08-350	REP	93-11-079
392-167A-090	NEW-P	93-07-048	415-04-010	AMD	93-11-079	415-08-360	REP-P	93-08-054
392-196-005	AMD	93-07-037	415-04-020	AMD-P	93-08-054	415-08-360	REP	93-11-079
392-196-030	AMD	93-07-037	415-04-020	AMD	93-11-079	415-08-370	REP-P	93-08-054
392-196-080	AMD	93-07-037	415-08-010	AMD-P	93-08-054	415-08-370	REP	93-11-079
392-196-095	AMD	93-07-037	415-08-010	AMD	93-11-079	415-08-380	REP-P	93-08-054
392-202-110	AMD	93-08-005	415-08-020	AMD-P	93-08-054	415-08-380	REP	93-11-079
392-315-005	REP-E	93-08-037	415-08-020	AMD	93-11-079	415-08-390	REP-P	93-08-054
392-315-005	REP-P	93-11-033	415-08-025	NEW-P	93-08-054	415-08-390	REP	93-11-079
392-315-010	REP-E	93-08-037	415-08-025	NEW	93-11-079	415-08-400	REP-P	93-08-054
392-315-010	REP-P	93-11-033	415-08-030	AMD-P	93-08-054	415-08-400	REP	93-11-079
392-315-015	REP-E	93-08-037	415-08-030	AMD	93-11-079	415-08-410	REP-P	93-08-054
392-315-015	REP-P	93-11-033	415-08-040	AMD-P	93-08-054	415-08-410	REP	93-11-079
392-315-020	REP-E	93-08-037	415-08-040	AMD	93-11-079	415-08-420	AMD-P	93-08-054
392-315-020	REP-P	93-11-033	415-08-060	REP-P	93-08-054	415-08-420	AMD	93-11-079
392-315-025	REP-E	93-08-037	415-08-060	REP	93-11-079	415-08-430	REP-P	93-08-054
392-315-025	REP-P	93-11-033	415-08-080	AMD-P	93-08-054	415-08-430	REP	93-11-079
392-315-030	REP-E	93-08-037	415-08-080	AMD	93-11-079	415-08-440	REP-P	93-08-054
392-315-030	REP-P	93-11-033	415-08-080	AMD	93-11-079	415-08-440	REP	93-11-079
392-315-035	REP-E	93-08-037	415-08-090	AMD-P	93-08-054	415-08-450	REP-P	93-08-054
392-315-035	REP-P	93-11-033	415-08-090	AMD	93-11-079	415-08-450	REP	93-11-079
392-315-040	REP-E	93-08-037	415-08-100	AMD-P	93-08-054	415-08-460	REP-P	93-08-054
392-315-040	REP-P	93-11-033	415-08-100	AMD	93-11-079	415-08-460	REP	93-11-079
392-315-045	REP-E	93-08-037	415-08-105	NEW-P	93-08-054	415-08-470	REP-P	93-08-054
392-315-045	REP-P	93-11-033	415-08-105	NEW	93-11-079	415-08-470	REP	93-11-079
392-315-050	REP-E	93-08-037	415-08-110	REP-P	93-08-054	415-08-480	REP-P	93-08-054
392-315-050	REP-P	93-11-033	415-08-110	REP	93-11-079	415-08-480	REP	93-11-079
392-315-055	REP-E	93-08-037	415-08-120	REP-P	93-08-054	415-104-011	NEW-P	93-08-053
392-315-055	REP-P	93-11-033	415-08-120	REP	93-11-079	415-104-011	NEW	93-11-078
392-315-060	REP-E	93-08-037	415-08-130	REP-P	93-08-054	415-104-782	NEW-P	93-08-053
392-315-060	REP-P	93-11-033	415-08-130	REP	93-11-079	415-104-782	NEW	93-11-078
392-315-065	REP-E	93-08-037	415-08-140	REP-P	93-08-054	415-104-783	NEW-P	93-08-053
392-315-065	REP-P	93-11-033	415-08-140	REP	93-11-079	415-104-783	NEW	93-11-078
392-315-070	REP-E	93-08-037	415-08-150	REP-P	93-08-054	415-104-784	NEW-P	93-08-053
392-315-070	REP-P	93-11-033	415-08-150	REP	93-11-079	415-104-784	NEW	93-11-078
392-315-075	REP-E	93-08-037	415-08-160	REP-P	93-08-054	415-104-785	NEW-P	93-08-053
392-315-075	REP-P	93-11-033	415-08-160	REP	93-11-079	415-104-785	NEW	93-11-078
392-315-080	REP-E	93-08-037	415-08-170	REP-P	93-08-054	415-108-010	AMD-P	93-08-052
392-315-080	REP-P	93-11-033	415-08-170	REP	93-11-079	415-108-010	AMD	93-11-077
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392-315-085	REP-P	93-11-033	415-08-180	REP	93-11-079	415-108-100	REP	93-11-077
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	MISC	93-03-053	chlorofluorocarbon refrigerants	EMER	93-02-049
	MISC	93-06-004		PERM	93-02-050
	MISC	93-07-025	Flood control		
	MISC	93-07-056	grant funding priorities	MISC	93-09-066
	MISC	93-09-011	Forest practices		
	MISC	93-09-046	aquatic habitat protection	PERM	93-01-091
	MISC	93-11-066	water quality protection	PERM	93-01-091
				PROP	93-05-042
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Rules coordinator	MISC	93-08-014		<b>PERM</b>	<b>93-11-062</b>
<b>COUNTY ROAD ADMINISTRATION BOARD</b>			Mixed waste		
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Rules coordinator	MISC	93-02-059	Motor vehicles		
			emission inspection	PROP	93-03-092
				PERM	93-10-062
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readmission	PROP	93-03-084		PROP	93-04-108
	PROP	93-08-030	oil transfer and handling facilities,		
requirements	PROP	93-05-039	personnel training and certifi-		
training requirements	PROP	93-07-118	ation	PERM	93-01-089
Corrections academies			Oil transfer and handling facilities		
readmission	PROP	93-03-085	personnel training and certification		
	PERM	93-07-119		PERM	93-01-089
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Fire marshals			gasoline vapor control, compliance		
training requirements	PROP	93-10-029	schedules	PERM	93-03-089
	PROP	93-10-030		PROP	93-04-108
<b>DEAF, WASHINGTON SCHOOL FOR THE</b>			Shoreline master programs		
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				PERM	93-08-026
<b>EASTERN WASHINGTON UNIVERSITY</b>			Edmonds, city of	PROP	93-03-091
Discrimination	PERM	93-01-073	Jefferson County	PROP	93-10-100
			Montesano, city of	PROP	93-09-062
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	EMER	93-09-063	Port Townsend, city of	PROP	93-01-088
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agricultural burning, permit	PROP	93-03-090	San Juan County	PERM	93-01-138
	EMER	93-04-002	Seattle, city of	PERM	93-04-106
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	PERM	93-05-044		PROP	93-07-091
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	PROP	93-07-062	Vancouver, city of	PERM	93-01-109
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compliance schedules	PERM	93-03-089		PERM	93-04-063
	PROP	93-04-108	Solid fuel burning devices		
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Water resources management program			Meetings	MISC	93-03-041
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Racial imbalance prohibition acceptance criteria	PROP	93-04-119		PROP	93-09-074
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